

**SENATE SUBSTITUTE FOR
HOUSE BILL NO. 5810**

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending sections 100a, 400, 401, 409, 410, 434, 435, 436, 438,
452, 455, 461, 464a, 468, 469a, 472a, 473, 474, 474a, 475, 475a,
477, 478, 482, and 489 (MCL 330.1100a, 330.1400, 330.1401,
330.1409, 330.1410, 330.1434, 330.1435, 330.1436, 330.1438,
330.1452, 330.1455, 330.1461, 330.1464a, 330.1468, 330.1469a,
330.1472a, 330.1473, 330.1474, 330.1474a, 330.1475, 330.1475a,
330.1477, 330.1478, 330.1482, and 330.1489), sections 100a, 401,
434, 435, 438, 452, 455, 461, 468, 469a, 472a, 474, 474a, and 475
as amended by 2016 PA 320, section 400 as amended by 2004 PA 553,
section 409 as amended by 2006 PA 306, section 410 as amended by

2004 PA 556, section 436 as amended by 1995 PA 290, section 464a as amended by 2014 PA 200, section 473 as amended by 2004 PA 498, section 475a as added and section 482 as amended by 1996 PA 588, and section 477 as amended by 1986 PA 117.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 100a. (1) "Abilities" means the qualities, skills, and
2 competencies of an individual that reflect the individual's talents
3 and acquired proficiencies.

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

13 (3) "Adaptive skills" means skills in 1 or more of the
14 following areas:

15 (a) Communication.

16 (b) Self-care.

17 (c) Home living.

18 (d) Social skills.

19 (e) Community use.

20 (f) Self-direction.

21 (g) Health and safety.

22 (h) Functional academics.

1 (i) Leisure.

2 (j) Work.

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

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

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

13 (7) "Approved service program" means a substance use disorder
14 services program licensed under part 62 of the public health code,
15 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use
16 disorder treatment and rehabilitation services by the department-
17 designated community mental health entity and approved by the
18 federal government to deliver a service or combination of services
19 for the treatment of incapacitated individuals.

20 (8) "Assisted outpatient treatment" or "AOT" means the
21 categories of outpatient services ordered by the court under
22 section 468 or 469a. Assisted outpatient treatment may include **A**
23 case management **PLAN AND CASE MANAGEMENT** services to provide care
24 coordination **UNDER THE SUPERVISION OF A PSYCHIATRIST AND DEVELOPED**
25 **IN ACCORDANCE WITH PERSON-CENTERED PLANNING UNDER SECTION 712.**
26 Assisted outpatient treatment may also include 1 or more of the
27 following categories of services: medication; periodic blood tests

1 or urinalysis to determine compliance with prescribed medications;
2 individual or group therapy; day or partial day programming
3 activities; vocational, educational, or self-help training or
4 activities; assertive community treatment team services; alcohol or
5 substance use disorder treatment and counseling and periodic tests
6 for the presence of alcohol or illegal drugs for an individual with
7 a history of alcohol abuse or substance use disorder; supervision
8 of living arrangements; and any other services within a local or
9 unified services plan developed under this act that are prescribed
10 to treat the individual's mental illness and to assist the
11 individual in living and functioning in the community or to attempt
12 to prevent a relapse or deterioration that may reasonably be
13 predicted to result in suicide, the need for hospitalization, or
14 serious violent behavior. The medical review and direction included
15 in an assisted outpatient treatment plan shall be provided under
16 the supervision of a psychiatrist.

17 (9) "Board" means the governing body of a community mental
18 health services program.

19 (10) "Board of commissioners" means a county board of
20 commissioners.

21 (11) "Center" means a facility operated by the department to
22 admit individuals with developmental disabilities and provide
23 habilitation and treatment services.

24 (12) "Certification" means formal approval of a program by the
25 department in accordance with standards developed or approved by
26 the department.

27 (13) "Child abuse" and "child neglect" mean those terms as

1 defined in section 2 of the child protection law, 1975 PA 238, MCL
2 722.622.

3 (14) "Child and adolescent psychiatrist" means 1 or more of
4 the following:

5 (a) A physician who has completed a residency program in child
6 and adolescent psychiatry approved by the Accreditation Council for
7 Graduate Medical Education or the American Osteopathic Association,
8 or who has completed 12 months of child and adolescent psychiatric
9 rotation and is enrolled in an approved residency program as
10 described in this subsection.

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

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

19 (15) "Children's diagnostic and treatment service" means a
20 program operated by or under contract with a community mental
21 health services program, that provides examination, evaluation, and
22 referrals for minors, including emergency referrals, that provides
23 or facilitates treatment for minors, and that has been certified by
24 the department.

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

1 (17) "Community mental health organization" means a community
2 mental health services program that is organized under the urban
3 cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to
4 124.512.

5 (18) "Community mental health services program" means a
6 program operated under chapter 2 as a county community mental
7 health agency, a community mental health authority, or a community
8 mental health organization.

9 (19) "Consent" means a written agreement executed by a
10 recipient, a minor recipient's parent, ~~or~~ a recipient's legal
11 representative with authority to execute a consent, **OR A FULL OR**
12 **LIMITED GUARDIAN AUTHORIZED UNDER THE ESTATES AND PROTECTED**
13 **INDIVIDUALS CODE, 1998 PA 386, MCL 700.1101 TO 700.8206, WITH THE**
14 **AUTHORITY TO CONSENT**, or a verbal agreement of a recipient that is
15 witnessed and documented by an individual other than the individual
16 providing treatment.

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

22 (21) "Department" means the department of health and human
23 services.

24 (22) "Department-designated community mental health entity"
25 means the community mental health authority, community mental
26 health organization, community mental health services program,
27 county community mental health agency, or community mental health

1 regional entity designated by the department to represent a region
2 of community mental health authorities, community mental health
3 organizations, community mental health services programs, or county
4 community mental health agencies.

5 (23) "Dependent living setting" means all of the following:

6 (a) An adult foster care facility.

7 (b) A nursing home licensed under ~~article 17~~ **PART 217** of the
8 public health code, 1978 PA 368, MCL ~~333.20101 to~~

9 ~~333.22260.~~ **333.21701 TO 333.21799E.**

10 (c) A home for the aged licensed under ~~article 17~~ **PART 213** of
11 the public health code, 1978 PA 368, MCL ~~333.20101 to~~

12 ~~333.22260.~~ **333.21301 TO 333.21335.**

13 (24) "Designated representative" means any of the following:

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

17 (b) A paramedic licensed or otherwise authorized under part
18 209 of the public health code, 1978 PA 368, MCL 333.20901 to
19 333.20979.

20 (c) A physician's assistant licensed or otherwise authorized
21 under part 170 or 175 of the public health code, 1978 PA 368, MCL
22 333.17001 to 333.17084 and 333.17501 to 333.17556.

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

26 (25) "Developmental disability" means either of the following:

27 (a) If applied to an individual older than 5 years of age, a

1 severe, chronic condition that meets all of the following
2 requirements:

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

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

6 (iii) Is likely to continue indefinitely.

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

9 (A) Self-care.

10 (B) Receptive and expressive language.

11 (C) Learning.

12 (D) Mobility.

13 (E) Self-direction.

