

HB 121_Maryland Coalition of Families_Fav.pdf

Uploaded by: Ann Geddes

Position: FAV



HB 121 – Mental Health – Treatment Plans for Individuals In Facilities - Requirements

Committee: Health and Government Operations

Date: February 7, 2023

POSITION: Favorable

The Maryland Coalition of Families: Maryland Coalition of Families (MCF) helps families who care for a loved one with behavioral health needs. Using personal experience, our staff provide one-to-one peer support and navigation services to family members with a child, youth or adult with a mental health, substance use or gambling challenge.

MCF strongly supports HB 121.

It sometimes is a challenge for individuals committed to mental health facilities to receive adequate treatment and discharge planning. This failure can lead to unnecessarily long stays, and poor outcomes upon an individual's release.

HB 121, by requiring the development of robust treatment plans and discharge plans, will do much to address this challenge. MCF especially appreciates the requirements in the bill that the involvement of families or other representatives be encouraged in the development of treatment plans. We know that a family member can be an individual's best advocate, but too often they are not included in these important decisions.

Finally, the provisions in the bill that people approved by the admitted individual can intercede and ask for a reassessment of an individual's treatment plan are necessary components. It is not uncommon for a committed individual to perceive that they have no power over their treatment plan, even when they feel that the plan is not helpful, or be unable to successfully articulate their concerns. By allowing family members or other representatives to advocate for the committed individual when treatment plans are thought to be inadequate, the bill will do much to improve the overall quality of treatment plans.

For these reasons we urge a favorable report on HB 121..

Contact: Ann Geddes
Director of Public Policy
The Maryland Coalition of Families
8950 State Route 108, Suite 223
Columbia, Maryland 21045
Phone: 443-926-3396
ageddes@mdcoalition.org

Brett.Hammond.Favorable.HB121.pdf

Uploaded by: Brett Hammond

Position: FAV

Brett S. Hammond

House Bill 121

Testimony- FAVORABLE

February 7, 2023

Good afternoon Chairwoman Peña-Melnyk, Vice Chair Kelly, members of the Health and Government Operations Committee,

Thank you so much for your consideration of this important and necessary piece of legislation. This is a proposal that will give a voice to people with significant mental health challenges who otherwise very well may not be heard and possibly will be lost in our mental health system.

My name is Brett Hammond, and I am familiar with the justice system from having previously served as a magistrate in an out-of-state juvenile court where I was assigned cases of families who had a child with a mental health diagnosis. From working with these families, I gained a sense of just how challenging mental health can be for those with mental illness and their family members. I come before you today not as an attorney or a former juvenile court magistrate, but instead as a family member of a young man who struggles with mental health challenges. My youngest brother, Grant Hammond, has been confined at a state hospital for the past four years for his first very criminal charge. You see my brother was in a Staples store when an employee called the police out of concern that he was a homeless man loitering. He was not homeless but instead suffering from mental health challenges and in need of good medical attention. When police arrived, they told him that he should've left the store earlier when asked to do so by the store employee, and my brother then said he would leave. The police told my brother it was too late to do that and that instead he needed to come with them, at which point my brother pushed an officer in attempt to avoid having to return yet once again for another hospitalization. The charge from the incident led to my brother's commitment at the age of 23 to his new home at Springfield Hospital in Maryland—where he remains confined to this very day.

During Grant's last 4 years in Springfield, our family's participation in Grant's treatment plan has been vital for helping medical professionals work better with Grant. As someone who has previously been diagnosed with OCD, schizophrenia, and anxiety, he rarely is comfortable in verbally communicating with the staff at the hospital. Yet, on many occasions, he *has* felt comfortable sharing this important information with family. He will share information with one family member or another about feeling better or worse—when a medication is increased or decreased—that in turns gives the hospital vital information about whether Grant's treatment plan is working and if adjustments need to be made—this is information oftentimes the hospital would not have without the input of Grant's family.

Despite the tremendous value of having family speak up on behalf in support of a mental health patient, you should know that there was resistance by the hospital in permitting our family becoming more directly involved in Grant's case. Within the first week that Grant was admitted to the hospital in 2018, our family requested information about treatment plans, medications, and an opportunity to meet with his treatment team to provide essential medical information. Although we made that request in 2018, it was not until 2019 that we learned that the hospital conducted regularly held IPOC (individual plan of care) meetings in February of 2019 when we attended a support program at the hospital. Because of continued difficulties my family had in being included in meetings related to Grant treatment plans, we eventually filed for guardianship of my brother, and I had to a petition a court in order to become my younger brother's legal

guardian in August of 2020—this was done so our voice, and really Grant’s voice, could be heard as part of Grant’s treatment plans. Since receiving guardianship, we have been invited to attend every single plan of care meeting. However before going formally applying for guardianship, our family was invited to participate in less than 50 percent of Grant’s plan of care meetings. This law will make a difference by helping to ensure that a family’s input is considered when treating mental health patients.

