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HOUSE BILL NO. 729**AMENDMENT IN THE NATURE OF A SUBSTITUTE**(Proposed by the House Committee for Courts of Justice
on February 12, 2010)

(Patron Prior to Substitute—Delegate Albo)

*A BILL to amend and reenact §§ 37.2-815 and 37.2-817 through 37.2-817.4 of the Code of Virginia, relating to mandatory outpatient treatment following involuntary admission.***Be it enacted by the General Assembly of Virginia:****1. That §§ 37.2-815 and 37.2-817 through 37.2-817.4 of the Code of Virginia are amended and reenacted as follows:**

§ 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 for mandatory outpatient treatment following a period of inpatient treatment pursuant to subsection C1 of § 37.2-817*; (viii) an assessment of alternatives to involuntary inpatient treatment; and ~~(viii)~~ (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

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60 communication, the examiner shall not be excluded from the hearing pursuant to an order of
61 sequestration of witnesses.

62 § 37.2-817. Involuntary admission and mandatory outpatient treatment orders.

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

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

94 At least 12 hours prior to the hearing, the court shall provide to the community services board that
95 prepared the preadmission screening report the time and location of the hearing. If the representative of
96 the community services board will be present by telephonic means, the court shall provide the telephone
97 number to the board.

98 C. After observing the person and considering (i) the recommendations of any treating or examining
99 physician or psychologist licensed in Virginia, if available, (ii) any past actions of the person, (iii) any
100 past mental health treatment of the person, (iv) any examiner's certification, (v) any health records
101 available, (vi) the preadmission screening report, and (vii) any other relevant evidence that may have
102 been admitted, if the judge or special justice finds by clear and convincing evidence that (a) the person
103 has a mental illness and there is a substantial likelihood that, as a result of mental illness, the person
104 will, in the near future, (1) cause serious physical harm to himself or others as evidenced by recent
105 behavior causing, attempting, or threatening harm and other relevant information, if any, or (2) suffer
106 serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human
107 needs, and (b) all available less restrictive treatment alternatives to involuntary inpatient treatment,
108 pursuant to subsection D, that would offer an opportunity for the improvement of the person's condition
109 have been investigated and determined to be inappropriate, the judge or special justice shall by written
110 order and specific findings so certify and order that the person be admitted involuntarily to a facility for
111 a period of treatment not to exceed 30 days from the date of the court order. Such involuntary
112 admission shall be to a facility designated by the community services board that serves the city or
113 county in which the person was examined as provided in § 37.2-816. If the community services board
114 does not designate a facility at the commitment hearing, the person shall be involuntarily admitted to a
115 facility designated by the Commissioner. Upon the expiration of an order for involuntary admission, the
116 person shall be released unless he is involuntarily admitted by further petition and order of a court,
117 which shall be for a period not to exceed 180 days from the date of the subsequent court order, or such
118 person makes application for treatment on a voluntary basis as provided for in § 37.2-805 or is ordered
119 to mandatory outpatient treatment pursuant to subsection D.

120 C1. In the order for involuntary admission, the judge or special justice may authorize the treating
121 physician to discharge the person to mandatory outpatient treatment not to exceed the length of such

order under a discharge plan developed pursuant to subsection C2, if the judge or special justice further finds by clear and convincing evidence that (i) the person has a history of lack of compliance with treatment for mental illness that has at least twice within the past 36 months has been the subject of an order for involuntary admission pursuant to subsection C; (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) as a result of mental illness, the person is unlikely to voluntarily participate in outpatient treatment unless the court enters an order for mandatory outpatient treatment following inpatient treatment; and (iv) the person is likely to benefit from mandatory outpatient treatment.

