

[Senate Bill 453/House Bill 576](#)

Assisted Outpatient Treatment Programs

Maryland is one of only three states without an Assisted Outpatient Treatment program (AOT) and, after more than 20 years of debate, the Maryland General Assembly passed legislation. Governor Moore, the Secretary of Health, and their staff worked with MHA members and the historic opponents to amend the bill. This bill seeks to support the most vulnerable patients in our communities by providing access to behavioral health care.

Section	Bill Text
Filing a Petition for Assisted Outpatient Treatment 10-6A-05	<ul style="list-style-type: none">• This legislation allows a court to order a person (respondent) to receive assisted outpatient treatment not to exceed one year, on a finding by clear and convincing evidence the respondent meets these criteria:<ul style="list-style-type: none">○ 18 years of age or older○ Has a serious and persistent mental illness<ul style="list-style-type: none">▪ Serious and persistent mental illness -- an illness that is severe in degree and persistent in duration and causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to meet the ordinary demands of life and that may lead to an inability to maintain independent functioning in the community without intensive treatment and support.○ Demonstrated a lack of adherence with treatment for the serious and persistent mental illness that has met the following criteria:<ul style="list-style-type: none">▪ At least twice within the 36 months immediately preceding the filing of the petition, been a significant factor in necessitating inpatient admission to a psychiatric hospital for at least 48 hours or receipt of psychiatric services in a correctional facility OR▪ At least once within the 36 months immediately preceding the filing of the petition, resulted in an act of serious violent behavior toward self or others or patterns or threats of or attempt at serious physical harm to self or others<ul style="list-style-type: none">• Harm to others = an act or attempt at or credible threat of serious violent behavior toward others• Harm to the individual = self-harming behavior or an attempt at suicide○ Given the respondent's treatment history and behavior at the time the petition is filed, the respondent needs assisted outpatient treatment to prevent a relapse or deterioration that would create a substantial risk of serious harm to the individual or harm to others○ The respondent is unlikely to adequately adhere to outpatient treatment voluntarily as

	<p>demonstrated by the respondent's history of treatment nonadherence in the 36 months immediately preceding the filing of the petition that is not due to financial, transportation, or language issues in the immediately preceding 36-month period</p> <ul style="list-style-type: none"> ○ Assisted outpatient treatment is the least restrictive alternative appropriate to maintain the health and safety of the respondent ○ NOTE: Time the respondent spent hospitalized or incarcerated may not be included when calculating the 36 months <ul style="list-style-type: none"> ● Petitions for assisted outpatient treatment must be in writing, signed by the petitioner and state, and include the following: <ul style="list-style-type: none"> ○ Petitioner's name, address, and relationship to the respondent ○ Name and any known address of the respondent ○ Explanation that the petitioner has reason to believe the respondent meets the criteria for assisted outpatient treatment and the specific allegations of fact that support the petitioner's belief that the respondent meets the criterion for this type of treatment ● A petition must be accompanied by an affidavit or affirmation of a psychiatrist, stating that the psychiatrist is willing and able to testify at the hearing on the petition and has examined the respondent within 30 days before the date of the petition and concluded the respondent meets the criteria for assisted outpatient treatment ● Petitions must be filed in the circuit court for the county in which the respondent resides or in the county of the last known residence of the respondent ● Once a petition is filed, the circuit court must notify the following individuals: <ul style="list-style-type: none"> ○ Respondent ○ Mental Health Division in the Office of the Public Defender ○ As applicable and known, the respondent's guardian and health care agent ● The Director of a mental health program receiving state funding or any individual at least 18 years old who has a legitimate interest in the welfare of the respondent, can petition for assisted outpatient treatment.
<p>Process After a Petition is Filed</p> <p>10-6A-06 through 10-6A-10</p>	<ul style="list-style-type: none"> ● After the filing of the petition with the court, but not later than the date of the psychiatrist's testimony, the care coordination team shall develop a treatment plan and provide a copy in writing to: <ul style="list-style-type: none"> ○ Respondent ○ Respondent's attorney ○ If applicable and known, the respondent's guardian and health care agent ● A treatment plan developed by the care coordination team shall be recovery-oriented and consistent with evidence-based and evolving best practices <ul style="list-style-type: none"> ○ For each service listed in the treatment plan, a community-based provider that has agreed to provide the service to the respondent, must be identified ○ A treatment plan may include medication