For me personally, it is unfathomable to think that a family member may not be permitted to participate in a treatment plan to support a loved one who is suffering from mental health challenges. In Grant’s case, he enjoyed 13 years where he was untouched by any signs of mental health struggles; he excelled at school, he was extremely athletic, and well liked by teachers and classmates. Through participation in treatment plan meetings, our family is able to do our best to help Grant return to that former life he previously enjoyed for 13 years—a life where he can finish school, see his family, and have a modicum of freedom outside of a hospital. Our family is also aware of the history of the 10 years that Grant spent working with other mental health professionals outside of his current hospital to help return him to his very best—this history and information is invaluable to state hospitals, and I believe involving the family in many cases will be the best way to receive insights about a mental health patient’s past treatment history.

As a final point, it simply makes good economic sense to allow families to participate and provide input related to treatment of a loved one. The approximated cost of 1 day for my brother at the state hospital is \$935 in tax payer dollars; that means that in 4 years my brother has been confined over \$1 million has been spent on his treatment. That figure of over \$1 million does not include the costs of over \$2,000 my family spent in obtaining guardianship of my brother, approximately \$10,000 spent getting independent medical evaluations, and an additional \$10,000 spent getting the assistance of an attorney so we could be heard in the treatment process.

Therefore, I respectfully request a favorable report on HB 121.

HB0121 Mental Health Treatment Plans.pdf

Uploaded by: Dan Martin

Position: FAV



1301 York Road, #505
Lutherville, MD 21093
phone 443.901.1550
fax 443.901.0038
www.mhamd.org

House Bill 121 Mental Health – Treatment Plans for Individuals in Facilities – Requirements

House Health and Government Operations Committee

February 7, 2023

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. We appreciate this opportunity to present testimony in support of House Bill 121.

HB 121 establishes requirements for developing, reviewing, and reassessing treatment plans for individuals admitted to state facilities for mental health services. Additionally, it provides a pathway for family members and other individuals authorized by the person receiving care to become involved in the treatment plan process and establishes a process for the individual to take action should the treatment plan not meet their needs.

Individuals with mental illness admitted to facilities in Maryland on an involuntary basis—both public and private—must have a written treatment plan. However, current law is unclear about who can be involved in the development and review of those plans. The law is also unclear on how and when treatment plans should be reviewed or whether plans should include information about and provision of alternative treatments, services, or providers.

A collaborative process involving the individual directly in treatment planning recognizes the client's experience, perspective, and skills while respecting the provider's or care team's clinical expertise. HB 121 requires regular engagement from the individual at set intervals for evaluation and progress assessment, providing additional opportunities for the individual to provide their perspective in receiving care.

This bill empowers individuals receiving treatment and their selected representatives to be more involved in treatment decisions and ensures that treatment plans evolve to meet evolving needs of individuals receiving treatment. For this reason, MHAMD supports HB 121 and urges a favorable report.

For more information, please contact Emily Brandon at (443) 901-1588

NAMI support HB121 - Treatment Plans - FAV.pdf

Uploaded by: Josh Howe

Position: FAV



HB 121 -- Mental Health – Treatment Plans for Individuals in Facilities – Requirements FAVORABLE

Identifying the Issue

- Under current Maryland Law, public clinics, private clinics, hospitals with inpatient psychiatric, and any other institution that provides treatment/services for individuals who have mental disorders are required to develop and periodically update a written plan of treatment for those admitted individuals.
- Under current Maryland Law, treatment plans developed by State Facilities (defined as facilities run by the MD Behavioral Health Administration) are subject to a more erroneous process for treatment plan reassessment involving the Office of Administrative hearings and Administrative Law judges.
- Individuals requiring treatment that have unique status (such as: being involved in the criminal justice system, being deemed not criminally responsible, and/or receiving treatment from State Facilities) are having issues getting timely resolution to requests for treatment plan reassessment due to current interpretations and lack of clarity in the law.
- The requirements that do exist in Maryland Law to develop and update these treatment plans are non-prescriptive and arguably ambiguous.

