

Chapter 704

(Senate Bill 453)

AN ACT concerning

**Mental Health – ~~Emergency Evaluation and Involuntary Admission Procedures~~
and Assisted Outpatient Treatment Programs**

FOR the purpose of ~~requiring a peace officer, when the peace officer receives a petition for emergency evaluation for an individual, to transport the emergency evaluate to a nearby emergency facility, rather than the nearest emergency facility; authorizing a psychiatric nurse practitioner to evaluate an emergency evaluate for purposes of involuntary admission; authorizing the Maryland Department of Health to require the admission of an emergency evaluate to an appropriate facility, rather than requiring the Department to provide for the admission within a certain time period; requiring~~ each county to establish an assisted outpatient treatment program; requiring the Maryland Department of Health to establish an assisted outpatient treatment program in a county that does not opt to establish a program; requiring the Office of the Public Defender to provide representation in assisted outpatient treatment proceedings; and generally relating to the procedures for ~~emergency evaluation and involuntary admission and~~ assisted outpatient treatment programs.

~~BY repealing and reenacting, with amendments,
Article – Health – General
Section 10–624 and 10–625
Annotated Code of Maryland
(2023 Replacement Volume)~~

BY repealing and reenacting, with amendments,
Article – Criminal Procedure
Section 16–204(b)(1)
Annotated Code of Maryland
(2018 Replacement Volume and 2023 Supplement)

BY adding to
Article – Criminal Procedure
Section 16–204(c)
Annotated Code of Maryland
(2018 Replacement Volume and 2023 Supplement)

BY adding to
Article – Health – General
Section 10–6A–01 through ~~10–6A–11~~ 10–6A–12 to be under the new subtitle
“Subtitle 6A. Assisted Outpatient Treatment Programs”
Annotated Code of Maryland
(2023 Replacement Volume)

Preamble

WHEREAS, A seamless behavioral health continuum of care that provides access to high quality, equitable behavioral health care is necessary for the further development of mental health services in Maryland; and

WHEREAS, Allowing for more options to serve individuals in crisis will help further strengthen Maryland’s crisis response system and better serve individuals in crisis; and

WHEREAS, Intensive outpatient services, such as assisted outpatient treatment, function to reduce homelessness, needless hospitalizations, arrests, and incarcerations; and

WHEREAS, A small but persistent subset of individuals with severe mental illness struggle to engage voluntarily in treatment necessary to live safely in the community, in many cases due to an inability through no fault of their own to maintain awareness or understanding of their mental illness; and

WHEREAS, When individuals with severe mental illness remain untreated, they suffer needlessly from homelessness, poverty, repeated hospitalizations, repeated arrests, trauma, and suicide; and

WHEREAS, Civil commitment to outpatient care combined with adequate resources 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 costs through avoided hospitalization; and

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,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

~~Article Health General~~

~~10-624.~~

~~(a) (1) A peace officer shall take an emergency evaluate to [the nearest] A NEARBY emergency facility if the peace officer has a petition under Part IV of this subtitle that:~~

~~(i) Has been endorsed by a court within the last 5 days; or~~

~~(ii) Is signed and submitted by a physician, psychologist, clinical social worker, licensed clinical professional counselor, clinical nurse specialist in~~

~~psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical marriage and family therapist, health officer or designee of a health officer, or peace officer.~~

~~(2) The petition required under paragraph (1) of this subsection may be:~~

~~(i) In the form of an electronic record; and~~

~~(ii) Transmitted and received electronically.~~

~~(3) To the extent practicable, a peace officer shall notify the emergency facility in advance that the peace officer is bringing an emergency evaluatee to the emergency facility.~~

~~(4) After a peace officer brings the emergency evaluatee to an emergency facility, the peace officer need not stay unless, because the emergency evaluatee is violent, emergency facility personnel ask the supervisor of the peace officer to have the peace officer stay.~~

~~(5) A peace officer shall stay until the supervisor responds to the request for assistance. If the emergency evaluatee is violent, the supervisor shall allow the peace officer to stay.~~

~~(6) If emergency facility personnel ask that a peace officer stay, a physician OR A PSYCHIATRIC NURSE PRACTITIONER shall examine the emergency evaluatee as promptly as possible.~~

~~(b) (1) If the petition is executed properly, the emergency facility shall accept the emergency evaluatee.~~

~~(2) The petition required under paragraph (1) of this subsection may be:~~

~~(i) In the form of an electronic record; and~~

~~(ii) Transmitted and received electronically.~~

~~(3) Within 6 hours after an emergency evaluatee is brought to an emergency facility, a physician OR A PSYCHIATRIC NURSE PRACTITIONER shall examine the emergency evaluatee, to determine whether the emergency evaluatee meets the requirements for involuntary admission.~~

~~(4) Promptly after the examination, the emergency evaluatee shall be released unless the emergency evaluatee:~~

~~(i) Asks for voluntary admission; or~~

~~(ii) Meets the requirements for involuntary admission.~~

~~(5) An emergency evaluatee may not be kept at an emergency facility for more than 30 hours.~~

~~10-625.~~

~~(a) If an emergency evaluatee meets the requirements for an involuntary admission and is unable or unwilling to agree to a voluntary admission under this subtitle, the examining physician OR PSYCHIATRIC NURSE PRACTITIONER shall take the steps needed for involuntary admission of the emergency evaluatee to an appropriate facility, which may be a general hospital with a licensed inpatient psychiatric unit.~~

~~(b) (1) If the examining physician OR PSYCHIATRIC NURSE PRACTITIONER is unable to have the emergency evaluatee admitted to a facility, the physician OR PSYCHIATRIC NURSE PRACTITIONER shall notify the Department.~~

~~(2) [Within 6 hours after notification, the] THE Department [shall provide for] MAY REQUIRE admission of the emergency evaluatee to an appropriate facility.~~

