

Act No. 200
Public Acts of 2014
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**STATE OF MICHIGAN
97TH LEGISLATURE
REGULAR SESSION OF 2014**

Introduced by Rep. Walsh

ENROLLED HOUSE BILL No. 4486

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 the title and sections 100b, 100c, 100d, 260, 276, 277, 278, 279, 281, 282, 283, 286, and 464a (MCL 330.1100b, 330.1100c, 330.1100d, 330.1260, 330.1276, 330.1277, 330.1278, 330.1279, 330.1281, 330.1282, 330.1283, 330.1286, and 330.1464a), the title as amended by 1995 PA 290, section 100b as amended by 2014 PA 72, sections 100c and 100d as amended and sections 260, 276, 277, 278, 279, 281, 282, 283, and 286 as added by 2012 PA 500, and section 464a as added by 1994 PA 339, and by adding sections 281a, 281b, and 281c.

The People of the State of Michigan enact:

TITLE

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 or substance use disorder services; to provide for certain charges and fees; to establish civil admission procedures for individuals with mental illness, substance use disorder, or developmental disability; to establish guardianship procedures for individuals with developmental disability; to establish procedures regarding individuals with mental illness, substance use disorder, or developmental disability who are in the criminal justice system; to provide for penalties and remedies; and to repeal acts and parts of acts.

Sec. 100b. (1) “Facility” means a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility.

(2) “Family” as used in sections 156 to 161 means an eligible minor and his or her parent or legal guardian.

(3) “Family member” means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

- (4) “Federal funds” means funds received from the federal government under a categorical grant or similar program and does not include federal funds received under a revenue sharing arrangement.
- (5) “Functional impairment” means both of the following:
- (a) With regard to serious emotional disturbance, substantial interference with or limitation of a minor’s achievement or maintenance of 1 or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.
- (b) With regard to serious mental illness, substantial interference or limitation of role functioning in 1 or more major life activities including basic living skills such as eating, bathing, and dressing; instrumental living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication; and functioning in social, vocational, and educational contexts.
- (6) “Guardian” means a person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated, or developmentally disabled.
- (7) “Hospital” or “psychiatric hospital” means an inpatient program operated by the department for the treatment of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or psychiatric unit licensed under section 137.
- (8) “Hospital director” means the chief administrative officer of a hospital or his or her designee.
- (9) “Hospitalization” or “hospitalize” means to provide treatment for an individual as an inpatient in a hospital.
- (10) “Incapacitated” means that an individual, as a result of the use of alcohol or other drugs, is unconscious or has his or her mental or physical functioning so impaired that he or she either poses an immediate and substantial danger to his or her own health and safety or is endangering the health and safety of the public.
- (11) “Individual plan of services” or “plan of services” means a written individual plan of services developed with a recipient as required by section 712.
- (12) “Intellectual disability” means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions:
- (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.
- (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual’s age peers and is indexed to the individual’s particular needs for support.
- (c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.
- (d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.
- (13) “Licensed facility” means a facility licensed by the department under section 137 or an adult foster care facility.
- (14) “Licensed psychologist” means a doctoral level psychologist licensed under section 18223(1) of the public health code, 1978 PA 368, MCL 333.18223.
- (15) “Medical director” means a psychiatrist appointed under section 231 to advise the executive director of a community mental health services program.
- (16) “Mental health professional” means an individual who is trained and experienced in the area of mental illness or developmental disabilities and who is 1 of the following:
- (a) A physician.
- (b) A psychologist.
- (c) A registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.
- (d) A licensed master’s social worker licensed or otherwise authorized to engage in the practice of social work at the master’s level under part 185 of the public health code, 1978 PA 368, MCL 333.18501 to 333.18518.
- (e) A licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code, 1978 PA 368, MCL 333.18101 to 333.18117.
- (f) A marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code, 1978 PA 368, MCL 333.16901 to 333.16915.
- (17) “Minor” means an individual under the age of 18 years.
- (18) “Multicultural services” means specialized mental health services for multicultural populations such as African-Americans, Hispanics, Native Americans, Asian and Pacific Islanders, and Arab/Chaldean-Americans.

