

HOUSE BILL 441

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6lr2427

By: **Delegate W. Miller**

Introduced and read first time: January 29, 2016

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Assisted Outpatient Treatment and Mobile Crisis Teams**

3 FOR the purpose of providing that an application for assisted outpatient treatment may be
4 submitted to a court by certain individuals; requiring that the application include
5 certain information; requiring an applicant to provide to the court and a certain
6 individual a certain treatment plan before a certain hearing is held; providing that
7 a certain treating physician does not have to be the physician who supported a
8 certain application; requiring, under certain circumstances, a certain treatment plan
9 to include certain information regarding medication; requiring a treating physician
10 to take certain actions when a treatment plan is being developed; requiring, except
11 under certain circumstances, a court to hold a hearing on a certain application within
12 a certain time period; requiring that a certain individual be represented by counsel
13 at certain proceedings and be given the opportunity to take certain actions;
14 authorizing, under certain circumstances, the court to hold the hearing in the
15 absence of a certain individual; authorizing, under certain circumstances, the court
16 to request a certain individual to consent to an examination by a certain physician;
17 authorizing, under certain circumstances, the court to order a certain individual to
18 be taken into custody and transported to a hospital for a certain examination;
19 prohibiting a certain individual from being held for more than a certain number of
20 hours; requiring certain physicians to testify at a certain hearing and to make certain
21 statements; prohibiting the court from prohibiting an applicant from presenting
22 certain evidence; authorizing, under certain circumstances, a court to order assisted
23 outpatient treatment for a certain individual; requiring a certain order to include a
24 certain treatment plan; prohibiting a certain order from being effective for more than
25 a certain period of time; requiring, under certain circumstances, a court to deny a
26 certain application; authorizing a certain individual to submit certain motions to the
27 court during a certain time period; requiring a treating physician to apply to the
28 court for approval before making certain changes to a certain treatment plan;
29 requiring, except under certain circumstances, a court to hold a hearing on certain
30 changes to a certain treatment plan; authorizing the treating physician to make
31 certain changes to a certain treatment plan without applying to the court for

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 approval; authorizing an applicant to apply to the court for an extension of a certain
2 order within a certain time period before the order expires; requiring the court to
3 hold a hearing in accordance with a certain provision of law on an application for an
4 extension; authorizing a court to extend a certain order for a certain period of time;
5 requiring a court to deny an application for an extension under certain
6 circumstances; providing that an individual's substantial failure to comply with a
7 certain order may constitute presumptive reasons for a certain physician to petition
8 for a certain evaluation; prohibiting an individual's failure to comply with a certain
9 order from being grounds for a certain finding or involuntary admission to a State
10 facility under certain provisions of law; requiring the Maryland Behavioral Health
11 Crisis Response System to include a crisis communication center in each jurisdiction
12 or region to provide mobile crisis teams operating in a certain manner to provide
13 certain services; defining certain terms; and generally relating to assisted outpatient
14 treatment and mobile crisis teams.

15 BY adding to

16 Article – Health – General

17 Section 10–929 through 10–937 to be under the new part “Part V. Assisted
18 Outpatient Treatment”

19 Annotated Code of Maryland

20 (2015 Replacement Volume)

21 BY repealing and reenacting, without amendments,

22 Article – Health – General

23 Section 10–1401 and 10–1402

24 Annotated Code of Maryland

25 (2015 Replacement Volume)

26 BY repealing and reenacting, with amendments,

27 Article – Health – General

28 Section 10–1403

29 Annotated Code of Maryland

30 (2015 Replacement Volume)

31 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,

32 That the Laws of Maryland read as follows:

33 **Article – Health – General**

34 **10–927. RESERVED.**

35 **10–928. RESERVED.**

36 **PART V. ASSISTED OUTPATIENT TREATMENT.**

37 **10–929.**

1 (A) IN THIS PART THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (B) "APPLICANT" MEANS AN INDIVIDUAL WHO SUBMITS AN APPLICATION
4 FOR ASSISTED OUTPATIENT TREATMENT TO A COURT UNDER § 10-930 OF THIS
5 PART.