This Bill would

- Clarify that a treatment plan required in this section of law must include the following (Part D-F of the bill):
 - A discharge date goal, long-range if necessary.
 - Reassessment of the individual's treatment plan once every 15 days for the two months after the individual is admitted, and once every 60 days for the remainder of the stay of that individual.
 - Requires the individual that is receiving treatment at the facility to be consulted about the addition of family members and/or any other person to be a part of the development, review, and reassessment of the admitted individual's treatment plan.
 - Empowers persons approved by the admitted individual to intercede and call for a reassessment of the individual's treatment plan. Requests and responses for reassessment must be in writing and included in the admitted patient's health record.
 - Specifically for State Facilities, the bill would (Part H-J of the bill):
 - Empower the admitted individual (or legal representative) to request an a treatment plan reassessment with the executive office of that facility,
 - Lays out a framework of resolution within the Office of Administrative Hearings and appeals being heard by the Circuit Court of Maryland.
- Generally empowers individuals receiving treatment and their appointed representatives to be more involved in treatment decisions as well as change treatment plans.

General Background

People with mental illness deserve help, not handcuffs. Yet people with mental illness are overrepresented in our nation's jails, prisons, and state psychiatric facilities. About two in five people

who are incarcerated have a history of mental illness (37% in state and federal prisons and 44% held in local jails). This is twice the prevalence of mental illness within the overall adult population. Given these rates, America's jails and prisons have become de-facto mental health providers, at great cost to the well-being of people with mental health conditions.

People with mental illness often face challenges to navigating life in a jail, prison, or state run facilities. Behaviors related to their symptoms can put them at risk for consequences of violating facility rules, such as solitary confinement or being barred from participating in programming. This underscores the need for appropriate mental health treatment in incarcerated and State Behavioral Health Facility settings. Breakthroughs in science such as new medication and psychosocial treatment create the need for individuals receiving treatment to have their treatment plans routinely reassessed so that the individual can receive the best treatments for recovery. When reassessing treatment plans, providers should seek to limit the practice of "step therapy" in which a regiment of treatments must be followed before an individual is eligible to receive a specific medication or treatment.

How NAMI Talks about Treatment Plans

- People with mental health conditions are overrepresented in our nation's jails and prisons — with many individuals becoming justice-involved due to a lack of adequate community mental health services. Types of Treatment include:
 - Psychotherapy: Often called talk therapy, psychotherapy is when a person, family, couple or group sits down and talks with a therapist or other mental health provider. Psychotherapy helps people learn about their moods, thoughts, behaviors and how they influence their lives. They also provide ways to help restructure thinking and respond to stress and other conditions.
 - Psychosocial rehabilitation: helps people develop the social, emotional and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: learning coping skills so that they are more successful handling a stressful environment and developing resources that reduce future stressors.
 - Supported Employment: Work can be an essential step on the path to wellbeing and recovery, but challenges that come with mental illness can make it more difficult. There are programs, however, designed specifically to help with work readiness, searching for jobs and providing support in the workplace.
- Limit Step Therapy: For many people with mental illness, medication is an essential part of their treatment and can be a valuable tool in overall well-being.
 - For individuals who take medications for their mental health condition, one size does not fit all.
 - Mental health medications affect people — even those with the same diagnosis — in different ways, including varying levels of effectiveness and different side effects. Because of this, it is important that a person can access the medication that works best for them.
 - Some entities may use "step therapy" (or "fail first") policies that require a person try one or more insurer-preferred medications unsuccessfully before they receive coverage for the medication that their doctor recommends.
 - For some health conditions, people can switch to a different drug without problems. However, for people with mental health conditions, step therapy has unintended — and sometimes dangerous — consequences.

- The use of mental health medications is a decision made between an individual and their health care provider based on their symptoms, treatment history and consideration of side effects.
- When a health insurer requires step therapy, it can pose serious risks to a person taking mental health medication.
- While step therapy is often promoted as a cost-savings strategy, policies that restrict access to medications can cause negative outcomesⁱⁱⁱ, sometimes leading to emergency department visits, hospitalizations, homelessness or criminal justice involvement.
- The cost to individuals, families and communities when a person must fail on a medication before getting what they need is too high.

i U.S. Dept. of Justice “Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12,” <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

ii NAMI National <https://www.nami.org/About-Mental-Illness/Treatments/Psychosocial-Treatments>

iii Medicaid Prescription Drug Policies and Medication Access and Continuity: Findings From Ten States <https://ps.psychiatryonline.org/doi/full/10.1176/ps.2009.60.5.601>

