

**COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF MENTAL HEALTH**  
Final Report on the Impact of Chapter 249 of the Acts of 2000:  
An Act to Reform the Civil Commitment Process for Persons with Mental Illness  
2022 Annual Report

## **Overview**

The civil commitment process for individuals who are involuntarily admitted to a hospital due to risk of serious harm to self or others by reason of mental illness was significantly modified by Chapter 249 of the Acts of 2000. The law, which took effect in November 2000, included significant changes to the procedures for emergency psychiatric hospitalization under M.G.L. Chapter 123.

Chapter 249 reduced an emergency psychiatric hospitalization under M.G.L. qc.123, section 12(b) from ten (10) calendar days to four (4) business days. The time required for a judicial hearing on a petition for civil commitment was reduced by Chapter 249 from 14 calendar days to four (4) business days. The Act provides for an immediate hearing for any person who has reason to believe his or her admission is the result of abuse or misuse of the admissions process. The hearing must take place no later than the next business day. The law also requires facilities to notify individuals at admission that, upon request, the facility will contact the Committee for Public Counsel Services, which will appoint a lawyer to meet with them. Chapter 410 of the Acts of 2004, adjusted the time of an emergency hospitalization to three (3) business days. Chapter 410 increased the time for holding a commitment hearing to five (5) business days from the filing of a petition.

Chapter 249 required the Department of Mental Health (DMH) to submit reports to the Legislature on the impact of the changes to Chapter 123. That requirement was eliminated by Section 128 of Chapter 45 of the Acts of 2015. Nonetheless, DMH continued to collect data and publish these reports. In light of increased requirements for collection of data from licensed facilities, as well as the consistency of data reported over the ensuing years, DMH determined in the fall of 2022 that it would no longer require reporting of Chapter 249 data and would cease producing these reports. This is the final report on the impact of Chapter 249 of the Acts of 2000. It includes data for January through October, 2022. Data was not collected for November and December, 2022.

This final report is the fortieth overall and the seventeenth annual report since the implementation of Chapter 249. Similar to the previous reports, it is organized around monthly data collected by DMH from more than 60 acute general and psychiatric hospitals, and state-operated community mental health centers with inpatient units. The data are focused on the legal status of individuals at four points during hospitalization: upon arrival at the hospital; at admission; during the course of hospitalization; and at

discharge. This report compares annual data from calendar year 2022 with the previous year, with aggregate data from all reporting periods (December 2000-October 2022) and with the ten-month period preceding implementation of the new statute (January 2000-October 2000). Any prominent differences between calendar years 2022 and 2021 are also noted. Unless otherwise indicated, the data are reported as monthly averages.

The report appendices include monthly data generated from facilities before and after implementation of the new law, including: the pre-implementation data collection period (Appendix A); the 2021 annual reporting period (Appendix B), the 2022 annual reporting period (Appendix C) and average monthly values for the post-implementation period (Appendix D).

## **Admissions**

During the 265-month period of data collection following passage of the new law, the number of individuals admitted to psychiatric facilities on a conditional voluntary status under M.G.L. chapter 123, sections 10 and 11, is currently 87% of all admissions. Section 12(b) admissions as a proportion of total admissions decreased from 17% to 13% over the 265-month period in comparison to the pre-implementation period.

During the 2022 reporting period, average section 12(b) admissions per month (1,038) increased 5% in comparison to the previous annual report (986). Admissions on a conditional voluntary status showed a similar decrease over the same period. The average number of patients arriving at the hospital per month under 12(a) status (3,585) decreased 8% in comparison to the previous year (3,904), while average total monthly admissions in 2022 (4,505) decreased 12% in comparison to the previous year (5,104).