~~(e) (1) Within 30 hours after the emergency facility completes an application for the involuntary admission of an emergency evaluatee, the emergency facility shall notify the Mental Health Division in the Office of the Public Defender, by e-mail or facsimile, of the completion of the application.~~

~~(2) The notice required under paragraph (1) of this subsection shall include any legal documents relating to the acceptance of the emergency evaluatee into the emergency facility, including the emergency petition, application for involuntary admission, and certification for involuntary admission.~~

~~(3) The notice required under paragraph (1) of this subsection does not apply to a patient who agrees to voluntary admission.~~

~~SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:~~

Article – Criminal Procedure

~~16-204.~~

~~(b) (1) Indigent defendants or parties shall be provided representation under this title in:~~

~~(i) a criminal or juvenile proceeding in which a defendant or party is alleged to have committed a serious offense;~~

(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;

(iii) a postconviction proceeding for which the defendant has a right to an attorney under Title 7 of this article;

(iv) any other proceeding in which confinement under a judicial commitment of an individual in a public or private institution may result;

(v) a proceeding involving children in need of assistance under § 3–813 of the Courts Article; [or]

(vi) a family law proceeding under Title 5, Subtitle 3, Part II or Part III of the Family Law Article, including:

1. for a parent, a hearing in connection with guardianship or adoption;

2. a hearing under § 5–326 of the Family Law Article for which the parent has not waived the right to notice; and

3. an appeal; OR

(VII) AN ASSISTED OUTPATIENT TREATMENT PROCEEDING UNDER TITLE 10, SUBTITLE 6A OF THE HEALTH – GENERAL ARTICLE.

(C) SUBSECTION (B)(1)(VII) OF THIS SECTION MAY NOT BE CONSTRUED TO PREVENT A RESPONDENT FROM RETAINING PRIVATE COUNSEL AT THE RESPONDENT’S OWN EXPENSE.

Article – Health – General

SUBTITLE 6A. ASSISTED OUTPATIENT TREATMENT PROGRAMS.

10–6A–01.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “ASSISTED OUTPATIENT TREATMENT” MEANS A SPECIFIC REGIMEN OF OUTPATIENT TREATMENT FOR A SERIOUS AND PERSISTENT MENTAL ILLNESS TO WHICH AN INDIVIDUAL IS ORDERED BY THE COURT TO ADHERE.

(C) “CARE COORDINATION TEAM” MEANS A MULTIDISCIPLINARY TEAM UNDER THE OVERSIGHT OF A LOCAL BEHAVIORAL HEALTH AUTHORITY ~~OR~~, CORE SERVICE AGENCY, OR THE DEPARTMENT.

(D) “HARM TO OTHERS” MEANS AN ACT OR ATTEMPT AT OR CREDIBLE THREAT OF SERIOUS VIOLENT BEHAVIOR TOWARD OTHERS.

(E) “HARM TO THE INDIVIDUAL” MEANS:

~~(1) SELF-HARMING~~ SELF-HARMING BEHAVIOR OR AN ATTEMPT AT SUICIDE;

~~(2) FAILURE TO PROTECT ONESELF FROM DANGER;~~

~~(3) INABILITY TO MEET ONE’S BASIC NEEDS; OR~~

~~(4) FAILURE TO OBTAIN MEDICALLY NECESSARY TREATMENT TO PREVENT SERIOUS PHYSICAL OR PSYCHIATRIC DETERIORATION.~~

(F) “HOSPITAL” HAS THE MEANING STATED IN § 19-301 OF THIS ARTICLE.

(G) “PROGRAM” MEANS AN ASSISTED OUTPATIENT TREATMENT PROGRAM.

(H) “SERIOUS AND PERSISTENT MENTAL ILLNESS” MEANS A ~~SUBSTANTIAL DISORDER OF THOUGHT, MOOD, OR ORIENTATION THAT:~~

~~(1) SIGNIFICANTLY IMPAIRS JUDGMENT, BEHAVIOR, OR CAPACITY TO RECOGNIZE REALITY OR TO REASON OR UNDERSTAND; AND~~

~~(2) IF NOT TREATED, CREATES A SUBSTANTIAL RISK OF SERIOUS HARM TO THE INDIVIDUAL OR HARM TO OTHERS~~ MENTAL ILLNESS THAT IS SEVERE IN DEGREE AND PERSISTENT IN DURATION, THAT CAUSES A SUBSTANTIALLY DIMINISHED LEVEL OF FUNCTIONING IN THE PRIMARY ASPECTS OF DAILY LIVING AND AN INABILITY TO MEET THE ORDINARY DEMANDS OF LIFE, AND THAT MAY LEAD TO AN INABILITY TO MAINTAIN INDEPENDENT FUNCTIONING IN THE COMMUNITY WITHOUT INTENSIVE TREATMENT AND SUPPORT.

(I) “TREATMENT PLAN” MEANS A PLAN DEVELOPED BY A CARE COORDINATION TEAM THAT:

(1) INCORPORATES ALL OUTPATIENT TREATMENT SERVICES THAT ARE DETERMINED TO BE ESSENTIAL AND AVAILABLE FOR THE MAINTENANCE OF AN INDIVIDUAL’S HEALTH AND SAFETY; AND

(2) INCLUDES, AT A MINIMUM:

(I) SERVICES OF A TREATING PSYCHIATRIST;

(II) CASE MANAGEMENT ~~OR ASSERTIVE COMMUNITY TREATMENT SERVICES; AND~~

~~(III) IF RESOURCES PERMIT, SERVICES OF A CERTIFIED PEER RECOVERY SPECIALIST;~~

(III) SERVICES OF A CERTIFIED PEER RECOVERY SPECIALIST;
AND

(IV) IF CLINICALLY APPROPRIATE, ASSERTIVE COMMUNITY TREATMENT SERVICES.