14 (F) Capacity for independent living.

15 (G) Economic self-sufficiency.

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

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

25 (26) "Director" means the director of the department or his or
26 her designee.

27 (27) "Discharge" means an absolute, unconditional release of

1 an individual from a facility by action of the facility or a court.

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

6 (a) Severely mentally impaired.

7 (b) Severely multiply impaired.

8 (c) Autistic impaired and receiving special education services
9 in a program designed for the autistic impaired under subsection
10 (1) of R 340.1758 of the Michigan ~~administrative code~~

11 **ADMINISTRATIVE CODE** or in a program designed for the severely
12 mentally impaired or severely multiply impaired.

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

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

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

25 (c) The individual has mental illness that has impaired his or
26 her judgment so that the individual is unable to understand his or
27 her need for treatment ~~, and that impaired judgment, on the basis~~

1 ~~of competent clinical opinion, presents a substantial risk of~~
2 ~~significant physical or mental harm to the individual in the near~~
3 ~~future or presents a substantial risk of significant physical harm~~
4 ~~to others in the near future.~~ **AND PRESENTS A RISK OF HARM.**

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

8 Sec. 400. As used in this chapter, unless the context requires
9 otherwise:

10 (a) "Clinical certificate" means the written conclusion and
11 statements of a physician or a licensed psychologist that an
12 individual is a person requiring treatment, together with the
13 information and opinions, in reasonable detail, that underlie the
14 conclusion, on the form prescribed by the department or on a
15 substantially similar form.

16 (b) "Competent clinical opinion" means the clinical judgment
17 of a physician, psychiatrist, or licensed psychologist.

18 (c) "Court" means the probate court or the court with
19 responsibility with regard to mental health services for the county
20 of residence of the subject of a petition, or for the county in
21 which the subject of a petition was found.

22 (d) "Formal voluntary hospitalization" means hospitalization
23 of an individual based on both of the following:

24 (i) The execution of an application for voluntary
25 hospitalization by the individual or by a patient advocate
26 designated under the estates and protected individuals code, 1998
27 PA 386, MCL 700.1101 to ~~700.8102,~~ **700.8206**, to make mental health

1 treatment decisions for the individual.

2 (ii) The hospital director's determination that the individual
3 is clinically suitable for voluntary hospitalization.

4 (e) "Informal voluntary hospitalization" means hospitalization
5 of an individual based on all of the following:

6 (i) The individual's request for hospitalization.

7 (ii) The hospital director's determination that the individual
8 is clinically suitable for voluntary hospitalization.

9 (iii) The individual's agreement to accept treatment.

10 (f) "Involuntary mental health treatment" means court-ordered
11 hospitalization, ~~alternative~~**ASSISTED OUTPATIENT** treatment, or
12 combined hospitalization and ~~alternative~~**ASSISTED OUTPATIENT**
13 treatment as described in section 468. **FOR THE PURPOSE OF THIS**
14 **CHAPTER, INVOLUNTARY MENTAL HEALTH TREATMENT DOES NOT INCLUDE A**
15 **FULL OR LIMITED GUARDIAN AUTHORIZED UNDER THE ESTATES AND PROTECTED**
16 **INDIVIDUALS CODE, 1998 PA 386, MCL 700.1101 TO 700.8206, WITH THE**
17 **AUTHORITY TO CONSENT TO MENTAL HEALTH TREATMENT FOR AN INDIVIDUAL**
18 **FOUND TO BE A LEGALLY INCAPACITATED INDIVIDUAL UNDER THE ESTATES**
19 **AND PROTECTED INDIVIDUALS CODE, 1998 PA 386, MCL 700.1101 TO**
20 **700.8206.**

21 (g) "Mental illness" means a substantial disorder of thought
22 or mood that significantly impairs judgment, behavior, capacity to
23 recognize reality, or ability to cope with the ordinary demands of
24 life.

25 (h) "Preadmission screening unit" means a service component of
26 a community mental health services program established under
27 section 409.

1 (i) "Private-pay patient" means a patient whose services and
2 care are paid for from funding sources other than the community
3 mental health services program, the department, or other state or
4 county funding.

5 (j) "Release" means the transfer of an individual who is
6 subject to an order of combined hospitalization and ~~alternative~~
7 **ASSISTED OUTPATIENT** treatment from 1 treatment program to another
8 in accordance with his or her individual plan of services.

9 (k) "Subject of a petition" means an individual regarding whom
10 a petition has been filed with the court asserting that the
11 individual is or is not a person requiring treatment or for whom an
12 objection to involuntary mental health treatment has been made
13 under section 484.

14 Sec. 401. (1) As used in this chapter, "person requiring
15 treatment" means (a), (b), **OR** (c): ~~, or (d):~~

16 (a) An individual who has mental illness, and who as a result
17 of that mental illness can reasonably be expected within the near
18 future to intentionally or unintentionally seriously physically
19 injure himself, herself, or another individual, and who has engaged
20 in an act or acts or made significant threats that are
21 substantially supportive of the expectation.

22 (b) An individual who has mental illness, and who as a result
23 of that mental illness is unable to attend to those of his or her
24 basic physical needs such as food, clothing, or shelter that must
25 be attended to in order for the individual to avoid serious harm in
26 the near future, and who has demonstrated that inability by failing
27 to attend to those basic physical needs.

1 (c) An individual who has mental illness, whose judgment is so
2 impaired by that mental illness, ~~that he or she is unable to~~
3 ~~understand his or her need for treatment, and whose impaired~~
4 ~~judgment,~~ **AND WHOSE LACK OF UNDERSTANDING OF THE NEED FOR TREATMENT**
5 **HAS CAUSED HIM OR HER TO DEMONSTRATE AN UNWILLINGNESS TO**
6 **VOLUNTARILY PARTICIPATE IN OR ADHERE TO TREATMENT THAT IS**
7 **NECESSARY,** on the basis of competent clinical opinion, **TO PREVENT A**
8 **RELAPSE OR HARMFUL DETERIORATION OF HIS OR HER CONDITION, AND**
9 presents a substantial risk of significant physical or mental harm
10 to the individual ~~in the near future or presents a substantial risk~~
11 ~~of physical harm to OR others. in the near future.~~

12 ~~—— (d) An individual who has mental illness, whose understanding~~
13 ~~of the need for treatment is impaired to the point that he or she~~
14 ~~is unlikely to voluntarily participate in or adhere to treatment~~
15 ~~that has been determined necessary to prevent a relapse or harmful~~
16 ~~deterioration of his or her condition, and whose noncompliance with~~
17 ~~treatment has been a factor in the individual's placement in a~~
18 ~~psychiatric hospital, prison, or jail at least 2 times within the~~
19 ~~last 48 months or whose noncompliance with treatment has been a~~
20 ~~factor in the individual's committing 1 or more acts, attempts, or~~
21 ~~threats of serious violent behavior within the last 48 months. An~~
22 ~~individual under this subdivision is only eligible to receive~~
23 ~~assisted outpatient treatment.~~

24 (2) An individual whose mental processes have been weakened or
25 impaired by a dementia, an individual with a primary diagnosis of
26 epilepsy, or an individual with alcoholism or other drug dependence
27 is not a person requiring treatment under this chapter unless the

1 individual also meets the criteria specified in subsection (1). An
2 individual described in this subsection may be hospitalized under
3 the informal or formal voluntary hospitalization provisions of this
4 chapter if he or she is considered clinically suitable for
5 hospitalization by the hospital director.

