HOUSE BILL 823

J1 3lr1712 SB 807/22 - FIN CF SB 480 By: Delegates S. Johnson, Kipke, and Lopez Lopez, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Guzzone, Hill, Hutchinson, Kaiser, Kerr, R. Lewis, Martinez, Rosenberg, Taveras, White, and Woods Introduced and read first time: February 8, 2023 Assigned to: Health and Government Operations Committee Report: Favorable with amendments House action: Adopted Read second time: March 30, 2023 CHAPTER AN ACT concerning Mental Health Law - Assisted Outpatient Treatment Programs FOR the purpose of authorizing a county to establish an assisted outpatient treatment program; providing that an individual's failure to comply with an order of assisted outpatient treatment issued under a program may be considered by a hearing officer for a certain purpose when determining whether an individual is to be admitted as an involuntary patient at a certain facility or hospital requiring the Office of the Public Defender to provide representation in assisted outpatient treatment proceedings; and generally relating to assisted outpatient treatment programs. BY repealing and reenacting, with amendments, Article - Health - General Section 10-632 Annotated Code of Maryland (2019 Replacement Volume and 2022 Supplement) BY repealing and reenacting, with amendments, <u> Article – Criminal Procedure</u> Section 16-204(b)(1)Annotated Code of Maryland (2018 Replacement Volume and 2022 Supplement) BY adding to

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 2 3 4 5	Article – Health – General Section 10–6A–01 through 10–6A–11 to be under the new subtitle "Subtitle 6A. Assisted Outpatient Treatment Programs" Annotated Code of Maryland (2019 Replacement Volume and 2022 Supplement)			
6	Preamble			
7 8 9	struggle to adhere voluntarily to the treatment they require to live safely in the community in many cases due to an inability through no fault of their own to maintain awareness of			
11 12 13	suffer needlessly from homelessness, poverty, repeated hospitalizations, repeated arrests,			
14 15 16 17	for treatment and monitoring, known in many states as "assisted outpatient treatment", is a federally recognized best practice for improving treatment adherence and outcomes among individuals with histories of repeated psychiatric crises while reducing systemic			
19 20	WHEREAS, Maryland is one of only three remaining states without statutory authority for a civil court to order an individual to adhere to outpatient care; now, therefore,			
21 22	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:			
23	<u> Article – Criminal Procedure</u>			
24	<u>16–204.</u>			
25 26	(b) (1) Indigent defendants or parties shall be provided representation under this title in:			
27 28	(i) a criminal or juvenile proceeding in which a defendant or party is alleged to have committed a serious offense;			
29 30 31	(ii) a criminal or juvenile proceeding in which an attorney is constitutionally required to be present prior to presentment being made before a commissioner or judge;			
32 33	(iii) a postconviction proceeding for which the defendant has a right to an attorney under Title 7 of this article;			

$\frac{1}{2}$	(iv) any other proceeding in which confinement under a judicial commitment of an individual in a public or private institution may result;
3 4	(v) a proceeding involving children in need of assistance under § 3–813 of the Courts Article; [or]
5 6	(vi) <u>a family law proceeding under Title 5, Subtitle 3, Part II or Part III of the Family Law Article, including:</u>
7 8	1. for a parent, a hearing in connection with guardianship or adoption;
9 10	2. <u>a hearing under § 5–326 of the Family Law Article for</u> which the parent has not waived the right to notice; and
11	3. an appeal; OR
12 13	(VII) AN ASSISTED OUTPATIENT TREATMENT PROCEEDING UNDER TITLE 10, SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE.
14	Article – Health – General
15	10 632.
16 17 18 19	(a) Any individual proposed for involuntary admission under Part III of this subtitle shall be afforded a hearing to determine whether the individual is to be admitted to a facility or a Veterans' Administration hospital as an involuntary patient or released without being admitted.
20 21	(b) The hearing shall be conducted within 10 days of the date of the initial confinement of the individual.
22 23	(c) (1) The hearing may be postponed for good cause for no more than 7 days, and the reasons for the postponement shall be on the record.
24 25	(2) A decision shall be made within the time period provided in paragraph (1) of this subsection.
26	(d) The Secretary shall:
27	(1) Adopt rules and regulations on hearing procedures; and
28	(2) Designate an impartial hearing officer to conduct the hearings.
29	(e) The hearing officer shall:
30	(1) Consider all the evidence and testimony of record; and

1	(2) Order the release of the individual from the facility unless the record
2	demonstrates by clear and convincing evidence that at the time of the hearing each of the
3	following elements exist as to the individual whose involuntary admission is sought:
4	(i) The individual has a mental disorder;
5	(ii) The individual needs in-patient care or treatment;
6	(iii) The individual presents a danger to the life or safety of the
7	individual or of others;
8	(iv) The individual is unable or unwilling to be voluntarily admitted
9	to the facility;
10	(v) [There] SUBJECT TO SUBSECTION (J) OF THIS SECTION
11	THERE is no available less restrictive form of intervention that is consistent with the
12	welfare and safety of the individual; and
13	(vi) If the individual is 65 years old or older and is to be admitted to
14	a State facility, the individual has been evaluated by a geriatric evaluation team and no
15	less restrictive form of care or treatment was determined by the team to be appropriate.
16	(f) A hearing officer may not order the release of an individual who meets the
17	requirements for involuntary admission under subsection (e)(2) of this section on the
18	grounds that a health care provider or an emergency or other facility did not comply with
19	disclosure or notice requirements under § 10-625(e) or § 10-631(b)(5) of this subtitle,
20	10-803(b)(2) of this title, or § 4-306(c) or § 4-307(l) of this article.
21	(g) The hearing officer may not order the release of an individual who meets the
22	requirements for involuntary admission under subsection (e)(2) of this section on the
23	grounds that the individual was kept at an emergency facility for more than 30 hours in
24	violation of § 10-624(b)(4) of this subtitle.
25	(h) The parent, guardian, or next of kin of an individual involuntarily admitted
26	under this subtitle:
27	(1) Shall be given notice of the hearing on the admission; and
28	(2) May testify at the hearing.
29	(i) If a hearing officer enters an order for involuntary commitment under Part II
30	of this subtitle and the hearing officer determines that the individual cannot safely possess
31	a firearm based on credible evidence of dangerousness to others, the hearing officer shall
32	order the individual who is subject to the involuntary commitment to:

