



DEPARTMENT OF HEALTH

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

February 20, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 453 - Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs

Dear Chair Peña-Melnyk and Committee Members,

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 453 entitled “Mental Health - Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs.” This bill creates an Assisted Outpatient Treatment (AOT) program, which allows for court-ordered mental health treatment to be provided in a community setting. Such a program would serve a small subset of individuals with serious mental illnesses who are unable to voluntarily seek care due to a lack of insight into their mental condition. The bill also contains several changes to law that are important to supporting Maryland’s behavioral health crisis system of care.

Under current law, the only way for individuals in Maryland to receive court-ordered outpatient mental health treatment is through entry into the criminal justice system.¹ Indeed, many individuals with serious mental illness who do not engage in treatment experience homelessness, frequent hospitalizations, increased contact with law enforcement, and ultimately incarceration. In Maryland, it is estimated that **nearly 40% of people in jail had a current mental health disorder, and 1 in 4 suffered from a serious mental illness.**² Moreover, the Department operates five adult psychiatric hospitals³, and the vast majority of patients are there under court order as they have been found to be Incompetent to Stand Trial & Dangerous (IST) or Not Criminally Responsible (NCR) due to the nature of their mental illness.

¹ Maryland can only provide court mandated treatment in inpatient hospital settings through the State’s emergency petition process which requires stringent clinical criteria.

² <https://goccp.maryland.gov/wp-content/uploads/Maryland’s-Behavioral-Health-and-Public-Safety-Center-of-Excellence-Strategic-Plan-7-24-23.pdf>

³ Thomas B. Finan Center, Spring Grove Hospital Center, Springfield Hospital Center, Eastern Shore Hospital Center and Clifton T. Perkins Hospital Center).

As currently designed, the State's system criminalizes mental illness, stripping individuals of their civil liberties and dignity. The Department supports SB 453 because it creates a less restrictive alternative for individuals with serious mental illness, ending reliance on jails and emergency departments, and encourages individuals to engage in behavioral health treatment in their community.

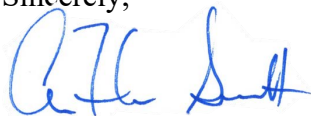
Governor Moore's fiscal 2025 proposed allowance includes \$3 million to support the implementation of an AOT program. These funds are in addition to significant investments in the public behavioral health system. These investments bolster access to community-based care for individuals with serious mental illness through continued investments in mobile crisis and crisis stabilization services, as well as a three percent rate increase for community-based behavioral health providers. The Governor's allowance also makes a statewide investment (\$5.4 million in General Funds) to improve access to housing for vulnerable Marylanders, particularly those with mental health conditions. This investment will take a current pilot statewide, offering housing and tenancy-based services to qualifying individuals experiencing housing insecurity.

Establishing an AOT program in Maryland creates an avenue for those who lack insight into their mental illness to engage in treatment. This will move us closer to our goal of ensuring Maryland has a world-class health system for all.

In addition to establishing an AOT program, the legislation contains changes to improve crisis care. The bill would authorize psychiatric nurse practitioners to complete specified steps in the emergency evaluation process. Without this inconsistency addressed, there is an increased risk in delays in care at crisis stabilization centers and other psychiatric emergency facilities, due to the workforce shortages of psychiatrists and an increasing number of 24/7 crisis stabilization centers in the State.

If you have further questions, please contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



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