

**STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022**

Introduced by Senator McBroom

ENROLLED SENATE BILL No. 101

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 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,” by amending sections 100d, 281c, 282, 408, 409, 426, 427a, 427b, 429, 436, 438, 469a, 498k, 498t, 516, 519, and 537 (MCL 330.1100d, 330.1281c, 330.1282, 330.1408, 330.1409, 330.1426, 330.1427a, 330.1427b, 330.1429, 330.1436, 330.1438, 330.1469a, 330.1498k, 330.1498t, 330.1516, 330.1519, and 330.1537), section 100d as amended by 2020 PA 99, section 281c as added and section 282 as amended by 2014 PA 200, sections 408, 427a, and 498k as amended by 1995 PA 290, section 409 as amended by 2020 PA 402, sections 426 and 429 as amended by 2016 PA 320, sections 436, 438, and 469a as amended by 2018 PA 593, section 498t as added by 1988 PA 155, and sections 516, 519, and 537 as amended by 2018 PA 596, and by adding sections 170 and 172.

The People of the State of Michigan enact:

Sec. 100d. (1) “Security transport officer” means an officer employed by a private security company under contract with a county under section 170.

(2) “Service” means a mental health service or a substance use disorder service.

(3) “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.

(4) “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.

(5) “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.

(6) “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.

(7) “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 recipient’s residence, and that are part of a comprehensive individual plan of services.

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

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

(10) “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.

(11) “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.

(12) “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.

(13) “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.

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

(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.

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

(16) “Telemedicine” means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191 compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.

(17) “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.

(18) “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 postsecondary activities, including postsecondary education, vocational training, integrated employment including supported employment, continuing and adult education, adult services, independent living, or community participation.

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

(20) “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.

(21) “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. 170. (1) A county board of commissioners may establish a county mental health transportation panel. The purpose of the panel is to establish a transportation mechanism to serve as an alternative to a peace officer transporting an individual when required under this act.

(2) The members of the county mental health transportation panel must include all of the following:

(a) A county administrator or an individual who has similar responsibilities within the county as a county administrator.

(b) A judge of a court having jurisdiction in the county.

(c) A peace officer who works at a law enforcement agency or state police post within the county.

(d) A mental health professional who is an employee of a community mental health services program located within the county.

(3) The panel may recommend a contract with a private security company to hire security transport officers to transport individuals for involuntary psychiatric hospitalization or screening under this act and, only upon that recommendation, the county board of commissioners may enter into that contract.

(4) In order to enter into a contract with a county board of commissioners as described in subsection (3), the private security company must meet all of the following requirements:

(a) Maintain insurance coverage on file with the department that satisfies the following:

(i) As to motor vehicle coverage, a policy of insurance issued by an insurer authorized to do business in this state that provides the coverage required by chapter 31 of the insurance code of 1956, 1956 PA 218, MCL 500.3101 to 500.3179, including, but not limited to, personal protection insurance in the amount stated in section 3107c.

(ii) As to motor vehicle residual liability coverage relative to a vehicle or a vehicle operator used to transport an individual for involuntary psychiatric hospitalization or screening under this act, a policy of insurance issued by an insurer authorized to do business in this state that provides a limit of not less than \$2,000,000.00 for bodily injury to or death of 1 or more persons in an accident.

(iii) As to liability, other than for a motor vehicle, a policy of insurance issued by an insurer authorized to do business in this state that names the private security company, the county, and the county mental health transportation panel as co-insureds in the amount of \$25,000.00 per occurrence, for property damages and \$2,000,000.00 per occurrence for injury to or death of 1 or more persons arising out of the operation of the activity.

(iv) As to coverage required by this subsection, the insurer of the private security company is primary to any insurer, or coverage provider, of the county or the county mental health transportation panel, including any self-insurance or group self-insurance.

(b) Provide to security transport officers a specialized training program for best practices when working with and transporting an individual with severe mental illness or a person requiring treatment safely and effectively, which program must be approved by the department. This specialized training program must include training on recipient rights.