- 1 (1) Surrender to law enforcement authorities any firearms in the 2 individual's possession; and
- 3 (2) Refrain from possessing a firearm unless the individual is granted relief 4 from firearms disqualification in accordance with § 5–133.3 of the Public Safety Article.
- 5 (J) AN INDIVIDUAL'S FAILURE TO COMPLY WITH AN ORDER OF ASSISTED
 6 OUTPATIENT TREATMENT ISSUED UNDER AN ASSISTED OUTPATIENT TREATMENT
 7 PROGRAM ESTABLISHED UNDER SUBTITLE 6A OF THIS TITLE MAY BE CONSIDERED
 8 BY A HEARING OFFICER IN DETERMINING WHETHER HOSPITALIZATION IS THE
 9 LEAST RESTRICTIVE FORM OF INTERVENTION THAT IS CONSISTENT WITH THE
 10 WELFARE AND SAFETY OF THE INDIVIDUAL.
- 11 SUBTITLE 6A. ASSISTED OUTPATIENT TREATMENT PROGRAMS.
- 12 **10–6A–01.**
- 13 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS 14 INDICATED.
- 15 (B) "ASSISTED OUTPATIENT TREATMENT" MEANS A SPECIFIC REGIMEN OF
 16 OUTPATIENT TREATMENT FOR A MENTAL HEALTH DISORDER TO WHICH AN
 17 INDIVIDUAL IS ORDERED BY THE COURT TO ADHERE.
- 18 (C) "CARE COORDINATION TEAM" MEANS A MULTIDISCIPLINARY TEAM 19 ESTABLISHED BY A LOCAL BEHAVIORAL HEALTH AUTHORITY.
- 20 (C) (D) "PROGRAM" MEANS AN ASSISTED OUTPATIENT TREATMENT 21 PROGRAM.
- 22 (E) "SERIOUS AND PERSISTENT MENTAL ILLNESS" MEANS A MENTAL
 23 ILLNESS THAT IS SEVERE IN DEGREE AND PERSISTENT IN DURATION, THAT CAUSES
 24 A SUBSTANTIALLY DIMINISHED LEVEL OF FUNCTIONING IN THE PRIMARY ASPECTS
 25 OF DAILY LIVING AND AN INABILITY TO MEET THE ORDINARY DEMANDS OF LIFE, AND
 26 THAT MAY LEAD TO AN INABILITY TO MAINTAIN INDEPENDENT FUNCTIONING IN THE
 27 COMMUNITY WITHOUT INTENSIVE TREATMENT AND SUPPORT.
- 28 (D) (F) "TREATMENT PLAN" MEANS A PLAN DEVELOPED BY A TREATING
 29 PSYCHIATRIST CARE COORDINATION TEAM, INCORPORATING ALL OUTPATIENT
 30 TREATMENT SERVICES THAT ARE DETERMINED TO BE ESSENTIAL AND AVAILABLE
 31 FOR THE MAINTENANCE OF AN INDIVIDUAL'S HEALTH AND SAFETY AND THAT
 32 INCLUDE, AT A MINIMUM, CASE MANAGEMENT OR ASSERTIVE COMMUNITY
 33 TREATMENT SERVICES AND PEER SUPPORT SERVICES.

- 1 **10–6A–02.**
- 2 (A) (1) A COUNTY MAY ESTABLISH AN ASSISTED OUTPATIENT 3 TREATMENT PROGRAM IN ACCORDANCE WITH THIS SUBTITLE.
- 4 (2) A COUNTY MAY PARTNER WITH ANOTHER COUNTY TO ESTABLISH
- 5 AN ASSISTED OUTPATIENT TREATMENT PROGRAM.
- 6 (3) AN ASSISTED OUTPATIENT TREATMENT PROGRAM SHALL BE
- 7 AVAILABLE ONLY TO RESIDENTS OF THE COUNTY OR COUNTIES THAT ESTABLISH
- 8 THE PROGRAM.
- 9 (B) (1) AN ASSISTED OUTPATIENT TREATMENT PROGRAM ESTABLISHED
- 10 UNDER SUBSECTION (A) OF THIS SECTION SHALL BE APPROVED AND OVERSEEN BY
- 11 THE LOCAL BEHAVIORAL HEALTH AUTHORITY FOR THE COUNTY.
- 12 (2) A COUNTY SHALL SUBMIT TO THE LOCAL BEHAVIORAL HEALTH
- 13 AUTHORITY A PLAN FOR PERIODIC MEETINGS WITH THE COURT DURING THE
- 14 PERIOD OF THE RESPONDENT'S ASSISTED OUTPATIENT TREATMENT.
- 15 **10–6A–03**.
- 16 (A) A PETITION FOR ASSISTED OUTPATIENT TREATMENT MAY BE MADE
- 17 UNDER THIS SUBTITLE BY THE DIRECTOR OF A MENTAL HEALTH PROGRAM
- 18 RECEIVING STATE FUNDING UNDER SUBTITLE 9, PART I OF THIS TITLE, OR BY ANY
- 19 INDIVIDUAL AT LEAST 18 YEARS OLD WHO HAS A LEGITIMATE INTEREST IN THE
- 20 WELFARE OF THE RESPONDENT.
- 21 (B) THE PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE IN
- 22 WRITING, SIGNED BY THE PETITIONER, AND SHALL STATE:
- 23 (1) THE PETITIONER'S NAME, ADDRESS, AND RELATIONSHIP, IF ANY,
- 24 TO THE RESPONDENT;
- 25 (2) THE NAME AND ANY KNOWN ADDRESS OF THE RESPONDENT;
- 26 (3) That the petitioner has reason to believe the
- 27 RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN §
- 28 **10–6A–04** OF THIS SUBTITLE; AND
- 29 (4) FOR EACH CRITERION FOR ASSISTED OUTPATIENT TREATMENT IN
- 30 § 10-6A-04 OF THIS SUBTITLE, THE SPECIFIC ALLEGATIONS OF FACT THAT
- 31 SUPPORT THE PETITIONER'S BELIEF THAT THE RESPONDENT MEETS THE
- 32 CRITERION.

