AOT, Maryland and Why Representation Matters

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No Disclosures

Objectives

PRESENTATION OBJECTIVES

After attending this activity, the participant will demonstrate the ability to:

- Outline the statutory basis for AOT under Maryland law, including who can petition for AOT, the clinical thresholds for eligibility and the procedural steps involved in initiating and maintaining an AOT order.
- Demonstrate how AOT can balance individual civil liberties with public safety and treatment adherence.
- Demonstrate the role of advocacy in shaping mental health policies.
- Grasp an understanding of why representation is crucial when advocating for mental health programs to ensure that policies are inclusive, equitable and effective.

Case Presentation- B.B.

- 35 y/o with h/o Schizoaffective D/O Bipolar type
- Family Hx- maternal cousin with Schiz, m- aunt with BPAD, paternal aunt with BPAD
- Mother and Father separated when he was 12
- Went to college on a football scholarship
- Suffered multiple concussions in college
- Began experiencing odd behaviors and forgetfulness
- Academically suspended junior year, did not graduate
- Various jobs, often unemployed, placed on SSDI

BB, Case Report cont.

- First psychotic break age 21
- He began to abuse substances
- Multiple hospitalizations over next 10 years
- 2017- ACT team, peer support, LAI, day program
- Periods of wellness
- Multiple hospitalizations 2020-2023
- Delusions, Capgras, insomnia, odd and bizarre behavior
- 2023 trespassing charge led to State Hospitalization and discharge to Capitation program
- Difficulty complying, staying out past curfew, intermittently homeless, re-hospitalized multiple times

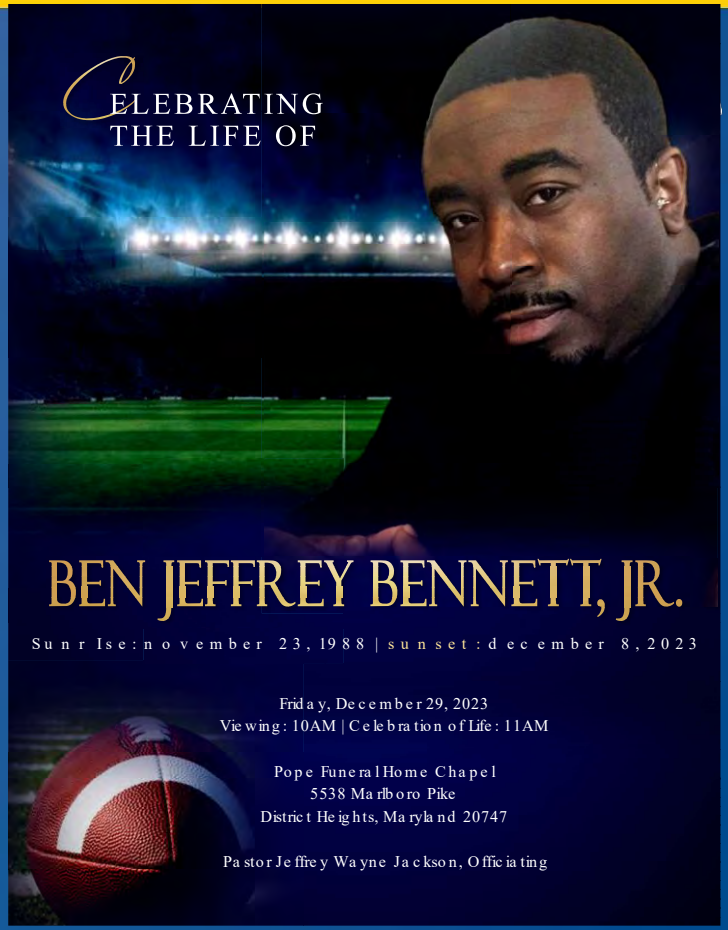
BB Case Report, cont.

