

**HOUSE . . . . . No. 1694**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Mathew J. Muratore***

*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 provide critical community health services.**

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Mathew J. Muratore</i>	<i>1st Plymouth</i>	<i>1/10/2023</i>
<i>Susannah M. Whipps</i>	<i>2nd Franklin</i>	<i>1/25/2023</i>
<i>John J. Cronin</i>	<i>Worcester and Middlesex</i>	<i>2/3/2023</i>
<i>Jennifer Balinsky Armini</i>	<i>8th Essex</i>	<i>2/4/2023</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>2/9/2023</i>
<i>Joanne M. Comerford</i>	<i>Hampshire, Franklin and Worcester</i>	<i>2/9/2023</i>
<i>Steven S. Howitt</i>	<i>4th Bristol</i>	<i>2/9/2023</i>
<i>Alyson M. Sullivan-Almeida</i>	<i>7th Plymouth</i>	<i>2/9/2023</i>
<i>Marc T. Lombardo</i>	<i>22nd Middlesex</i>	<i>2/14/2023</i>
<i>Rodney M. Elliott</i>	<i>16th Middlesex</i>	<i>2/16/2023</i>
<i>David Allen Robertson</i>	<i>19th Middlesex</i>	<i>2/16/2023</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>2/18/2023</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>2/21/2023</i>
<i>Kay Khan</i>	<i>11th Middlesex</i>	<i>2/23/2023</i>
<i>Marcus S. Vaughn</i>	<i>9th Norfolk</i>	<i>3/1/2023</i>
<i>Bradley H. Jones, Jr.</i>	<i>20th Middlesex</i>	<i>3/14/2023</i>
<i>Patrick M. O'Connor</i>	<i>First Plymouth and Norfolk</i>	<i>3/31/2023</i>
<i>Simon Cataldo</i>	<i>14th Middlesex</i>	<i>4/19/2023</i>

<i>Christopher Richard Flanagan</i>	<i>1st Barnstable</i>	<i>5/26/2023</i>
<i>David M. Rogers</i>	<i>24th Middlesex</i>	<i>6/14/2023</i>
<i>James C. Arena-DeRosa</i>	<i>8th Middlesex</i>	<i>6/22/2023</i>
<i>Natalie M. Higgins</i>	<i>4th Worcester</i>	<i>6/26/2023</i>
<i>Rebecca L. Rausch</i>	<i>Norfolk, Worcester and Middlesex</i>	<i>7/5/2023</i>
<i>Carmine Lawrence Gentile</i>	<i>13th Middlesex</i>	<i>7/6/2023</i>
<i>Colleen M. Garry</i>	<i>36th Middlesex</i>	<i>7/18/2023</i>
<i>Margaret R. Scarsdale</i>	<i>1st Middlesex</i>	<i>7/25/2023</i>
<i>Danillo A. Sena</i>	<i>37th Middlesex</i>	<i>12/13/2023</i>
<i>Paul McMurtry</i>	<i>11th Norfolk</i>	<i>2/8/2024</i>
<i>Steven George Xiarhos</i>	<i>5th Barnstable</i>	<i>3/18/2024</i>

**HOUSE . . . . . No. 1694**

By Representative Muratore of Plymouth, a petition (accompanied by bill, House, No. 1694) of Mathew J. Muratore and others for legislation to create a new court-supervised community-based mental health treatment process. The Judiciary.

**The Commonwealth of Massachusetts**

In the One Hundred and Ninety-Third General Court  
(2023-2024)

An Act to provide critical community health services.

*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 2020  
2 Official Edition, is hereby amended by inserting after the definition of “Commissioner” the  
3 following definitions:-

4 “Critical community health services”, health, behavioral health and social services that  
5 can be provided in a community setting and do not require continuous inpatient hospitalization.

6 “Critical community health service treatment plan”, a plan defining a set of health,  
7 behavioral health or social services delivered to an individual.