- 1 (C) THE PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE
- 2 ACCOMPANIED BY AN AFFIDAVIT OR AFFIRMATION OF A PSYCHIATRIST, STATING
- 3 THAT THE PSYCHIATRIST IS WILLING AND ABLE TO TESTIFY AT THE HEARING ON THE
- 4 PETITION AND EITHER HAS:
- 5 (1) HAS EXAMINED EXAMINED THE RESPONDENT WITHIN 10 DAYS
- 6 BEFORE THE DATE OF THE PETITION AND HAS CONCLUDED; AND
- 7 (2) CONCLUDED THAT THE RESPONDENT MEETS THE CRITERIA FOR
- 8 ASSISTED OUTPATIENT TREATMENT IN § 10–6A–04 OF THIS SUBTITLE; OR
- 9 Was not successful in persuading the respondent to
- 10 SUBMIT TO AN EXAMINATION, DESPITE REASONABLE EFFORTS, WITHIN 10 DAYS
- 11 BEFORE THE DATE OF THE PETITION, AND HAS REASON TO BELIEVE THAT THE
- 12 RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN §
- 13 **10-6A-04 OF THIS SUBTITLE**.
- 14 (D) (1) A PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE
- 15 FILED IN THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE RESPONDENT
- 16 RESIDES OR IN THE COUNTY OF THE LAST KNOWN RESIDENCE OF THE RESPONDENT.
- 17 (2) ON THE FILING OF A PETITION UNDER PARAGRAPH (1) OF THIS
- 18 SUBSECTION, THE CIRCUIT COURT SHALL NOTIFY THE COUNTY ATTORNEY AND THE
- 19 MENTAL HEALTH DIVISION IN THE OFFICE OF THE PUBLIC DEFENDER OF THE
- 20 **FILING OF THE PETITION.**
- 21 (E) A PETITION FILED UNDER THIS SUBTITLE SHALL BE HELD UNDER SEAL
- 22 AND MAY NOT BE PUBLISHED ON MARYLAND JUDICIARY CASE SEARCH.
- 23 **10–6A–04.**
- 24 (A) THE COURT MAY ORDER THE RESPONDENT TO RECEIVE ASSISTED
- 25 OUTPATIENT TREATMENT ON A FINDING BY CLEAR AND CONVINCING EVIDENCE
- 26 **THAT:**
- 27 (1) THE RESPONDENT IS AT LEAST 18 YEARS OLD;
- 28 (2) The respondent has a mental disorder serious and
- 29 PERSISTENT MENTAL ILLNESS;
- 30 (3) THE RESPONDENT HAS DEMONSTRATED A LACK OF COMPLIANCE
- 31 WITH TREATMENT FOR THE MENTAL DISORDER SERIOUS AND PERSISTENT MENTAL
- 32 ILLNESS THAT HAS:

- 1 (I) AT LEAST TWICE WITHIN THE 48-MONTH
- 2 PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION, BEEN A
- 3 SIGNIFICANT FACTOR IN NECESSITATING HOSPITALIZATION INPATIENT ADMISSION
- 4 TO A PSYCHIATRIC HOSPITAL FOR AT LEAST 48 HOURS OR RECEIPT OF SERVICES IN
- 5 A CORRECTIONAL FACILITY; OR
- 6 (II) AT LEAST ONCE WITHIN THE 48-MONTH PERIOD
- 7 IMMEDIATELY PRECEDING THE FILING OF THE PETITION, RESULTED IN AN ACT OF
- 8 SERIOUS VIOLENT BEHAVIOR TOWARD SELF OR OTHERS, OR PATTERNS OF THREATS
- 9 OF, OR ATTEMPTS AT, SERIOUS PHYSICAL HARM TO SELF OR OTHERS; OR
- 10 (HI) RESULTED IN THE ISSUANCE OF A COURT ORDER IN THE
- 11 STATE FOR ASSISTED OUTPATIENT TREATMENT THAT EXPIRED WITHIN THE
- 12 6-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION AND IN
- 13 THE INTERIM HAS CAUSED A SUBSTANTIAL INCREASE IN SYMPTOMS OF MENTAL
- 14 HLINESS THAT SUBSTANTIALLY INTERFERE WITH OR LIMIT ONE OR MORE MAJOR
- 15 LIFE ACTIVITIES AS DEFINED IN THE FEDERAL AMERICANS WITH DISABILITIES ACT;
- 16 (4) The respondent is capable of surviving maintaining
- 17 HEALTH AND SAFETY IN THE COMMUNITY WITH APPROPRIATE OUTPATIENT
- 18 TREATMENT AND SUPPORT;
- 19 (5) IN VIEW OF THE RESPONDENT'S TREATMENT HISTORY AND
- 20 BEHAVIOR AT THE TIME THE PETITION IS FILED, THE RESPONDENT IS IN NEED OF
- 21 ASSISTED OUTPATIENT TREATMENT IN ORDER TO PREVENT A RELAPSE OR
- 22 DETERIORATION THAT WOULD LIKELY MAKE THE RESPONDENT A DANGER TO THE
- 23 LIFE OR SAFETY OF THE RESPONDENT OR OTHERS;
- 24 (6) The respondent is unlikely to adequately adhere to
- 25 OUTPATIENT TREATMENT ON A VOLUNTARY BASIS, AS DEMONSTRATED BY THE
- 26 RESPONDENT'S RECENT HISTORY OF TREATMENT NONADHERENCE OR SPECIFIC
- 27 ASPECTS OF THE RESPONDENT'S CLINICAL CONDITION THAT INTERFERE WITH THE
- 28 RESPONDENT'S ABILITY TO MAKE RATIONAL AND INFORMED DECISIONS
- 29 REGARDING MENTAL HEALTH TREATMENT, WHICH MAY NOT INCLUDE
- 30 NONADHERENCE DUE TO FINANCIAL, TRANSPORTATION, OR LANGUAGE ISSUES, IN
- 31 THE IMMEDIATELY PRECEDING 36-MONTH PERIOD; AND
- 32 (7) ASSISTED IN VIEW OF THE RESPONDENT'S TREATMENT HISTORY
- 33 AND BEHAVIOR AT THE TIME THE PETITION IS FILED, ASSISTED OUTPATIENT
- 34 TREATMENT IS THE LEAST RESTRICTIVE ALTERNATIVE APPROPRIATE TO MAINTAIN
- 35 THE HEALTH AND SAFETY OF THE RESPONDENT.

