

**STATE OF MICHIGAN
96TH LEGISLATURE
REGULAR SESSION OF 2012**

Introduced by Reps. Poleski, Agema, Pscholka, Bumstead and Shirkey

ENROLLED HOUSE BILL No. 4862

AN ACT to amend 1974 PA 258, entitled “An act to codify, revise, consolidate, and classify the laws relating to mental health; to prescribe the powers and duties of certain state and local agencies and officials and certain private agencies and individuals; to regulate certain agencies and facilities providing mental health services; to provide for certain charges and fees; to establish civil admission procedures for individuals with mental illness or developmental disability; to establish guardianship procedures for individuals with developmental disability; to establish procedures regarding individuals with mental illness or developmental disability who are in the criminal justice system; to provide for penalties and remedies; and to repeal acts and parts of acts,” by amending sections 100a, 100b, 100c, 100d, 161, 208, and 210 (MCL 330.1100a, 330.1100b, 330.1100c, 330.1100d, 330.1161, 330.1208, and 330.1210), sections 100a, 100b, and 161 as amended by 2004 PA 499, section 100c as amended by 2002 PA 589, and section 100d as added and sections 208 and 210 as amended by 1995 PA 290, and by adding chapter 2A; and to repeal acts and parts of acts.

The People of the State of Michigan enact:

Sec. 100a. (1) “Abilities” means the qualities, skills, and competencies of an individual that reflect the individual’s talents and acquired proficiencies.

(2) “Abuse” means nonaccidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

(3) “Adaptive skills” means skills in 1 or more of the following areas:

- (a) Communication.
- (b) Self-care.
- (c) Home living.
- (d) Social skills.
- (e) Community use.
- (f) Self-direction.
- (g) Health and safety.
- (h) Functional academics.
- (i) Leisure.
- (j) Work.

(4) “Adult foster care facility” means an adult foster care facility licensed under the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737.

(5) “Alcohol and drug abuse counseling” means the act of counseling, modification of substance use disorder related behavior, and prevention techniques for individuals with substance use disorder, their significant others, and individuals who could potentially develop a substance use disorder.

(6) “Applicant” means an individual or his or her legal representative who makes a request for mental health services.

(7) “Approved service program” means a substance use disorder services program licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use disorder treatment and rehabilitation services by the department-designated community mental health entity and approved by the federal government to deliver a service or combination of services for the treatment of incapacitated individuals.

(8) “Assisted outpatient treatment” or “AOT” means the categories of outpatient services ordered by the court under section 433 or 469a. Assisted outpatient treatment includes case management services to provide care coordination. Assisted outpatient treatment may also include 1 or more of the following categories of services: medication; periodic blood tests or urinalysis to determine compliance with prescribed medications; individual or group therapy; day or partial day programming activities; vocational, educational, or self-help training or activities; assertive community treatment team services; alcohol or substance use disorder treatment and counseling and periodic tests for the presence of alcohol or illegal drugs for an individual with a history of alcohol abuse or substance use disorder; supervision of living arrangements; and any other services within a local or unified services plan developed under this act that are prescribed to treat the individual’s mental illness and to assist the individual in living and functioning in the community or to attempt to prevent a relapse or deterioration that may reasonably be predicted to result in suicide, the need for hospitalization, or serious violent behavior. The medical review and direction included in an assisted outpatient treatment plan shall be provided under the supervision of a psychiatrist.

(9) “Board” means the governing body of a community mental health services program.

(10) “Board of commissioners” means a county board of commissioners.

(11) “Center” means a facility operated by the department to admit individuals with developmental disabilities and provide habilitation and treatment services.

(12) “Certification” means formal approval of a program by the department in accordance with standards developed or approved by the department.

(13) “Child abuse” and “child neglect” mean those terms as defined in section 2 of the child protection law, 1975 PA 238, MCL 722.622.

(14) “Child and adolescent psychiatrist” means 1 or more of the following:

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

(b) A psychiatrist employed by or under contract as a child and adolescent psychiatrist with the department or a community mental health services program on March 28, 1996, who has education and clinical experience in the evaluation and treatment of children or adolescents with serious emotional disturbance.

(c) A psychiatrist who has education and clinical experience in the evaluation and treatment of children or adolescents with serious emotional disturbance who is approved by the director.

