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Assisted Outpatient Treatment in Maryland

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Disclosures

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None

Acknowledgements

Behavioral Health Administration

Learning Objectives

Upon completion of this activity participants should be able to:

1. Understand the current evidence base for assisted outpatient treatment (AOT)
2. Understand the state of Maryland's implementation approach, including the value of diverse stakeholder engagement
3. Understand early successes and challenges of Maryland's AOT implementation

Assisted Outpatient Treatment

Overview and Evidence

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What is AOT?

- Assisted outpatient treatment (AOT) is a court-ordered treatment program for individuals with serious and persistent mental illness (SPMI)
- It is a type of civil commitment that is used to support the treatment needs of individuals who have a history of nonadherence to care
- AOT is a community-based treatment program that involves a requirement for an individual to follow a court-ordered treatment plan consisting of outpatient services
- Authorized in all U.S. states except for Connecticut and Massachusetts
- Authorized in Maryland in 2024

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AOT - Evidence

- Associated with reduced hospitalization, arrest, risk of harm; improved service engagement (Swartz et al, 2010)
  - Factors assoc with success – length of commitment, intensity of service contact (Swartz et al 2001)
  - Gaps in the literature: generalizability, methodologic concerns
- There is wide variability in how AOT has been implemented nationwide – no two programs look alike
  - Meldrum et al 2016
    - 20 active/operational programs nationwide
    - Several variations in pathway to entry, overseeing authority, most frequently used criteria, process of treatment plan formulation, etc.

TABLE 2. Types of assisted outpatient treatment (AOT) available in 20 states with active AOT programs

State	Type	Participants[a] Enrolled (N)	Participants[a] Completed (%)
AZ[b]	Community gateway and hospital transition	2,200	na[c]
CA[b]	Community gateway	40[d]	70
DE	Hospital transition	300	na[c]
ID	Surveillance	275	100
IL	Surveillance	170	90
IN	Community gateway	na	na
IA	Surveillance	600	65
ME	Community gateway	<50	na[c]
MT	Community gateway and hospital transition	220	70
NE	Surveillance	504	34
NV[b]	Hospital and jail transition	70[e]	5
NH	Surveillance and community gateway	240	75
NY[b]	Hospital and jail transition	3,147	20
ND	Hospital transition	50–75	90
OK[b]	Hospital transition	>100[d]	na[c]
RI	Hospital transition	200	>50
SC	Community gateway for "revolving door" patients and surveillance	142	67
VT	Hospital transition	380	90
WA	Community gateway and hospital transition	150	90
WI[b]	Surveillance	400[d]	25–30

Table Source: Meldrum et al, 2016

AOT – Theories of Effectiveness

- Anosognosia
- Black Robe effect – or procedural justice?

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Munetz et al, 2014

Assisted Outpatient Treatment

Maryland's Program

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Maryland AOT Overview

- Petition
  - Per statute, any individual over age 18 with a legitimate interest in the welfare of the respondent can file an AOT petition
  - The petition must be accompanied by an affidavit from a psychiatrist who has examined the respondent within the prior 30 days and is willing to attest to the respondent's AOT eligibility
- Care Coordination Team/Treatment Plan
  - Following the filing of an AOT petition, an AOT Care Coordination Team (CCT) must develop a treatment plan prior to the AOT court hearing
  - CCT must include, at minimum
    - A psychiatrist
    - A case manager
    - A certified peer recovery specialist
    - If clinically appropriate, other providers such as an Assertive Community Treatment team
  - The Treatment Plan has the same provider requirements

Maryland AOT Overview

- Hearing
  - The AOT statute includes information on required testimony, representation, etc
  - The circuit court can order AOT for a period not to exceed 1 year
- Post-Commitment
  - The AOT statute includes guidelines for material changes to a treatment plan, notification to the courts for emergency petitions (EPs), etc
  - CCT is required to develop a plan for continued treatment 30 days prior to an AOT order expiration

Maryland AOT Program: Recovery-Oriented Components

- **No consequences for nonadherence**
  - **Judiciary option of progress hearings – a potential pathway to an experience of procedural justice** (Munetz et al, 2014)
- **Inclusion of certified peer recovery specialists** (Gaiser et al 2021)
- **Voluntary pathway**
- **Emphasis on health-related social needs support** (Compton & Shim 2015)

