# Maryland Assisted Outpatient Treatment Roadmap

## Stage 1: Entry Points

Referral Pathways (Use Sequential Intercept Model)

- Crisis Services (988/EMS)
- Hospitals/Inpatient Discharge
- Community Providers
- Homeless Outreach
- Law Enforcement Encounters
- Family and Friends

## Stage 2: Petition Filing

Petition Filing

- Includes psychiatrist affidavit
- Filed where respondent resides

## Stage 3: Pre-Hearing Process

Judicial Screening and MDH Review

- Judge or magistrate must review the petition by the next business day for statutory compliance
- Notification to respondent, MDH, OPD, county attorney
- MDH logs and reviews records
- CRISP review
- Packet to AOT Director

Pre-Hearing Preparation

- Director reviews representation/guardian status
- No respondent contact before hearing unless counsel is already involved
- Is the petition compliant?
    - If no, petition dismissed without prejudice
    - If yes, notice of petition and order to appear issued

Service Failure

- Court must reschedule the Initial Hearing
- Court must reissue the Notice of Petition and Order to Appear

## Stage 4: Initial Hearing

Initial Hearing (Less than or equal to 10 days post-filing)

- Either party may request postponement for good cause up to 30 days
- Rights explained
- Counsel appointed
- Notice of Petition and Order to Appear enforced

Hearing

- AOT staff attend when permitted
- Engagement rules vary based on representation and guardianship
- Initial engagement meeting scheduled
- Certified Peer Support Specialists (CPRS) included; others optional

## Stage 5: Initial Engagement

Initial Engagement Meeting

- Occurs about one week after hearing
- Led by CCT and CPRS

Topics

- Program overview
- Engagement preferences
- Consent for records and collateral
- Preferred providers and support

If Respondent Declines

- Certified letter sent with program info and feedback options
- Alternative pathways for respondent input maintained

## Stage 6: Treatment Plan Development

Treatment Plan Development (CCT)

- Psychiatrist to Clinical Evaluation
- Case Management to Health Related Social Needs (HRSN) and Referrals
- CPRS to Engagement and Recovery Voice

- Director to Compliance and Review

Core Principles

- Offer voluntary treatment at every contact
- Honor respondent preferences
- Use evidence-based and recovery-oriented practices

CCT Role-Specific Tasks

- **Psychiatrist**: evaluation, service categories, meds, goals
- **Case Manager**: assessments, HRSN, referrals, provider coordination
- **Certified Peer Support Specialists (CPRS)**: engagement, recovery support, participant voice
- **Director**: compliance, timelines, conflict-of-interest management

Plan Completion

- The CCT submits the plan to the Director before the Mertis Hearting
- The director reviews and sends the plan to the respondent, counsel, and guardian and/or health care agent(s), if applicable

Does the respondent agree to the treatment plan? If no, go to stage 7. If yes, do they agree to a full agreement or partial agreement?

If full agreement, the next steps would be Stipulated Voluntary Agreement Filed, Motion to Dismiss, to finally Case Closed.

If partial agreement, the next step would be revision attempted. If the revised plan is agreed upon, go to Stipulated Voluntary Agreement Filed. If the revised plan is not agreed to, go to Stage 7.

## Stage 7: Merits Hearing

Merits Hearing

- Psychiatrist Testimony
- CCT Recommendations
- Court Evaluation

Merits Hearing Coordination

- AOT Director tracks hearing
- CCT Psychiatrist testimony arranged
- Court notified of expert witness

- CPRS attendance prioritized

Does the court order AOT? If AOT is denied, the next step would be an optional Referral to Services, to Case Closed.

If AOT is ordered, the AOT order is issued in less than or equal to one year. The next step would be Transition to Post-Commitment.

## Stage 8: Post-Commitment Phases

Phase 1: Immediate Contact

- Outreach within 72 hours
- Schedule orientation

Phase 2: Orientation

- Review court order and handbook
- Schedule Services

Phase 3: Monitoring and Adherence

- Weekly provider updated to MDH
- Monthly adherence ratings and updated to the judge
- CCT review

Phase 4: Court Communication

- Reports to court
- Intervention Adjustments

## Stage 9: Discharge Planning

Discharge Planning (30 days before review)

- Psychiatrist to Reassessment
- Case Management to Provider Transitions and HRSN
- CPRS to Relapse Prevention
- Director to Court Reporting

Meets criteria for discharge? If no, go back to Step 2 or a new AOT Petition is filed. If yes, the AOT Order is dismissed, leading to Graduation Coordination.