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HOUSE BILL NO. 663

House Amendments in [] — February 11, 2022

A *BILL to amend and reenact §§ 19.2-169.3, 19.2-169.6, 37.2-805, 37.2-813, 37.2-815, 37.2-817, as it shall become effective, 37.2-817.1, as it shall become effective, 37.2-817.4, as it shall become effective, and 37.2-821 of the Code of Virginia [and the third enactment of Chapter 221 of the Acts of Assembly of 2021, Special Session I] ; to amend the Code of Virginia by adding a section numbered 37.2-817.01; and to repeal § 37.2-817.2, as it shall become effective, of the Code of Virginia, relating to mandatory outpatient treatment.*

Patron Prior to Engrossment—Delegate Hope

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 19.2-169.3, 19.2-169.6, 37.2-805, 37.2-813, 37.2-815, 37.2-817, as it shall become effective, 37.2-817.1, as it shall become effective, 37.2-817.4, as it shall become effective, and 37.2-821 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 37.2-817.01 as follows:

§ 19.2-169.3. Disposition of the unrestorably incompetent defendant; aggravated murder charge; sexually violent offense charge.

A. If, at any time after the defendant is ordered to undergo treatment pursuant to subsection A of § 19.2-169.2, the director of the community services board or behavioral health authority or his designee or the director of the treating inpatient facility or his designee concludes that the defendant is likely to remain incompetent for the foreseeable future, he shall send a report to the court so stating. The report shall also indicate whether, in the board, authority, or inpatient facility director's or his designee's opinion, the defendant should be released, committed pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, committed pursuant to Chapter 9 (§ 37.2-900 et seq.) of Title 37.2, or certified pursuant to § 37.2-806 in the event he is found to be unrestorably incompetent. Upon receipt of the report, the court shall make a competency determination according to the procedures specified in subsection E of § 19.2-169.1. If the court finds that the defendant is incompetent and is likely to remain so for the foreseeable future, it shall order that he be (i) released, (ii) committed pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, or (iii) certified pursuant to § 37.2-806. However, if the court finds that the defendant is incompetent and is likely to remain so for the foreseeable future and the defendant has been charged with a sexually violent offense, as defined in § 37.2-900, he shall be screened pursuant to the procedures set forth in §§ 37.2-903 and 37.2-904. If the court finds the defendant incompetent but restorable to competency in the foreseeable future, it may order treatment continued until six months have elapsed from the date of the defendant's initial admission under subsection A of § 19.2-169.2.

B. At the end of six months from the date of the defendant's initial admission under subsection A of § 19.2-169.2 if the defendant remains incompetent in the opinion of the board, authority, or inpatient facility director or his designee, the director or his designee shall so notify the court and make recommendations concerning disposition of the defendant as described in subsection A. The court shall hold a hearing according to the procedures specified in subsection E of § 19.2-169.1 and, if it finds the defendant unrestorably incompetent, shall order one of the dispositions described in subsection A. If the court finds the defendant incompetent but restorable to competency, it may order continued treatment under subsection A of § 19.2-169.2 for additional six-month periods, provided a hearing pursuant to subsection E of § 19.2-169.1 is held at the completion of each such period and the defendant continues to be incompetent but restorable to competency in the foreseeable future.

C. If any defendant has been charged with a misdemeanor in violation of Article 3 (§ 18.2-95 et seq.) of Chapter 5 of Title 18.2 or Article 5 (§ 18.2-119 et seq.) of Chapter 5 of Title 18.2, other than a misdemeanor charge pursuant to § 18.2-130 or Article 2 (§ 18.2-415 et seq.) of Chapter 9 of Title 18.2, and is being treated pursuant to subsection A of § 19.2-169.2, and after 45 days has not been restored to competency, the director of the community service board, behavioral health authority, or the director of the treating inpatient facility, or any of their designees, shall send a report indicating the defendant's status to the court. The report shall also indicate whether the defendant should be released or committed pursuant to § 37.2-817 or 37.2-817.01 or certified pursuant to § 37.2-806. Upon receipt of the report, if the court determines that the defendant is still incompetent, the court shall order that the defendant be released, committed, or certified, and may dismiss the charges against the defendant.

D. Unless an incompetent defendant is charged with aggravated murder or the charges against an

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incompetent criminal defendant have been previously dismissed, charges against an unrestorably incompetent defendant shall be dismissed on the date upon which his sentence would have expired had he been convicted and received the maximum sentence for the crime charged, or on the date five years from the date of his arrest for such charges, whichever is sooner.

E. If the court orders an unrestorably incompetent defendant to be screened pursuant to the procedures set forth in §§ 37.2-903 and 37.2-904, it shall order the attorney for the Commonwealth in the jurisdiction wherein the defendant was charged and the Commissioner of Behavioral Health and Developmental Services to provide the Director of the Department of Corrections with any information relevant to the review, including, but not limited to: (i) a copy of the warrant or indictment, (ii) a copy of the defendant's criminal record, (iii) information about the alleged crime, (iv) a copy of the competency report completed pursuant to § 19.2-169.1, and (v) a copy of the report prepared by the director of the defendant's community services board, behavioral health authority, or treating inpatient facility or his designee pursuant to this section. The court shall further order that the defendant be held in the custody of the Department of Behavioral Health and Developmental Services for secure confinement and treatment until the Commitment Review Committee's and Attorney General's review and any subsequent hearing or trial are completed. If the court receives notice that the Attorney General has declined to file a petition for the commitment of an unrestorably incompetent defendant as a sexually violent predator after conducting a review pursuant to § 37.2-905, the court shall order that the defendant be released, committed pursuant to Article 5 (§ 37.2-814 et seq.) of Chapter 8 of Title 37.2, or certified pursuant to § 37.2-806.

F. In any case when an incompetent defendant is charged with aggravated murder and has been determined to be unrestorably incompetent, notwithstanding any other provision of this section, the charge shall not be dismissed and the court having jurisdiction over the aggravated murder case may order that the defendant receive continued treatment under subsection A of § 19.2-169.2 in a secure facility determined by the Commissioner of the Department of Behavioral Health and Developmental Services where the defendant shall remain until further order of the court, provided that (i) a hearing pursuant to subsection E of § 19.2-169.1 is held at yearly intervals for five years and at biennial intervals thereafter, or at any time that the director of the treating facility or his designee submits a competency report to the court in accordance with subsection D of § 19.2-169.1 that the defendant's competency has been restored, (ii) the defendant remains incompetent, (iii) the court finds continued treatment to be medically appropriate, and (iv) the defendant presents a danger to himself or others. No unrestorably incompetent defendant charged with aggravated murder shall be released except pursuant to a court order.

G. The attorney for the Commonwealth may bring charges that have been dismissed against the defendant when he is restored to competency.

§ 19.2-169.6. Inpatient psychiatric hospital admission from local correctional facility.

