



**Report on the Outpatient Civil Commitment Pilot Program
FY21**

Health-General Article §7.5–205.1(c)

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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, 2016.¹ 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 workgroup² 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, 2017.³

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. (currently known as Grace Medical Center), 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. Grace Medical Center understands the needs of some of Baltimore's most vulnerable residents and has experience working with people with serious mental illness. Grace Medical Center 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 utilizing a trauma-informed care approach. Its continuum of care includes assertive community treatment

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. 7, 2019).

² 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.

³ 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>.

(ACT),⁴ 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 Grace Medical Center, 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.

During FY21, the stakeholder group discussed additional strategies to expand eligibility for the project. Strategies such as:

- Expanding the residency requirement to include surrounding zip codes outside of Baltimore City;
- Ensuring prior commitment in a State Hospital does not prevent OCC eligibility;
- Including three psychiatric emergency department visits within the past year in the eligibility criteria, which would apply to voluntary participants;
- Eliminating the Administrative Law Judge endorsement for individuals entering the program voluntarily who are not retained at the hospital;
- Establishing bridge subsidies and a voucher program in partnership with the Housing

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 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>.

Authority of Baltimore City; and

- Utilizing BHA-approved mental health consumer support funds to support wrap-around services necessary to secure safe and stable housing. Support funds, such as assistance with security deposits, first month's rent, and utility activation charges.

These recommendations for regulatory changes are pending and under the regulatory promulgation review process.

C. Key Implementation Activities in FY21

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

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

- 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 will coordinate with the Law Offices of Terri. D. Mason and connect them with the inpatient social worker for the hearing or settlement agreement process, and the Office of Administrative Hearings (OAH) 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 the Peer Recovery Specialist (PRS) in order to facilitate a "warm hand-off".
- In partnership with the Maryland Hospital Association and Harbor Hospital, BHSB facilitated an OCC Seminar for local hospital administrators and physicians.
- BHSB conducted a presentation about OCC for the Lt. Governor's Commission on Behavioral and Mental Health Subcommittee on Public Safety.
- BHSB updated 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.
- Revised the eligibility criteria document, the referral protocol, and the referral form and redistributed the revised forms to local hospitals
- BHSB facilitated OCC presentations for all nine (9) hospitals with inpatient psychiatric units and meets bi-weekly or monthly with seven (7) Baltimore City area hospitals to discuss high inpatient utilizers and potential OCC referrals.

- Collected data throughout FY21 that measured various health outcomes including engagement with mental health treatment, connection to permanent or stable housing, linkage to primary health services, and linkage to employment or educational services.
- Collaborated 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.
- Presented on OCC during BHSB service line meetings for Outpatient, Psychiatric Rehabilitation, and Assertive Community Treatment providers to educate providers on the program and encourage outreach if clinicians feel their clients who are hospitalized could benefit from the program.
- Presented on OCC to the Administrative Service Organization (ASO) Care Management Team. Monthly meetings are conducted with this team to discuss high inpatient utilizers and potential OCC participants. 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.

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.

- Program received eight (8) referrals in FY21. There were two (2) admissions into the OCC program. Reasons referrals were not enrolled include eligibility criteria not being met, discharging from the hospital to an area outside of Baltimore City, and discharging prior to the OCC settlement conference.
- 100% of the individuals agreed to meet with the peer recovery specialists throughout the six-month commitment.
- 100% of the individuals received mental health services during their six-month commitment.

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 healthcare 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 and FY 20 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

BHA continued to provide \$494,827 in state funds in FY21. Funding supported the following:

- 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.
- A part-time clinical supervisor located with the sub-vendor, Grace Medical Center, 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.
- 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. The feedback was conducted through a telephonic survey and the results were submitted to BHSB.

B. Challenges/Barriers

- Access to safe and affordable housing has continued to be a challenge for many of the participants in the OCC.
- The ASO transition resulted in delay of access to data that would help identify potential program participants.

- As a result of the COVID-19 pandemic, presentations and communication with hospitals and community-based providers were limited to virtual platforms. The peer specialist's outreach and provision of services at hospitals has also been impacted due to visitor restrictions on many inpatient psychiatric units.
- Out of eight (8) referrals in FY21, there were two (2) admissions into the OCC program. Reasons referrals were not enrolled include eligibility criteria not being met, discharging from the hospital to an area outside of Baltimore City, and discharging prior to the OCC settlement conference. Many of these barriers are addressed within the recently proposed regulation updates.

C. Lesson Learned

The OCC stakeholder group continued to identify strategies for obtaining housing subsidies for participants throughout FY21. BHSB met with various representatives from the Mayor's Office of Homeless Services and the Housing Authority of Baltimore City to establish partnerships and to identify programs that may support the housing needs of OCC participants. These ongoing efforts will continue in FY22. The program will utilize consumer support funds approved by BHA to cover security deposit and first month's rent, utility turn activation charges, basic household goods, and past due utility, rent, and mortgage payments.

The stakeholders identified the value of allowing voluntary referrals into OCC. The stakeholders proposed regulations to expand the eligibility criteria and overall access to the program. At the end of FY21, regulation changes expanding residency requirements to include surrounding zip codes outside of Baltimore City, ensuring a prior commitment in a State Hospital does not prevent OCC eligibility, and including three psychiatric emergency departments visits within the past year as part of the eligibility criteria. Additionally, the stakeholder group collaborated with the Office of Administrative Hearings to propose a regulation to eliminate an Administrative Law Judge endorsement for individuals entering OCC voluntarily who are not retained at the hospital. This will allow for a more streamlined and timelier process for that referral pathway.

The stakeholder group also recognized the need for ongoing outreach and education about the OCC program. BHSB will continue to offer presentations for inpatient psychiatric hospitals and community behavioral health providers. Additionally, BHSB will provide updates for providers regarding any future regulation changes.

Another lesson learned from the Consumer Quality Team interviews with OCC participants is that the approach the program utilizes is effective. Participants have valued the person-centered nature of the program and the dedication and support of the peer specialist, as evidenced in the interview feedback.

D. Next Steps

The Behavioral Health Administration will continue to fund the OCC pilot with state general funds and will work with the OCC team to enhance the program and increase enrollment by:

- Continue to explore national best practices in administering outpatient civil commitment and improving outcomes.
- Implement proposed regulation changes when they are approved and finalized.
- Collaborating with the current ASO during SFY22 to develop a daily high inpatient utilizer report that will allow for more targeted outreach to hospitals regarding potential OCC participants.
- When a high inpatient utilizer report is finalized by ASO, BHSB will work with each local hospital to develop additional operational strategies for real-time communication and identifying potential referrals.
- Continued engagement with outpatient providers who may track when their patients have been hospitalized and could benefit from the additional support that OCC brings.
- Continued program education for family members and caregivers to help advocate with the hospital on behalf or in collaboration with their loved one to be referred to the program if they meet eligibility criteria.

E. Program Sustainability

MDH funded the OCC for \$494,827 for FY21 and continued funding for SFY22. Contingent on increased enrollments and outcomes, funding may be adjusted by BHA. The stakeholder group and BHA continue 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 support to participants regardless of other services they may be receiving, providing greater continuity of care, and reducing risk of negative outcomes.

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. 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.