- The care coordination team must give the respondent, the respondent's guardian, the respondent's health care agent, and any individual designated by the respondent, a reasonable opportunity to participate in the development of the treatment plan
- If the respondent has a mental health advance directive, the care coordination team must honor any directions included when developing the treatment plan
- The respondent must have an opportunity to voluntarily agree to the treatment plan
 - If the respondent voluntarily agrees, the care coordination team must take the following actions:
 - Notify the court that the parties are dismissing the case
 - File a stipulated agreement that includes the treatment plan
- The Care Coordination Team must provide the respondent, county attorney and Office of the Public Defender, and providers named in the treatment plan, with a copy of the treatment plan
- If the Care Coordination Team changes the treatment plan or the providers who are included in the treatment plan, the team must promptly notify the following individuals of the change and the justification for the change:
 - Respondent
 - Respondent's attorney
 - County attorney
 - If applicable and known, the respondent's guardian and health care agent
- The Care Coordination Team is responsible for connecting the respondent to services to help adhere to the treatment plan including transportation, housing, accessibility services, and other services to address health-related social needs
- The court must schedule a hearing on receipt of a petition if all the requirements are satisfied
 - A continuance or postponement may only be granted only for good cause shown
 - A hearing must be scheduled only if the respondent has not agreed to enter voluntary treatment
 - A respondent is entitled to counsel at the hearing and during all stages of the proceeding
 - If unable to afford an attorney or obtain one due to mental illness, representation shall be provided
 - All rules of civil procedure apply
 - Respondents are not required to give testimony but have an opportunity to present evidence, call witnesses, and cross-examine adverse witnesses
- The petitioner's presentation of evidence shall include the testimony of a psychiatrist whose most recent examination of the respondent occurred within 30 days before the date of the petition
 - The presentation of evidence must include testimony of a psychiatrist to explain the treatment plan. This psychiatrist must meet the following criteria:
 - May be but not need be the examining psychiatrist who testified to the recent examination of the respondent within 30 days before the date of the petition **AND** has met with the respondent or has made a good faith effort to meet with the respondent, is familiar with the relevant history, to the extent practicable, and has examined the treatment plan
- The psychiatrist providing testimony must state the facts and clinical determinations providing the basis for the psychiatrist's opinion that the respondent meets each of the criteria for assisted outpatient

<p>10-6A-11</p>	<p>treatment. For each category of the proposed treatment plan, the psychiatrist must state the clinical basis for the determination that the treatment is essential to the maintenance of the respondent's health or safety.</p> <ul style="list-style-type: none"> • The psychiatrist must testify to the participation, if any, of the respondent in the development of the treatment plan. • Within 30 days before the expiration of an order of assisted outpatient treatment, the respondent's care coordination team shall provide the respondent with a plan for continued treatment, if considered necessary.
<p>Legal Considerations 10-6A-02</p>	<ul style="list-style-type: none"> • An assisted outpatient treatment order against a person may not be the basis for the involuntary admission of the respondent to a facility or used as evidence of incompetency of the respondent • This law may not be construed to abridge or modify any civil right of the respondent including: <ul style="list-style-type: none"> ○ Any civil service ranking or appointment ○ The right to apply for voluntary admission to a facility and ○ Any right relating to a license, permit, certification, privilege, or benefit under any law ○ Any right normally afforded to an individual in a civil or criminal matter shall apply • Petitions are held under seal and are not published on the Maryland Judiciary Case Search • Participation in assisted outpatient treatment cannot be used against a respondent in a subsequent legal matter that carries negative collateral consequences
<p>Establishing an Assisted Outpatient Treatment Program 10-6A-03</p>	<ul style="list-style-type: none"> • A care coordination team operating under an assisted outpatient treatment program must consist of, at a minimum the following individuals: <ul style="list-style-type: none"> ○ Psychiatrist ○ Case manager ○ Certified peer recovery specialist ○ Other treating provider as clinically appropriate (i.e. assertive community treatment team, provider familiar with the health needs of veterans) ○ Any other individuals required by the Department of Health in regulation • The Department of Health must establish clinical and operational standards for assisted outpatient treatment programs and care coordination teams that are established.
<p>State Reporting Requirements 10-6A-12</p>	<ul style="list-style-type: none"> • By December 1 of each year, the Administration must submit to the General Assembly a report with the following information for each assisted outpatient treatment program: <ul style="list-style-type: none"> ○ Number of individuals who were ordered to receive assisted outpatient treatment during the immediately preceding 12-month period ○ For each individual ordered to receive an assisted outpatient treatment during the immediately preceding 12-month period, the de-identified data on the following for the 12 months immediately preceding the assisted outpatient treatment order and the most recent 12-month period following the assisted outpatient treatment order: <ul style="list-style-type: none"> ▪ Incidences of hospitalizations including the number of days spent hospitalized ▪ Arrests

	<ul style="list-style-type: none"> ▪ Number of days spent incarcerated ○ Program statistics for the immediately preceding 12-month period including: <ul style="list-style-type: none"> ▪ The number of petitions filed ▪ The number of respondents under an order for assisted outpatient treatment, including those under order by stipulated agreement ▪ The number of voluntary agreements made by respondents to comply with a treatment plan:
	<ul style="list-style-type: none"> • De-identified demographic data for assisted outpatient treatment program recipients, including to the extent available: <ul style="list-style-type: none"> ○ Average age ○ Living situation at the time of the issuance of the assisted outpatient treatment order ○ Living situation at the time of the expiration of the assisted outpatient treatment order ○ Gender, marital status, race and ethnicity, religion, familial status, national origin, sexual orientation, gender identity and disability • De-identified information on diagnoses of assisted outpatient treatment recipients • De-identified results from the use of a clinically validated symptom tool to assess the responsiveness of respondents to treatment and • De-identified results of a survey of the satisfaction of respondents under an order for assisted outpatient treatment • Any information the Department has about systemwide impacts of assisted outpatient treatment ordered including any information from hospitals, local detention centers and counties and • Information about the costs incurred by the Department, Administration, and any county that establishes an assisted outpatient treatment program. • By January 1, 2025, a county must notify the Department of Health regarding whether the county intends to establish an assisted outpatient treatment program.
Effective Dates & Timelines	<ul style="list-style-type: none"> • July 1, 2025: This law goes into effect until June 30, 2030. • July 1, 2026: A county may establish an assisted outpatient treatment program. • July 1, 2026: The Department of Health shall establish an assisted outpatient treatment program in any county that does not opt to establish a program.