A. Any inmate of a local correctional facility may be hospitalized for psychiatric treatment at a hospital designated by the Commissioner of Behavioral Health and Developmental Services as appropriate for treatment of persons under criminal charge if:

1. The court with jurisdiction over the inmate's case, if it is still pending, on the petition of the person having custody over an inmate or on its own motion, holds a hearing at which the inmate is represented by counsel and finds by clear and convincing evidence that (i) the inmate has a mental illness; (ii) there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information or (b) suffer serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information; and (iii) the inmate requires treatment in a hospital rather than the local correctional facility. Prior to making this determination, the court shall consider the examination conducted in accordance with § 37.2-815 and the preadmission screening report prepared in accordance with § 37.2-816 and conducted in-person or by means of a two-way electronic video and audio communication system as authorized in § 37.2-804.1 by an employee or designee of the local community services board or behavioral health authority who is skilled in the assessment and treatment of mental illness, who is not providing treatment to the inmate, and who has completed a certification program approved by the Department of Behavioral Health and Developmental Services as provided in § 37.2-809. The examiner appointed pursuant to § 37.2-815, if not physically present at the hearing, shall be available whenever possible for questioning during the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1. Any employee or designee of the local community services board or behavioral health authority, as defined in § 37.2-809, representing the board or authority that prepared the preadmission screening report shall attend the hearing in person or, if physical attendance is not practicable, shall participate in the hearing through a two-way electronic video and audio communication system as authorized in § 37.2-804.1. When the hearing is held outside the service area of the community services board or behavioral health authority

that prepared the preadmission screening report, and it is not practicable for a representative of the board or authority to attend or participate in the hearing, arrangements shall be made by the board or authority for an employee or designee of the board or authority serving the area in which the hearing is held to attend or participate on behalf of the board or authority that prepared the preadmission screening report; or

2. Upon petition by the person having custody over an inmate, a magistrate finds probable cause to believe that (i) the inmate has a mental illness; (ii) there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information or (b) suffer serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information; and (iii) the inmate requires treatment in a hospital rather than a local correctional facility, and the magistrate issues a temporary detention order for the inmate. Prior to the filing of the petition, the person having custody shall arrange for an evaluation of the inmate conducted in-person or by means of a two-way electronic video and audio communication system as authorized in § 37.2-804.1 by an employee or designee of the local community services board or behavioral health authority who is skilled in the assessment and treatment of mental illness and who has completed a certification program approved by the Department as provided in § 37.2-809. After considering the evaluation of the employee or designee of the local community services board or behavioral health authority, and any other information presented, and finding that probable cause exists to meet the criteria, the magistrate may issue a temporary detention order in accordance with the applicable procedures specified in §§ 37.2-809 through 37.2-813. A temporary detention order issued pursuant to this subdivision may be executed by a deputy sheriff or jail officer, as those terms are defined in § 53.1-1, employed at the local correctional facility where the inmate is incarcerated. The person having custody over the inmate shall notify the court having jurisdiction over the inmate's case, if it is still pending, and the inmate's attorney prior to the detention pursuant to a temporary detention order or as soon thereafter as is reasonable.

Upon detention pursuant to this subdivision, a hearing shall be held either before the court having jurisdiction over the inmate's case or before a district court judge or a special justice, as defined in § 37.2-100, in accordance with the provisions of §§ 37.2-815 through 37.2-821, in which case the inmate shall be represented by counsel as specified in § 37.2-814. The hearing shall be held within 72 hours of execution of the temporary detention order issued pursuant to this subdivision. If the 72-hour period terminates on a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed, the inmate may be detained until the close of business on the next day that is not a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed. Any employee or designee of the local community services board or behavioral health authority, as defined in § 37.2-809, representing the board or authority that prepared the preadmission screening report shall attend the hearing in person or, if physical attendance is not practicable, shall participate in the hearing through a two-way electronic video and audio communication system as authorized in § 37.2-804.1. When the hearing is held outside the service area of the community services board or behavioral health authority that prepared the preadmission screening report, and it is not practicable for a representative of the board or authority to attend or participate in the hearing, arrangements shall be made by the board or authority for an employee or designee of the board or authority serving the area in which the hearing is held to attend or participate on behalf of the board or authority that prepared the preadmission screening report. The judge or special justice conducting the hearing may order the inmate hospitalized if, after considering the examination conducted in accordance with § 37.2-815, the preadmission screening report prepared in accordance with § 37.2-816, and any other available information as specified in subsection C of § 37.2-817, he finds by clear and convincing evidence that (1) the inmate has a mental illness; (2) there exists a substantial likelihood that, as a result of a mental illness, the inmate will, in the near future, (a) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and any other relevant information or (b) suffer serious harm due to his lack of capacity to protect himself from harm as evidenced by recent behavior and any other relevant information; and (3) the inmate requires treatment in a hospital rather than a local correctional facility. The examiner appointed pursuant to § 37.2-815, if not physically present at the hearing, shall be available whenever possible for questioning during the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1. The examination and the preadmission screening report shall be admitted into evidence at the hearing.

B. In no event shall an inmate have the right to make application for voluntary admission as may be otherwise provided in § 37.2-805 or 37.2-814 or be subject to an order for mandatory outpatient treatment as provided in § ~~37.2-817~~ 37.2-817.01.

C. If an inmate is hospitalized pursuant to this section and his criminal case is still pending, the court having jurisdiction over the inmate's case may order that the admitting hospital evaluate the

183 inmate's competency to stand trial and his mental state at the time of the offense pursuant to
184 §§ 19.2-169.1 and 19.2-169.5.

185 D. An inmate may not be hospitalized longer than 30 days under subsection A unless the court
186 which has criminal jurisdiction over him or a district court judge or a special justice, as defined in
187 § 37.2-100, holds a hearing and orders the inmate's continued hospitalization in accordance with the
188 provisions of subdivision A 2. If the inmate's hospitalization is continued under this subsection by a
189 court other than the court which has jurisdiction over his criminal case, the facility at which the inmate
190 is hospitalized shall notify the court with jurisdiction over his criminal case and the inmate's attorney in
191 the criminal case, if the case is still pending.

192 E. Hospitalization may be extended in accordance with subsection D for periods of 60 days for
193 inmates awaiting trial, but in no event may such hospitalization be continued beyond trial, nor shall such
194 hospitalization act to delay trial, as long as the inmate remains competent to stand trial. Hospitalization
195 may be extended in accordance with subsection D for periods of 180 days for an inmate who has been
196 convicted and not yet sentenced, or for an inmate who has been convicted of a crime and is in the
197 custody of a local correctional facility after sentencing, but in no event may such hospitalization be
198 continued beyond the date upon which his sentence would have expired had he received the maximum
199 sentence for the crime charged. Any inmate who has not completed service of his sentence upon
200 discharge from the hospital shall serve the remainder of his sentence.

201 F. For any inmate who has been convicted and not yet sentenced, or who has been convicted of a
202 crime and is in the custody of a local correctional facility after sentencing, the time the inmate is
203 confined in a hospital for psychiatric treatment shall be deducted from any term for which he may be
204 sentenced to any penal institution, reformatory or elsewhere.

205 G. Any health care provider, as defined in § 32.1-127.1:03, or other provider rendering services to an
206 inmate who is the subject of a proceeding under this section, upon request, shall disclose to a
207 magistrate, the court, the inmate's attorney, the inmate's guardian ad litem, the examiner appointed
208 pursuant to § 37.2-815, the community service board or behavioral health authority preparing the
209 preadmission screening pursuant to § 37.2-816, or the sheriff or administrator of the local correctional
210 facility any and all information that is necessary and appropriate to enable each of them to perform his
211 duties under this section. These health care providers and other service providers shall disclose to one
212 another health records and information where necessary to provide care and treatment to the inmate and
213 to monitor that care and treatment. Health records disclosed to a sheriff or administrator of the local
214 correctional facility shall be limited to information necessary to protect the sheriff or administrator of the
215 local correctional facility and his employees, the inmate, or the public from physical injury or to address
216 the health care needs of the inmate. Information disclosed to a law-enforcement officer shall not be used
217 for any other purpose, disclosed to others, or retained.

218 Any health care provider disclosing records pursuant to this section shall be immune from civil
219 liability for any harm resulting from the disclosure, including any liability under the federal Health
220 Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.), as amended, unless the person
221 or provider disclosing such records intended the harm or acted in bad faith.

222 H. Any order entered where an inmate is the subject of proceedings under this section shall provide
223 for the disclosure of medical records pursuant to subsection G. This subsection shall not preclude any
224 other disclosures as required or permitted by law.

