



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

March 28, 2018

The Hon. Thomas M. Middleton, Chair
Senate Finance Committee
East Miller Senate Office Building
Annapolis, MD 21401-1991

The Hon. Shane E. Pendergrass, Chair
House Health and Government Operations
Committee
241 House Office Building
Annapolis, MD 21401-1991

Re: HB 1383, Chapter 576 of the Acts of 2017, SB 1042, Chapter 577 of the Acts of 2017, and Health-General § 7.5-205.1(c)—Report on specified data points related to the Behavioral Health Administration Outpatient Civil Commitment Pilot Program

Dear Chairs Middleton and Pendergrass:

Pursuant to House Bill 1383, Chapter 576, and Senate Bill 1042, Chapter 577 (2017), the Maryland Department of Health respectfully submits a data report on the Behavioral Health Administration's Outpatient Civil Commitment Pilot Program.

If you have any questions regarding this report, please contact Webster Ye, Deputy Chief of Staff, at (410) 260-3190 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

Enclosure

cc: Webster Ye, MDH Deputy Chief of Staff
Dr. Barbara J. Bazron, MDH Deputy Secretary for BHA
Sarah Albert, MSAR# 11272

Behavioral Health Administration
Report on specified data points related to the
Behavioral Health Administration—Outpatient Civil Commitment Pilot Program
House Bill 1383, Chapter 576 of the Acts of 2017, and Senate Bill 1042, Chapter 577 of the
Acts of 2017

Background

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, posted the Funding Opportunity Announcement Information for an Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness.¹ The goal of the four-year grant is to divert individuals with two or more psychiatric hospitalizations from the courts to appropriate psychiatric treatment. Through this grant effort, community providers will “work with families and courts, to allow individuals with serious mental illness to obtain treatment in an outpatient program pilot in Baltimore City. The intended outcome is to evaluate this effort and identify evidence-based practices that result in the reduction of the incidents while continuing to live in the community and their homes.”² The grant is “intended to implement and evaluate new [Assisted Outpatient Treatment] programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness.”³

In April 2016, the Maryland Department of Health (Department) formed a workgroup, consisting of members of the Department, BHA, the State’s Office of Attorney General, the Mental Health Association of Maryland, Behavioral Health System Baltimore (BHSB), Disability Rights Maryland, and the National Alliance of Mental Illness (Workgroup), to apply for the Assisted Outpatient Treatment grant. The application process required the Workgroup to identify the purpose, site, and objectives of its proposed outpatient treatment program. Grant applicants must operate in jurisdictions that have in place an existing, sufficient array of services for people with serious mental illness, such as Assertive Community Treatment (ACT),⁴ mobile crisis teams, supportive housing, supported employment, peer supports, case management, outpatient psychotherapy services, medication management, and trauma informed care.

¹ Substance Abuse and Mental Health Services Administration, Funding Opportunity Announcement (FOA) Information (Apr. 18, 2016), online at <https://www.samhsa.gov/grants/grant-announcements/sm-16-011> (all Internet materials as last visited Oct. 17, 2017)

² *Ibid.*

³ *Ibid.*

⁴ ACT is “an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of psychiatric crisis and hospitalization and involvement in the criminal justice system. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness.

“ACT is a multidisciplinary team approach with assertive outreach in the community. The consistent, caring, person-centered relationships have a positive effect upon outcomes and quality of life. Research shows that ACT reduces hospitalization, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness. ACT may also reduce staff burnout and increase job satisfaction, cost effectiveness, and client satisfaction.” Center for Evidence-Based Practices, Case Western Reserve University, online at <https://www.centerforebp.case.edu/practices/act>.

The Workgroup determined that Baltimore City met these jurisdictional grant requirements and would be the site of the outpatient civil commitment (OCC) pilot program. Baltimore City has several nationally recognized hospitals, community providers with access to reimbursement for a full continuum of services managed through the Administrative Services Organization. This includes partial hospitalization, intensive outpatient, and outpatient treatment for individuals with both mental illness and/or SUD, targeted case management, ACT, supported employment, day and inpatient psychiatric rehabilitation programs for individuals with serious mental illness, inpatient hospitalization, and medication assisted treatment. The Public Behavioral Health System in Baltimore City also includes a variety of services managed through grants at the local level. This includes, but is not limited to, residential treatment for individuals with SUD, homeless outreach services, and comprehensive crisis response services.