C2. Prior to discharging the person to mandatory outpatient treatment under a discharge plan as authorized pursuant to subsection C1 of this section, the treating physician shall determine, based upon his professional judgment, that (1) the person (a) meets the criteria for involuntary commitment pursuant to subsection C, (b) requires mandatory outpatient treatment at the time of discharge to prevent relapse or deterioration of his condition that would likely result in his meeting the criteria for involuntary inpatient treatment, (c) has sufficient capacity to understand the stipulations of his treatment, (d) has expressed an interest in living in the community and has agreed to abide by his discharge plan, (e) is deemed to have the capacity to comply with the discharge plan and understand and adhere to conditions and requirements of the treatment and services, and (f) the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider; and (2) at the time of discharge, services are actually available in the community and providers of services have actually agreed to deliver the services. In no event shall the treating physician discharge a person to mandatory outpatient treatment under a discharge plan as authorized pursuant to subsection C1 if the person meets the criteria in subsection C. The discharge plan developed by the treating physician and facility staff in conjunction with the community services board and the person shall serve as and shall contain all the components of the comprehensive mandatory outpatient treatment plan set forth in subsection G, and no initial mandatory outpatient treatment plan set forth in subsection F shall be required. The discharge plan shall be submitted to the court for approval and, upon approval by the court, shall be filed and incorporated into the order entered pursuant to subsection C1. The discharge plan shall be provided to the person by the community services board at the time of the person's discharge from the inpatient facility. The community services board where the person resides upon discharge shall monitor the person's compliance with the discharge plan and report any material noncompliance to the court in accordance with § 37.2-817.1.

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; and (c) the person (A) has sufficient capacity to understand the stipulations of his treatment, (B) has expressed an interest in living in the community and has agreed to abide by his treatment plan, and (C) is deemed to have the capacity to comply with the treatment plan and understand and adhere to conditions and requirements of the treatment and services; and (d) the ordered treatment can be delivered on an outpatient basis by the community services board or designated provider, 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 and providers of the services have actually agreed to deliver the services.

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. The community services board that serves the city or county in which the person resides shall recommend a specific course of treatment and programs for the provision of mandatory outpatient treatment. The duration of mandatory outpatient treatment shall be determined by the court based on recommendations of the community services board, but shall not exceed 90 days. Upon expiration of an order for mandatory outpatient treatment, the person shall be released from the requirements of the order

183 unless the order is continued in accordance with § 37.2-817.4.

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

192 G. No later than five days, excluding Saturdays, Sundays, or legal holidays, after an order for
193 mandatory outpatient treatment has been entered pursuant to ~~this section~~ *subsection D*, the community
194 services board where the person resides that is responsible for monitoring compliance with the order
195 shall file a comprehensive mandatory outpatient treatment plan. The comprehensive mandatory outpatient
196 treatment plan shall (i) identify the specific type, amount, duration, and frequency of each service to be
197 provided to the person, (ii) identify the provider that has agreed to provide each service included in the
198 plan, (iii) certify that the services are the most appropriate and least restrictive treatment available for
199 the person, (iv) certify that each provider has complied and continues to comply with applicable
200 provisions of the Department's licensing regulations, (v) be developed with the fullest possible
201 involvement and participation of the person *and his family, with the person's consent*, and reflect his
202 preferences to the greatest extent possible to support his recovery and self-determination, (vi) specify the
203 particular conditions with which the person shall be required to comply, and (vii) describe how the
204 community services board shall monitor the person's compliance with the plan and report any material
205 noncompliance with the plan. The community services board shall submit the comprehensive mandatory
206 outpatient treatment plan to the court for approval. Upon approval by the court, the comprehensive
207 mandatory outpatient treatment plan shall be filed with the court and incorporated into the order of
208 mandatory outpatient treatment. Any subsequent substantive modifications to the plan shall be filed with
209 the court for review and attached to any order for mandatory outpatient treatment.

210 H. If the community services board responsible for developing the comprehensive mandatory
211 outpatient treatment plan determines that the services necessary for the treatment of the person's mental
212 illness are not available or cannot be provided to the person in accordance with the order for mandatory
213 outpatient treatment, it shall notify the court within five business days of the entry of the order for
214 mandatory outpatient treatment. Within two business days of receiving such notice, the judge or special
215 justice, after notice to the person, the person's attorney, and the community services board responsible
216 for developing the comprehensive mandatory outpatient treatment plan shall hold a hearing pursuant to
217 § 37.2-817.2.

218 I. Upon entry of any order for mandatory outpatient treatment *entered pursuant to subsection D*, the
219 clerk of the court shall provide a copy of the order to the person who is the subject of the order, to his
220 attorney, and to the community services board required to monitor compliance with the plan. The
221 community services board shall acknowledge receipt of the order to the clerk of the court on a form
222 established by the Office of the Executive Secretary of the Supreme Court and provided by the court for
223 this purpose.

