



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

November 10, 2021

The Honorable Delores G. Kelley, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

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

RE: Health-General Article §7.5-205.1(c) – Outpatient Civil Commitment Pilot Program Report (MSAR # 11282)

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 Heather Shek, Director, Office of Governmental Affairs at heather.shek@maryland.gov.

Sincerely,

Dennis R. Schrader
Secretary

cc: Aliya Jones, Deputy Secretary, Behavioral Health Administration
Heather Shek, Director, Office of Governmental Affairs
Sarah Albert, Department of Legislative Services (5 copies) MSAR # 11282

Annual Report on the Outpatient Civil Commitment Pilot Program

State Fiscal Year 2020

Submitted by the Maryland Department of Health

Health-General Article § 7.5–205.1(c)

Table of Contents

I. Background	2
A. Establishing Outpatient Civil Commitment (OCC) in Maryland	2
B. Regulatory Changes	3
C. Key Implementation Activities in SFY 2020	3
II. Reporting Requirements	5
A. Program Funding and Administrative Cost	6
B. Challenges/Barriers	7
C. Lessons Learned	8
D. Next Steps	8
E. Program Sustainability	9
APPENDIX A	10
APPENDIX B	11
APPENDIX C	14
APPENDIX D	15
APPENDIX E	17

Acronyms

ACT: Assertive Community Treatment
ALER: Administrative, Executive, and Legislative Review Committee
AOT: Assisted Outpatient Treatment
ASO: Administrative Service Organization
BHA: Behavioral Health Administration
BHBS: Behavioral Health Systems Baltimore
CQT: Consumer Quality Team
FFY: Federal fiscal years
HB: House Bill
MDH: Maryland Department of Health
MHA: Mental Health Association
NAMI: National Alliance of Mental Illness
OCC: Outpatient Civil Commitment
PBHS: Public Behavioral Health Systems
SAMHSA: Substance Abuse and Mental Health Services Administration
SB: Senate Bill
SFY: State fiscal year

I. Background

A. Establishing Outpatient Civil Commitment (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 (AOT) grant recipient of \$2,835,978 to be spent over four federal fiscal years (FFY) commencing October 1, 2016.¹ To establish a pilot program, the Maryland General Assembly passed House Bill (HB) 1383 and Senate Bill (SB) 1042 of the Acts of 2017 to authorize the Behavioral Health Administration (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, Md. Code Ann. § 10–632. This legislation was signed into law on May 25, 2017 as Chapters 576 and 577 and codified as § 7.5–205.1(c).

On May 10, 2016, letters of interest were sent out to the Baltimore City Public Behavioral Health System’s (PBHS) provider network detailing the requirements of the grant. BHSB and the OCC workgroup selected Bon Secours Baltimore Health Systems, Inc. (currently known as Grace Medical). Grace Medical was selected because the organization understands the complex needs of some of Baltimore’s most vulnerable residents and has a well-established record of experience working with people with serious and persistent mental illness. Grace Medical is a well-established Baltimore City provider located in West Baltimore, and was selected 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.

Grace Medical also 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 using a trauma-informed care approach. Its continuum of care includes assertive community treatment (ACT),² Targeted Case Management, dual-diagnosis programs, and a range of mental health and substance use disorder outpatient and inpatient treatment services.

BHSB oversees the implementation of the services provided by Grace Medical, ensures that the

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. 27, 2020)

² 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>.

hospital system and providers are accountable to the OCC participants, is available to troubleshoot and provide technical assistance as they arise, and make system-level recommendations to improve care. Specific processes include weekly meetings with Grace Medical Peer Recovery Specialists, monthly progress notes submitted by the Peer Recovery Specialists for each OCC participant, and ongoing follow-up with hospitals when a referral is received to ensure connection with legal representation and the Peer Recovery Specialist.

B. Regulatory Changes

The OCC workgroup³ submitted proposed regulations to the Maryland Department of Health (MDH) 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, 2017.⁴

The 30-day regulation public comment period ended on September 18, 2017. During that time BHA received comments from two organizations, National Alliance of Mental Illness (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, as originally published, became effective on November 6, 2017.

Based on lessons learned from the first year of implementation of the OCC pilot, the workgroup submitted a request to BHA to alter the eligibility criteria to increase enrollment into the program. The stakeholder group, which includes BHA staff, discussed additional strategies to expand eligibility for the project, and continues to collaborate on ways to improve and implement new strategies. The proposed regulation changes were submitted to the MDH on March 14, 2018. The proposed regulation changes were then submitted, approved, and signed by the Secretary, submitted to the AELR Committee, and printed in the Maryland Register on January 18, 2019. 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 SFY 2020

BHSB facilitates monthly meetings to keep the workgroup informed of program developments. BHA participates in the monthly meeting and also receives updates from BHSB. The workgroup provides recommendations to BHSB and BHA as well as assistance related to program implementation, regulatory changes, and the evaluation of program activities as individuals are served.