(c) Maintain a dispatch system that is available 24 hours a day, 7 days a week to receive transport orders and deploy security transport officers.

(d) Deploy 2 security transport officers for every transport order. Deployment of security transport officers under this subdivision must be gender appropriate for the situation.

(e) Establish a well-maintained company vehicle fleet appropriately equipped for recipient and security transport officer travel and safety.

(f) Utilize the level of force authorized for peace officers under section 427a.

(g) Protect and respect all recipient regulations under the health insurance portability and accountability act of 1996, Public Law 101-191, and recipient rights under chapter 7. If the provisions of this subdivision are not met, the office of recipient rights of the local community mental health services program may investigate the matter and recommend remedial action as described in section 780 to the county board of commissioners.

(h) Maintain transport security officer duties, protocols, and procedures.

(i) Maintain transport service policies and procedures.

(j) Maintain protocols and procedures for transportation emergencies, recipient safety and transport care, de-escalation techniques, crisis intervention and prevention, and recipient and customer relations.

(k) Maintain mental health facility policies and procedures in the same manner as required of peace officers under chapter 4.

(l) Maintain hospital emergency room policies and procedures in the same manner as required of peace officers under chapter 4.

(m) Provide security transport officers with a defensive driving course.

(n) Maintain transport vehicle requirements and care and transport vehicle inspection procedures.

(o) Maintain roadside emergency procedures and policies, including basic first aid and courses in cardiopulmonary resuscitation.

(5) Transportation by a security transport officer is not an arrest of the individual. A security transport officer has the authority to maintain custody of an individual who is taken into protective custody by a peace officer pursuant to a court order. However, the authority under this subsection only applies if the individual is being transported to or from a hospital, a mental health screening unit, or other mental health treatment center pursuant to a court order.

(6) A private security company entering into a contract with a county board of commissioners is an independent contractor of the county and is not an employee, officer, or agent of the county or the county mental health transportation panel.

(7) A security transport officer is not an employee, officer, agent, or independent contractor of the county or the county mental health transportation panel.

Sec. 172. (1) The mental health transportation fund is created within the state treasury.

(2) The state treasurer may receive money or other assets from any source for deposit into the fund. The state treasurer shall direct the investment of the fund. The state treasurer shall credit to the fund interest and earnings from fund investments.

(3) Money in the fund at the close of the fiscal year shall remain in the fund and shall not lapse to the general fund.

(4) The department shall be the administrator of the fund for auditing purposes.

(5) The department shall expend money from the fund, upon appropriation, only to carry out the provisions of section 170.

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. 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 under subsection (1) must 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 take the respondent into protective custody. After the respondent is taken into protective custody, a peace officer or security transport officer shall transport the respondent to a program on the list provided under subsection (5) for treatment. The transportation costs of the peace officer or security transport officer must 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 must 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, security transport officer, 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 peace officer, security transport 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, security transport 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. 408. (1) An individual is subject to being returned to a hospital if both of the following circumstances exist:

(a) The individual was admitted to the hospital by judicial order.

(b) The individual has left the hospital without authorization, or has refused a lawful request to return to the hospital while on an authorized leave or other authorized absence from the hospital.

(2) The hospital director may notify peace officers or security transport officers that an individual is subject to being returned to the hospital. Upon notification by the hospital director, a peace officer must take the individual into protective custody. After the individual is taken into protective custody, a police officer or security transport officer must transport the individual to a hospital.

(3) An opportunity for appeal, and notice of that opportunity, must be provided to an individual who objects to being returned from any authorized leave in excess of 10 days.

Sec. 409. (1) Each community mental health services program shall establish 1 or more preadmission screening units with 24-hour availability to provide assessment and screening services for individuals being considered for admission into hospitals, assisted outpatient treatment programs, or crisis services on a voluntary basis. The community mental health services program shall employ mental health professionals or licensed bachelor's social workers licensed under part 185 of the public health code, 1978 PA 368, MCL 333.18501 to 333.18518, to provide the preadmission screening services or contract with another agency that meets the requirements of this section. Preadmission screening unit staff shall be supervised by a registered professional nurse or other mental health professional possessing at least a master's degree.

