



## DEPARTMENT OF HEALTH

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

May 27, 2020

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 Tom Andrews, Chief of Staff, at (410) 767–0136 or [Thomas.andrews@maryland.gov](mailto:Thomas.andrews@maryland.gov).

Sincerely,

Robert R. Neall  
Secretary



**Report on the Outpatient Civil Commitment Pilot Program**

Submitted by the Maryland Department of Health  
May 1, 2020

Health-General Article § 7.5–205.1(c)

**Table of Contents**

- I. Background ..... 1
  - A. Establishing OCC in Maryland ..... 1
  - B. Regulatory Changes ..... 2
  - C. Key Implementation Activities in 2019 ..... 2
- II. Reporting Requirements ..... 4
  - A. Program Funding and Administrative Cost ..... 5
  - B. Lessons Learned and Next Steps ..... 6
  - C. Program Sustainability ..... 7
- Appendix ..... 8

## I. Background

### A. Establishing OCC in Maryland

In 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) selected Behavioral Health Systems Baltimore (BHSB) as the Assisted Outpatient Treatment grant recipient of \$2,835,978 to be spent over four federal fiscal years commencing October 1, 2016.<sup>1</sup> To establish a pilot program, the Maryland General Assembly passed House Bill (HB) 1383 and Senate Bill (SB) 1042 to authorize the Behavioral Health Administration (BHA) to establish an outpatient civil commitment (OCC) pilot program in Baltimore City for the release of an individual who is involuntarily admitted for inpatient treatment under Health-General Article, Md. Code Ann. § 10–632, which was signed into law on May 25, 2017, as Chapters 576 and 577. This legislation was codified as § 7.5–205.1(c).

The workgroup<sup>2</sup> 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.<sup>3</sup>

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. 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 program as designed by the workgroup and approved by SAMHSA. The regulations became effective on November 6, 2017.

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), a well-established Baltimore City provider 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. Bon Secours understands the needs of some of Baltimore's most vulnerable residents and has experience working with people with serious mental illness. Bon Secours also

---

<sup>1</sup> 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. 7, 2019).

<sup>2</sup> The workgroup consists of representatives from the Behavioral Health Administration, the Office of the Attorney General, the Mental Health Association of Maryland, BHSB, Disability Rights Maryland, and the National Alliance of Mental Illness Maryland.

<sup>3</sup> BHA follows the regulatory process required under the Department. See Maryland Department of Health, 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>.

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 assertive community treatment (ACT),<sup>4</sup> targeted case management, dual-diagnosis programs, and a range of mental health and substance use disorder outpatient services and inpatient services.

BHSB oversees the implementation of the services provided by Bon Secours, ensures that the hospital system and providers are accountable to the OCC participants, and is available to troubleshoot issues as they arise and make system-level recommendations to improve care.

## **B. Regulatory Changes**

Based on lessons learned from the first year of implementation of OCC pilot, the workgroup decided to alter the eligibility criteria to increase enrollment into the program. A variety of regulatory changes were discussed by the workgroup, and the proposed regulation changes were submitted to the Department on March 14, 2018. 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 January 18, 2019.

The 30-day regulation public comment period ended on February 19, 2019. During that time, the Department received comments from two organizations and one individual. The Mental Health Association of Maryland wrote in support of the changes and Bon Secours Health System, Inc., and Ms. Evelyn Burton provided written suggestions. The comments were forwarded to the workgroup for consideration and response. The regulation changes were published in their final form on August 30, 2019 and went into effect on September 9, 2019.

## **C. Key Implementation Activities in 2019**

BHSB facilitates monthly meetings to keep the workgroup informed of program developments. The workgroup provides consultation and assistance related to program implementation, regulation changes, and evaluates program activities as individuals are served.

---

<sup>4</sup> 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 health care 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>.

Over the past year, several notable implementation activities were completed with the support of the workgroup:

- BHSB developed collaborative partnerships and is accepting referrals from all nine hospitals with inpatient units that accept involuntary admissions. 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 developed a check list form for hospital staff to use to determine program eligibility.
- BHSB 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.
- BHSB collaborated with Beacon Health Options, the former Administrative Services Organization, to try to identify individuals who are eligible for OCC. Staff members at Beacon Health Options are in a unique position to determine if an individual has had multiple hospitalizations and can remind the hospitals about the OCC program when they request authorization for the hospital stay.
- During the 2019 Maryland Legislative Session, the General Assembly passed SB 403, Chapter 359, and HB 427, Chapter 360, which modified the OCC pilot program to allow family members and individuals to request enrollment in the program.
- On July 9, 2019, NAMI Maryland hosted a webinar to educate their community of caregivers, advocates, and consumers about the OCC pilot program.
- Added specific health outcome measures to the program evaluation and began collecting new data for FY20.
- Revised OCC pilot program regulations to expand eligibility criteria. New regulations went into effect on September 9, 2019.
- Developed a flyer (see Appendix) to distribute to family members and caregivers to educate them about how to help a loved one access the OCC pilot program. NAMI Maryland, MHAMD, and BHSB have distributed this flyer to their list serves.

- In October 2019, the Maryland Hospital Association hosted a seminar for the nine Baltimore metro area hospitals that have inpatient psychiatric units to educate their social work staff, nurses, and psychiatrists on OCC.<sup>5</sup>

## **II. Reporting Requirements**

Section 7.5–205.1(c) requires MDH 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.