- July 2023- **Discharged from Capitation Program** and referred to Residential Dual Diagnosis Program
- Left Dual Diagnosis Program after two weeks
- Fall 2023- One month hospitalization, placed on LAI, discharged to ACT team
- Lost to ACT team follow up
- October 2023- 1 ½ month hospitalization, agreed to OCC, Capitation Program and discharge to dual diagnosis residential program
- Never completed intake, left AMA
- December 2023- Anoxic brain injury, fentanyl and cocaine overdose, taken off life support 4 days later
- His mother was notified 4 days later, after giving a NAMI talk

In Honor of Ben

"*A mother's love for her child is like nothing else in this world. It knows no low, no pity. It dares all things and crushes down remorselessly all that stands in its path.*"

Agatha Christie



JOHNS HOPKINS MEDICINE

Prevalence Rates

- *Around 20% of the US Population will experience ANY mental illness within a given year. (AMI)*
  - (PMD's, Private psychiatry practices, OMHC's)
- *Around 4.9 % of patients with mental illness will suffer from severe forms of mental illness (SMI).*
  - (Private Practice, OMHC's, ACT teams, Capitation)
- *1% of patients with SMI become the "revolving door" of patients who fall through the cracks.*
  - (ED's, jail, repeat inpatient admissions, ACT, Capitation, OMHC, State H.)

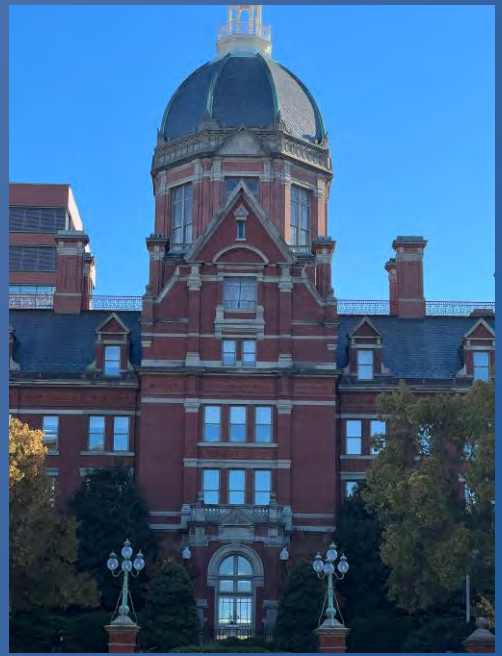
My Provider Journey

Howard University

Meharry Medical College (Forensics State Hospital)

- Johns Hopkins University Psychiatry Residency Program
- 3 -year NHSC Service Obligation in rural Eastern Shore (CMHC)
- JHH, Community Psychiatry Program, Attending Psychiatrist
- Private Practice
- Director Psychiatry Emergency Services (Supervisory role/Embedded)

Psychiatric Emergency Services





Revolving Door



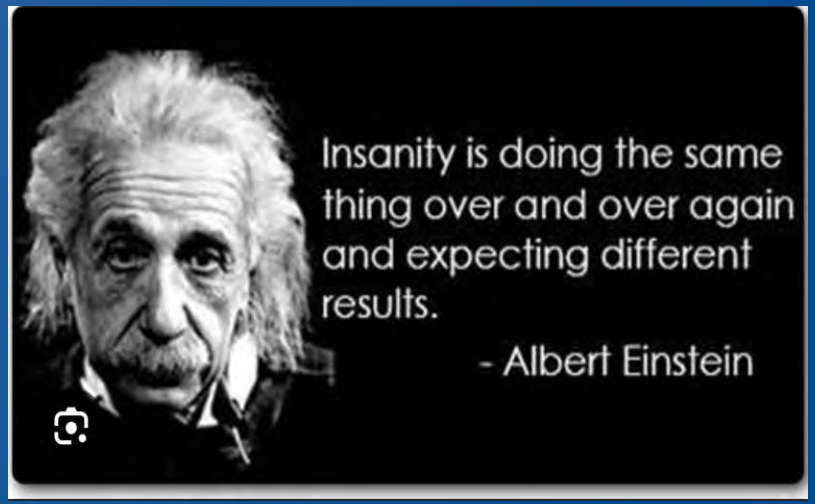
WHY ARE SOME PATIENTS WITH SEVERE MENTAL ILLNESS FALLING THROUGH THE CRACKS?

WHY ARE SOME PATIENTS BEING ALLOWED TO FAIL?