³ 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 (NAMI).

⁴ BHA follows the regulatory process required under the Department. 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>.

Over SFY 2020, several notable implementation activities were built upon and completed with the support of the workgroup. They include:

- Continued partnership with nine (9) hospitals with inpatient psychiatric units providing consultation regarding eligibility criteria and the referral process. When a referral is received, BHSB coordinates with the Law Offices of Terri. D. Mason to connect them with the inpatient social worker for the hearing or settlement agreement process and the Office of Administrative Hearings, to ensure that individuals entering the program voluntarily have adequate representation to assist them in making an informed decision about their admission into the program. Additionally, BHSB works with Grace Medical and the referring hospital to connect the participant with a Peer Recovery Specialist to facilitate a “warm hand off”;
- Updating the referral protocol for inpatient social workers to provide more detail about the different pathways to admission. The pathways to admission to OCC are: involuntary, voluntary, and retention at the hospital where the individual is currently receiving treatment;
- Revising and redistributing the eligibility criteria document, the referral protocol, and the referral form to local hospitals;
- Conducting presentations on the OCC program to inpatient social workers located at various community-based hospitals;
- Collecting data throughout the SFY 2020 that measured various health outcomes including engagement with mental health treatment, connection to permanent or stable housing, linkage to primary health care services, and linkage to employment or educational services;
- Collaboration with the Mental Health Association (MHA) and Consumer Quality Team (CQT) in revising and updating the general OCC program flyer and creating new flyers targeting potential participants and family members;
- Presentations on the OCC program for Outpatient Mental Health Clinics to provide education and encourage outreach if they feel their clients who are hospitalized could benefit from the program;
- Collaboration with the previous Administrative Service Organization (ASO) to identify individuals who may be eligible for OCC. The collaboration with the ASO staff assists in determining if an individual has had multiple hospitalizations and serves as a reminder to hospitals about the OCC program when they request authorization for the hospital stay. The State contracted with a new ASO as of January 1, 2020. BHA and BHSB will be working closely with Optum Maryland, the new ASO to discuss implementation of a similar process during SFY2021;

- Conducting outreach events with other community agencies. On July 9, 2019, NAMI Maryland hosted a webinar to educate their community of caregivers, advocates, and consumers about the OCC pilot program. In November 2019, BHSB met with NAMI Metro staff to provide education on eligibility requirements and the referral process. In December 2019, the MHA hosted a seminar for the nine (9) Baltimore metro area hospitals that have inpatient psychiatric units where BHSB and stakeholders educated the social work staff, nurses, and psychiatrists on OCC; and
- Revised OCC pilot program regulations to expand eligibility criteria. New regulations went into effect on September 9, 2019. These regulation changes allow for voluntary admission into the OCC program for individuals who are voluntarily admitted. These changes also allow for hospitals that do not have an involuntary admission option to enroll individuals in the program through an Administrative Law Judge endorsement process.

II. Reporting Requirements

Section 7.5–205.1(c) of the Maryland Code of Health requires MDH to submit a report to the Senate Finance Committee and the House Health and Government Operations Committee showing program results for each year that the pilot program is in existence.

- In accordance with paragraph (c)(1), there were three (3) individuals admitted into the pilot program in SFY 2020. Four (4) individuals continued to be served in the program that were admitted prior to July 1, 2019; therefore, there were a total of seven (7) unduplicated individuals served during SFY 2020.
- In accordance with paragraph (c)(2), there were eight (8) applications for admission into the pilot program submitted in SFY 2020; of the eight (8) applications, three (3) did not meet criteria due to no prior involuntary admission (this was before eligibility criteria changed), one (1) was referred from a state hospital, and one (1) was moving out of the Baltimore City jurisdiction.
- In accordance with paragraph (c)(3), the cost of administering the pilot program for the immediately preceding 12-month period was \$494,827.
- Of the three (3) individuals that were admitted into the pilot program during SFY2020, all 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.