Kathryn S. Farinholt
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Josh Howe
Compass Government Relations
jhowe@compassadvocacy.com

HB 121 Laura Kimmel 2.3.pdf

Uploaded by: Laura Kimmel

Position: FAV

HB 121 – Mental Health- Treatment Plan for Individuals in Facilities- Requirements

February 3, 2023

Position: Support

As the child of a Father with bipolar disorder who has been hospitalized multiple times and the mother of a son with behavioral health challenges, as well as someone who has been diagnosed with obsessive compulsive disorder (OCD), I have experienced first-hand how important it is to have the correct treatment plan in place. When my loved ones experience a mental health crisis, we rely on medical professionals to lead us out of a place of crisis. In my experience, my father, son and I all received incorrect diagnoses in our mental health journey before receiving the right one. I believe this is a common occurrence and happens with even the most skilled mental health professionals.

In the 1970s, when my father was first admitted to a hospital in Maryland during an episode of psychosis, the staff assumed he was using substances and initially treated him accordingly and he was not improving. When my mom visited him, she said he seemed like he was no longer there mentally and heavily medicated. As time went on, she feared she was losing her husband. After a month of no improvement, eventually staff worked closely with his immediate family to understand what his symptoms were, and he was accurately diagnosed with bipolar disorder a few weeks later. The correct medication and treatment plan were in place, and he was able to be discharged.

For me personally, in my twenties, when I was dealing with ruminating thoughts and at the time when my undiagnosed OCD symptoms were the most severe, I was prescribed the wrong medication and multiple incorrect diagnoses before receiving the correct care. I was put on antipsychotics due to my intrusive thoughts and I became extremely depressed, and my OCD symptoms got worse. It was then, my family was able to advocate on my behalf to discuss what my symptoms were leading up to this episode and eventually get the right treatment plan in place.

With so many mental health conditions mimicking each other during these intense crisis episodes, it is imperative that hospital staff consult with the patient's family to come up with the best treatment plan. If someone is not improving and was given a diagnosis and treatment based solely on that initial diagnosis, I fear that they will never get better. Family input and scheduled reassessments are imperative to better outcomes.

Therefore, I urge you to pass HB 121.

Laura Kimmel

4110 Font Hill Drive

Ellicott City, MD 21042

Layoung3@gmail.com

3017585687

HB121 Written Testimony.pdf

Uploaded by: Lindsey Balogh

Position: FAV



NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: HB121 – Mental Health – Treatment Plans for Individuals in Facilities – Requirements

FROM: Maryland Office of the Public Defender

POSITION: Favorable

DATE: 2/3/2023

The Maryland Office of the Public Defender respectfully requests that the Committee issue a favorable report on House Bill 121.

Marylanders who are involuntarily admitted to facilities for the purpose of receiving mental health treatment are often at their most vulnerable. They are removed from their daily lives and sequestered from the public, have limited access to friends and family, and are denied much of the autonomy that other Marylanders typically have in medical decision-making. While mental health facilities are currently required to provide treatment plans in these instances, hospitals are not required to adhere to guidelines as to who may be involved in developing the treatment plan, the review of the treatment plan, and the inclusion of alternative treatment options. Due to the lack of legal framework surrounding the administration of treatment plans for individuals experiencing a mental health crisis in an involuntary inpatient capacity, many of these individuals are denied involvement in the development and review of their own treatment plan.

As Public Defenders in the Mental Health Division, we are committed to advocating for the constitutional rights of our clients, many of whom have experienced the above identified issue. Individuals who are involuntarily receiving mental health treatment, regardless of whether they are experiencing a diminished capacity to make healthcare decisions, still have the constitutional right to be treated with dignity and to be afforded as much autonomy as possible. HB121 will allow Marylanders to retain autonomy in their healthcare decision-making by delineating terms for which individuals can obtain reviews of their treatment plan as well as involve family members and/or representatives in treatment planning and reassessment, if the individual chooses. Further, individuals in state facilities will have the right to a legal representative to advocate for treatment plan reassessment before an Administrative Judge. The provisions of HB121 constitute a significant step forward in securing patient rights for all Marylanders.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue a favorable report on HB121.

