

Act No. 540
Public Acts of 2012
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STATE OF MICHIGAN
96TH LEGISLATURE
REGULAR SESSION OF 2012

Introduced by Reps. Lipton, Liss, Kowall, Santana, Bauer, Crawford, Irwin and Segal

ENROLLED HOUSE BILL No. 4555

AN ACT to amend 1974 PA 258, entitled "An act to codify, revise, consolidate, and classify the laws relating to mental health; to prescribe the powers and duties of certain state and local agencies and officials and certain private agencies and individuals; to regulate certain agencies and facilities providing mental health services; to provide for certain charges and fees; to establish civil admission procedures for individuals with mental illness or developmental disability; to establish guardianship procedures for individuals with developmental disability; to establish procedures regarding individuals with mental illness or developmental disability who are in the criminal justice system; to provide for penalties and remedies; and to repeal acts and parts of acts," by amending sections 498d, 498e, and 498h (MCL 330.1498d, 330.1498e, and 330.1498h), section 498d as amended by 1998 PA 524, section 498e as amended by 1996 PA 588, and section 498h as amended by 2000 PA 57, and by adding sections 1060, 1060a, 1060b, 1060c, 1062, 1064, 1066, 1068, 1070, 1072, and 1074.

The People of the State of Michigan enact:

Sec. 498d. (1) Subject to section 498e and except as otherwise provided in this chapter, section 1074, and section 18s of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18s, a minor of any age may be hospitalized if both of the following conditions are met:

(a) The minor's parent, guardian, or a person acting in loco parentis for the minor or, in compliance with subsection (2) or (3), the department of human services or county juvenile agency, as applicable, requests hospitalization of the minor under this chapter.

(b) The minor is found to be suitable for hospitalization.

(2) The department of human services may request hospitalization of a minor who is committed to the department of human services under 1935 PA 220, MCL 400.201 to 400.214.

(3) As applicable, the department of human services may request hospitalization of, or the county juvenile agency may request an evaluation for hospitalization of, a minor who is 1 of the following:

(a) A ward of the court under chapter X or XIIA of the probate code of 1939, 1939 PA 288, MCL 710.21 to 710.70 and 712A.1 to 712A.32, if the department of human services or county juvenile agency is specifically empowered to do so by court order.

(b) Committed to the department of human services or county juvenile agency under the youth rehabilitation services act, 1974 PA 150, MCL 803.301 to 803.309, except that if the minor is residing with his or her custodial parent, the consent of the custodial parent is required.

(4) Subject to sections 498e, 498f, and 498j, and except as provided in section 1074 and section 18s of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18s, a minor 14 years of age or older may be hospitalized if both of the following conditions are met:

(a) The minor requests hospitalization under this chapter.

(b) The minor is found to be suitable for hospitalization.

(5) In making the determination of suitability for hospitalization, a minor shall not be determined to be a minor requiring treatment solely on the basis of 1 or more of the following conditions:

(a) Epilepsy.

(b) Developmental disability.

(c) Brief periods of intoxication caused by substances such as alcohol or drugs or by dependence upon or addiction to those substances.

(d) Juvenile offenses, including school truancy, home truancy, or incorrigibility.

(e) Sexual activity.

(f) Religious activity or beliefs.

(g) Political activity or beliefs.

(6) As used in this section, "county juvenile agency" means that term as defined in section 2 of the county juvenile agency act, 1998 PA 518, MCL 45.622.

Sec. 498e. (1) Except as provided in section 1074 and section 18s of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18s, a minor requesting hospitalization or for whom a request for hospitalization was made shall be evaluated to determine suitability for hospitalization according to this section as soon as possible after the request is made.

(2) The executive director of the community mental health services program that is responsible for providing services in the county of residence of a minor requesting hospitalization or for whom a request for hospitalization was made shall evaluate the minor to determine his or her suitability for hospitalization according to this section. In making a determination of a minor's suitability for hospitalization, the executive director shall utilize the community mental health services program's children's diagnostic and treatment service. If a children's diagnostic and treatment service does not exist in the community mental health services program, the executive director shall, through written agreement, arrange to have a determination made by the children's diagnostic and treatment service of another community mental health services program, or by the appropriate hospital.

(3) In evaluating a minor's suitability for hospitalization, the executive director shall do all of the following:

(a) Determine both of the following:

(i) Whether the minor is a minor requiring treatment.