6 (C) "APPLICATION" MEANS AN APPLICATION FOR ASSISTED OUTPATIENT
7 TREATMENT SUBMITTED TO A COURT UNDER § 10-930(A) OF THIS PART.

8 (D) "ASSISTED OUTPATIENT TREATMENT" MEANS A SPECIFIC REGIMEN OF
9 OUTPATIENT TREATMENT FOR A MENTAL DISORDER THAT IS ORDERED BY A COURT
10 UNDER § 10-933(A)(1) OF THIS PART.

11 (E) "ASSISTED OUTPATIENT TREATMENT PLAN" MEANS THE TREATMENT
12 PLAN THAT IS INCLUDED IN AN ASSISTED OUTPATIENT ORDER UNDER §
13 10-933(A)(2) OF THIS PART.

14 (F) "COURT" MEANS THE DISTRICT COURT OR A CIRCUIT COURT OF THE
15 STATE.

16 (G) "TREATING PHYSICIAN" MEANS A PHYSICIAN WHO IS OR WILL BE
17 RESPONSIBLE FOR THE MEDICAL TREATMENT OF AN INDIVIDUAL'S MENTAL
18 DISORDER DURING THE PERIOD THE INDIVIDUAL IS SUBJECT TO AN ASSISTED
19 OUTPATIENT TREATMENT ORDER.

20 (H) "TREATMENT PLAN" MEANS A PLAN DEVELOPED UNDER THE
21 SUPERVISION OF A TREATING PHYSICIAN THAT:

22 (1) INCORPORATES ALL OUTPATIENT MENTAL HEALTH TREATMENT
23 SERVICES THAT ARE DETERMINED TO BE ESSENTIAL AND AVAILABLE FOR THE
24 MAINTENANCE OF THE HEALTH AND SAFETY OF AN INDIVIDUAL FOR WHOM AN
25 APPLICANT SEEKS ASSISTED OUTPATIENT TREATMENT; AND

26 (2) FOR EACH OUTPATIENT TREATMENT SERVICE, IDENTIFIES A
27 COMMUNITY-BASED PROVIDER THAT HAS AGREED TO PROVIDE THE SERVICE TO
28 THE INDIVIDUAL FOR WHOM AN APPLICANT SEEKS ASSISTED OUTPATIENT
29 TREATMENT.

30 10-930.

1 **(A) AN APPLICATION FOR ASSISTED OUTPATIENT TREATMENT MAY BE**
2 **SUBMITTED TO A COURT BY:**

3 **(1) THE DIRECTOR OF A COMMUNITY MENTAL HEALTH SERVICES**
4 **PROGRAM THAT RECEIVES STATE FUNDING UNDER THIS SUBTITLE; OR**

5 **(2) AN ADULT WHO HAS A LEGITIMATE INTEREST IN THE WELFARE OF**
6 **THE INDIVIDUAL FOR WHOM THE ADULT SEEKS ASSISTED OUTPATIENT TREATMENT.**

7 **(B) AN APPLICATION SHALL:**

8 **(1) BE IN WRITING;**

9 **(2) BE SIGNED BY THE APPLICANT;**

10 **(3) STATE:**

11 **(I) THE APPLICANT'S NAME, ADDRESS, AND RELATIONSHIP, IF**
12 **ANY, TO THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED OUTPATIENT**
13 **TREATMENT;**

14 **(II) THE NAME AND ANY KNOWN ADDRESS OF THE INDIVIDUAL**
15 **FOR WHOM THE APPLICANT SEEKS ASSISTED OUTPATIENT TREATMENT;**

16 **(III) THAT THE APPLICANT HAS REASON TO BELIEVE THE**
17 **INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED OUTPATIENT TREATMENT**
18 **MEETS THE CRITERIA FOR ASSISTED OUTPATIENT TREATMENT LISTED IN §**
19 **10-933(A)(1) OF THIS PART; AND**