6 Sec. 409. (1) Each community mental health services program
7 shall establish 1 or more preadmission screening units with 24-hour
8 availability to provide assessment and screening services for
9 individuals being considered for admission into hospitals or
10 ~~alternative~~ **ASSISTED OUTPATIENT** treatment programs. The community
11 mental health services program shall employ mental health
12 professionals or licensed bachelor's social workers licensed under
13 ~~article 15~~ **PART 185** of the public health code, 1978 PA 368, MCL
14 ~~333.16101 to 333.18838,~~ **333.18501 TO 333.18518**, to provide the
15 preadmission screening services or contract with another agency
16 that meets the requirements of this section. Preadmission screening
17 unit staff shall be supervised by a registered professional nurse
18 or other mental health professional possessing at least a master's
19 degree.

20 (2) Each community mental health services program shall
21 provide the address and telephone number of its preadmission
22 screening unit or units to law enforcement agencies, the
23 department, the court, and hospital emergency rooms.

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

1 hospitalization, the preadmission screening unit shall authorize
2 voluntary admission to the hospital.

3 (4) If the preadmission screening unit of the community mental
4 health services program denies hospitalization, the individual or
5 the person making the application may request a second opinion from
6 the executive director. The executive director shall arrange for an
7 additional evaluation by a psychiatrist, other physician, or
8 licensed psychologist to be performed within 3 days, excluding
9 Sundays and legal holidays, after the executive director receives
10 the request. If the conclusion of the second opinion is different
11 from the conclusion of the preadmission screening unit, the
12 executive director, in conjunction with the medical director, shall
13 make a decision based on all clinical information available. The
14 executive director's decision shall be confirmed in writing to the
15 individual who requested the second opinion, and the confirming
16 document shall include the signatures of the executive director and
17 medical director or verification that the decision was made in
18 conjunction with the medical director. If an individual is assessed
19 and found not to be clinically suitable for hospitalization, the
20 preadmission screening unit shall provide appropriate referral
21 services.

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

26 (6) A preadmission screening unit shall assess and examine, or
27 refer to a hospital for examination, an individual who is brought

1 to the unit by a peace officer or ordered by a court to be
2 examined. If the individual meets the requirements for
3 hospitalization, the preadmission screening unit shall designate
4 the hospital to which the individual shall be admitted. The
5 preadmission screening unit shall consult with the individual and,
6 if the individual agrees, it shall consult with the individual's
7 family member of choice, if available, as to the preferred hospital
8 for admission of the individual.

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

17 Sec. 410. Except as otherwise provided in section 402a, an
18 individual who requests, applies for, or assents to either informal
19 or formal voluntary admission to a hospital **OR OUTPATIENT TREATMENT**
20 **PROGRAM** operated by the department or a hospital **OR OUTPATIENT**
21 **TREATMENT PROGRAM** under contract with a community mental health
22 services program may be considered for admission by the hospital **OR**
23 **OUTPATIENT TREATMENT PROGRAM** only after authorization by a
24 community mental health services preadmission screening unit.

25 Sec. 434. (1) Any individual 18 years of age or over may file
26 with the court a petition that asserts that an individual is a
27 person requiring treatment.

1 (2) The petition shall contain the facts that are the basis
2 for the assertion, the names and addresses, if known, of any
3 witnesses to the facts, and, if known, the name and address of the
4 nearest relative or guardian, or, if none, a friend, if known, of
5 the individual.

6 (3) Except as provided in subsection (7), the petition shall
7 be accompanied by the clinical certificate of a physician or a
8 licensed psychologist, unless after reasonable effort the
9 petitioner could not secure an examination. If a clinical
10 certificate does not accompany the petition, ~~an affidavit setting~~
11 **THE PETITIONER SHALL SET** forth the reasons an examination could not
12 be secured ~~shall also be filed. WITHIN THE PETITION.~~ The petition
13 may also be accompanied by a second clinical certificate. If 2
14 clinical certificates accompany the petition, at least 1 clinical
15 certificate ~~shall~~ **MUST** have been executed by a psychiatrist.

16 (4) Except as otherwise provided in subsection (7) and section
17 455, a clinical certificate that accompanies a petition ~~shall~~ **MUST**
18 have been executed within 72 hours before the filing of the
19 petition, and after personal examination of the individual.

20 (5) If the individual is found not to be a person requiring
21 treatment under this section, the petition and any clinical
22 certificate shall be maintained by the court as a confidential
23 record to prevent disclosure to any person who is not specifically
24 authorized under this chapter to receive notice of the petition or
25 clinical certificate.

26 (6) The petition described in this section may assert that the
27 subject of the petition should receive assisted outpatient

1 treatment in accordance with section ~~468(2)(e)~~. **468(2)(D)**.

2 (7) A petition that does not seek hospitalization but only
3 requests that the subject of the petition receive assisted
4 outpatient treatment is not subject to subsection (3) or (4).

5 Sec. 435. (1) If the petition is accompanied by 1 clinical
6 certificate, the court shall order the individual to be examined by
7 a psychiatrist.

8 (2) If the petition is not accompanied by a clinical
9 certificate, and if the court is satisfied a reasonable effort was
10 made to secure an examination, the court shall order the individual
11 to be examined by a psychiatrist and either a physician or a
12 licensed psychologist.

13 (3) The individual may be received and detained at the place
14 of examination as long as necessary to complete the examination or
15 examinations, but not more than 24 hours.

16 (4) After an examination ordered under subsection (1), the
17 examining psychiatrist shall either transmit a clinical certificate
18 to the court or report to the court that execution of a clinical
19 certificate is not warranted. After each examination ordered under
20 subsection (2), the examining psychiatrist, or the examining
21 physician or licensed psychologist, as applicable, shall either
22 transmit a clinical certificate to the court or report to the court
23 that execution of a clinical certificate is not warranted.

24 (5) If 1 examination was ordered and the examining
25 psychiatrist reports that execution of a clinical certificate is
26 not warranted, or if 2 examinations were ordered and 1 of the
27 examining physicians or the licensed psychologist reports that

1 execution of a clinical certificate is not warranted, the court
2 shall dismiss the petition or order the individual to be examined
3 by a psychiatrist, or if a psychiatrist is not available, by a
4 physician or licensed psychologist. If a third examination report
5 states that execution of a clinical certificate is not warranted,
6 the court shall dismiss the petition.

7 (6) This section does not apply to a petition filed under
8 section ~~434(6)~~. **434(7)**.

9 Sec. 436. **(1)** If it appears to the court that the individual
10 will not comply with an order of examination under section 435, the
11 court may order a peace officer to take the individual into
12 protective custody and transport him or her to a preadmission
13 screening unit or hospital designated by the community mental
14 health services program or to another suitable place for the
15 ordered examination or examinations.