225 I. If the person having custody over an inmate files a petition pursuant to this section, such person
226 shall ensure that the appropriate community services board or behavioral health authority is advised of
227 the need for a preadmission screening. If the community services board or behavioral health authority
228 does not respond upon being advised of the need for a preadmission screening or fails to complete the
229 preadmission screening, the person having custody over the inmate shall contact the director or other
230 senior management at the community services board or behavioral health authority.

231 J. As used in this section, "person having custody over an inmate" means the sheriff or other person
232 in charge of the local correctional facility where the inmate is incarcerated at the time of the filing of a
233 petition for the psychiatric treatment of the inmate.

234 **§ 37.2-805. Voluntary admission.**

235 Any state facility shall admit any person requesting admission who has been (i) screened by the
236 community services board or behavioral health authority that serves the county or city where the person
237 resides or, if impractical, where the person is located, (ii) examined by a physician on the staff of the
238 state facility, and (iii) deemed by the board or authority and the state facility physician to be in need of
239 treatment, training, or habilitation in a state facility. Upon motion of the treating physician, a family
240 member or personal representative of the person, or the community services board serving the county or
241 city where the facility is located, the county or city where the person resides, or the county or city
242 where the person receives treatment, a hearing shall be held prior to the release date of any person who
243 has been the subject of a temporary detention order and voluntarily admitted himself in accordance with
244 subsection B of § 37.2-814 to determine whether such person should be ordered to mandatory outpatient

treatment pursuant to subsection [~~D B~~] of § ~~37.2-817~~ 37.2-817.01 [, *except that such 36-month period shall not include any time during which the person was receiving inpatient psychiatric treatment or was incarcerated, as established by evidence admitted at the hearing,*] upon his release if such person, on at least two previous occasions within 36 months preceding the date of the hearing, has been (a) the subject of a temporary detention order and voluntarily admitted himself in accordance with subsection B of § 37.2-814 or (b) involuntarily admitted pursuant to § 37.2-817. A district court judge or special justice shall hold the hearing within 72 hours after receiving the motion for a mandatory outpatient treatment order; however, if the 72-hour period expires on a Saturday, Sunday, or legal holiday, the hearing shall be held by the close of business on the next day that is not a Saturday, Sunday, or legal holiday.

§ 37.2-813. Release of person prior to commitment hearing for involuntary admission.

Prior to a hearing as authorized in §§ 37.2-814 through 37.2-819, the district court judge or special justice may release the person on his personal recognizance or bond set by the district court judge or special justice if it appears from all evidence readily available that the person does not meet the commitment criteria specified in subsection ~~D~~ [~~B C~~] of § [~~37.2-817~~ ~~37.2-817.01~~]. The director of any facility in which the person is detained may release the person prior to a hearing as authorized in §§ 37.2-814 through 37.2-819 if it appears, based on an evaluation conducted by the psychiatrist or clinical psychologist treating the person, that the person would not meet the commitment criteria specified in subsection ~~D~~ [~~B C~~] of § [~~37.2-817~~ ~~37.2-817.01~~] if released.

§ 37.2-815. Commitment hearing for involuntary admission; examination required.

A. Notwithstanding § 37.2-814, the district court judge or special justice shall require an examination of the person who is the subject of the hearing by a psychiatrist or a psychologist who is licensed in Virginia by the Board of Medicine or the Board of Psychology and is qualified in the diagnosis of mental illness or, if such a psychiatrist or psychologist is not available, a mental health professional who (i) is licensed in Virginia through the Department of Health Professions as a clinical social worker, professional counselor, marriage and family therapist, psychiatric nurse practitioner, or clinical nurse specialist, (ii) is qualified in the assessment of mental illness, and (iii) has completed a certification program approved by the Department. The examiner chosen shall be able to provide an independent clinical evaluation of the person and recommendations for his placement, care, and treatment. The examiner shall (a) not be related by blood or marriage to the person, (b) not be responsible for treating the person, (c) have no financial interest in the admission or treatment of the person, (d) have no investment interest in the facility detaining or admitting the person under this chapter, and (e) except for employees of state hospitals, the U.S. Department of Veterans Affairs, and community service boards, not be employed by the facility. For purposes of this section, the term "investment interest" shall be as defined in § 37.2-809.

B. The examination conducted pursuant to this section shall be a comprehensive evaluation of the person conducted in-person or, if that is not practicable, by two-way electronic video and audio communication system as authorized in § 37.2-804.1. Translation or interpreter services shall be provided during the evaluation where necessary. The examination shall consist of (i) a clinical assessment that includes a mental status examination; determination of current use of psychotropic and other medications; a medical and psychiatric history; a substance use, abuse, or dependency determination; and a determination of the likelihood that, as a result of mental illness, the person will, in the near future, suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; (ii) a substance abuse screening, when indicated; (iii) a risk assessment that includes an evaluation of the likelihood that, as a result of mental illness, the person will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any; (iv) an assessment of the person's capacity to consent to treatment, including his ability to maintain and communicate choice, understand relevant information, and comprehend the situation and its consequences; (v) a review of the temporary detention facility's records for the person, including the treating physician's evaluation, any collateral information, reports of any laboratory or toxicology tests conducted, and all admission forms and nurses' notes; (vi) a discussion of treatment preferences expressed by the person or contained in a document provided by the person in support of recovery; (vii) an assessment of whether the person meets the criteria for an order authorizing discharge to mandatory outpatient treatment following a period of inpatient treatment pursuant to subsection ~~C~~ ~~C~~ of § ~~37.2-817~~ 37.2-817.01; (viii) an assessment of alternatives to involuntary inpatient treatment; and (ix) recommendations for the placement, care, and treatment of the person.

C. All such examinations shall be conducted in private. The judge or special justice shall summons the examiner who shall certify that he has personally examined the person and state whether he has probable cause to believe that the person (i) has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to

himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, and (ii) requires involuntary inpatient treatment. The judge or special justice shall not render any decision on the petition until the examiner has presented his report. The examiner may report orally at the hearing, but he shall provide a written report of his examination prior to the hearing. The examiner's written certification may be accepted into evidence unless objected to by the person or his attorney, in which case the examiner shall attend in person or by electronic communication. When the examiner attends the hearing in person or by electronic communication, the examiner shall not be excluded from the hearing pursuant to an order of sequestration of witnesses.

§ 37.2-817. (Effective July 1, 2022) Involuntary admission.

A. The district court judge or special justice shall render a decision on the petition for involuntary admission after the appointed examiner has presented the report required by § 37.2-815, and after the community services board that serves the county or city where the person resides or, if impractical, where the person is located has presented a preadmission screening report with recommendations for that person's placement, care, and treatment pursuant to § 37.2-816. These reports, if not contested, may constitute sufficient evidence upon which the district court judge or special justice may base his decision. The examiner, if not physically present at the hearing, and the treating physician at the facility of temporary detention shall be available whenever possible for questioning during the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1.

B. Any employee or designee of the local community services board, as defined in § 37.2-809, representing the community services board that prepared the preadmission screening report shall attend the hearing in person or, if physical attendance is not practicable, shall participate in the hearing through a two-way electronic video and audio or telephonic communication system as authorized in § 37.2-804.1. Where a hearing is held outside of the service area of the community services board that prepared the preadmission screening report, and it is not practicable for a representative of the community services board that prepared the preadmission screening report to attend or participate in the hearing, arrangements shall be made by the community services board that prepared the preadmission screening report for an employee or designee of the community services board serving the area in which the hearing is held to attend or participate on behalf of the community services board that prepared the preadmission screening report. The employee or designee of the local community services board, as defined in § 37.2-809, representing the community services board that prepared the preadmission screening report or attending or participating on behalf of the community services board that prepared the preadmission screening report shall not be excluded from the hearing pursuant to an order of sequestration of witnesses. The community services board that prepared the preadmission screening report shall remain responsible for the person subject to the hearing and, prior to the hearing, shall send the preadmission screening report through certified mail, personal delivery, facsimile with return receipt acknowledged, or other electronic means with documented acknowledgment of receipt to the community services board attending the hearing. Where a community services board attends the hearing on behalf of the community services board that prepared the preadmission screening report, the attending community services board shall inform the community services board that prepared the preadmission screening report of the disposition of the matter upon the conclusion of the hearing. In addition, the attending community services board shall transmit the disposition through certified mail, personal delivery, facsimile with return receipt acknowledged, or other electronic means with documented acknowledgment of receipt.