(ii) Whether the minor requires hospitalization and is expected to benefit from hospitalization.

(b) Determine whether there is an appropriate, available alternative to hospitalization, and if there is, refer the minor to that program.

(c) Consult with the appropriate school, hospital, and other public or private agencies.

(d) If the minor is determined to be suitable for hospitalization under subdivision (a), refer the minor to the appropriate hospital.

(e) If the minor is determined not to be suitable for hospitalization under subdivision (a), determine if the minor needs mental health services. If it is determined that the minor needs mental health services, the executive director shall offer an appropriate treatment program for the minor, if the program is available, or refer the minor to any other appropriate agency for services.

(f) If a minor is assessed and found not to be clinically suitable for hospitalization, the executive director shall inform the individual or individuals requesting hospitalization of the minor of appropriate available alternative services to which a referral should be made and of the process for a request of a second opinion under subsection (4).

(4) If the children's diagnostic and treatment service of the community mental health services program denies hospitalization, the parent or guardian of the minor may request a second opinion from the executive director. The executive director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request. If the conclusion of the second opinion is different from the conclusion of the children's diagnostic and treatment service, the executive director, in conjunction with the medical director, shall make a decision based on all clinical information available. The executive director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the executive director and medical director or verification that the decision was made in conjunction with the medical director.

(5) If a minor has been admitted to a hospital not operated by or under contract with the department or a community mental health services program and the hospital considers it necessary to transfer the minor to a hospital under contract with a community mental health services program, the hospital shall submit an application for transfer to the appropriate community mental health services program. The executive director shall determine if there is an appropriate, available alternative to hospitalization of the minor. If the executive director determines that there is an appropriate,

available alternative program, the minor shall be referred to that program. If the executive director determines that there is not an appropriate, alternative program, the minor shall be referred to a hospital under contract with the community mental health services program.

(6) Except as provided in subsections (1) and (5), this section only applies to hospitals operated under contract with a community mental health services program.

Sec. 498h. (1) Except as provided in section 1074 and section 18s of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.18s, a minor's parent, guardian, or person in loco parentis may request emergency admission of the minor to a hospital, if the person making the request has reason to believe that the minor is a minor requiring treatment and that the minor presents a serious danger to self or others.

(2) If the hospital to which the request for emergency admission is made is not under contract to the community mental health services program, the request for emergency hospitalization shall be made directly to the hospital. If the hospital director agrees that the minor needs emergency admission, the minor shall be hospitalized. If the hospital director does not agree, the person making the request may request hospitalization of the minor under section 498d.

(3) If the hospital to which the request for emergency admission is made is under contract to the community mental health services program, the request shall be made to the preadmission screening unit of the community mental health services program serving in the county where the minor resides. If the community mental health services program has a children's diagnostic and treatment service, the preadmission screening unit shall refer the person making the request to that service. In counties where there is no children's diagnostic and treatment service, the preadmission screening unit shall refer the person making the request to the appropriate hospital. If it is determined that emergency admission is not necessary, the person may request hospitalization of the minor under section 498d. If it is determined that emergency admission is necessary, the minor shall be hospitalized or placed in an appropriate alternative program.

(4) If a minor is assessed by the preadmission screening unit and found not to be clinically suitable for hospitalization, the preadmission screening unit shall inform the individual or individuals requesting hospitalization of the minor of appropriate available alternative services to which a referral should be made and of the process for a request of a second opinion under subsection (5).

(5) If the preadmission screening unit of the community mental health services program denies hospitalization, a minor's parent or guardian may request a second opinion from the executive director. The executive director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the executive director, in conjunction with the medical director, shall make a decision based on all clinical information available. The executive director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the executive director and medical director or verification that the decision was made in conjunction with the medical director.

(6) If a person in loco parentis makes a request for emergency admission and the minor is admitted to a hospital under this section, the hospital director or the executive director of the community mental health services program immediately shall notify the minor's parent or parents or guardian.

(7) If a minor is hospitalized in a hospital that is operated under contract with a community mental health services program, the hospital director shall notify the appropriate executive director within 24 hours after the hospitalization occurs.