20 **(IV) FOR EACH CRITERION LISTED IN § 10-933(A)(1) OF THIS**
21 **PART, THE SPECIFIC ALLEGATIONS OF FACT THAT SUPPORT THE APPLICANT'S**
22 **BELIEF THAT THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED**
23 **OUTPATIENT TREATMENT MEETS THE CRITERION; AND**

24 **(4) INCLUDE AN AFFIDAVIT OR AFFIRMATION OF A PHYSICIAN**
25 **STATING THAT THE PHYSICIAN:**

26 **(I) IS WILLING AND ABLE TO TESTIFY AT THE APPLICATION**
27 **HEARING UNDER § 10-932(A) OF THIS PART; AND**

28 **(II) 1. A. PERSONALLY EXAMINED THE INDIVIDUAL FOR**
29 **WHOM THE APPLICANT SEEKS ASSISTED OUTPATIENT TREATMENT WITHIN 10 DAYS**
30 **BEFORE THE DATE OF THE APPLICATION; AND**

1 **B. CONCLUDED THAT THE INDIVIDUAL MEETS THE**
2 **CRITERIA LISTED IN § 10-933(A)(1) OF THIS PART; OR**

3 **2. A. WAS UNSUCCESSFUL, AFTER MAKING**
4 **REASONABLE ATTEMPTS WITHIN 10 DAYS BEFORE THE DATE OF THE APPLICATION,**
5 **IN PERSUADING THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED**
6 **OUTPATIENT TREATMENT TO SUBMIT TO AN EXAMINATION; AND**

7 **B. IN GOOD FAITH BELIEVES THAT THE INDIVIDUAL**
8 **MEETS THE CRITERIA LISTED IN § 10-933(A)(1) OF THIS PART.**

9 **10-931.**

10 **(A) (1) BEFORE A HEARING IS HELD UNDER § 10-932(A) OF THIS PART,**
11 **THE APPLICANT SHALL PROVIDE TO THE COURT AND TO THE INDIVIDUAL FOR WHOM**
12 **THE APPLICANT SEEKS ASSISTED OUTPATIENT TREATMENT A PROPOSED WRITTEN**
13 **TREATMENT PLAN.**

14 **(2) THE TREATING PHYSICIAN UNDER WHOSE SUPERVISION THE**
15 **TREATMENT PLAN WAS DEVELOPED MAY NOT BE REQUIRED TO BE THE SAME**
16 **PHYSICIAN WHOSE AFFIDAVIT OR AFFIRMATION WAS INCLUDED IN AN APPLICATION**
17 **UNDER § 10-930(B) OF THIS PART.**

18 **(B) IF A TREATMENT PLAN PROVIDED TO A COURT UNDER SUBSECTION**
19 **(A)(1) OF THIS SECTION INCLUDES A RECOMMENDATION REGARDING MEDICATION,**
20 **THE TREATMENT PLAN SHALL:**

21 **(1) STATE WHETHER THE MEDICATION SHOULD BE**
22 **SELF-ADMINISTERED OR ADMINISTERED BY AN AUTHORIZED PROFESSIONAL; AND**

23 **(2) SPECIFY THE TYPE AND DOSAGE OF THE MEDICATION THAT IS**
24 **MOST LIKELY TO PROVIDE THE MAXIMUM BENEFIT TO THE INDIVIDUAL FOR WHOM**
25 **THE APPLICANT SEEKS ASSISTED OUTPATIENT TREATMENT.**

26 **(C) WHEN A TREATMENT PLAN THAT WILL BE PROVIDED TO A COURT**
27 **UNDER SUBSECTION (A)(1) OF THIS SECTION IS BEING DEVELOPED, THE TREATING**
28 **PHYSICIAN SHALL:**

29 **(1) PROVIDE THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS**
30 **ASSISTED OUTPATIENT TREATMENT, AND ANY OTHER INDIVIDUAL REQUESTED BY**
31 **THE INDIVIDUAL FOR WHOM ASSISTED OUTPATIENT TREATMENT IS SOUGHT, A**

1 REASONABLE OPPORTUNITY TO ACTIVELY PARTICIPATE IN THE DEVELOPMENT OF
2 THE TREATMENT PLAN; AND

3 (2) IF THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED
4 OUTPATIENT TREATMENT HAS EXECUTED AN ADVANCE DIRECTIVE FOR MENTAL
5 HEALTH TREATMENT, CONSIDER ANY DIRECTIONS AND PREFERENCES INCLUDED IN
6 THE ADVANCE DIRECTIVE.