224 J. The court may transfer jurisdiction of the case to the district court where the person resides at any
225 time after the entry of the mandatory outpatient treatment order. The community services board
226 responsible for monitoring compliance with the mandatory outpatient treatment plan *or discharge plan*
227 shall remain responsible for monitoring the person's compliance with the plan until the community
228 services board serving the locality to which jurisdiction of the case has been transferred acknowledges
229 the transfer and receipt of the order to the clerk of the court on a form established by the Office of the
230 Executive Secretary of the Supreme Court and provided by the court for this purpose.

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

234 § 37.2-817.1. Monitoring mandatory outpatient treatment; petition for hearing.

235 A. The community services board where the person resides shall monitor the person's compliance
236 with the mandatory outpatient treatment plan *or discharge plan* ordered by the court pursuant to
237 § 37.2-817. Monitoring compliance shall include (i) contacting the service providers to determine if the
238 person is complying with the mandatory outpatient treatment order *or order for mandatory outpatient*
239 *treatment following inpatient treatment* and (ii) notifying the court of the person's material
240 noncompliance with the mandatory outpatient treatment order *or order for mandatory outpatient*
241 *treatment following inpatient treatment*. Providers of services identified in the plan shall report any
242 material noncompliance to the community services board.

243 B. If the community services board determines that the person materially failed to comply with the
244 order, it shall petition the court for a review of the mandatory outpatient treatment order *or order for*

mandatory outpatient treatment following inpatient treatment as provided in § 37.2-817.2. The community services board shall petition the court for a review of the mandatory outpatient treatment order or order for mandatory outpatient treatment following inpatient treatment within three days of making that determination, or within 24 hours if the person is being detained under a temporary detention order, and shall recommend an appropriate disposition. Copies of the petition shall be sent to the person and the person's attorney.

C. If the community services board determines that the person is not materially complying with the mandatory outpatient treatment order or order for mandatory outpatient treatment following inpatient treatment or for any other reason, and there is a substantial likelihood that, as a result of the person's mental illness that the person will, in the near future, (i) 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 (ii) suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs, it shall immediately request that the magistrate issue an emergency custody order pursuant to § 37.2-808 or a temporary detention order pursuant to § 37.2-809.

§ 37.2-817.2. Court review of mandatory outpatient treatment plan or discharge plan.

A. The district court judge or special justice shall hold a hearing within five days after receiving the petition for review of the mandatory outpatient treatment plan or discharge plan; however, if the fifth day is 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. If the person is being detained under a temporary detention order, the hearing shall be scheduled within the same time frame provided for a commitment hearing under § 37.2-814. The clerk shall provide notice of the hearing to the person, the community services board, all treatment providers listed in the comprehensive mandatory outpatient treatment order or discharge plan, and the original petitioner for the person's involuntary treatment. If the person is not represented by counsel, the court shall appoint an attorney to represent the person in this hearing and any subsequent hearings under §§ 37.2-817.3 and 37.2-817.4, giving consideration to appointing the attorney who represented the person at the proceeding that resulted in the issuance of the mandatory outpatient treatment order or order for mandatory outpatient treatment following inpatient treatment. The same judge or special justice that presided over the hearing resulting in the mandatory outpatient treatment order or order for mandatory outpatient treatment following inpatient treatment need not preside at the noncompliance hearing or any subsequent hearings. The community services board shall offer to arrange the person's transportation to the hearing if the person is not detained and has no other source of transportation.

B. If requested by the person, the community services board, a treatment provider listed in the comprehensive mandatory outpatient treatment plan or discharge plan, or the original petitioner for the person's involuntary treatment, the court shall appoint an examiner in accordance with § 37.2-815 who shall personally examine the person and certify to the court whether or not he has probable cause to believe that the person meets the criteria for involuntary inpatient admission or mandatory outpatient treatment as specified in subsections C, C1, and C2, and D of § 37.2-817. 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 detained 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 four hours.

C. If the person fails to appear for the hearing, the court shall, after consideration of any evidence from the person, from the community services board, or from any treatment provider identified in the mandatory outpatient treatment plan or discharge plan regarding why the person failed to appear at the hearing, either (i) reschedule the hearing pursuant to subsection A, (ii) issue an emergency custody order pursuant to § 37.2-808, or (iii) issue a temporary detention order pursuant to § 37.2-809.