10-6A-02.

(A) THE ISSUANCE OF AN ASSISTED OUTPATIENT TREATMENT ORDER AGAINST A RESPONDENT UNDER THIS SUBTITLE MAY NOT BE:

(1) THE BASIS FOR THE INVOLUNTARY ADMISSION OF THE RESPONDENT TO A FACILITY UNDER THIS TITLE; OR

(2) USED AS EVIDENCE OF INCOMPETENCY OF THE RESPONDENT.

(B) THIS SUBTITLE MAY NOT BE CONSTRUED TO ABRIDGE OR MODIFY ANY CIVIL RIGHT OF THE RESPONDENT, INCLUDING:

(1) ANY CIVIL SERVICE RANKING OR APPOINTMENT;

(2) THE RIGHT TO APPLY FOR VOLUNTARY ADMISSION TO A FACILITY UNDER § 10-609 OF THIS TITLE; AND

(3) ANY RIGHT RELATING TO A LICENSE, PERMIT, CERTIFICATION, PRIVILEGE, OR BENEFIT UNDER ANY LAW.

(C) ANY RIGHT NORMALLY AFFORDED TO AN INDIVIDUAL IN A CIVIL OR CRIMINAL MATTER SHALL APPLY.

~~10-6A-02.~~ 10-6A-03.

(A) (1) ~~A~~ ON OR BEFORE JULY 1, 2026, A COUNTY SHALL MAY ESTABLISH AN ASSISTED OUTPATIENT TREATMENT PROGRAM IN ACCORDANCE WITH THIS SUBTITLE.

(2) A COUNTY MAY PARTNER WITH ANOTHER COUNTY TO ESTABLISH AN ASSISTED OUTPATIENT TREATMENT PROGRAM.

(B) AN ASSISTED OUTPATIENT TREATMENT PROGRAM ESTABLISHED UNDER SUBSECTION (A) OF THIS SECTION SHALL BE APPROVED AND OVERSEEN BY THE COUNTY'S LOCAL BEHAVIORAL HEALTH AUTHORITY OR CORE SERVICE AGENCY.

(C) ON OR BEFORE JULY 1, 2026, THE DEPARTMENT SHALL ESTABLISH AN ASSISTED OUTPATIENT TREATMENT PROGRAM IN ANY COUNTY THAT DOES NOT OPT TO ESTABLISH AN ASSISTED OUTPATIENT TREATMENT PROGRAM.

(D) (1) A CARE COORDINATION TEAM OPERATING UNDER AN ASSISTED OUTPATIENT TREATMENT PROGRAM SHALL CONSIST OF, AT A MINIMUM:

(i) A PSYCHIATRIST;

(ii) A CASE MANAGER;

(iii) A CERTIFIED PEER RECOVERY SPECIALIST;

(iv) OTHER TREATING PROVIDERS AS CLINICALLY APPROPRIATE, SUCH AS AN ASSERTIVE COMMUNITY TREATMENT TEAM AND A PROVIDER FAMILIAR WITH THE HEALTH NEEDS OF VETERANS; AND

(v) ANY OTHER INDIVIDUALS REQUIRED BY THE DEPARTMENT IN REGULATION.

(2) THE DEPARTMENT SHALL ESTABLISH CLINICAL AND OPERATIONAL STANDARDS FOR ASSISTED OUTPATIENT TREATMENT PROGRAMS AND CARE COORDINATION TEAMS ESTABLISHED UNDER THIS SECTION.

~~10-6A-03.~~ 10-6A-04.

(A) A PETITION FOR ASSISTED OUTPATIENT TREATMENT MAY BE MADE UNDER THIS SUBTITLE BY THE DIRECTOR OF A MENTAL HEALTH PROGRAM RECEIVING STATE FUNDING UNDER SUBTITLE 9, PART I OF THIS TITLE, OR BY ANY INDIVIDUAL AT LEAST 18 YEARS OLD WHO HAS A LEGITIMATE INTEREST IN THE WELFARE OF THE RESPONDENT.

(B) THE PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE IN WRITING, SIGNED BY THE PETITIONER, AND STATE:

(1) THE PETITIONER'S NAME, ADDRESS, AND RELATIONSHIP, IF ANY, TO THE RESPONDENT;

(2) THE NAME AND ANY KNOWN ADDRESS OF THE RESPONDENT;

(3) THAT THE PETITIONER HAS REASON TO BELIEVE THE RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN ~~§ 10-6A-04~~ § 10-6A-05 OF THIS SUBTITLE; AND

(4) FOR EACH CRITERION FOR ASSISTED OUTPATIENT TREATMENT IN ~~§ 10-6A-04~~ § 10-6A-05 OF THIS SUBTITLE, THE SPECIFIC ALLEGATIONS OF FACT THAT SUPPORT THE PETITIONER'S BELIEF THAT THE RESPONDENT MEETS THE CRITERION.

(C) THE PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE ACCOMPANIED BY AN AFFIDAVIT OR AFFIRMATION OF ~~THE RESPONDENT'S TREATING~~ A PSYCHIATRIST, STATING THAT THE PSYCHIATRIST IS WILLING AND ABLE TO TESTIFY AT THE HEARING ON THE PETITION AND HAS:

(1) EXAMINED THE RESPONDENT WITHIN 30 DAYS BEFORE THE DATE OF THE PETITION; AND

(2) CONCLUDED THAT THE RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN ~~§ 10-6A-04~~ § 10-6A-05 OF THIS SUBTITLE.

(D) (1) A PETITION FOR ASSISTED OUTPATIENT TREATMENT SHALL BE FILED IN THE CIRCUIT COURT FOR THE COUNTY IN WHICH THE RESPONDENT RESIDES OR IN THE COUNTY OF THE LAST KNOWN RESIDENCE OF THE RESPONDENT.