7 10-932.

8 (A) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
9 WITHIN 3 BUSINESS DAYS AFTER THE DATE AN APPLICATION FOR ASSISTED
10 OUTPATIENT TREATMENT IS RECEIVED BY A COURT, THE COURT SHALL HOLD A
11 HEARING ON THE APPLICATION.

12 (2) (I) FOR GOOD CAUSE SHOWN, A COURT MAY HOLD A HEARING
13 LATER THAN 3 BUSINESS DAYS AFTER THE DATE AN APPLICATION FOR ASSISTED
14 OUTPATIENT TREATMENT IS RECEIVED.

15 (II) IN DETERMINING WHETHER GOOD CAUSE IS SHOWN, A
16 COURT SHALL CONSIDER THE NEED TO EXPEDITIOUSLY PROVIDE ASSISTED
17 OUTPATIENT TREATMENT TO THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS
18 ASSISTED OUTPATIENT TREATMENT.

19 (B) THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED
20 OUTPATIENT TREATMENT SHALL:

21 (1) BE REPRESENTED BY COUNSEL AT THE HEARING AND AT ALL
22 STAGES OF A COURT PROCEEDING REGARDING AN APPLICATION; AND

23 (2) BE GIVEN AN OPPORTUNITY TO PRESENT EVIDENCE, CALL
24 WITNESSES, AND CROSS-EXAMINE ADVERSE WITNESSES.

25 (C) IF THE INDIVIDUAL FOR WHOM AN APPLICANT SEEKS ASSISTED
26 OUTPATIENT TREATMENT DOES NOT APPEAR AT THE HEARING AND APPROPRIATE
27 ATTEMPTS TO HAVE THE INDIVIDUAL APPEAR HAVE FAILED, THE COURT MAY
28 CONDUCT THE HEARING IN THE INDIVIDUAL'S ABSENCE.

29 (D) (1) THE PHYSICIAN WHO RECOMMENDS ASSISTED OUTPATIENT
30 TREATMENT FOR AN INDIVIDUAL FOR WHOM AN APPLICANT SEEKS TREATMENT AND
31 WHOSE MOST RECENT EXAMINATION OF THE INDIVIDUAL WAS WITHIN 10 DAYS
32 BEFORE THE HEARING SHALL TESTIFY AT THE HEARING.

1 **(2) THE PHYSICIAN SHALL STATE THE FACTS AND CLINICAL**
2 **DETERMINATIONS THAT SUPPORT THE PHYSICIAN’S BELIEF THAT THE INDIVIDUAL**
3 **FOR WHOM ASSISTED OUTPATIENT TREATMENT IS BEING SOUGHT MEETS THE**
4 **CRITERIA FOR ASSISTED OUTPATIENT TREATMENT LISTED IN §**
5 **10-933(A)(1) OF THIS PART.**

6 **(3) (I) IF THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS**
7 **ASSISTED OUTPATIENT TREATMENT REFUSED TO BE EXAMINED BY A PHYSICIAN,**
8 **THE COURT MAY REQUEST THAT THE INDIVIDUAL CONSENT TO AN EXAMINATION BY**
9 **A PHYSICIAN APPOINTED BY THE COURT.**

10 **(II) IF THE INDIVIDUAL DOES NOT CONSENT TO AN**
11 **EXAMINATION BY A COURT-APPOINTED PHYSICIAN AND THE COURT FINDS**
12 **REASONABLE CAUSE TO BELIEVE THAT THE ALLEGATIONS IN THE APPLICATION ARE**
13 **TRUE, THE COURT MAY ORDER THE INDIVIDUAL TO BE TAKEN INTO CUSTODY AND**
14 **TRANSPORTED TO A HOSPITAL FOR EXAMINATION BY A PHYSICIAN.**

