

# HOUSE . . . . . No. 1801

## The Commonwealth of Massachusetts

PRESENTED BY:

***Bradley H. Jones, Jr.***

*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 continuum of care for severe mental illness.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Bradley H. Jones, Jr.</i>	<i>20th Middlesex</i>	<i>1/17/2025</i>
<i>Kimberly N. Ferguson</i>	<i>1st Worcester</i>	<i>1/17/2025</i>
<i>Paul K. Frost</i>	<i>7th Worcester</i>	<i>1/31/2025</i>
<i>Todd M. Smola</i>	<i>1st Hampden</i>	<i>3/10/2025</i>
<i>Michael J. Finn</i>	<i>6th Hampden</i>	<i>3/17/2025</i>
<i>Patrick Joseph Kearney</i>	<i>4th Plymouth</i>	<i>3/24/2025</i>
<i>John J. Marsi</i>	<i>6th Worcester</i>	<i>3/21/2025</i>
<i>Michael D. Brady</i>	<i>Second Plymouth and Norfolk</i>	<i>3/29/2025</i>
<i>Joseph D. McKenna</i>	<i>18th Worcester</i>	<i>3/31/2025</i>
<i>Bruce E. Tarr</i>	<i>First Essex and Middlesex</i>	<i>4/4/2025</i>
<i>Hannah Kane</i>	<i>11th Worcester</i>	<i>5/5/2025</i>
<i>Michelle L. Badger</i>	<i>1st Plymouth</i>	<i>5/13/2025</i>
<i>James B. Eldridge</i>	<i>Middlesex and Worcester</i>	<i>6/16/2025</i>
<i>David T. Vieira</i>	<i>3rd Barnstable</i>	<i>10/8/2025</i>
<i>Edward R. Philips</i>	<i>8th Norfolk</i>	<i>12/11/2025</i>
<i>Marcus S. Vaughn</i>	<i>9th Norfolk</i>	<i>12/11/2025</i>
<i>Danillo A. Sena</i>	<i>37th Middlesex</i>	<i>2/3/2026</i>

**HOUSE . . . . . No. 1801**

By Representative Jones of North Reading, a petition (accompanied by bill, House, No. 1801) of Bradley H. Jones, Jr., and others for legislation to provide continuum of care for severe mental illness. The Judiciary.

**The Commonwealth of Massachusetts**

**In the One Hundred and Ninety-Fourth General Court  
(2025-2026)**

An Act to provide continuum of care for severe mental illness.

*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 2022  
2 Official Edition, is hereby amended by inserting after the definition of “Commissioner” the  
3 following definitions:-

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

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

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

11           “Gravely disabled”, a condition evidenced by behavior in which a person, as a result of a  
12 severe mental illness, is at substantial risk of inflicting serious harm to self or others, or is in  
13 danger of serious demonstrates psychosis; and has shown an inability to provide for his or her  
14 basic physical needs, including medical and psychiatric treatment and shelter, and live safely in  
15 the community because of the severe mental illness.

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

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

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

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

32           (1) has a primary diagnosis of a severe 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 adherence 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, involuntary hospitalization pursuant to section 12 of chapter 123 or receipt  
39 of mental health services in a forensic or department of correction facility or house of corrections  
40 or the Bridgewater state hospital; or (B) the commission of one or more acts of serious violent  
41 behavior toward self or others or threats of, or attempts at, serious physical harm to self or others  
42 within the previous 36 months;

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

46 (iv) is likely to benefit from critical community mental health services; and

47 (v) is, as a result of their mental illness, unlikely to voluntarily participate in outpatient  
48 treatment that would enable the individual to live safely in the community.

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

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

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

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

60 (4) the conditions for continued receipt of critical community mental health services,  
61 which may require reporting, continuation of medication, submission to testing, or other  
62 reasonable conditions.

63 (b) A petition for critical community mental health services may be filed along with, and  
64 as an alternative to, a petition for inpatient commitment under section 7. A person making a false  
65 statement or providing false information or false testimony in a petition or hearing under this  
66 section shall be subject to criminal prosecution.

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

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

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

79 Critical community mental health services shall not be ordered unless the court approves  
80 a written critical community mental health service treatment plan presented to the court which  
81 conforms to the requirements of this section and which contains the name of the designated  
82 director of the facility that will supervise and administer the service plan.

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

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

89 (h) During any period in which an individual receives critical community mental health  
90 services, the individual or the supervising mental health professional may petition the court to  
91 amend the critical community mental health service treatment plan. The court may order an  
92 amended service plan or, if contested, the court may order a hearing on the amended plan. If an

93 amended service plan is contested, the party wishing to amend the service plan shall provide the  
94 opposing party the proposed amended service plan at least 7 days before the filing of a petition.

95 (i) A supervising mental health professional may petition the court for a hearing if the  
96 supervising mental health professional has determined that the individual is not adhering with the  
97 critical community mental health service treatment plan. When a supervising mental health  
98 professional determines that the individual has not adhered with conditions of the service plan,  
99 the monitor shall notify the court of the individual's non-adherence.

100 Upon receiving notice from the supervising mental health professional, the court shall  
101 appoint counsel, if necessary, and schedule a service plan non-adherence hearing for a date no  
102 less than 7 days and not more than 14 days after receiving said petition, except in extraordinary  
103 circumstances, as determined by the court. The court shall create a standard "notice of service  
104 plan non-adherence" form, which the monitor shall complete with the times and dates of the  
105 alleged non-adherence of the individual.

106 The notice of service plan non-adherence shall set forth the conditions of the plan that the  
107 supervising mental health professional alleges have not been adhered with and shall order the  
108 individual to appear at a specific date and time for the non-adherence hearing, and shall be  
109 delivered to all parties to the original proceeding under which the service plan order was issued.

110 Service plan non-adherence hearings shall proceed in two distinct steps, the first to  
111 adjudicate the factual issue of whether the plan is being adhered with and the second to  
112 determine the disposition of the matter, if plan non-adherence is found by the court to have  
113 occurred.

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

122           (j) The supervising mental health professional shall require periodic reports, not more  
123 frequently than every 30 days, concerning the condition of individuals receiving critical  
124 community mental health services from any person, agency, or organization assigned to treat  
125 such individuals.

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

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

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

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

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

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

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