(2) Each community mental health services program shall provide the address and telephone number of its preadmission screening unit or units to law enforcement agencies, the department, the court, hospital emergency rooms, and private security companies under contract with a county under section 170.

(3) A preadmission screening unit shall assess an individual being considered for admission into a hospital operated by the department or under contract with the community mental health services program. If the individual is clinically suitable for hospitalization, the preadmission screening unit shall authorize voluntary admission to the hospital.

(4) If the preadmission screening unit of the community mental health services program denies hospitalization, the individual or the person making the application 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. If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.

(5) If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide information regarding alternative services and the availability of those services, and make appropriate referrals.

(6) A preadmission screening unit shall assess and examine, or refer to a hospital for examination, an individual who is brought to the preadmission screening unit by a peace officer or security transport officer or ordered by a court to be examined. If the individual meets the requirements for hospitalization, the preadmission screening unit shall designate the hospital to which the individual shall be admitted. The preadmission screening unit shall consult with the individual and, if the individual agrees, the preadmission screening unit must consult with the individual's family member of choice, if available, as to the preferred hospital for admission of the individual.

(7) A preadmission screening unit may operate a crisis stabilization unit under chapter 9A. A preadmission screening unit may provide crisis services to an individual, who by assessment and screening, is found to be a person requiring treatment. Crisis services at a crisis stabilization unit must entail an initial psychosocial assessment by a master's level mental health professional and a psychiatric evaluation within 24 hours to stabilize the individual. In this event, crisis services may be provided for a period of up to 72 hours, after which the individual must be provided with the clinically appropriate level of care, resulting in 1 of the following:

- (a) The individual is no longer a person requiring treatment.
- (b) A referral to outpatient services for aftercare treatment.
- (c) A referral to a partial hospitalization program.
- (d) A referral to a residential treatment center, including crisis residential services.
- (e) A referral to an inpatient bed.

(f) An order for involuntary treatment of the individual has been issued under section 281b, 281c, former 433, or 434.

(8) A preadmission screening unit operating a crisis stabilization unit under chapter 9A may also offer crisis services to an individual who is not a person requiring treatment, but who is seeking crisis services on a voluntary basis.

(9) If the individual chooses a hospital not under contract with a community mental health services program, and the hospital agrees to the admission, the preadmission screening unit shall refer the individual to the hospital that is requested by the individual. Any financial obligation for the services provided by the hospital shall be satisfied from funding sources other than the community mental health services program, the department, or other state or county funding.

Sec. 426. Upon delivery to a peace officer of a petition and a physician's or licensed psychologist's clinical certificate, the peace officer shall take the individual named in the petition into protective custody and transport the individual immediately to the preadmission screening unit or hospital designated by the community mental health services program for hospitalization under section 423. If the individual taken to a preadmission screening unit meets the requirements for hospitalization, then unless the community mental health services program makes other transportation arrangements, the peace officer must take the individual to a hospital designated by the community mental health services program. The community mental health services program may arrange for a security transport officer to transport the individual to the hospital. Transportation to another hospital due to a transfer is the responsibility of the community mental health services program.

Sec. 427a. (1) If a peace officer is taking an individual into protective custody, the peace officer may use that kind and degree of force that would be lawful if the peace officer were effecting an arrest for a misdemeanor without a warrant. In taking an individual into custody, a peace officer may take reasonable steps for self-protection. In transporting an individual, a security transport officer may take reasonable steps for self-protection. The protective steps may include a pat down search of the individual in the individual's immediate surroundings, but only to the extent necessary to discover and seize a dangerous weapon that may be used against the peace officer, security transport officer, or other person present. These protective steps must be taken by the peace officer or security transport officer before the individual is transported to a preadmission screening unit or a hospital designated by the community mental health services program.