(15) “Children’s diagnostic and treatment service” means a program operated by or under contract with a community mental health services program, that provides examination, evaluation, and referrals for minors, including emergency referrals, that provides or facilitates treatment for minors, and that has been certified by the department.

(16) “Community mental health authority” means a separate legal public governmental entity created under section 205 to operate as a community mental health services program.

(17) “Community mental health organization” means a community mental health services program that is organized under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512.

(18) “Community mental health services program” means a program operated under chapter 2 as a county community mental health agency, a community mental health authority, or a community mental health organization.

(19) “Consent” means a written agreement executed by a recipient, a minor recipient’s parent, or a recipient’s legal representative with authority to execute a consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment.

(20) “County community mental health agency” means an official county or multicounty agency created under section 210 that operates as a community mental health services program and that has not elected to become a community mental health authority or a community mental health organization.

(21) “Department” means the department of community health.

(22) “Department-designated community mental health entity” means the community mental health authority, community mental health organization, community mental health services program, county community mental health agency, or community mental health regional entity designated by the department to represent a region of community mental health authorities, community mental health organizations, community mental health services programs, or county community mental health agencies.

(23) “Dependent living setting” means all of the following:

(a) An adult foster care facility.

(b) A nursing home licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

(c) A home for the aged licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

(24) “Designated representative” means any of the following:

(a) A registered nurse or licensed practical nurse licensed or otherwise authorized under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.

(b) A paramedic licensed or otherwise authorized under part 209 of the public health code, 1978 PA 368, MCL 333.20901 to 333.20979.

(c) A physician’s assistant licensed or otherwise authorized under part 170 or 175 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17084 and 333.17501 to 333.17556.

(d) An individual qualified by education, training, and experience who performs acts, tasks, or functions under the supervision of a physician.

(25) “Developmental disability” means either of the following:

(a) If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:

(i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments.

(ii) Is manifested before the individual is 22 years old.

(iii) Is likely to continue indefinitely.

(iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

(v) Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.

(26) “Director” means the director of the department or his or her designee.

(27) “Discharge” means an absolute, unconditional release of an individual from a facility by action of the facility or a court.

(28) “Eligible minor” means an individual less than 18 years of age who is recommended in the written report of a multidisciplinary team under rules promulgated by the department of education to be classified as 1 of the following:

(a) Severely mentally impaired.

(b) Severely multiply impaired.

(c) Autistic impaired and receiving special education services in a program designed for the autistic impaired under subsection (1) of R 340.1758 of the Michigan administrative code or in a program designed for the severely mentally impaired or severely multiply impaired.

(29) “Emergency situation” means a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and 1 of the following applies:

(a) The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.

(b) The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.

(c) The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

(30) "Executive director" means an individual appointed under section 226 to direct a community mental health services program or his or her designee.

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, 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) "Licensed facility" means a facility licensed by the department under section 137 or an adult foster care facility.

(13) "Licensed psychologist" means a doctoral level psychologist licensed under section 18223(1) of the public health code, 1978 PA 368, MCL 333.18223.

(14) "Medical director" means a psychiatrist appointed under section 231 to advise the executive director of a community mental health services program.

(15) "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 licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(c) A registered professional nurse licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(d) A licensed master's social worker licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(e) A licensed professional counselor licensed to practice in this state under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(f) A marriage and family therapist licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(16) “Mental retardation” 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 mental retardation will generally improve.

(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. These 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 by the state to engage in the practice of medicine or osteopathic medicine and surgery under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(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 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 to be construed as 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 subsection.

(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 licensed to engage in the practice of psychology under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, who devotes a substantial portion of his or her time to the diagnosis and treatment of individuals with serious mental illness, serious emotional disturbance, 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 where 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.

(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 state 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 abuse is considered a substance use disorder.

(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 or serious emotional disturbance.

(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. 161. In conjunction with community mental health services programs, the department shall conduct annually and forward to the governor and the house and senate appropriations committees, and the senate and house committees with legislative oversight of human services and mental health, an evaluation of the family support subsidy program that shall include, but is not limited to, all of the following:

(a) The impact of the family support subsidy program upon children covered by this act in facilities and residential care programs including, to the extent possible, sample case reviews of families who choose not to participate.