- In accordance with paragraph (c)(1), there were three individuals admitted into the pilot program from July 1, 2018–June 30, 2019. Four individuals continued to be served in the program that were admitted prior to July 1, 2018, so a total of seven unduplicated individuals were served during the year.
- In accordance with paragraph (c)(2), there were eight applications for admission into the pilot program submitted from July 1, 2018–June 30, 2019.
- In accordance with paragraph (c)(3), the cost of administering the pilot program for the immediately preceding 12-month period is not available yet.
- Of the three individuals that were admitted into the pilot program, all three were admitted voluntarily.
  - In accordance with subparagraph (c)(4)(i), 100% of the individuals agreed to meet with the peer recovery specialists throughout the six-month commitment;
  - In accordance with subparagraph (c)(4)(ii) 100% of the individuals received mental health services during their six-month commitment; and
  - In accordance with subparagraph (c)(4)(iii), 100% of the individuals received mental health services during their six-month commitment. Two of the three individuals admitted into the pilot program were connected to somatic health care through their enrollment in the pilot program. The other received somatic care during a lengthy psychiatric hospitalization.

The pilot program utilizes a person-centered approach to care, which means that each individual in the program developed a program plan that was tailored to meet their unique health care needs and goals. To support the participant’s program 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 community resources. All mental health services received by program participants were individualized and appropriate to the level of care required for that individual. These mental health services included ACT and Capitation.

The Mental Health Association of Maryland conducted Consumer Quality Team (CQT) reports with program participants to assess the quality of the program and get the client's feedback on program services. Below are statements from program participants from FY19 as reflected in the CQT reports:

- “[The Peer Recovery Specialists have] been helpful. They helped me get shoes. I think it’s beautiful.”
- “I’m always happy to see the OCC people.”
- “They’re angels. [The Peer Recovery Specialists] are godsend. I see them almost every day. I get a lot of moral support.”
- “The loving care I’ve gotten from [the Peer Recovery Specialists] has been the best part of the program. They don’t try to force nothing.”

#### **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 is not available yet. (Costs will increase as individuals are served in future years.) These Year 2 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 agreement conference. She is available for consultation prior to the hearing or settlement agreement and is there to represent the individual if they agree.
- Bon Secours’ employs two full-time peer recovery specialists 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.
- Mental Health Association of Maryland’s Consumer Quality Team collects feedback from individuals who are served 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. The same program design is used except Bon Secours employs only one full-time peer recovery specialist.

The State secured funding for an additional year, concluding June 30, 2020.

## **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. Therefore, peer recover specialist had to work with participants to find housing. If the OCC program continues, the stakeholder group will brainstorm options for obtaining subsidies and foundation funds to help participants with housing.

OCC staff and stakeholders also learned that limiting enrollment to only those who have involuntary hospitalizations resulted in too few referrals. The regulation changes that went into effect in September 2019 are intended to address this and increase enrollment.

Although the OCC pilot program could not meet the SAMSHA grant requirements, the plan is to preserve the program. With funding, the program has worked to increase program enrollment by:

- Modifying the regulations to expand the eligibility criteria for the program;
- Actively engaging hospitals, including reaching out to hospital staff weekly following their involuntary hearings to determine whether they have any eligible patients;
- Engaging with outpatient providers who may know when their patients have been hospitalized and could benefit from the additional support that OCC brings; and
- Educating family members and caregivers about the program so that they can help to advocate with the hospital for their loved one to be referred to the program, if they are eligible.

### **C. Program Sustainability**

The Department committed \$371,120 to fund the OCC program for nine months in FY19. The workgroup is continuing to meet to oversee the pilot and consider implications for program sustainability for the State of Maryland.

## Appendix

### OCC Flyer

# Are You or a Loved One Hospitalized for Mental Health Treatment?

*Maryland's Outpatient Civil Commitment pilot program can help people with mental illness get and stay connected to services*

The Outpatient Civil Commitment (OCC) program is a pilot program in Baltimore City that assists people who are not well-connected to mental health services get connected and stay connected to care. There is no cost for this program, and it does not matter what type of insurance you have. Many people choose to participate in the program voluntarily, but there is a path for involuntary admission into the program for those who qualify.

People who participate in OCC receive peer support services for six months, starting while they are in the hospital. A peer is an individual who has personal, lived experience with mental illness and/or substance use. They provide consistent, persistent, intensive wrap-around support to help people stay connected to services in the community.

## Do you or a loved one qualify?

You or a loved one must meet all the following criteria:

- Currently hospitalized for treatment of mental illness, AND HAVE HAD
- A prior hospitalization for treatment of mental illness within the last 12 months.
- Live in Baltimore City or are homeless in the City.
- Have not been served well by mental health services.

## What do I do next?

- Talk to the hospital social worker and request a referral. OCC is a pilot program, and some hospitals may need a reminder. Share this document with them.
- Contact Behavioral Health System Baltimore (BHSB) at (410)735 8574 or [ClinicalServices2@BHSBaltimore.org](mailto:ClinicalServices2@BHSBaltimore.org). BHSB will contact the hospital to also request a referral.
- Keep advocating for your loved one! Call NAMI Maryland at 410-884-8691 or [info@namimd.org](mailto:info@namimd.org) or the Mental Health Association of Maryland at 443-901-1550 or [info@mhamd.org](mailto:info@mhamd.org) for family member help and advice.

*The hospital is responsible for making the final decision on whether to make a referral to OCC.*