16 **(2) A COURT ORDER FOR A PEACE OFFICER TO TAKE AN INDIVIDUAL**
17 **INTO PROTECTIVE CUSTODY AND TRANSPORT THE INDIVIDUAL AS DESCRIBED**
18 **IN SUBSECTION (1) MUST BE EXECUTED WITHIN 10 DAYS AFTER THE COURT**
19 **ENTERS THE ORDER. IF THE ORDER IS NOT EXECUTED WITHIN 10 DAYS AFTER**
20 **THE COURT ENTERS THE ORDER, THE LAW ENFORCEMENT AGENCY MUST REPORT**
21 **TO THE COURT THE REASON THE ORDER WAS NOT EXECUTED WITHIN THE**
22 **PRESCRIBED TIME PERIOD.**

23 **(3) FOLLOWING THE FILING OF A PETITION FOR ASSISTED OUTPATIENT**
24 **TREATMENT, IF IT COMES TO THE COURT'S ATTENTION THAT THE INDIVIDUAL**
25 **WILL NOT MAKE HIMSELF OR HERSELF AVAILABLE FOR AN EVALUATION, THE**
26 **COURT MAY ORDER LAW ENFORCEMENT TO TRANSPORT THE INDIVIDUAL FOR THE**
27 **MENTAL HEALTH EVALUATION AND TO TAKE THE INDIVIDUAL TO THE**

1 DESIGNATED PREADMISSION SCREENING UNIT OR HOSPITAL. THE COURT MUST
2 BE SATISFIED THAT REASONABLE EFFORT WAS MADE TO SECURE AN
3 EXAMINATION BEFORE THE COURT ORDERS A PEACE OFFICER TO TRANSPORT
4 THE INDIVIDUAL FOR AN EVALUATION. AT THE TIME THE INDIVIDUAL
5 ARRIVES AT THE PREADMISSION SCREENING UNIT OR HOSPITAL, THE
6 PREADMISSION SCREENING UNIT OR HOSPITAL MUST COMPLETE AN ASSESSMENT
7 THAT INCLUDES AN EXAMINATION UPON THE ARRIVAL OF THE INDIVIDUAL AND
8 RELEASE THE INDIVIDUAL FOLLOWING THE CONCLUSION OF THE EXAMINATION
9 UNLESS THE MEDICAL PROFESSIONAL WHO EXAMINES THE INDIVIDUAL FINDS
10 THE NEED FOR IMMEDIATE HOSPITALIZATION. IF IMMEDIATE
11 HOSPITALIZATION IS NECESSARY, THE DIRECTOR MUST FILE A PETITION,
12 ACCOMPANIED BY 2 CLINICAL CERTIFICATES, WITH THE PROBATE COURT
13 WITHIN 24 HOURS AFTER THE MEDICAL PROFESSIONAL'S FINDING. THE
14 PETITION MUST REQUEST INVOLUNTARY HOSPITALIZATION AND MAY REQUEST A
15 COMBINATION OF HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT.
16 THE COURT MUST SET A HEARING IN ACCORDANCE WITH SECTION 452(1).

17 Sec. 438. If it appears to the court that the individual
18 requires immediate assessment because the individual presents a
19 substantial risk of significant physical or mental harm to himself
20 or herself in the near future or presents a substantial risk of
21 significant physical harm to others in the near future, the court
22 may order the individual hospitalized and may order a peace officer
23 to take the individual into protective custody and transport the
24 individual to a preadmission screening unit designated by the
25 community mental health services program. If the preadmission
26 screening unit authorizes hospitalization, the peace officer shall
27 transport the individual to a hospital designated by the community

1 mental health services program, unless other arrangements are
2 provided by the preadmission screening unit. If the examinations
3 and clinical certificates of the psychiatrist, and the physician or
4 the licensed psychologist, are not completed within 24 hours after
5 hospitalization, the individual shall be released.

6 Sec. 452. (1) The court shall fix a date for every hearing
7 convened under this chapter. Except as provided in subsection (2),
8 the hearing shall be convened promptly, but not more than 7 days
9 after the court's receipt of any of the following:

10 (a) A petition for a determination that an individual is a
11 person requiring treatment, a clinical certificate executed by a
12 physician or a licensed psychologist, and a clinical certificate
13 executed by a psychiatrist.

14 (b) A petition for a determination that an individual
15 continues to be a person requiring treatment and a clinical
16 certificate executed by a psychiatrist.

17 (c) A petition for discharge filed under section 484.

18 (d) A demand or notification that a hearing that has been
19 temporarily deferred under section 455(6) be convened.

20 (2) A hearing for a petition under section ~~434(6)~~**434(7)** shall
21 be convened not more than 28 days after the filing of the petition,
22 unless the petition was filed while the subject of the petition was
23 an inpatient at a psychiatric hospital, in which case the hearing
24 shall be convened within 7 days of the filing of the petition.

25 Sec. 455. (1) The subject of a petition has the right to be
26 present at all hearings. This right may be waived by a waiver of
27 attendance signed by the subject of a petition, witnessed by his or

1 her legal counsel, and filed with the court or it may be waived in
2 open court at a scheduled hearing. The subject's right to be
3 present at a hearing is considered waived by the subject's failure
4 to attend the hearing after receiving notice required by section
5 453 and any applicable court rule, providing the subject has had an
6 opportunity to consult with counsel as required under section 454.
7 The court may exclude the subject from a hearing if the subject's
8 behavior at the hearing makes it impossible to conduct the hearing.
9 The court shall enter on the record its reasons for excluding the
10 subject of a petition from the hearing. The subject's presence may
11 be waived by the court if there is testimony by a physician or
12 licensed psychologist who has recently observed the subject that
13 the subject's attendance would expose him or her to serious risk of
14 physical harm.

15 (2) The subject of the petition under section 434, after
16 consultation with counsel, may stipulate to the entry of any order
17 for treatment.

18 (3) The subject of a petition under section 434 who is
19 hospitalized pending the court hearing, within 72 hours after the
20 petition and clinical certificates have been filed with the court,
21 shall meet with legal counsel, a treatment team member assigned by
22 the hospital director, a person assigned by the executive director
23 of the responsible community mental health services program or
24 other program as designated by the department, and, if possible, a
25 person designated by the subject of the petition, in order to be
26 informed of all of the following:

27 (a) The proposed plan of treatment in the hospital.

1 (b) The nature and possible consequences of commitment
2 procedures.

3 (c) The proposed plan of treatment in the community consisting
4 of either an alternative to hospitalization or a combination of
5 hospitalization and ~~alternative~~ **ASSISTED OUTPATIENT** treatment with
6 hospitalization not to exceed 60 days.

7 (d) The right to request that the hearing be temporarily
8 deferred, with a continuing right to demand a hearing during the
9 deferral period. The deferral period shall be 60 days if the
10 individual chooses to remain hospitalized, or ~~90~~ **180** days if the
11 individual chooses ~~alternative~~ **OUTPATIENT** treatment or a
12 combination of hospitalization and ~~alternative treatment~~.

13 **OUTPATIENT TREATMENT.**

14 (4) The person designated by the subject of the petition under
15 subsection (3) may be any person who is willing and able to attend
16 the meeting, including a representative of an advocacy group or the
17 recipient rights adviser of the hospital.

18 (5) The hospital in which the subject of a petition under
19 section 434 is hospitalized shall notify the participants of the
20 meeting required by subsection (3).