(8) If a peace officer, as a result of personal observation, has reasonable grounds to believe that a minor is a minor requiring treatment and that the minor presents a serious danger to self or others and if after a reasonable effort to locate the minor's parent, guardian, or person in loco parentis, the minor's parent, guardian, or person in loco parentis cannot be located, the peace officer may take the minor into protective custody and transport the minor to the appropriate community mental health preadmission screening unit, if the community mental health services program has a children's diagnostic and treatment service, or to a hospital if it does not have a children's diagnostic and treatment service. After transporting the minor, the peace officer shall execute a written request for emergency hospitalization of the minor stating the reasons, based upon personal observation, that the peace officer believes that emergency hospitalization is necessary. The written request shall include a statement that a reasonable effort was made by the peace officer to locate the minor's parent, guardian, or person in loco parentis. If it is determined that emergency hospitalization of the minor is not necessary, the minor shall be returned to his or her parent, guardian, or person in loco parentis if an additional attempt to locate the parent, guardian, or person in loco parentis is successful. If the minor's parent, guardian, or person in loco parentis cannot be located, the minor shall be turned over to the protective services program of the family independence agency. If it is determined that emergency admission of the minor is necessary, the minor shall be admitted to the appropriate hospital or to an appropriate alternative program. The executive director immediately shall notify the minor's parent, guardian, or person in loco parentis. If the hospital is under contract with the community mental health services program, the hospital director shall notify the appropriate executive director within 24 hours after the hospitalization occurs.

(9) An evaluation of a minor admitted to a hospital under this section shall begin immediately after the minor is admitted. The evaluation shall be conducted in the same manner as provided in section 498e. If the minor is not found to be suitable for hospitalization, the minor shall be released into the custody of his or her parent, guardian, or person in loco parentis, and the minor shall be referred to the executive director who shall determine if the minor needs mental health services. If it is determined that the minor needs mental health services, the executive director shall offer an appropriate treatment program for the minor, if the program is available, or refer the minor to another agency for services.

(10) A hospital director shall proceed under either the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8206, or chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, as warranted by the situation and the best interests of the minor, under any of the following circumstances:

(a) The hospital director cannot locate a parent, guardian, or person in loco parentis of a minor admitted to a hospital under subsection (8).

(b) The hospital director cannot locate the parent or guardian of a minor admitted to a hospital by a person in loco parentis under this section.

Sec. 1060. For the purposes of sections 1060a to 1074, the words and phrases defined in sections 1060a to 1060c have the meanings ascribed to them in those sections.

Sec. 1060a. (1) "Competency evaluation" means a court-ordered examination of a juvenile directed to developing information relevant to a determination of his or her competency to proceed at a particular stage of a court proceeding involving a juvenile who is the subject of a delinquency petition.

(2) "Competency hearing" means a hearing to determine whether a juvenile is competent to proceed.

(3) "Incompetent to proceed" means that a juvenile, based on age-appropriate norms, lacks a reasonable degree of rational and factual understanding of the proceeding or is unable to do 1 or more of the following:

(a) Consult with and assist his or her attorney in preparing his or her defense in a meaningful manner.

(b) Sufficiently understand the charges against him or her.

(4) "Juvenile" means a person who is less than 17 years of age who is the subject of a delinquency petition.

Sec. 1060b. (1) "Least restrictive environment" means a supervised community placement, preferably a placement with the juvenile's parent, guardian, relative, or a facility or conditions of treatment that is a residential or institutional placement only utilized as a last resort based on the best interest of the juvenile or for reasons of public safety.

(2) "Licensed child caring institution" means a child caring institution as defined and licensed under 1973 PA 116, MCL 722.111 to 722.128.

(3) "Qualified forensic mental health examiner" means 1 of the following who performs forensic mental health examinations for the purposes of sections 1062 to 1074 but does not exceed the scope of his or her practice as authorized by state law:

(a) A psychiatrist or psychologist who possesses experience or training in the following:

(i) Forensic evaluation procedures for juveniles.

(ii) Evaluation, diagnosis, and treatment of children and adolescents with emotional disturbance, mental illness, or developmental disabilities.

(iii) Clinical understanding of child and adolescent development.

(iv) Familiarity with competency standards in this state.

(b) Beginning 18 months after the effective date of the amendatory act that added this section, a mental health professional other than a psychiatrist or psychologist who has completed a juvenile competency training program for forensic mental health examiners that is endorsed by the department under section 1072 and who possesses experience or training in all of the following:

(i) Forensic evaluation procedures for juveniles.