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The Maryland AOT Program

Stakeholder Engagement

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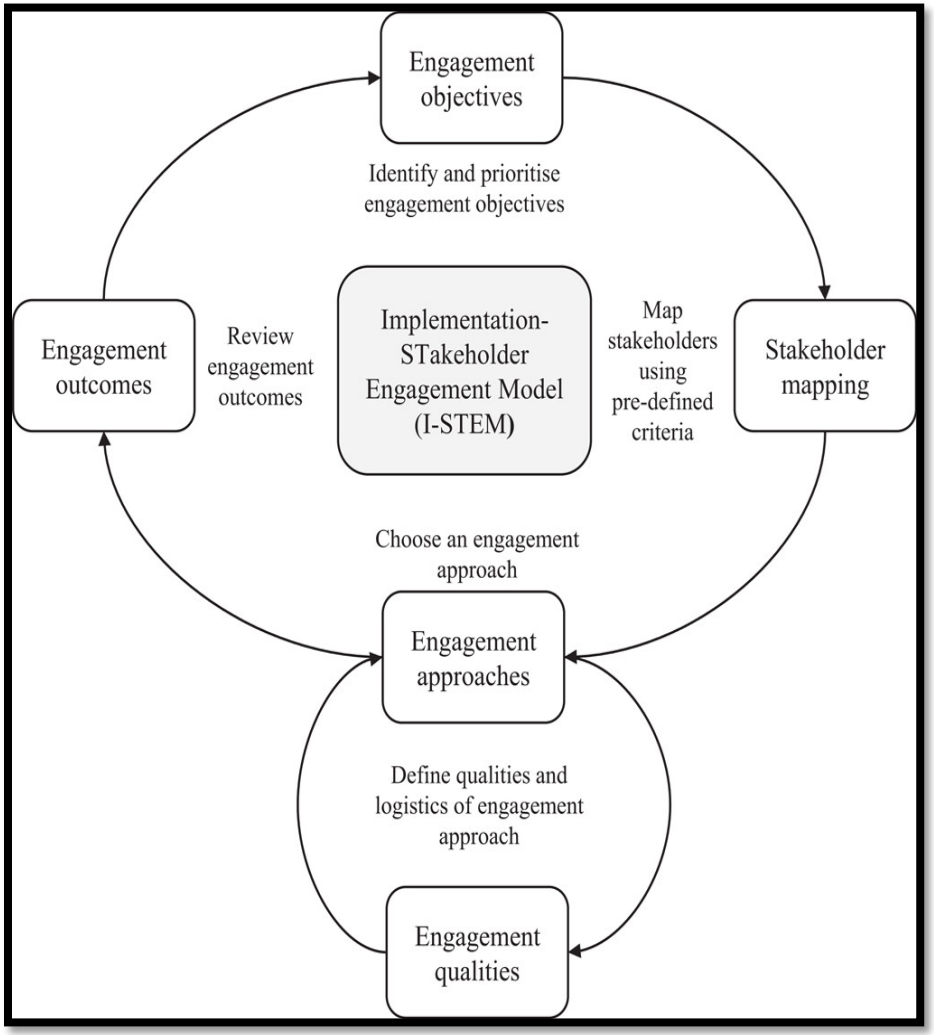
Stakeholder Engagement: I-STEM



Source: Pothoff et al, 2023

I-STEM

- **Engagement Objectives:** Identify and prioritize engagement objectives - examples could include to inform, understand, verify, enroll, access, or do
- **Stakeholder Mapping:** Map stakeholders using pre-defined criteria. Criteria can include influence, expertise, orientation, impact, capacity, and trust
- **Engagement Approach:** Choose an engagement approach. This can include disseminating, assessing, consulting, and collaborating
- **Engagement Qualities:** Define qualities and logistics of engagement approach. This can include preparedness, structure, activity, regularity, and accountability
- **Engagement Outcomes:** Review engagement outcomes. These should be linked back to the engagement objectives

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Engagement Objectives

- The engagement objectives for Maryland AOT implementation encapsulate the I-STEM objectives to ***inform, understand,*** and ***verify***
  - **Inform:** Ensure that stakeholders most closely connected to the AOT program's central goals and operations remain informed of implementation progress
  - **Understand:** Leverage the knowledge base of subject matter experts in on the ground to enhance the state's understanding of components of the systems impacted by AOT
  - **Verify:** Further draw upon the expertise of key stakeholders to affirm the content and direction of clinical and operational guidance for the program

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Stakeholder Mapping

- Local Behavioral Health Authorities/Core Services Agencies/Local Health Departments
- Clinicians
- Consumers, Families, and Consumer Advocates
- Judiciary Stakeholders
- Legal Stakeholders
- Lay Public

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Stakeholder Engagement

Local Behavioral Health Authorities/Core Services Agencies/Local Health Departments (LBHAs/CSAs/LHDs)

- BHA held multiple monthly stakeholder engagement meetings for all LBHA/CSA/LHD leads in October 2024 - January 2025, to provide information and obtain feedback on draft AOT clinical/operational guidance and to inform LBHA/CSA decision-making on whether to opt-in to implementing jurisdictional AOT programs
- BHA convened an AOT Centralized workgroup in Spring 2025 including representatives from MABHA, MACHO, and legislators to continue to discuss and obtain feedback on AOT implementation. This workgroup has met monthly since March 2025
- In response to feedback from MABHA and MACHO, BHA included representatives from LBHAs and LHDs in all MDH AOT Advisory Groups beginning in November 2025
- Following the pivot to a state-lead, phased-in approach to AOT, MDH has convened a separate monthly group of LBHA/CSA/LHD leadership for all jurisdictions in the initial regions for BHA's AOT implementation, to obtain feedback and review guidance.