Grand Rounds

"*Insanity, Rethinking "*
State Hospitalization"

Johns Hopkins Department of Psychiatry
Grand Rounds
2/1/2021



Institutionalization, US

- Took hold in the 19th century
- Commitment of patients to mental health facilities
- Defining one as “insane” was a pre-requisite for admission
  - Being labeled as insane could occur if someone became socially or economically ”problematic”

Institutionalization-

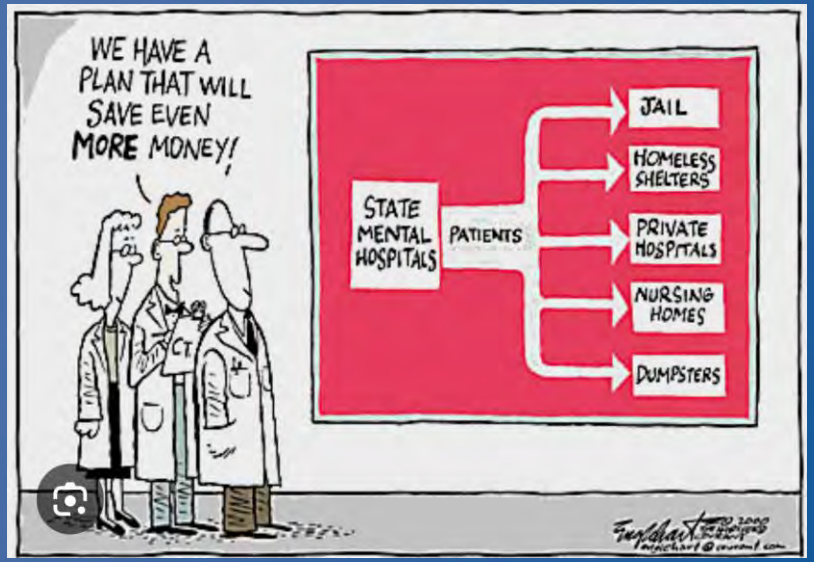
- 19th Century- Increased admissions led to overcrowding (~100,00 early 1900's, ~550,000, 1950's-60's
- Funding cuts led to poor hygiene, poor living conditions, starvation of patients
- Mental Hospitals seen as cruel and inhumane
- New anti-psychotics were viewed as effective
- Desire to Save Money

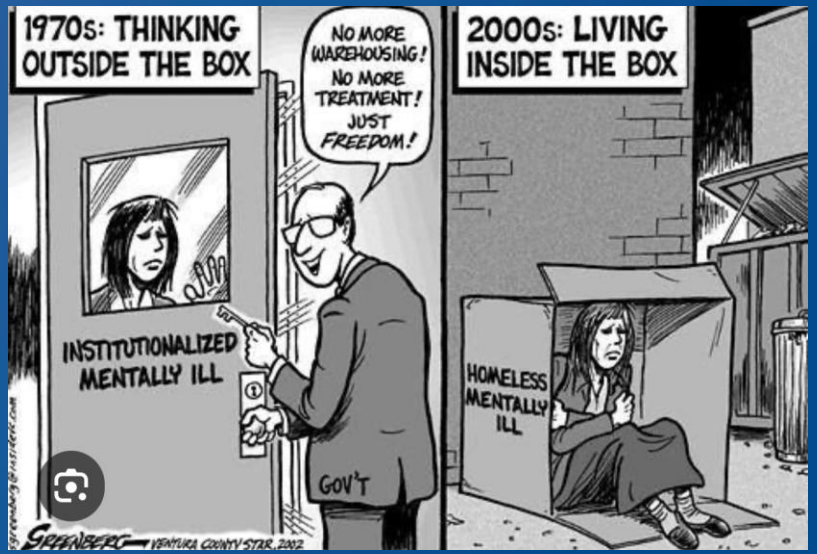
De-Institutionalization

Government policy that moved mental health patients out of state-run “insane asylums” and into federally funded community mental health services.

** Coincided with the 1960’s civil rights movement

De-institutionalization





Grand Rounds Conclusion

- Deinstitutionalization was a failed government policy that moved patients out of State Hospitals and into federally funded community mental health services.
- Many with SMI fell through the cracks: leading to repeat acute hospitalizations, incarcerations, homelessness, violence and increased victimization.
- Maryland was missing a critical tool that could help patients with SMI who were falling through the cracks.
- State Hospitalization should be last resort.

My Advocacy Journey

Advocacy:

Any action that speaks in favor of, recommends, argues for a cause, supports or defends, or pleads on behalf of others.



Community Treatment Options

Outpatient Mental Health Clinic (OMHC)

Intensive Outpatient Programs (IOP's)

Assertive Community Treatment Teams (ACT)

Capitation Programs

Baltimore City OCC

(AOT)

State Hospital (Forensics Patients, > 90%)

Outpatient Civil Commitment Pilot Project

Established in 2017 by BHA as a pilot program for the release of an individual who is involuntarily admitted for inpatient treatment.