(2) ON THE FILING OF A PETITION UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE CIRCUIT COURT SHALL NOTIFY THE FOLLOWING OF THE FILING OF THE PETITION:

(I) THE RESPONDENT;

(II) THE MENTAL HEALTH DIVISION IN THE OFFICE OF THE PUBLIC DEFENDER;

(III) ~~THE~~ AS APPLICABLE, THE LOCAL BEHAVIORAL HEALTH AUTHORITY ~~OR,~~ THE COUNTY'S CORE SERVICE AGENCY, OR THE DEPARTMENT;

(IV) THE COUNTY ATTORNEY; AND

(V) IF APPLICABLE AND KNOWN, THE RESPONDENT’S GUARDIAN AND HEALTH CARE AGENT.

(E) A PETITION FILED UNDER THIS SUBTITLE SHALL BE HELD UNDER SEAL AND MAY NOT BE PUBLISHED ON MARYLAND JUDICIARY CASE SEARCH.

~~10-6A-04.~~ 10-6A-05.

(A) THE COURT MAY ORDER THE RESPONDENT TO RECEIVE ASSISTED OUTPATIENT TREATMENT ON A FINDING BY CLEAR AND CONVINCING EVIDENCE THAT:

(1) THE RESPONDENT IS AT LEAST 18 YEARS OLD;

(2) THE RESPONDENT HAS A SERIOUS AND PERSISTENT MENTAL ILLNESS;

(3) THE RESPONDENT HAS DEMONSTRATED A LACK OF ADHERENCE WITH TREATMENT FOR THE SERIOUS AND PERSISTENT MENTAL ILLNESS THAT HAS:

(I) AT LEAST TWICE WITHIN THE 36-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION, BEEN A SIGNIFICANT FACTOR IN NECESSITATING ~~HOSPITAL INPATIENT PSYCHIATRIC SERVICES~~ INPATIENT ADMISSION TO A PSYCHIATRIC HOSPITAL FOR AT LEAST 48 HOURS OR RECEIPT OF PSYCHIATRIC SERVICES IN A CORRECTIONAL FACILITY; OR

(II) AT LEAST ONCE WITHIN THE 36-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION, RESULTED IN AN ACT OF SERIOUS VIOLENT BEHAVIOR TOWARD SELF OR OTHERS, OR ~~CREDIBLE THREAT OF, OR ATTEMPT AT, SERIOUS PHYSICAL HARM TO THE INDIVIDUAL OR HARM TO OTHERS; OR~~ PATTERNS OR THREATS OF, OR ATTEMPTS AT, SERIOUS PHYSICAL HARM TO SELF OR OTHERS;

~~(III) RESULTED IN THE ISSUANCE OF AN ORDER IN THE STATE FOR ASSISTED OUTPATIENT TREATMENT THAT EXPIRED WITHIN THE 6 MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION AND IN THE INTERIM HAS CAUSED A SUBSTANTIAL INCREASE IN SYMPTOMS OF MENTAL ILLNESS THAT HAS RESULTED IN HARM TO THE INDIVIDUAL OR HARM TO OTHERS;~~

(4) IN VIEW OF THE RESPONDENT’S TREATMENT HISTORY AND BEHAVIOR AT THE TIME THE PETITION IS FILED, THE RESPONDENT IS IN NEED OF

ASSISTED OUTPATIENT TREATMENT IN ORDER TO PREVENT A RELAPSE OR DETERIORATION THAT WOULD CREATE A SUBSTANTIAL RISK OF SERIOUS HARM TO THE INDIVIDUAL OR HARM TO OTHERS;

(5) THE RESPONDENT IS UNLIKELY TO ADEQUATELY ADHERE TO OUTPATIENT TREATMENT ON A VOLUNTARY BASIS, AS DEMONSTRATED BY THE RESPONDENT’S:

~~(I) HISTORY~~ HISTORY OF TREATMENT NONADHERENCE IN THE 36-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION THAT IS NOT DUE TO FINANCIAL, TRANSPORTATION, OR LANGUAGE ISSUES IN THE IMMEDIATELY PRECEDING 36-MONTH PERIOD; ~~OR~~

~~(II) INABILITY TO MAKE RATIONAL AND INFORMED DECISIONS REGARDING MENTAL HEALTH TREATMENT;~~ AND

(6) IN CONSIDERATION OF ITEMS (1) THROUGH (5) OF THIS SUBSECTION, ASSISTED OUTPATIENT TREATMENT IS THE LEAST RESTRICTIVE ALTERNATIVE APPROPRIATE TO MAINTAIN THE HEALTH AND SAFETY OF THE RESPONDENT.

(B) TIME THAT THE RESPONDENT SPENT HOSPITALIZED OR INCARCERATED MAY NOT BE INCLUDED WHEN CALCULATING THE TIME PERIOD UNDER SUBSECTION (A)(3)(I) OR (II) OF THIS SECTION.

~~10-6A-05.~~ 10-6A-06.

(A) (1) AFTER THE FILING OF THE PETITION WITH THE COURT UNDER ~~§ 10-6A-03~~ § 10-6A-04 OF THIS SUBTITLE, BUT NOT LATER THAN THE DATE OF THE PSYCHIATRIST’S TESTIMONY REQUIRED UNDER ~~§ 10-6A-06~~ § 10-6A-07 OF THIS SUBTITLE, THE CARE COORDINATION TEAM SHALL DEVELOP A TREATMENT PLAN AND PROVIDE A COPY IN WRITING TO:

- (I) THE RESPONDENT;
- (II) THE RESPONDENT’S ATTORNEY; AND
- (III) IF APPLICABLE AND KNOWN, THE RESPONDENT’S GUARDIAN AND HEALTH CARE AGENT.