(19) “Neglect” means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, a community mental health services program, or a licensed hospital; or an employee or volunteer of a service provider under contract with the department, a community mental health services program, or a licensed hospital, that denies a recipient the standard of care or treatment to which he or she is entitled under this act.

Sec. 100c. (1) “Peace officer” means an officer of the department of state police or of a law enforcement agency of a county, township, city, or village who is responsible for the prevention and detection of crime and enforcement of the criminal laws of this state. For the purposes of sections 408 and 427, peace officer also includes an officer of the United States secret service with the officer’s consent and a police officer of the veterans’ administration medical center reservation.

(2) “Peer review” means a process, including the review process required under section 143a, in which mental health professionals of a state facility, licensed hospital, or community mental health services program evaluate the clinical competence of staff and the quality and appropriateness of care provided to recipients. Peer review evaluations are confidential in accordance with section 748(9) and are based on criteria established by the facility or community mental health services program itself, the accepted standards of the mental health professions, and the department.

(3) “Person requiring treatment” means an individual who meets the criteria described in section 401.

(4) “Physician” means an individual licensed or otherwise authorized to engage in the practice of medicine under part 170 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17084, or to engage in the practice of osteopathic medicine and surgery under part 175 of the public health code, 1978 PA 368, MCL 333.17501 to 333.17556.

(5) “Primary consumer” means an individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program.

(6) “Priority” means preference for and dedication of a major proportion of resources to specified populations or services. Priority does not mean serving or funding the specified populations or services to the exclusion of other populations or services.

(7) “Protective custody” means the temporary custody of an individual by a peace officer with or without the individual’s consent for the purpose of protecting that individual’s health and safety, or the health and safety of the public, and for the purpose of transporting the individual under section 276, 408, or 427 if the individual appears, in the judgment of the peace officer, to be a person requiring treatment or is a person requiring treatment. Protective custody is civil in nature and is not an arrest.

(8) “Psychiatric partial hospitalization program” means a nonresidential treatment program that provides psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services under the supervision of a physician to adults diagnosed as having serious mental illness or minors diagnosed as having serious emotional disturbance who do not require 24-hour continuous mental health care, and that is affiliated with a psychiatric hospital or psychiatric unit to which clients may be transferred if they need inpatient psychiatric care.

(9) “Psychiatric unit” means a unit of a general hospital that provides inpatient services for individuals with serious mental illness or serious emotional disturbance. As used in this subsection, “general hospital” means a hospital as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106.

(10) “Psychiatrist” means 1 or more of the following:

(a) A physician who has completed a residency program in psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of psychiatric rotation and is enrolled in an approved residency program as described in this subdivision.

(b) A psychiatrist employed by or under contract with the department or a community mental health services program on March 28, 1996.

(c) A physician who devotes a substantial portion of his or her time to the practice of psychiatry and is approved by the director.

(11) “Psychologist” means an individual who is licensed or otherwise authorized to engage in the practice of psychology under part 182 of the public health code, 1978 PA 368, MCL 333.18201 to 333.18237, and who devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental illness, serious emotional disturbance, substance use disorder, or developmental disability.

(12) “Recipient” means an individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program. For the purposes of this act, recipient does not include an individual receiving substance use disorder services under chapter 2A unless that individual is also receiving mental health services under this act in conjunction with substance use disorder services.

(13) “Recipient rights advisory committee” means a committee of a community mental health services program board appointed under section 757 or a recipient rights advisory committee appointed by a licensed hospital under section 758.

(14) “Recovery” means a highly individualized process of healing and transformation by which the individual gains control over his or her life. Related services include recovery management, recovery support services, recovery houses or transitional living programs, and relapse prevention. Recovery involves the development of a new meaning, purpose, and growing beyond the impact of addiction or a diagnosis. Recovery may include the pursuit of spiritual, emotional, mental, or physical well-being.

