Policy Brief

Involuntary Commitment for Mental Illness Must Be an Option of Last Resort

Summary

Assisted Outpatient Treatment (AOT)—mandated mental illness treatment in community settings—must be part of a comprehensive system of care and should be reserved for Marylanders with severe mental illness whom the system has not served well. In FY2018, Maryland launched the ***Outpatient Civil Commitment (OCC)*** *pilot program in Baltimore City to provide patient-centered care with treatment plans tailored to each person's unique health care needs and goals. BHSB supports the expansion of OCC across Maryland and opposes the proposed stand-alone AOT model.*

Background/Challenge

Mandatory community treatment programs are known by a variety of titles that are frequently used interchangeably, including "Assisted Outpatient Treatment," "Outpatient Civil Commitment," "Involuntary Outpatient Treatment," and "Compulsory Treatment Orders."

They generally fall under one of three categories:

1. **Less Restrictive Alternative to Inpatient Admission**
   More than 30 states permit a court or administrative hearing officer to order an individual to adhere to community treatment in lieu of involuntary inpatient admission. This type of outpatient civil commitment is restricted to situations in which it has already been proven by clear and convincing evidence that the individual meets the inpatient commitment criteria, i.e., they are a danger to self or others.

2. **Conditional Release from Inpatient Hospitalization**
   At least 40 states, including Maryland, permit mandated community treatment as a condition of discharge for persons who have been involuntarily admitted on an inpatient basis. Maryland's OCC pilot program operates within this category.

3. **Preventive Outpatient Commitment**
   Between 10 and 15 states permit mandated community treatment for individuals who do not currently meet the inpatient commitment criteria but are believed to need mental health treatment to prevent 'likely' future hospitalizations. AOT falls under this category and is only appropriate in rare circumstances when there is a serious and immediate safety threat.

Publicly available data on civil commitment is inconsistent, making it difficult to draw a strong conclusion that one type of AOT model is more effective than another. What is clear from the research is that involuntary commitment to outpatient treatment has not proven to reduce the rate of readmission to the hospital for people with severe mental illness.

Key Findings

- Nationally, more than 45 states authorize AOT programs, but the models vary greatly and implementation within and across states is uneven.

- Six independent systematic reviews of available research on involuntary outpatient commitment found little to no evidence that people ordered by a court into community treatment have better outcomes than those receiving services voluntarily.

- AOT proponents assert that Maryland is one of a handful of states without the program. In practice, however, only a small fraction of states with AOT mandate community treatment for individuals who do not meet inpatient commitment criteria.

- Maryland is the only state to use a model that adopts the philosophy of holding the system accountable to the person receiving treatment and relies heavily on peer support specialists to engage the patients in the program.

- The OCC pilot program in Baltimore City serves people who meet the eligibility criteria, both involuntarily and voluntarily, and offers a comprehensive range of community-based and client-centered services, with a heavy focus on peer support.

Behavioral Health System
Baltimore

Maryland's Outpatient Civil Commitment Program

There are some similarities between Maryland's OCC program and what is commonly referred to as AOT, but the differences are fundamental and important to understand.

BHSB began piloting the OCC program in FY2018 with almost $370,000 in funding from Maryland Department of Health Behavioral Health Administration. OCC uses a person-centered approach to connect Marylanders who have not been well served by mental health services to care in the community—and helps them stay connected. People with mental illness who are currently hospitalized, can be referred to the OCC program either involuntarily or voluntarily. Peers with lived experience provide consistent, persistent support to individuals for six months, starting from before their discharge from the hospital.

"[The peer specialist] sees me twice a week. He helps me with my appointments and is helping me look for places to live. **He comes to where I stay or where I am."**

OCC Participant

OCC's effectiveness lies in its approach of holding the behavioral health system accountable to the individual under care. As the local behavioral health authority for Baltimore City, BHSB is responsible for holding the providers accountable to participants of the OCC program. This differs significantly from AOT, which uses the court system to place the responsibility of treatment adherence solely on the individual without any accountability for how the health system is delivering care.

Although an intentionally small program, OCC has been effective for the participants it has served. **Eighty percent (80%)** of participants served by OCC have completed the six-month timeframe for the program and have remained engaged in community-based behavioral health services.

BHSB Policy Recommendations

- **Allow other jurisdictions to implement OCC**: The OCC pilot serves as Maryland's unique approach to AOT. The pilot is effective for those it serves and provides a strong foundation for expansion across the state. The current pilot is limited to Baltimore City under program regulations, COMAR 10.63.07, and should be expanded to include other jurisdictions.

- **Expand eligibility criteria for OCC program**: BHSB and advocates are working with BHA on proposed regulatory changes to criteria for emergency department visits and hospitalizations to enable more people to be referred to the program.

"It's going excellent. [The Peer Recovery Specialist] helps me out tremendously. He helps me with everything; he makes sure I have my medicine, a roof over my head, and food. **He's a great counselor."**

OCC Participant