To be involuntarily admitted into OCC must:

- Have a mental disorder
- Be at least 18 years old
- Be a Baltimore City resident
- Have at least 2 involuntary retainment within 12 months

OCC, cont.

- In 2019, program expanded to allow voluntary patients with 2 or more hospitalizations in a year
- Pt's required to meet with peer recovery specialist (appointments, transportation, housing needs)
- "Did not want to create a program that forced patients into treatment."
- Most patients voluntary
- Patients do not have to take medication or remain in treatment

OCC, cont.

- Failed to impact my patients who need AOT
- Voluntary nature, not consequences
- Requirements that don’t capture population
- “No teeth”

- *Why Doesn’t Maryland have Assisted Outpatient Treatment?*
- *Why is Maryland one of three states that does not have AOT?*

How can I help get Assisted Outpatient Treatment as an option for my patients?

Kendra's Law

Kendra Webdale was a 32 y/o photographer and journalist who, in January 1999, was pushed in front of a NYC subway, by a man who had a history of untreated Schizophrenia. August 9, 1999, Kendra's Law, the first Assisted Outpatient Treatment law was passed in the US.

WHAT IS ASSISTED OUTPATIENT TREATMENT?

Assisted Outpatient Treatment

AOT

A tool for civil courts and mental health systems

Work Collaboratively

Help Individuals caught in a cycle of repeat

ED Visits, Hospitalizations, Homelessness, Incarcerations

Inconsistent Treatment often due to “diminished awareness” of the need for treatment

What is AOT, cont.

Assisted Outpatient Treatment

AOT aims to motivate and assist individuals with SMI to engage in treatment and ensure that the mental health system is attentive to their needs.

Criteria varies among states

Until 2024 Maryland, Connecticut and Massachusetts were the only states that did not have AOT

APA Position Statement on IOC/AOT

The APA position is that IOC/AOT can be a useful intervention for patients with severe mental illness and documented histories of poor compliance leading to repeated relapses and rehospitalizations. (2016)

- *Should not be discriminatory and fairly applied*
- *No evidence to support disproportionate application to minority populations*

https://doi.org/10.1176/appi.pn.2016.3a19

Is AOT Effective?

- 77% decrease in hospitalizations, NYC compared to 3- year period following AOT
- Length of Hospital Stays decreased by 43%- Florida
- 83% decreased in incidence of arrests- New York
- Incarcerations down 87% -New York
- Homeless nights down 49%- AOT participants nationwide

Tx Outcomes, cont.

- Violent Behavior down 47% in New York
- Victimization down in North Carolina
- 40% cost saving, Summit County, OH
- Illegal Substance Use Down, Nationwide
- 92% satisfied with OT programs, Nationwide

How can I help get Assisted Outpatient Treatment as an option for my patients?

When Being on Frontlines is not enough



Healthcare change/Legislation

"When being on the frontlines is not enough"



Healthcare reform requires legislative action.



Policy and lawmaking are the primary vehicles for driving healthcare change.



We cannot fix healthcare without changing the laws that govern it.

MPS, Legislative Committee





MPS Legislative Committee

- Multiple Versions of AOT Bills dating back to 2008
- Overall lack of consensus among MPS members
- “Concept of Involuntary Outpatient Treatment”, patient’s civil rights, logistical complexity, adequate funding and resources
- Concern that bill was drafted by a national organization without input from MPS
- Oppose vs. No Position

2022- SB807/HB1017

Frederick County-Mental Health Law- AOT

- Creation of an Assisted Outpatient Pilot program in Frederick County
- Voiced Concern that MPS stance of oppose/ No position sends wrong message
- Worked with Legislative Subgroup/ Legislative Days
- *MPS- Support with Amendments*
- Watched hearing online
- *Bill Failed*

Takeaways

- No oral testimony from physicians/psychiatrist
- Opposition had bigger megaphone than proponents
- Misinformation and problematic testimony not being challenged
- Behavioral Health Systems Baltimore (BHSB) at Opposition table
- Importance of Anosognosia not recognized
- Level of Urgency not there (Pt's still dying and failing)

Opposition to AOT

- Civil Liberties and Autonomy
  - Violates Personal Freedoms
  - Coercion undermines trust
  - See self care as more efficient
- Strained Mental Health Resources
  - Diverting funds and resources
- Effectiveness and Alternatives
- Negative Patient Experiences
  - Forced tx can be traumatizing
- Legal and Ethical Concerns
  - Insufficient due process
- Racial Discrimination
  - Fear that Black and Brown and low income can be disproportionately impacted