(15) “Regional entity” means an entity established under section 204b to provide specialty services and supports.

(16) “Rehabilitation” means the act of restoring an individual to a state of mental and physical health or useful activity through vocational or educational training, therapy, and counseling.

(17) “Resident” means an individual who receives services in a facility.

(18) “Responsible mental health agency” means the hospital, center, or community mental health services program that has primary responsibility for the recipient’s care or for the delivery of services or supports to that recipient.

(19) “Rule” means a rule promulgated under the administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to 24.328.

Sec. 100d. (1) “Service” means a mental health service or a substance use disorder service.

(2) “Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor’s role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

(a) A substance use disorder.

(b) A developmental disorder.

(c) “V” codes in the diagnostic and statistical manual of mental disorders.

(3) “Serious mental illness” means a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

(a) A substance use disorder.

(b) A developmental disorder.

(c) A “V” code in the diagnostic and statistical manual of mental disorders.

(4) “Special compensation” means payment to an adult foster care facility to ensure the provision of a specialized program in addition to the basic payment for adult foster care. Special compensation does not include payment received directly from the medicaid program for personal care services for a resident, or payment received under the supplemental security income program.

(5) “Specialized program” means a program of services, supports, or treatment that are provided in an adult foster care facility to meet the unique programmatic needs of individuals with serious mental illness or developmental disability as set forth in the resident’s individual plan of services and for which the adult foster care facility receives special compensation.

(6) “Specialized residential service” means a combination of residential care and mental health services that are expressly designed to provide rehabilitation and therapy to a recipient, that are provided in the residence of the recipient, and that are part of a comprehensive individual plan of services.

(7) “State administered funds” means revenues appropriated by the legislature exclusively for the purposes provided for in regard to substance use disorder services and prevention.

(8) “State facility” means a center or a hospital operated by the department.

(9) “State recipient rights advisory committee” means a committee appointed by the director under section 756 to advise the director and the director of the department’s office of recipient rights.

(10) “Substance abuse” means the taking of alcohol or other drugs at dosages that place an individual’s social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

(11) “Substance use disorder” means chronic disorder in which repeated use of alcohol, drugs, or both, results in significant and adverse consequences. Substance use disorder includes substance abuse.

(12) “Substance use disorder prevention services” means services that are intended to reduce the consequences of substance use disorders in communities by preventing or delaying the onset of substance abuse and that are intended to reduce the progression of substance use disorders in individuals. Substance use disorder prevention is an ordered set of steps that promotes individual, family, and community health, prevents mental and behavioral disorders, supports resilience and recovery, and reinforces treatment principles to prevent relapse.

(13) “Substance use disorder treatment and rehabilitation services” means the providing of identifiable recovery-oriented services including:

(a) Early intervention and crisis intervention counseling services for individuals who are current or former individuals with substance use disorder.

(b) Referral services for individuals with substance use disorder, their families, and the general public.

(c) Planned treatment services, including chemotherapy, counseling, or rehabilitation for individuals physiologically or psychologically dependent upon or abusing alcohol or drugs.

(14) “Supplemental security income” means the program authorized under title XVI of the social security act, 42 USC 1381 to 1383f.

(15) “Transfer facility” means a facility selected by the department-designated community mental health entity, which facility is physically located in a jail or lockup and is staffed by at least 1 designated representative when in use according to chapter 2A.

(16) “Transition services” means a coordinated set of activities for a special education student designed within an outcome-oriented process that promotes movement from school to postschool activities, including postsecondary education, vocational training, integrated employment including supported employment, continuing and adult education, adult services, independent living, or community participation.

(17) “Treatment” means care, diagnostic, and therapeutic services, including the administration of drugs, and any other service for the treatment of an individual’s serious mental illness, serious emotional disturbance, or substance use disorder.

(18) “Treatment position” means a unit of measure of the client capacity of a psychiatric partial hospitalization program. Each treatment position represents a minimum of 6 hours per day and 5 days per calendar week.