Submitted by: Maryland Office of the Public Defender, Government Relations Division

Authored by: Carroll McCabe

Chief Attorney, Mental Health Division

Maryland Office of the Public Defender

200 Washington Avenue, Suite 300

Towson, Maryland 21204

Office: 410-494-8130

Testimony Guidelines - HB0121.pdf

Uploaded by: Lorig Charkoudian

Position: FAV

**House Bill 0121 -
Mental Health - Treatment Plans for Individuals in Facilities - Requirements
has a hearing scheduled!**

February 7th, 2023

Hearing date and time: February 7th at 3:00pm

Committee: Health and Government Operations Committee

Location: Room 241 House Office Building Annapolis, Maryland 21401 and on Zoom (Link will be provided)

Hearings will be held in-person and over zoom. **Testimonies are strongly encouraged to be given in-person**, but may also be given over zoom.

The hearings scheduled for the day begin at 3:00pm in the Health and Government Operations Committee. We do not know the exact time our bill will be heard. Witnesses should be sure to arrive in Annapolis early in order to park and make it to the House Office Building, in the case that our bill gets heard at 3:00pm. If you park in the Navy lot, where a shuttle will take you to the House Office Building, we would recommend that you plan to be at the Navy lot by **2:00** to allow for enough time to catch a shuttle and get to the hearing by 2:45. If you intend to join on zoom, you should log in by 2:45pm.

Here is a link to the bill with some additional information:

<https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0121?ys=2023RS>

How to Sign Up and Submit Testimony

For this bill, witness sign-up will open online through the Maryland General Assembly website on **February 3rd, 2023 (2 business days)** before the bill hearing from 8am until 3pm. **This is the ONLY day you can sign up to testify.** You must create a MyMGA account to sign up for either oral or written testimony.

Video tutorial on creating MYMGA account:

- [Both videos are at the bottom of the linked webpage](#)
- [Click this link](#) to create the MYMGA account

Written Testimony Instructions

- First make an account on the Maryland General Assembly website. Make sure you provide your name, contact information, and your organization (if applicable).
- In the top right corner of the MGA website (mgaleg.maryland.gov), next to the search bar, there is a small icon that says “MyMGA.” Click on it, and on the left, click on “Witness Sign Up.”

- You can search for the bill under the Health and Government Operations Committee list.
- Select the bill, indicate your position (Favorable) and type of testimony (Oral, Written, or Both). When you upload your written testimony, **you must save it as a .PDF file** and name it using these guidelines: “HB0121_FAV_Name of your Organization (if applicable) or your Last Name.”
- Click OK once you upload the files from your computer, double check that the correct bill is selected, and make sure to press “Save” to successfully submit your testimony.
- If you are unable to create your own MyMGA account or save/upload your testimony as a PDF file, feel free to call or email us.

Oral Testimony

If you are planning on delivering oral testimony, please also plan to submit written testimony. Please note that time limits are conducted at the discretion of the Chair, and the current cut off is 2 minutes.

Additional details concerning testimony can be found [here](#).

Quick Rules for the Hearing

- **Keep testimony short**
- **Never interrupt or ask a question of a delegate or another panelist** - we're here to give our testimony and answer questions (not ask them!)

Details for In Person Testimony

As mentioned above, please plan to arrive in Annapolis and be parked by 2 o'clock to allow enough time to catch a shuttle and take it to the House Office Building, this way you can be at the hearing room by 2:45. In addition, please feel welcome to come by our office (**Room 220**) for coffee/refreshments, to leave your coats, or charge your phone. We'd love to connect and offer a space to keep your things!

Also, the screens in the main lobby outside of the hearing room display the bill order during each bill hearing (bill order status is updated throughout each hearing) and show the live hearing with closed captions.

Parking Information

All day parking is available at multiple locations, detailed below:

- **Navy-Marine Corps Memorial Stadium:** All day parking is available in the stadium parking lot for \$5 per vehicle. Transportation to the House Office Building is available via shuttle at Gate 5 of the stadium for \$2 per ride. The shuttle runs in a constant loop from the stadium to the House Office Building and arrives at the Gate 5 bus stop approximately every 10 minutes. Witnesses should take the shuttle to the Calvert Street and Bladen Avenue bus stop. State Employees can ride the shuttle for free with an ID. (Easiest for all-day)
- **Gott's Garage:** All-day parking can be reserved for \$16.80. Gott's Garage is located within walking distance of the House Office Building. (Closest to the House Office Building)
- **Other City Garages:** Park Place Garage and the Graduate Hotel offer 10 hour parking for \$10. The free Magenta Shuttle runs between these parking areas and the House Office Building. Witnesses should take the shuttle to the Circuit Court and Church Circle bus stop.

