2024 Report on the Outpatient Civil Commitment Pilot Program

Health-General Article § 7.5–205.1(c)

November 2024

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Executive Summary

The Maryland Department of Health (MDH) established the Outpatient Civil Commitment (OCC) pilot program under Health General Article §7.5–205.1. This program allows for releasing individuals involuntarily admitted for inpatient treatment as outlined in Health General Article §10–632 based on specific conditions related to their admission into the pilot program. Per HGA §7.5-205.1 (c) and §2-1257 of the State Government Article, MDH is submitting a report on the OCC pilot program for Fiscal Year 2023 to the Senate Finance Committee and the House Health and Government Operations Committee.

During this fiscal year, the program admitted and served six individuals, five were referred to the program and participated voluntarily. All patients admitted during this period adhered to and completed their established treatment plans, with two successful discharges. Three of the five voluntary participants were enrolled in behavioral health services that included mental health and substance use support. Additionally, two participants were referred to somatic care. Notably, 40% of those successfully discharged (two out of five) were referred to and connected with permanent or stable housing.

The Certified Peer Recovery Specialist (CPRS) provided 26 peer support engagements to the four program participants over the course of the year. All participants were connected to and engaged in various services, including Assertive Community Treatment (ACT), Psychiatric Rehabilitation Programs (PRP), outpatient mental health and substance use treatment, American Society of Addiction Medicine (ASAM) treatment, and Medical Day programming.

Introduction and Overview

Outpatient civil commitment, also known as Assisted Outpatient Treatment (AOT), is a legal process utilized to provide mental health services to individuals with a severe or persistent mental illness who are not adhering to treatment. Research indicates that outpatient commitment programs can at least double treatment compliance rates and decrease hospital admissions by 60 to 80 percent (Kurlander, n.d.). Many individuals diagnosed with serious and persistent mental illness (SPMI) spend significant portions of their lives struggling to cope with their conditions.

Programs, such as outpatient civil commitment, help improve the health and safety of those with mental health diagnoses. Outpatient involuntary treatment was established to avoid hospitalization when possible and to ensure access to mental health care when it is needed. According to Substance Abuse and Mental Health Services Administration's (SAMHSA) Care Continuum for Civil Commitment, there are approximately 20 active Outpatient Civil Commitment programs nationwide (*Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice*, 2019)

The Outpatient Civil Commitment (OCC) pilot program in Baltimore City was established on May 25, 2017, by Health General Article §7.5 - 205. The program allows for the release of individuals who have been involuntarily admitted for inpatient mental health treatment, as specified in Health General Article, Md. Code Ann. §10-632. The program was established as a follow-up to the 2016 SAMHSA AOT grant program implemented by Behavioral Health Systems Baltimore (BHSB) over four federal fiscal years. Its goal is to support the establishment of rapport with consumers before their community release and to create personalized treatment and recovery plans tailored to them.

The program employs a person-centered approach to care that involves the collaborative creation of an Individualized Treatment Plan (ITP) or Individualized Recovery Plan (IRP) between the Certified Peer Recovery Specialist (CPRS) and each participant that is specifically tailored to address the individual's unique somatic and behavioral healthcare needs and personal goals. To support participants in achieving their ITP and IRP objectives and ensure adherence to the program, peers meet with each participant 1-3 times per week or more frequently as needed based on the individual's requirements.

The continuum of care includes:

1. Assertive Community Treatment (ACT)
2. Targeted Case Management (TCM)
3. Dual-diagnosis programs (mental health disorder with co-occurring substance use disorder-SUD)

4. Range of mental health and SUD outpatient and inpatient treatment services to support the expanded eligibility criteria for participation in the project
5. Peer support services include:
    a. Consistent, Assertive, And Trauma-Informed Outreach
    b. Case Management
    c. Supportive Engagement
    d. Counseling
    e. Linkage To Community Resources

Services provided to program participants are tailored to their individual needs and appropriate to the required level of care, as determined by their treatment, ACT team, and Capitation. The program is being implemented by Grace Medical Center, formerly Bon Secours Health Systems, Inc., in Baltimore City, under BHSB oversight. Grace Medical Center was chosen as the primary service provider due to its strong presence in the Baltimore City area and its long history of incorporating Certified Peer Recovery Specialists (CPRS)—individuals with lived experience—into its service delivery model. The center is committed to using a trauma-informed care approach, offering assertive outreach to individuals during their hospital stay.