(b) Case reviews of families who voluntarily terminate participation in the family support subsidy program for any reason, particularly when the eligible minor is placed out of the family home, including the involvement of the department and community mental health services programs in offering suitable alternatives.

(c) Sample assessments of families receiving family support subsidy payments including adequacy of subsidy and need for services not available.

(d) The efforts to encourage program participation of eligible families.

(e) The geographic distribution of families receiving subsidy payments and, to the extent possible, eligible minors presumed to be eligible for family support subsidy payments.

(f) Programmatic and legislative recommendations to further assist families in providing care for eligible minors.

(g) Problems that arise in identifying eligible minors through diagnostic evaluations performed under rules promulgated by the department of education.

(h) The number of beds reduced in state facilities and foster care facilities serving severely mentally, multiply, and autistic impaired children when the children return home to their natural families as a result of the subsidy program.

(i) Caseload figures by eligibility category as described in section 100a(28).

Sec. 208. (1) Services provided by a community mental health services program shall be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.

(2) Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American psychiatric association and may also be directed to the prevention of mental disability and the promotion of mental health. Resources that have been specifically designated to community mental health services programs for services to individuals with dementia, alcoholism, or substance use disorder or for the prevention of mental disability and the promotion of mental health shall be utilized for those specific purposes.

(3) Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.

(4) An individual shall not be denied a service because an individual who is financially liable is unable to pay for the service.

Sec. 210. (1) Any single county or any combination of adjoining counties may elect to establish a community mental health services program by a majority vote of each county board of commissioners.

(2) A department-designated community mental health entity shall coordinate the provision of substance use disorder services in its region and shall ensure services are available for individuals with substance use disorder.

CHAPTER 2A

SUBSTANCE USE DISORDER SERVICES

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

(a) "Court" means the probate court for the county in which a minor, for whom a request for substance use disorder treatment and rehabilitation services has been made, either resides or is found.

(b) "Minor" means an individual 14 or more years of age and less than 18 years of age.

(c) "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.

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

(e) "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 treatment services or screening and assessment services.

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

Sec. 261. Records of the identity, diagnosis, prognosis, and treatment of an individual maintained in connection with the performance of a program, an approved service program, or an emergency medical service authorized or provided or assisted under this chapter are confidential and may be disclosed only for the purposes and under the circumstances authorized by section 262 or 263.

Sec. 262. (1) An individual who is the subject of a record maintained under section 261 may consent in writing to the disclosure of the content of the record to:

- (a) Health professionals for the purpose of diagnosis or treatment of the individual.
- (b) Governmental personnel for the purpose of obtaining benefits to which the individual is entitled.
- (c) Any other person specifically authorized by the individual.

(2) The individual consenting under subsection (1) may revoke the authorization for the disclosure at any time, unless expressly prohibited by federal legislation on confidentiality of alcohol and drug abuse patient records, by giving written notice to the program.

(3) The authorization or revocation shall be in a form specified by the department in accordance with regulations specifying the form of the written consent issued by the United States department of health, education, and welfare and the special action office for drug abuse prevention.

Sec. 263. If an individual who is the subject of a record maintained under section 261 does not give written consent, the content of the record may be disclosed only as follows:

- (a) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(b) To qualified personnel for the purpose of conducting scientific statistical research, financial audits, or program evaluation, but the personnel shall not directly or indirectly identify an individual in a report of the research audit or evaluation or otherwise disclose an identity in any manner.

(c) Upon application, a court of competent jurisdiction may order disclosure of whether a specific individual is under treatment by a program. In all other respects, the confidentiality shall be the same as the physician-patient relationship provided by law.

- (d) Upon application, a court may order disclosure of a record for the purpose of a hearing under section 266 or 268.

Sec. 264. (1) The consent to the provision of substance use disorder related medical or surgical care, treatment, or services by a hospital, clinic, or health professional authorized by law executed by a minor who is or professes to be an individual with a substance use disorder is valid and binding as if the minor had achieved the age of majority. The consent is not subject to later disaffirmance by reason of minority. The consent of any other person, including a spouse, parent, guardian, or person in loco parentis, is not necessary to authorize these services to be provided to a minor.