Zoom Instructions for Testifying

When you register for the hearing, you will get a link to a Zoom meeting. 15 minutes before the hearing begins, get the hearing screen up, log-in, and ask to join the meeting.

First, you will be added to a Zoom waiting room. The host of the Zoom hearing will see your name in the "waiting room". * **Your name must match exactly with the name you used to sign up on My MGA and must be your first and last name. Do not use your organization's name or acronym when joining the Zoom hearing***

While you are in the waiting room, you can watch the live stream of the hearing on the MGA Committee web page if you click on the [Health and Government Operations](#) → "Meetings" and find the scheduled meeting for the day.

- All witnesses will testify via Zoom with a link provided, and must have their cameras on for their testimony.
- Witnesses must sign into Zoom with an identifiable username i.e. first name last name. If Committee staff are unable to identify a user, they will not be admitted into the Zoom hearing room due to safety concerns.
- If a witness fails to log into Zoom by the time the bill they are testifying on is called, they will lose their timeslot.

Once your bill is called by the chair, the proponents of the legislation (people urging the legislators to vote YES) will present testimony first to the committee. At that point, you will be let out of the Zoom waiting room and admitted into the meeting. We then ask that you

turn off the live stream (if you're watching it) when you deliver your testimony, otherwise we'll hear some feedback.

The chair may limit verbal testimony based on time constraints. Especially if it is late at night, chairs have the discretion to ask speakers to limit their testimony to 1 minute.

Sample Written Testimony

**Insert
organization
logo or
letterhead here**

HB 0121 - SUPPORT
[First Name] [Last Name]
[Organization]
[Email Address] [Phone Number]

HB 0121 SUPPORT Mental Health - Treatment Plans for Individuals in Facilities - Requirements

Health and Government Operations Committee
February 7th, 2023

Dear Chair Pena-Melnyk, Vice Chair Kelly, and Members of the Health and Government Operations Committee:

Paragraph 1: Mention your organization, the bill number, and the position on the bill in the first sentence. The first paragraph is typically used to provide brief background (1-2 sentences) on the organization you represent, such as your goals, mission statement, and/or scope of work.

Paragraphs 2-5: Explain why passing this bill is necessary for you and your organization. What is the problem that you're trying to solve? How will this bill help you or those that you're advocating for? Why does the bill need to be passed right now-- why shouldn't we wait? If able, share an image-evoking personal story, or offer a unique perspective that you think no other individual or organization would share.

Closing sentence: I/We urge a favorable report on HB 0121.

HB121 Testimony RYasinow updated.pdf

Uploaded by: Robin Yasinow

Position: FAV

Robin Yasinow
Volunteer mental health advocate with
NAMI Montgomery County
February 2, 2023

House Health and Government Operations Committee
TESTIMONY IN SUPPORT- FAVORABLE
HB 121 Mental Health – Treatment Plans for Individuals in Facilities – Requirements

Chair Peña- Melnyk, Vice Chair Kelly, and Members of the Health and Government Operations Committee,

I live with a mental health condition as does my loved one. As a volunteer with the National Alliance on Mental Illness, I work with people whose lives are deeply impacted by treatment in mental health facilities.

Mental health care is health care. There are rights we all deserve to have at any health facility, regardless of our illness. One of those rights is to be included in treatment planning and to involve a trusted family member or other representative when we choose to.

If your loved one has been hospitalized for a physical illness, you may have been at their bedside like I was when my dad had a serious infection. Doctors explained the plan for treatment and took my observations into account when adjusting the plan. I helped my dad weigh options for his treatment when needed. If he became too ill to make a decision, I could do that on his behalf.

People who have been committed to a facility for psychiatric illness deserve and can benefit from the same the involvement.

Studies show that including patients and their family in treatment planning for mental illness makes economic sense; it leads to faster recovery and lower rates of readmission.

I know this from personal experience. When my loved one with schizophrenia needed psychiatric care, our family was highly involved with the treatment team in planning. During a relapse, we were able to avoid sending our loved one back to the hospital as a result.

Too many people, especially ones at forensic facilities, do not have the benefit of being involved in their treatment or designating a representative. While they languish in hallways year upon year, their family members are denied information and shut out of decisions.

House Bill 121 will help to change that by empowering people who have been involuntarily committed to facilities. The bill enables them to designate a representative to be part of developing and reviewing their treatment plans. It allows those representatives to intercede if necessary and request a reassessment. Plus, HB 121 clarifies how and when plans should be reviewed so that treatment evolves to meet people's needs. And importantly, the bill requires plans to include a discharge goal and an estimated date.