The Workgroup determined that implementation of the OCC pilot program would help to address critical gaps in Baltimore City's Public Behavioral Health System, such as repeat hospitalizations, inconsistent assertive outreach, provider accountability, and services for individuals with serious mental illness within Maryland's legal system. BHSB will provide persistent outreach and engagement, as well as increasing accountability for individuals that have not been well engaged by the existing service delivery system.

Repeat Hospitalization

Claims data for fiscal year 2015 shows that Baltimore City spends a disproportionate amount of its budget on inpatient care which represents 25% of all expenditures for approximately 9% service population. Many of these individuals have multiple admission over short periods of time. This 9% represents over 5,000 individuals, many whom have multiple admissions in short periods of time. The OCC pilot program is designed to reduce repeat hospitalizations and increase community tenure for those served.

Inconsistent Assertive Outreach and Provider Accountability

Currently, there is no mechanism for consistent, assertive outreach to engage people who are not consenting to services. An individual must recognize the need for assistance and request help from a hospital, crisis response team, or outpatient provider. For individuals to access assertive community-based services such as Targeted Case Management (TCM) or Assertive Community Treatment (ACT), they must be willing to consent for services. The system also needs to improve its structures to better hold the provider accountable for providing outreach and engagement to individuals who are in need of services but will not use the more traditional office-based services. Providers need to be held accountable to provide creative, person-centered, strengths-based services. Providers are monitored for quality based upon state regulations and national accreditation standards.

Maryland's Legal System

Another gap to providing services for individuals with serious mental illness exists within the legal structure of Maryland. Currently Maryland law allows for involuntary inpatient

commitment and has reference to OCC but no mechanism to operationalize it. Therefore, OCC has never been utilized in Maryland. As part of this pilot project in Baltimore City, MDH has promulgated regulations to operationalize OCC.

The Workgroup determined that the objectives of the OCC pilot program would be to serve 75 individuals during the course of a year and approximately 37 individuals at a time. On May 10, 2016, letters of interest were sent out to the Baltimore City Public Behavioral Health System's provider network detailing the requirements of the grant. To satisfy the program's service needs, the Workgroup selected Bon Secours Baltimore Health Systems, Inc. (Bon Secours), a well-established Baltimore City provider located in the heart of West Baltimore, to serve as the primary service provider, to provide assertive outreach to individuals during their hospital stay to build a rapport prior to release to the community, and to develop appropriate treatment plans for these individuals. The organization is well aware of the needs of some of Baltimore's poorest residents. Bon Secours has a long history of integrating the use of peers in its service delivery as well as a commitment to trauma-informed care. Its continuum of care includes assertive community treatment, targeted case management, dual-diagnosis programs, a range of mental health and substance use disorder outpatient services, and inpatient services. BHSB will provide oversight and be available to assist Bon Secours.

In 2016, SAMHSA selected the BHSB as the Assisted Outpatient Treatment grant recipient of \$2,835,978 to be spent over four federal fiscal years commencing October 1, 2016. To establish a permanent program, legislation, HB 1383 and SB 1042, that authorizes BHA to establish an OCC pilot program for the release of an individual who is involuntarily admitted for inpatient treatment under Health General § 10-632 was signed into law on May 25, 2017, as Chapters 576 and 577.

The OCC pilot program workgroup submitted proposed regulations to the Department on June 1, 2017. The proposed regulation packet was approved, signed by the Secretary, submitted to the Administrative, Executive, and Legislative Review (AELR) Committee, and printed in the Maryland Register on August 18, 2017.⁵

The 30-day regulation comment period ended on September 18, 2017. Only two comments were received by BHA. They were forwarded to the Workgroup for consideration and response. The Workgroup determined that any changes to the regulations as published would change the nature of the operations of the project as designed by the Workgroup and approved by SAMHSA. The regulations became effective on November 6, 2017.

Legislative Requirements

HB 1383, Chapter 576, and SB 1042, Chapter 577 (2017), require BHA to submit a report each year that the pilot program is in existence to the Senate Finance Committee and the House Health and Government Operations Committee that includes the following:

⁵ BHA follows the regulatory process required under MDH. See MDH, Office of Regulation and Policy Coordination, Procedure for Regulations Process, 02.10.01.P (April 7, 2016), online at <https://health.maryland.gov/docs/p021001P1.pdf>.