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Stakeholder Engagement

Clinicians

- BHA convened an AOT Clinical Advisory group in Fall 2024
- This group met monthly through August 2026, and was composed of psychiatrist-leaders from Johns Hopkins, Lifebridge Health, Medstar, UMMS
    - Representatives folded into centralized Steering Committee as of November 2026
- The goal of this Advisory group was to provide expert guidance on best practices, treatment protocols and draft clinical guidance to ensure the AOT program delivers effective evidence-based care to individuals with serious mental illnesses
- Additionally, BHA conducted three listening sessions for Assertive Community Treatment (ACT) providers during summer 2025
- BHA is working with jurisdiction leadership in initial AOT regions to identify opportunities for broader clinician/provider education and engagement

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Stakeholder Engagement

Consumers/Consumer Advocates

- BHA convened an AOT Consumer Advocacy/Advisory group in Spring 2025
- This group met monthly through August 2026, and was composed of consumers and family members with lived experience and representatives from consumer advocacy organizations (NAMI Maryland, Own our Own of Maryland, Mental Health Association of Maryland, Black Mental Health Alliance)
    - Representatives folded into centralized Steering Committee as of November 2026
- The goal of this Advisory Group is to provide a platform for consumers and families to actively influence program policies, improve services and ensure the program is responsive to the needs, preferences and experiences of those directly affected by mental health challenges

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Stakeholder Engagement

Judiciary

- BHA worked jointly with Judge Marina Sabett, Behavioral Health Liaison for the Maryland Judiciary, to convene Judiciary Advisory Panel in Spring 2025
- This group met monthly through August 2026, and was composed of circuit court judges with a goal of obtaining judiciary perspective and input on AOT implementation
    - Representatives folded into centralized Steering Committee as of November 2026
- At the recommendation of Judge Sabett and Judge Fred Hecker (Chair of the Conference of Circuit Court Judges), this group developed a judiciary recommended practice guide for AOT
- In addition to this group, BHA has communicated with representatives from the Maryland Judiciary Rules Committee, and attended several meetings of the Rules Committee in which the circuit court's forthcoming AOT rules were discussed

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Stakeholder Engagement

Office of the Public Defender

- BHA convened monthly joint update meetings with OPD from October 2025 through Spring 2026 to provide relevant implementation updates and receive feedback from OPD
- Representatives folded into centralized Steering Committee as of November 2026

Stakeholder Engagement

Additional Engagement

- Beginning in September 2025, BHA has coordinated monthly AOT Court viewing session of outside state's AOT court, inviting stakeholders from all advisory groups and workgroups
- BHA has facilitated collaboration between MDH AOT Advisory Groups
  - The Clinical and Consumer Advocacy Advisory Groups had several combined meetings since December 2025, to jointly review draft clinical and operational guidance
  - At the Advisory Group's request, BHA facilitated an opportunity for members of the Consumer Advocacy Advisory Group to share written recommendations for judiciary recommended practices with the Judiciary Advisory Panel
- BHA provided updates on AOT implementation updates at several covenings of the Joint Meeting of the Commission on Behavioral Health Care Treatment and Access and the Behavioral Health Advisory Council (January 2025; November 2025; May 2026)

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Maryland AOT – Early Implementation

- MDH AOT Care Coordination Teams (CCT) are currently operational in Phase One Regions
  - **Baltimore City**; **Anne Arundel County**; **Eastern Shore Region** (Kent County, Queen Anne's County, Caroline County, Dorchester County, Wicomico County, Somerset County, Worcester County, Cecil County & Talbot County)
  - The Maryland AOT Resource and Training page has comprehensive information for stakeholders and the general public, including information on process and forms for initiating AOT, and a Maryland AOT E-Learning Platform developed by the Treatment Advocacy Center
- Maryland AOT Regulations were officially published in the Maryland Register on **Friday - May 29, 2026.** Comments were accepted through **June 29, 2026.** Regulations are now finalized, effective October 12, 2026.
- MDH is coordinating the provision of AOT overview presentations throughout the summer and fall of 2026 to bring awareness to AOT, prioritizing Phase one regions
- MDH continues monthly workgroup meetings of the LBHA/CSA leadership in Phase One Regions
- MDH encourages stakeholders with questions about the MDH AOT program to contact MDH at **mdh.aot@maryland.gov**

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