At least 12 hours prior to the hearing, the court shall provide to the community services board that prepared the preadmission screening report the time and location of the hearing. If the representative of the community services board that prepared the preadmission screening report will be present by telephonic means, the court shall provide the telephone number to the community services board. If a representative of a community services board will be attending the hearing on behalf of the community services board that prepared the preadmission screening report, the community services board that prepared the preadmission screening report shall promptly communicate the time and location of the hearing and, if the representative of the community services board attending on behalf of the community services board that prepared the preadmission screening report will be present by telephonic means, the telephone number to the attending community services board.

C. After observing the person and considering (i) the recommendations of any treating or examining physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any examiner's certification, (v) any health records available, (vi) the preadmission screening report, and (vii) any other relevant evidence that may have been admitted, including whether the person recently has been found unrestorably incompetent to stand trial after a hearing held pursuant to subsection E of § 19.2-169.1, if the judge or special justice finds by clear and convincing evidence that (a) the person has a mental illness and there is a substantial

likelihood that, as a result of mental illness, the person will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, and (b) all available less restrictive treatment alternatives to involuntary inpatient treatment [~~; pursuant to subsection D,~~] that would offer an opportunity for the improvement of the person's condition have been investigated and determined to be inappropriate, the judge or special justice shall by written order and specific findings so certify and order that the person be admitted involuntarily to a facility for a period of treatment not to exceed 30 days from the date of the court order. Such involuntary admission shall be to a facility designated by the community services board that serves the county or city in which the person was examined as provided in § 37.2-816. If the community services board does not designate a facility at the commitment hearing, the person shall be involuntarily admitted to a facility designated by the Commissioner. Upon the expiration of an order for involuntary admission, the person shall be released unless (A) he is involuntarily admitted by further petition and order of a court, which shall be for a period not to exceed 180 days from the date of the subsequent court order, (B) he makes application for treatment on a voluntary basis as provided for in § 37.2-805, or (C) he is ordered to mandatory outpatient treatment following a period of inpatient treatment *pursuant to § 37.2-817.01*. At any time prior to the discharge of a person who has been involuntarily admitted pursuant to this subsection, the person, the person's treating physician, a family member or personal representative of the person, or the community services board serving the county or city where the facility is located, the county or city where the person resides, or the county or city where the person will receive treatment following discharge may file a motion with the court for a hearing to determine whether such person should be ordered to mandatory outpatient treatment following a period of inpatient treatment pursuant to subsection C1 or D upon discharge if such person, on at least two previous occasions within 36 months preceding the date of the hearing, has been (I) involuntarily admitted pursuant to this section or (II) the subject of a temporary detention order and voluntarily admitted himself in accordance with subsection B of § 37.2-814, except that such 36-month period shall not include any time during which the person was receiving inpatient psychiatric treatment or was incarcerated, as established by evidence admitted at the hearing. A district court judge or special justice shall hold the hearing within 72 hours after receiving the motion for a hearing to determine whether the person should be ordered to mandatory outpatient treatment following a period of involuntary inpatient treatment; however, if the 72-hour period expires on a Saturday, Sunday, or legal holiday, the hearing shall be held by the close of business on the next day that is not a Saturday, Sunday, or legal holiday. The district court judge or special justice may enter an order for a period of mandatory outpatient treatment following a period of involuntary inpatient treatment upon finding that the person meets the criteria set forth in subsection C1.

C1. In an order for involuntary admission pursuant to subsection C, the judge or special justice may also order that, upon discharge from inpatient treatment, the person adhere to a comprehensive mandatory outpatient treatment plan, if the judge or special justice further finds by clear and convincing evidence that (i) the person has a history of lack of adherence to treatment for mental illness that has, at least twice within the past 36 months, resulted in the person being subject to an order for involuntary admission pursuant to subsection C or being subject to a temporary detention order and then voluntarily admitting himself in accordance with subsection B of § 37.2-814, except that such 36-month period shall not include any time during which the person was receiving inpatient psychiatric treatment or was incarcerated, as established by evidence admitted at the hearing; (ii) in view of the person's treatment history and current behavior, the person is in need of mandatory outpatient treatment following inpatient treatment in order to prevent a relapse or deterioration that would be likely to result in the person meeting the criteria for involuntary inpatient treatment; (iii) the person has the ability to adhere to the comprehensive mandatory outpatient treatment plan; and (iv) the person is likely to benefit from mandatory outpatient treatment. The duration of the period of inpatient treatment shall be determined by the court and the maximum period of inpatient treatment shall not exceed 30 days. The duration of mandatory outpatient treatment shall be determined by the court based on recommendations of the community services board and the maximum period of mandatory outpatient treatment shall not exceed 180 days; in prescribing the terms of the order, including its length, the judge or special justice shall consider the impact on the person's opportunities and obligations, including education and employment. The period of mandatory outpatient treatment shall begin upon discharge of the person from involuntary inpatient treatment, either upon expiration of the 30-day period or pursuant to § 37.2-837 or 37.2-838. The treating physician and facility staff shall develop the comprehensive mandatory outpatient treatment plan in conjunction with the community services board and the person. The comprehensive mandatory outpatient treatment plan shall include all of the components described in, and shall be filed with the court and incorporated into, the order for mandatory outpatient treatment following a period of involuntary inpatient treatment in accordance with subsection G. The community services board where

the person resides upon discharge shall monitor the person's progress and adherence to the comprehensive mandatory outpatient treatment plan. Upon expiration of the order for mandatory outpatient treatment following a period of involuntary inpatient treatment, the person shall be released unless the order is continued in accordance with § 37.2-817.4.

D. After observing the person and considering (i) the recommendations of any treating or examining physician or psychologist licensed in Virginia, if available; (ii) any past actions of the person; (iii) any past mental health treatment of the person; (iv) any examiner's certification; (v) any health records available; (vi) the preadmission screening report; and (vii) any other relevant evidence that may have been admitted; if the judge or special justice finds by clear and convincing evidence that (a) the person has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs; (b) less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of his condition have been investigated and are determined to be appropriate, as reflected in the initial outpatient treatment plan prepared in accordance with subsection F; (c) the person has the ability to adhere to the mandatory outpatient treatment plan; and (d) the ordered treatment will be delivered on an outpatient basis by the community services board or designated provider to the person, the judge or special justice shall by written order and specific findings so certify and order that the person be admitted involuntarily to mandatory outpatient treatment. Less restrictive alternatives shall not be determined to be appropriate unless the services are actually available in the community. The duration of mandatory outpatient treatment shall be determined by the court based on recommendations of the community services board but shall not exceed 180 days; in prescribing the terms of the order, including its length, the judge or special justice shall consider the impact on the person's opportunities and obligations, including education and employment. Upon expiration of an order for mandatory outpatient treatment, the person shall be released from the requirements of the order unless the order is continued in accordance with § 37.2-817.4.

E. Mandatory outpatient treatment may include day treatment in a hospital, night treatment in a hospital, outpatient involuntary treatment with anti-psychotic medication pursuant to Chapter 11 (§ 37.2-1100 et seq.), or other appropriate course of treatment as may be necessary to meet the needs of the person. Mandatory outpatient treatment shall not include the use of restraints or physical force of any kind in the provision of the medication. The community services board that serves the county or city in which the person resides shall recommend a specific course of treatment and programs for the provision of mandatory outpatient treatment.

