

HOUSE No. 1933

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act establishing assisted outpatient treatment..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 1 of Chapter 123 of the General Laws, as appearing in the 2004
2 Official Edition, is hereby amended by inserting, in line 18, after the word "program" the
3 following:-

4 "Gravely disabled" means a condition evidenced by behavior in which a person, as a
5 result of a mental disorder, becomes likely to come to serious harm or serious illness because of
6 his inability to provide for his basic physical needs, including medical and psychiatric treatment
7 and shelter. SECTION 2. Said section 1 of said chapter 123, as so appearing, is further amended
8 by inserting, in line 20, after the word "review" the following:- "Informed decision" means a
9 voluntary decision following presentation of all facts necessary to form the basis of an intelligent
10 consent by a patient, or guardian, who is aware of the effects of his psychiatric disorder and has
11 the capacity to make a well-reasoned, willful, and knowing decision concerning his medical or
12 psychiatric treatment. "Outpatient Treatment" means any treatment that does not require
13 continuous inpatient hospitalization.

14 SECTION 3. Said section 6 of said chapter 123, as so appearing is further amended by
15 inserting, in line 2, after the words "provisions of" the following: - paragraph (e) of section 8½.

16 SECTION 4. Said Chapter 123 of the General Laws, as so appearing, is further amended
17 by inserting after section 7 the following new section:-Section 71/2.(a) The superintendent of any
18 public or private facility or hospital authorized for the commitment or treatment of mentally ill
19 persons under section 8(a) or 12(a) of this chapter, may petition the district court in whose
20 jurisdiction the facility is located for the assisted outpatient treatment of any patient at such
21 facility who(1) is mentally ill, and (2) displays one or more of the following:

22 (i) likelihood of creating serious harm, or

23 (ii) incapacity to make an informed decision regarding treatment, or

24 (iii) grave disability, and

25 (3) the patient's condition will likely either deteriorate or not improve without treatment.

26 (b) Any physician licensed pursuant to section 2 of chapter 112 after examining a
27 patient, may petition the district court in whose jurisdiction such patient resides for the assisted
28 outpatient treatment of such patient whom the physician determines (1) is mentally ill, and (2)
29 displays one or more of the following:

30 (i) likelihood of creating serious harm, or

31 (ii) incapacity to make an informed decision regarding treatment, or

32 (iii) grave disability, and

33 (3) the patient's condition will either likely deteriorate or not improve without treatment.

34 (c) If the petitioner seeks to provide the assisted outpatient treatment, the petition shall
35 include a written outpatient treatment plan prepared in consultation with, when possible, those
36 familiar with the patient's case history and the superintendent or physician in charge of the
37 patient's care and the patient. The plan shall include each of the following:

38 (1) A statement of the patient's requirements for supervision, medication, and assistance
39 in obtaining the basic needs such as employment, food, clothing, and shelter.

40 (2) If known, the address of the residence where the patient resides and the name of the
41 person(s) in charge of the residence.

42 (3) If known, the name and address of any person, agency, or organization assigned to
43 supervise an outpatient treatment plan or care for the patient.

44 (4) The conditions for continued outpatient treatment, which may require reporting,
45 continuation of medication, submission to testing, or other such reasonable conditions.

46 (d) The hearing shall be commenced within 4 days of the filing of the petition. The
47 periods of time prescribed or allowed under the provisions of this section shall be computed
48 pursuant to Rule 6 of the Massachusetts Rules of Civil Procedure. Adjournments shall be
49 permitted only for good cause shown. In granting adjournments, the court shall consider the need
50 for further examination by a physician or the potential need to provide treatment expeditiously.

51 (e) A petition for assisted outpatient treatment may be filed along with and in the
52 alternative to a petition for inpatient commitment brought pursuant to section 7. SECTION 5.
53 Said Chapter 123 of the General Laws, as so appearing, is hereby amended by inserting after
54 section 8 the following:-

55 Section 8 1/2. (a) After a hearing, unless the subject waives the hearing in writing, the
56 district court shall not order the commitment of a person to outpatient treatment or shall not
57 renew such order unless it finds (1) the patient is mentally ill, and (2) the illness results in one or
58 more of the following:

59 (i) likelihood of creating serious harm, or

60 (ii) incapacity to make an informed decision regarding treatment, or

61 (iii) grave disability, and

62 (3) the patient does not require continuous inpatient hospitalization, and will be more
63 appropriately treated in an outpatient treatment program, and (4) the patient's condition will
64 either:

65 (i) likely deteriorate until his or her psychiatric disorder significantly impairs the person's
66 judgment, reason, behavior or capacity to recognize reality and has a substantial probability of
67 causing him or her to suffer or continue to suffer severe psychiatric, emotional or physical harm,
68 or

69 (ii) not improve without treatment and such deterioration could result in harm to the
70 patient or others.