The program also has a stakeholder group that provides policy and regulatory recommendations to improve program outcomes. The stakeholder group is made up of representatives from the following:

1. Maryland Department of Health/Behavioral Health Administration (MDH/BHA)
2. Behavioral Health System Baltimore (BHSB)
3. National Alliance on Mental Illness (NAMI)
4. Mental Health Association of Maryland (MHAMD)
5. Maryland Hospital Association (MHA)
6. Disability Rights Maryland (DRM)

Program Oversight

BHSB employs a collaborative approach to ensure accountability among the hospital system and providers for the program participants. BHSB offers technical assistance and system-level recommendations aimed at improving the quality of care and enhancing program oversight through various activities, including:

1. Weekly meetings with the Grace Medical Peer Recovery Specialist (PRS)
2. Review and analysis of monthly progress notes
3. Ongoing follow-up and collaboration with hospitals upon receiving a referral to ensure proper connection with legal representation and the PRS
4. Development and submission of quarterly progress reports to MDH BHA

5. Weekly phone calls with the CPRS to obtain updates on the program's progress and participant enrollment

BHA provides programmatic, fiscal, and regulatory oversight for the program's implementation and reports its outcomes annually to external stakeholders. The program collaborates with the Mental Health Association of Maryland (MHAMD) Consumer Quality Team (CQT) to conduct surveys with program participants. These surveys facilitate the analysis of service delivery and help identify gaps in BHA services.

Program Funding and Administrative Cost
The program received $494,827 for activities in FY 2024. Of this amount, $130,078 (26.28%) was allocated to BHSB, Grace Medical Center, and MHAMD.

Program activities
In SFY2024, the program carried out the following activities:

1. Outreach sessions to local hospitals: Seven outreach sessions were carried out to local hospitals in the Baltimore area. During these outreaches, presentations were made to physicians, social workers, supervisors, and unit managers at the local hospitals about the OCC program for those unfamiliar with or not utilizing these services, and updates were provided to those already familiar with the OCC program to encourage ongoing collaboration.
2. Bi-weekly Program update meetings: These meetings were held with current partner hospitals, inpatient psychiatric facilities, community behavioral health providers, and vital staff members crucial to the OCC referral process.
3. CQT surveys: These surveys were for program participants to assess the program's quality and gather feedback on participants' satisfaction with the services provided.

Program Outcomes/Outputs
The program continues to collect qualitative and quantitative data to track the outcomes of participants. During the reporting period:

- Six (6) applications were received for admission into the program, five (5) were referred for voluntary admission
- 100% of the patients admitted during this period adhered to and completed their established treatment or recovery plans
- There were two (2) successful discharges
- Three (3) of the five (5) participants were enrolled in behavioral health services, which included mental health and substance use support
- Two (2) participants were referred to somatic care

- 40% [two (2) out of five (5)] participants were successfully discharged during the reporting period and were referred to and connected with permanent or stable housing
- Two [two (2) out of five (5)] participants left the program against medical advice (AMA)
- The Certified Peer Recovery Specialist (CPRS) provided 26 peer support engagements (cumulative) across the four program participants during SFY2024
- Of the five (5) individuals enrolled in the program during the reporting period, three (3) participants were connected to and engaged in mental health services. While engaged in the program, individuals, if amenable and eligible, could be referred to the following: Assertive Community Treatment (ACT), Psychiatric Rehabilitation Programs (PRP), outpatient mental health center (OMHC), and substance use disorder residential and/or outpatient treatment in an [American Society of Addiction Medicine (ASAM) level of care level 1, 2.1, 3.1, 3.3, 3.5, 3.7, 3.7 WM (withdrawal management)], and Partial Hospitalization Program-PHP/Medical Day programming, level 2.5
- Two (2) individuals were linked to recovery support services such as employment, education, and housing.

Regulatory update

The stakeholder group for the OCC program has developed proposed amendments to the OCC regulations, as outlined in COMAR 10.63.07. These amendments were published in the Maryland Register for public comment on February 9, 2024. Once adopted, the amendments to COMAR 10.63.07 will:

1. Expand residency requirements to include Baltimore and Anne Arundel counties' residents living in contiguous zip codes around Baltimore City.
2. Ensure that a prior commitment to a state hospital does not disqualify an individual from eligibility for the OCC program.
3. Expand eligibility criteria to include visits to emergency departments and inpatient admissions.
4. Remove the requirement for an Administrative Law Judge (ALJ) hearing for patients who voluntarily enroll in the program.