F. Any order for mandatory outpatient treatment entered pursuant to subsection D shall include an initial mandatory outpatient treatment plan developed by the community services board that completed the preadmission screening report. The plan shall, at a minimum, (i) identify the specific services to be provided; (ii) identify the provider who has agreed to provide each service; (iii) describe the arrangements made for the initial in-person appointment or contact with each service provider; and (iv) include any other relevant information that may be available regarding the mandatory outpatient treatment ordered. The order shall require the community services board to monitor the implementation of the mandatory outpatient treatment plan and the person's progress and adherence to the initial mandatory outpatient treatment plan.

G. Prior to discharging a person to mandatory outpatient treatment in accordance with an order for mandatory outpatient treatment following a period of involuntary inpatient treatment entered pursuant to subsection C1 or no later than five days, excluding Saturdays, Sundays, or legal holidays, after an order for mandatory outpatient treatment has been entered pursuant to subsection D, the community services board where the person resides that is responsible for monitoring the person's progress and adherence to the comprehensive mandatory outpatient treatment plan shall file a comprehensive mandatory outpatient treatment plan. The comprehensive mandatory outpatient treatment plan shall (i) identify the specific type, amount, duration, and frequency of each service to be provided to the person; (ii) identify the provider that has agreed to provide each service included in the plan; (iii) certify that the services are the most appropriate and least restrictive treatment available for the person; (iv) certify that each provider has complied and continues to comply with applicable provisions of the Department's licensing regulations; (v) be developed with the fullest possible involvement and participation of the person and his family, with the person's consent, and reflect his preferences to the greatest extent possible to support his recovery and self-determination, including incorporating any preexisting crisis plan or advance directive of the person; (vi) specify the particular conditions to which the person shall be required to adhere; and (vii) describe (a) how the community services board shall monitor the person's progress and adherence to the plan and (b) any conditions, including scheduled meetings or continued adherence to medication, necessary for mandatory outpatient treatment to be appropriate for the person. The community services board shall submit the comprehensive mandatory outpatient treatment plan to

the court for approval. Upon approval by the court, the comprehensive mandatory outpatient treatment plan shall be filed with the court and incorporated into the order of mandatory outpatient treatment entered pursuant to subsection C1 or D, as appropriate. A copy of the comprehensive mandatory outpatient treatment plan shall be provided to the person by the community services board upon approval of the comprehensive mandatory outpatient treatment plan by the court.

H. If the community services board responsible for developing a comprehensive mandatory outpatient treatment plan pursuant to subsection C1 or D determines that the services necessary for the treatment of the person's mental illness are not available or cannot be provided to the person in accordance with the order for mandatory outpatient treatment, it shall petition the court for rescission of the mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment in accordance with the provisions of § 37.2-817.2.

I. Upon entry of any order for mandatory outpatient treatment following a period of involuntary inpatient treatment pursuant to subsection C1 or mandatory outpatient treatment entered pursuant to subsection D, the clerk of the court shall provide a copy of the order to the person who is the subject of the order, to his attorney, and to the community services board required to monitor the person's progress and adherence to the comprehensive mandatory outpatient treatment plan. The community services board shall acknowledge receipt of the order to the clerk of the court on a form established by the Office of the Executive Secretary of the Supreme Court and provided by the court for this purpose within five business days.

J. The court may transfer jurisdiction of the case to the district court where the person resides at any time after the entry of the mandatory outpatient treatment order. The community services board responsible for monitoring the person's progress and adherence to the comprehensive mandatory outpatient treatment plan shall remain responsible for monitoring the person's progress and adherence to the plan until the community services board serving the locality to which jurisdiction of the case has been transferred acknowledges the transfer and receipt of the order to the clerk of the court on a form established by the Office of the Executive Secretary of the Supreme Court and provided by the court for this purpose. The community services board serving the locality to which jurisdiction of the case has been transferred shall acknowledge the transfer and receipt of the order within five business days.

K. Any order entered pursuant to this section shall provide for the disclosure of medical records pursuant to § 37.2-804.2. This subsection shall not preclude any other disclosures as required or permitted by law.

§ 37.2-817.01. Mandatory outpatient treatment.

A. Prior to ordering involuntary admission pursuant to § 37.2-817, a judge or special justice shall investigate and determine whether (i) mandatory outpatient treatment is appropriate as a less restrictive alternative to admission pursuant to subsection B or (ii) mandatory outpatient treatment following a period of inpatient treatment is appropriate pursuant to subsection C.

B. After observing the person and considering (i) the recommendations of any treating or examining physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any past mental health treatment of the person, (iv) any examiner's certification, (v) any health records available, (vi) the preadmission screening report, and (vii) any other relevant evidence that may have been admitted, if the judge or special justice finds by clear and convincing evidence that (a) the person has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, (b) less restrictive alternatives to involuntary inpatient treatment that would offer an opportunity for improvement of his condition have been investigated and are determined to be appropriate, as reflected in the initial outpatient treatment plan prepared in accordance with subsection F, (c) the person has the ability to adhere to the mandatory outpatient treatment plan, and (d) the ordered treatment will be delivered on an outpatient basis by the community services board or designated provider to the person, the judge or special justice shall by written order and specific findings so certify and order that the person be admitted involuntarily to mandatory outpatient treatment. Less restrictive alternatives shall not be determined to be appropriate unless the services are actually available in the community. The duration of mandatory outpatient treatment shall be determined by the court based on recommendations of the community services board but shall not exceed 180 days; in prescribing the terms of the order, including its length, the judge or special justice shall consider the impact on the person's opportunities and obligations, including education and employment. Upon expiration of an order for mandatory outpatient treatment, the person shall be released from the requirements of the order unless the order is continued in accordance with § 37.2-817.4.

C. Upon finding by clear and convincing evidence that, in addition to the findings described in subsection C of § 37.2-817, (i) the person has a history of lack of adherence to treatment for mental

552 illness that has, at least twice within the past 36 months, resulted in the person being subject to an
553 order for involuntary admission pursuant to subsection C of § 37.2-817 or being subject to a temporary
554 detention order and then voluntarily admitting himself in accordance with subsection B of § 37.2-814,
555 except that such 36-month period shall not include any time during which the person was receiving
556 inpatient psychiatric treatment or was incarcerated, as established by evidence admitted at the hearing,
557 (ii) in view of the person's treatment history and current behavior, the person is in need of mandatory
558 outpatient treatment following inpatient treatment in order to prevent a relapse or deterioration that
559 would be likely to result in the person meeting the criteria for involuntary inpatient treatment, (iii) the
560 person has the ability to adhere to the comprehensive mandatory outpatient treatment plan, and (iv) the
561 person is likely to benefit from mandatory outpatient treatment, the judge or special justice may order
562 that, upon discharge from inpatient treatment, the person adhere to a comprehensive mandatory
563 outpatient treatment plan.

564 The period of mandatory outpatient treatment shall begin upon discharge of the person from
565 involuntary inpatient treatment, either upon expiration of the order for inpatient treatment pursuant to
566 subsection C of § 37.2-817 or pursuant to § 37.2-837 or 37.2-838. The duration of mandatory outpatient
567 treatment shall be determined by the court on the basis of recommendations of the community services
568 board, and the maximum period of mandatory outpatient treatment shall not exceed 180 days; in
569 prescribing the terms of the order, including its length, the judge or special justice shall consider the
570 impact on the person's opportunities and obligations, including education and employment.