71 (b) Assisted outpatient treatment shall not be ordered unless the court approves a written
72 treatment plan presented to the court which conforms to the requirements of section 71/2; of this
73 chapter, and which contains the name of the designated director of the mental health treatment
74 agency that will supervise and administer the patient's treatment program.

75 (c) The court may order only that portion of the treatment plan submitted pursuant to
76 section 71/2 of this chapter which, considering all available alternatives for treatment, it
77 determines appropriate and the least restrictive treatment alternative available.

78 (d) If the court finds by clear and convincing evidence that the subject of the petition
79 meets the criteria for assisted outpatient treatment, and the court has yet to be provided with a
80 written proposed treatment plan, the court may order the willing director of appropriate treatment
81 program to provide the court with such plan and testimony no later than the third day, excluding
82 Saturdays, Sundays and holidays, immediately following the date of such order. Upon receiving
83 such plan, the court may order assisted outpatient treatment.

84 (e) The first order for assisted outpatient treatment shall not exceed 180 days, and any
85 subsequent order shall not exceed 365 days.

86 (f) If the court orders outpatient treatment pursuant to this section, all of the following
87 will apply:

88 (1) During any period of the assisted outpatient treatment, if the court, on motion by the
89 supervising mental health professional in charge of a patient's assisted outpatient treatment,
90 determines that the patient is not complying with the terms of the order and that the outpatient
91 plan no longer remains appropriate, the court may enter an order amending its original order. The
92 amended order may alter the outpatient's treatment plan, or commit the patient to inpatient
93 treatment.

94 (2) If a patient refuses to comply with an amended outpatient plan, further amendments
95 may be made as the court deems necessary including the inpatient commitment of the patient.

96 (3) If the patient refuses to comply with an amended order for inpatient hospitalization
97 and treatment, the court may authorize and direct a peace officer to take the patient into
98 protective custody and transport him to the agency specified for inpatient treatment.

99 (4) When reporting or being returned to a treatment facility for inpatient treatment
100 pursuant to an amended order, the patient shall retain all rights to judicial review, and the right to
101 counsel. SECTION 6. Said Chapter 123 of the General Laws, as so appearing, is hereby amended
102 by inserting after section 8 the following:-

103 Section 8 ³/₄. (a) Before commitment for outpatient treatment, the patient shall be
104 provided with copies of the court order and full explanations of the approved treatment plan. The
105 approved treatment plan shall be filed with the court and the supervising mental health
106 professional in charge of the patient's outpatient treatment.

107 (b) The supervising mental health professional shall require periodic reports, not to
108 exceed 30 days, concerning the condition of patients committed to outpatient treatment from any
109 person, agency, or organization assigned to supervise such patients.

110 (c) The supervising mental health professional shall review the condition of a patient
111 committed to outpatient treatment at least once every 30 days.

112 (d) The supervising mental health professional may amend any part of the outpatient
113 treatment plan during the course of commitment, subject to judicial review after notice to and
114 complaint of the patient.

115 (e) The supervising mental health professional may, at any time during the course of the
116 ordered outpatient treatment, petition the court for inpatient commitment of the patient if, in the

117 supervising mental health professional's judgment, the patient has failed to comply with a term of
118 the outpatient treatment plan and outpatient treatment no longer remains appropriate.

119 (f) The supervising mental health professional may, at any time, petition the court for
120 termination of a patient's assisted outpatient treatment or order if the supervising mental health
121 professional determines that assisted outpatient treatment is no longer the least restrictive
122 appropriate treatment alternative available.

123 (g) Nothing in this section prevents the supervising mental health professional from
124 authorizing involuntary commitment and treatment in an emergency situation under section 12 of
125 this chapter. SECTION 7. Section 9 of said Chapter 123 of the General Laws, as so appearing, is
126 hereby amended by adding at the end thereof the following:- Any person may apply to the court
127 stating their belief that a person currently treated on an assisted outpatient basis under section 8
128 1/2 should no longer be so treated.