

HOUSE No.
19331892

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 passage of the accompanying bill:
An Act establishing assisted outpatient treatment.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Kay Khan	11th Middlesex
John P. Fresolo	16th Worcester
Benjamin Swan	11th Hampden
Timothy J. Toomey, Jr.	26th Middlesex
Barbara A. L'Italien	18th Essex
David B. Sullivan	6th Bristol
Brian P. Wallace	4th Suffolk

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

(iii) grave disability, and

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

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

(i) likelihood of creating serious harm, or

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

(iii) grave disability, and

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

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

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

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

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

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

(d) The hearing shall be commenced within 4 days of the filing of the petition. The periods of time prescribed or allowed under the provisions of this section shall be computed pursuant to Rule 6 of the Massachusetts Rules of Civil Procedure. Adjudgments 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.

(e) 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 of the General Laws, as so appearing, is hereby amended by inserting after section 8 the following:-

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

(i) likelihood of creating serious harm, or

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

(iii) grave disability, and

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

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

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

(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 71/2; of this chapter, and which contains the name of the designated director of the mental health treatment agency that will supervise and administer the patient's treatment program.

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

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

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

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

(1) During any period of the assisted outpatient treatment, if the court, on motion by the supervising mental health professional in charge of a patient's assisted outpatient treatment, determines that the patient is not complying with the terms of the order and 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's treatment plan, or commit the patient to inpatient treatment.

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

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

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

SECTION 6. Said Chapter 123 of the General Laws, as so appearing, is hereby amended by inserting after section 8 the following:-

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

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

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

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

(e) The supervising mental health professional may, at any time during the course of the ordered outpatient treatment, petition the court for inpatient commitment of the patient if, in the supervising mental health professional's judgment, the patient has failed to comply with a term of the outpatient treatment plan and outpatient treatment no longer remains appropriate.

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

(g) Nothing in this section prevents the supervising mental health professional from authorizing involuntary commitment and treatment in an emergency situation under section 12 of this chapter.

SECTION 7. Section 9 of said Chapter 123 of the General Laws, as so appearing, is hereby amended by adding at the end thereof the following:- Any person may apply to the court stating their belief that a person currently treated on an assisted outpatient basis under section 8 1/2 should no longer be so treated.