571 The treating physician and facility staff shall develop the comprehensive mandatory outpatient
572 treatment plan in conjunction with the community services board and the person. The comprehensive
573 mandatory outpatient treatment plan shall include all of the components described in, and shall be filed
574 with the court and incorporated into, the order for mandatory outpatient treatment following a period of
575 involuntary inpatient treatment in accordance with subsection G. The community services board where
576 the person resides upon discharge shall monitor the person's progress and adherence to the
577 comprehensive mandatory outpatient treatment plan. Upon expiration of the order for mandatory
578 outpatient treatment following a period of involuntary inpatient treatment, the person shall be released
579 unless the order is continued in accordance with § 37.2-817.4.

580 D. At any time prior to the discharge of a person who has been involuntarily admitted pursuant to
581 subsection C of § 37.2-817, the person, the person's treating physician, a family member or personal
582 representative of the person, or the community services board serving the county or city where the
583 facility is located, the county or city where the person resides, or the county or city where the person
584 will receive treatment following discharge may file a motion with the court for a hearing to determine
585 whether such person should be ordered to mandatory outpatient treatment following a period of
586 inpatient treatment upon discharge if such person, on at least two previous occasions within 36 months
587 preceding the date of the hearing, has been (i) involuntarily admitted pursuant to subsection C of
588 § 37.2-817 or (ii) the subject of a temporary detention order and voluntarily admitted himself in
589 accordance with subsection B of § 37.2-814, except that such 36-month period shall not include any
590 time during which the person was receiving inpatient psychiatric treatment or was incarcerated, as
591 established by evidence admitted at the hearing. A district court judge or special justice shall hold the
592 hearing within 72 hours after receiving the motion for a hearing to determine whether the person should
593 be ordered to mandatory outpatient treatment following a period of involuntary inpatient treatment;
594 however, if the 72-hour period expires on a Saturday, Sunday, or legal holiday, the hearing shall be
595 held by the close of business on the next day that is not a Saturday, Sunday, or legal holiday. The
596 district court judge or special justice may enter an order for a period of mandatory outpatient treatment
597 following a period of involuntary inpatient treatment upon finding that the person meets the criteria set
598 forth in [~~the~~] subsection [C].

599 E. Mandatory outpatient treatment may include day treatment in a hospital, night treatment in a
600 hospital, outpatient involuntary treatment with antipsychotic medication pursuant to Chapter 11
601 (§ 37.2-1100 et seq.), or other appropriate course of treatment as may be necessary to meet the needs of
602 the person. Mandatory outpatient treatment shall not include the use of restraints or physical force of
603 any kind in the provision of the medication. The community services board that serves the county or city
604 in which the person resides shall recommend a specific course of treatment and programs for the
605 provision of mandatory outpatient treatment.

606 F. Any order for mandatory outpatient treatment entered pursuant to subsection B shall include an
607 initial mandatory outpatient treatment plan developed by the community services board that completed
608 the preadmission screening report. The plan shall, at a minimum, (i) identify the specific services to be
609 provided, (ii) identify the provider who has agreed to provide each service, (iii) describe the
610 arrangements made for the initial in-person appointment or contact with each service provider, and (iv)
611 include any other relevant information that may be available regarding the mandatory outpatient
612 treatment ordered. The order shall require the community services board to monitor the implementation
613 of the mandatory outpatient treatment plan and the person's progress and adherence to the initial

mandatory outpatient treatment plan.

G. The community services board where the person resides that is responsible for monitoring the person's progress and adherence to the comprehensive mandatory outpatient treatment plan shall file a comprehensive mandatory outpatient treatment plan no later than five days, excluding Saturdays, Sundays, or legal holidays, after an order for mandatory outpatient treatment has been entered pursuant to subsection B. The community services board where the person resides that is responsible for monitoring the person's progress and adherence to the comprehensive mandatory outpatient treatment plan shall file a comprehensive mandatory outpatient treatment plan prior to discharging a person to mandatory outpatient treatment pursuant to subsection C or D. The comprehensive mandatory outpatient treatment plan shall (i) identify the specific type, amount, duration, and frequency of each service to be provided to the person; (ii) identify the provider that has agreed to provide each service included in the plan; (iii) certify that the services are the most appropriate and least restrictive treatment available for the person; (iv) certify that each provider has complied and continues to comply with applicable provisions of the Department's licensing regulations; (v) be developed with the fullest possible involvement and participation of the person and his family, with the person's consent, and reflect his preferences to the greatest extent possible to support his recovery and self-determination, including incorporating any preexisting crisis plan or advance directive of the person; (vi) specify the particular conditions to which the person shall be required to adhere; and (vii) describe (a) how the community services board shall monitor the person's progress and adherence to the plan and (b) any conditions, including scheduled meetings or continued adherence to medication, necessary for mandatory outpatient treatment to be appropriate for the person. The community services board shall submit the comprehensive mandatory outpatient treatment plan to the court for approval. Upon approval by the court, the comprehensive mandatory outpatient treatment plan shall be filed with the court and incorporated into the order of mandatory outpatient treatment entered pursuant to subsection B, C, or D, as appropriate. A copy of the comprehensive mandatory outpatient treatment plan shall be provided to the person by the community services board upon approval of the comprehensive mandatory outpatient treatment plan by the court.

H. If the community services board responsible for developing a comprehensive mandatory outpatient treatment plan pursuant to subsection B, C, or D determines that the services necessary for the treatment of the person's mental illness are not available or cannot be provided to the person in accordance with the order for mandatory outpatient treatment, it shall petition the court for rescission of the mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment in accordance with the provisions of subsection D of § 37.2-817.1.

I. Upon entry of any order for mandatory outpatient treatment pursuant to subsection B or mandatory outpatient treatment following a period of involuntary inpatient treatment pursuant to subsection C or D, the clerk of the court shall provide a copy of the order to the person who is the subject of the order, to his attorney, and to the community services board required to monitor the person's progress and adherence to the comprehensive mandatory outpatient treatment plan. The community services board shall acknowledge receipt of the order to the clerk of the court on a form established by the Office of the Executive Secretary of the Supreme Court and provided by the court for this purpose within five business days.

J. The court may transfer jurisdiction of the case to the district court where the person resides at any time after the entry of the mandatory outpatient treatment order. The community services board responsible for monitoring the person's progress and adherence to the comprehensive mandatory outpatient treatment plan shall remain responsible for monitoring the person's progress and adherence to the plan until the community services board serving the locality to which jurisdiction of the case has been transferred acknowledges the transfer and receipt of the order to the clerk of the court on a form established by the Office of the Executive Secretary of the Supreme Court and provided by the court for this purpose. The community services board serving the locality to which jurisdiction of the case has been transferred shall acknowledge the transfer and receipt of the order within five business days.

K. Any order entered pursuant to this section shall provide for the disclosure of medical records pursuant to § 37.2-804.2. This subsection shall not preclude any other disclosures as required or permitted by law.

§ 37.2-817.1. (Effective July 1, 2022) Monitoring and court review of mandatory outpatient treatment.

A. As used in this section, "material nonadherence" means deviation from a comprehensive mandatory outpatient treatment plan by a person who is subject to an order for mandatory outpatient treatment following a period of involuntary inpatient treatment pursuant to subsection ~~C~~ C or D of § ~~37.2-817~~ 37.2-817.01 or an order for mandatory outpatient treatment pursuant to subsection ~~D~~ B of § ~~37.2-817~~ 37.2-817.01 that it is likely to lead to the person's relapse or deterioration and for which the

675 person cannot provide a reasonable explanation.