- 1 (B) TIME THAT THE RESPONDENT SPENT HOSPITALIZED OR INCARCERATED
 2 MAY NOT BE INCLUDED WHEN CALCULATING THE TIME PERIOD UNDER SUBSECTION
 2 (A)(2)(I) OR (II) OF THIS SECTION
- $3 \quad \text{(A)(3)(I) OR (II) OF THIS SECTION.}$
- 4 **10–6A–05**.
- 5 (A) (1) NOT LATER THAN THE DATE OF THE PSYCHIATRIST'S TESTIMONY
 6 REQUIRED UNDER § 10-6A-06 OF THIS SUBTITLE, THE PETITIONER SHALL PROVIDE
 7 A TREATMENT PLAN IN WRITING TO THE COURT AND THE RESPONDENT.
- 8 WITHIN 10 DAYS AFTER THE FILING OF THE PETITION WITH THE
 9 CIRCUIT COURT UNDER § 10–6A–03 OF THIS SUBTITLE, THE CARE COORDINATION
 10 TEAM SHALL DEVELOP A TREATMENT PLAN.
- 11 (2) FOR EACH SERVICE LISTED IN THE TREATMENT PLAN, A
 12 COMMUNITY-BASED PROVIDER THAT HAS AGREED TO PROVIDE THE SERVICE TO
 13 THE RESPONDENT SHALL BE IDENTIFIED TO PROVIDE THE SERVICE.
- 14 (3) If the treatment plan includes medication, the types of MEDICATION TO BE TAKEN SHALL BE IDENTIFIED, ALTHOUGH THE SPECIFIC MEDICATIONS OR DOSES NEED NOT BE IDENTIFIED.
- 17 **(B) (1)** THE RESPONDENT, THE RESPONDENT'S GUARDIAN, THE RESPONDENT'S HEALTH CARE AGENT, AND ANY INDIVIDUAL DESIGNATED BY THE PROPERTY SHALL BE GIVEN A REASONABLE OPPORTUNITY TO PARTICIPATE IN THE DEVELOPMENT OF THE TREATMENT PLAN.
- 21 (2) If the respondent has executed a mental health advance 22 directive, any directions included in the advance directive shall be 23 honored in the development of the treatment plan unless considered 24 CONTRARY TO THE BEST INTEREST OF THE RESPONDENT BY THE TREATING 25 PSYCHIATRIST.
- 26 (3) (I) THE RESPONDENT SHALL HAVE AN OPPORTUNITY TO VOLUNTARILY AGREE TO THE TREATMENT PLAN.
- 28 <u>(II) IF THE RESPONDENT VOLUNTARILY AGREES TO THE</u> 29 TREATMENT PLAN, THE PETITIONER'S ATTORNEY SHALL:
- 30 <u>1. Notify the court that the parties are</u> 31 <u>DISMISSING THE CASE IN ACCORDANCE WITH MARYLAND RULE 2–506; AND</u>
- 32 <u>ELE A STIPULATED AGREEMENT THAT INCLUDES</u> 33 THE TREATMENT PLAN.

