



**2023 Outpatient Civil Commitment Pilot Program Report**

Submitted by the Maryland Department of Health

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Maryland Code Annotated, Health-General Article § 7.5–201(c)

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## **Executive Summary**

In accordance with the Health General Article §7.5-205.1.(a), the Maryland Department of Health (the Department) established an outpatient civil commitment (OCC) pilot program to allow for the release of individuals involuntarily admitted for inpatient treatment under Health General Article §10-632 on condition of the individual's admission into the pilot program.

Pursuant to Health General Article §7.5-205.1.(c), the Department respectfully submits this report to the Senate Finance Committee and the House Health and Government Operations Committee, which includes:

- 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) For individuals admitted into the program voluntarily and involuntarily;
  - i) The percentage of individuals admitted into the pilot program who adhered to the treatment plan established for the individual under the pilot program;
  - ii) Treatment outcomes; *and*
  - iii) The type, intensity, and frequency of services provided to individuals admitted into the pilot program
- 5) Any other information that may be useful in determining whether a permanent outpatient civil commitment program should be established.

During fiscal year 2023 (July 1, 2022 – June 30, 2023), the program served nine (9) unduplicated individuals. Of these, two (2) individuals were admitted prior to July 1, 2022, and continued receiving services during the reporting period. The remaining seven (7) individuals were newly admitted during the fiscal year, with five (5) entering the program voluntarily and two (2) admitted involuntarily.

## Overview

### Establishment of the Outpatient Civil Commitment (OCC) in Maryland

In 2016, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded Behavioral Health Systems Baltimore (BHSB) a \$2,835,978 grant to establish an Assisted Outpatient Treatment (AOT) pilot program. The AOT pilot aimed to build a collaborative system involving hospitals, community providers, courts, and law enforcement to ensure individuals received the support they needed to remain stable in the community. The grant was to be used over four federal fiscal years, starting October 1, 2016.<sup>1</sup> To support the pilot, the Maryland General Assembly passed House Bill 1383 and Senate Bill 1042, authorizing the Maryland Department of Health's Behavioral Health Administration (BHA) to establish an Outpatient Civil Commitment (OCC) pilot program in Baltimore City. This applied to individuals involuntarily admitted for inpatient mental health treatment under Health-General Article, §10-632. The legislation was signed into law on May 25, 2017, as Chapters 576 and 577, and codified as §7.5-205.1(c). In 2016, a stakeholder workgroup was formed to guide the implementation of the AOT program in Baltimore City. This group worked to support the creation of regulations that were enacted and became effective on November 6, 2017.

Bon Secours Baltimore Health Systems, Inc. (now Grace Medical is a well-established provider located in Baltimore City is the program's primary service provider. They were selected because of their experience working with individuals with serious and persistent mental illness (SPMI) and their strong ties to the community.

### Program Overview

Grace Medical delivers assertive outreach services to individuals during and after discharge. The goal is to provide coordinated outpatient care to reduce hospital readmissions, support treatment adherence, improve outcomes for individuals with SPMI at high risk of repeated hospitalization or criminal justice involvement.<sup>3</sup> and build a rapport with consumers prior to release to the community to develop appropriate treatment plans for these individuals. Grace Medical is committed to integrating Peer Recovery Specialists (PRS)—individuals with lived experience—into its service model, and consistently applies a trauma-informed care approach and has a long history of integrating the use of Peer Recovery Specialists<sup>1</sup> (PRS—persons with lived experience) in its service delivery model as well as a commitment to utilizing a trauma-informed care approach. In July 2023, Maryland Medicaid began reimbursing for Certified Peer Recovery Specialist services being facilitated in specific clinical settings serving individuals with Substance Use Disorders. Its continuum of care includes assertive community

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<sup>1</sup>Maryland Addiction & Behavioral-Health Professionals Certification Board, "Maryland Certified Peer Recovery Specialist (CPRS) Process & Requirements for Maryland's Peer Recovery Specialist Certification" (Maryland Department of Health, n.d.), [https://health.maryland.gov/bha/Documents/CPRS%20Requirements%20Guide\\_comms\\_030518.pdf](https://health.maryland.gov/bha/Documents/CPRS%20Requirements%20Guide_comms_030518.pdf).

treatment (ACT)<sup>2</sup>, Targeted Case Management (TCM)<sup>3</sup>, dual-diagnosis programs, and a range of mental health and substance use disorder (SUD) outpatient and inpatient treatment services. BHSB (Behavioral Health System Baltimore) oversees the implementation of services provided by Grace Medical. It ensures accountability among hospitals and providers serving OCC participants, offers technical assistance as needed, and provides system-level recommendations to enhance care. Key program activities include:

- Weekly meetings with Grace Medical's PRS staff;
- Reviewing and analyzing monthly progress notes submitted for each OCC participant;
- Ongoing follow-up and coordination with hospitals after a referral is received to ensure connections to legal representation and PRS support.