676 B. The community services board where the person resides shall monitor the person's progress and
677 adherence to the comprehensive mandatory outpatient treatment plan prepared in accordance with §
678 ~~37.2-817~~ 37.2-817.01. Such monitoring shall include (i) contacting or making documented efforts to
679 contact the person regarding the comprehensive mandatory outpatient treatment plan and any support
680 necessary for the person to adhere to the comprehensive mandatory outpatient treatment plan, (ii)
681 contacting the service providers to determine if the person is adhering to the comprehensive mandatory
682 outpatient treatment plan and, in the event of material nonadherence, if the person fails or refuses to
683 cooperate with efforts of the community services board or providers of services identified in the
684 comprehensive mandatory outpatient treatment plan to address the factors leading to the person's
685 material nonadherence, petitioning for a review hearing pursuant to § ~~37.2-817.2~~ *this section*. Service
686 providers identified in the comprehensive mandatory outpatient treatment plan shall report any material
687 nonadherence and any material changes in the person's condition to the community services board. Any
688 finding of material nonadherence shall be based upon a totality of the circumstances.

689 C. The community services board responsible for monitoring the person's progress and adherence to
690 the comprehensive mandatory outpatient treatment plan shall report monthly, in writing, to the court
691 regarding the person's and the community services board's compliance with the provisions of the
692 comprehensive mandatory outpatient treatment plan. If the community services board determines that the
693 deterioration of the condition or behavior of a person who is subject to an order for mandatory
694 outpatient treatment following a period of involuntary inpatient treatment pursuant to subsection ~~€~~ C or
695 D of § ~~37.2-817~~ 37.2-807.01 or a mandatory outpatient treatment order pursuant to subsection ~~Đ~~ B of
696 § ~~37.2-817~~ § 37.2-817.01 is such that there is a substantial likelihood that, as a result of the person's
697 mental illness, the person will, in the near future, (i) cause serious physical harm to himself or others as
698 evidenced by recent behavior causing, attempting, or threatening harm and other relevant information, if
699 any, or (ii) suffer serious harm due to his lack of capacity to protect himself from harm or to provide
700 for his basic human needs, it shall immediately request that the magistrate issue an emergency custody
701 order pursuant to § 37.2-808 or a temporary detention order pursuant to § 37.2-809. Entry of an
702 emergency custody order, temporary detention order, or involuntary inpatient treatment order shall
703 suspend but not rescind an existing order for mandatory outpatient treatment following a period of
704 involuntary inpatient treatment pursuant to subsection ~~€~~ C or D of § ~~37.2-817~~ § 37.2-817.01 or a
705 mandatory outpatient treatment order pursuant to subsection ~~Đ~~ B of § ~~37.2-817~~ 37.2-817.01.

706 D. *The district court judge or special justice shall hold a hearing within five days after receiving the*
707 *petition for review of the comprehensive mandatory outpatient treatment plan; however, if the fifth day*
708 *is a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed, the hearing shall be*
709 *held by the close of business on the next day that is not a Saturday, Sunday, legal holiday, or day on*
710 *which the court is lawfully closed. The clerk shall provide notice of the hearing to the person, the*
711 *community services board, all treatment providers listed in the comprehensive mandatory outpatient*
712 *treatment order or discharge plan, and the original petitioner for the person's involuntary treatment. If*
713 *the person is not represented by counsel, the court shall appoint an attorney to represent the person in*
714 *this hearing and any subsequent hearing under this section or § 37.2-817.4, giving consideration to*
715 *appointing the attorney who represented the person at the proceeding that resulted in the issuance of*
716 *the mandatory outpatient treatment order or order for mandatory outpatient treatment following a*
717 *period of involuntary inpatient treatment. The same judge or special justice that presided over the*
718 *hearing resulting in the mandatory outpatient treatment order or order for mandatory outpatient*
719 *treatment following a period of involuntary inpatient treatment need not preside at the nonadherence*
720 *hearing or any subsequent hearings. The community services board shall offer to arrange the person's*
721 *transportation to the hearing if the person is not detained and has no other source of transportation.*

722 *Any of the following may petition the court for a hearing pursuant to this subsection: (i) the person*
723 *who is subject to the mandatory outpatient treatment order or order for mandatory outpatient treatment*
724 *following a period of involuntary inpatient treatment; (ii) the community services board responsible for*
725 *monitoring the person's progress and adherence to the mandatory outpatient treatment order or order*
726 *for mandatory outpatient treatment following a period of involuntary inpatient treatment; (iii) a*
727 *treatment provider designated in the comprehensive mandatory outpatient treatment plan; (iv) the person*
728 *who originally filed the petition that resulted in the entry of the mandatory outpatient treatment order or*
729 *order for mandatory outpatient treatment following a period of involuntary inpatient treatment; (v) any*
730 *health care agent designated in the advance directive of the person who is the subject of the mandatory*
731 *outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary*
732 *inpatient treatment; or (vi) if the person who is the subject of the mandatory outpatient treatment order*
733 *or order for mandatory outpatient treatment following a period of involuntary inpatient treatment has*
734 *been determined to be incapable of making an informed decision, the person's guardian or other person*
735 *authorized to make health care decisions for the person pursuant to § 54.1-2986.*

736 *A petition filed pursuant to this subsection may request that the court do any of the following:*

1. Enforce a mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment and require the person who is the subject of the order to adhere to the comprehensive mandatory outpatient treatment plan, in the case of material nonadherence;

2. Modify a mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment or a comprehensive mandatory outpatient treatment plan due to a change in circumstances, including changes in the condition, behavior, living arrangement, or access to services of the person who is the subject to the order; or

3. Rescind a mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment.

At any time after 30 days from entry of the mandatory outpatient treatment order pursuant to subsection B of 37.2-817.01 or from the discharge of the person from involuntary inpatient treatment pursuant to an order under subsection C or D of 37.2-817.01, the person may petition the court to rescind the order. The person shall not file a petition to rescind the order more than once during a 90-day period.

E. If requested in a petition filed pursuant to subsection D or on the court's own motion, the court may appoint an examiner in accordance with § 37.2-815 who shall personally examine the person on or before the date of the review, as directed by the court, and certify to the court whether or not he has probable cause to believe that the person meets the criteria for mandatory outpatient treatment as specified in subsection B, C, or D of § 37.2-817.01, as may be applicable. The examination shall include all applicable requirements of § 37.2-815. The certification of the examiner may be admitted into evidence without the appearance of the examiner at the hearing if not objected to by the person or his attorney. If the person is not incarcerated or receiving treatment in an inpatient facility, the community services board shall arrange for the person to be examined at a convenient location and time. The community services board shall offer to arrange for the person's transportation to the examination if the person has no other source of transportation and resides within the service area or an adjacent service area of the community services board. If the person refuses or fails to appear, the community services board shall notify the court, or a magistrate if the court is not available, and the court or magistrate shall issue a mandatory examination order and *capias* directing the primary law-enforcement agency in the jurisdiction where the person resides to transport the person to the examination. The person shall remain in custody until a temporary detention order is issued or until the person is released, but in no event shall the period exceed eight hours.

F. If the person fails to appear for the hearing, the court may, after consideration of any evidence regarding why the person failed to appear at the hearing, (i) dismiss the petition, (ii) issue an emergency custody order pursuant to § 37.2-808, or (iii) reschedule the hearing pursuant to subsection D and issue a subpoena for the person's appearance at the hearing and enter an order for mandatory examination, to be conducted prior to the hearing and in accordance with subsection E.

G. After observing the person and considering (i) the recommendations of any treating or examining physician or psychologist licensed to practice in the Commonwealth, if available, (ii) the person's adherence to the comprehensive mandatory outpatient treatment plan, (iii) any past mental health treatment of the person, (iv) any examiner's certification, (v) any health records available, (vi) any report from the community services board, and (vii) any other relevant evidence that may have been admitted at the hearing, the judge or special justice shall make one of the following dispositions:

1. In a hearing on any petition seeking enforcement of a mandatory outpatient treatment order, upon finding that continuing mandatory outpatient treatment is warranted, the court shall direct the person to fully comply with the mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment and may make any modifications to such order or the comprehensive mandatory outpatient treatment plan that are acceptable to the community services board or treatment provider responsible for the person's treatment. In determining the appropriateness of the outpatient treatment specified in such order and the comprehensive mandatory outpatient treatment plan, the court may consider the person's material nonadherence to the existing mandatory treatment order.