- In accordance with subparagraph (c)(4)(iii), 100% of the individuals received mental health services during their six-month commitment, with two (2) of the three (3) individuals admitted into the pilot program being 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 MHA of Maryland conducted 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 SFY2019 and SFY2020 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."*
- *"It's excellent. [The Peer Recovery Specialist] is excellent. He helps with housing and jobs and finding places to go. He helps with food, clothing, shoes, and personal items that I'm supposed to have."*
- *"It's going pretty good. It's going excellent. [The Peer Recovery Specialist] helps me out tremendously. He helps me with everything; he makes sure I have my medicine, a roof over my head, and food. He's a great counselor."*
- *"If people feel like you aren't letting them be themselves, they will not follow protocol. The program has been helpful getting me on track."*

A. Program Funding and Administrative Cost

Year 2 of the SAMHSA grant began in the FFY2018 - September 30, 2017 and ended September 29,

2018. In June 2018, after close collaboration with BHA, 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, program stakeholders, and BHA developed a plan to sustain the program to be funded alternatively by the State. The State secured funding in the amount of \$371,120 for an additional year, concluding June 30, 2019. BHA has committed to continue funding through SFY2021 with funding in the amount of \$494,827. Program activities remain the same; however, Grace Medical now employs only one full-time Peer Recovery Specialist.

During the SFY2020, all costs for the program were level funded through state funds. Funding support provided:

- Legal services 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 provides consensual representation to participants during a hearing or settlement agreement conference. She is also available for consultation prior to the hearing or settlement agreement;
- A part-time clinical supervisor located with the sub-vendor, Grace Medical and one full-time Peer Recovery Specialist who is enabled to conduct assertive, flexible, and sustained outreach and engagement with individuals whether they are immediately amenable to consent for services or not; and
- The MHA CQT to support the collection of feedback from individuals who have served in the program, regardless of their willingness to engage or consent with the service system. This feedback is conducted through a telephonic survey and the results are submitted to BHSB.

B. Challenges/Barriers

During the implementation of the OCC Pilot program and throughout its tenure, there were some challenges and barriers encountered that would be the foundation for lessons learned. Some of those challenges and barriers included:

- Limited resources for and access to safe and affordable housing for many of the participants in the OCC;
- Delayed access to data that would help identify potential program participants due to the ASO transition; and
- The onset of the COVID-19 pandemic which limited networking to a virtual platform. Patient engagement has been minimally impacted. Peer Recovery Specialists have been able to conduct in-person and telephonic meetings with participants following all COVID-19 guidelines from MDH and the Centers for Disease Control (CDC).

C. Lessons Learned

Throughout the course of the Baltimore OCC program, there have been several lessons learned, described below.

Housing: The design of the OCC program in Baltimore City and the limitations of the SAMHSA grant did not allow for programmatic or funding assistance for a housing program. Securing safe and suitable housing for this population remains a continued priority. Therefore, the Peer Recovery Specialist has assisted participants with finding safe and suitable housing. The OCC stakeholder group is working with Disability Rights Maryland in identifying strategies for obtaining housing subsidies for participants, and the stakeholder group will continue working to secure options for housing subsidies and foundation funds in SFY2021. BHA and BHSB will also continue to engage the local housing authority and the Homeless Continuum of Care to explore the availability of housing resources.

Eligibility Criteria and Enrollment: The OCC staff and stakeholders 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 were intended to address this and increase enrollment. While there was a slight increase in inquiries about the program and voluntary referrals from local hospitals, the data was insignificant. The OCC stakeholder group has learned the importance of implementing the voluntary pathway to admission and the expanded opportunities it presents for those who would benefit from participation in the program.

Partnership: The group also recognizes that consumer input is critical. A reflection of this is the partnership that the stakeholder group formed during SFY2020 with On Our Own of Maryland, a statewide peer operated behavioral health advocacy and education organization. On Our Own's input and contributions will further strengthen the person-centered nature of the program.

D. Next Steps

The BHA will continue to fund the OCC pilot with state general funds, as described in the 'Program Funding' section above, and will work with the OCC team to enhance program outcomes, including enrollment. BHA, in collaboration with BHSB and OCC Stakeholders will review outcomes from other AOT Programs nationally and explore other best practices that can be incorporated to enhance outcomes.

Eligibility Criteria and Enrollment Outcomes: The OCC stakeholder group will continue monthly discussions to review and make recommendations on eligibility criteria and ways to expand it. These recommendations will be shared with MDH for future consideration.

Partnerships: There are several opportunities to continue strengthening partnerships, including:

- While there are some efficient operational strategies already in place, the OCC will explore individualizing these strategies with local hospitals to maximize enrollment and patient

engagement. This includes the development of additional strategies for real-time communication and identifying potential referrals. These strategies will be piloted with specific hospitals, and BHSB will plan to expand this approach across all hospitals that have capacity to refer to the program. Additional partnerships and engagement with outpatient providers will continue and be expanded to assist in tracking efforts when their patients have been hospitalized. This process will also assist in the education of these providers to help bridge the gap in understanding the benefit of the additional support that OCC brings.