(2) For medical reasons, the treating physician, and, on the advice and direction of the treating physician, a member of the medical staff of a hospital or clinic or other health professional, may, but is not obligated to, inform the spouse, parent, guardian, or person in loco parentis as to the treatment given or needed. The information may be given to or withheld from these persons without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.

(3) A spouse, parent, guardian, or person in loco parentis of a minor is not legally responsible for services provided under this section.

Sec. 265. (1) A program that is requested by a minor's parent or a person in loco parentis to a minor to perform substance use disorder treatment and rehabilitation services for the minor may perform those services for the minor without the minor's consent if the minor is less than 14 years of age, as verified by the minor's parents or person acting in loco parentis, and if the request is made in writing.

(2) A minor's parent or a person in loco parentis to a minor may request that substance use disorder treatment and rehabilitation services be provided to the minor by a program.

(3) If substance use disorder treatment and rehabilitation services are requested under subsection (2) and the minor does not consent to the substance use disorder treatment and rehabilitation services, the program shall cause to have conducted a diagnostic evaluation to determine whether the minor is physiologically dependent. Except as otherwise provided in subsection (4), a diagnostic evaluation shall be conducted within 48 hours of the request for substance use disorder treatment and rehabilitation services.

(4) If it is determined during a diagnostic evaluation conducted under subsection (3) that the minor is in need of detoxification, the program may arrange for detoxification services and those services may be performed, with the consent of the minor's parent or person in loco parentis to the minor and without the minor's consent, for a period that shall not exceed 5 days. After the minor's detoxification, the program shall cause to have the minor's diagnostic evaluation completed within 48 hours.

(5) Except as otherwise provided in subsection (6), after a diagnostic evaluation has been completed under this section, substance use disorder treatment and rehabilitation services shall not be performed unless 1 of the following occurs:

- (a) The minor consents to substance use disorder treatment and rehabilitation services.

(b) It is determined under section 266 that substance use disorder treatment and rehabilitation services are necessary for the minor.

(6) If it is determined as a result of a diagnostic evaluation conducted under this section that the minor is physiologically dependent, substance use disorder treatment and rehabilitation services may be performed without the minor's consent pending a hearing under section 266 and for a period that shall not exceed 7 business days.

(7) Psychotropic drugs shall not be used under this section by a program on a minor unless the minor consents or the court orders the use of the drugs at a hearing under section 266.

Sec. 266. (1) A minor's parent or person in loco parentis to a minor may petition the court requesting the court's determination as to whether treatment and rehabilitation services are necessary for the minor.

(2) Upon receipt of a petition under subsection (1), the court shall appoint a guardian ad litem to represent the minor for the purposes of this section and sections 267 and 268 and shall notify all of the following persons of the time and place for the hearing:

(a) The minor's parents or person in loco parentis to the minor.

(b) The minor.

(c) The program director.

(d) The guardian ad litem for the minor.

(3) A minor has the right to an independent diagnostic evaluation by a program.

(4) A hearing on a petition under subsection (1) shall be held within 7 days of the court's receipt of the petition.

(5) At a hearing under this section, the court shall determine whether substance use disorder treatment and rehabilitation services are necessary. If the court determines that substance use disorder treatment and rehabilitation services are necessary, the court shall determine a suitable placement for the minor in the least restrictive setting available.

(6) In making the determinations under subsection (5), the court shall obtain and examine the diagnostic evaluation prepared for the minor under section 265. If an independent diagnostic evaluation was prepared, the court shall examine that evaluation. Information obtained under this section shall not be used to authorize a petition under section 2(a) of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.2.

(7) The court shall not order substance use disorder treatment and rehabilitation services under this section on the grounds that the minor's parent or person in loco parentis to the minor is unwilling or unable to provide or arrange for the minor's management, care, or residence.

(8) Court records maintained under this section are confidential and open only by order of the court to persons having a legitimate interest.

Sec. 267. (1) Not more than 30 days after the court orders the admission of a minor to a program under section 266, and at 60-day intervals after that, the director of the program shall perform or arrange to have performed a review of the minor's treatment plan.

(2) The results of the reviews shall be transmitted in writing within 72 hours after completion of the review to all of the following:

(a) The minor.

(b) The minor's parent or person in loco parentis to the minor.

(c) The minor's guardian ad litem.

(d) The court.