8 SECTION 2. Said section 1 of said chapter 123, as so appearing, is hereby further  
9 amended by inserting after the definition of “Funds” the following definition:-

10 “Gravely disabled”, a condition evidenced by behavior in which a person, as a result of a  
11 mental illness, is at substantial risk of inflicting serious harm to self or others, or is in danger of

12 serious physical harm resulting from a failure to provide for his or her essential human needs of  
13 health or safety; or manifests severe deterioration in routine functioning evidenced by repeated  
14 and escalating loss of cognitive or volitional control over his or her actions; and has shown an  
15 inability to provide for his or her basic physical needs, including medical and psychiatric  
16 treatment and shelter, because of the mental illness.

17 SECTION 3. Said section 1 of said chapter 123, as so appearing, is hereby further  
18 amended by inserting after the definition of “Superintendent” the following definition:-

19 “Supervising mental health professional”, a mental health services provider who is  
20 required pursuant to such practice to obtain a license from the commonwealth or who, at the  
21 discretion of the court, is deemed suitable to supervise a critical community health service  
22 treatment plan.

23 SECTION 4. Said chapter 123 is hereby further amended by inserting after section 8 the  
24 following section:-

25 Section 8 1/2. (a) Any physician licensed pursuant to section 2 of chapter 112, the  
26 department of mental health, the superintendent of a medical facility or residence where the  
27 individual receives medical care, or the medical director of the Bridgewater state hospital, or the  
28 spouse, blood relative, legal relative, legal guardian or individual partner in a substantive dating  
29 relationship, shall be authorized to petition for an order of a critical community health service  
30 treatment plan in the district court in whose jurisdiction a facility is located that shall provide  
31 such services, for any individual who:

32 (1) has a primary diagnosis of a serious mental illness;

33 (2) is at least 18 years old; and

34 (3) meets the following criteria:

35 (i) is gravely disabled;

36 (ii) has a history of lack of compliance with treatment for mental illness that, prior to the  
37 filing of the petition, has been a significant factor in: (A) necessitating, at least twice within the  
38 previous 36 months, hospitalization or receipt of mental health services in a forensic or  
39 department of correction facility or house of corrections or the Bridgewater state hospital; or (B)  
40 the commission of one or more acts of serious violent behavior toward self or others or threats  
41 of, or attempts at, serious physical harm to self or others within the previous 36 months;

42 (iii) is in need of, based on the individual's treatment history and current behavior,  
43 critical community health services in order to prevent a relapse or deterioration that would likely  
44 result in serious harm to the individual or others; and

45 (iv) is likely to benefit from critical community health services.

46 The petition shall include a written critical community health service treatment plan  
47 prepared in consultation with, when possible, those familiar with the individual, the  
48 superintendent or physician in charge of the care of the individual or those familiar with the case  
49 history of the individual. The treatment plan shall include:

50 (1) a statement of the requirements for supervision, medication, and assistance in  
51 obtaining basic necessities such as employment, food, clothing, and shelter;

52 (2) if known, the address of the residence where the individual resides and the name of  
53 the person or persons in charge of the residence;

54 (3) if known, the name and address of any person, agency, or organization assigned to  
55 supervise a critical community health service treatment plan or care for the individual; and

56 (4) the conditions for continued receipt of critical community health services, which may  
57 require reporting, continuation of medication, submission to testing, or other reasonable  
58 conditions.

59 (b) A petition for critical community health services may be filed along with, and as an  
60 alternative to, a petition for inpatient commitment under section 7.

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

66 (d) A court may not issue a critical community health service treatment plan unless it  
67 finds that providing critical community health services is the least restrictive alternative available  
68 to the person.

69 (e) If, after the hearing, the court finds by clear and convincing evidence that the  
70 individual who is the subject of the petition meets the criteria for critical community health  
71 services included in subsection (a), the court may order the supervising mental health  
72 professional of an appropriate treatment program to supervise the plan for such services.

73 Critical community health services shall not be ordered unless the court approves a  
74 written critical community health service treatment plan presented to the court which conforms

75 to the requirements of this section and which contains the name of the designated director of the  
76 facility that will supervise and administer the service plan.

77 (f) The first order for critical community health services shall not exceed 180 days, and  
78 any subsequent order shall not exceed 365 days.

