

# SENATE BILL 453

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CF HB 576

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By: **The President (By Request – Administration) and Senators Lewis Young, Beidle, Brooks, Carter, Charles, Folden, Gile, Hershey, McKay, Ready, Waldstreicher, and West West, Ellis, Hayes, and A. Washington**

Introduced and read first time: January 22, 2024

Assigned to: Finance

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 19, 2024

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

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

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

17 ~~BY repealing and reenacting, with amendments,~~  
18 ~~Article – Health – General~~  
19 ~~Section 10-624 and 10-625~~  
20 ~~Annotated Code of Maryland~~  
21 ~~(2023 Replacement Volume)~~

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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



1 BY repealing and reenacting, with amendments,  
2 Article – Criminal Procedure  
3 Section 16–204(b)(1)  
4 Annotated Code of Maryland  
5 (2018 Replacement Volume and 2023 Supplement)

6 BY adding to  
7 Article – Criminal Procedure  
8 Section 16–204(c)  
9 Annotated Code of Maryland  
10 (2018 Replacement Volume and 2023 Supplement)

11 BY adding to  
12 Article – Health – General  
13 Section 10–6A–01 through ~~10–6A–11~~ 10–6A–12 to be under the new subtitle  
14 “Subtitle 6A. Assisted Outpatient Treatment Programs”  
15 Annotated Code of Maryland  
16 (2023 Replacement Volume)

17 Preamble

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

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

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

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

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

32 WHEREAS, Civil commitment to outpatient care combined with adequate resources  
33 for treatment and monitoring, known in many states as “assisted outpatient treatment”, is  
34 a federally recognized best practice for improving treatment adherence and outcomes  
35 among individuals with histories of repeated psychiatric crises while reducing systemic  
36 costs through avoided hospitalization; and

1 WHEREAS, Maryland is one of only three remaining states without statutory  
2 authority for a civil court to order an individual to adhere to outpatient care; now, therefore,

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

5 ~~Article — Health — General~~

6 ~~10-624.~~

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

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

11 ~~(ii) Is signed and submitted by a physician, psychologist, clinical~~  
12 ~~social worker, licensed clinical professional counselor, clinical nurse specialist in~~  
13 ~~psychiatric and mental health nursing, psychiatric nurse practitioner, licensed clinical~~  
14 ~~marriage and family therapist, health officer or designee of a health officer, or peace officer.~~

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

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

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

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

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

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

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

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

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

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

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

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

8           ~~(4) Promptly after the examination, the emergency evaluate shall be~~  
9 ~~released unless the emergency evaluate:~~

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

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

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

14 ~~10-625.~~

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

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

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

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

29           ~~(2) The notice required under paragraph (1) of this subsection shall include~~  
30 ~~any legal documents relating to the acceptance of the emergency evaluate into the~~  
31 ~~emergency facility, including the emergency petition, application for involuntary~~  
32 ~~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.**

1 Article – Health – General

2 SUBTITLE 6A. ASSISTED OUTPATIENT TREATMENT PROGRAMS.

3 10-6A-01.

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

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

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

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

14 (E) “HARM TO THE INDIVIDUAL” MEANS:

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

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

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

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

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

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

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

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

27 ~~(2) IF NOT TREATED, CREATES A SUBSTANTIAL RISK OF SERIOUS~~  
28 ~~HARM TO THE INDIVIDUAL OR HARM TO OTHERS~~ MENTAL ILLNESS THAT IS SEVERE

1 IN DEGREE AND PERSISTENT IN DURATION, THAT CAUSES A SUBSTANTIALLY  
2 DIMINISHED LEVEL OF FUNCTIONING IN THE PRIMARY ASPECTS OF DAILY LIVING  
3 AND AN INABILITY TO MEET THE ORDINARY DEMANDS OF LIFE, AND THAT MAY LEAD  
4 TO AN INABILITY TO MAINTAIN INDEPENDENT FUNCTIONING IN THE COMMUNITY  
5 WITHOUT INTENSIVE TREATMENT AND SUPPORT.

6 (I) "TREATMENT PLAN" MEANS A PLAN DEVELOPED BY A CARE  
7 COORDINATION TEAM THAT:

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

11 (2) INCLUDES, AT A MINIMUM:

12 (I) SERVICES OF A TREATING PSYCHIATRIST;

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

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

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

18 AND

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

21 10-6A-02.

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

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

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

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

29 (1) ANY CIVIL SERVICE RANKING OR APPOINTMENT;

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

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

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

7 ~~10-6A-02.~~ **10-6A-03.**

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

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

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

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

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

21                   **(I) A PSYCHIATRIST;**

22                   **(II) A CASE MANAGER;**

23                   **(III) A CERTIFIED PEER RECOVERY SPECIALIST;**

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

27                   **(V) ANY OTHER INDIVIDUALS REQUIRED BY THE DEPARTMENT**  
28 **IN REGULATION.**



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

4 ~~10-6A-03.~~ 10-6A-04.

