

Baltimore, MD (December 10, 2014) – Families of individuals with serious mental illness joined state health leaders to recommend today that the state implement three proposals to improve treatment for the severely mentally ill in Maryland. The first proposal would create an outpatient civil commitment program to help severely mentally ill individuals pursue stable lives. Maryland is currently one of just five states to lack such a program.

“Outpatient civil commitment provides the option of outpatient treatment to a small, clearly defined population when it is the least-restrictive alternative to maintain an individual’s health and safety,” stated Jessica Honke, Policy and Advocacy Director of NAMI Maryland. “Many individuals with serious mental illness and their families have been in crisis for years because there is no outpatient treatment option for those who refuse voluntary treatment. Without this alternative the small, high-risk subset of people will be served by emergency rooms, hospitals, jails and prisons, or will suffer the outcomes of non-treatment: homelessness, criminalization, victimization, suicide or violence.”

“Our goal is to help individuals with severe mental illness receive treatment and end the debilitating cycle of hospitalizations, homelessness and incarcerations,” said Dr. Gayle M. Jordan-Randolph, Deputy Secretary of Behavioral Health at the Department of Health and Mental Hygiene.

An outpatient civil commitment law involves mandatory monitoring and participation in clinically approved treatment that often includes the use of psychotropic medications, along with other support services, for individuals who repeatedly have been hospitalized and who, despite voluntary treatment opportunities, have struggled in the community. The program is intended as a time-limited intervention to support recovery from illness, to reduce the long-term impact of incomplete or interrupted mental health treatment, to increase quality of the life and to reduce the arrest/re-arrest rates in people suffering from severe mental illness.

Marylanders with adult children grappling with severe mental illness today urged the state to adopt outpatient civil commitment. Judith Kerner-McIver spoke of having to transport her adult son to Pennsylvania, where outpatient civil commitment treatment has helped her son regain stability and employment. Susan Kneller spoke of her son’s illness and how she fears a lack of treatment will result in negative interactions with law enforcement. And H. Giles Knight spoke of his son’s inability to lead a stable, productive life within Maryland’s current voluntary-only, outpatient treatment framework.

The second proposal would improve access to such voluntary community-based services as assertive community treatment, rental subsidies and crisis services – including services that are readily accessible to individuals who are deaf and hard of hearing. Maryland has long been a national leader in providing quality, community-based care to individuals with mental illness. Through a number of key initiatives in the past 20 years, the state has expanded access to community- and evidence-based mental health treatment, has developed innovative services and has expanded access to crisis services, supportive services and housing. As a result of these efforts, an overwhelming majority of individuals with mental illness have improved access to care, enabling them to live fulfilling and productive lives in the community. This proposal would build upon previous successes in the state and would help ensure that services remain accessible to those most in need.

The final proposal would define dangerousness in regulation and would provide comprehensive training around the dangerousness standard. Due to variances in how the dangerousness standard is interpreted, there is often uncertainty about whether an individual meets the criteria for involuntary hospitalization. However, by defining dangerousness and

providing training to health care providers, this proposal will promote a more consistent application of the standard throughout the health care system.

These recommendations are further detailed in the workgroup report. The report, its appendices and other related documents can be viewed at the DHMH website under ["Final Report" at http://dhmh.maryland.gov/bhd/SitePages/Outpatient%20Services%20Programs%20Stakeholder%20Workgroup.aspx](#).