15 **(III) IF A COURT ORDERS THAT AN INDIVIDUAL BE TAKEN INTO**
16 **CUSTODY UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE INDIVIDUAL MAY**
17 **NOT BE HELD FOR MORE THAN 24 HOURS.**

18 **(E) (1) THE TREATING PHYSICIAN UNDER WHOSE SUPERVISION THE**
19 **TREATMENT PLAN PROVIDED TO THE COURT WAS DEVELOPED SHALL TESTIFY AT**
20 **THE HEARING TO EXPLAIN THE TREATMENT PLAN.**

21 **(2) FOR EACH CATEGORY OF PROPOSED TREATMENT, THE TREATING**
22 **PHYSICIAN SHALL STATE:**

23 **(I) THE SPECIFIC RECOMMENDATION; AND**

24 **(II) THE CLINICAL BASIS FOR THE PHYSICIAN’S BELIEF THAT**
25 **THE RECOMMENDED TREATMENT IS ESSENTIAL TO THE MAINTENANCE OF THE**
26 **INDIVIDUAL’S HEALTH OR SAFETY.**

27 **(3) IF THE TREATMENT PLAN INCLUDES A RECOMMENDATION**
28 **REGARDING MEDICATION, THE TREATING PHYSICIAN SHALL STATE:**

29 **(I) THE TYPES OR CLASSES OF MEDICATION RECOMMENDED;**

30 **(II) THE BENEFICIAL AND DETRIMENTAL PHYSICAL AND**
31 **MENTAL EFFECTS OF THE RECOMMENDED MEDICATION; AND**

1 **(III) WHETHER THE MEDICATION SHOULD BE**
2 **SELF-ADMINISTERED OR ADMINISTERED BY AN AUTHORIZED PROFESSIONAL.**

3 **(4) IF THE INDIVIDUAL FOR WHOM THE APPLICANT SEEKS ASSISTED**
4 **OUTPATIENT TREATMENT HAS EXECUTED AN ADVANCE DIRECTIVE FOR MENTAL**
5 **HEALTH TREATMENT, THE TREATING PHYSICIAN SHALL STATE THE CONSIDERATION**
6 **GIVEN TO ANY DIRECTIONS AND PREFERENCES INCLUDED IN THE ADVANCE**
7 **DIRECTIVE IN DEVELOPING THE TREATMENT PLAN.**

8 **(F) A COURT MAY NOT PROHIBIT AN APPLICANT FROM PRESENTING**
9 **RELEVANT EVIDENCE IN SUPPORT OF AN APPLICATION ON THE GROUNDS THAT THE**
10 **EVIDENCE DOES NOT RELATE TO A FACT ALLEGED IN THE APPLICATION.**

11 **10-933.**

12 **(A) (1) AFTER HOLDING A HEARING UNDER § 10-932 OF THIS PART, A**
13 **COURT MAY ORDER ASSISTED OUTPATIENT TREATMENT FOR AN INDIVIDUAL WHO IS**
14 **THE SUBJECT OF THE APPLICATION IF THE COURT FINDS, BY CLEAR AND**
15 **CONVINCING EVIDENCE, THAT:**

16 **(I) THE INDIVIDUAL IS AN ADULT;**

17 **(II) THE INDIVIDUAL HAS A MENTAL DISORDER;**

18 **(III) THE INDIVIDUAL IS CAPABLE OF SURVIVING SAFELY IN THE**
19 **COMMUNITY WITH APPROPRIATE OUTPATIENT TREATMENT AND SUPPORT;**

20 **(IV) IF THE INDIVIDUAL DOES NOT ADHERE TO OUTPATIENT**
21 **TREATMENT, THE INDIVIDUAL IS LIKELY TO DETERIORATE AND WILL PRESENT A**
22 **DANGER TO THE LIFE OR SAFETY OF THE INDIVIDUAL OR OTHERS;**