Challenges and Barriers

The program continues to experience low enrollment of participants. Several factors contribute to this issue, including difficulties related to healthcare workforce attrition and retention of hospital social workers, and limited access to data from Maryland's Administrative Service Organization.

Staff turnover, especially among social workers, leads to an increased patient-to-social-worker ratio, which can negatively impact the quality of services provided as well as staff burnout. Additionally, the challenges associated with training and onboarding new hires further

exacerbate the issue of low enrollment. During bi-weekly meetings with Grace Medical, hospital staff reported that they often need help promptly completing Outpatient Care Coordination (OCC) referrals. Due to the hospital Social Workers' high caseloads, they also need help adhering to the administrative requirements of the referral process or making additional outpatient or recovery support referrals to the community.

The limited access to data from Maryland's Administrative Service Organization (ASO) hinders the program's ability to develop a more streamlined criteria and format for assessing behavioral health utilization reports. This limitation makes it challenging to identify high utilizers of the emergency department and patients who may be eligible to participate in the program.

Opportunities for Improvement

As part of ongoing quality improvement efforts the State in partnership with BHSB, have identified the below opportunities for improvement: :

1. We identified individuals in Baltimore City who meet the criteria for the OCC program but are not currently receiving services. This highlights the necessity of broadening our outreach efforts beyond existing zip code limitations to enhance access for those typically underserved by the public behavioral health system.
2. Expanding residency requirements to include surrounding zip codes will help us reach a wider and more diverse population needing services.
3. A consistent schedule for outreach and educational activities is needed. This process should involve social workers, front-line staff, and other administrative personnel vital to the referral and enrollment processes.
4. Ensuring system accountability is crucial. This can be achieved by setting clear program expectations and standards, utilizing technology, and communicating effectively.

Next Steps

The program will:

1. Continue to explore national best practices in administering outpatient civil commitment to improve outcomes.
2. Implement proposed regulatory changes once they are approved and finalized.
3. Establish better communication with the incoming ASO to gain access to current and real-time inpatient utilization data reports. This will support transparent and effective collaboration with each partner hospital to develop operational strategies that identify potential OCC referrals.
4. Consistently engage with outpatient mental health clinic (OMHC) providers who may have established tracking systems for patients hospitalized while receiving treatment and who could benefit from the support that the OCC provides.

5. Provide ongoing education for family members and caregivers to empower them to advocate for the hospital for their loved ones, ensuring they are referred to the program if they meet the eligibility criteria.
6. Additionally, the program will collaborate with the MDH BHA to implement and roll out the statewide Assisted Outpatient Treatment (AOT) program, as mandated by Senate Bill 453/House Bill 576 passed in the 2024 Maryland General Assembly session which requires all 23 jurisdictions in Maryland to establish outpatient commitments to enhance the accessibility of mental health services for individuals participating in the Public Behavioral Health System (PBHS).

Conclusion

The Outpatient Civil Commitment Pilot Project in Baltimore City will continue to provide outpatient voluntary and involuntary treatment that aims to prevent hospitalization when possible, and ensure participants' low barrier access to mental health care through collaboration and utilization of national best practices to improve program outcomes.

The Program will work with the Maryland Department of Health to implement the newly enacted Assisted Outpatient Treatment Act SB0453 (CH0704) of 2024, which requires the establishment of Assisted outpatient treatment in Maryland's 23 jurisdictions.
MDH, in collaboration with local jurisdictions and other state partners, is utilizing a phased approach to roll out AOT as a statewide initiative that will support and improve the accessibility of mental health services to individuals participating in the Public Behavioral Health System (PBHS).

References

Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice. (2019, February 15). SAMHSA. Retrieved November 12, 2024, from https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf

Kurlander, J. (n.d.). *Pro/Con: Outpatient Commitment for the Severely Mentally Ill*. AMA Journal of Ethics. Retrieved November 12, 2024, from https://journalofethics.ama-assn.org/article/procon-outpatient-commitment-severely-mentally-ill/2003-10