

# HOUSE BILL 576

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CF SB 453

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By: **The Speaker (By Request – Administration) and Delegates S. Johnson, Allen, Alston, Amprey, Anderton, Bagnall, Bartlett, Bhandari, Bofo, Bouchat, Boyce, Charkoudian, Crutchfield, Ebersole, Fennell, Foley, Forbes, Grossman, Guyton, Guzzone, Harris, Harrison, Henson, Hill, Hornberger, Jackson, A. Johnson, D. Jones, Kaiser, Kaufman, Kipke, J. Long, Lopez, Love, Martinez, McCaskill, Munoz, Palakovich Carr, Pasteur, Patterson, Phillips, Pruski, Roberson, Roberts, Ruff, Ruth, Simmons, Simpson, Spiegel, Taveras, Taylor, Toles, Tomlinson, Turner, Valderrama, Watson, Williams, and Wu**

Introduced and read first time: January 24, 2024

Assigned to: Health and Government Operations

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## A BILL ENTITLED

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 evaluatee to a  
6 nearby emergency facility, rather than the nearest emergency facility; authorizing a  
7 psychiatric nurse practitioner to evaluate an emergency evaluatee for purposes of  
8 involuntary admission; authorizing the Maryland Department of Health to require  
9 the admission of an emergency evaluatee 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 Office of the Public Defender to provide representation in assisted  
13 outpatient treatment proceedings; and generally relating to the procedures for  
14 emergency evaluation and involuntary admission and assisted outpatient treatment  
15 programs.

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

21 BY repealing and reenacting, with amendments,

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Article – Criminal Procedure  
2 Section 16–204(b)(1)  
3 Annotated Code of Maryland  
4 (2018 Replacement Volume and 2023 Supplement)

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

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

16 Preamble

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

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

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

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

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

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

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

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

3 **Article – Health – General**

4 10–624.

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

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

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

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

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

15 (ii) Transmitted and received electronically.

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

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

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

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

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

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

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

2 (ii) Transmitted and received electronically.

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

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

9 (i) Asks for voluntary admission; or

10 (ii) Meets the requirements for involuntary admission.

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

13 10–625.

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

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

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

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

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

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

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

3 **Article – Criminal Procedure**

4 16–204.

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

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

9 (ii) a criminal or juvenile proceeding in which an attorney is  
10 constitutionally required to be present prior to presentment being made before a  
11 commissioner or judge;

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

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

16 (v) a proceeding involving children in need of assistance under §  
17 3–813 of the Courts Article; [or]

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

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

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

24 3. an appeal; **OR**

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

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

30 **Article – Health – General**

1           **SUBTITLE 6A. ASSISTED OUTPATIENT TREATMENT PROGRAMS.**

2   **10-6A-01.**

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

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

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

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

13           **(E) “HARM TO THE INDIVIDUAL” MEANS:**

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

15                   **(2) FAILURE TO PROTECT ONESELF FROM DANGER;**

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

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

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

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

21           **(H) “SERIOUS MENTAL ILLNESS” MEANS A SUBSTANTIAL DISORDER OF**  
22 **THOUGHT, MOOD, OR ORIENTATION THAT:**

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

25                   **(2) IF NOT TREATED, CREATES A SUBSTANTIAL RISK OF SERIOUS**  
26 **HARM TO THE INDIVIDUAL OR HARM TO OTHERS.**

1           **(I) "TREATMENT PLAN" MEANS A PLAN DEVELOPED BY A CARE**  
2 **COORDINATION TEAM THAT:**

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

6           **(2) INCLUDES, AT A MINIMUM:**

7                   **(I) SERVICES OF A TREATING PSYCHIATRIST;**

8                   **(II) CASE MANAGEMENT OR ASSERTIVE COMMUNITY**  
9 **TREATMENT SERVICES; AND**

10                   **(III) IF RESOURCES PERMIT, SERVICES OF A CERTIFIED PEER**  
11 **RECOVERY SPECIALIST.**

12 **10-6A-02.**

13           **(A) (1) A COUNTY SHALL ESTABLISH AN ASSISTED OUTPATIENT**  
14 **TREATMENT PROGRAM IN ACCORDANCE WITH THIS SUBTITLE.**

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

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

20 **10-6A-03.**

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

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

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

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

2           **(3) THAT THE PETITIONER HAS REASON TO BELIEVE THE**  
3 **RESPONDENT MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT IN §**  
4 **10-6A-04 OF THIS SUBTITLE; AND**