(3) A minor may object to his or her treatment plan within 30 days after receipt of the periodic review under subsection (1). The objection shall be in writing and shall state the basis on which it is being raised. At the minor's request, the minor's guardian ad litem shall assist the minor in properly submitting the objection.

(4) If it is determined that substance use disorder treatment and rehabilitation services are no longer necessary, the minor shall be discharged from the program. If the minor is discharged, the court shall be notified of the discharge.

Sec. 268. (1) Upon receipt of an objection filed under section 267, the court shall schedule a hearing to be held within 7 business days. After receipt of the objection, the court shall notify all of the following persons of the time and place for the hearing:

(a) The minor.

(b) The minor's parent or person in loco parentis to the minor.

(c) The minor's guardian.

(d) The program director.

(2) The court shall sustain the objection and order the discharge of the minor unless the court finds by clear and convincing evidence that substance use disorder treatment and rehabilitation services are necessary. If the court does not sustain the objection, an order shall not be entered, the objection shall be dismissed, and substance use disorder treatment and rehabilitation services shall continue.

Sec. 269. The department-designated community mental health entity and its community mental health services program provider network may contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorder. A department-designated community mental health entity and other community mental health services program may make contracts with the governing bodies of other department-designated community mental health entities and other community mental health services programs and other persons for these purposes.

Sec. 270. The department shall do all of the following:

(a) Administer and coordinate state administered funds for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(b) Use appropriations of revenues from taxes imposed by the Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1101 to 436.2303, exclusively for the purposes provided in that act.

(c) Recommend directly to the governor, after review and comment, budget and grant requests for public funds to be allocated for substance use disorder services including education, research, treatment, rehabilitation, and prevention activities.

(d) Provide technical assistance to department-designated community mental health entities and community mental health services programs and to treatment, rehabilitation, and prevention agencies for the purposes of program development, administration, and evaluation.

(e) Develop annually a comprehensive state plan through the use of federal, state, local, and private resources of adequate services and facilities for the prevention and control of substance use disorder and the diagnosis, treatment, and rehabilitation of individuals with substance use disorder.

(f) Evaluate, in cooperation with appropriate state departments and agencies, the effectiveness of substance use disorder services in the state funded by federal, state, local, and private resources, and annually during the month of November, report a summary of the detailed evaluation to the governor and the legislature.

Sec. 271. The department shall do both of the following:

(a) Cooperate with agencies of the federal government and receive and use federal funds for purposes authorized by the legislature.

(b) Prior to the expenditure of funds appropriated to other state agencies receiving appropriations for substance use disorder treatment and rehabilitation services and substance use disorder prevention services, have a contract signed with the receiving department-designated community mental health entity. The department shall submit a copy of each agreement to the governor and the appropriations committees of the senate and house of representatives.

Sec. 272. The department shall do all of the following:

(a) Establish a statewide information system for the collection of statistics, management data, and other information required for the implementation of this chapter.

(b) Collect, analyze, and disseminate data concerning substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(c) Prepare, publish, evaluate, and disseminate educational material as to the nature and effect of alcohol and drugs.

(d) Organize, sponsor, and fund training programs for persons directly or indirectly engaged in the treatment, rehabilitation, and prevention of substance use disorder.

(e) Conduct and provide grant-in-aid funds to conduct research on the incidence, prevalence, causes, and treatment of substance use disorder and disseminate this information to the public and to substance use disorder services professionals.

Sec. 273. (1) The department shall do all of the following:

(a) Annually establish program priority for funding for the next fiscal year.

(b) Establish guidelines for project applications.

(c) Promulgate rules concerning matching requirements for state alcoholism and drug abuse treatment grants. The rules shall be reviewed every 2 years.

(2) The department-designated community mental health entities and community mental health services program provider networks shall ensure that applicants for state administered funds are licensed, unless exempt, as substance use disorder service programs under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251.

(3) The department may issue licenses; require reports; establish standards and procedures; and make inspections necessary to enforce this chapter and rules promulgated under this chapter; and provide technical assistance for the guidance of substance use disorder service programs in complying with the requirements and rules promulgated under this chapter.

Sec. 274. A department-designated community mental health entity designated by the director to assume responsibility for providing substance use disorder services for a county or multicounty region, with assistance from its community mental health services program provider network, shall do all of the following:

(a) Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the department.

(b) Review and comment to the department of licensing and regulatory affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.