(ii) Evaluation, diagnosis, and treatment of children and adolescents with emotional disturbance, mental illness, or developmental disabilities.

(iii) Clinical understanding of child and adolescent development.

(iv) Familiarity with competency standards in this state.

(4) "Qualified restoration provider" means an individual, who the court determines as a result of the opinion provided by the qualified forensic mental health examiner, has the skills and training necessary to provide restoration services. The court shall take measures to avoid any conflict of interest among agencies or individuals who may provide evaluation and restoration.

Sec. 1060c. (1) "Restoration" means the process by which education or treatment of a juvenile results in that juvenile becoming competent to proceed.

(2) "Serious misdemeanor" means that term as defined in section 61 of the William Van Regenmorter crime victim's rights act, 1985 PA 87, MCL 780.811.

Sec. 1062. (1) A juvenile 10 years of age or older is presumed competent to proceed unless the issue of competency is raised by a party. A juvenile less than 10 years of age is presumed incompetent to proceed.

(2) The court may order upon its own motion, or at the request of the juvenile, the juvenile's attorney, or the prosecuting attorney, a competency evaluation to determine whether the juvenile is incompetent to proceed if the juvenile is the subject of a delinquency petition in the court or if the juvenile is under the court's jurisdiction under section 2(a)(2) to (4) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2. The issue of the juvenile's competency may be raised by the court before which the proceedings are pending or being held, or by motion of a party, at any time during the proceeding.

(3) At the time an issue of the juvenile's competency is raised, the delinquency proceeding shall temporarily cease until determination is made on the competence of the juvenile according to this act.

Sec. 1064. (1) A competency evaluation ordered under section 1062 shall be conducted by a qualified forensic mental health examiner. The qualified forensic mental health examiner shall provide the court with an opinion as to whether the juvenile is competent to proceed. The court has the final determination of an expert witness serving as a qualified forensic mental health examiner.

(2) This section does not prohibit any party from retaining the party's own qualified forensic mental health examiner to conduct additional evaluations at the party's own expense.

(3) The competency evaluation shall be conducted in the least restrictive environment. There is a presumption in favor of conducting a competency evaluation while the juvenile remains in the custody of a parent or legal guardian, unless removal from the home is necessary for the best interests of the juvenile, for reasons of public safety, or because the parent or guardian has refused to cooperate in the competency evaluation process.

Sec. 1066. (1) The court shall order the prosecuting attorney to provide to the juvenile's attorney all information related to competency and shall order the prosecuting attorney and juvenile's attorney to submit to the qualified forensic mental health examiner any information considered relevant to the competency evaluation, including, but not limited to:

- (a) The names and addresses of all attorneys involved.
- (b) Information about the alleged offense.
- (c) Any information about the juvenile's background in the prosecuting attorney's possession.

(2) Except as prohibited by federal law, the court shall require the juvenile's attorney to provide any available records of the juvenile or other information relevant to the evaluation, including, but not limited to, any of the following:

- (a) Psychiatric records.
- (b) School records.
- (c) Medical records.
- (d) Child protective services records.

(3) The requirement to provide records or information under subsection (1) or (2) does not limit, waive, or abrogate the work product doctrine or the attorney-client privilege, and release of records and information under subsection (1) or (2) is subject to the work product doctrine and the attorney-client privilege.

(4) All information required under subsections (1) and (2) must be provided to the qualified forensic mental health examiner within 10 days after the court issues the order for the competency evaluation. If possible, the information required under this section shall be received before the juvenile's competency evaluation or the commencement of the competency evaluation in an outpatient setting.

(5) A qualified forensic mental health examiner who conducts a competency evaluation shall submit a written report to the court not later than 30 days from receipt of the court order requiring the competency evaluation. The evaluation shall be based on a juvenile adjudicative competence interview (JACI) or another interview method approved by the court. The report shall contain, but not be limited to, the following:

(a) A description of the nature, content, and extent of the examination, including, but not limited to, all of the following:

- (i) A description of assessment procedures, techniques, and tests used.
- (ii) Available medical, educational, and court records reviewed.
- (iii) Social, clinical, developmental, and legal history as available.

(b) A clinical assessment that includes, but is not limited to, the following:

(i) A mental status examination.

(ii) The diagnosis and functional impact of mental illness, developmental disability, or cognitive impairment. If the juvenile is taking medication, the impact of the medication on the juvenile's mental state and behavior.