79 (g) Before an order for critical community health services can commence, the individual  
80 shall be provided with copies of the court order and full explanations of the approved service  
81 plan. The approved service plan shall be filed with the court and the supervising mental health  
82 professional in charge of the individual's service plan.

83 (h) During any period in which an individual receives critical community health services,  
84 the individual or the supervising mental health professional may petition the court to amend the  
85 critical community health service treatment plan. The court may order an amended service plan  
86 or, if contested, the court may order a hearing on the amended plan. If an amended service plan  
87 is contested, the party wishing to amend the service plan shall provide the opposing party the  
88 proposed amended service plan at least 7 days before the filing of a petition.

89 (i) A supervising mental health professional may petition the court for a hearing if the  
90 supervising mental health professional has determined that the individual is not complying with  
91 the critical community health service treatment plan.

92 When a supervising mental health professional determines that the individual has not  
93 complied with any condition of the service plan, that monitor shall notify the court of the  
94 conditions of the treatment plan that have been violated. Upon receiving notice from the  
95 supervising mental health professional, the court shall appoint counsel, if necessary, and  
96 schedule a service plan non-compliance hearing for a date no less than 7 days and not more than

97 14 days after receiving said petition, except in extraordinary circumstances, as determined by the  
98 court. The court shall create a standard “notice of service plan non-compliance” form, which the  
99 monitor shall complete with the times and dates of the alleged non-compliance of the individual.

100 The notice of service plan non-compliance shall set forth the conditions of the plan that  
101 the supervising mental health professional alleges have not been complied with and shall order  
102 the individual to appear at a specific date and time for the non-compliance hearing, and shall be  
103 delivered to all parties to the original proceeding under which the service plan order was issued.

104 Service plan non-compliance hearings shall proceed in two distinct steps, the first to  
105 adjudicate the factual issue of whether the plan is being complied with and the second to  
106 determine the disposition of the matter, if plan non-compliance is found by the court to have  
107 occurred.

108 If the court finds that the individual has not complied with one or more conditions of the  
109 service plan as alleged, the supervising mental health professional shall recommend to the court  
110 a course of immediate action and may present argument and evidence in support of that  
111 recommendation. If the court determines that the individual is not complying with the terms of  
112 the order, the court may amend the service plan as the court deems necessary. The amended  
113 order may alter the service plan, or the court may request, under the provisions of section 12 of  
114 this chapter, an emergency evaluation to determine whether the failure to hospitalize the  
115 individual would create a likelihood of serious harm.

116 (j) The supervising mental health professional shall require periodic reports, not more  
117 frequently than every 30 days, concerning the condition of individuals receiving critical



118 community health services from any person, agency, or organization assigned to treat such  
119 individuals.

120 (k) The supervising mental health professional shall review the condition of an individual  
121 ordered to receive critical community services at least once every 30 days.

122 (l) The supervising mental health professional may, at any time, petition the court for  
123 termination of an individual's critical community health service plan if the supervising mental  
124 health professional determines that critical community health services are no longer the least  
125 restrictive appropriate treatment available.

126 (m) Nothing in this section shall prevent the supervising mental health professional from  
127 authorizing involuntary commitment and treatment in cases of emergency under section 12 of  
128 this chapter.

129 (n) The individual or their representative may petition for termination of an order for  
130 critical community health services.

131 (o) All hearings under this section shall be conducted by a judge consistent with the  
132 requirements of this chapter and applicable law with such flexibility and informality as the court  
133 may deem appropriate. The individual shall be entitled to the assistance of counsel, and the court,  
134 if necessary, shall appoint counsel. All testimony shall be taken under oath. The standard of  
135 proof at such hearing will be that of clear and convincing evidence.

136 (p) Reasonable expense incurred in providing critical community health services may be  
137 paid for out of the estate of the individual, by the petitioner or by the commonwealth, as may be  
138 determined by the court.

139           SECTION 5. Section 9 of said chapter 123, as so appearing, is hereby amended by  
140 inserting after the words “of section eight B.”, in line 39, the following words:- Any person may  
141 apply to the court stating their belief that an individual currently receiving critical community  
142 health services under section 8 1/2 should no longer be so treated.