(c) Provide technical assistance for local substance use disorder service programs.

(d) Collect and transfer data and financial information from local programs to the department of licensing and regulatory affairs.

(e) Submit an annual budget request to the department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the department.

(f) Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(g) Annually evaluate and assess substance use disorder services in the department-designated community mental health entity in accordance with guidelines established by the department.

Sec. 275. (1) Subject to subsection (2), if a department-designated community mental health entity under this chapter maintains a waiting list for services, the department-designated community mental health entity shall place a parent whose child has been removed from the home under the child protection laws of this state or is in danger of being removed from the home under the child protection laws of this state because of the parent's substance use disorder in a priority position on the waiting list above all other applicants with substantially similar clinical conditions.

(2) If a department-designated community mental health entity receives federal substance abuse prevention and treatment block grant funds, the priority position of the parent on the waiting list granted under subsection (1) will come after a priority position on the waiting list granted under the conditions of the federal block grant. If the parent qualifies for priority status on the waiting list under the conditions of the federal block grant, the department-designated community mental health entity shall place the parent in that priority position on the waiting list.

Sec. 276. (1) An individual who appears to be incapacitated in a public place shall be taken into protective custody by a law enforcement 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. When requested by a law enforcement 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 an individual who the law enforcement officer reasonably believes will attempt escape or will be unreasonably difficult for staff to control.

(2) A law enforcement officer may take an individual into protective custody with that kind and degree of force that would be lawful were the officer effecting an arrest for a misdemeanor without a warrant. In taking the individual, a law enforcement 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. These protective steps shall be taken by the law enforcement officer 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 law enforcement 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 there is neither an approved service program nor an emergency medical service in that county and if, due to distance or other circumstances, a law enforcement officer is unable to complete transport of the individual to an approved service program or emergency medical service. The law enforcement 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 neither an emergency service unit nor staff is available for transportation, a law enforcement 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 law enforcement 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 apprehension. This treatment is not in lieu of criminal prosecution of the individual for the offense with which the individual is charged, nor shall it 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 physician or his or her designated representative as soon as possible, but not longer than 8 hours. The physician or designated representative may conduct a chemical test to determine the amount of alcohol in the bloodstream of the individual. The physician or designated representative 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 shall an emergency medical service be 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) shall continue to be in protective custody. 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 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 physician 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 law enforcement 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 law enforcement officer unless both of the following occur:

(a) The individual agrees to remain in the program longer than 72 hours.

(b) The physician in charge of the program believes it appropriate that the individual remain in the program longer than 72 hours.

Sec. 279. (1) 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) 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 law enforcement officer representing the agency that made the arrest.

Sec. 280. If an individual held in protective custody is admitted to an approved service program or emergency medical service, the individual's family, next of kin, or someone whom the individual designates shall be notified as promptly as possible.

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 physician or his or her designated representative. The physician at the request of the individual may order a chemical test to determine the amount of alcohol 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 physician 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. 282. (1) A law enforcement 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 and wanton misconduct.

(3) Approved service programs, staff of approved service programs, emergency medical services, staff of emergency medical services, law enforcement 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, or seeking voluntary admission under section 281, to an emergency medical service or a transfer facility 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. 284. (1) If treatment or transportation, or both, is provided by an approved service program, emergency service unit, or emergency medical service, and the individual has not paid the charge for that treatment or transportation, or both, the approved service program, emergency service unit, or emergency medical service is entitled to any payment received by the individual or to which the individual may be entitled because of the services rendered, or entitled to any payment from any public or private source available to the approved service program, emergency service unit, or emergency medical service because of the treatment or transportation, or both, provided to the individual.

(2) If an individual receives treatment or transportation, or both, from an approved service program, emergency service unit, or emergency medical service, the estate of the individual or an individual obligated to provide for the cost of treatment, or transportation, or both, is liable to the approved service program, emergency service unit, or emergency medical service for the cost of the treatment or transportation, or both, of that individual.

Sec. 285. Records of the diagnostic evaluation, psychiatric, psychological, social service care, and referral of an individual that are maintained in connection with the performance of an approved service program or emergency medical service authorized or provided under sections 276 to 286 are confidential and may only be disclosed in either of the following circumstances:

(a) For the purposes and under the circumstances expressly authorized under section 262 or 263.

