



Maryland
Hospital Association

**Senate Bill 403 - Behavioral Health Administration – Outpatient Civil Commitment
– Statewide Expansion**

Position: *Support*

Bill Summary

SB 403 requires the Behavioral Health Administration to establish a statewide outpatient civil commitment program, requires a local behavioral health authority that chooses to participate in the program to coordinate community-based treatment for individuals admitted to the program, and establishes an Outpatient Civil Commitment Advisory Committee.

MHA Position

Maryland's hospitals have been on the frontline of the behavioral health crisis, because individuals with severe mental illness or in psychiatric crisis often seek help in hospital emergency departments. In 2017, the Maryland Hospital Association's (MHA) Behavioral Health Task Force [*Roadmap for an Essential, Comprehensive System of Behavioral Health Care for Maryland*](#) reported that, from 2013 to 2016, emergency department visits by people with behavioral health needs jumped by 18.5 percent, while all other emergency department visits dropped by more than 8 percent.

A statewide outpatient civil commitment program would provide a resource beyond the use of hospitals for those living with serious mental illness. The current pilot program in Baltimore city is showing promising, if limited, results. While funding issues and narrow eligibility criteria have limited the program's potential, regulatory changes already underway will allow the pilot additional referrals beyond hospital providers, and provide for voluntary admission into the program, thus reducing some of these challenges.

A recent MHA study on inpatient discharge delays for behavioral health patients, [*Behavioral Health Discharge Delays in Maryland Hospitals*](#), found that over a 100-day study period approximately 3 percent of behavioral health patients experienced a delay in discharge of one day or more. A delay occurs when a patient no longer requires hospital-level care, but the hospital cannot find an appropriate placement for the individual. Collectively these patients were delayed a total of 3,514 days.

This bill would create a resource for hospitals to connect with community-based care for people who have frequent hospitalizations. In doing so, the bill also aligns with the goals of MHA's behavioral health task force as well as the new Total Cost of Care model contract with the federal government.

For these reasons, we urge you to give SB 403 a *favorable* report.