- 1 (4) THE CARE COORDINATION TEAM SHALL PROVIDE TO THE
- 2 RESPONDENT, THE COUNTY ATTORNEY, AND THE OFFICE OF THE PUBLIC
- 3 DEFENDER THE TREATMENT PLAN AND THE PROVIDERS THAT ARE INCLUDED IN
- 4 THE TREATMENT PLAN.
- 5 (5) IF THE CARE COORDINATION TEAM CHANGES THE TREATMENT
- 6 PLAN OR THE PROVIDERS INCLUDED IN THE TREATMENT PLAN BEFORE THE
- 7 HEARING CONDUCTED UNDER § 10-6A-06 OF THIS SUBTITLE, THE RESPONDENT,
- 8 THE COUNTY ATTORNEY, AND THE OFFICE OF THE PUBLIC DEFENDER PROMPTLY
- 9 SHALL BE NOTIFIED OF THE CHANGE AND THE JUSTIFICATION FOR THE CHANGE.
- 10 **10–6A–06.**
- 11 (A) (1) ON RECEIPT OF A PETITION FOR ASSISTED OUTPATIENT
- 12 TREATMENT THAT MEETS THE REQUIREMENTS OF § 10-6A-03 OF THIS SUBTITLE,
- 13 THE COURT SHALL SCHEDULE THE DATE FOR A HEARING.
- 14 (2) THE HEARING SHALL BE SCHEDULED NOT LATER THAN 3
- 15 BUSINESS 30 DAYS AFTER THE DATE THE PETITION IS RECEIVED BY THE COURT.
- 16 (3) AN ADJOURNMENT SHALL BE GRANTED ONLY FOR GOOD CAUSE
- 17 SHOWN AND IN CONSIDERATION OF THE NEED TO PROVIDE ASSISTED OUTPATIENT
- 18 TREATMENT EXPEDITIOUSLY.
- 19 (3) A HEARING SHALL BE SCHEDULED ONLY IF THE RESPONDENT HAS
- 20 NOT AGREED TO ENTER VOLUNTARY TREATMENT.
- 21 (B) (1) THE RESPONDENT SHALL BE ENTITLED TO BE REPRESENTED BY
- 22 COUNSEL OF THE INDIVIDUAL'S CHOICE AT THE HEARING AND AT ALL STAGES OF
- 23 THE PROCEEDINGS.
- 24 (2) IF THE RESPONDENT IS UNABLE TO AFFORD AN ATTORNEY, OR IS
- 25 UNABLE TO OBTAIN AN ATTORNEY DUE TO THE RESPONDENT'S MENTAL ILLNESS,
- 26 REPRESENTATION SHALL BE PROVIDED BY AN ENTITY THAT THE COUNTY
- 27 DESIGNATES TO PROVIDE REPRESENTATION FOR THE RESPONDENT THE OFFICE OF
- 28 THE PUBLIC DEFENDER.
- 29 (3) ALL RULES OF CIVIL PROCEDURE SHALL APPLY TO CASES FILED
- 30 UNDER THIS SUBTITLE.
- 31 (4) This subtitle may not be construed to abridge the
- 32 RIGHTS OF A RESPONDENT, AND ANY RIGHT NORMALLY AFFORDED TO AN
- 33 INDIVIDUAL IN A CIVIL OR CRIMINAL MATTER SHALL APPLY.

1	(5) PARTICIPATION IN ASSISTED OUTPATIENT TREATMENT MAY NOT
2	BE USED AGAINST A RESPONDENT IN A SUBSEQUENT LEGAL MATTER THAT CARRIES
	NEGATIVE COLLATERAL CONSEQUENCES.

- 4 (C) AT THE HEARING, THE RESPONDENT SHALL BE GIVEN AN OPPORTUNITY
 5 TO PRESENT EVIDENCE, TO CALL WITNESSES ON THE RESPONDENT'S BEHALF, AND
 6 TO CROSS-EXAMINE ADVERSE WITNESSES.
- 7 (D) IF THE RESPONDENT DOES NOT APPEAR AT THE HEARING AFTER
 8 REASONABLE EFFORTS TO SECURE THE RESPONDENT'S APPEARANCE, THE COURT
 9 MAY CONDUCT THE HEARING IN THE RESPONDENT'S ABSENCE.
- 10 (E) (1) THE COURT SHALL SUSPEND THE HEARING IF THE RESPONDENT
 11 HAS NOT BEEN EXAMINED BY A PSYCHIATRIST WITHIN 10 DAYS BEFORE THE DATE
 12 OF THE PETITION.
- 13 (2) IF THE RESPONDENT HAS REFUSED TO BE EXAMINED BY THE
 14 PSYCHIATRIST WHOSE AFFIDAVIT OR AFFIRMATION ACCOMPANIED THE PETITION,
 15 THE COURT MAY INVITE THE RESPONDENT TO CONSENT TO EXAMINATION BY A
 16 PSYCHIATRIST APPOINTED BY THE COURT.
- 17 (3) (1) IF THE RESPONDENT DOES NOT CONSENT TO THE
 18 EXAMINATION, OR HAS NOT APPEARED AT THE HEARING AFTER REASONABLE
 19 EFFORTS TO SECURE THE RESPONDENT'S APPEARANCE, AND THE COURT FINDS
 20 PROBABLE CAUSE TO BELIEVE THAT THE ALLEGATIONS IN THE PETITION ARE TRUE,
 21 THE COURT MAY DIRECT THAT THE RESPONDENT BE TAKEN INTO CUSTODY AND
 22 TRANSPORTED TO AN APPROPRIATE FACILITY FOR EXAMINATION BY A
 23 PSYCHIATRIST.
- 24 (II) THE RETENTION OF THE RESPONDENT AT A FACILITY IN 25 ACCORDANCE WITH SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT EXCEED 24 HOURS.
- 27 (4) A HEARING SUSPENDED IN ACCORDANCE WITH THIS SUBSECTION
 28 SHALL RESUME EXPEDITIOUSLY AFTER THE COMPLETION OF THE REQUIRED
 29 EXAMINATION.
- 30 (F) (D) (1) THE PETITIONER'S PRESENTATION OF EVIDENCE SHALL 31 INCLUDE THE TESTIMONY OF A PSYCHIATRIST WHOSE MOST RECENT EXAMINATION 32 OF THE RESPONDENT OCCURRED WITHIN 10 DAYS BEFORE THE DATE OF THE 33 PETITION AND WHO RECOMMENDS ASSISTED OUTPATIENT TREATMENT.

