



Re: Support of HB 2353

To the House Committee on Corrections and Juvenile Justice:

I am a licensed clinical social worker for the past thirty-three years in Community Mental Health. I am writing to seek your support for HB 2353, a bill that allows for the extension of the duration of treatment for individuals and introduces new guidelines for determining the need for continued treatment under the Care and Treatment Act for mentally ill individuals. It also allows for the option of court-ordered outpatient treatment instead of inpatient treatment, provided certain criteria are met. This bill promotes treatment in a less restrictive setting when suitable and necessary.

I began my career around the same time the Mental Health Reform Act was passed and have spent many years working with adults in crisis, completing screening assessments and making referrals to local and state hospitals. This includes petitioning for an involuntary admission under the Care and Treatment Act. I have recently started the Assisted Outpatient Treatment (AOT) Program at our mental health center. AOT is the practice of providing community based mental health treatment under a civil court commitment known as an Outpatient Treatment Order (OTO) under the Care and Treatment Act. The AOT Program in Douglas County is intended to maximize the safety and well-being of participants and the community by reducing the number of days participants spend at Osawatomie State Hospital, increasing participants' compliance with mental health treatment, decreasing the number of participant contacts with law enforcement, and improving the quality of life of each participant through effective mental health treatment.

The AOT program has made a significant impact on many of our participants' lives, primarily because it provides another option for those lacking insight into their need for mental health treatment. One example I would like to share is an international KU PhD student who was referred to AOT following an involuntary admission to Osawatomie State Hospital. This participant was diagnosed with schizophrenia and their symptoms resulted in an extreme lack of self-care due to catatonia (not being aware of their surroundings and a lack of mobility and communication). This participant had revolved through the hospital several times until becoming involved in AOT. After a year in the program, this participant is fully functioning, working as a Teaching Assistant, and will be graduating with their PhD this spring.

Every person's mental health crisis is different and having more flexibility to provide court ordered treatment when needed, as allowed by HB 2353, will assist providers to intervene and treat these individuals in the least restrictive environment possible.

Thank you for your time,

Sharon Zehr, LCSW