(iii) An assessment of the juvenile's intelligence.

(iv) The juvenile's age, maturity level, developmental stage, and decision-making abilities.

(v) Whether the juvenile has any other factor that affects competence.

(c) A description of abilities and deficits in the following mental competency functions related to the juvenile's competence to proceed:

(i) The ability to factually as well as rationally understand and appreciate the nature and object of the proceedings, including, but not limited to, all of the following:

(A) An ability to understand the role of the participants in the court process, including, the roles of the judge, the juvenile's attorney, the prosecuting attorney, the probation officer, witnesses, and the jury, and to understand the adversarial nature of the process.

(B) An ability to appreciate the charges and understand the seriousness of the charges.

(C) An ability to understand and realistically appraise the likely outcomes.

(D) An ability to extend thinking into the future.

(ii) The ability to render meaningful assistance to the juvenile's attorney in the preparation of the case, including, but not limited to, all of the following:

(A) An ability to disclose to an attorney a reasonably coherent description of facts and events pertaining to the charge, as perceived by the juvenile.

(B) An ability to consider the impact of his or her action on others.

(C) Verbal articulation abilities or the ability to express himself or herself in a reasonable and coherent manner.

(D) Logical decision-making abilities, particularly multifaceted problem-solving or the ability to take several factors into consideration in making a decision.

(E) An ability to reason about available options by weighing the consequences, including weighing pleas, waivers, and strategies.

(F) An ability to display appropriate courtroom behavior.

(6) The qualified forensic mental health examiner shall provide the court with an opinion about the juvenile's competency to proceed. If the qualified forensic mental health examiner determines that the juvenile is incompetent to proceed, the qualified forensic mental health examiner shall comment on the nature of any psychiatric or psychological disorder or cognitive impairment, the prognosis, and the services needed and expertise required to restore the juvenile to competency, if possible, within a projected time frame.

(7) The court in its discretion may, for good cause, grant the qualified forensic mental health examiner a 30-day extension in filing the competency evaluation report.

(8) Copies of the written report shall be provided by the court to the juvenile's attorney, the prosecuting attorney, and any guardian ad litem for the juvenile not later than 5 working days after receipt of the report by the court.

Sec. 1068. (1) Not later than 30 days after a report is filed under section 1066, the court shall hold a hearing to determine if a juvenile is competent to proceed. At the hearing, the parties may introduce other evidence regarding the juvenile's mental condition or may submit the matter by written stipulation based on the filed report.

(2) Upon a finding by the court that a juvenile is incompetent to proceed and a finding that there is a substantial probability that the juvenile will remain incompetent to proceed for the foreseeable future or within the period of the restoration order, the court shall dismiss with prejudice the charges against the juvenile and may determine custody of the juvenile.

(3) The qualified forensic mental health examiner appointed by the court to determine the juvenile's mental condition shall be allowed reasonable fees for services rendered.

Sec. 1070. (1) The constitutional protections against self-incrimination apply to all competency evaluations.

(2) Any evidence or statement obtained during a competency evaluation is not admissible in any proceeding to determine the juvenile's responsibility.

(3) A statement that a juvenile makes during a competency evaluation or evidence resulting from the statement concerning any other event or transaction is not admissible in any proceeding to determine the juvenile's responsibility for any other charges that are based on those events or transactions.

(4) A statement that the juvenile makes during a competency evaluation may not be used for any purpose other than assessment of his or her competency without the written consent of the juvenile or the juvenile's guardian. The juvenile or the juvenile's guardian must have an opportunity to consult with his or her attorney before giving consent.

(5) After the case proceeds to adjudication or the juvenile is found to be unable to regain competence, the court shall order all of the reports that are submitted according to sections 1062 to 1068 to be sealed. The court may order that the reports be opened only as follows:

- (a) For further competency or criminal responsibility evaluations.
- (b) For statistical analysis.
- (c) If the records are considered to be necessary to assist in mental health treatment ordered under this act.
- (d) For data gathering.
- (e) For scientific study or other legitimate research.

(6) If the court orders reports to be open for the purposes of statistical analysis, data gathering, or scientific study according to subsection (5), the reports shall remain confidential.

(7) Any statement that a juvenile makes during a competency evaluation, or any evidence resulting from that statement, is not subject to disclosure.