2. In a hearing on any petition seeking modification of a mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment, upon a finding that (i) one or more modifications of the order would benefit the person and help prevent relapse or deterioration of the person's condition, (ii) the community services board and the treatment provider responsible for the person's treatment are able to provide services consistent with such modification, and (iii) the person is able to adhere to the modified comprehensive mandatory outpatient treatment plan, the court may order such modification of the mandatory outpatient treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient treatment or the comprehensive mandatory outpatient treatment plan as the court finds appropriate.

798 3. In a hearing on any petition filed to enforce, modify, or rescind a mandatory outpatient treatment
799 order, upon finding that mandatory outpatient treatment is no longer appropriate, the court may rescind
800 the order.

801 H. The judge or special justice may schedule periodic status hearings for the purpose of obtaining
802 information regarding the person's progress while the mandatory outpatient treatment order or order for
803 mandatory outpatient treatment following a period of involuntary inpatient treatment remains in effect.
804 The clerk shall provide notice of the hearing to the person who is the subject of the order and the
805 community services board responsible for monitoring the person's condition and adherence to the plan.
806 The person shall have the right to be represented by counsel at the hearing, and if the person does not
807 have counsel the court shall appoint an attorney to represent the person. However, status hearings may
808 be held without counsel present by mutual consent of the parties. The community services board shall
809 offer to arrange the person's transportation to the hearing if the person is not detained and has no
810 other source of transportation. During a status hearing, the treatment plan may be amended upon
811 mutual agreement of the parties. Contested matters shall not be decided during a status hearing, nor
812 shall any decision regarding enforcement, rescission, or renewal of the order be entered.

813 **§ 37.2-817.4. (Effective July 1, 2022) Continuation of mandatory outpatient treatment order.**

814 A. At any time within 30 days prior to the expiration of a mandatory outpatient treatment order or
815 order for mandatory outpatient treatment following a period of involuntary inpatient treatment, any
816 person or entity that may file a petition for review of a mandatory outpatient treatment order or order
817 for mandatory outpatient treatment following a period of involuntary inpatient treatment pursuant to
818 subsection A D of § ~~37.2-817.2~~ 37.2-817.1 may petition the court to continue the order for a period not
819 to exceed 180 days.

820 B. If the person who is the subject of the order and the monitoring community services board, if it
821 did not initiate the petition, join the petition, the court shall grant the petition and enter an appropriate
822 order without further hearing. If either the person or the monitoring community services board does not
823 join the petition, the court shall schedule a hearing and provide notice of the hearing in accordance with
824 subsection A D of § ~~37.2-817.2~~ 37.2-817.1.

825 C. Upon receipt of a contested petition for continuation, the court shall appoint an examiner who
826 shall personally examine the person pursuant to subsection B E of § ~~37.2-817.2~~ 37.2-817.1. The
827 community services board required to monitor the person's adherence to the mandatory outpatient
828 treatment order or order for mandatory outpatient treatment following a period of involuntary inpatient
829 treatment shall provide a report addressing whether the person continues to meet the criteria for being
830 subject to a mandatory outpatient treatment order pursuant to subsection D B of § ~~37.2-817~~ 37.2-817.01
831 or order for mandatory outpatient treatment following a period of involuntary inpatient treatment
832 pursuant to subsection C A or D of § ~~37.2-817~~ 37.2-817.01, as may be appropriate.

833 D. If, after observing the person, reviewing the report of the community services board provided
834 pursuant to subsection C and considering the appointed examiner's certification and any other relevant
835 evidence submitted at the hearing, the court finds that the person continues to meet the criteria for
836 mandatory outpatient treatment pursuant to subsection C A, B, C, or D of § ~~37.2-817~~ 37.2-817.01, it may
837 continue the order for a period not to exceed 180 days; in prescribing the terms of the order, including
838 its length, the judge or special justice shall consider the impact on the person's opportunities and
839 obligations, including education and employment. Any order of mandatory outpatient treatment that is in
840 effect at the time a petition for continuation of the order is filed shall remain in effect until the
841 disposition of the hearing.

842 **§ 37.2-821. Appeal of involuntary admission or certification order.**

843 A. Any person involuntarily admitted to an inpatient facility or ordered to mandatory outpatient
844 treatment pursuant to §§ 37.2-814 through 37.2-819 or certified as eligible for admission pursuant to
845 § 37.2-806 shall have the right to appeal the order to the circuit court in the jurisdiction where he was
846 involuntarily admitted or ordered to mandatory outpatient treatment or certified or where the facility to
847 which he was admitted is located. Choice of venue shall rest with such person. The court may transfer
848 the case upon a finding that the other forum is more convenient. The clerk of the court from which an
849 appeal is taken shall immediately transmit the record to the clerk of the appellate court. The clerk of the
850 circuit court shall provide written notification of the appeal to the petitioner in the case in accordance
851 with procedures set forth in § 16.1-112. No appeal bond or writ tax shall be required, and the appeal
852 shall proceed without the payment of costs or other fees. Costs may be recovered as provided for in
853 § 37.2-804.

854 B. An appeal shall be filed within 10 days from the date of the order and shall be given priority over
855 all other pending matters before the court and heard as soon as possible, notwithstanding § 19.2-241
856 regarding the time within which the court shall set criminal cases for trial. A petition for or the
857 pendency of an appeal shall not suspend any order unless so ordered by a judge or special justice;
858 however, a person may be released after a petition for or during the pendency of an appeal pursuant to
859 § 37.2-837 or 37.2-838. If the person is released during the pendency of an appeal, the appeal shall be

in accordance with the provisions set forth in §§ 37.2-844 and 37.2-846.

C. The appeal shall be heard de novo in accordance with the provisions set forth in §§ 37.2-802, 37.2-804, 37.2-804.1, 37.2-804.2, and 37.2-805 and (i) § 37.2-806 or (ii) §§ 37.2-814 through 37.2-819, except that the court in its discretion may rely upon the evaluation report in the commitment hearing from which the appeal is taken instead of requiring a new evaluation pursuant to § 37.2-815. Any order of the circuit court shall not extend the period of involuntary admission or mandatory outpatient treatment set forth in the order appealed from.

D. An order continuing the involuntary *inpatient* admission shall be entered only if the criteria in § 37.2-817 are met at the time the appeal is heard. *An order continuing mandatory outpatient treatment shall be entered only if the criteria set forth in § 37.2-817.01 are met at the time the appeal is heard.*

E. Upon a finding by the court that the appellant no longer meets the criteria for involuntary admission or mandatory outpatient treatment, the court shall not dismiss the Commonwealth's petition but shall reverse the order of the district court.

F. The person so admitted or certified shall be entitled to trial by jury. Seven persons from a panel of 13 shall constitute a jury.

G. If the person is not represented by counsel, the judge shall appoint an attorney to represent him. Counsel so appointed shall be paid a fee of \$75 and his necessary expenses. The order of the court from which the appeal is taken shall be defended by the attorney for the Commonwealth.

2. That § 37.2-817.2, as it shall become effective, of the Code of Virginia is repealed.

[3. That the provisions of the first and second enactments of this act shall become effective on October 1, 2022.

4. That the third enactment of Chapter 221 of the Acts of Assembly of 2021, Special Session I, is amended and reenacted as follows:

3. That the provisions of this act shall become effective on October 1, 2022.]