## **HOUSE . . . . . . . . . . . . . . . . No. 3587**

## The Commonwealth of Massachusetts

PRESENTED BY:

Kay Khan

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to increase effectiveness and improve outcomes for treating persons with severe mental illness in our communities.

PETITION OF:

NAME:DISTRICT/ADDRESS:DATE ADDED:Kay Khan11th Middlesex1/20/2017

## **HOUSE . . . . . . . . . . . . . . . . No. 3587**

By Ms. Khan of Newton, a petition (accompanied by bill, House, No. 3587) of Kay Khan relative to the petitioning of district courts for assisted outpatient treatment of individuals. The Judiciary.

## The Commonwealth of Alassachusetts

In the One Hundred and Ninetieth General Court (2017-2018)

An Act to increase effectiveness and improve outcomes for treating persons with severe mental illness in our communities.

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 2014
- 2 Official Edition, is hereby amended by inserting after the definition of "Funds", in lines 15 to 18,
- 3 inclusive, the following definition:-
- 4 "Gravely disabled", a condition evidenced by behavior in which a person, as a result of a
- 5 mental disorder, becomes likely to experience serious harm or illness because of that person's
- 6 inability to provide for that person's basic physical needs, including medical and psychiatric
- 7 treatment and shelter.
- 8 SECTION 2. Said section 1 of said chapter 123, as so appearing, is hereby further
- 9 amended by inserting after the definition of "Likelihood of serious harm", in lines 25 to 35,
- inclusive, the following definition:-

"Outpatient Treatment", any treatment that does not require continuous inpatient hospitalization.

SECTION 3. Section 6 of said chapter 123, as so appearing, is hereby amended by striking out, in line 2 and 3 the words "paragraph (a) of section 10" and inserting in place thereof the following words:- paragraph (e) of section 8A, paragraph (a) of section 10.

SECTION 4. Said chapter 123 of the General Laws is further amended by inserting after section 7 the following section:-

Section 7A. (a) For the purposes of this section, "eligible person" shall mean, (i) a physician licensed pursuant to section 2 of chapter 112 after examining a patient; (ii) an employee of the department of mental health; (iii) a person 18 years of age or older with whom the subject of the petition resides; (iv) the parent, spouse, sibling, or child of the subject of the petition; provided, that said sibling or child is 18 years of age or older; or (v) the superintendent of any public or private facility or hospital authorized for the commitment or treatment of mentally ill persons pursuant subsection (a) of section 8 or subsection (a) of section 12.

(b) An eligible person may petition any district court for the assisted outpatient treatment of an individual: (1) suffering from a mental illness; (2) 18 years of age or older; (3) who has received a clinical determination that said individual is unlikely to survive safely in the community without supervision; (4) who has a history of a lack of compliance with treatment for mental illness evidenced by the fact that the individual's mental illness has: (A) at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the individual was hospitalized or

incarcerated immediately preceding the filing of the petition or (B) resulted in 1 or more acts of serious and violent behavior, threats, or attempts to cause serious physical harm the individual or another person within the last 48 months, not including any period in which the individual was hospitalized or incarcerated immediately preceding the filing of the petition; (5) who's condition has substantially deteriorated and will not improve without treatment; (6) who is likely to benefit from assisted outpatient treatment and participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the individual's recovery and stability; and (7) considering the individual's treatment history and current behavior, the individual is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in: (A) grave disability or (B) serious harm to the individual or another person.

(c) If the individual is receiving services from the department of mental health at the time the petition is filed, an outpatient treatment plan shall be submitted for review and approval. If the individual is not receiving services from the department of mental health, an application shall be submitted to the department and attached to the petition. The court may issue a temporary order pending approval of services from the department of mental health. Upon approval by the department, an outpatient treatment plan shall be submitted for court review and approval.

The written outpatient treatment plan shall be prepared in consultation with, if possible, those familiar with the individual's case history and the superintendent or physician in charge of the individual's care. The plan shall include: (i) a statement of the individual's requirements for supervision, medication, and assistance in obtaining the basic needs such as employment, food, clothing, and shelter; (ii) the address of the residence where the individual resides, if known, and the name of the person in charge of the residence; (iii) the name and address of a person, agency,

or organization, if known, assigned to supervise an outpatient treatment plan or care for the individual; (4) the conditions for continued outpatient treatment, which may require reporting, continuation of medication, submission to testing, or other reasonable conditions; and (5) a statement of services, which may include peer support respite, assertive community treatment, psychotherapy, medication management, crisis intervention, nursing, substance abuse counseling, support for housing, benefits, education, and employment, and other services focused on increasing patient engagement in ongoing and future treatment.