23 **(V) THE INDIVIDUAL IS UNLIKELY TO ADEQUATELY ADHERE TO**
24 **OUTPATIENT TREATMENT ON A VOLUNTARY BASIS AS DEMONSTRATED BY:**

25 **1. THE INDIVIDUAL'S PRIOR HISTORY OF**
26 **NONADHERENCE TO VOLUNTARY TREATMENT; OR**

27 **2. SPECIFIC CHARACTERISTICS OF THE INDIVIDUAL'S**
28 **CLINICAL CONDITION THAT PREVENT THE INDIVIDUAL FROM MAKING RATIONAL**
29 **AND INFORMED DECISIONS REGARDING MENTAL HEALTH TREATMENT; AND**

1 (VI) ASSISTED OUTPATIENT TREATMENT IS THE LEAST
2 RESTRICTIVE ALTERNATIVE APPROPRIATE TO MAINTAIN THE HEALTH AND SAFETY
3 OF THE INDIVIDUAL.

4 (2) IF A COURT ORDERS ASSISTED OUTPATIENT TREATMENT UNDER
5 PARAGRAPH (1) OF THIS SUBSECTION, THE ORDER:

6 (I) MAY NOT BE EFFECTIVE FOR A PERIOD OF MORE THAN 1
7 YEAR; AND

8 (II) SHALL INCLUDE AN ASSISTED OUTPATIENT TREATMENT
9 PLAN THAT:

10 1. IS LIMITED IN SCOPE TO THE RECOMMENDATIONS
11 INCLUDED IN THE TREATMENT PLAN PROVIDED TO THE COURT UNDER §
12 10-931(A)(1) OF THIS PART; AND

13 2. INCLUDES ONLY THOSE RECOMMENDATIONS MADE IN
14 THE TREATMENT PLAN THAT THE COURT FINDS, BY CLEAR AND CONVINCING
15 EVIDENCE, TO BE ESSENTIAL TO THE MAINTENANCE OF THE INDIVIDUAL'S HEALTH
16 OR SAFETY.

17 (B) IF, AFTER HEARING ALL RELEVANT EVIDENCE, A COURT DOES NOT FIND
18 BY CLEAR AND CONVINCING EVIDENCE THAT THE CRITERIA LISTED IN SUBSECTION
19 (A)(1) OF THIS SECTION ARE MET, THE COURT SHALL DENY THE APPLICATION.

20 10-934.

21 AN INDIVIDUAL SUBJECT TO AN ASSISTED OUTPATIENT TREATMENT ORDER
22 MAY SUBMIT A MOTION TO THE COURT TO STAY, VACATE, OR MODIFY THE ORDER AT
23 ANY TIME DURING THE PERIOD THE ORDER IS EFFECTIVE.

24 10-935.

25 (A) IN THIS SECTION, "MATERIAL CHANGE" MEANS:

26 (1) AN ADDITION OF A CATEGORY OF SERVICES TO OR REMOVAL OF A
27 CATEGORY OF SERVICES FROM THE TREATMENT PLAN THAT IS INCLUDED IN AN
28 ASSISTED OUTPATIENT TREATMENT PLAN ORDER UNDER § 10-933(A)(2) OF THIS
29 PART; OR

30 (2) A DEVIATION FROM THE TERMS OF A TREATMENT PLAN THAT IS
31 INCLUDED IN AN ASSISTED OUTPATIENT TREATMENT PLAN ORDER UNDER §

1 **10-933(A)(2)** OF THIS PART RELATING TO THE ADMINISTRATION OF PSYCHOTROPIC
2 **DRUGS.**

3 **(B) (1) A TREATING PHYSICIAN SHALL APPLY TO THE COURT FOR**
4 **APPROVAL BEFORE INSTITUTING ANY MATERIAL CHANGE IN THE ASSISTED**
5 **OUTPATIENT TREATMENT PLAN.**

6 **(2) (I) EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS**
7 **PARAGRAPH, WITHIN 5 DAYS AFTER RECEIVING AN APPLICATION UNDER**
8 **PARAGRAPH (1) OF THIS SUBSECTION, THE COURT SHALL HOLD A HEARING ON THE**
9 **PROPOSED MATERIAL CHANGE.**