(19) “Urgent situation” means a situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

(20) “Wraparound services” means an individually designed set of services provided to minors with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other supports necessary to foster education preparedness, employability, and preservation of the child in the family home. Wraparound services are to be developed through an interagency collaborative approach and a minor’s parent or guardian and a minor age 14 or older are to participate in planning the services.

Sec. 260. (1) As used in this chapter:

(a) “Child” means an individual less than 14 years of age.

(b) “Court” means the probate court for the county in which an individual, for whom a request for substance use disorder treatment and rehabilitation services has been made or a petition for involuntary treatment has been filed, either resides or is found.

(c) “Health professional” means an individual licensed or otherwise authorized to engage in a health profession under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, and whose scope of practice includes the diagnosis and treatment of individuals with a substance use disorder.

(d) “Hospital” means a hospital licensed under part 215 of the public health code, 1978 PA 368, MCL 333.21501 to 333.21571.

(e) “Minor” means an individual 14 or more years of age and less than 18 years of age.

(f) “Person in loco parentis” means an individual who is not the parent or guardian of a child or minor but who has legal custody of the child or minor and is providing support and care for the child or minor.

(g) “Petitioner” means a person that institutes a proceeding under section 281a.

(h) "Physiological dependency" means addiction to alcohol or drugs that alters the body's physical or psychological status, or both.

(i) "Program" means a hospital, clinic, organization, or health professional licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use disorder services.

(j) "Respondent" means an individual alleged in a petition filed under section 281a to be an individual who has a substance use disorder and who may be ordered under section 281b or 281c to undergo involuntary treatment.

(2) The department shall begin implementation of the changes made to this chapter by 2012 PA 500 not later than October 1, 2013 and shall have the changes completed by not later than October 1, 2014.

Sec. 276. (1) An individual who appears to be incapacitated in a public place shall be taken into protective custody by a peace officer and taken to an approved service program or to an emergency medical service, or to a transfer facility according to subsection (4) for subsequent transportation to an approved service program or emergency medical service. Except as otherwise provided in this subsection, if requested by a peace officer, an emergency service unit or staff shall provide transportation for the individual to an approved service program or an emergency medical service. This subsection does not apply to the transportation of an individual by an emergency service unit or staff if the peace officer reasonably believes that the individual will attempt escape or will be unreasonably difficult for staff to control.

(2) A peace officer may take an individual into protective custody with that kind and degree of force that is lawful for the officer to arrest that individual for a misdemeanor without a warrant. In taking the individual, a peace officer may take reasonable steps to protect himself or herself. The protective steps may include a pat-down search of the individual in his or her immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapon that may on that occasion be used against the officer or other individuals present. The peace officer shall take these protective steps before an emergency service unit or staff provides transportation of an individual to an approved service program or emergency medical service.

(3) The taking of an individual to an approved service program, emergency medical service, or transfer facility under subsection (1) is not an arrest, but is a taking into protective custody with or without consent of the individual. The peace officer shall inform the individual that he or she is being held in protective custody and is not under arrest. An entry or other record shall not be made to indicate that the individual was arrested or charged with either a crime or being incapacitated. An entry shall be made indicating the date, time, and place of the taking, but the entry shall not be treated for any purpose as an arrest or criminal record.

(4) An individual taken into protective custody under subsection (1) may be taken to a transfer facility for not more than 8 hours, if an approved service program or an emergency medical service is not located in that county and if, due to distance or other circumstances, a peace officer is unable to complete transport of the individual to an approved service program or emergency medical service. The peace officer or agency shall immediately notify and request the nearest approved service program or emergency medical service to provide an emergency service unit or staff as soon as possible to transport the individual to that approved service program or emergency medical service. If an emergency service unit or staff is not available for transportation, a peace officer may transport the individual to an approved service program or emergency medical service. If an emergency service unit or staff is to provide transportation, the designated representative of the transfer facility shall assume custody of the individual and shall take all reasonable steps to ensure the individual's health and safety until custody is transferred to the emergency service unit or staff of an approved service program or emergency medical service.