*Summary of the 265-month post-implementation period (statewide monthly averages):*

- *Total monthly admissions have increased 2%, averaging 5,036 pre-implementation and 5,158 following passage of the new statute.*
- *Section 12(a) arrivals have increased 33% from the period prior to enactment of the new law, from 2,423 to 3,219 section 12(a) arrivals per month.*
- *The number of section 12(b) admissions per month in 2022 (1,038) increased 5% in comparison to the previous annual report (986).*
- *Following implementation of the new statute, conditional voluntary admissions under sections 10 and 11 increased from 83% to 87% of total admissions.*
- *Following implementation of the new statute, section 12(b) admissions as a portion of total admissions decreased from 17% to 13% of total admissions.*

## **Emergency Hearings**

The monthly average number of requests for emergency hearings during 2022 is three, which is one less than both the 2021 monthly average and the post-implementation monthly average. In 2022, six discharges were allowed, an increase of two over the previous year.

*Summary of the 265-month post-implementation period (statewide monthly averages):*

- *Hospitals reported that 971 emergency hearings were requested, of which 52 resulted in discharge.*

## **Court Hearings**

Despite pre-implementation concerns that increased demand for hearings under the new law would require re-location of hearing sites from the hospitals to the courts, the data do not substantiate this concern. The majority of sections 7 and 8 hearings were conducted at hospitals through 2018 (88%). Prior to enactment of Chapter 249, facilities were not required to report on the number of sections 7 and 8 petitions heard or the locations of the hearings, so exact comparisons cannot be made.

However, DMH collected retrospective information about hearing location before the change in the law through telephone surveys conducted in the fall of 2000. The eight months of data obtained by this method demonstrated that 78% of sections 7 and 8 hearings were conducted at hospitals prior to implementation of the new law.

In the pre-implementation period, the monthly average number of sections 7 and 8 petitions *filed* for continued hospitalization was 150. During the 265-month post-implementation period, the monthly average number of petitions filed is 190. The monthly average number of petitions filed in 2022 is 218, which is a 7% decrease in comparison to the previous year (235).

The number of petitions *allowed* increased from 48 petitions per month during pre-implementation to an average of 68 per month following passage of the new law, an increase of 42%. In 2022 the average number of sections 7 and 8 petitions allowed per month was 82 which is a 6% decrease in comparison to the previous year (87).

Prior to passage of Chapter 249, petitions filed for commitment under sections 7 and 8 represented 3% of average monthly admissions. The 265-month post-implementation monthly average is 4% of total monthly admissions, which reflects a very small portion of admissions that result in filed petitions. Of the average monthly admissions in 2022, 5% involved petitions filed under sections 7 and 8.

*Summary of the comparison between the pre-implementation period and the 265-month post-implementation period:*

- *The average number of sections 7 and 8 petitions filed each month increased 27%, from 150 to 190.*
- *Filings for commitment remained steady at approximately 4% of all admissions*

**Discharges**

In comparison to pre-implementation values (4,319), the average number of monthly discharges (4,810) from a conditional voluntary status (sections 10 and 11) per month has increased following implementation of the new statute. Before implementation, 90% of average monthly discharges were from this category, while in the 265-month post-implementation period, a monthly average of 94% of the monthly discharges were from a conditional voluntary status. In the present reporting period, 94% of the average monthly discharges were from a conditional voluntary status.

The average number of people discharged from section 12(b) status each month decreased from 396 before implementation to a 265-month average of 219 each month under the new law. The 2022 monthly average (196) decreased 8% in comparison to the previous year (214) and is 4% of the average monthly total discharges. In the 265-month post-implementation reporting period, discharges from section 12(b) status also represent 4% of all discharges.

Individuals discharged from sections 7 and 8 status decreased from an average of 78 per month before implementation to a monthly average of 72 in the post-implementation period. The number of persons discharged from sections 7 and 8 status (84) in 2022 decreased 5% in comparison to the 2021 annual report (88).

*Summary of the 265-month post-implementation period (statewide monthly averages):*

- *Compared with the pre-implementation period, sections 10 and 11 discharges in the 265-month post-implementation period increased from 90% to 94% of the average monthly discharges.*
- *Compared with the pre-implementation period, section 12(b) discharges in the 265-month post-implementation period decreased from 8% to 4% of average monthly discharges.*
- *During the 265-month post-implementation period, sections 7 and 8 discharges represent 1% of average monthly discharges.*

## Summary

This is the fortieth DMH report overall and seventeenth annual report evaluating the impact of Chapter 249 of the Acts of 2000 on DMH-licensed and operated facilities and represents the 2022 calendar year.