10 **(II) A COURT IS NOT REQUIRED TO HOLD A HEARING ON A**
11 **PROPOSED MATERIAL CHANGE IF THE INDIVIDUAL SUBJECT TO AN ASSISTED**
12 **OUTPATIENT TREATMENT ORDER AGREES TO THE PROPOSED MATERIAL CHANGE.**

13 **(C) IF A CHANGE TO AN ASSISTED OUTPATIENT TREATMENT PLAN IS NOT A**
14 **MATERIAL CHANGE, THE PHYSICIAN MAY MAKE A CHANGE WITHOUT APPLYING TO**
15 **THE COURT FOR APPROVAL.**

16 **10-936.**

17 **(A) WITHIN 30 DAYS BEFORE AN ASSISTED OUTPATIENT TREATMENT**
18 **ORDER EXPIRES, THE APPLICANT MAY APPLY TO THE COURT FOR AN EXTENSION OF**
19 **THE ORDER.**

20 **(B) IF THE APPLICANT APPLIES FOR AN EXTENSION UNDER SUBSECTION (A)**
21 **OF THIS SECTION, THE COURT SHALL HOLD A HEARING ON THE APPLICATION IN**
22 **ACCORDANCE WITH § 10-932 OF THIS PART.**

23 **(C) (1) AFTER A HEARING IS HELD, IF THE COURT FINDS BY CLEAR AND**
24 **CONVINCING EVIDENCE THAT THE CRITERIA LISTED IN § 10-933(A)(1) OF THIS PART**
25 **ARE MET, THE COURT MAY EXTEND THE ORDER FOR A PERIOD NOT TO EXCEED 1**
26 **YEAR.**

27 **(2) AFTER A HEARING IS HELD, IF THE COURT DOES NOT FIND BY**
28 **CLEAR AND CONVINCING EVIDENCE THAT THE CRITERIA LISTED IN §**
29 **10-933(A)(1) OF THIS PART ARE MET, THE COURT SHALL DENY THE APPLICATION**
30 **FOR AN EXTENSION.**

31 **(D) IF THE COURT HAS NOT MADE A DETERMINATION REGARDING AN**
32 **APPLICATION FOR AN EXTENSION BEFORE THE ORDER EXPIRES, THE ORDER SHALL**
33 **REMAIN IN EFFECT UNTIL THE COURT MAKES THE DETERMINATION.**

1 **10-937.**

2 (A) AN INDIVIDUAL'S SUBSTANTIAL FAILURE TO COMPLY WITH AN
3 ASSISTED OUTPATIENT TREATMENT ORDER MAY CONSTITUTE PRESUMPTIVE
4 REASONS FOR THE TREATING PHYSICIAN TO PETITION FOR AN EMERGENCY
5 EVALUATION IN ACCORDANCE WITH § 10-622 OF THIS TITLE.

6 (B) AN INDIVIDUAL'S FAILURE TO COMPLY WITH AN ASSISTED OUTPATIENT
7 TREATMENT ORDER MAY NOT BE GROUNDS FOR:

8 (1) A FINDING OF CONTEMPT OF COURT; OR

9 (2) INVOLUNTARY ADMISSION TO A STATE FACILITY UNDER
10 SUBTITLE 6 OF THIS TITLE.

11 10-1401.

12 (a) In this subtitle the following words have the meanings indicated.

13 (b) "Administration" means the Behavioral Health Administration.

14 (c) "Core service agency" has the meaning stated in § 7.5-101 of this article.

15 (d) "Crisis Response System" means the Maryland Behavioral Health Crisis
16 Response System.

17 (e) "Local behavioral health authority" has the meaning stated in § 7.5-101 of
18 this article.

19 10-1402.

20 (a) There is a Maryland Behavioral Health Crisis Response System in the
21 Behavioral Health Administration.