(2) Taking an individual to a community mental health services program's preadmission screening unit or a hospital under section 427 by a peace officer is not an arrest, but is a taking into protective custody. The peace officer must inform the individual that he or she is being held in protective custody and is not under arrest. An entry must be made indicating the date, time, and place of the taking, but the entry must not be treated for any purpose as an arrest or criminal record.

Sec. 427b. (1) A peace officer or security transport officer acting under this act has the same immunity provided for a governmental employee under section 7 of 1964 PA 170, MCL 691.1407.

(2) Neither a county nor a county mental health transportation panel is civilly liable for an act or omission of a security transport officer or a private security company contracted with a county under section 179.

Sec. 429. (1) A hospital designated under section 422 shall receive and detain an individual presented for examination under section 426, 427, 435, 436, or 438, for not more than 24 hours. During that time the individual shall be examined by a physician or a licensed psychologist unless a clinical certificate has already been presented to the hospital. If the examining physician or psychologist does not certify that the individual is a person requiring treatment, the individual shall be released immediately. If the examining physician or psychologist executes a clinical certificate, the individual may be hospitalized under section 423.

(2) If a preadmission screening unit provides an examination under section 409, 410, or 427, the examination shall be conducted as soon as possible after the individual arrives at the preadmission screening site, and the examination must be completed within 2 hours, unless there are documented medical reasons why the examination cannot be completed within that time frame or other arrangements are agreed upon by the peace officer or security transport officer and the preadmission screening unit.

Sec. 436. (1) If it appears to the court that the individual will not comply with an order of examination under section 435, the court may order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport him or her to a preadmission screening unit or hospital designated by the community mental health services program or to another suitable place for the ordered examination or examinations.

(2) A court order for a peace officer to take an individual into protective custody and transport the individual as described in subsection (1) must be executed within 10 days after the court enters the order. If the order is not executed within 10 days after the court enters the order, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.

(3) Following the filing of a petition for assisted outpatient treatment, if it comes to the court's attention that the individual will not make himself or herself available for an evaluation, the court may order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the designated preadmission screening unit or hospital. The court must be satisfied that reasonable effort was made to secure an examination before the court orders an individual to be taken into protective custody and transported for an evaluation. At the time the individual arrives at the preadmission screening unit or hospital, the preadmission screening unit or hospital must complete an assessment that includes an examination upon the arrival of the individual and release the individual following the conclusion of the examination unless the medical professional who examines the individual finds the need for immediate hospitalization. If immediate hospitalization is necessary, the director must file a petition, accompanied by 2 clinical certificates, with the probate court within 24 hours after the medical professional's finding. The petition must request involuntary hospitalization and may request a combination of hospitalization and assisted outpatient treatment. The court must set a hearing in accordance with section 452(1).

Sec. 438. If it appears to the court that the individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself or herself in the near future or

presents a substantial risk of significant physical harm to others in the near future, the court may order the individual hospitalized and may order a peace officer to take the individual into protective custody and transport the individual to a preadmission screening unit designated by the community mental health services program. After the individual is taken into protective custody by a peace officer, the court may, also, order a security transport officer to transport the individual to a preadmission screening unit designated by the community mental health services program. If the preadmission screening unit authorizes hospitalization, the peace officer or security transport officer must transport the individual to a hospital designated by the community mental health services program, unless other arrangements are provided by the preadmission screening unit. If the examinations and clinical certificates of the psychiatrist, and the physician or the licensed psychologist, are not completed within 24 hours after hospitalization, the individual must be released.

Sec. 469a. (1) Except for a petition filed as described under section 434(7), before ordering a course of treatment for an individual found to be a person requiring treatment, the court shall review a report on alternatives to hospitalization that was prepared under section 453a not more than 15 days before the court issues the order. After reviewing the report, the court shall do all of the following:

(a) Determine whether a treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization is adequate to meet the individual's treatment needs and is sufficient to prevent harm that the individual may inflict upon himself or herself or upon others within the near future.