21 (6) The subject of a petition under section 434 ~~who is~~
22 ~~hospitalized pending the court hearing~~ may file with the court a
23 request to temporarily defer the hearing for not longer than 60
24 days if the individual chooses to remain hospitalized, or ~~90~~ **180**
25 days if the individual chooses ~~alternative~~ **OUTPATIENT** treatment or
26 a combination of hospitalization and ~~alternative~~ **OUTPATIENT**
27 treatment. The request shall include a stipulation that the

1 individual agrees to remain hospitalized and to accept treatment as
2 may be prescribed for the deferral period, ~~or~~ to accept and follow
3 the proposed plan of treatment as described in subsection (3)(c)
4 for the deferral period, **OR TO ACCEPT AND FOLLOW THE PROPOSED PLAN**
5 **FOR OUTPATIENT TREATMENT**, and further agrees that at any time the
6 individual may refuse treatment and demand a hearing under section
7 452. The request to temporarily defer the hearing shall be on a
8 form provided by the department and signed by the individual in the
9 presence of his or her legal counsel and shall be filed with the
10 court by legal counsel.

11 (7) Upon receipt of the request and stipulation under
12 subsection (6), the court shall temporarily defer the hearing.
13 During the deferral period, both the original petition and the
14 clinical certificates remain valid. If the hearing is convened, the
15 court may require additional clinical certificates and information
16 from the provider. The court shall retain continuing jurisdiction
17 during the deferral period.

18 (8) Upon receipt of a copy of the request to temporarily defer
19 the hearing under subsection (6), if the individual has agreed to
20 remain hospitalized, the hospital director shall treat the
21 individual as a formal voluntary patient without requiring the
22 individual to sign formal voluntary admission forms. If the
23 individual, at any time during the period in which the hearing is
24 being deferred, refuses the prescribed treatment or requests a
25 hearing, either in writing or orally, treatment shall cease, the
26 hospitalized individual shall remain hospitalized with the status
27 of the subject of a petition under section 434, and the court shall

1 be notified to convene a hearing under section 452(1)(d).

2 (9) Upon receipt of a copy of the request to temporarily defer
3 the hearing under subsection (6), if the individual has agreed to
4 participate in an alternative to hospitalization in the community,
5 the hospital director shall release the individual from the
6 hospital to the ~~alternative~~**OUTPATIENT** treatment provider. If the
7 individual, at any time during the deferral period, refuses the
8 prescribed treatment or requests a hearing, either in writing or
9 orally, treatment shall cease and the court shall be notified to
10 convene a hearing under section 452(1)(d). Upon notification, the
11 court shall, if necessary, order a peace officer to transport the
12 individual to the hospital where the individual shall remain until
13 the hearing is convened. The individual shall be given the status
14 of the subject of a petition under section 434.

15 (10) If the individual has remained hospitalized and if, not
16 earlier than 14 days nor later than 7 days before the expiration of
17 the deferral period, the hospital director believes that the
18 condition of the individual is such that he or she continues to
19 require treatment, and believes that the individual will not agree
20 to sign a formal voluntary admission request or is considered by
21 the hospital not to be suitable for voluntary admission, the
22 hospital director shall notify the court to convene a hearing under
23 section 452(1)(d).

24 (11) If the individual is participating in an alternative to
25 hospitalization in the community as described in subsection (3)(c)
26 and if, not earlier than 14 days nor later than 7 days before the
27 expiration of the deferral period, the executive director of the

1 community mental health services program responsible for the
 2 treatment that is an alternative to hospitalization believes that
 3 the condition of the individual is such that he or she continues to
 4 require treatment, and believes that the individual will not agree
 5 to accept treatment voluntarily or is considered by the ~~alternative~~
 6 **OUTPATIENT** treatment program provider not suitable for voluntary
 7 treatment, the executive director shall notify the court to convene
 8 a hearing under section 452(1)(d).

9 Sec. 461. (1) ~~Except as otherwise provided in this section, an~~
 10 **AN** individual may not be found to require treatment unless at least
 11 1 physician or licensed psychologist who has personally examined
 12 that individual testifies in person or by written deposition at the
 13 hearing.

14 (2) For a petition filed under section ~~434(6) that was not~~
 15 ~~accompanied by, or that has not subsequently been supplemented by,~~
 16 ~~a psychiatrist's clinical certificate, 434(7), THAT DOES NOT SEEK~~
 17 **HOSPITALIZATION BEFORE THE HEARING**, an individual may not be found
 18 to require treatment unless **A PSYCHIATRIST WHO HAS PERSONALLY**
 19 **EXAMINED THAT INDIVIDUAL TESTIFIES. A PSYCHIATRIST'S TESTIMONY IS**
 20 **NOT NECESSARY IF A PSYCHIATRIST SIGNS THE PETITION. IF A**
 21 **PSYCHIATRIST SIGNS THE PETITION**, at least 1 physician or licensed
 22 psychologist ~~and 1 psychiatrist who have~~ **HAS** personally examined
 23 that individual **MUST** testify. ~~in person or by written deposition at~~
 24 ~~the hearing.~~ **THE REQUIREMENT FOR TESTIMONY MAY BE WAIVED BY THE**
 25 **SUBJECT OF THE PETITION. IF THE TESTIMONY GIVEN IN PERSON IS**
 26 **WAIVED, A CLINICAL CERTIFICATE COMPLETED BY A PHYSICIAN, LICENSED**
 27 **PSYCHOLOGIST, OR PSYCHIATRIST MUST BE PRESENTED TO THE COURT BEFORE**

1 **OR AT THE INITIAL HEARING.**

2 (3) The examinations required under this section for a
3 petition filed under section ~~434(6)~~**434(7)** shall be arranged by the
4 court and the local community mental health services program or
5 other entity as designated by the department.

6 (4) A written deposition may be introduced as evidence at the
7 hearing only if the attorney for the subject of the petition was
8 given the opportunity to be present during the taking of the
9 deposition and to cross-examine the deponent. This testimony or
10 deposition may be waived by the subject of a petition. An
11 individual may be found to require treatment even if the petitioner
12 does not testify, as long as there is competent evidence from which
13 the relevant criteria in section 401 can be established.

14 Sec. 464a. (1) Upon entry of a court order directing that an
15 individual be involuntarily hospitalized under this chapter or that
16 an individual involuntarily undergo a program of ~~alternative~~
17 ~~treatment or a program of~~ combined hospitalization and ~~alternative~~
18 **ASSISTED OUTPATIENT** treatment under this chapter, the court shall
19 immediately order the department of state police to enter the court
20 order into the law enforcement information network. The department
21 of state police shall remove the court order from the law
22 enforcement information network only upon receipt of a subsequent
23 court order for that removal.

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

1 this section.

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

4 Sec. 468. (1) For a petition filed under section 434, if the
5 court finds that an individual is not a person requiring treatment,
6 the court shall enter a finding to that effect and, if the person
7 has been hospitalized before the hearing, shall order that the
8 person be discharged immediately.

9 (2) For a petition filed under section 434, if an individual
10 is found to be a person requiring treatment, the court shall do 1
11 of the following:

12 (a) Order the individual hospitalized in a hospital
13 recommended by the community mental health services program or
14 other entity as designated by the department.