(5) An individual arrested by a peace officer for the commission of a misdemeanor punishable by imprisonment for not more than 3 months, or by a fine of not more than \$500.00, or both, may be taken to an approved service program or an emergency medical service for emergency treatment if the individual appears to be incapacitated at the time of arrest. This treatment is not in lieu of criminal prosecution of the individual for the offense with which the individual is charged and it does not preclude the administration of any tests as provided for by law.

Sec. 277. (1) An individual who is taken to an approved service program or emergency medical service under section 276(1) shall continue to be in protective custody and shall be examined by a health professional as soon as possible, but not longer than 8 hours. The health professional may conduct a chemical test to determine the amount of alcohol or other drugs in the bloodstream of the individual. The health professional shall inform the individual of his or her right to that test and shall conduct a test at the request of the individual.

(2) An individual who, by medical examination, is found to be incapacitated shall then receive treatment from an approved service program or emergency medical service. An individual shall not be denied treatment solely because the individual has withdrawn from treatment against medical advice on a prior occasion or because the individual has relapsed after earlier treatment. An approved service program or the emergency medical service may arrange for necessary transportation.

(3) Approved service programs are not expected to provide treatment other than that for which they are licensed, nor is an emergency medical service required to provide treatment other than that routinely provided for other patients treated.

Sec. 278. (1) An individual who is taken to an approved service program or emergency medical service under section 276(1) continues to be in protective custody. Except as otherwise provided in section 281a, 281b, or 281c, the individual shall not be detained once the individual is medically examined and found not to be incapacitated. An individual found by medical examination to be incapacitated shall be detained, except as otherwise provided in section 281a, 281b, or 281c, until the individual is no longer incapacitated or for not more than 72 hours after the individual is taken to the approved service program or emergency medical service. An individual may consent to remain in the program for as long as the health professional in charge believes appropriate.

(2) An individual who is taken to an approved service program or emergency medical service under section 276(5) shall be discharged to a peace officer after the individual is no longer incapacitated. An individual who remains incapacitated at the expiration of 72 hours after the individual has been taken to the approved service program or emergency medical service shall be discharged to a peace officer unless 1 of the following circumstances applies:

(a) The individual agrees to remain in the program longer than 72 hours and the health professional in charge of the program believes it appropriate that the individual remain in the program longer than 72 hours.

(b) An order for involuntary treatment of the individual has been issued under section 281b or 281c.

Sec. 279. (1) Except as otherwise provided in section 281a, 281b, or 281c, an individual who is brought to an approved service program or emergency medical service under section 276(1) and is found by medical examination not to be incapacitated shall be immediately released and transportation may be arranged by the approved service program or emergency medical service.

(2) Except as otherwise provided in section 281a, 281b, or 281c, an individual who is brought to an approved service program or emergency medical service under section 276(5) and is found by medical examination not to be incapacitated shall be released to a peace officer representing the agency that made the arrest.

Sec. 281. (1) An individual may voluntarily seek admission at an approved service program or emergency medical service.

(2) The individual shall be examined by a health professional. At the request of the individual, the health professional may order a chemical test to determine the amount of alcohol or other drugs in the bloodstream of the individual.

(3) An individual who, by medical examination, is found to be incapacitated shall then be admitted or referred for treatment. Transportation may be provided to an individual admitted or referred for treatment through the approved service program or the emergency medical service.

(4) The voluntarily admitted individual may leave at any time or may consent to remain as long as the health professional believes appropriate.

(5) If a voluntarily admitted individual is admitted to an approved service program or emergency medical service, the family, next of kin, or someone whom the individual designates, shall be notified as promptly as possible. If an adult requests that there be no notification, the request shall be respected.

Sec. 281a. (1) A court may order involuntary treatment for an individual who is an adult as provided in this section and sections 281b and 281c. This section and sections 281b and 281c do not apply and sections 264 to 268 apply for an individual who is a minor. A court shall not order involuntary treatment for an individual unless all of the following apply to that individual:

(a) The individual has a substance use disorder as verified by a health professional under section 281b.