22 (b) The Crisis Response System shall:

23 (1) Operate a statewide network utilizing existing resources and
24 coordinating interjurisdictional services to develop efficient and effective crisis response
25 systems to serve all individuals in the State, 24 hours a day and 7 days a week;

26 (2) Provide skilled clinical intervention to help prevent suicides, homicides,
27 unnecessary hospitalizations, and arrests or detention, and to reduce dangerous or
28 threatening situations involving individuals in need of behavioral health services; and

29 (3) Respond quickly and effectively to community crisis situations.

1 (c) The Administration shall consult with consumers of behavioral health
2 services, family members, and behavioral health advocates in the development of the Crisis
3 Response System.

4 10–1403.

5 (a) The Crisis Response System shall include:

6 (1) A crisis communication center in each jurisdiction or region to provide:

7 (i) A single point of entry to the Crisis Response System;

8 (ii) Coordination with the local core service agency or local
9 behavioral health authority, police, emergency medical service personnel, and behavioral
10 health providers; [and]

11 (iii) **MOBILE CRISIS TEAMS THAT OPERATE 24 HOURS A DAY AND**
12 **7 DAYS A WEEK TO:**

13 **1. PROVIDE ASSESSMENTS, CRISIS INTERVENTION,**
14 **STABILIZATION, FOLLOW-UP, AND REFERRAL TO URGENT CARE;**

15 **2. MAKE PETITIONS FOR EMERGENCY EVALUATION AS**
16 **NECESSARY UNDER § 10–622 OF THIS TITLE; AND**

17 **3. ARRANGE APPOINTMENTS FOR INDIVIDUALS TO**
18 **OBTAIN BEHAVIORAL HEALTH SERVICES; AND**

19 [(iii)](iv) Programs that may include:

20 1. A clinical crisis telephone line for suicide prevention and
21 crisis intervention;

22 2. A hotline for behavioral health information, referral, and
23 assistance;

24 3. Clinical crisis walk-in services, including:

25 A. Triage for initial assessment;

26 B. Crisis stabilization until additional services are available;

27 C. Linkage to treatment services and family and peer support
28 groups; and

1 D. Linkage to other health and human services programs;

2 4. Critical incident stress management teams, providing
3 disaster behavioral health services, critical incident stress management, and an on-call
4 system for these services;

5 5. Crisis residential beds to serve as an alternative to
6 hospitalization;

7 6. A community crisis bed and hospital bed registry,
8 including a daily tally of empty beds;

9 7. Transportation coordination, ensuring transportation of
10 patients to urgent appointments or to emergency psychiatric facilities;

11 [8. Mobile crisis teams operating 24 hours a day and 7 days a
12 week to provide assessments, crisis intervention, stabilization, follow-up, and referral to
13 urgent care, and to arrange appointments for individuals to obtain behavioral health
14 services;]

15 [9.]8. 23-hour holding beds;

16 [10.]9. Emergency psychiatric services;

17 [11.]10. Urgent care capacity;

18 [12.]11. Expanded capacity for assertive community
19 treatment;

20 [13.]12. Crisis intervention teams with capacity to respond
21 in each jurisdiction 24 hours a day and 7 days a week; and

22 [14.]13. Individualized family intervention teams.

23 (2) Community awareness promotion and training programs; and

24 (3) An evaluation of outcomes of services through:

25 (i) An annual survey by the Administration of consumers and family
26 members who have received services from the Crisis Response System; and

27 (ii) Annual data collection on the number of behavioral health calls
28 received by police, attempted and completed suicides, unnecessary hospitalizations,
29 hospital diversions, arrests and detentions of individuals with behavioral health diagnoses,
30 and diversion of arrests and detentions of individuals with behavioral health diagnoses.

1 (b) The Crisis Response System services shall be implemented as determined by
2 the Administration in collaboration with the core service agency or local behavioral health
3 authority serving each jurisdiction.

4 (c) An advance directive for mental health services under § 5–602.1 of this article
5 shall apply to the delivery of services under this subtitle.

6 (d) This subtitle may not be construed to affect petitions for emergency
7 evaluations under § 10–622 of this title.

8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
9 October 1, 2016.