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

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

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

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

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

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

23                   **(I) THE RESPONDENT;**

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

26                   **(III) THE LOCAL BEHAVIORAL HEALTH AUTHORITY OR THE**  
27 **COUNTY'S CORE SERVICE AGENCY;**

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

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



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

3 **10-6A-04.**

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

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

8                   **(2) THE RESPONDENT HAS A SERIOUS MENTAL ILLNESS;**

9                   **(3) THE RESPONDENT HAS DEMONSTRATED A LACK OF ADHERENCE**  
10 **WITH TREATMENT FOR THE SERIOUS MENTAL ILLNESS THAT HAS:**

11                           **(I) AT LEAST TWICE WITHIN THE 36-MONTH PERIOD**  
12 **IMMEDIATELY PRECEDING THE FILING OF THE PETITION, BEEN A SIGNIFICANT**  
13 **FACTOR IN NECESSITATING HOSPITAL INPATIENT PSYCHIATRIC SERVICES OR**  
14 **RECEIPT OF PSYCHIATRIC SERVICES IN A CORRECTIONAL FACILITY;**

15                           **(II) AT LEAST ONCE WITHIN THE 36-MONTH PERIOD**  
16 **IMMEDIATELY PRECEDING THE FILING OF THE PETITION, RESULTED IN AN ACT OF**  
17 **SERIOUS VIOLENT BEHAVIOR TOWARD SELF OR OTHERS, OR CREDIBLE THREAT OF,**  
18 **OR ATTEMPT AT, SERIOUS PHYSICAL HARM TO THE INDIVIDUAL OR HARM TO**  
19 **OTHERS; OR**

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

25                   **(4) IN VIEW OF THE RESPONDENT'S TREATMENT HISTORY AND**  
26 **BEHAVIOR AT THE TIME THE PETITION IS FILED, THE RESPONDENT IS IN NEED OF**  
27 **ASSISTED OUTPATIENT TREATMENT IN ORDER TO PREVENT A RELAPSE OR**  
28 **DETERIORATION THAT WOULD CREATE A SUBSTANTIAL RISK OF SERIOUS HARM TO**  
29 **THE INDIVIDUAL OR HARM TO OTHERS;**

30                   **(5) THE RESPONDENT IS UNLIKELY TO ADEQUATELY ADHERE TO**  
31 **OUTPATIENT TREATMENT ON A VOLUNTARY BASIS, AS DEMONSTRATED BY THE**  
32 **RESPONDENT'S:**

1 (I) HISTORY OF TREATMENT NONADHERENCE IN THE  
2 36-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE PETITION; OR

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

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

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

12 10-6A-05.

13 (A) (1) AFTER THE FILING OF THE PETITION WITH THE COURT UNDER §  
14 10-6A-03 OF THIS SUBTITLE, BUT NOT LATER THAN THE DATE OF THE  
15 PSYCHIATRIST'S TESTIMONY REQUIRED UNDER § 10-6A-06 OF THIS SUBTITLE, THE  
16 CARE COORDINATION TEAM SHALL DEVELOP A TREATMENT PLAN AND PROVIDE A  
17 COPY IN WRITING TO:

18 (I) THE RESPONDENT;

19 (II) THE RESPONDENT'S ATTORNEY; AND

20 (III) IF APPLICABLE AND KNOWN, THE RESPONDENT'S  
21 GUARDIAN AND HEALTH CARE AGENT.

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

25 (3) A TREATMENT PLAN MAY INCLUDE MEDICATION.

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

30 (2) IF THE RESPONDENT HAS EXECUTED A MENTAL HEALTH ADVANCE  
31 DIRECTIVE, THE CARE COORDINATION TEAM SHALL CONSIDER ANY DIRECTIONS

1 INCLUDED IN THE ADVANCE DIRECTIVE IN THE DEVELOPMENT OF THE TREATMENT  
2 PLAN IN ACCORDANCE WITH §§ 5-602(A)(2) AND 5-611(A) AND (B) OF THIS ARTICLE.

3 (3) THE RESPONDENT MAY ELECT TO STIPULATE AT THE HEARING TO  
4 THE TREATMENT PLAN IN LIEU OF A CONTESTED HEARING AND THE RESULTING  
5 ORDER GIVEN FORCE AND EFFECT.

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

11 (I) THE RESPONDENT;

12 (II) THE RESPONDENT'S ATTORNEY;

13 (III) THE COUNTY ATTORNEY; AND

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

16 10-6A-06.

