MARYLAND
Department of Health

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

November 30, 2018

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

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

Re: Health-General Article § 7.5–205.1(c)—Outpatient Civil Commitment Pilot Program Report

Dear Chairs Middleton and Pendergrass:

Pursuant to the Health-General Article § 7.5–205.1(c), the Maryland Department of Health (the Department) is required to submit a report to your respective committees by November 30 each year the pilot program is in existence. Specifically, the language directs the Department to include the information listed below:

> *(1) The number of individuals admitted into the pilot program during the immediately preceding 12-month period;*
> *(2) The number of applications for admission into the pilot program submitted during the immediately preceding 12-month period;*
> *(3) The cost of administering the pilot program for the immediately preceding 12-month period;*
> *(4) The percentage of individuals admitted into the pilot program who adhered to the treatment plan established for the individual under the pilot program;*
> *(5) Treatment outcomes;*
> *(6) The type, intensity, and frequency of services provided to individuals admitted into the pilot program; and*
> *(7) Any other information that may be useful in determining whether a permanent outpatient civil commitment process should be established.*

The Department continues to collect and compile the requested information from the Core Service Agency administering the pilot program, Behavioral Health Systems Baltimore (BHSB). Due to recent developments regarding the administration of the program, the Department is currently evaluating future changes to continue the pilot program. The Department respectfully requests that the Chairs approve an extension to January 20, 2019 for the submission of this report to develop a comprehensive plan to move forward.

If you have any questions regarding this report, please contact Webster Ye, Deputy Chief of Staff, at (410) 767–6480 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

Report on the Outpatient Civil Commitment Pilot Program

Submitted by the Maryland Department of Health
February 12, 2019

Health-General Article § 7.5–205.1(c)

MARYLAND
Department of Health

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

February 12, 2019

Hon. Delores G. Kelley, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

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

Re: Health-General Article § 7.5–205.1(c)—Outpatient Civil Commitment Pilot Program Report

Dear Chairs Kelley and Pendergrass:

Pursuant to the Health-General Article § 7.5–205.1(c), the Maryland Department of Health respectfully submits the attached report on the outpatient civil commitment pilot program on behalf of the Behavioral Health Administration.

If you have any questions regarding this report, please contact Deputy Chief of Staff Webster Ye at (410) 767–6480 or webster.ye@maryland.gov.

Sincerely,

Robert R. Neall
Secretary

cc: Sarah Albert, Department of Legislative Services (MSAR # 11282)

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I. 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, Behavioral Health Administration (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 Maryland (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.

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 and community providers with access to reimbursement

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[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 Nov. 12, 2018)

[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.

for a full continuum of services managed through the Administrative Services Organization. This includes partial hospitalization, intensive outpatient, and outpatient treatment for individuals with mental illness, substance use disorder (SUD), or both; 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. The OCC pilot program will provide persistent outreach and engagement, as well as increasing accountability for providers serving individuals that have not been sufficiently engaged by the existing service delivery system.

A. Repeat Hospitalization

Maryland Medicaid Claims data for fiscal year 2015 shows that Baltimore City spends 25% of all expenditures on inpatient care for approximately 9% of the service population, which represents over 5,000 individuals. Many of these individuals have multiple admissions over short periods of time. The OCC pilot program is designed to reduce repeat hospitalizations and increase utilization of community behavioral health services.

B. 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 ACT, they must be willing to consent for services. The system also needs to improve provider accountability with respect to delivering outreach and engagement to those that need services but who are not willing to participate in 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.

C. Maryland's Legal System

Another gap to connecting individuals with serious mental illness to services exists within Maryland's legal system. Currently, Maryland law allows for involuntary inpatient commitment and references OCC but no mechanism exists to make it operational. As part of this pilot program in Baltimore City, MDH has promulgated regulations to operationalize OCC.

II. Pilot Program Implementation

In 2016, SAMHSA selected 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 pilot program, the Maryland General Assembly passed House Bill (HB) 1383 and Senate Bill (SB) 1042, to authorize BHA to establish an OCC pilot program in Baltimore City for the release of an individual who is involuntarily admitted for inpatient treatment under Health-General Article § 7.5–205.1(c).

The 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 public comment period ended on September 18, 2017. During that time, BHA received comments from two organizations, NAMI Maryland and Parents for Care, which 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 program as designed by the Workgroup and approved by SAMHSA. The regulations became effective on November 6, 2017.

The Workgroup determined that the OCC pilot program would serve 75 individuals during the course of a year and approximately 37 individuals at one 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. The Workgroup selected Bon Secours Baltimore Health Systems, Inc. (Bon Secours), located in West Baltimore, to serve as the primary service provider, to offer assertive outreach to individuals during their hospital stay with the goal of building a rapport prior to release to the community, and to develop appropriate treatment plans for these individuals. The organization understands the needs of some of Baltimore's most vulnerable residents and has experience working with people with serious mental illness. Bon Secours has a long history of integrating the use of peers—persons with lived experience—in its service delivery model as well as a commitment to utilizing a trauma-informed care approach. Its continuum of care includes ACT, targeted case management, dual-diagnosis programs, a range of mental health and substance use disorder outpatient services and inpatient services. BHSB will provide oversight of the services provided by Bon Secours and be available to troubleshoot issues as they arise and make system-level recommendations to improve care.

The OCC pilot program uses 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;

[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.

- wellness recovery action plans; and
- Baltimore City fee-for-service evidence-based supported employment programs.

