

## Treatment before tragedy; reform Md. Involuntary commitment law| GUEST COMMENTARY

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Ismael Quintanilla, 41, and Sara Alacote, 37, were killed Saturday in Woodlawn when their neighbor barged into their home wielding a gun, police say. They are survived by their 17-year-old son Anthony Ismael Quintanilla. Courtesy of Anthony Ismael Quintanilla (Courtesy of Anthony Ismael Quintanilla)

Involuntary psychiatric hospital treatment can help prevent homelessness and incarceration and is a potential lifesaver for those in the midst of a psychiatric crisis and people around them — people like Sara Alacote, Ismael Quintanilla and Sagar Ghimire, who [were killed](#) in Baltimore County in May by a neighbor with severe, untreated paranoid delusions. It is a safety net for those whose mental illness makes them unable to recognize their need for hospital treatment and can lead to successful community living.

Yet, Gov. Larry Hogan's Commission to Study Mental and Behavioral Health in Maryland, chaired by Lt. Gov. Boyd Rutherford, has received testimony this year from, doctors, community and jail mental health providers, individuals with mental illness and many families, detailing how the current danger standard in Maryland's involuntary treatment law often presents a barrier to such treatment, leading to homelessness, incarceration and violence with potentially fatal results.

In Maryland, involuntary hospital commitment requires that a person with mental illness present a danger to themselves or others. But Maryland is one of only five states whose involuntary commitment law fails to define "danger," a contributing factor in Maryland earning an "F" grade in last year's [national ranking](#) of civil commitment laws by the Treatment Advocacy Center.

This lack of a clear definition for danger results in inconsistent interpretations across the state, with imminent suicidal or homicidal behavior often being required by physicians and judges charged with making these commitment decisions. Some people in crisis get treatment, but many others get the door slammed in their face.

Star Gomez recently told the commission of repeated denial of involuntary hospital treatment for her family member because he "only" exhibited psychiatric deterioration with severe delusions. He continually cycles between emergency rooms, homelessness and jail, always due to behaviors caused by untreated psychosis.

Robert Buchanan, director of the Maryland Psychiatric Research Center, testified last month to the commission that considerable evidence indicates that prolonged duration of untreated psychosis is associated with worse outcomes, including increased risk of suicide and violence. His conclusion: "Early intervention is critical."

To promote such early intervention, it is vital that Maryland's definition of "danger" include "psychiatric deterioration" as a form of danger to self, recognizing the deteriorating judgment and self-control in one's daily affairs and brain damage caused by untreated psychosis. Without the addition of a psychiatric deterioration standard, treatment will still be denied, and Maryland's streets and jails will continue to fill up with people with mental illness. According to Randall Nero, former mental health director for Maryland prisons, by 2019 the population of inmates with mental illness had exploded to 25%. The 2020 Maryland homeless survey reported 24% with serious mental illness.

Since 2001, scores of families have testified before the state legislature, commissions and work groups, that the danger standard barrier to care, forces them to fear a tragedy while helplessly watching their loved ones suffer from depression, delusions or hallucinations and lose the ability to reason. For 20 years, legislators and administrators have ignored families' cries for help.

This month, they have an opportunity to prevent the nightmare scenarios like that of Sara Alacote, Ismael Quintanilla, Sagar Ghimire and the Gomez family. However, a deadline looms. The commission is scheduled to make recommendations to the governor by Dec. 31.

To remove the barrier to hospital treatment, the danger standard must make *explicit* that:

- (1) The consequence of non-treatment the person is in danger of is reasonably expected to occur in the foreseeable future and need *not* be imminent;
- (2) A danger of psychiatric deterioration is a form of "danger to self"; and
- (3) Any available personal, medical and psychiatric history, must be considered — not *just* the person's behavior in the present moment.

Will the commission have the political willpower and courage to stand up to groups opposing a psychiatric deterioration standard because of their

unsubstantiated fears of inappropriate hospitalizations and increased hospital bed demand? Fear of change is understandable, but the 25 states with a current psychiatric deterioration standard have not reported any adverse consequences. Our loved ones with severe mental illness, their families and the public need this protection and deserve no less.

Families are counting on the commission and Governor Hogan to recognize that treatment delayed is treatment denied. Tear down this legal barrier and enable treatment before tragedy.

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