(2) A TREATMENT PLAN DEVELOPED BY THE CARE COORDINATION TEAM SHALL BE:

- (I) RECOVERY-ORIENTED; AND

(II) CONSISTENT WITH EVIDENCE-BASED AND EVOLVING BEST PRACTICES IN THE TREATMENT OF SERIOUS AND PERSISTENT MENTAL ILLNESS.

~~(2)~~ **(3)** FOR EACH SERVICE LISTED IN THE TREATMENT PLAN, A COMMUNITY-BASED PROVIDER THAT HAS AGREED TO PROVIDE THE SERVICE TO THE RESPONDENT SHALL BE IDENTIFIED TO PROVIDE THE SERVICE.

~~(3)~~ **(4)** A TREATMENT PLAN MAY INCLUDE MEDICATION.

(B) (1) THE CARE COORDINATION TEAM SHALL GIVE THE RESPONDENT, THE RESPONDENT'S GUARDIAN, THE RESPONDENT'S HEALTH CARE AGENT, AND ANY INDIVIDUAL DESIGNATED BY THE RESPONDENT A REASONABLE OPPORTUNITY TO PARTICIPATE IN THE DEVELOPMENT OF THE TREATMENT PLAN.

(2) IF THE RESPONDENT HAS EXECUTED A MENTAL HEALTH ADVANCE DIRECTIVE, THE CARE COORDINATION TEAM SHALL ~~CONSIDER~~ **HONOR** ANY DIRECTIONS INCLUDED IN THE ADVANCE DIRECTIVE IN THE DEVELOPMENT OF THE TREATMENT PLAN IN ACCORDANCE WITH §§ 5-602(A)(2) AND 5-611(A) AND (B) OF THIS ARTICLE.

(3) (1) ~~THE RESPONDENT MAY ELECT TO STIPULATE AT THE HEARING TO THE TREATMENT PLAN IN LIEU OF A CONTESTED HEARING AND THE RESULTING ORDER GIVEN FORCE AND EFFECT SHALL HAVE AN OPPORTUNITY TO VOLUNTARILY AGREE TO THE TREATMENT PLAN.~~

(II) IF THE RESPONDENT VOLUNTARILY AGREES TO THE TREATMENT PLAN, THE CARE COORDINATION TEAM SHALL:

1. NOTIFY THE COURT THAT THE PARTIES ARE DISMISSING THE CASE IN ACCORDANCE WITH MARYLAND RULE 2-506; AND

2. FILE A STIPULATED AGREEMENT THAT INCLUDES THE TREATMENT PLAN.

(4) THE CARE COORDINATION TEAM SHALL PROVIDE TO THE RESPONDENT, THE COUNTY ATTORNEY, AND THE OFFICE OF THE PUBLIC DEFENDER THE TREATMENT PLAN AND THE PROVIDERS THAT ARE INCLUDED IN THE TREATMENT PLAN.

~~(4)~~ **(5)** IF THE CARE COORDINATION TEAM CHANGES THE TREATMENT PLAN OR THE PROVIDERS INCLUDED IN THE TREATMENT PLAN BEFORE THE HEARING CONDUCTED UNDER ~~§ 10-6A-06~~ **§ 10-6A-07** OF THIS SUBTITLE, THE

CARE COORDINATION TEAM SHALL PROMPTLY NOTIFY THE FOLLOWING OF THE CHANGE AND THE JUSTIFICATION OF THE CHANGE:

- (I) THE RESPONDENT;
- (II) THE RESPONDENT’S ATTORNEY;
- (III) THE COUNTY ATTORNEY; AND

(IV) IF APPLICABLE AND KNOWN, THE RESPONDENT’S GUARDIAN AND HEALTH CARE AGENT.

(6) THE CARE COORDINATION TEAM SHALL ASSIST IN CONNECTING THE RESPONDENT TO SERVICES THAT WOULD HELP THE RESPONDENT BE SUCCESSFUL IN ADHERING TO A TREATMENT PLAN, INCLUDING, IF NEEDED, TRANSPORTATION, HOUSING, ACCESSIBILITY SERVICES, AND OTHER SERVICES THAT WOULD ADDRESS THE HEALTH-RELATED SOCIAL NEEDS OF THE RESPONDENT.

~~10-6A-06.~~ 10-6A-07.

(A) (1) ON RECEIPT OF A PETITION FOR ASSISTED OUTPATIENT TREATMENT THAT MEETS THE REQUIREMENTS OF ~~§ 10-6A-03~~ § 10-6A-04 OF THIS SUBTITLE, THE COURT SHALL SCHEDULE THE DATE FOR A HEARING.

(2) THE COURT MAY GRANT A CONTINUANCE OR POSTPONEMENT ONLY FOR GOOD CAUSE SHOWN ~~AND IN CONSIDERATION OF THE NEED TO PROVIDE ASSISTED OUTPATIENT TREATMENT EXPEDITIOUSLY.~~

(3) A HEARING SHALL BE SCHEDULED ONLY IF THE RESPONDENT HAS NOT AGREED TO ENTER VOLUNTARY TREATMENT.

(B) (1) THE RESPONDENT SHALL BE ENTITLED TO BE REPRESENTED BY COUNSEL OF THE RESPONDENT’S CHOICE AT THE HEARING AND AT ALL STAGES OF THE PROCEEDINGS.

(2) IF THE RESPONDENT IS UNABLE TO AFFORD AN ATTORNEY, OR IS UNABLE TO OBTAIN AN ATTORNEY DUE TO THE RESPONDENT’S MENTAL ILLNESS, REPRESENTATION SHALL BE PROVIDED IN ACCORDANCE WITH §§ 16-204 AND 16-208 OF THE CRIMINAL PROCEDURE ARTICLE.