D. After hearing the evidence regarding the person's material noncompliance with the mandatory outpatient treatment order or order for mandatory outpatient treatment following inpatient treatment and the person's current condition, and any other relevant information referenced in subsection C of § 37.2-817, the judge or special justice shall make one of the following dispositions:

1. Upon finding by clear and convincing evidence that the person meets the criteria for involuntary admission and treatment specified in subsection C of § 37.2-817, the judge or special justice shall order

the person's involuntary admission to a facility designated by the community services board for a period of treatment not to exceed 30 days;

2. Upon finding that the person continues to meet the criteria for mandatory outpatient treatment specified in subsection *C1 and C2, or D* of § 37.2-817, and that a continued period of mandatory outpatient treatment appears warranted, the judge or special justice shall renew the order for mandatory outpatient treatment, making any necessary modifications that are acceptable to the community services board or treatment provider responsible for the person's treatment. In determining the appropriateness of outpatient treatment, the court may consider the person's material noncompliance with the previous mandatory treatment order; or

3. Upon finding that neither of the above dispositions is appropriate, the judge or special justice shall rescind the order for mandatory outpatient treatment *or order for mandatory outpatient treatment following inpatient treatment*.

Upon entry of an order for involuntary inpatient admission, transportation shall be provided in accordance with § 37.2-829.

§ 37.2-817.3. Rescission of mandatory outpatient treatment order.

A. If the community services board determines at any time prior to the expiration of the mandatory outpatient treatment order *or order for mandatory outpatient treatment following inpatient treatment* that the person has complied with the order and no longer meets the criteria for involuntary treatment, or that continued mandatory outpatient treatment is no longer necessary for any other reason, it shall file a petition to rescind the order with the court that entered the order or to which venue has been transferred. If the court agrees with the community services board's determination, the court shall rescind the order. Otherwise, the court shall schedule a hearing and provide notice of the hearing in accordance with subsection A of § 37.2-817.2.

B. At any time after 30 days from entry of the mandatory outpatient treatment order *or from the discharge of the person from involuntary inpatient treatment pursuant to an order for mandatory outpatient treatment following inpatient treatment*, the person may petition the court to rescind the order on the grounds that he no longer meets the criteria for mandatory outpatient treatment as specified in subsection *C1 or D* of § 37.2-817. The court shall schedule a hearing and provide notice of the hearing in accordance with subsection A of § 37.2-817.2. The community services board required to monitor the person's compliance with the mandatory outpatient treatment order *or order for mandatory outpatient treatment following inpatient treatment* shall provide a preadmission screening report as required in § 37.2-816. After observing the person, and considering the person's current condition, any material noncompliance with the mandatory outpatient treatment order *or order for mandatory outpatient treatment following inpatient treatment* on the part of the person, and any other relevant evidence referred to in subsection C of § 37.2-817, shall make one of the dispositions specified in subsection D of § 37.2-817.2. The person may not file a petition to rescind the order more than once during a 90-day period.

§ 37.2-817.4. Continuation of mandatory outpatient treatment order.

A. At any time within 30 days prior to the expiration of a mandatory outpatient treatment order *or order for mandatory outpatient treatment following inpatient treatment*, the community services board that is required to monitor the person's compliance with the order, the treating physician, or other responsible person may petition the court to continue the order for a period not to exceed 180 days.

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

C. Upon receipt of the petition, the court shall appoint an examiner who shall personally examine the person pursuant to subsection B of § 37.2-815. The community services board required to monitor the person's compliance with the mandatory outpatient treatment order *or order for mandatory outpatient treatment following inpatient treatment* shall provide a preadmission screening report as required in § 37.2-816.

D. If, after observing the person, reviewing the preadmission screening report and considering the appointed examiner's certification and any other relevant evidence, including any relevant evidence referenced in subsection D of § 37.2-817, the court shall make one of the dispositions specified in subsection D of § 37.2-817.2. If the court finds that a continued period of mandatory outpatient treatment is warranted, it may continue the order for a period not to exceed 180 days. Any order of mandatory outpatient treatment that is in effect at the time a petition for continuation of the order is filed shall remain in effect until the disposition of the hearing.