- (d) A petition to include antipsychotic medication in the treatment plan should be filed in accordance with section 8B; provided, that the individual has responded favorably to previous treatment with such medication and without treatment the individual's prognosis is poor.
- (e) The hearing shall be commenced within 4 days of the filing of the petition, calculated pursuant to rule 6 of the Massachusetts rules of civil procedure. Adjournments shall be permitted only for good cause shown. In granting adjournments, the court shall consider the need for further examination by a physician or the potential need to provide treatment expeditiously.
- (f) A petition for assisted outpatient treatment may be filed along with and in the alternative to a petition for inpatient commitment brought pursuant to section 7.
- SECTION 5. Said chapter 123 is hereby amended by inserting after section 8 the following 2 sections:-
  - Section 8A. (a) After a hearing, unless the subject waives the hearing in writing, the district court shall not order the commitment of an individual to assisted outpatient treatment nor renew such order unless the court finds that the individual: (1) is suffering from a mental illness; (2) is 18 years of age or older; (3) has received a clinical determination that said individual is

unlikely to survive safely in the community without supervision; (4) has a history of a lack of compliance with treatment for mental illness evidenced by the fact that the individual's mental illness has: (A) at least twice within the last 36 months, been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the individual was hospitalized or incarcerated immediately preceding the filing of the petition or (B) resulted in 1 or more acts of serious and violent behavior, threats, or attempts to cause serious physical harm the individual or another person within the last 48 months, not including any period in which the individual was hospitalized or incarcerated immediately preceding the filing of the petition; (5) is in a condition that has substantially deteriorated and will not improve without treatment; (6) is likely to benefit from assisted outpatient treatment and participation in the assisted outpatient treatment program would be the least restrictive placement necessary to ensure the individual's recovery and stability; and (7) considering the individual's treatment history and current behavior, is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in: (A) grave disability or (B) serious harm to the individual or another person.

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- (b) Assisted outpatient treatment shall not be ordered unless the court approves a written treatment plan presented to the court which conforms to the requirements of section 7A and contains the name of the designated director of an appropriate treatment program that will supervise and administer the patient's treatment program.
- (c) The court may order only the portion of the treatment plan submitted pursuant to section 7A which, considering all available alternatives for treatment, the court determines appropriate and the least restrictive treatment alternative available.

(d) If the court finds by clear and convincing evidence that the individual meets the criteria for assisted outpatient treatment, the court may order the director of appropriate treatment program to oversee such plan.

- (e) The first order for assisted outpatient treatment shall not exceed 180 days, and a subsequent order shall not exceed 365 days.
- (f) If the court determines that it is unlikely that the individual will participate in the outpatient treatment plan, the court may amend the plan to require that the individual's condition be monitored and that inpatient commitment be initiated if the individual meets the criteria of section 12.

During the assisted outpatient treatment, if the court, on motion by the director of an appropriate treatment program in charge of a patient's assisted outpatient treatment, determines that the individual is not complying with the terms of the order or that the outpatient plan no longer remains appropriate, the court may enter an order amending its original order. The amended order may alter the outpatient treatment plan, or require an emergency evaluation to determine whether the failure to hospitalize such individual would create a likelihood of serious harm.

If an individual refuses to comply with an amended outpatient plan, further amendments may be made as the court deems necessary, including the inpatient commitment of the individual if the court finds that failure to hospitalize such individual would create a likelihood of serious harm.

If the court determines the individual meets the standard for inpatient commitment and the individual refuses to comply with an amended order, the court may authorize and direct a

peace officer to take the patient into protective custody and transport the individual to the agency specified for inpatient treatment.

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When reporting or being returned to a treatment facility for inpatient treatment pursuant to an amended order, the individual shall retain all rights to judicial review, and the right to counsel.

Section 8A 1/2. Before commitment for outpatient treatment, the individual shall be provided with a copy of the court order and a full explanation of the approved treatment plan. The director of an appropriate treatment program shall require periodic reports, not more frequently than every 30 days, concerning the condition of individuals committed to outpatient treatment from any person, agency, or organization assigned to supervise such individuals. The director of an appropriate treatment program shall review the condition of an individual committed to outpatient treatment at least every 30 days. The director of an appropriate treatment program may amend any part of the outpatient treatment plan during the course of commitment, subject to judicial review after notice to and objection of the individual. The director of an appropriate treatment program may, at any time during the course of the ordered outpatient treatment, petition the court for inpatient commitment of the individual, if, in the director's judgment, the individual has failed to comply with a term of the outpatient treatment plan and outpatient treatment no longer remains appropriate. The director of an appropriate treatment program may, at any time, petition the court for termination of an individual's assisted outpatient treatment order if the director of an appropriate treatment program determines that assisted outpatient treatment is no longer the least restrictive appropriate treatment available.

| Nothing in this section shall prevent the director of an appropriate treatment program               |
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| from authorizing involuntary commitment and treatment in an emergency pursuant to section 12         |
| SECTION 6. Section 9 of said chapter 123 of the General Laws, as appearing in the 2014               |
| Official Edition, is hereby amended by adding the following paragraph:- Any person may apply         |
| to the court stating the belief that an individual currently treated on an assisted outpatient basis |
| pursuant to section 8A should no longer be so treated.   |