~~(3) ALL RULES OF CIVIL PROCEDURE SHALL APPLY TO CASES FILED UNDER THIS SUBTITLE TO THE EXTENT THAT THEY DO NOT CONFLICT WITH PROCEDURES OR TIMELINESS REQUIRED UNDER THIS SUBTITLE.~~

(4) RESPONDENTS MAY NOT BE REQUIRED TO GIVE TESTIMONY AT HEARINGS UNDER THIS SUBTITLE.

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

(C) AT THE HEARING, THE RESPONDENT SHALL BE GIVEN AN OPPORTUNITY TO PRESENT EVIDENCE, TO CALL WITNESSES ON THE RESPONDENT'S BEHALF, AND TO CROSS-EXAMINE ADVERSE WITNESSES.

(D) (1) THE PETITIONER'S PRESENTATION OF EVIDENCE SHALL INCLUDE THE TESTIMONY OF ~~THE RESPONDENT'S TREATING A~~ PSYCHIATRIST WHOSE MOST RECENT EXAMINATION OF THE RESPONDENT OCCURRED WITHIN 30 DAYS BEFORE THE DATE OF THE PETITION ~~AND WHO RECOMMENDS ASSISTED OUTPATIENT TREATMENT.~~

(2) THE PSYCHIATRIST SHALL STATE THE FACTS AND CLINICAL DETERMINATIONS PROVIDING THE BASIS FOR THE PSYCHIATRIST'S OPINION THAT THE RESPONDENT MEETS EACH OF THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN ~~§ 10-6A-04~~ § 10-6A-05 OF THIS SUBTITLE.

(E) (1) THE PETITIONER'S PRESENTATION OF EVIDENCE SHALL INCLUDE THE TESTIMONY OF A PSYCHIATRIST TO EXPLAIN THE TREATMENT PLAN, WHO:

(I) MAY BE BUT NEED NOT BE THE EXAMINING PSYCHIATRIST WHO TESTIFIED UNDER SUBSECTION (D) OF THIS SECTION; AND

(II) HAS MET WITH THE RESPONDENT OR HAS MADE A GOOD FAITH EFFORT TO MEET WITH THE RESPONDENT, IS FAMILIAR WITH THE RELEVANT HISTORY, TO THE EXTENT PRACTICABLE, AND HAS EXAMINED THE TREATMENT PLAN.

(2) FOR EACH CATEGORY OF PROPOSED TREATMENT, THE PSYCHIATRIST SHALL STATE THE CLINICAL BASIS FOR THE DETERMINATION THAT THE TREATMENT IS ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.

(3) THE PSYCHIATRIST SHALL TESTIFY AS TO THE PARTICIPATION, IF ANY, OF THE RESPONDENT IN THE DEVELOPMENT OF THE TREATMENT PLAN.

~~(4) IF THE RESPONDENT HAS EXECUTED A MENTAL HEALTH ADVANCE DIRECTIVE, THE PSYCHIATRIST SHALL STATE THE CONSIDERATION GIVEN TO ANY DIRECTION INCLUDED IN THE ADVANCE DIRECTIVE IN DEVELOPING THE TREATMENT PLAN.~~

~~10-6A-07.~~ 10-6A-08.

(A) IF, AFTER HEARING ALL RELEVANT EVIDENCE, THE COURT DOES NOT FIND BY CLEAR AND CONVINCING EVIDENCE THAT THE RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT, THE COURT SHALL DENY THE PETITION.

(B) (1) IF, AFTER HEARING ALL RELEVANT EVIDENCE, THE COURT FINDS BY CLEAR AND CONVINCING EVIDENCE THAT THE RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT, THE COURT SHALL ORDER THE RESPONDENT TO COMPLY WITH ASSISTED OUTPATIENT TREATMENT FOR A PERIOD NOT TO EXCEED 1 YEAR.

(2) THE ORDER OF THE COURT SHALL INCORPORATE A TREATMENT PLAN THAT:

(i) IS LIMITED IN SCOPE TO THE ELEMENTS INCLUDED IN THE TREATMENT PLAN PRESENTED TO THE COURT UNDER ~~§ 10-6A-05~~ § 10-6A-06 OF THIS SUBTITLE; AND

(ii) INCLUDES ONLY THOSE ELEMENTS THAT THE COURT FINDS BY CLEAR AND CONVINCING EVIDENCE TO BE ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.

~~10-6A-08.~~ 10-6A-09.

(A) IN THIS SECTION, "MATERIAL CHANGE" MEANS AN ADDITION OR A DELETION OF A CATEGORY OF SERVICES TO OR FROM THE TREATMENT PLAN.

(B) AT ANY TIME DURING THE PERIOD OF AN ORDER FOR ASSISTED OUTPATIENT TREATMENT, A PETITIONER, A CARE COORDINATION TEAM MEMBER, OR A RESPONDENT MAY MOVE THAT THE COURT STAY, VACATE, OR MODIFY THE ORDER.

(C) A RESPONDENT UNDER AN ORDER UNDER THIS SUBTITLE IS NOT REQUIRED TO COMPLY WITH A MATERIAL CHANGE TO THE TREATMENT PLAN UNLESS THE MATERIAL CHANGE IS EXPLICITLY AUTHORIZED IN ADVANCE BY THE TERMS OF THE ORDER OR INCORPORATED BY THE COURT ON A FINDING BY CLEAR

AND CONVINCING EVIDENCE THAT THE MATERIAL CHANGE IS ESSENTIAL TO THE MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.

(D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, NOT LATER THAN 30 DAYS AFTER RECEIVING A MOTION, AND ANY TIMELY RESPONSES TO THE MOTION, FOR A MATERIAL CHANGE TO THE INCORPORATED TREATMENT PLAN, THE COURT SHALL ~~HOLD A HEARING~~ ISSUE A RULING ON THE MOTION AND ANY TIMELY RESPONSES TO THE MOTION.