- 1 (2) THE PSYCHIATRIST SHALL STATE THE FACTS AND CLINICAL
- 2 DETERMINATIONS PROVIDING THE BASIS FOR THE PSYCHIATRIST'S OPINION THAT
- 3 THE RESPONDENT MEETS EACH OF THE CRITERIA FOR ASSISTED OUTPATIENT
- 4 TREATMENT IN § 10-6A-04 OF THIS SUBTITLE.
- 5 (G) (E) (1) THE PETITIONER'S PRESENTATION OF EVIDENCE SHALL
- 6 INCLUDE THE TESTIMONY OF A TREATING PSYCHIATRIST TO EXPLAIN THE
- 7 TREATMENT PLAN, WHO MAY:
- 8 (I) MAY BE BUT NEED NOT BE THE EXAMINING PSYCHIATRIST
- 9 WHO TESTIFIED UNDER SUBSECTION (F) (D) OF THIS SECTION, TO EXPLAIN THE
- 10 TREATMENT PLAN; AND
- 11 (II) HAS MET WITH THE RESPONDENT OR HAS MADE A GOOD
- 12 FAITH EFFORT TO MEET WITH THE RESPONDENT, IS FAMILIAR WITH THE RELEVANT
- 13 HISTORY TO THE EXTENT PRACTICABLE, AND HAS EXAMINED THE TREATMENT
- 14 **PLAN.**
- 15 (2) FOR EACH CATEGORY OF PROPOSED TREATMENT, THE TREATING
- 16 PSYCHIATRIST SHALL STATE THE CLINICAL BASIS FOR THE DETERMINATION THAT
- 17 THE TREATMENT IS ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S
- 18 HEALTH OR SAFETY.
- 19 (3) THE TREATING PSYCHIATRIST SHALL TESTIFY AS TO THE
- 20 PARTICIPATION, IF ANY, OF THE RESPONDENT IN THE DEVELOPMENT OF THE
- 21 TREATMENT PLAN.
- 22 (4) IF THE RESPONDENT HAS EXECUTED A MENTAL HEALTH ADVANCE
- 23 DIRECTIVE, THE TREATING PSYCHIATRIST SHALL STATE THE CONSIDERATION
- 24 GIVEN TO ANY DIRECTION INCLUDED IN THE ADVANCE DIRECTIVE IN DEVELOPING
- 25 THE TREATMENT PLAN.
- 26 (H) THIS SECTION MAY NOT BE CONSTRUED TO AUTHORIZE A COURT TO
- 27 COMPEL THE TESTIMONY OF A PSYCHIATRIST.
- 28 **10–6A–07.**
- 29 (A) IF, AFTER HEARING ALL RELEVANT EVIDENCE, THE COURT DOES NOT
- 30 FIND BY CLEAR AND CONVINCING EVIDENCE THAT THE RESPONDENT MEETS THE
- 31 CRITERIA FOR ASSISTED OUTPATIENT TREATMENT, THE COURT SHALL DENY THE
- 32 **PETITION.**

- 1 (B) (1) IF, AFTER HEARING ALL RELEVANT EVIDENCE, THE COURT FINDS
 2 BY CLEAR AND CONVINCING EVIDENCE THAT THE RESPONDENT MEETS THE
 3 CRITERIA FOR ASSISTED OUTPATIENT TREATMENT, THE COURT SHALL ORDER THE
 4 RESPONDENT TO COMPLY WITH ASSISTED OUTPATIENT TREATMENT FOR A PERIOD
 5 NOT TO EXCEED 1 YEAR.
- 6 (2) THE COURT'S ORDER SHALL INCORPORATE A TREATMENT PLAN
 7 THAT SHALL BE LIMITED IN SCOPE TO THE ELEMENTS INCLUDED IN THE
 8 TREATMENT PLAN PRESENTED TO THE COURT, BUT SHALL INCLUDE ONLY THOSE
 9 ELEMENTS THAT THE COURT FINDS BY CLEAR AND CONVINCING EVIDENCE TO BE
 10 ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.
- 11 **10–6A–08.**
- 12 (A) IN THIS SECTION, "MATERIAL CHANGE" MEANS AN ADDITION OR A
 13 DELETION OF A CATEGORY OF SERVICES TO OR FROM THE TREATMENT PLAN OR ANY
 14 DEVIATION FROM THE TERMS OF THE TREATMENT PLAN RELATING TO THE
 15 ADMINISTRATION OF MEDICATION.
- 16 (B) AT ANY TIME DURING THE PERIOD OF AN ORDER FOR ASSISTED OUTPATIENT TREATMENT, THE PETITIONER OR RESPONDENT MAY MOVE THAT THE 18 COURT STAY, VACATE, OR MODIFY THE ORDER.
- 19 (C) A MATERIAL CHANGE TO THE TREATMENT PLAN OF A RESPONDENT 20 UNDER COURT ORDER DOES NOT REQUIRE THE RESPONDENT'S COMPLIANCE 21 UNLESS EXPLICITLY AUTHORIZED IN ADVANCE BY THE TERMS OF THE COURT 22 ORDER OR INCORPORATED BY THE COURT ON A FINDING BY CLEAR AND 23 CONVINCING EVIDENCE THAT THE MATERIAL CHANGE IS ESSENTIAL TO THE 24 MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.
- 25 (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, NOT LATER
 26 THAN 5-BUSINESS 30 DAYS AFTER RECEIVING A PETITION MOTION, AND ANY TIMELY
 27 REPLIES TO THE MOTION, FOR A MATERIAL CHANGE TO THE INCORPORATED
 28 TREATMENT PLAN, THE COURT SHALL HOLD A HEARING RESPOND TO THE MOTION.
- 29 **(2)** IF THE RESPONDENT INFORMS THE COURT THAT THE 30 RESPONDENT AGREES TO THE PROPOSED MATERIAL CHANGE, THE COURT MAY 31 INCORPORATE THE MATERIAL CHANGE INTO THE TREATMENT PLAN WITHOUT A 32 HEARING.
- 33 (E) NONMATERIAL CHANGES TO THE TREATMENT PLAN SHALL BE DEEMED 34 TO REQUIRE THE RESPONDENT'S COMPLIANCE WITHOUT FURTHER ACTION BY THE 35 COURT.

