SUBSTITUTE FOR SENATE BILL NO. 219

A bill to amend 1974 PA 258, entitled "Mental health code,"

by amending sections 401, 427, 430, 461, 468, 472a, and 475 (MCL 330.1401, 330.1427, 330.1430, 330.1461, 330.1468, 330.1472a, and 330.1475), sections 401, 461, 468, 472a, and 475 as amended by 2018 PA 593, section 427 as amended by 2016 PA 320, and section 430 as amended by 1995 PA 290.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- Sec. 401. (1) As used in this chapter, "person requiring treatment" means (a), (b), or (c):any of the following individuals:
 - (a) An individual who has mental illness and who as a result because of that mental illness can reasonably be expected within in the near future to intentionally or unintentionally seriously



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- physically injure himself, herself, the individual's self or another individual, others, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.
 - (b) An individual who has mental illness and who as a result because of that mental illness is unable to attend to those of his or her meet the individual's basic physical needs, such as obtaining food, clothing, or shelter, that must be attended to in order met for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to meet those basic physical needs.
 - (c) An individual who has mental illness, whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her the individual to demonstrate an unwillingness to voluntarily participate in or adhere to necessary treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her the individual's condition, and presents a substantial risk of significant physical or mental harm to the individual individual's self or others.
 - (2) An individual whose mental processes have been are weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependence is not a person requiring treatment under this chapter unless the individual also meets the criteria specified in subsection (1). An individual described in this subsection may be hospitalized under the informal or formal voluntary hospitalization provisions of this chapter if he or she is considered the hospital director considers the individual clinically suitable for

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hospitalization. by the hospital director.
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          Sec. 427. (1) If a peace officer observes an individual
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    conducting himself or herself in a manner that causes the peace
    officer has reasonable cause to reasonably believe that the an
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    individual is a person requiring treatment, the peace officer may
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    take the individual into protective custody and transport the
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    individual to a preadmission screening unit designated by a
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    community mental health services program for examination under
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    section 429 or for mental health intervention services. The
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    preadmission screening unit shall provide those the mental health
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    intervention services that it considers appropriate or shall
    provide an examination under section 429. The preadmission
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    screening services may be provided at the site of the preadmission
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    screening unit or at a site designated by the preadmission
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    screening unit. Upon On arrival at the preadmission screening unit
    or site designated by the preadmission screening unit, the peace
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    officer shall execute a petition for hospitalization of the
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    individual. As soon as practical, the preadmission screening unit
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    shall offer to contact an immediate family member of the recipient
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    individual to let inform the family know member that the recipient
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    has been taken into the individual is in protective custody and
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    where he or she the individual is located. The preadmission
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    screening unit shall honor the recipient's individual's decision as
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    to whether an immediate family member is to be contacted and shall
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    document that decision in the recipient's individual's record. In
    the course of providing services, the preadmission screening unit
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    may provide advice and consultation to the peace officer , which
    that may include a recommendation to release the individual from
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    protective custody. In all cases where a peace officer has executed
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- 1 executes a petition, the preadmission screening unit shall ensure
- 2 that an examination is conducted by a physician or licensed
- 3 psychologist examines the individual. The preadmission screening
- 4 unit shall ensure the provision of follow-up counseling and
- 5 diagnostic and referral services if needed if it is determined
- 6 under section 429 that the person-individual does not meet the
- 7 requirements for hospitalization.
- 8 (2) A peace officer is not financially responsible for the
- 9 cost of care of an individual for whom a the peace officer has
- 10 executed executes a petition under subsection (1).
- 11 (3) A hospital receiving an individual under subsection (1)
- 12 who has been is referred by a community mental health services
- 13 program's preadmission screening unit shall notify that
- 14 preadmission screening unit of the results of an the hospital's
- 15 examination of that the individual. conducted by the hospital.
- Sec. 430. If a patient is hospitalized under section 423, a
- 17 psychiatrist shall examine the patient shall be examined by a
- 18 psychiatrist as soon after hospitalization as is practicable, but
- 19 not later than 24 hours, excluding legal holidays, after
- 20 hospitalization. The examining psychiatrist shall must not be the
- 21 same physician upon on whose clinical certificate the patient was
- 22 hospitalized. If the **examining** psychiatrist does not certify that
- 23 the patient is a person requiring treatment, the patient shall must
- 24 be released immediately. If the **examining** psychiatrist does certify
- 25 **certifies** that the patient is a person requiring treatment,
- 26 including a person requiring treatment in the form of
- 27 hospitalization, the patient's hospitalization may continue pending
- 28 hearings convened pursuant to under sections 451 to 465. If the
- 29 psychiatrist certifies that the patient is a person requiring