The 2022 annual report is the final report on the impact of Chapter 249 of the Acts of 2000. The present report period includes data for January through October, 2022. Data was not collected for November and December, 2022. This report includes data from the period of time prior to implementing the changes in the law, as well as data from the current and past year and an aggregate of the data from the first 265 months since the law was implemented.

The average monthly number of petitions for civil commitment under sections 7 and 8 (218) decreased in comparison to the 2021 annual report (235). The monthly average number of sections 7 and 8 petitions allowed (82) is 6% lower in comparison to 2021 (87). The monthly average number of persons discharged from 12(b) status in 2022 (196) is decreased 8% from the previous year (214).

The average number of individuals discharged monthly on sections 7 and 8 has decreased to 84 in 2022 in comparison to the last annual report (88). The post-implementation monthly average discharges on sections 7 and 8 status is 72 per month which is lower than the pre-implementation value of 78 per month.

Another element of the law sought to protect individuals from misuse or abuse of the involuntary commitment process. In the 265 months since Chapter 249 became law, 971 requests for emergency hearings for misuse/abuse of the process have been filed and 52 requests for review in these circumstances have resulted in discharge after independent judicial review.

## APPENDIX A: PRE-IMPLEMENTATION DATA

Massachusetts Department of Mental Health  
Admissions by Legal Status for 60 Licensed Hospitals and 3 State-Operated CMHCs\*\*\*  
Data Report Period: 1/1/00 to 10/31/00

	Total Admits	Arrival 12a	Adm 12b	12b % of Total	Disch 12b<10	Disch 12b>=10	Disch Cond Vol	Disch 7 and 8	Pet Filed 7 and 8	7 and 8 Heard Hospital	7 and 8 Heard Court	Pet Allowed 7 and 8
January	5064	2505	818	16.2%	312	96	4376	60	159	45	23	56
February	4806	2222	1109	23.1%	328	95	4284	52	131	40	6	42
March	5251	2505	1124	21.4%	316	117	4244	62	164	44	10	49
April	4917	2445	784	15.9%	291	77	4217	44	136	44	6	43
May	5353	2398	818	15.3%	294	141	4296	168	156	50	14	57
June	5066	2498	789	15.6%	310	87	4479	73	169	39	17	52
July	4841	2371	830	17.1%	294	100	4075	118	160*	**	**	42*
August	5158	2551	826	16.0%	276	85	4483	60	155*	**	**	55*
September	4853	2391	791	16.3%	303	86	4251	46	142*	**	**	55*
October	5054	2340	742	14.7%	265	87	4484	96	132	33	11	39
<b>Total:</b>	<b>50363</b>	<b>24226</b>	<b>8631</b>	<b>NA</b>	<b>2989</b>	<b>971</b>	<b>43191</b>	<b>779</b>	<b>1047</b>	<b>295</b>	<b>87</b>	<b>338</b>
<b>Average:</b>	<b>5036.3</b>	<b>2422.6</b>	<b>863.1</b>	<b>17.1%</b>	<b>298.9</b>	<b>97.1</b>	<b>4319.1</b>	<b>77.9</b>	<b>149.6</b>	<b>42.1</b>	<b>12.4</b>	<b>48.3</b>

\* Data not included for totals

\*\* Data not collected for the specific reporting period

\*\*\* This report contains preliminary data and is subject to further review by the Massachusetts Department of Mental Health.