(b) The individual presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists.

(c) The individual can reasonably benefit from treatment.

(2) An individual described in this subsection may initiate proceedings for the involuntary treatment of an individual by filing a verified petition in the court and paying a filing fee in the same amount, if any, that is charged for a filing under section 434. A petition and all subsequent documents filed in the court under this subsection must be entitled: "In the interest of (name of respondent)". Any of the following individuals may file a petition under this subsection:

(a) The spouse of the respondent.

(b) A family member of the respondent.

(c) The guardian of the respondent.

(d) A health professional.

(3) A petitioner shall include all of the following in a petition filed under this section:

(a) The petitioner's name and residence address or, if the petitioner is a health professional, his or her business address.

(b) The petitioner's source of authority under subsection (2) to file the petition, including the petitioner's relationship to the respondent.

(c) The respondent's name, residence address, and current location, if known.

(d) The name and residence address of the respondent's parents, if living and if known.

(e) The name and residence address of the respondent's guardian, if any and if known.

(f) The name and residence address of the respondent's spouse, if any and if known.

(g) The name and residence address of the respondent's adult children, if any and if known.

(h) The name and residence address of the individual who has custody of the respondent, if any and if known. If no individual is known under this subdivision, the name and residence address of any other close relative or friend of the respondent, if known.

(i) A description of the facts that lead the petitioner to believe that the respondent has a substance use disorder and presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or that a substantial likelihood of the threat of danger in the near future exists if the respondent does not receive treatment.

(j) Except as otherwise provided in subdivision (k), a certified statement of a health professional who has examined the respondent within 2 days before the day the petition is filed under this section. A certified statement under this subdivision must include all of the following:

(i) The health professional's findings in support of the need for involuntary treatment.

(ii) The health professional's statement regarding whether the respondent presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists if the respondent does not receive treatment.

(iii) The health professional's statement regarding whether the respondent can reasonably benefit from treatment.

(iv) The health professional's indication of the type and length of treatment required.

(v) If treatment is indicated under subparagraph (iv), the treatment facilities known to the health professional that are able and willing to provide the recommended treatment. The health professional shall include a disclosure of any ownership interest in or other relationship or affiliation with a facility identified under this subparagraph, if any.

(k) In lieu of a certified statement of a health professional under subdivision (j), a statement that the respondent refused to undergo an examination by a health professional concerning the respondent's possible need for treatment.

(4) A petitioner shall submit with a petition filed under this section the name and address of the person or public or private facility with which the petitioner has arranged for the treatment of the respondent. The petitioner shall include a verification from the person or public or private facility that it has agreed to provide the treatment and the estimated cost of the treatment. Unless waived by the court for good cause, the petitioner shall submit with the petition a guarantee, signed by the petitioner or another individual authorized to submit a petition for the respondent under this section, obligating the guarantor to pay the costs of the examinations under section 281b(2)(e), the costs of the respondent that are associated with a hearing conducted under section 281b and that are determined appropriate by the court, and the costs of any treatment ordered by the court.

(5) An individual who does any of the following is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$5,000.00, or both:

(a) Furnishes false information for the purpose of obtaining an order of involuntary treatment.

(b) Causes or otherwise secures, or conspires with or assists another to cause or secure, without a reason to believe the respondent has a substance use disorder, an order of involuntary treatment.

(c) Causes, or conspires with or assists another to cause, the denial to any individual a right accorded that individual under this chapter.

Sec. 281b. (1) Upon receipt of a petition filed under section 281a and the payment of the filing fee, if any, the court shall examine the petitioner under oath as to the contents of the petition.

(2) If, after reviewing the contents of the petition and examining the petitioner under oath, it appears to the court that there is probable cause to believe the respondent may reasonably benefit from treatment, the court shall do all of the following:

(a) Schedule a hearing to be held within 7 days to determine if there is clear and convincing evidence that the respondent may reasonably benefit from treatment.

(b) Notify the respondent and all other individuals named in the petition under section 281a(3)(d) to (h) concerning the allegations and contents of the petition and of the date and the purpose of the hearing.