- Strong family support is critical for OCC. BHSB and the stakeholder group will continue to provide program education for family members and caregivers in an effort to help advocate with the hospitals on behalf of or in collaboration with their loved one to be referred to the program, if they meet eligibility criteria.
- The OCC will further strengthen their current partnership with the ASO. Working with the ASO is integral to the monitoring of services being provided by individuals who utilize Maryland's PBHS.
- The BHSB and OCC stakeholders will revisit current engagement processes with community mental health providers and resources to follow-up, restore, and fortify the importance of OCC. A needs assessment in collaboration with BHA will be conducted after OCC program refinements have been made.

E. Program Sustainability

MDH committed \$371,120 to fund the OCC program for nine months in SFY2019. In SFY2020, funding support was awarded at \$494,827 and is currently level funded for SFY2021. The stakeholder group continues to meet monthly to oversee the pilot and consider implications for program sustainability. MDH and the project stakeholder group recognize that sustaining this service through grant funds is a significant strength of the project. This enables continuous services and supports to participants regardless of other services they may be receiving, providing greater continuity of care, and reducing risk of negative outcomes.

APPENDIX A



NOTICE: Eligibility Expanded

Outpatient Civil Commitment (OCC) Project Eligibility Checklist

The Outpatient Civil Commitment (OCC) program can accept voluntary and involuntary referrals. An individual can be referred if they meet all the following criteria:

- Is an adult diagnosed with a mental health disorder
- Lives in Baltimore City or is homeless and looking for housing in the City
- Have a history of refusing, not following through with, or not fully engaging with community mental health services

For Voluntary Referral:

For Involuntary Referral:

<input type="checkbox"/> Agree to be referred to OCC	<input type="checkbox"/> Does not agree to be referred to OCC
<input type="checkbox"/> *Is currently hospitalized in an inpatient psychiatric hospital <u>and</u>	<input type="checkbox"/> Is currently retained in an inpatient psychiatric hospital <u>and</u>
<input type="checkbox"/> *Have been hospitalized in an inpatient psychiatric hospital at least one other time within the past 12 months (<i>*New</i>)	<input type="checkbox"/> Have been retained in an inpatient psychiatric hospital at least one other time within the past 12 months

Referrals should be made to:
Behavioral Health System Baltimore (BHSB):

ClinicalServices2@BHSBaltimore.org

Fax number: (443) 320 4568

For questions about the OCC program, contact John Crouch at john.crouch@bhsbaltimore.org

APPENDIX B



OUTPATIENT CIVIL COMMITMENT Program Referral Protocol

Inpatient staff identify individuals who are currently involuntarily hospitalized who meet the following eligibility criteria:

- **Adult Baltimore City Resident or willing to reside in Baltimore City;**
 - **Currently involuntarily committed to an inpatient psychiatric hospital and have had at least one other involuntary commitment within the past 12 months *OR***
 - **Are currently hospitalized in an inpatient psychiatric hospital and have been hospitalized in an inpatient psychiatric hospital at least one time within the past 12 months;**
 - **Has a demonstrated history of refusing community treatment that has been a significant factor in contributing to the current involuntary inpatient admission;**
 - **Has a treatment history and behavior that indicates the need for outpatient treatment to prevent deterioration after discharge that is substantially likely to result in the individual becoming a danger to self or others in the community;**
 - **Demonstrated history of being offered and/or receiving voluntary services in the last year, yet the involuntary hospitalization was not avoided, emphasizing the unlikely nature of seeking and/or participating in community treatment.**
- **All individuals will have access to free legal representation or may retain their own.**

There are multiple ways an individual may enter the OCC program:

- **Voluntarily:**
 - § A. **If the individual is currently retained in the hospital, inpatient staff and the individual will attend a Settlement Agreement Conference (SAC) with the Administrative Law Judge (ALJ). The individual will be asked to adhere to program recommendations and/or support services as needed.**
 - § B. **If the individual is not retained in the hospital, inpatient staff and the individual will complete the Voluntary Settlement Agreement (VSA) with the legal representative. The VSA will then be reviewed and endorsed by the ALJ.**