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

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

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

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

15                   **(3) THAT THE PETITIONER HAS REASON TO BELIEVE THE**  
16 **RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN §**  
17 **~~10-6A-04~~ § 10-6A-05 OF THIS SUBTITLE; AND**

18                   **(4) FOR EACH CRITERION FOR ASSISTED OUTPATIENT TREATMENT IN**  
19 **~~§ 10-6A-04~~ § 10-6A-05 OF THIS SUBTITLE, THE SPECIFIC ALLEGATIONS OF FACT**  
20 **THAT SUPPORT THE PETITIONER'S BELIEF THAT THE RESPONDENT MEETS THE**  
21 **CRITERION.**

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

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

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

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

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

4           **(I) THE RESPONDENT;**

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

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

9           **(IV) THE COUNTY ATTORNEY; AND**

10           **(V) IF APPLICABLE AND KNOWN, THE RESPONDENT'S**  
 11 **GUARDIAN AND HEALTH CARE AGENT.**

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

14 ~~10-6A-04.~~ 10-6A-05.

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

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

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

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

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

28           **(II) AT LEAST ONCE WITHIN THE 36-MONTH PERIOD**  
 29 **IMMEDIATELY PRECEDING THE FILING OF THE PETITION, RESULTED IN AN ACT OF**  
 30 **SERIOUS VIOLENT BEHAVIOR TOWARD SELF OR OTHERS, OR ~~CREDIBLE THREAT OF,~~**  
 31 **~~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:

- 1 (I) THE RESPONDENT;
- 2 (II) THE RESPONDENT'S ATTORNEY; AND
- 3 (III) IF APPLICABLE AND KNOWN, THE RESPONDENT'S
- 4 GUARDIAN AND HEALTH CARE AGENT.

5 (2) A TREATMENT PLAN DEVELOPED BY THE CARE COORDINATION

6 TEAM SHALL BE:

- 7 (I) RECOVERY-ORIENTED; AND
- 8 (II) CONSISTENT WITH EVIDENCE-BASED AND EVOLVING BEST
- 9 PRACTICES IN THE TREATMENT OF SERIOUS AND PERSISTENT MENTAL ILLNESS.

10 ~~(2)~~ (3) FOR EACH SERVICE LISTED IN THE TREATMENT PLAN, A

11 COMMUNITY-BASED PROVIDER THAT HAS AGREED TO PROVIDE THE SERVICE TO

12 THE RESPONDENT SHALL BE IDENTIFIED TO PROVIDE THE SERVICE.

13 ~~(3)~~ (4) A TREATMENT PLAN MAY INCLUDE MEDICATION.

14 (B) (1) THE CARE COORDINATION TEAM SHALL GIVE THE RESPONDENT,

15 THE RESPONDENT'S GUARDIAN, THE RESPONDENT'S HEALTH CARE AGENT, AND ANY

16 INDIVIDUAL DESIGNATED BY THE RESPONDENT A REASONABLE OPPORTUNITY TO

17 PARTICIPATE IN THE DEVELOPMENT OF THE TREATMENT PLAN.

18 (2) IF THE RESPONDENT HAS EXECUTED A MENTAL HEALTH ADVANCE

19 DIRECTIVE, THE CARE COORDINATION TEAM SHALL ~~CONSIDER~~ HONOR ANY

20 DIRECTIONS INCLUDED IN THE ADVANCE DIRECTIVE IN THE DEVELOPMENT OF THE

21 TREATMENT PLAN IN ACCORDANCE WITH §§ 5-602(A)(2) AND 5-611(A) AND (B) OF

22 THIS ARTICLE.

23 (3) (I) ~~THE RESPONDENT MAY ELECT TO STIPULATE AT THE~~

24 ~~HEARING TO THE TREATMENT PLAN IN LIEU OF A CONTESTED HEARING AND THE~~

25 ~~RESULTING ORDER GIVEN FORCE AND EFFECT SHALL HAVE AN OPPORTUNITY TO~~

26 VOLUNTARILY AGREE TO THE TREATMENT PLAN.

27 (II) IF THE RESPONDENT VOLUNTARILY AGREES TO THE

28 TREATMENT PLAN, THE CARE COORDINATION TEAM SHALL:

29 1. NOTIFY THE COURT THAT THE PARTIES ARE

30 DISMISSING THE CASE IN ACCORDANCE WITH MARYLAND RULE 2-506; AND

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

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

7                       ~~(4)~~ **(5) IF THE CARE COORDINATION TEAM CHANGES THE**  
8 **TREATMENT PLAN OR THE PROVIDERS INCLUDED IN THE TREATMENT PLAN BEFORE**  
9 **THE HEARING CONDUCTED UNDER ~~§ 10-6A-06~~ § 10-6A-07 OF THIS SUBTITLE, THE**  
10 **CARE COORDINATION TEAM SHALL PROMPTLY NOTIFY THE FOLLOWING OF THE**  
11 **CHANGE AND THE JUSTIFICATION OF THE CHANGE:**