Every person who goes into a facility deserves the best possible care and a full life outside of an institution.

I urge the committee to issue a favorable report of HB 121.

HB 121 Written Testimony MH Treatment Plans.pdf

Uploaded by: Rodney Coster

Position: FAV

House Bill 121 - Mental Health – Treatment Plans for Individuals in Facilities – Requirements

Before the House Health and Government Operations

February 7, 2023

TESTIMONY IN SUPPORT

Disability Rights Maryland (DRM) is Maryland’s designated Protection & Advocacy agency, and is federally mandated to defend and advance the civil rights of individuals with disabilities. In particular, DRM supports the rights of individuals with disabilities to receive appropriate supports and services and to be protected from abuse, neglect and rights violations. DRM believes that individuals that are inpatient in psychiatric facilities should be provided appropriate supports and services, as well as all clinically recommended treatment, to permit them to move toward eventual discharge and allow them to live safe and meaningful lives in their communities. This is particularly true for the state hospitals. We believe HB 121 would be a positive step forward in achieving this goal.

DRM monitors the psychiatric hospitals, including the five state hospitals, and advocates for the rights of patients to receive the treatment they need. Frequently we encounter patients who are recommended for certain types of clinical interventions, such as individual counseling or substance abuse treatment, but are not receiving it because of long waiting lists or treatment not being available to them, delaying their discharge. For example, we have met patients at Perkins Hospital whose treatment teams have recommended they participate in substance abuse treatment as a condition of moving toward discharge. Substance abuse treatment at Perkins is extremely limited, but there are some groups available in the “minimum security” part of the hospital. Patients in medium or maximum security have no opportunity to participate in these groups, even when their clinicians believe that doing so is necessary to their treatment and movement toward discharge. The result is that these patients may spend years stuck in the hospital in a catch-22 situation. Similarly, we are aware that there is currently a list of individuals at Perkins waiting for individual therapy. Such therapy is often recommended and essential for working through trauma and address the issues that resulted in the hospitalization or are preventing movement toward discharge. Because of a lack of therapists, individuals often wait a very long time to be assigned to a therapist. HB 121 would require that patients’ treatment plans contain a long-range discharge goal and that treatment plans be reviewed periodically. Further if a patient, or a person authorized by the patient, requests review of the treatment plan, a process is outlined that would allow for meaningful review of that decision and the potential that an Administrative Law Judge to order the hospital to obtain needed treatment for the patient from providers outside the hospital. We are supportive of a process that gives a patient the ability to authorize or withdraw authorization for a parent, guardian, or other trusted individual to participate in their treatment planning as an advocate.

Disability Rights Maryland is particularly supportive of HB 121 because it would improve the quality of care provided in our inpatient psychiatric hospitals and psychiatric units of general hospitals.

Given the fact that we often see individuals with mental illness waiting excessively in detention centers for a state hospital bed, we believe this legislative change is needed. Ensuring access to needed care assists the individual to move toward successful discharge to the community. It also helps the state manage its inpatient resources, as inpatient psychiatric care in our state hospitals is extremely expensive. It is in our interest to ensure that patients are not hospitalized for any longer than is necessary. It is also the right thing to do for the individuals involved. **Disability Rights Maryland urges this committee to pass HB 121.** For more information, please contact Luciene Parsley, Esq., at (443) 692-2494 or at LucieneP@DisabilityRightsMD.org.

hb121.pdf

Uploaded by: Matthew Pipkin

Position: UNF

MARYLAND JUDICIAL CONFERENCE
GOVERNMENT RELATIONS AND PUBLIC AFFAIRS

Hon. Matthew J. Fader
Chief Justice

187 Harry S. Truman Parkway
Annapolis, MD 21401

MEMORANDUM

TO: House Health and Government Operations Committee
FROM: Legislative Committee
Suzanne D. Pelz, Esq.
410-260-1523
RE: House Bill 121
Mental Health – Treatment Plans for Individuals in Facilities -
Requirements
DATE: January 18, 2023
(2/7)
POSITION: Oppose, as drafted

The Maryland Judiciary opposes House Bill 121, as drafted. This bill requires a treatment plan for an individual with mental disorders admitted to a mental health care facility to include a long-range discharge goal and an estimate of the probable length of inpatient stay needed before transfer to a less restrictive or more intensive treatment setting. The bill requires care facility staff, who directly work with and provide treatment to the individual, to review and reassess the plan of treatment to determine the individual's progress and any need for adjustment no less than once every 15 days for the first 2 months after admission and once every 60 days for the remainder of the inpatient stay.