- **Involuntarily:** A hearing scheduled before the ALJ in which the inpatient staff will present the case. If the ALJ agrees that the individual meets the eligibility criteria for the OCC program, an order for participation is signed.
- **Inpatient staff** completes OCC Referral and sends it to **BHSB** using a confidential/encrypted method (contact information provided on the referral)
 - Be sure to fill out the referral form in its entirety
 - On the referral form, please be sure to:
 - § Include as much information as possible regarding mental health treatment (figure 1) and prior hospitalizations (figure 2) in the last year

Figure 1

History of Being Offered and/or Receiving Voluntary Community Services in the past 12 months:

Date	Treatment Facility	Services Offered/Received

Figure 2

Involuntary Psychiatric Inpatient Commitments (include current commitment):

Date	Facility	Reason

- Document any voluntary services that were offered to the patient during their inpatient stay, including the date they were offered (figure 3).
- Determine whether the individual will be entering the OCC program voluntarily or involuntarily (figure 3). *Note: the patient may change his/her decision after the referral has been submitted.*

Figure 3

Consumer was offered voluntary outpatient services on (date): _____	Please describe:
Consumer: <input type="checkbox"/> Accepted <input type="checkbox"/> Refused	Please describe:
If accepted, consumer will enter the OCC program:	<input type="checkbox"/> Voluntarily <input type="checkbox"/> Involuntarily <input type="checkbox"/> Undetermined

- Once the referral is received, **BHSB** will determine initial eligibility within three business days and send a response back to the referral source. An eligible referral response will include the OCC Notice of Hearing form if needed.
- If a patient is determined to be eligible by **BHSB** and requires a hearing/voluntary settlement:
 - **Inpatient staff** schedules hearing/voluntary settlement conference using the same process as involuntary commitment hearings. The OCC Notice of Hearing form is used for both the hearing and the conference. Hearing/conference should be scheduled to coincide with discharge from the inpatient unit
 - § Free legal representation provided by the Law Offices of Terri D. Mason, P.C. (contact information provided in the Notice of Hearing form).
 - Notice of Hearing form goes to the patient, Terri D. Mason, Office of Administrative Hearings (OAH), BHSB, and any friends/family the individual would like to have attend
 - **BHSB** notifies the **Peer Recovery Specialists (PRS)** at Grace Medical
 - **Peer Recovery Specialists** will begin in-reach with referred patient while they remain in the inpatient unit and may attend the hearing if the patient chooses.
- If there are any questions, please contact:
 - John Crouch, Clinical Services Coordinator
(john.crouch@bhsbaltimore.org) *or*
 - Alexandra Wykowski, Associate Director Clinical Services
(alexandra.wykowski@bhsbaltimore.org)

APPENDIX C



Want to stay connected to mental health care? Peer support can help!

- Are you currently hospitalized for mental health treatment **and** have been hospitalized before for mental health within the last 12 months?
- Do you live in Baltimore City **or** are homeless in the City?
- Do you need help with finding housing, food, healthcare, and other needs?

Outpatient Civil Commitment (OCC) is a **FREE** and **VOLUNTARY** pilot program in Baltimore City. Our mission is to connect people who have trouble accessing mental health care with the care and support they need.

We will connect you to a **peer**, a person who has a similar lived experience with mental illness and/or substance use, who can help you get back on your feet.

If you participate in the OCC, *you can get peer support in finding housing, Supplemental Nutrition Assistance Program (SNAP)/entitlement benefits, treatment, and other needs for 6 months*, starting from the time you are in the hospital.

What do I do next?

- **Ask your hospital social worker** about referring you to the Outpatient Civil Commitment (OCC) program.
- **Contact Behavioral Health System Baltimore (BHSB)** at (410)-735-8574 or email ClinicalServices2@BHSBaltimore.org. BHSB will contact the hospital to also request a referral.
- Reach out to groups who can advocate on your behalf!
- Call **NAMI Maryland** at (410)-884-8691 or email info@namimd.org.
- Call **Mental Health Association of Maryland (MHAMD)** at (443)-901-1550 or email info@mhamd.org for help and advice.

APPENDIX D



Would you or a loved one benefit from peer support to guide you in accessing mental health services that meet your needs?

Maryland's Outpatient Civil Commitment pilot program can help people with mental illness who are currently hospitalized 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 in certain situations.

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. 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 or the Mental Health Association of Maryland at 443-901-1550 or 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.

APPENDIX E



Would your loved one benefit from peer support to guide them in accessing mental health services that meet their needs?

Maryland's Outpatient Civil Commitment pilot program can help people with mental illness who are currently hospitalized 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 in certain situations.

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.

Does your loved one qualify?

They 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 443-615-7804 or 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 or the Mental Health Association of Maryland at 443-901-1550 or 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.