12                               **(I) THE RESPONDENT;**

13                               **(II) THE RESPONDENT’S ATTORNEY;**

14                               **(III) THE COUNTY ATTORNEY; AND**

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

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

23 ~~10-6A-06. 10-6A-07.~~

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

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

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

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

4           **(2) IF THE RESPONDENT IS UNABLE TO AFFORD AN ATTORNEY, OR IS**  
5 **UNABLE TO OBTAIN AN ATTORNEY DUE TO THE RESPONDENT'S MENTAL ILLNESS,**  
6 **REPRESENTATION SHALL BE PROVIDED IN ACCORDANCE WITH §§ 16-204 AND**  
7 **16-208 OF THE CRIMINAL PROCEDURE ARTICLE.**

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

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

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

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

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

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

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

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

32                   **(II) HAS MET WITH THE RESPONDENT OR HAS MADE A GOOD**  
33 **FAITH EFFORT TO MEET WITH THE RESPONDENT, IS FAMILIAR WITH THE RELEVANT**

1 HISTORY, TO THE EXTENT PRACTICABLE, AND HAS EXAMINED THE TREATMENT  
2 PLAN.

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

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

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

13 ~~10-6A-07. 10-6A-08.~~

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

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

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

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

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

31 ~~10-6A-08. 10-6A-09.~~

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

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

5 (C) A RESPONDENT UNDER AN ORDER UNDER THIS SUBTITLE IS NOT  
6 REQUIRED TO COMPLY WITH A MATERIAL CHANGE TO THE TREATMENT PLAN  
7 UNLESS THE MATERIAL CHANGE IS EXPLICITLY AUTHORIZED IN ADVANCE BY THE  
8 TERMS OF THE ORDER OR INCORPORATED BY THE COURT ON A FINDING BY CLEAR  
9 AND CONVINCING EVIDENCE THAT THE MATERIAL CHANGE IS ESSENTIAL TO THE  
10 MAINTENANCE OF THE RESPONDENT'S HEALTH OR SAFETY.

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

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

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

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

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

29 (I) THE RESPONDENT;

30 (II) THE RESPONDENT'S ATTORNEY; AND

31 (III) ~~THE ATTORNEYS FOR THE PETITIONER; AND~~

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



1 ~~10-6A-09.~~ 10-6A-10.

2 ~~(A) IF, AFTER REASONABLE EFFORTS TO SOLICIT TREATMENT ADHERENCE,~~  
3 ~~THE RESPONDENT HAS MATERIALLY FAILED TO COMPLY WITH AN ORDER OF~~  
4 ~~ASSISTED OUTPATIENT TREATMENT UNDER THIS SUBTITLE, AND THE FAILURE TO~~  
5 ~~ADHERE IS RELEVANT TO THE FACTORS GIVING RISE TO THE PETITION, THE~~  
6 ~~FAILURE TO ADHERE MAY BE CONSIDERED, TOGETHER WITH ANY OTHER RELEVANT~~  
7 ~~FACTORS, IN DETERMINING WHETHER THE RESPONDENT MEETS THE CRITERIA FOR~~  
8 ~~AN EMERGENCY EVALUATION UNDER § 10-622 OF THIS TITLE.~~

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

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

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

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

25 ~~10-6A-10.~~ 10-6A-11.

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

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

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

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

7 ~~10-6A-11. 10-6A-12.~~

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

12        (1) THE NUMBER OF INDIVIDUALS WHO WERE ORDERED TO RECEIVE  
13 ASSISTED OUTPATIENT TREATMENT DURING THE IMMEDIATELY PRECEDING  
14 12-MONTH PERIOD;

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

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

23                (II) ARRESTS; AND

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

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

26        (3) PROGRAM STATISTICS FOR THE IMMEDIATELY PRECEDING  
27 12-MONTH PERIOD, INCLUDING:

28                (I) THE NUMBER OF PETITIONS FILED;

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

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

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

8                   1. AVERAGE AGE;

9                   2. LIVING SITUATION AT THE TIME OF THE ISSUANCE OF  
10 THE ASSISTED OUTPATIENT TREATMENT ORDER;

11                   3. LIVING SITUATION AT THE TIME OF THE EXPIRATION  
12 OF THE ASSISTED OUTPATIENT TREATMENT ORDER;

13                   4. GENDER;

14                   5. MARITAL STATUS;

15                   6. RACE AND ETHNICITY;

16                   7. RELIGION;

17                   8. FAMILIAL STATUS;

18                   9. NATIONAL ORIGIN;

19                   10. SEXUAL ORIENTATION;

20                   11. GENDER IDENTITY; AND

21                   12. DISABILITY;

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

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

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

4                   **(4) ANY INFORMATION THE DEPARTMENT HAS ABOUT SYSTEM-WIDE**  
5 **IMPACTS OF ASSISTED OUTPATIENT TREATMENT ORDERED UNDER THIS SUBTITLE,**  
6 **INCLUDING ANY INFORMATION FROM HOSPITALS, LOCAL DETENTION CENTERS, AND**  
7 **COUNTIES; AND**

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

11                   **(I) ATTORNEYS;**

12                   **(II) EXPERT WITNESSES; AND**

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

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

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

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

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

31                   SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section  
32 3 of this Act, this Act shall take effect July 1, 2024.