The Maryland Department of Health provides programmatic and fiscal oversight of the OCC program. It also guides and supports the development of proposed regulations in collaboration with BHSB and other stakeholders. Additionally, the Department reports annually on program outcomes to external stakeholders.

These efforts are carried out in partnership with the broader community to ensure that Marylanders receiving care through the Public Behavioral Health System (PBHS) have access to high-quality, culturally and linguistically appropriate behavioral health services. To support this, BHSB receives monthly progress reports from Grace Medical and uses the data to prepare a quarterly report for the Department. This report includes updates on treatment plan progress and program performance. BHSB also holds weekly calls with PRS staff to discuss enrollment and overall program updates.

#### Regulatory updates

Between FY20 and FY22, the Program stakeholder workgroup discussed strategies for expanding eligibility for the OCC project and submitted proposed regulatory changes to the Department, which are currently under review through the regulatory promulgation process. If approved, the new regulations would:

- Expand residency eligibility to include specific zip codes in Baltimore County and Anne Arundel County that border Baltimore City;
- Allow individuals with a prior state hospital commitment to qualify for OCC;
- Broaden criteria to include emergency department (ED) visits, not just inpatient admissions; and
- Eliminate the requirement for an Administrative Law Judge (ALJ) hearing for individuals voluntarily enrolling in the program.

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<sup>2</sup>SAMHSA Library. "Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT," October 1, 2008. <https://library.samhsa.gov/product/assertive-community-treatment-act-evidence-based-practices-ebp-kit/sma08-4344>.

<sup>3</sup> HHS-OIG. "Medicaid Targeted Case Management," December 17, 2018. <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000235.asp>.

## **Key Implementation Activities for Fiscal Year 2023**

BHSB continues to facilitate monthly meetings to keep the workgroup informed of program developments. The Department participates in the monthly meetings and receives updates and quarterly progress reports from BHSB. The workgroup provides consultation to BHSB and the Department and assistance related to program implementation and regulation changes, as well as evaluate and recommend program activities and changes as individuals are served.

In FY23, several notable implementation activities were built upon and completed with the support of the workgroup. They included:

- Continued partnerships with the Local Behavioral Health Authorities (LBHAs) from Anne Arundel and Baltimore Counties to review the proposed regulation changes, specifically the expanded residency requirement. This expansion will include contiguous zip codes around the city and will continue to include Baltimore City, and parts of Baltimore County and Anne Arundel Counties.
- Continued partnership with nine (9) hospitals with inpatient psychiatric units. The OCC program provides consultation to these partners regarding the 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) that is staffed for this program in order to facilitate a “warm hand off”.
- Bi-weekly or monthly meetings with eight (8) Baltimore City area hospitals to discuss high inpatient utilizers and potential OCC referrals.
- Collection of data throughout SFY23 that measured various health outcomes during a reporting period. These health outcomes included the number of times consumers engaged with mental health treatment providers, whether an admission was voluntary or involuntary, how many consumers were connected to permanent or stable housing, linkage to somatic and primary healthcare services, and linkage to employment or educational services.
- Monthly meetings with the Administrative Service Organization (ASO) to discuss and identify high inpatient utilizers that can be potential OCC referrals. The purpose of this collaboration is to assist in identifying individuals who have had multiple hospitalizations. Additionally, the collaboration assisted with serving as a point of entry and reminder to hospitals when they request authorization, about the OCC program.
- September 2022 presentation to the MHA Behavioral Health Roundtable about the OCC program to provide education on eligibility requirements and the referral process.

- January 2023 presentation to the Director and Deputy Director of Quality Assurance at the Maryland Office of Administrative Hearings to review the OCC referral and enrollment process as it relates to the role of the Administrative Law Judges.

### **Reporting Requirements for Reporting Period: July 1, 2022 – June 30, 2023**

In accordance with request items above, during FY23, the pilot program received nine (9) applications for admission. Of these:

- One (1) applicant did not meet the program's admission criteria.
- One (1) applicant withdrew during the settlement conference with the Administrative Law Judge.

As a result, seven (7) new consumers were admitted during the fiscal year, bringing the total number of unduplicated individuals served to nine (9). This includes:

- Two (2) individuals admitted before July 1, 2022
- Seven (7) newly admitted consumers:
  - Five (5) admitted voluntarily
  - Two (2) admitted involuntarily

#### Program Participation and Engagement:

Of the seven individuals newly enrolled during the fiscal year:

- Five (5) met regularly with a Peer Recovery Specialist
- Six (6) received mental health services and were connected to somatic health care while enrolled

The pilot program is grounded in a person-centered approach. Each participant collaborated with a Peer Recovery Specialist to develop an Individualized Recovery Plan (IRP) aligned with their health care goals. Peer specialists provided regular, tailored support through:

- Assertive and trauma-informed outreach
- Case management
- Supportive counseling
- Connection to community resources

Services were flexible and individualized, with peer specialists meeting with participants several times a week based on need. Mental health care, including ACT and Capitation services, was provided according to the level of care determined by each participant's treatment team.