- Public Defenders Office
- On Our Own of Maryland, Inc.
- Disability Rights Maryland
- Behavioral Health Systems Baltimore (BHSB)
- Individuals with Lived Experience
- Psychiatrist
- Social Work Advocates for Social Change

JOHNS HOPKINS MEDICINE

2023- SB480/HB823

- ***Authorizing a county to establish an Assisted Outpatient Treatment Program …..***
- *Provided Written and Oral Testimony*
- Encouraged JHH to write letter of support
- Engaged Hopkins colleagues to write testimony, patient cases
- *MPS Support with Amendments*
- *Voted for first time unanimously out of the House, failed to get a vote in the Senate*

Anosognosia, Definition

Neurological condition in which a person is unaware of or denies a significant neurological or psychiatric deficit. It is associated with mental illness, dementia and structural brain lesions (as is seen in right hemisphere stroke patients)

- Formal medical term for ”Lack of Insight”
- Greek meaning, “To not know a disease”

Anosognosia, cont.

- Can significantly impact treatment adherence
- Not a denial of reality (not a refusal to accept reality but a genuine lack of awareness due to neurological changes in the brain

- Some believe the concept of anosognosia can be used to justify “coercive” treatment such as involuntary hospitalization, medication and treatment.

Is AOT Ethical?

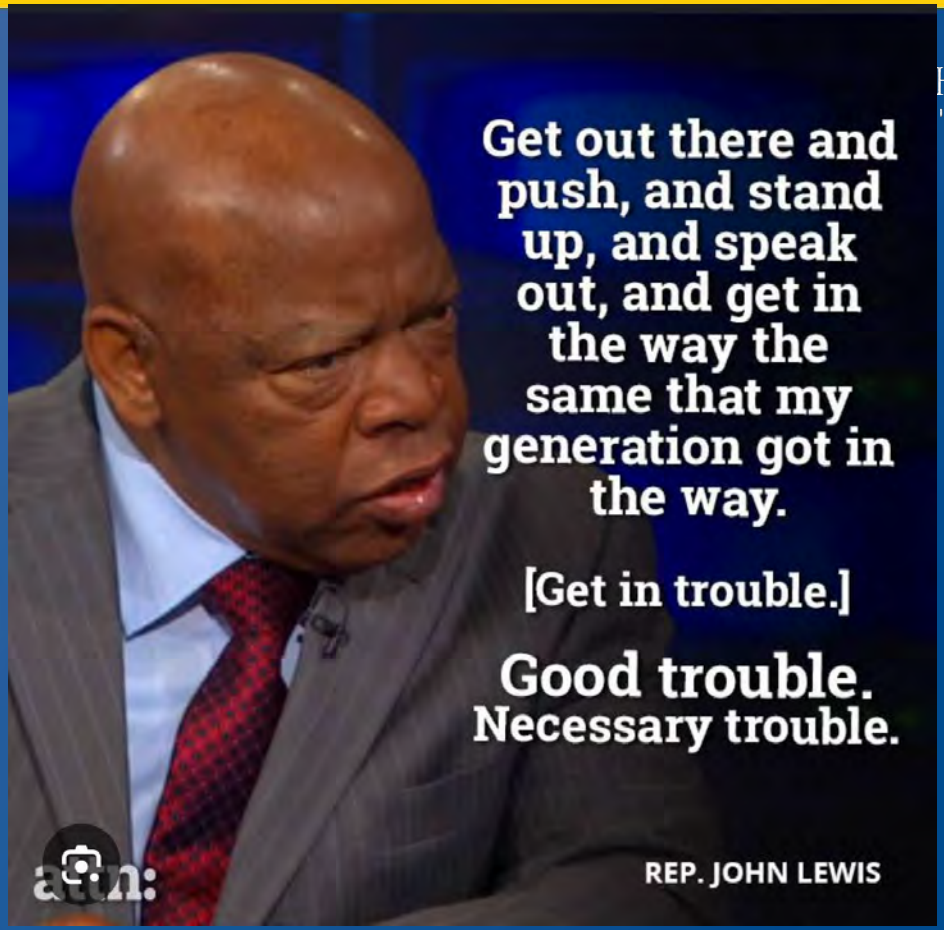
- Opponents argue is it ethical to force someone into treatment unless they are a danger to self/others or unable to care for basic needs.
- Argue that it goes against patient's autonomy and right to self determination.
- Supporters would argue that AOT is consistent with the concept of beneficence (ethical principle where clinicians act in best interest of patient, promoting their well-being and minimizing harm)

Is AOT racially discriminatory?

