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HB 5810 Testimony

1. **Introduction:** I am writing in behalf of the Michigan Psychiatric Society (MPS). I am also drawing upon my review of the literature, my discussions with AOT psychiatric leaders in other states and my experience as the Medical Director of a large 6 county rural CMH in Michigan.
2. **AOT overview and appropriate use:**
 - a. MPS supports AOT when it
 - i. Ensures that patients receive the appropriate treatment with the appropriate intensity in the appropriate setting at the appropriate time.
 - ii. Is the least restrictive treatment option clinically indicated
 - iii. Includes a process protective of a vulnerable population
 - b. 2015 American Psychiatric Association Position Statement supports AOT when it
 - i. is adequately resourced to include a range of clinically indicated services of sufficient intensity which are combined with efforts at engagement
 - ii. provides due process protection
 - iii. is based on clearly defined clinical criteria
 - iv. includes specific procedures that occur in the event of non-adherence
 - v. includes a process for independent evaluation of its appropriate use
 - c. Summary of AOT randomized control trials
 - i. 2017 Cochrane review of compulsory community treatment (CCT) for people with SMI: results showed CCT was “no more likely to result in better service use, social functioning ... or quality of life.” The review concluded that further research is indicated given CCT impact on civil liberties .
 - ii. Oxford Community Treatment Order Evaluation Trial (England): “absence of any obvious benefit in reducing relapse.”
 - iii. Older randomized controlled trials indicate benefit when combined with intensive treatment and outreach efforts.

- iv. **Summary:** given conflicting literature of the benefit of AOT itself, any AOT statute must be carefully structured to ensure due process protection and must include a clear definition of a person requiring treatment along with allocation of sufficient resources.

3. Summary of HB 5810 proposed changes of concern to MPS:

- a. Expansion of the definition of a person requiring treatment (Sec 401(1))
- b. No psychiatric examination required for AOT-only orders (Sec 461 (2))
- c. Consequences of language: wide net leading to serious increase in “false positives,” i.e. HB 5810 as written is at high risk of including those that do not require AOT to benefit from intensive treatment. As involuntary treatment not only impacts civil liberties but also may lead to downstream negative consequences, including decreased self-esteem, stigma, change in family dynamics, and problems with background checks, AOT should only be ordered after an examination or recommendation by a psychiatrist for those where there is reasonable clinical certainty of its necessity.

4. Negotiations since HB 5810 introduction:

- a. CMHAM and MPS have had several meetings with Judge Mack.
 - i. The current draft includes several agreed-upon changes, including no LEIN submission for AOT-only orders, the right to defer, psychiatric treatment oversight, and one modification of the definition of a person requiring treatment.
 - ii. 461(2)- Verbal agreement has been reached as to the need for an evaluation and testimony by a psychiatrist for all AOT-only orders unless the psychiatrist who knows the patient endorses the petition. In the cases where a psychiatrist has endorsed the petition, a physician or a psychologist can complete the evaluation and provide the testimony.
 - iii. 401(1)-Verbal agreement has also been reached on the need to further clarify the definition of a person requiring treatment and on the provision of resources.

5. Summary and Recommendations:

- a. **Agreed-upon changes to 401(1) and 461(2) still need to be incorporated**
- b. **Adequate resources must be made available for**
 - i. **Implementation**
 - ii. **Treatment provision**
- c. **Future bills need to address:**
 - i. **Oversight of AOT-only program**
 - ii. **Pick-up order for AOT-only**