#### Quality Assurance and Participant Feedback:

The Mental Health Association of Maryland (MHAMD) conducted Consumer Quality Team (CQT) surveys to evaluate program quality and gather participant feedback during FY23.

Highlights from participant testimonials include:

*“I’m very pleased with [the peer specialist]. He’s been there three days a week. He always sees my problems.”*

*“[The peer specialist] is a nice guy. He talks to you in a way you can understand.”*

*“Everything is excellent, cause [the peer specialist], he’s the best.”*

*“[The peer specialist] sees me twice a week. He helps me with my appointments and is helping me look for places to live. He comes to where I stay or where I am.”*

*“[The peer specialist] helps me out...Anything I need, I don’t need to ask twice. He goes out of his way and he’s an excellent worker”*

*“It’s...good, excellent cause he’s [the Peer Recovery Specialist] the best.”*

*“It [OCC] is excellent; it’s an excellent program”*

### Program Funding and Administrative Cost

In Fiscal Year 2023 (FY23), the Maryland Department of Health provided \$494,827 in state funding to support the OCC program. These funds covered the following components:

- Legal Services: Provided by the Law Offices of Terri D. Mason, P.C. Ms. Mason offers legal representation to all eligible OCC participants, including during hearings and settlement conferences, and legal consultation before these proceedings.
- Clinical and Outreach Staff:
  - A part-time (0.5 FTE) clinical supervisor based at Grace Medical, a sub-vendor.
  - A full-time (1.0 FTE) Peer Recovery Specialist (PRS) responsible for assertive, flexible, and ongoing outreach to individuals, regardless of their initial willingness to engage in services.
- Participant Feedback Collection: The Maryland Health Administration's Consumer Quality Team (MHA CQT) conducts monthly telephone surveys with individuals involved in the program, including those who have not formally engaged with services. Feedback is used to assess service quality and meet participant needs. Survey results are shared with both BHSB and Grace Medical for review and quality improvement.

### Program Insights and Implementation Challenges

The Outpatient Civil Commitment (OCC) program continues encountering systemic barriers that limit its growth and operational efficiency. However, several key insights have emerged, providing a roadmap for improvements. These are outlined below:

#### Regulatory Barriers

1. Key enrollment barriers, because of the current regulations, have slowed program expansion. Proposed regulatory updates aim to remove these barriers and broaden access by:
  - a. Expanding eligibility to include individuals living in zip codes adjacent to Baltimore City.
  - b. Removing disqualifications for individuals with previous stays in state psychiatric hospitals.
  - c. Including psychiatric emergency department (ED) visits—not just inpatient admissions—as qualifying criteria.

- d. Eliminating the Administrative Law Judge (ALJ) hearing requirement for voluntary enrollments to streamline the referral process and reduce burdens on hospital staff.
  - e. Hospital Staffing Constraints
  - f. Hospitals face significant staffing challenges, particularly in hiring and retaining social workers who are essential to the referral process:
  - g. High caseloads often prevent timely OCC and outpatient referrals.
  - h. Frequent staff turnover disrupts continuity and hampers consistent training on OCC procedures and eligibility.
2. Limited Access to Critical Data - Since the 2020 transition to a new Administrative Services Organization (ASO), the Behavioral Health System Baltimore (BHSB) lost regular access to high-utilizer inpatient data. This data gap limits the ability to identify eligible individuals proactively and hinders collaboration with hospitals. Efforts are underway to restore access to these data reports.
  3. Underserved Eligible Population - Many individuals in Baltimore City meet OCC eligibility but are not engaged with the program or broader behavioral health services. Regulatory updates aim to:
    - a. Bridge these service gaps, particularly for underserved populations.
    - b. Expand the program's reach to a broader group of eligible individuals.
  4. Expanded Outreach and Education - A key program insight learned is the importance of expanding awareness of the OCC program beyond social workers to include hospital physicians and administrative staff. These professionals often play a pivotal role in referrals. The program's Outreach activities would
    - a. Clarify the referral process and explain eligibility requirements.
    - b. Emphasize OCC's person-centered values, including consumer choice, peer support, and system accountability.
    - c. To support this outreach, BHSB conducts bi-weekly case discussions with physicians at major hospital systems (UMMS, JHH, and MedStar Health) and regular presentations and updates to inpatient and community providers.
  5. Positive Participant Experiences - Despite operational challenges, participant feedback highlights the program's value: Participants consistently cite the person-centered approach and Peer Recovery Specialists (PRS) support as critical to their engagement and recovery.

## Works Cited

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