- Opponents argue that African Americans and other minorities are overrepresented in AOT programs.
- NY data cited (34% AA population in AOT despite 17% of NY population and 25% NYC where AOT mostly used)
- Disputed by data that shows number of minority populations on AOT is proportional to the amount of minorities who are eligible for AOT. (AA are overrepresented in the population who have had multiple hospitalizations)

Advocating for those who can't advocate for themselves.

Good Trouble



Maryland Matters Op-ed

The op-ed can be viewed at:

https://www.marylandmatters.org/2023/04/07/doctor-maryland-needs-assisted-outpatient-treatment-so-i-can-save-my-patients/



4:51
Mail

COMMENTARY

Doctor: Maryland needs assisted outpatient treatment so I can save my patients.

GUEST COMMENTARY

APRIL 7, 2023 6:30 AM

Getty Images

By Dr. Cynthia Lewis

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marylandmatters.org

Johns Hopkins News & Publications





Momentum Building……

2024- SB453/HB576

- *Assisted Outpatient Treatment Programs- Allow the creation of an AOT program in any county in Maryland while making the qualification uniform throughout the state.*
- Governor Wes Moore championed the bill and made AOT part of his campaign platform.
- Debra Bennett, provided oral testimony and passionately spoke of Ben
- MHA/ BHSB *sat at Proponent table and did not Oppose*
- Family Advocates, NAMI,
- *MPS and Hopkins Support with Amendments*

SB453/HB576

- MD Secretary of Health Herrara Scott provided powerful testimony.

- Erik Leudtke, Gov. Moore's Chief Legislative Officer provided powerful testimony about his brother who has Schizoaffective Disorder

- BEST PUNT provided written and oral testimony



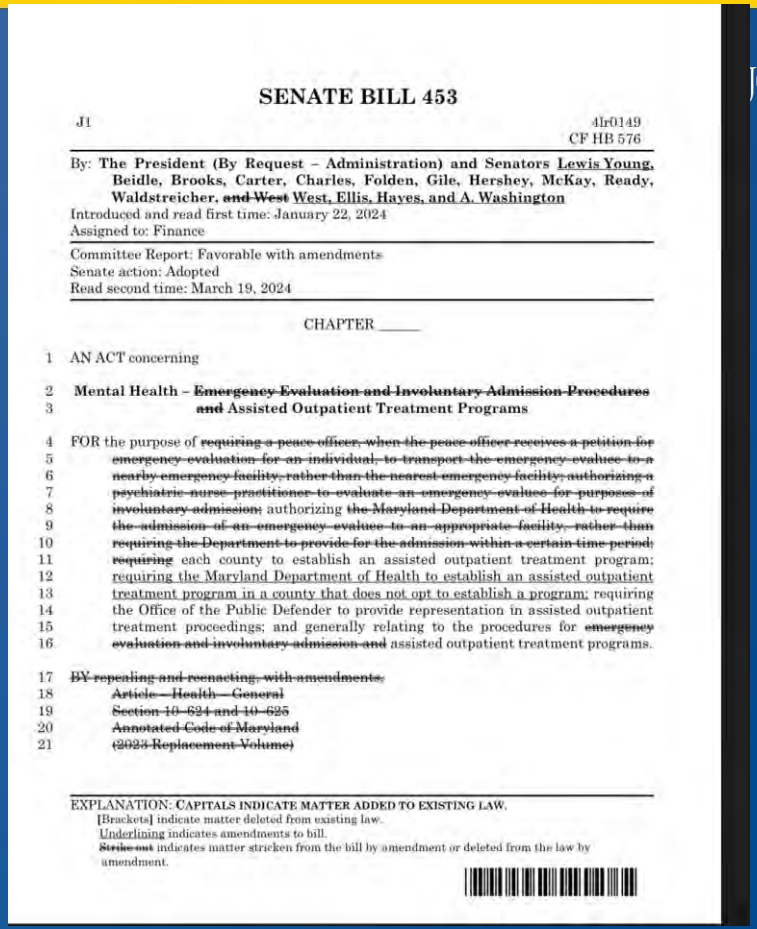
SB 453

Introduced- January 22, 2024

Passed Senate- April 4, 2024

Passed House- April 8, 2024

Signed Into Law- May 16, 2024



SENATE BILL 453

J1 4lr0149
CF HB 576

By: **The President (By Request – Administration) and Senators Lewis Young, Beidle, Brooks, Carter, Charles, Folden, Gile, Hershey, McKay, Ready, Waldstreicher, ~~and West~~ West, Ellis, Hayes, and A. Washington**
Introduced and read first time: January 22, 2024
Assigned to: Finance