(2) IF THE RESPONDENT INFORMS THE COURT THAT THE RESPONDENT AGREES TO THE PROPOSED MATERIAL CHANGE, THE COURT MAY INCORPORATE THE MATERIAL CHANGE INTO THE TREATMENT PLAN ~~WITHOUT A HEARING.~~

(E) A RESPONDENT UNDER AN ASSISTED OUTPATIENT TREATMENT ORDER IS REQUIRED TO COMPLY WITH NONMATERIAL CHANGES TO THE TREATMENT PLAN WITHOUT FURTHER ACTION BY THE COURT.

(F) (1) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE A TREATING PSYCHIATRIST TO DELAY CHANGES TO THE RESPONDENT'S TREATMENT PLAN AS CIRCUMSTANCES MAY IMMEDIATELY REQUIRE.

(2) IF A TREATING PSYCHIATRIST MAKES A CHANGE TO A TREATMENT PLAN DUE TO IMMEDIATE NECESSITY, A CARE COORDINATION TEAM MEMBER SHALL NOTIFY THE FOLLOWING:

- (I) THE RESPONDENT;
- (II) THE RESPONDENT'S ATTORNEY; AND
- (III) ~~THE ATTORNEYS FOR THE PETITIONER; AND~~

~~(IV)~~ IF APPLICABLE AND KNOWN, THE RESPONDENT'S GUARDIAN AND HEALTH CARE AGENT.

~~10-6A-09.~~ 10-6A-10.

~~(A) IF, AFTER REASONABLE EFFORTS TO SOLICIT TREATMENT ADHERENCE, THE RESPONDENT HAS MATERIALLY FAILED TO COMPLY WITH AN ORDER OF ASSISTED OUTPATIENT TREATMENT UNDER THIS SUBTITLE, AND THE FAILURE TO ADHERE IS RELEVANT TO THE FACTORS GIVING RISE TO THE PETITION, THE FAILURE TO ADHERE MAY BE CONSIDERED, TOGETHER WITH ANY OTHER RELEVANT~~

~~FACTORS, IN DETERMINING WHETHER THE RESPONDENT MEETS THE CRITERIA FOR AN EMERGENCY EVALUATION UNDER § 10-622 OF THIS TITLE.~~

~~(B)~~ (A) IF THE CARE COORDINATION TEAM HAS KNOWLEDGE OF A PETITION FOR EMERGENCY EVALUATION THAT WAS FILED FOR THE RESPONDENT, A CARE COORDINATION TEAM MEMBER SHALL NOTIFY THE COURT IN WRITING OF THE REASONS FOR AND FINDINGS OF THE EVALUATION.

~~(C)~~ (B) IN RESPONSE TO THE NOTICE OR AT ANY TIME DURING THE PERIOD OF THE ASSISTED OUTPATIENT TREATMENT ORDER AND ON ITS OWN MOTION, THE COURT MAY CONVENE THE PARTIES FOR A CONFERENCE TO REVIEW THE PROGRESS OF THE RESPONDENT.

~~(D)~~ (C) TO THE EXTENT PRACTICABLE, IF A PETITION FOR EMERGENCY EVALUATION OF THE RESPONDENT IS FILED OR IF THE RESPONDENT IS THE SUBJECT OF OTHER COURT INVOLVEMENT, THE PETITIONER SHALL NOTIFY THE RESPONDENT'S CARE COORDINATION TEAM OF THE PETITION OR OTHER COURT INVOLVEMENT.

~~(E)~~ (D) FAILURE TO COMPLY WITH AN ORDER OF ASSISTED OUTPATIENT TREATMENT IS NOT GROUNDS FOR A FINDING OF CONTEMPT OF COURT OR FOR INVOLUNTARY ADMISSION UNDER THIS TITLE.

~~10-6A-10.~~ 10-6A-11.

(A) WITHIN 30 DAYS BEFORE THE EXPIRATION OF AN ORDER OF ASSISTED OUTPATIENT TREATMENT, ~~A PETITIONER MAY PETITION THE COURT TO ORDER CONTINUED ASSISTED OUTPATIENT TREATMENT FOR A PERIOD NOT TO EXCEED 1 YEAR FROM THE DATE OF THE EXPIRATION OF THE CURRENT ORDER~~ THE RESPONDENT'S CARE COORDINATION TEAM SHALL PROVIDE THE RESPONDENT WITH A PLAN FOR CONTINUED TREATMENT, IF CONSIDERED NECESSARY.

~~(B) IF THE COURT'S DISPOSITION OF A PETITION FILED UNDER SUBSECTION (A) OF THIS SECTION DOES NOT OCCUR BEFORE THE DATE OF THE EXPIRATION OF THE CURRENT ORDER, THE CURRENT ORDER SHALL REMAIN IN EFFECT UNTIL THE DISPOSITION.~~

~~(C) THE PROCEDURES FOR OBTAINING ANY ORDER UNDER THIS SECTION SHALL BE IN ACCORDANCE WITH THE PROVISIONS OF THIS SUBTITLE.~~

~~(D) IF AN ASSISTED OUTPATIENT TREATMENT ORDER IS VACATED OR ALLOWED TO EXPIRE, THE CARE COORDINATION TEAM SHALL PROVIDE THE RESPONDENT WITH A PLAN FOR RECOMMENDED CONTINUED TREATMENT AND ASSIST WITH ANY NECESSARY TRANSFER TO APPROPRIATE PROVIDERS.~~

~~10-6A-11.~~ 10-6A-12.