## APPENDIX B: 2021 ANNUAL REPORT DATA

### Massachusetts Department of Mental Health Admissions by Legal Status for Licensed Hospitals and CMHCs\*\* Data Report Period: 1/1/21 to 12/31/21

	Total	12a	12b	12b % of Total	12b<=3* Disch	12b>=4^ Disch	Cond Disch	7 and 8 Pet Filed	7 and 8 Heard Hospital	7 and 8 Heard Court	7 and 8 Pet Allowed	7 and 8 Disch	Emerg Hearings Requested	Emerg Held Hospital	Emerg Held Court	Emerg Hearing Disch
<b>Total:</b>	<b>61250</b>	<b>46846</b>	<b>11837</b>		<b>2570</b>		<b>55873</b>	<b>2815</b>			<b>1049</b>	<b>1059</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>Avg:</b>	<b>5104.2</b>	<b>3903.8</b>	<b>986.4</b>	<b>19.33%</b>	<b>214.2</b>		<b>4656.1</b>	<b>234.6</b>			<b>87.4</b>	<b>88.3</b>	<b>3.8</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>

**0.1\*** Prior to 3/1/05 this field reflects discharges in four days or less

^ Prior to 3/1/05 this field reflects discharges in five days or more

\*\* This report contains preliminary data for the report period and is subject to further verification by the Massachusetts Department of Mental Health.

^^ These data may reflect updates made following the previous annual report, none of which influence report findings

## APPENDIX C: 2022 REPORT DATA

### Massachusetts Department of Mental Health Admissions by Legal Status for Licensed Hospitals and CMHCs\*\* Data Report Period: 1/1/22 to 10/30/22

	Total Admits	12a Arrival	12b Admits	12b % of Total	12b<=3* Disch	12b>=4^ Disch	Cond Disch	7 and 8 Pet Filed	7 and 8 Heard Hospital	7 and 8 Heard Court	7 and 8 Pet Allowed	7 and 8 Disch	Emerg Hearings Requested	Emerg Held Hospital	Emerg Held Court	Emerg Hearing Disch
<b>Total:</b>	<b>45053</b>	<b>35846</b>	<b>10375</b>		<b>1956</b>	<b>0</b>	<b>41184</b>	<b>2175</b>			<b>822</b>	<b>835</b>	<b>30</b>			<b>6</b>
<b>Avg:</b>	<b>4505.3</b>	<b>3584.6</b>	<b>1037.5</b>	<b>23.0 3%</b>	<b>195.6</b>	<b>0</b>	<b>4118.4</b>	<b>217.5</b>			<b>82.2</b>	<b>83.5</b>	<b>3.0</b>			<b>0.6</b>

**0.1\*** Prior to 3/1/05 this field reflects discharges in four days or less

^ Prior to 3/1/05 this field reflects discharges in five days or more

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## APPENDIX D: CUMULATIVE REPORT DATA

Massachusetts Department of Mental Health  
Admissions by Legal Status for Licensed Hospitals and CMHCs\*\*  
Data Report Period: 1/1/00 to 10/30/22

	Total Admits	12a Arrival	12b Admits	12b % Total	12b<=3* Disch	12b>=4^ Disch	Cond Disch	Pet Filed	Heard Hospital	Heard Court	Pet Allowed	7 and 8 Disch	Hearings Requested	Held Hospital	Held Court	Hearing Disch
<b>Total:</b>	<b>1356511</b>	<b>846495</b>	<b>182379</b>		<b>33996</b>	<b>19399</b>	<b>1264957</b>	<b>49951</b>	<b>12793</b>	<b>2127</b>	<b>17884</b>	<b>18804</b>	<b>941</b>	<b>74</b>	<b>48</b>	<b>46</b>
<b>Avg:</b>	<b>5157.8</b>	<b>3218.6</b>	<b>693.5</b>	<b>13.44%</b>	<b>129.3</b>	<b>89.4</b>	<b>4809.7</b>	<b>189.9</b>	<b>61.2</b>	<b>10.1</b>	<b>68.0</b>	<b>71.5</b>	<b>3.6</b>	<b>0.4</b>	<b>0.2</b>	<b>0.2</b>

\* Prior to 3/1/05 this field reflects discharges in four days or less

^ Prior to 3/1/05 this field reflects discharges in five days or more

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