Sec. 1072. (1) Not later than 18 months after the effective date of the amendatory act that added this section, the department shall review and endorse a training program for juvenile forensic mental health examiners who provide juvenile competency exams. A psychiatrist or psychologist may, but is not required to, seek certification under the program established under this section.

(2) The department may make adaptations or adjustments to the endorsed training program described under subsection (1) based on research and best practices.

Sec. 1074. (1) If the juvenile is incompetent to proceed, but the court finds that the juvenile may be restored to competency in the foreseeable future, 1 of the following applies:

(a) If the offense is a traffic offense or a misdemeanor other than a serious misdemeanor, the matter shall be dismissed.

(b) If the offense is a serious misdemeanor, the court may dismiss the matter or suspend the proceedings against the juvenile.

(c) If the offense is a felony, the proceedings against the juvenile shall be further suspended.

(2) If proceedings are suspended because the juvenile is incompetent to proceed but the court finds that the juvenile may be restored to competency in the foreseeable future, all of the following apply:

(a) Before issuing a restoration order, the court shall hold a hearing to determine the least restrictive environment for completion of the restoration.

(b) The court may issue a restoration order that is valid for 60 days from the date of the initial finding of incompetency or until 1 of the following occurs, whichever occurs first:

(i) The qualified forensic mental health examiner, based on information provided by the qualified restoration provider, submits a report that the juvenile has regained competency or that there is no substantial probability that the juvenile will regain competency within the period of the order.

(ii) The charges are dismissed.

(iii) The juvenile reaches 18 years of age.

(c) Following issuance of the restoration order, the qualified restoration provider shall submit a report to the court and the qualified forensic mental health examiner that includes the information required under section 1066. The report shall be submitted to the court and the qualified forensic mental health examiner every 30 days, or sooner if and at the time either of the following occurs:

(i) The qualified restoration provider determines that the juvenile is no longer incompetent to proceed.

(ii) The qualified restoration provider determines that there is no substantial probability that the juvenile will be competent to proceed within the period of the order.

(3) Not later than 14 days before the expiration of the initial 60-day order, the qualified restoration provider may recommend to the court and the qualified forensic mental health examiner that the restoration order be renewed by the court for another 60 days, if there is a substantial probability that the juvenile will not be incompetent to proceed within the period of that renewed restoration order. The restoration order and any renewed restoration order shall not exceed a total of 120 days.

(4) Except as otherwise provided in this section, upon receipt of a report that there is a substantial probability that the juvenile will remain incompetent to proceed for the foreseeable future or within the period of the restoration order, the court shall do both of the following:

(a) Determine custody of the juvenile as follows:

(i) The court may direct that civil commitment proceedings be initiated, as allowed under section 498d.

(ii) If the court determines that commitment proceedings are inappropriate, the juvenile shall be released to the juvenile's parent, legal guardian, or legal custodian under conditions considered appropriate to the court.

(b) Dismiss the charges against the juvenile.

(5) Upon receipt of a report from a qualified forensic mental health examiner that there is a substantial probability that the juvenile is unable to be restored due to serious emotional disturbance, the court may in its discretion, except as provided under the youth rehabilitation services act, 1974 PA 150, MCL 803.301 to 803.309, order that mental health services be provided to the juvenile by the department, subject to the availability of inpatient care, a community mental health services program, the department of human services, a county department of human services, or another appropriate mental health services provider for a period not to exceed 60 days. The court shall retain jurisdiction over the juvenile throughout the duration of the order. The entity ordered to provide services under this subsection shall continue to provide services for the duration of the period of treatment ordered by the court.

(6) Not later than 14 days before the expiration of an order for treatment under this subsection or subsection (5), the entity providing mental health services under that order shall submit a report to the court and the qualified forensic mental health examiner regarding the juvenile. Upon receipt of the report, the court shall review the report and do either of the following:

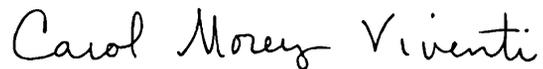
(a) Renew the order for another period of treatment not to exceed 60 days. The order for treatment and any renewed order shall not exceed a total of 120 days.

(b) Determine custody of the juvenile and dismiss the charges against the juvenile.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No. 246 of the 96th Legislature is enacted into law.



Clerk of the House of Representatives



Secretary of the Senate

Approved

Governor