(A) ON OR BEFORE DECEMBER 1 EACH YEAR, THE ADMINISTRATION SHALL SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, A REPORT ON EACH PROGRAM ESTABLISHED UNDER THIS SUBTITLE THAT INCLUDES:

(1) THE NUMBER OF INDIVIDUALS WHO WERE ORDERED TO RECEIVE ASSISTED OUTPATIENT TREATMENT DURING THE IMMEDIATELY PRECEDING 12-MONTH PERIOD;

(2) FOR EACH INDIVIDUAL ORDERED TO RECEIVE AN ASSISTED OUTPATIENT TREATMENT DURING THE IMMEDIATELY PRECEDING 12-MONTH PERIOD, THE DE-IDENTIFIED DATA ON THE FOLLOWING FOR THE 12-MONTH PERIOD IMMEDIATELY PRECEDING THE ASSISTED OUTPATIENT TREATMENT ORDER AND THE MOST RECENT 12-MONTH PERIOD FOLLOWING THE ASSISTED OUTPATIENT TREATMENT ORDER:

(I) INCIDENCES OF HOSPITALIZATIONS, INCLUDING THE NUMBER OF DAYS SPENT HOSPITALIZED;

(II) ARRESTS; AND

(III) NUMBER OF DAYS SPENT INCARCERATED; ~~AND~~

~~(IV) NUMBER OF DAYS SPENT UNHOUSED; AND~~

(3) PROGRAM STATISTICS FOR THE IMMEDIATELY PRECEDING 12-MONTH PERIOD, INCLUDING:

(I) THE NUMBER OF PETITIONS FILED;

(II) THE NUMBER OF RESPONDENTS UNDER AN ORDER FOR ASSISTED OUTPATIENT TREATMENT, INCLUDING THOSE UNDER ORDER BY STIPULATED AGREEMENT;

(III) THE NUMBER OF ~~RESPONDENTS UNDER RENEWED ORDERS FOR ASSISTED OUTPATIENT TREATMENT, INCLUDING THOSE UNDER ORDER BY STIPULATED AGREEMENT~~ VOLUNTARY AGREEMENTS MADE BY RESPONDENTS TO COMPLY WITH A TREATMENT PLAN;

(IV) DE-IDENTIFIED DEMOGRAPHIC DATA FOR ASSISTED OUTPATIENT TREATMENT PROGRAM RECIPIENTS, INCLUDING ~~RACE AND ETHNICITY~~, TO THE EXTENT AVAILABLE:

- 1. AVERAGE AGE;**
- 2. LIVING SITUATION AT THE TIME OF THE ISSUANCE OF THE ASSISTED OUTPATIENT TREATMENT ORDER;**
- 3. LIVING SITUATION AT THE TIME OF THE EXPIRATION OF THE ASSISTED OUTPATIENT TREATMENT ORDER;**
- 4. GENDER;**
- 5. MARITAL STATUS;**
- 6. RACE AND ETHNICITY;**
- 7. RELIGION;**
- 8. FAMILIAL STATUS;**
- 9. NATIONAL ORIGIN;**
- 10. SEXUAL ORIENTATION;**
- 11. GENDER IDENTITY; AND**
- 12. DISABILITY;**

(V) DE-IDENTIFIED INFORMATION ON DIAGNOSES OF ASSISTED OUTPATIENT TREATMENT RECIPIENTS;

(VI) DE-IDENTIFIED RESULTS FROM THE USE OF A CLINICALLY VALIDATED SYMPTOM TOOL TO ASSESS RESPONSIVENESS OF RESPONDENTS TO TREATMENT; AND

~~(v)~~ (VII) A DE-IDENTIFIED RESULTS OF A SURVEY OF THE SATISFACTION OF RESPONDENTS UNDER AN ORDER FOR ASSISTED OUTPATIENT TREATMENT;

(4) ANY INFORMATION THE DEPARTMENT HAS ABOUT SYSTEM-WIDE IMPACTS OF ASSISTED OUTPATIENT TREATMENT ORDERED UNDER THIS SUBTITLE,

INCLUDING ANY INFORMATION FROM HOSPITALS, LOCAL DETENTION CENTERS, AND COUNTIES; AND

(5) INFORMATION ABOUT THE COSTS INCURRED BY THE DEPARTMENT, THE ADMINISTRATION, AND ANY COUNTY THAT ESTABLISHES AN ASSISTED TREATMENT PROGRAM UNDER THIS SUBTITLE, INCLUDING COSTS FOR:

(I) ATTORNEYS;

(II) EXPERT WITNESSES; AND

(III) THE PROVISION OF SERVICES PROVIDED UNDER AN ASSISTED OUTPATIENT TREATMENT ORDER.

(B) EACH COUNTY SHALL PROVIDE INFORMATION TO THE ADMINISTRATION THAT THE ADMINISTRATION DETERMINES IS NECESSARY FOR THE PURPOSE OF COMPLYING WITH SUBSECTION (A) OF THIS SECTION.

(C) THIS SECTION MAY NOT BE CONSTRUED TO PROHIBIT OR PREVENT THE COLLECTION OF ADDITIONAL DATA, INCLUDING ADDITIONAL DEMOGRAPHIC INFORMATION OR OTHER DATA NECESSARY FOR PROGRAM EVALUATION OR IMPROVEMENT, AS REQUESTED BY THE GENERAL ASSEMBLY OR THE EXECUTIVE BRANCH OF STATE GOVERNMENT.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 1, 2025, a county shall notify the Maryland Department of Health regarding whether the county intends to establish an assisted outpatient treatment program under § 10-6A-03(a)(1) of the Health – General Article, as enacted by Section 1 of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect July 1, 2025. It shall remain effective for a period of 5 years and, at the end of June 30, 2030, Section 1 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.

SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section 3 of this Act, this Act shall take effect July 1, 2024.

Approved by the Governor, May 16, 2024.