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

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

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

26 (2) IF THE RESPONDENT IS UNABLE TO AFFORD AN ATTORNEY, OR IS  
27 UNABLE TO OBTAIN AN ATTORNEY DUE TO THE RESPONDENT'S MENTAL ILLNESS,  
28 REPRESENTATION SHALL BE PROVIDED IN ACCORDANCE WITH §§ 16-204 AND  
29 16-208 OF THE CRIMINAL PROCEDURE ARTICLE.

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

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

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

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

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

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

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

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

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

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

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

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

7 **10-6A-07.**

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

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

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

19                   **(I) IS LIMITED IN SCOPE TO THE ELEMENTS INCLUDED IN THE**  
20 **TREATMENT PLAN PRESENTED TO THE COURT UNDER § 10-6A-05 OF THIS**  
21 **SUBTITLE; AND**

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

25 **10-6A-08.**

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

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

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

7 (D) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, NOT LATER  
8 THAN 30 DAYS AFTER RECEIVING A MOTION FOR A MATERIAL CHANGE TO THE  
9 INCORPORATED TREATMENT PLAN, THE COURT SHALL HOLD A HEARING.

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

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

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

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

23 (I) THE RESPONDENT;

24 (II) THE RESPONDENT'S ATTORNEY;

25 (III) THE ATTORNEYS FOR THE PETITIONER; AND

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

28 10-6A-09.

29 (A) IF, AFTER REASONABLE EFFORTS TO SOLICIT TREATMENT ADHERENCE,  
30 THE RESPONDENT HAS MATERIALLY FAILED TO COMPLY WITH AN ORDER OF  
31 ASSISTED OUTPATIENT TREATMENT UNDER THIS SUBTITLE, AND THE FAILURE TO  
32 ADHERE IS RELEVANT TO THE FACTORS GIVING RISE TO THE PETITION, THE

1 FAILURE TO ADHERE MAY BE CONSIDERED, TOGETHER WITH ANY OTHER RELEVANT  
2 FACTORS, IN DETERMINING WHETHER THE RESPONDENT MEETS THE CRITERIA FOR  
3 AN EMERGENCY EVALUATION UNDER § 10-622 OF THIS TITLE.

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

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

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

17 (E) FAILURE TO COMPLY WITH AN ORDER OF ASSISTED OUTPATIENT  
18 TREATMENT IS NOT GROUNDS FOR A FINDING OF CONTEMPT OF COURT.

19 10-6A-10.

20 (A) WITHIN 30 DAYS BEFORE THE EXPIRATION OF AN ORDER OF ASSISTED  
21 OUTPATIENT TREATMENT, A PETITIONER MAY PETITION THE COURT TO ORDER  
22 CONTINUED ASSISTED OUTPATIENT TREATMENT FOR A PERIOD NOT TO EXCEED 1  
23 YEAR FROM THE DATE OF THE EXPIRATION OF THE CURRENT ORDER.

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

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

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

1 **10-6A-11.**

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

6 (1) THE NUMBER OF INDIVIDUALS WHO WERE ORDERED TO RECEIVE  
7 ASSISTED OUTPATIENT TREATMENT DURING THE IMMEDIATELY PRECEDING  
8 12-MONTH PERIOD;

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

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

17 (II) ARRESTS;

18 (III) NUMBER OF DAYS SPENT INCARCERATED; AND

19 (IV) NUMBER OF DAYS SPENT UNHOUSED; AND

20 (3) PROGRAM STATISTICS FOR THE IMMEDIATELY PRECEDING  
21 12-MONTH PERIOD, INCLUDING:

22 (I) THE NUMBER OF PETITIONS FILED;

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

26 (III) THE NUMBER OF RESPONDENTS UNDER RENEWED ORDERS  
27 FOR ASSISTED OUTPATIENT TREATMENT, INCLUDING THOSE UNDER ORDER BY  
28 STIPULATED AGREEMENT;

29 (IV) DE-IDENTIFIED DEMOGRAPHIC DATA FOR ASSISTED  
30 OUTPATIENT TREATMENT PROGRAM RECIPIENTS, INCLUDING RACE AND  
31 ETHNICITY; AND



1                   **(V) A SURVEY OF THE SATISFACTION OF RESPONDENTS UNDER**  
2 **AN ORDER FOR ASSISTED OUTPATIENT TREATMENT.**

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

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

11           SECTION 3. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take  
12 effect July 1, 2025.

13           SECTION 4. AND BE IT FURTHER ENACTED, That, except as provided in Section  
14 3 of this Act, this Act shall take effect July 1, 2024.