- 1 (F) (1) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE A TREATING
 2 PSYCHIATRIST TO DELAY CHANGES TO THE RESPONDENT'S TREATMENT PLAN AS
 3 CIRCUMSTANCES MAY IMMEDIATELY REQUIRE.
- 4 (2) THE CARE COORDINATION TEAM SHALL NOTIFY THE COURT AND
 5 THE ATTORNEYS FOR THE PETITIONER AND RESPONDENT IF A CHANGE IS MADE TO
 6 A TREATMENT PLAN IN ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION.
- 7 **10–6A–09.**
- 8 (A) IF, AFTER REASONABLE EFFORTS TO SOLICIT COMPLIANCE, THE
 9 RESPONDENT HAS MATERIALLY FAILED TO COMPLY WITH THE ORDER OF ASSISTED
 10 OUTPATIENT TREATMENT, A TREATING PSYCHIATRIST MAY CONSIDER THE FAILURE
 11 TO COMPLY AS PERTINENT INFORMATION IN DETERMINING WHETHER A PETITION
 12 FOR EMERGENCY EVALUATION UNDER § 10–622 OF THIS TITLE IS WARRANTED.
- 13 (B) IF A PETITION FOR EMERGENCY EVALUATION IS FILED, THE TREATING
 14 PSYCHIATRIST SHALL NOTIFY THE COURT IN WRITING OF THE REASONS FOR AND
 15 FINDINGS OF THE EVALUATION.
- 16 (C) (A) IN RESPONSE TO THE NOTICE, OR AT AT ANY TIME DURING THE
 17 PERIOD OF THE ASSISTED OUTPATIENT TREATMENT ORDER ON ITS OWN MOTION,
 18 THE COURT MAY CONVENE THE PARTIES FOR A CONFERENCE TO REVIEW THE
 19 PROGRESS OF THE RESPONDENT.
- 20 (B) TO THE EXTENT PRACTICABLE, IF A PETITION FOR EMERGENCY
 21 EVALUATION OF THE RESPONDENT IS FILED OR IF THE RESPONDENT IS THE
 22 SUBJECT OF OTHER COURT INVOLVEMENT, THE PETITIONER SHALL NOTIFY THE
 23 RESPONDENT'S CARE COORDINATION TEAM OF THE PETITION OR OTHER COURT
 24 INVOLVEMENT.
- 25 (D) (C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS
 26 SUBSECTION, FAILURE FAILURE TO COMPLY WITH AN ORDER OF ASSISTED
 27 OUTPATIENT TREATMENT IS NOT GROUNDS FOR A FINDING OF CONTEMPT OF COURT
 28 OR FOR INVOLUNTARY ADMISSION UNDER THIS TITLE.
- 29 (2) FAILURE TO COMPLY WITH AN ORDER OF ASSISTED OUTPATIENT
 30 TREATMENT MAY BE CONSIDERED BY A HEARING OFFICER IN DETERMINING,
 31 PURSUANT TO § 10-632 OF THIS TITLE, WHETHER HOSPITALIZATION IS THE LEAST
 32 RESTRICTIVE FORM OF INTERVENTION THAT IS CONSISTENT WITH THE WELFARE
 33 AND SAFETY OF THE INDIVIDUAL.

- 1 **10–6A–10.**
- 2 (A) WITHIN 30 DAYS BEFORE THE EXPIRATION OF AN ORDER OF ASSISTED
- 3 OUTPATIENT TREATMENT, A PETITIONER MAY PETITION THE COURT TO ORDER
- 4 CONTINUED ASSISTED OUTPATIENT TREATMENT FOR A PERIOD NOT TO EXCEED 1
- 5 YEAR FROM THE DATE OF THE EXPIRATION OF THE CURRENT ORDER THE
- 6 RESPONDENT'S CARE COORDINATION TEAM SHALL PROVIDE THE RESPONDENT
- 7 WITH A PLAN FOR CONTINUED TREATMENT, IF CONSIDERED NECESSARY.
- 8 (B) IF THE COURT'S DISPOSITION OF THE PETITION FILED UNDER
- 9 SUBSECTION (A) OF THIS SECTION DOES NOT OCCUR BEFORE THE DATE OF THE
- 10 EXPIRATION OF THE CURRENT ORDER, THE CURRENT ORDER SHALL REMAIN IN
- 11 EFFECT UNTIL THE DISPOSITION.
- 12 (C) THE PROCEDURES FOR OBTAINING ANY ORDER UNDER THIS SECTION
- 13 SHALL BE IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.
- 14 **10–6A–11.**
- 15 (A) ON OR BEFORE DECEMBER 1 EACH YEAR, THE ADMINISTRATION SHALL
- 16 SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE
- 17 STATE GOVERNMENT ARTICLE, A REPORT ON EACH PROGRAM ESTABLISHED
- 18 UNDER THIS SUBTITLE THAT INCLUDES:
- 19 (1) THE NUMBER OF INDIVIDUALS WHO WERE ORDERED TO RECEIVE
- 20 ASSISTED OUTPATIENT TREATMENT DURING THE IMMEDIATELY PRECEDING
- 21 **12-MONTH PERIOD**;
- 22 THE EFFECT OF ASSISTED OUTPATIENT TREATMENT, IF ANY, ON
- 23 THE INCIDENCE OF HOSPITALIZATION, ARRESTS, AND INCARCERATION AMONG
- 24 INDIVIDUALS ORDERED TO RECEIVE ASSISTED OUTPATIENT TREATMENT; AND
- 25 (3) A COST SAVINGS ANALYSIS REGARDING THE FUNDS SAVED BY
- 26 INDIVIDUALS RECEIVING OUTPATIENT TREATMENT.
- 27 (B) A JURISDICTION THAT ESTABLISHES A PROGRAM UNDER THIS
- 28 SUBTITLE SHALL PROVIDE INFORMATION TO THE ADMINISTRATION THAT THE
- 29 Administration determines is necessary for the purpose of complying
- 30 WITH SUBSECTION (A) OF THIS SECTION.
- 31 (1) PROGRAM STATISTICS FOR THE IMMEDIATELY PRECEDING
- 32 12-MONTH PERIOD, INCLUDING THE NUMBER OF:

1	<u>(I)</u>	PETITIONS FILED;
2	<u>(II)</u>	RESPONDENTS UNDER COURT ORDER; AND
3 4	(III) COMPLY WITH A TREAT	VOLUNTARY AGREEMENTS MADE BY RESPONDENTS TO MENT PLAN;
5 6 7		OGRAPHIC CHARACTERISTICS OF ASSISTED OUTPATIENT M RECIPIENTS DURING THE IMMEDIATELY PRECEDING CLUDING:
8	<u>(I)</u>	AVERAGE AGE;
9 10	(II) ASSISTED OUTPATIENT	LIVING SITUATION AT THE TIME OF THE ISSUANCE OF THE TREATMENT ORDER;
11 12		LIVING SITUATION AT THE TIME OF THE EXPIRATION OF IENT TREATMENT ORDER;
13	<u>(IV)</u>	GENDER;
14	<u>(V)</u>	MARITAL STATUS;
15	<u>(VI)</u>	RACE AND ETHNICITY;
16	<u>(VII)</u>	RELIGION;
17	(VIII)	FAMILIAL STATUS;
18	<u>(IX)</u>	NATIONAL ORIGIN;
19	<u>(X)</u>	SEXUAL ORIENTATION;
20	<u>(XI)</u>	GENDER IDENTITY; AND
21	<u>(XII)</u>	DISABILITY;
22 23 24	TREATMENT RECIPIEN	RMATION ON DIAGNOSES OF ASSISTED OUTPATIENT TS, INCLUDING THE PERCENTAGE OF RECIPIENTS WITH HOSIS, OR BIPOLAR DISORDER, OR WHO ARE REPORTED AS
	•	R SURSTANCE USE DISORDER:

1	(4) Information on the behavioral health services offered		
2	THROUGH TREATMENT PLANS USED BY RESPONDENTS INCLUDING THE FREQUENCY		
3	WITH WHICH THOSE SERVICES WERE INCLUDED IN TREATMENT PLANS;		
4	(5) Information on significant life events of recipients		
5	INCLUDING THE PERCENTAGE OF ASSISTED OUTPATIENT TREATMENT RECIPIENTS		
6	WHO HAVE EXPERIENCED HOMELESSNESS, WERE INCARCERATED, OR WERE		
7	HOSPITALIZED IN A PSYCHIATRIC HOSPITAL IN THEIR LIFETIME;		
8	(6) RECIPIENT OUTCOMES, INCLUDING:		
9	(I) THE PERCENTAGE OF RECIPIENTS WHO HAVE BEEN		
10	HOMELESS, HOSPITALIZED, OR INCARCERATED WHILE A RECIPIENT OF ASSISTED		
11	OUTPATIENT TREATMENT COMPARED TO THE TIME BEING HOMELESS		
12	HOSPITALIZED, OR INCARCERATED BEFORE RECEIVING ASSISTED OUTPATIENT		
13	TREATMENT SERVICES;		
14	(II) THE PERCENTAGE OF ASSISTED OUTPATIENT TREATMENT		
15	RECIPIENTS RECEIVING SERVICES DURING THE FIRST 6 MONTHS OF ASSISTED		
16	OUTPATIENT TREATMENT AND AT THE MOST RECENT FOLLOW-UP COMPARED TO		
17	BEFORE RECEIVING ASSISTED OUTPATIENT TREATMENT;		
18	(III) ENGAGEMENT AND ADHERENCE RATINGS AT 6 MONTHS		
19	AND AT THE MOST RECENT FOLLOW-UP COMPARED TO ENGAGEMENT AND		
20	ADHERENCE RATINGS AT THE ONSET OF ASSISTED OUTPATIENT TREATMENT;		
21	(IV) REDUCED DIFFICULTY IN AREAS OF SELF-CARE AND		
22	SOCIAL AND COMMUNITY FUNCTIONING AT 6 MONTHS AND AT THE MOST RECENT		
23	FOLLOW-UP COMPARED TO DIFFICULTIES AT THE ONSET OF ASSISTED OUTPATIENT		
24	TREATMENT;		
25	(V) REDUCED INCIDENCE OF HARMFUL BEHAVIORS AT 6		
26	MONTHS AND AT THE MOST RECENT FOLLOW-UP COMPARED TO INCIDENCE OF		
27	HARMFUL BEHAVIORS AT THE ONSET OF ASSISTED OUTPATIENT TREATMENT; AND		
28	(VI) A SUMMARY OF THE OUTCOMES INCLUDED IN THE REPORT		
29	UNDER ITEMS (I) THROUGH (V) OF THIS ITEM; AND		

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July $1,\,2023.$

A SURVEY OF THE SATISFACTION OF THE RECIPIENTS WITH THE

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<u>(7)</u>

PROGRAM.