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February 9, 2018

Testimony to Senate Health and Welfare Committee

Room 17

Re: S. 203 - An act relating to systemic improvements of the mental health system

Orders of Non-Hospitalization

1. Mr. Stettin did a good job of capturing the current system including the frustrations many of us experience. The notion of a so-called order that has limited ability for any consequence if the person does not adhere to the order is confusing for everyone.
2. I appreciated that Mr. Stettin emphasized the limited impact of forcing drugs. What he proposes is essentially a behavioral treatment plan. Many of us have worked with in this way with individuals with some success. He is basically suggesting that the added "black robe effect" is helpful. We appreciate that he is suggesting a pilot project to test this hypothesis but we might also suggest that clinicians have some training in how to work with individuals who are declining treatment. We think that much of this is clinical work that will never be fully effective if it is something that just comes from statute. This is in essence the problem with criminal court just putting a person on an order without thinking about it in a clinical way and with inpatient teams reflexively putting someone on an order.
3. We tried something like this with Judge Geoffrey Crawford. He had been in mental health court and wanted to use status conferences in the way suggested in Mr. Stettin's report. The problem is that we had no way to get people to court so no one ever showed.

4. In other states where AOT was studied and found to reduce hospital use. The orders were also combined with enhanced services. Some have argued that it was the enhanced services rather than the coercion that resulted in reduced hospitalizations.

5. HC is prepared to be the pilot site.