(b) At the specific written request of a parole or probation officer seeking the information with regard to a parolee or probationer in the officer's charge who agrees to release this information.

Sec. 286. (1) After January 15, 1978, a city, county, township, or village may not adopt or enforce a local law, ordinance, resolution, rule, or portion thereof having the force of law that imposes a civil or criminal penalty for public intoxication, being a common drunkard, or being incapacitated, except as provided in subsection (3) or (4).

(2) A local unit of government may 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 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 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. 287. (1) The composition of the department-designated community mental health entity board shall consist of representatives of mental health, developmental or intellectual disabilities, and substance use disorder services.

(2) The department-designated community mental health entity shall ensure that funding dedicated to substance use disorder services shall be retained for substance use disorder services and not diverted to fund services that are not for substance use disorders.

(3) A department-designated community mental health entity designated by the director to assume the responsibilities of providing substance use disorder services for a county or region shall retain the existing providers who are under contract to provide substance use disorder treatment and prevention services for a period of 2 years after the effective date of the amendatory act that added this section. Unless another plan is approved by the county board of commissioners, counties or regions that have local public health departments that contract with substance use disorder providers on the effective date of the amendatory act that added this section shall continue to allow the local public health department to carry out that function for 2 years after the effective date of the amendatory act that added this section.

(4) The department and the department-designated community mental health entity shall continue to use the allocation formula based on federal and state data sources to allocate and distribute nonmedical assistance substance use disorder services funds.

(5) A department-designated community mental health entity shall establish a substance use disorder oversight policy board through a contractual agreement between the department-designated community mental health entity and each of the counties served by the community mental health services program under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or other appropriate state law. The substance use disorder oversight policy board shall include the members called for in the establishing agreement, but shall have at least 1 board member appointed by the county board of commissioners for each county served by the department-designated community mental health entity. The substance use disorder oversight policy board shall perform the functions and responsibilities assigned to it through the establishing agreement, which shall include at least the following responsibilities:

(a) Approval of any department-designated community mental health entity budget containing local funds for treatment or prevention of substance use disorders.

(b) Advice and recommendations regarding department-designated community mental health entities' budgets for substance use disorder treatment or prevention using other nonlocal funding sources.

(c) Advice and recommendations regarding contracts with substance use disorder treatment or prevention providers.

(d) Any other terms as agreed to by the participating parties consistent with the authorizing legislation.

(6) The department shall report to the house of representatives and the senate appropriations subcommittee on community health on the redistricting of regions not later than 30 days before implementation of the plan.

(7) The department shall work with department-designated community mental health entities and community mental health services programs to simplify the administrative and reporting requirements for mental health services and substance use disorder services.

(8) Beginning not later than October 1, 2014, or at the time the implementation of the changes in this chapter are complete, whichever is sooner, department-designated community mental health entities are coordinating agencies for purposes of receiving any funds statutorily required to be distributed to coordinating agencies.

Enacting section 1. The following parts and sections of the public health code, 1978 PA 368, MCL 333.1101 to 333.25211, are repealed:

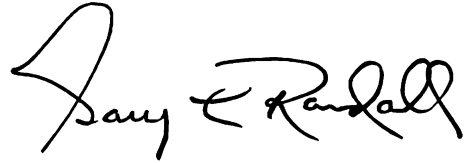
(a) Part 61, MCL 333.6101 to 333.6141.

(b) Sections 6201, 6203, 6205, 6207, 6209, 6211, 6213, 6215, 6217, 6221, 6222, 6223, 6226, 6228, 6231, and 6232, MCL 333.6201, 333.6203, 333.6205, 333.6207, 333.6209, 333.6211, 333.6213, 333.6215, 333.6217, 333.6221, 333.6222, 333.6223, 333.6226, 333.6228, 333.6231, and 333.6232.

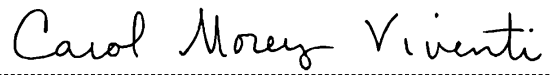
(c) Part 65, MCL 333.6501 to 333.6523.

Enacting section 2. This amendatory act does not take effect unless House Bill No. 4863 of the 96th Legislature is enacted into law.

This act is ordered to take immediate effect.



Clerk of the House of Representatives



Secretary of the Senate

Approved

Governor