



March 17, 2021

## HB 1344 – SUPPORT

Dear Chair Pendergrass and members of the Health and Government Operations Committee,

NAMI Maryland supports House Bill 1344, which would provide broader, more flexible standards for commitment. We are concerned that our current, very specific standard using only a “proof of dangerousness” standard contributes to the limitations the state faces when it comes to reaching and treating this population of individuals who struggle to remain well and often times are suffering from anosognosia, or the lack of ability to perceive the realities of one’s own condition.

The narrow confines of our current danger standard undoubtedly lead to unsatisfactory outcomes because individuals are allowed to deteriorate needlessly before involuntary commitment and/or court ordered treatment can be instituted.

And, although this language is a welcome start, another key to ensure the proposed change in law works is also understanding how the standard is to be interpreted – that is truly where effective implementation lies. If the statute is improperly interpreted by law enforcement or an administrative law judge (ALJ), then the language change is meaningless.

The sooner an individual gets help, the better off their outcomes are and our current standard should be broader to ensure that we are playing a role in treatment as soon as possible rather than letting them decompensate until they have harmed themselves or others. We disagree that the appropriate role of that state and ALJs is to permit a gravely ill individual reach the point of self-harm (or to others) before we intervene and treatment is provided.

This change would help extend state’s civil commitment authority from institutional settings to community-based mental health care – in part to reduce the revolving door cycle of treatment for individuals who cannot stay on their treatment plans. Services typically include intensive case management or assertive community treatment, medication, psychosocial treatment, and access to subsidized housing.

NAMI Maryland supports the use of civil court orders that require a small percentage of patients with serious mental illness to comply with recommended outpatient treatment and receiving services. We like to refer to this as “committing the system” to the patient and NAMI believes that for a small subset of critically ill patients that these civil court orders can provide a greater measure of accountability for staying in treatment.

Overall, Maryland’s goal should be prevention, early identification, and mobilization of appropriate treatment resources. For many of our severely mentally ill ones, we end up criminalizing mental illness because of the overrepresentation of law enforcement in our crisis system. We support aggressively caring for those who are unwell enough to care for themselves. A more robust mental health system that is **systematically implemented and resourced**, is the most useful tool to promote recovery. Intensive outpatient services designed to improve treatment adherence, reduce relapse and re-hospitalization, and decrease the likelihood of dangerous behavior or severe deterioration among a sub-population of patients with severe mental illness should be the priority.

Kathryn S. Farinholt  
Executive Director  
NAMI Maryland

Policy Consultant: Moira Cyphers  
Compass Government Relations  
MCyphers@compassadvocacy.org