(c) Notify the respondent that the respondent may retain counsel and, if the respondent is unable to retain counsel, that the respondent may be represented by court-appointed counsel at public expense if the respondent is indigent. Upon the appointment of court-appointed counsel for an indigent respondent, the court shall notify the respondent of the name, address, and telephone number of the court-appointed counsel.

(d) Notify the respondent that the court will cause the respondent to be examined not later than 24 hours before the hearing date by a physician for the purpose of a physical examination and by an independent health professional for the purpose of a substance use disorder assessment and diagnosis. In addition, the court shall notify the respondent that the respondent may have an independent expert evaluation of his or her physical and mental condition conducted at the respondent's own expense.

(e) Cause the respondent to be examined not later than 24 hours before the hearing date by a physician for the purpose of a physical examination and by an independent health professional for the purpose of a substance use disorder assessment and diagnosis.

(f) Conduct the hearing.

(3) The physician who examined the respondent for the purpose of a physical examination, the health professional who examined the respondent for the purpose of the substance use disorder assessment and diagnosis, and, if applicable, the individual who conducted the independent expert evaluation of the respondent's physical and mental condition at the respondent's expense shall certify his or her findings to the court within 24 hours after the examination. The findings must include a recommendation for treatment if the physician, health professional, or individual determines that treatment is necessary.

(4) If, upon completion of the hearing held under this section, the court finds by clear and convincing evidence that the requirements of section 281a(1) are met, the court may order the involuntary treatment of the respondent after considering the recommendations for treatment that were submitted to the court under subsection (3). If ordered, the court shall order the involuntary treatment to be provided by an approved service program or by a health professional qualified by education and training to provide the treatment.

(5) A respondent who fails to undergo and complete the treatment ordered under subsection (4) is in contempt of court. An approved service program to which or health professional to whom a respondent is ordered for treatment under subsection (4) shall notify the court of a respondent's failure to undergo or complete treatment ordered under subsection (4).

(6) If at any time after a petition is filed under section 281a the court finds that there is not probable cause to order or continue treatment or the petitioner withdraws the petition, the court shall dismiss the proceedings against the respondent.

(7) As used in this section, "substance use disorder assessment and diagnosis" includes an evaluation of all of the following:

(a) Whether the individual has a substance use disorder.

(b) Whether the individual presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or whether a substantial likelihood of the threat of danger in the near future exists.

(c) Whether the individual can reasonably benefit from treatment.

Sec. 281c. (1) Following an examination by a health professional under section 281b and a certification by that health professional that the requirements of section 281a(1) are met, a court may order the respondent held for treatment for a period not to exceed 72 hours if the court finds by clear and convincing evidence that the person presents an imminent danger or imminent threat of danger to self, family, or others as a result of a substance use disorder. However, if the hearing to be held under section 281b will not be held within that 72-hour period, the court may order the respondent held for treatment until the hearing. In making its order, the court shall inform the respondent that the respondent may immediately make a reasonable number of telephone calls or use other reasonable means to contact an attorney, a physician, or a health professional; to contact any other person to secure representation by counsel; or to obtain medical or psychological assistance and that the respondent will be provided assistance in making calls if the assistance is needed and requested.

(2) A program in which a respondent is being held pursuant to subsection (1) shall release the respondent from the program immediately upon the expiration of the time period established by the court for the treatment under subsection (1). If determined appropriate by the court with the assistance of health professionals, a respondent may be transferred from a more-restrictive program setting to a less-restrictive program setting for the treatment ordered under this section.

(3) A respondent ordered held under this section shall not be held in jail pending transportation to the program or evaluation unless the court previously has found the respondent to be in contempt of court for either failure to undergo treatment or failure to appear at the examination ordered under section 281b.