15 (b) Order the individual hospitalized in a private or veterans
16 administration hospital at the request of the individual or his or
17 her family, if private or federal funds are to be utilized and if
18 the hospital agrees. If the individual is hospitalized in a private
19 or Veterans Administration hospital under this subdivision, any
20 financial obligation for the hospitalization shall be satisfied
21 from funding sources other than the community mental health
22 services program, the department, or other state or county funding.

23 ~~—— (c) Order the individual to undergo a program of treatment~~
24 ~~that is an alternative to hospitalization and that is recommended~~
25 ~~by the community mental health services program or other entity as~~
26 ~~designated by the department.~~

27 (C) ~~(d)~~ Order the individual to undergo a program of combined

1 ~~hospitalization and alternative treatment or hospitalization and~~
2 assisted outpatient treatment, as recommended by the community
3 mental health services program or other entity as designated by the
4 department.

5 (D) ~~(e)~~ Order the individual to receive assisted outpatient
6 treatment through a community mental health services program, or
7 other entity as designated by the department, capable of providing
8 the necessary treatment and services to assist the individual to
9 live and function in the community as specified in the order. The
10 court may include **A case management PLAN AND CASE MANAGEMENT**
11 services and 1 or more of the following:

12 (i) Medication.

13 (ii) Blood or urinalysis tests to determine compliance with or
14 effectiveness of prescribed medication.

15 (iii) Individual or group therapy, or both.

16 (iv) Day or partial day programs.

17 (v) Educational or vocational training.

18 (vi) Supervised living.

19 (vii) ~~Assisted~~ **ASSERTIVE** community treatment team services.

20 (viii) Substance use disorder treatment.

21 (ix) Substance use disorder testing for individuals with a
22 history of alcohol or substance use and for whom that testing is
23 necessary to assist the court in ordering treatment designed to
24 prevent deterioration. A court order for substance use testing is
25 subject to review **HEARING** once every 180 days.

26 (x) Any other services prescribed to treat the individual's
27 mental illness and either to assist the individual in living and

1 functioning in the community or to help prevent a relapse or
2 deterioration that may reasonably be predicted to result in suicide
3 or the need for hospitalization.

4 (3) IN DEVELOPING AN ASSISTED OUTPATIENT TREATMENT PLAN, A
5 PSYCHIATRIST SHALL SUPERVISE THE PREPARATION AND IMPLEMENTATION OF
6 THE ASSISTED OUTPATIENT TREATMENT PLAN. THE ASSISTED OUTPATIENT
7 TREATMENT PLAN SHALL BE COMPLETED WITHIN 30 DAYS AFTER ENTRY OF THE
8 COURT'S ORDER OF ASSISTED OUTPATIENT TREATMENT AND A COPY SHALL BE
9 FORWARDED TO THE PROBATE COURT FOR FILING WITHIN 3 DAYS AFTER
10 COMPLETION OF THE PLAN TO BE MAINTAINED IN THE COURT FILE.

11 (4) ~~(3)~~—In developing an assisted outpatient treatment order,
12 the court shall consider any preference or medication experience
13 reported by the individual or his or her designated representative,
14 whether or not the individual has an existing individual plan of
15 services under section 712, and any direction included in a durable
16 power of attorney or advance directive that exists.

17 (5) ~~(4)~~—Before an order of assisted outpatient treatment
18 expires, if the individual has not previously designated a patient
19 advocate or executed a durable power of attorney or an advance
20 directive, the responsible community mental health services program
21 or other entity as designated by the department shall ascertain
22 whether the individual desires to establish a durable power of
23 attorney or an advance directive. If so, the community mental
24 health services program or other entity as designated by the
25 department shall direct the individual to the appropriate community
26 resource for assistance in developing a durable power of attorney
27 or an advance directive.

1 (6) ~~(5)~~—If an order for assisted outpatient treatment
2 conflicts with the provisions of an existing durable power of
3 attorney, advance directive, or individual plan of services
4 developed under section 712, the assisted outpatient treatment
5 order shall be reviewed for possible adjustment by a psychiatrist
6 not previously involved with developing the assisted outpatient
7 treatment order. If an order for assisted outpatient treatment
8 conflicts with the provisions of an existing advance directive,
9 durable power of attorney, or individual plan of services developed
10 under section 712, the court shall state the court's findings on
11 the record or in writing if the court takes the matter under
12 advisement, including the reason for the conflict.

13 Sec. 469a. (1) Except for a petition filed as described under
14 section ~~434(6)~~, **434(7)**, before ordering a course of treatment for
15 an individual found to be a person requiring treatment, the court
16 shall review a report on alternatives to hospitalization that was
17 prepared under section 453a not more than 15 days before the court
18 issues the order. After reviewing the report, the court shall do
19 all of the following:

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

26 (b) Determine whether there is an agency or mental health
27 professional available to supervise the individual's alternative

1 treatment program.

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

4 (2) If the court determines that there is a treatment program
5 that is an alternative to hospitalization that is adequate to meet
6 the individual's treatment needs and prevent harm that the
7 individual may inflict upon himself or herself or upon others
8 within the near future and that an agency or mental health
9 professional is available to supervise the program, the court shall
10 issue an order for ~~alternative~~ **ASSISTED OUTPATIENT** treatment or
11 combined hospitalization and ~~alternative~~ **ASSISTED OUTPATIENT**
12 treatment in accordance with section 472a. The order shall state
13 the community mental health services program or, if private
14 arrangements have been made for the reimbursement of mental health
15 treatment services in an alternative setting, the name of the
16 mental health agency or professional that is directed to supervise
17 the individual's ~~alternative~~ **ASSISTED OUTPATIENT** treatment program.
18 The order may provide that if an individual refuses to comply with
19 a psychiatrist's order to return to the hospital, a peace officer
20 shall take the individual into protective custody and transport the
21 individual to the hospital selected.

22 (3) If the court orders assisted outpatient treatment as the
23 alternative to hospitalization, the order shall be consistent with
24 the provisions of section ~~468(2)(e)~~ **468(2)(D)** .

25 Sec. 472a. (1) Upon the filing of a petition under section 434
26 and a finding that an individual is a person requiring treatment,
27 the court shall issue an initial order of involuntary mental health

1 treatment that shall be limited in duration as follows:

2 (a) An initial order of hospitalization shall not exceed 60
3 days.

4 ~~— (b) Except as provided in subdivision (d), an initial order of~~
5 ~~alternative treatment shall not exceed 90 days.~~

6 ~~— (c) Except as provided in subdivision (c), an initial order of~~
7 ~~combined hospitalization and alternative treatment shall not exceed~~
8 ~~90 days. The hospitalization portion of the initial order shall not~~
9 ~~exceed 60 days.~~

10 (B) ~~(d)~~ An initial order of assisted outpatient treatment
11 shall not exceed 180 days.

12 (C) ~~(e)~~ An initial order of combined hospitalization and
13 assisted outpatient treatment shall not exceed 180 days. The
14 hospitalization portion of the initial order shall not exceed 60
15 days.