Although the Judiciary does support the intent of the bill to require more extensive treatment planning for individuals with mental health disorders who are admitted to mental health care facilities, the Judiciary does oppose the bill's requirement in Health – General, § 10-706(i)(4) that circuit courts hear appeals and issue decisions within 30 days after an appeal is filed. The individual treatment plans that will be the subject of such appeals are likely to be very fact-intensive, and the 30-day deadline for circuit courts to hear the case and issue a decision is impractical. It is unclear if the Court would have available a transcript of the prior proceeding within that time period, as would be required, let alone have the ability to schedule the appeal, hold a hearing, and issue an appropriate opinion within 30 days.

cc. Hon. Lorig Charkoudian
Judicial Council
Legislative Committee
Kelley O'Connor

11 - X - HB 121 - HGO - MDH - LOC.docx.pdf

Uploaded by: State of Maryland (MD)

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 7, 2023

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

**RE: HB 121 - Mental Health – Treatment Plans for Individuals in Facilities – Requirements
- Letter of Concern**

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this Letter of Concern regarding House Bill (HB) 121 - Mental Health – Treatment Plans for Individuals in Facilities – Requirements. HB 121 will require certain information, including a long-range discharge goal, to be included on treatment plans for individuals with mental health disorders in certain healthcare facilities, including state healthcare facilities. HB 121 will also allow authorized individuals to participate in the review of the treatment plan and request a reassessment if they believe the treatment plan does not meet the patient's needs. Upon receipt of the reassessment, individuals admitted to a state healthcare facility may request an administrative hearing to reconsider the review of their treatment plan.

MDH values the involvement and support of authorized individuals, such as family members and advocates, in the development and implementation of treatment plans for patients in our state facilities. MDH appreciates the bill sponsors' interest in ensuring treatment plan review and feedback. Currently, treatment plans are developed by the team of licensed clinical professionals treating the individual, with the input of the patient and family as appropriate. Treatment plans are reviewed and signed off on by a licensed psychiatrist and then implemented.

HB 121 will have an impact on MDH healthcare facilities. The requirement for clinical staff to reassess a patient's treatment plan and present a full clinical justification will require additional staff to manage these new requirements. Additionally, if upon reassessment, a patient in a state healthcare facility does not agree with the clinical staff review, the individual may file an appeal to the Office of Administrative Hearings (OAH). At the hearing, the state will have to justify, by clear and convincing evidence, that its treatment plan is appropriate, rather than the patient or their family, demonstrating why a change in the treatment plan is appropriate. Administrative Law Judges (ALJ), who oversee these hearings, often do not have a medical background and are tasked with ruling on clinical decisions made by licensed medical professionals.

MDH is discussing these concerns with the bill sponsors, including how this bill impacts the unique needs of the patients we serve. If you would like further information please contact Megan Peters, Acting Director, Office of Governmental Affairs, at 410-260-3190 or megan.peters@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.
Acting Secretary

HB 121- Mental Health- Treatment Plans for Individ

Uploaded by: Erin Dorrien

Position: INFO



Maryland
Hospital Association

February 7, 2023

To: The Honorable Joseline Pena-Melnyk, Chair, House Health and Government Operations

Re: Letter of Concern- House Bill 121- Mental Health - Treatment Plans for Individuals in Facilities - Requirements

Dear Chair Peña-Melnyk:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 121.

Ensuring family involvement in a patient's treatment plan, when possible, is always clinical best practice. It is also required by the Joint Commission, and other accrediting entities that certify hospitals and health systems meet quality standards of care and enable participation in Medicare and Medicaid.

We agree with the intent of the legislation, yet we believe there are a few areas of opportunity to ensure the spirit of the law, should it pass, can be implemented in an acute hospital environment. Changes to treatment in an acute care setting can be made daily. As written, these minor changes would require separate notifications.

Furthermore, staff documentation requirements already contribute to staff burnout. The legislation as written could exacerbate this issue.

Lastly, the language about family involvement could be interpreted to include the permission of substitute judgement—or the family having veto power over treatment plans—leading to a distortion of the patient-doctor relationship.

MHA is working with our members to offer amendment language to allay clinicians' concerns and maintain the fidelity to the sponsors' intent. We hope to share this with the sponsors over the next several days and look forward to working with them as the legislation moves through the process.

For more information, please contact:
Erin Dorrien, Vice President, Policy
Edorrien@mhaonline.org