(b) Determine whether there is an agency or mental health professional available to supervise the individual's treatment program.

(c) Inquire as to the individual's desires regarding alternatives to hospitalization.

(2) If the court determines that there is a treatment program that is an alternative to hospitalization that is adequate to meet the individual's treatment needs and prevent harm that the individual may inflict upon himself or herself or upon others within the near future and that an agency or mental health professional is available to supervise the program, the court shall issue an order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment in accordance with section 472a. The order shall state the community mental health services program or, if private arrangements have been made for the reimbursement of mental health treatment services in an alternative setting, the name of the mental health agency or professional that is directed to supervise the individual's assisted outpatient treatment program. The order may provide that if an individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer must take the individual into protective custody. After the individual is taken into protective custody by a peace officer, a peace officer or a security transport officer shall transport the individual to the hospital selected.

(3) If the court orders assisted outpatient treatment as the alternative to hospitalization, the order must be consistent with the provisions of section 468(2)(d).

Sec. 498k. (1) If a minor who has been admitted to a hospital under this chapter leaves the hospital without the knowledge and permission of the appropriate hospital staff, the hospital must immediately notify the minor's parent, guardian, or person in loco parentis, the executive director if appropriate, and the appropriate police agency.

(2) If a minor has left a hospital without the knowledge and permission of the appropriate hospital staff or has refused a request to return to the hospital while on an authorized absence from the hospital, and the hospital director believes that the minor should be returned to the hospital, the hospital director must request that the minor's parent, guardian, or person in loco parentis transport the minor to the hospital. If the parent, guardian, or person in loco parentis is unable, after reasonable effort, to transport the minor, a request may be submitted to the court for an order to transport the minor. If the court is satisfied that a reasonable effort was made to transport the minor, the court shall order a peace officer to take the minor into protective custody. After the minor is taken into protective custody, a peace officer or a security transport officer shall transport the minor to the hospital.

(3) An opportunity for appeal, and notice of that opportunity, shall be provided to any minor and to the parent or guardian of any minor who is returned over the minor's objection from any authorized leave in excess of 10 days. In the case of a minor less than 14 years of age, the appeal shall be made by the parent or guardian of the minor or person in loco parentis.

Sec. 498t. If a person who requests hospitalization of a minor under section 498d or 498h is unable, after reasonable efforts, to transport the minor for the evaluation required by section 498e, a request may be submitted to the court for an order to transport the minor. If the court is satisfied that a reasonable effort was made by the person requesting hospitalization to transport the minor for evaluation, the court shall order a peace officer to

take the minor into protective custody. After the minor is taken into protective custody, a peace officer or a security transport officer shall transport the minor immediately to the evaluation site, and if necessary, from the evaluation site to the hospital for admission. The person requesting the transport order must meet the minor at the evaluation site and remain with the minor for the duration of the evaluation.

Sec. 516. (1) Any person found suitable by the court may file with the court a petition that asserts that an individual meets the criteria for treatment specified in section 515.

(2) The petition shall contain the alleged facts that are the basis for the assertion, the names and addresses, if known, of any witnesses to alleged and relevant facts, and if known the name and address of the nearest relative or guardian of the individual.

(3) If the petition appears on its face to be sufficient, the court shall order that the individual be examined and a report be prepared. To this end, the court shall appoint a qualified person who may but need not be an employee of the community mental health services program or the court to arrange for the examination, to prepare the report, and to file it with the court.

(4) If it appears to the court that the individual will not comply with an order of examination under subsection (3), the court may order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or a security transport officer shall transport him or her immediately to a facility recommended by the community mental health services program or other suitable place designated by the community mental health services program for up to 48 hours for the ordered examination.