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 19, 2024

CHAPTER _____

AN ACT concerning

Mental Health – ~~Emergency Evaluation and Involuntary Admission Procedures and~~ Assisted Outpatient Treatment Programs

FOR the purpose of ~~requiring a peace officer, when the peace officer receives a petition for emergency evaluation for an individual, to transport the emergency evaluee to a nearby emergency facility, rather than the nearest emergency facility; authorizing a psychiatric nurse practitioner to evaluate an emergency evaluee for purposes of involuntary admission;~~ authorizing ~~the Maryland Department of Health to require the admission of an emergency evaluee to an appropriate facility, rather than requiring the Department to provide for the admission within a certain time period;~~ ~~requiring~~ each county to establish an assisted outpatient treatment program; requiring the Maryland Department of Health to establish an assisted outpatient treatment program in a county that does not opt to establish a program; requiring the Office of the Public Defender to provide representation in assisted outpatient treatment proceedings; and generally relating to the procedures for ~~emergency evaluation and involuntary admission and~~ assisted outpatient treatment programs.

~~BY repealing and reenacting, with amendments~~
~~Article – Health – General~~
~~Section 10–624 and 10–625~~
~~Annotated Code of Maryland~~
~~(2023 Replacement Volume)~~

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
Underlining indicates amendments to bill.
~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Governor Wes Moore signs AOT bill into law

Annapolis, MD

May 16, 2024

Senate Bill 453

- Petitioner
  - Director of specified mental health program
  - Any individual at least 18 who has legitimate interest in the welfare of the respondent
- Petitioner has reason to believe the respondent meets criteria for AOT
- Petition must have specific factual allegations for each criterion supporting the petitioner's belief

Senate Bill 453, AOT

- Petition
  - Must be filed in the circuit court for the county where the respondent resides or last known residence.
  - Must be under seal and may not be published on MD Judiciary Case Search
  - Accompanied by an affidavit of a psychiatrist (who has examined respondent within 30 days prior to the filing) stating their willingness to testify

Senate Bill 453, AOT

- After Petition is filed, a “care coordination team” must develop a treatment plan and provide to the respondent.
- Care Coordination team can consist of a psychiatrist, case manager and certified peer recovery specialist.
- Court schedules a hearing after respondent receives petition and if they do not agree to voluntary treatment.
- At hearing, petitioner presents testimony from evaluating psychiatrist and psychiatrist to explain treatment plan.

Criteria for AOT

Court may order AOT on a finding of clear and convincing evidence

- Respondent is at least 18 years old
- Respondent has “serious and persistent mental illness”
- Respondent has demonstrated a lack of adherence with treatment for said illness
- Respondent is in need of an AOT order to prevent relapse or deterioration that can risk harm to self or others.
- Respondent is unlikely to adhere to outpatient treatment on a voluntary basis
- AOT is least restrictive alternative to maintain health and safety of respondent.

Why Representation Matters

- Clinicians
- MPS
- Psychiatrist/Community/Emergency
- AA Psychiatrist
- Diverse Law Makers
- Law Makers who understand Mental Illness
- Families
- Patients with lived experience

Maryland AOT

- July 2025- Counties can establish own AOT programs
- July 2026- Maryland Department of Health AOT roll out in Baltimore City, Ann Arundel County, Maryland Eastern Shore
- January 2027- Western Maryland, PG County
- July 2027 - Statewide
- 5- year sunset
- Ongoing opposition

Advocacy Requires Partnership and Collaboration





Family and Community Advocates





Thank you

- Dr. Jimmy Potash, Hopkins colleagues/mentors
- ED Leadership
- PES SW
- PES nursing
- Tom Sedlak, Kathryn Brodie, Bryce Small
- Evelyn Burton, Debra Bennett
- TAC
- BEST PUNT
- Secretary Laura Herrara Scott

Thank You

