Behavioral Health System Baltimore

March 9, 2022

House Health and Government Operations Committee
TESTIMONY IN OPPOSITION
HB 1017 Frederick County – Mental Health Law – Assisted Outpatient Treatment Pilot Program

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. **Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 77,000 people with mental illness and substance use disorders (collectively referred to as "behavioral health") annually.**

BHSB opposes HB 1017 Frederick County – Mental Health Law – Assisted Outpatient Treatment Pilot Program. This legislation would establish a preventive Assisted Outpatient Treatment (AOT) pilot program in Frederick County. The bill would allow for a court to order a Frederick County resident to adhere to an outpatient mental health treatment regimen.

Effective and responsive mental health systems preserve free choice to make medical decisions, listen carefully to consumers, and offer the type of services and support that consumers prefer. Involuntary commitment should be used judiciously, reserved only for individuals with serious mental illness that the Public Behavioral Health System (PBHS) has not engaged well in treatment. Often, these individuals end up involuntarily hospitalized or unnecessarily involved in the criminal justice system, resulting in poor overall health outcomes. For some, involuntary admission into community-based treatment can be an effective approach to engaging people into care.

Frederick County AOT Pilot Erodes Consumer Choice
Assisted Outpatient Treatment (AOT), or forced treatment, is only appropriate in the rare circumstance when there is a serious and immediate safety threat. Research shows that forced treatment, with medication has harmful side effects, and poor health outcomes for the people with mental illness. Further, AOT undermines the therapeutic alliance between the provider and consumer of mental health services. People subject to the AOT pilot proposed in this bill would lose the right to make decisions about the psychiatric medications they may be required to take, as HB 1017 would implement a program that court orders a treatment plan designed solely by a mental health practitioner, not taking into account the wishes of the consumer, which goes against evidence-based best practice for treating people with mental illness.

Expand Outpatient Civil Commitment Program
In 2017, the General Assembly passed, and the Governor signed House Bill 1383: *Behavioral Health Administration—Outpatient Civil Commitment Pilot Program*. In 2018, BHSB began implementing Outpatient Civil Commitment (OCC) Pilot program in Baltimore City with approximately $370,000 in funding from the Behavioral Health Administration (BHA).

The OCC pilot program assists people who have not been well served by mental health services get connected and stay connected to care in the community. People with mental illness who are currently hospitalized, can be referred to the OCC program either involuntarily or voluntarily. Those who

participate in the OCC program receive peer support services for six months and those services will start before the individual is discharged from the hospital. A peer is an individual who has personal, lived experience with mental illness and/or substance use. They are an essential component of the OCC pilot because they are effective at providing consistent, persistent, intensive wrap-around support to help people stay connected to services in the community.

The innovative approach applied through the OCC pilot program is one that commits the services within the public behavioral health system (PBHS) to the person in the OCC program. With this person-centered approach to care, each participant in the program develops a program plan tailored to meet their unique health care needs and goals. To support the participant's program plan goals and ensure adherence to the program, peer recovery specialists meet with each participant several times a week. Regardless of the participant's level of engagement in the program, they are enrolled in OCC for the entire six months. The peer specialist will continue to make efforts to connect participants who may not be fully engaged, taking a "never give up" approach. As the local system manager, BHSB ensures that the hospital system and community-based behavioral health providers are accountable to the OCC program participant. This programmatic approach differs significantly from AOT, whereas AOT places the responsibility of treatment adherence solely on the individual and there is no accountability to ensure that the system is actually meeting that individual's needs.

Although an intentionally small program, OCC has been effective for the participant's it has served. Eighty percent (80%) of participants served by OCC have completed the six-month timeframe for the program and have remained encaged in peer services and have not been re-hospitalized. Since the OCC pilot program began, BHSB in partnership with BHA and community stakeholders have carefully expanded access to the program to gradually serve more people. This careful expansion was done intentionally, recognizing that OCC is one tool that can be used to better serve people with mental illness and is one that should be a tool of last resort. Pending MDH approval, the OCC regulations will be updated. These new regulations will expand the residency requirement to serve more people in a broader geographic area, ensure a prior admission in a state hospital does not prevent OCC eligibility, and include behavioral health emergency department visits in the eligibility criteria.

HB 1017 would expand the use of involuntary commitment in fighting ways and undermine the existing OCC program that already exists in Maryland. BHSB urges the General Assembly to consider how to strengthen the existing involuntary commitment approach in Maryland and **urges the House Health and Government Operations Committee to oppose HB 1017 and provide an unfavorable report.**

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