Other Implementation Activities

BHSB facilitates monthly meetings to inform the stakeholder group of program developments. The stakeholder group provides consultation and assistance related to program implementation, regulation changes and will continue to guide the program and evaluate 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 to the city that serve a number of city residents. BHSB has been able to develop collaborative partnerships and is accepting referrals from all nine of these hospitals. 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 staff.

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

III. Legislative Reporting Requirements

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

- Six individuals were admitted into the pilot program from July 1, 2017–June 30, 2018.
- Ten applications for admission to the pilot program were submitted from July 1, 2017–June 30, 2018.
- The cost of administering the pilot program for the immediately preceding 12-month period is not yet available.
- Treatment outcomes and the percentage of individuals admitted into the pilot program who adhered to the treatment plan established for the individual under the pilot program:
    - 83% of the individuals agreed to meet with the peer recovery specialists throughout the six-month commitment;
    - 83% of the individuals received mental health services during their six-month commitment; and
    - 75% of the individuals who were not connected to a mental health service at the time of their discharge from the hospital were connected to mental health services by the OCC program. All of these individuals were connected to ACT services.

- The pilot program utilizes a person-centered approach to care, which means that each individual in the program developed a treatment plan that was tailored to meet their unique health care needs and goals. To support program participant's treatment plan goals and ensure adherence to the program, peer recovery specialists meet with each individual several times a week. Peer Support Services include consistent, assertive and trauma-informed outreach; case management; supportive counseling and linkage to all kinds of community resources. Additionally, the participants received mental health services which included ACT and Capitation.
- Seven individuals will participate in the pilot program during Fiscal year 2019,

The Mental Health Association of Maryland conducted Consumer Quality Team (CQT) reports with program participants to assess the quality of the program and to obtain feedback on program services. Below are statements from program participants as reflected in the CQT reports:

- "I'm getting a lot of support in different ways, including medically. If I'm in the hospital, they [peer support specialists] come and see me. I'm getting all the support I need. They brought me some clothes – all kinds of stuff. They paid for my I.D., which I need for medical and other things. My needs are addressed quickly."
- "The thing about me is I'm happy to have the support I got – I'm just happy to have it. I just wonder how I got these good people in my life. I think the know I get somewhat sick at times – they won't leave me."
- "They took me to a women's seminar called Why to Women Cry. It was good. A lot of good information. We danced!"
- "I woke up in the hospital; there was [The peer recovery specialists]. They came three days in a row. I was in for my breathing. I need to get a sleep study. That's coming up. [The peer recovery specialists] came almost every day to check on me."
- "I have a new team of psychiatrist, a therapist and all that. I met the psychiatrist; I liked him."
- "I take medication. It's good."
- "They [peer recovery specialists] are supportive in anything I do—like getting the right medication. I think they're doing what they need to do."
- "The program is going okay for me. I was in the hospital. They came in and the judge recommended [the program]. There was a female judge who talked to me. She recommended it and I accepted."
- "When they say they're come, they come. The program is working."
- "I keep my appointments with [The peer recovery specialists]. They come every day, but sometimes they skip Wednesday. They come visit and stay a little while."
- "[The Peer recovery specialist] helped with my bankruptcy. She got it done. She went through her resources. It went through this month. I was nervous about it and couldn't sleep. It was very stressful – getting all those hospital bills and phone calls. [The peer recovery specialist] helped me."
- "I didn't know there were so many resources out there. They took me to the food-coop and gave me free sheets. I got a fan. They didn't waste time getting me that. It helped a lot with the heat. They get me to appointments. They helped so much."

A. Program Funding and Administrative Cost

Year 2 of the SAMSHA grant began September 30, 2017 and ended September 29, 2018. The total amount of funding expended during year 2 was is not yet available.[6] These funds were used to cover: (1) BHSB's infrastructure and oversight of the program and (2) contracts with the Law Office of Terri D. Mason, P.C.; Bon Secours Hospital, and the Mental Health Association's Consumer Quality Team for services that are not currently reimbursable through the administrative services only (ASO) arrangement. Specifically, the grant funds were used to cover the following services:

- Legal services provided by the Law Offices of Terri D. Mason, P.C. Ms. Mason provides legal representation to each individual who is eligible for the OCC program and goes to a hearing or settlement conference. She is available for consultation prior to the hearing or settlement conference.
- Bon Secours' employs two full-time peer recovery specialists who conduct assertive, flexible, and sustained outreach and engagement with individuals, whether they immediately consent for services or not.
- Mental Health Association of Maryland's Consumer Quality Team collects feedback from individuals who are in the program, regardless of their willingness to engage or consent with the service system.

In June 2018, BHSB decided to voluntarily relinquish the final two years of the SAMHSA grant as the program was unable to serve the number of individuals required by the grant. BHSB, in collaboration with the program stakeholders and BHA developed a plan to sustain the program, funded alternatively by the State and utilizing the same program design.

B. Lessons Learned and Next Steps

Throughout this process of relinquishing SAMHSA funds, OCC staff and stakeholders have learned many valuable lessons about the design and implementation of the OCC program in Baltimore City and the limitations of the SAMHSA grant. For example, the SAMHSA grant was not available to assist in housing. Access to safe and affordable housing has been a challenge for many of the participants in the OCC program which required peer recover specialists to work with participants to find housing. The stakeholder group will brainstorm options for alternatives to address program limitations and additional needs preventing treatment success.

The Department has committed $371,120 to sustain the OCC pilot through June 30, 2019. The Workgroup is continuing to meet to oversee the pilot and consider implications for program sustainability for the State of Maryland.

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