

Good afternoon Ms. Gundlach.

I am informed that you are preparing a fiscal note on behalf of Legislative Services for SB928/HB1344, the bill to define “danger to the life or safety of the individual or of others” for purposes of mental health civil commitment. As an advocate in strong support of this legislation, I would like to share my view that its enactment would have no negative fiscal impact on the state or local government, and would quite possibly have a *positive* impact.

Please understand that the intent of the bill is not to increase the number of individuals receiving hospital treatment for mental illness, but to facilitate *more timely* treatment for individuals in psychiatric crisis. My organization represents Maryland families who frequently struggle to secure treatment for their loved ones with severe mental illness. ***When our loved ones decompensate and fall into crisis, they almost always end up in the hospital eventually*** – either under civil commitment after engaging in behavior establishing a clear risk of violence or suicide, or under forensic commitment after they are charged with crimes and sent for restoration of competency to stand trial. By this point, their illness has progressed and their treatment needs have increased accordingly, often requiring extended hospital stays. Please see attached testimony summaries from four families that show how the current danger statute caused denial of treatment resulting lengthy hospital stays or incarceration.

By enabling hospitalization on the basis of a person’s inability to meet their survival needs or protect themselves from psychiatric deterioration, SB928/HB1344 would allow these same individuals to receive hospital care at an earlier stage of their decompensation. Hospital care provided to individuals less acutely ill will result in shorter hospital stays and avoidance of costly forensic commitments. Thus, we expect SB928/HB1344 to yield significant fiscal savings for Maryland and local governments.

In support of this, please consider the copious research demonstrating that minimizing the duration of untreated psychosis (DUP) results in quicker discharge, greater stabilization with fewer repeat hospitalizations and less criminal justice involvement:

- Longer duration of untreated psychosis (DUP) leads to an overall worse prognosis.ⁱ
- Longer duration of DUP in jurisdictions with dangerous criterion versus other more clinical/treatment based.ⁱⁱ
- Longer DUP is a predictor of hospital admissions in patients with first-episode psychosis.ⁱⁱⁱ
- Recently published large meta-analysis on the clinical significance of DUP concludes that a longer DUP is associated with more negative symptoms, higher change of self-harm, more severe positive and negative symptoms, lower change of remission, poorer overall function and more severe global psychopathology.^{iv}
- Longer DUP associated with higher proportion of patients who commit violence.^v
- “The failure of the mental health system to provide a sufficient range of treatment interventions, including an adequate number of psychiatric inpatient beds, has contributed greatly to persons with SMI entering the criminal justice system.”^{vi}
- Justice-involved people with SMI incur approximately double the costs than those with no justice involvement.^{vii}

With regard to the fiscal effect on local government, significant savings should be expected from reducing criminal justice involvement. Counties report that a significant percent of their inmates have

mental illness (50% in Montgomery and Howard Counties). One of their largest budget items is psychotropic medications for these inmates. Police Expenditures are also expected to decrease due to greater psychiatric stabilization from earlier treatment intervention. According to Montgomery County's OLO Report 2021-4 of March 9, 2021 entitled Public Safety Responses to Mental Health Situations,^{viii} Finding #10 was: Public safety personnel respond to mental health situations numerous times each day, and these responses take significantly more time than the typical 911 call response. (154 vs 75 minutes). (Pg. 65) Also lawsuits against location jurisdictions may decrease, since the OLO Report found that about 30% of MCPD uses of force involved suspected mental illness (Pg.47).

Fiscal effect on the Office of the Public Defender: The number of civil commitment hearing is expected to decrease since earlier treatment is more likely to result in stabilization and prevent frequent repeat hospitalizations. In addition, a decrease in criminal justice involvement should greatly decrease the need for public defenders to attend the multiple court hearings required for inmates with mental illness, including competency hearings, trials and commitment hearings.

I urge you to please avoid the assumption that broader civil commitment standards will lead to a significant increase in the number of patients arriving at emergency rooms and psychiatric inpatient units. A careful analysis of this question must consider both: (1) whether the patients drawing upon these services under the status quo could have been treated earlier and more cost-effectively if SB928/HB1344 was currently the law; and (2) the likelihood that a significant number of individuals who are managing to avoid hospitalization entirely under the status quo would be swept in under the bill's definition of danger.

In considering the latter question, please keep in mind that SB928/HB1344 would not steer Maryland into uncharted waters. On the contrary, the language the bill would add to our law is similar to definitions of danger that have been on the books of other states for decades. I have attached a compilation of analogous civil commitment laws from other states. I am confident that if you examine psychiatric hospitalization data for these states, you will not find significantly greater rates of psychiatric hospitalization per capita than we currently have in Maryland.

Thank you for taking the time to consider my perspective on this important legislation. I hope it has been helpful to you. Please don't hesitate to reach out to me by phone or email if I can provide any further clarification or address any other concerns.

Respectfully,
Evelyn Burton
Advocacy Chair,
Maryland chapter of Schizophrenia and Related Disorders Alliance of America (SARDAA) 301-404-0680

ⁱ Perkins, D. O. Gu, H., Boteva, K., & Lieberman, J. A. (2005). Relationship between duration of untreated psychosis and outcome in first-episode schizophrenia: A critical review and meta-analysis. *American Journal of Psychiatry*, 162, 1785–1804.

ⁱⁱ Large, M. M., et al. (2007). Mental health laws that require dangerousness for involuntary admission may delay the initial treatment of schizophrenia. *Social Psychiatry and Psychiatric Epidemiology*.

ⁱⁱⁱ Rpbinson, D. G. et al. Predictors of hospitalization of individuals with first-episodes psychosis: Data from a two-year follow-up of RAISE-ETP. *Psychiatric Services*.

^{iv} Howes, O. D., et al. (2021). The clinical significance of duration of untreated psychosis: An umbrella review and random-effects meta-analysis. *World Psychiatry*.

^v Large, M., et al. (2007). Evidence for a relationship between the duration of untreated psychosis and the proportion of psychotic homicides prior to treatment. *Social Psychiatry and Psychiatric Epidemiology*.

^{vi} Lamb, H. R., & Weinberger, L. E. (2020). Deinstitutionalization and other factors in the criminalization of persons with serious mental illness and how it is being addressed. *CNS Spectrums*.

^{vii} Swanson, J. W., et al. (2013). Costs of criminal justice involvement among persons with serious mental illness in Connecticut. *Psychiatric Services*.

^{viii} https://www.montgomerycountymd.gov/OLO/Resources/Files/2021_Reports/OLOREport2021-4.pdf