16 (2) Upon the receipt of a petition under section 473 before
17 the expiration of an initial order under subsection (1) and a
18 finding that the individual continues to be a person requiring
19 treatment, the court shall issue a second order for involuntary
20 mental health treatment that shall ~~be limited in duration as~~
21 ~~follows:~~

22 ~~— (a) A second order of hospitalization shall not exceed 90~~
23 ~~days.~~

24 ~~— (b) A second order of alternative treatment or assisted~~
25 ~~outpatient treatment shall not exceed 1 year.~~

26 ~~— (c) A second order of combined hospitalization and alternative~~
27 ~~treatment or hospitalization and assisted outpatient treatment~~

1 ~~shall not exceed 1 year. The hospitalization portion of the second~~
2 ~~order shall not exceed 90 days.~~

3 (3) Upon the receipt of a petition under section 473 before
4 the expiration of a second order under subsection (2) and a finding
5 that the individual continues to be a person requiring treatment,
6 the court shall issue a continuing order for involuntary mental
7 health treatment that shall ~~be limited in duration as follows:~~

8 ~~—— (a) A continuing order of hospitalization shall not exceed 1~~
9 ~~year.~~

10 ~~—— (b) A continuing order of alternative treatment or assisted~~
11 ~~outpatient treatment shall not exceed 1 year.~~

12 ~~—— (c) A continuing order of combined hospitalization and~~
13 ~~alternative treatment or hospitalization and assisted outpatient~~
14 ~~treatment shall not exceed 1 year. The hospitalization portion of a~~
15 ~~continuing order for combined hospitalization and alternative~~
16 ~~treatment or hospitalization and assisted outpatient treatment~~
17 ~~shall not exceed 90 days.~~

18 (4) Upon the receipt of a petition under section 473 before
19 the expiration of a continuing order of involuntary mental health
20 treatment, including a continuing order issued under section 485a
21 or a 1-year order of hospitalization issued under former section
22 472, and a finding that the individual continues to be a person
23 requiring treatment, the court shall issue another continuing order
24 for involuntary mental health treatment as provided in subsection
25 (3) for a period not to exceed 1 year. The court shall continue to
26 issue consecutive 1-year continuing orders for involuntary mental
27 health treatment under this section until a continuing order

1 expires without a petition having been filed under section 473 or
2 the court finds that the individual is not a person requiring
3 treatment.

4 (5) If a petition for an order of involuntary mental health
5 treatment is not brought under section 473 at least 14 days before
6 the expiration of an order of involuntary mental health treatment
7 as described in subsections (2) to (4), a person who believes that
8 an individual continues to be a person requiring treatment may file
9 a petition under section 434 for an initial order of involuntary
10 mental health treatment as described in subsection (1).

11 Sec. 473. Not less than 14 days before the expiration of an
12 initial, second, or continuing order of involuntary mental health
13 treatment issued under section 472a or section 485a, a hospital
14 director or an agency or mental health professional supervising an
15 individual's ~~alternative treatment or~~ assisted outpatient treatment
16 shall file a petition for a second or continuing order of
17 involuntary mental health treatment if the hospital director or
18 supervisor believes the individual continues to be a person
19 requiring treatment and that the individual is likely to refuse
20 treatment on a voluntary basis when the order expires. The petition
21 shall contain a statement setting forth the reasons for the
22 hospital director's or supervisor's or their joint determination
23 that the individual continues to be a person requiring treatment, a
24 statement describing the treatment program provided to the
25 individual, the results of that course of treatment, and a clinical
26 estimate as to the time further treatment will be required. The
27 petition shall be accompanied by a clinical certificate executed by

1 a psychiatrist.

2 Sec. 474. (1) If an individual is subject to a combined order
3 of hospitalization and ~~either alternative treatment or assisted~~
4 outpatient treatment, the decision to release the individual from
5 the hospital to the ~~alternative treatment program or assisted~~
6 outpatient treatment program shall be a clinical decision made by a
7 psychiatrist designated by the hospital director in consultation
8 with the director of the ~~alternative treatment program or the~~
9 assisted outpatient treatment program. ~~If the hospital is operated~~
10 ~~by or under contract with the department or a community mental~~
11 ~~health services program and private payment arrangements have not~~
12 ~~been made, the decision shall be made in consultation with the~~
13 ~~treatment team designated by the executive director of the~~
14 ~~community mental health services program.~~ **IF AN INDIVIDUAL IS**
15 **SUBJECT TO AN ORDER OF ASSISTED OUTPATIENT TREATMENT, THE DECISION**
16 **TO RELEASE THE INDIVIDUAL FROM THE ASSISTED OUTPATIENT TREATMENT**
17 **PROGRAM SHALL BE A CLINICAL DECISION MADE BY A PSYCHIATRIST**
18 **DESIGNATED BY THE DIRECTOR OF THE ASSISTED OUTPATIENT TREATMENT**
19 **PROGRAM.** Notice of the return of the individual to the ~~alternative~~
20 ~~treatment program or to the~~ assisted outpatient treatment program
21 shall be provided to the court with a statement from a psychiatrist
22 explaining the belief that the individual is clinically appropriate
23 for ~~alternative treatment or assisted outpatient treatment.~~ At
24 least 5 days before releasing an individual from the hospital to
25 the ~~alternative treatment program or assisted outpatient treatment~~
26 program, the hospital director shall notify the agency or mental
27 health professional that is responsible to supervise the

1 individual's ~~alternative treatment program or~~ assisted outpatient
2 treatment program that the individual is about to be released. The
3 hospital shall share relevant information about the individual with
4 the supervising agency or professional for the purpose of providing
5 continuity of treatment.

6 (2) If there is a disagreement between the hospital and the
7 executive director regarding the decision to release the individual
8 to the ~~alternative treatment program or~~ assisted outpatient
9 treatment program, either party may appeal in writing to the
10 department director within 24 hours of the decision. The department
11 director shall designate the psychiatrist responsible for clinical
12 affairs in the department, or his or her designee, who shall also
13 be a psychiatrist, to consider the appropriateness of the release
14 and make a decision within 48 hours after receipt of the written
15 appeal. Either party may appeal the decision of the department to
16 the court in writing within 24 hours after the department's
17 decision.

18 (3) If private arrangements have been made for the
19 reimbursement of mental health treatment services in an alternative
20 setting and there is a disagreement between the hospital and the
21 director of the ~~alternative treatment program or~~ assisted
22 outpatient treatment program regarding the decision to release the
23 individual, either party may petition the court for a determination
24 of whether the individual should be released from the hospital to
25 the ~~alternative treatment program or~~ assisted outpatient treatment
26 program.

27 (4) The court shall make a decision within 48 hours after

1 receipt of a written appeal under subsection (2) or a petition
2 under subsection (3). The court shall consider information provided
3 by both parties and may appoint a psychiatrist to provide an
4 independent clinical examination.

5 Sec. 474a. During the period of an order of combined
6 hospitalization and ~~alternative~~**ASSISTED OUTPATIENT** treatment or
7 combined hospitalization and assisted outpatient treatment,
8 hospitalization may be used as clinically appropriate and when
9 ordered by a psychiatrist, for up to the maximum period for
10 hospitalization specified in the order. Subject to section 475, the
11 decision to hospitalize the individual shall be made by the
12 director of the ~~alternative treatment program or assisted~~
13 outpatient treatment program, who shall notify the court when the
14 individual is hospitalized. The notice to the court shall include a
15 statement from a psychiatrist explaining the need for
16 hospitalization.

