



February 14, 2024

House Health & Government Operations Committee
TESTIMONY IN SUPPORT WITH AMENDMENTS
*HB 576 Emergency Evaluation and Involuntary Admission Procedures and
Assisted Outpatient Treatment Programs*

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 supports with amendments HB 576 Emergency Evaluation and Involuntary Admission Procedures and Assisted Outpatient Treatment Programs. This legislation would establish an involuntary commitment program in every jurisdiction and require local behavioral health authorities to oversee and participate in administering the Assisted Outpatient Treatment (AOT) program at the local level.

BHSB respectfully request the following amendments:

Page 6, line 10, insert “LOCAL ADDICTIONS AUTHORITY.” BHSB requests this amendment to ensure the right the system managers for that local jurisdiction are included to support the administration of the AOT program and to further integration mental health and substance use.

Page 7, in line 10, strike “IF RESOURCES PERMIT” to require people with lived experience to be part of the care coordination team.

Page 8, in line 27, insert “LOCAL ADDICTIONS AUTHORITY” to be consistent that the right system managers for that local jurisdiction are involved.

Page 9, in line 11, strike “36-MONTH” and insert “12-MONTH”. BHSB believes a three-year period is too long to determine if a person has not been well served by the public behavioral health system. If a person has not been hospitalized frequently within a 12-month period, that is a sign that they are managing their mental illness effectively.

Page 9, in lines 13-14, strike “OR RECEIPT OF PSYCHIATRIC SERVICES IN A CORRECTIONAL FACILITY;” BHSB believes this language is unfit for the AOT program eligibility criteria. We should not consider what an individual does in a correctional facility, as incarceration often exacerbates mental illness.

Page 9, in line 15, strike “36-MONTH” and insert “12-MONTH” to have a consistent time period for program eligibility.

Page 9, in line 17, strike “CREDIBLE THREAT OF” and insert “PATTERNS OF THREAT”

Page 10, line 2, strike “36-MONTH” and insert “12-MONTH” to have a consistent time period for eligibility.

Page 10, in lines 9-11, strike “(B) TIME THAT THE RESPONDENT SPENT HOSPITALIZED OR INCARCERATED 10 MAY NOT BE INCLUDED WHEN CALCULATING THE TIME PERIOD UNDER SUBSECTION 11 (A)(3)(I) OR (II) OF THIS SECTION.” BHSB opposes this language, as it would unnecessarily prolong the time period for eligibility in the program.

Page 10, line 31, strike “CONSIDER” and insert “HONOR.” This proposed amendment ensures that Psychiatric Advance Directives will not be undermined through the AOT program.

Page 13, lines 4 strike “THE CONSIDERATION GIVEN TO” and insert “HOW.” This ensures that Psychiatric Advance Directives will be honored for participants who have them.

Page 13, lines 19-24 strike “(I) IS LIMITED IN SCOPE TO THE ELEMENTS INCLUDED IN THE TREATMENT PLAN PRESENTED TO THE COURT UNDER § 10–6A–05 OF THIS 21 SUBTITLE; AND (II) INCLUDES ONLY THOSE ELEMENTS THAT THE COURT FIND BY CLEAR AND CONVINCING EVIDENCE TO BE ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT’S HEALTH OR SAFETY.”

Page 13, line 18 insert “SHALL BE LIMITED TO THE TREATMENT PLAN DEVELOPED BY THE CARE COORDINATION TEAM” after “PLAN THAT.” This proposed amendment clarifies that the court must follow the direction of the Care Coordination Team and may not add additional requirements to a treatment plan for the court order.

Page 18, line 3 insert “WITH ASSISTANCE FROM THE ADMINISTRATION” before “EACH COUNTY SHALL...” The State will need to support the counties with data collection as the data for the reporting is collected through several different systems. This proposed amendment will ensure that counties and the state collaborate on data collection.

LBHAs would need to be adequately resourced to support AOT. This program would require staff time to convene and support the Care Coordination Team, monitor the participants in the program, coordinate with the courts, and collect and report on data. BHSB urges the Department to plan to resource LBHAs to take on this new tasks.

Involuntary commitment should be used judiciously, reserved only for individuals with serious mental illness that the Public Behavioral Health System 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. As such, **BHSB urges the House Health & Government Operations Committee to adopt these proposed amendments for HB 576 and provide a favorable report.**

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