(4) If a court is authorized to issue an order that the respondent be transported to a program, the court may issue a summons. If the respondent fails to attend an examination scheduled before the hearing under section 281b, the court shall issue a summons. The court shall direct a summons issued to the respondent and shall command the respondent to appear at a time and place specified in the summons. If the respondent who has been summoned fails to appear at the program or the examination, the court may order a peace officer to transport the respondent to a program on the list provided under subsection (5) for treatment. The peace officer shall transport the respondent to the program. The transportation costs of the peace officer shall be included in the costs of treatment for substance use disorder to be paid as provided in section 281a(4).

(5) A department-designated community mental health entity on at least an annual basis shall submit each of the following lists to the clerk of the court in each county served by the department-designated community mental health entity:

(a) A list of all programs in the counties served by the department-designated community mental health entity that are able and willing to take respondents ordered held for treatment under subsection (1).

(b) A list of programs and health professionals in the counties served by the department-designated community mental health entity that are able and willing to provide treatment for a substance use disorder that is ordered under section 281b.

Sec. 282. (1) A peace officer, a member of the emergency service unit, or staff member of an approved service program or an emergency medical service who acts in compliance with sections 276 to 286 is acting in the course of his or her official duty and is not criminally or civilly liable as a result.

(2) Subsection (1) does not apply to a law enforcement officer, member of the emergency service unit, or staff member of an approved service program or an emergency medical service who, while acting in compliance with sections 276 to 286, engages in behavior involving gross negligence or willful or wanton misconduct.

(3) Approved service programs, staff of approved service programs, emergency medical services, staff of emergency medical services, peace officers, and emergency service units are not criminally or civilly liable for the subsequent actions of the apparently incapacitated individual who leaves the approved service program or emergency medical service.

Sec. 283. An individual taken to or seeking voluntary admission under section 281 to an emergency medical service or a transfer facility or a respondent under an order that is issued under section 281b or 281c shall have his or her possessions inventoried and held in a secure place. These possessions shall be returned to the individual when the individual is released. Contraband discovered in the inventory shall not be returned to the individual.

Sec. 286. (1) A city, county, township, or village shall not adopt or enforce a local law, ordinance, resolution, rule, or portion of a local law, ordinance, resolution, or rule that has the force of law and that imposes a civil or criminal penalty for public intoxication or being incapacitated, except as provided in subsection (3) or (4).

(2) A local unit of government shall not interpret or apply any law of general application to circumvent subsection (1).

(3) This section and sections 276 to 285 do not affect a law, ordinance, resolution, or rule against drunken driving, driving under the influence of alcohol or other drugs, or other similar offense involving the operation of a vehicle, snowmobile, aircraft, vessel, machinery, or other equipment, or motorized conveyance, or regarding the sale, purchase, dispensing, possession, transportation, consumption, or use of alcoholic beverages or other drugs at stated times and places, or by a particular class of individuals.

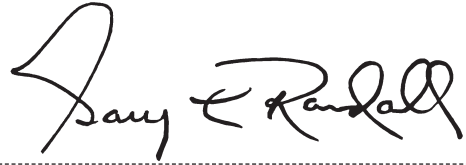
(4) This section and sections 276 to 285 do not prohibit a local unit of government from adopting an ordinance consistent with section 167 of the Michigan penal code, 1931 PA 328, MCL 750.167.

Sec. 464a. (1) Upon entry of a court order directing that an individual be involuntarily hospitalized under this chapter or that an individual involuntarily undergo a program of alternative treatment or a program of combined hospitalization and alternative treatment under this chapter, the court shall immediately order the department of state police to enter the court order into the law enforcement information network. The department of state police shall remove the court order from the law enforcement information network only upon receipt of a subsequent court order for that removal.

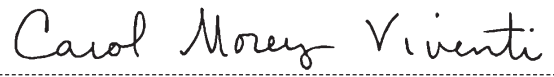
(2) The department of state police shall immediately enter an order described in subsection (1) into the law enforcement information network or shall immediately remove an order from the law enforcement information network as ordered by the court under this section.

(3) This section does not apply to an order of involuntary treatment for substance use disorder under chapter 2A.

This act is ordered to take immediate effect.



Clerk of the House of Representatives



Secretary of the Senate

Approved

Governor