- the number of individuals admitted into the pilot program during the immediately preceding 12-month period;
- the number of applications for admission into the pilot program submitted during the immediately preceding 12-month period;
- the cost of administering the pilot program for the immediately preceding 12-month period;
- the percentage of individuals admitted into the pilot program who adhered to the treatment plan established for the individual under the pilot program;
- treatment outcomes;
- the type, intensity, and frequency of services provided to individuals admitted into the pilot program; and
- any other information that may be useful in determining whether a permanent OCC process should be established.

The first annual report will be submitted in November 2018 since that is the date upon which BHSB will have 12 months of data on the OCC pilot.

Program Funding and Administrative Cost

Year 1 of the SAMSHA grant began September 30, 2016 and ended September 29, 2017. The total amount of funding expended during year 1 was \$223,191.⁶ These funds were used to cover (1) BHSB's infrastructure and oversight of the project and (2) contracts with Bon Secours Hospital and the Mental Health Association's Consumer Quality Team for services that are not currently reimbursable through the State. Through the grant funds, Bon Secours employs two full time Peer Counselors who are enabled to conduct assertive, flexible, and sustained outreach and engagement with individuals whether they are immediately amenable to consent for services or not. Similarly, the Consumer Quality Team is enabled to utilize grant funding to collect feedback from individuals who are served in the project, regardless of their willingness to engage or consent with the service system.

Funding is based upon BHSB serving approximately 75 individuals in the pilot program each of the four years. However, costs will increase as individuals are served in future years.

Treatment Plan Adherence

A major accomplishment during the planning period was the development of a strategy for treatment plan adherence. When the OCC pilot program is implemented, during treatment planning, all medical and social needs will be identified as well as appropriate providers. Bon Secours will ensure that the participant is linked to the identified provider(s) and BHSB will ensure that the provider is compliant with this linkage. Bon Secours has an electronic medical record system that crosses all clinical disciplines, facilitating care coordination between all clinical departments. The OCC pilot program will be incorporated into the electronic medical record system for seamless provider to provider documentation and treatment planning and to track patient progress towards goals and barriers encountered that may impinge on treatment progress.

⁶ Costs will increase as individuals are served in future years.

Evaluation of Treatment Outcomes

An evaluation plan has been developed to capture the treatment outcomes of program participants. Consistent with the outcomes established for SAMHSAs Recovery Support Strategic Initiative, treatment outcomes will be captured in the four dimensions of recovery as defined by SAMHSA: health, home, purpose, and community. BHSB will use weekly OCC pilot program reports to identify and monitor:

- individual's progress with the treatment plan;
- medication adherence;
- provider's efforts to engage the client and assist the individual with following through with recommendations of the plan;
- status of outcomes related to housing, employment, use of ambulatory health services as well as the use of emergency departments and inpatient services;
- any high-risk issues, such as use of emergency room, hospitalization, arrest or loss of housing, or if they are not able to locate program participants;
- family or other social support involvement; and
- trainings, supervision and support activities provided to peer support specialist, caseloads.

The data collected from the weekly reports will be used to evaluate treatment outcomes and performance measures. As treatment plans are developed, evidence-based practices will be emphasized in order to ensure the best possible outcomes.

Services Provided

The OCC pilot program will utilize and track the outcomes of evidence-based practices currently available within the Public Behavioral Health System in Baltimore City. These services include:

- ACT;
- person-centered care;
- peer support;
- motivational interviewing;
- trauma-Informed Care;
- integrated dual disorder treatment;
- wellness recovery action plans; and
- Baltimore City fee-for-service evidence-based supported employment programs.

Other Implementation Activities

BHSB facilitates monthly meetings to update the stakeholder group on project developments. The stakeholder group provides consultation and assistance related to project implementation and will continue to meet to guide the project and evaluate project activities as individuals are served.

BHSB has been working in partnership with local inpatient units in Baltimore City and the surrounding metro area. There are six inpatient psychiatric units in the city that accept involuntary admissions and three units in close proximity who serve a number of city residents.

BHSB aims to develop collaborative partnerships and accept referrals from all nine of these hospitals. Initial activities with local hospitals have included providing ongoing training and consultation to local hospitals on the eligibility criteria, the referral process, how to integrate the hearings into the inpatient unit workflows and conducting follow up visits to the inpatient units in collaboration with Bon Secours Hospital staff.

BHSB has collaborated with the Office of Administrative Hearings to develop the processes and forms for scheduling and holding OCC project hearings at local hospitals that will lead to project admissions and orient hospitals to the hearing process.