17 Sec. 475. (1) During the period of an order for ~~alternative~~
18 **ASSISTED OUTPATIENT** treatment or combined hospitalization and
19 ~~alternative~~**ASSISTED OUTPATIENT** treatment, if the agency or mental
20 health professional who is supervising an individual's ~~alternative~~
21 **ASSISTED OUTPATIENT** treatment program determines that the
22 individual is not complying with the court order or that the
23 ~~alternative~~**ASSISTED OUTPATIENT** treatment has not been or will not
24 be sufficient to prevent harm that the individual may inflict on
25 himself or herself or upon others, then the supervising agency or
26 mental health professional shall notify the court immediately. If
27 the individual believes that the ~~alternative~~**ASSISTED OUTPATIENT**

1 treatment program is not appropriate, the individual may notify the
2 court of that fact.

3 (2) If it comes to the attention of the court that an
4 individual subject to an order of ~~alternative~~**ASSISTED OUTPATIENT**
5 treatment or combined hospitalization and ~~alternative~~**ASSISTED**
6 **OUTPATIENT** treatment is not complying with the order, that the
7 ~~alternative~~**ASSISTED OUTPATIENT** treatment has not been or will not
8 be sufficient to prevent harm to the individual or to others, or
9 that the individual believes that the ~~alternative~~**ASSISTED**
10 **OUTPATIENT** treatment program is not appropriate, the court may do
11 either of the following without a hearing and based upon the record
12 and other available information:

13 (a) Consider other alternatives to hospitalization and modify
14 the order to direct the individual to undergo another program of
15 ~~alternative~~**ASSISTED OUTPATIENT** treatment for the duration of the
16 order.

17 (b) Modify the order to direct the individual to undergo
18 hospitalization or combined hospitalization and ~~alternative~~
19 **ASSISTED OUTPATIENT** treatment. The duration of the hospitalization,
20 including the number of days the individual has already been
21 hospitalized if the order being modified is a combined order, shall
22 not exceed 60 days for an initial order or 90 days for a second or
23 continuing order. The modified order may provide that if the
24 individual refuses to comply with the psychiatrist's order to
25 return to the hospital, a peace officer shall take the individual
26 into protective custody and transport the individual to the
27 hospital selected.

1 (3) During the period of an order for assisted outpatient
2 treatment or a combination of hospitalization and assisted
3 outpatient treatment, if the agency or mental health professional
4 who is supervising an individual's assisted outpatient treatment
5 determines that the individual is not complying with the court
6 order, the supervising agency or mental health professional shall
7 notify the court immediately.

8 (4) If it comes to the attention of the court that an
9 individual subject to an order of assisted outpatient treatment or
10 a combination of hospitalization and assisted outpatient treatment
11 is not complying with the order, the court may require 1 or more of
12 the following, without a hearing:

13 (a) That the individual be taken to the preadmission screening
14 unit established by the community mental health services program
15 serving the community in which the individual resides.

16 (b) That the individual be hospitalized for a period of not
17 more than 10 days.

18 (c) Upon recommendation by the community mental health
19 services program serving the community in which the individual
20 resides, that the individual be hospitalized for a period of more
21 than 10 days, but not longer than the duration of the order for
22 assisted outpatient treatment or a combination of hospitalization
23 and assisted outpatient treatment, or not longer than 90 days,
24 whichever is less.

25 (5) The court may direct peace officers to transport the
26 individual to a designated facility or a preadmission screening
27 unit, as applicable, and the court may specify conditions under

1 which the individual may return to assisted outpatient treatment
2 before the order expires.

3 (6) An individual hospitalized without a hearing as provided
4 in subsection (4) may object to the hospitalization according to
5 the provisions of section 475a.

6 Sec. 475a. (1) If an individual is hospitalized without a
7 hearing after placement in an ~~alternative~~-**ASSISTED OUTPATIENT**
8 treatment program, the individual has a right to object to the
9 hospitalization. Upon transfer of the individual to the hospital,
10 the hospital shall notify the individual of his or her right to
11 object under this section.

12 (2) Upon receipt of an objection to a hospitalization under
13 ~~section~~-**SUBSECTION** (1), the court shall schedule a hearing for a
14 determination that the individual requires hospitalization.

15 Sec. 477. (1) A person responsible for providing treatment to
16 an individual ordered to undergo a program of ~~alternative~~-**ASSISTED**
17 **OUTPATIENT** treatment or a program of combined hospitalization and
18 ~~alternative~~-**ASSISTED OUTPATIENT** treatment may terminate the
19 treatment to the individual if the provider of the treatment
20 considers the individual clinically suitable for termination of
21 treatment, and shall terminate the treatment when the individual's
22 mental condition is such that he or she no longer meets the
23 criteria of a person requiring treatment.

24 (2) Upon termination of ~~alternative~~-**ASSISTED OUTPATIENT**
25 treatment or combined hospitalization and ~~alternative~~-**ASSISTED**
26 **OUTPATIENT** treatment, the court shall be notified by the provider
27 of the treatment.

1 Sec. 478. If, upon the discharge of a patient hospitalized by
2 court order or the termination of ~~alternative~~**ASSISTED OUTPATIENT**
3 treatment to an individual receiving ~~alternative~~**ASSISTED**
4 **OUTPATIENT** treatment ~~pursuant to~~**UNDER** this chapter, it is
5 determined that the individual would benefit from the receipt of
6 further treatment, the hospital or provider of ~~alternative~~**ASSISTED**
7 **OUTPATIENT** treatment shall offer him **OR HER** appropriate treatment
8 on a voluntary basis, or shall aid him **OR HER** to obtain treatment
9 from another source.

10 Sec. 482. Each individual subject to a 1-year order of
11 involuntary mental health treatment has the right to adequate and
12 prompt review of his or her current status as a person requiring
13 treatment. Six months from the date of a 1-year order of
14 involuntary mental health treatment, the executive director of the
15 community mental health services program responsible for treatment
16 or, if private arrangements for the reimbursement of mental health
17 treatment services have been made, the hospital director or
18 director of the ~~alternative~~**ASSISTED OUTPATIENT** treatment program
19 shall assign a physician or licensed psychologist to review the
20 individual's clinical status as a person requiring treatment.

21 Sec. 489. (1) No determination that a person requires
22 treatment, no order of court authorizing hospitalization or
23 ~~alternative~~**ASSISTED OUTPATIENT** treatment, nor any form of
24 admission to a hospital ~~shall give~~**GIVES** rise to a presumption of,
25 ~~constitute~~**CONSTITUTES** a finding of, or ~~operate~~**OPERATES** as an
26 adjudication of legal incompetence.

27 (2) No order of commitment under any previous statute of this

1 state, ~~shall~~, in the absence of a concomitant appointment of a
2 guardian, ~~constitute~~ **CONSTITUTES** a finding of or ~~operate~~ **OPERATES**
3 as an adjudication of legal incompetence.

4 Enacting section 1. This amendatory act takes effect 90 days
5 after the date it is enacted into law.