(5) After examination, the individual shall be allowed to return home unless it appears to the court that he or she requires immediate admission to the community mental health services program's recommended facility in order to prevent physical harm to himself, herself, or others pending a hearing, in which case the court shall enter an order to that effect. If an individual is ordered admitted under this subsection, not later than 12 hours after he or she is admitted the facility shall provide him or her with a copy of the petition, a copy of the report, and a written statement in simple terms explaining the individual's rights to a hearing under section 517, to be present at the hearing and to be represented by legal counsel, if 1 physician and 1 licensed psychologist or 2 physicians conclude that the individual meets the criteria for treatment.

(6) The report required by subsection (3) shall contain all of the following:

(a) Evaluations of the individual's mental, physical, social, and educational condition.

(b) A conclusion as to whether the individual meets the criteria for treatment specified in section 515.

(c) A list of available forms of care and treatment that may serve as an alternative to admission to a facility.

(d) A recommendation as to the most appropriate living arrangement for the individual in terms of type and location of living arrangement and the availability of requisite support services.

(e) The signatures of 1 physician and 1 licensed psychologist or 2 physicians who performed examinations serving in part as the basis of the report.

(7) A copy of the report required under subsection (3) shall be sent to the court immediately upon completion.

(8) The petition shall be dismissed by the court unless 1 physician and 1 licensed psychologist or 2 physicians conclude, and that conclusion is stated in the report, that the individual meets the criteria for treatment.

(9) An individual whose admission was ordered under subsection (5) is entitled to a hearing in accordance with section 517.

Sec. 519. (1) Before making an order of disposition under section 518(2), the court shall consider ordering a course of care and treatment that is an alternative to admission to a facility. To that end, the court shall review the report submitted to the court under section 516(3), specifically reviewing alternatives and recommendations as provided under section 516(6)(c) and (d).

(2) If the court finds that a program of care and treatment other than admission to a facility is adequate to meet the individual's care and treatment needs and is sufficient to prevent harm or injury that the individual may inflict upon himself, herself, or others, the court shall order the individual to receive whatever care and treatment is appropriate under section 518(2)(c).

(3) If at the end of 1 year it is believed that the individual continues to meet the criteria for treatment, a new petition may be filed under section 516.

(4) If at any time during the 1-year period it comes to the attention of the court either that an individual ordered to undergo a program of alternative care and treatment is not complying with the order or that the

alternative care and treatment has not been sufficient to prevent harm or injuries that the individual may be inflicting upon himself, herself, or others, the court may without a hearing and based upon the record and other available information do either of the following:

(a) Consider other alternatives to admission to a facility, modify its original order, and direct the individual to undergo another outpatient program of alternative care and treatment for the remainder of the 1-year period.

(b) Enter a new order under section 518(2)(a) or (b) directing that the individual be admitted to a facility recommended by the community mental health services program. If the individual refuses to comply with this order, the court may direct a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or a security transport officer shall transport him or her to the facility recommended by the community mental health services program.

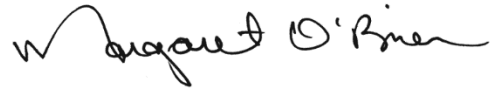
Sec. 537. (1) An individual is subject to being returned to a facility if both of the following are true:

(a) The individual was admitted to a facility on an application executed by someone other than himself or herself or by judicial order.

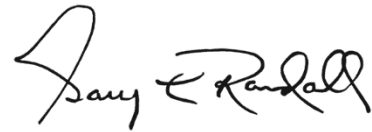
(b) The individual has left the facility without authorization, or has refused a lawful request to return to the facility while on an authorized leave or other authorized absence from the facility.

(2) The facility may notify a peace officer that an individual is subject to being returned to the facility. Upon notification, a peace officer shall take the individual into protective custody. After the individual is taken into protective custody, a peace officer or a security transport officer shall return him or her to the facility unless contrary directions have been given by the facility or the responsible community mental health services program.

(3) An opportunity for appeal must be provided to any individual returned over his or her objection from any authorized leave in excess of 10 days, and the individual shall be notified of his or her right to appeal. In the case of a child less than 13 years of age, the appeal shall be made by his or her parent or guardian.



Secretary of the Senate



Clerk of the House of Representatives

Approved _____

Governor