- $1 \hspace{0.4cm} \hspace{0.4cm} \text{treatment}$ in the form of assisted outpatient treatment, a referral
- 2 must be made to the community mental health services program
- $\ensuremath{\mathtt{3}}$ serving the community where the patient resides and hearings may be
- 4 convened under sections 451 to 465.
- 5 Sec. 461. (1) An For a petition filed under section 434(1) to
- 6 (6), an individual may not be found to require treatment unless at
- 7 least 1 physician or licensed psychologist who has personally
- 8 examined that individual testifies in person or by written
- 9 deposition at the hearing.
- 10 (2) For a petition filed under section 434(7), that does not
- 11 seek hospitalization before the hearing, an individual may not be
- 12 found to require treatment unless a psychiatrist who has personally
- 13 examined that individual testifies. A psychiatrist's testimony is
- 14 not necessary if a psychiatrist signs the petition. If a
- 15 psychiatrist signs the petition, at least 1 physician or licensed
- 16 psychologist who has personally examined that individual must
- 17 testify. The requirement for testimony may be waived by the subject
- 18 of the petition. If the testimony given in person is waived, a
- 19 clinical certificate completed by a physician, licensed
- 20 psychologist, or psychiatrist must be presented to the court before
- 21 or at the initial hearing.an individual may be found to require
- 22 treatment if both of the following apply:
- 23 (a) Except as otherwise provided in this subdivision, a
- 24 physician, psychologist, or qualified health professional
- 25 personally examines the individual and testifies that the
- 26 individual requires treatment. The subject of the petition may
- 27 waive the requirement for testimony.
- 28 (b) Except as otherwise provided in this subdivision, evidence
- 29 is presented that the physician, psychologist, or qualified health

- professional who examined the individual under subdivision (a)
 discussed their findings and the plan for treatment for the
 individual with a psychiatrist during or immediately after the
 examination. This subdivision does not apply to a physician who is
 - (3) The examinations required under this section for a petition filed under section 434(7) shall be arranged by the court and the local community mental health services program or other entity as designated by the department shall arrange the examinations required under this section for a petition filed under section 434(7).
 - (4) A written deposition may be introduced as evidence at the hearing only if the attorney for the—subject of the petition was given petition's attorney had the opportunity to be present during the taking of the—deposition and to—cross—examine the deponent.

 This testimony or deposition may be waived by the—The subject of a petition may waive this testimony or deposition. An individual—The subject of the petition may be found to require treatment even if the petitioner does not testify as long as—if there is other competent evidence from which the relevant criteria in section 401 can be established.
 - (5) As used in this section:
 - (a) "Psychiatric nurse practitioner" means an individual who is licensed as a registered professional nurse under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242, who has been granted a specialty certification as a nurse practitioner by the Michigan board of nursing under section 17210 of the public health code, 1978 PA 368, MCL 333.17210, and who has training in the area of mental health.

a psychiatrist.

- (b) "Qualified health professional" means a psychiatric nurse practitioner who is acting under the delegation of a psychiatrist under section 16215 of the public health code, 1978 PA 368, MCL 333.16215, or a physician's assistant who is acting pursuant to a practice agreement with a psychiatrist under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.
 - Sec. 468. (1) For a petition filed under section 434, if the court finds that an individual is not a person requiring treatment, the court shall enter a finding to that effect and, if the person has been individual is hospitalized before the hearing, shall order that the person individual be discharged immediately.
- (2) For a petition filed under section 434, if **the court finds that** an individual is found to be a person requiring treatment, the court shall do 1 of the following:
 - (a) Order the individual hospitalized in a hospital recommended by the community mental health services program or other entity as designated by the department.
 - (b) Order the individual hospitalized in a private or veterans administration Veterans Administration hospital at the request of the individual or his or her the individual's family, if private or federal funds are to will be utilized and if the hospital agrees. If the individual is hospitalized in a private or Veterans Administration hospital under this subdivision, any a financial
- 24 obligation for the hospitalization shall must be satisfied from
- 25 funding sources other than the community mental health services
- 26 program, the department, or other state or county funding.
- (c) Order the individual to undergo a program of combined hospitalization and assisted outpatient treatment, as recommended by the community mental health services program or other entity as

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- 1 designated by the department.
- 2 (d) Order Except as otherwise provided in this subdivision,
- 3 **order** the individual to receive assisted outpatient treatment
- 4 through a community mental health services program, or other entity
- 5 as designated by the department, capable of providing the necessary
- 6 treatment and services to assist help the individual to-live and
- 7 function in the community. as specified in the order. The Subject
- 8 to subsections (3) and (6), the community mental health services
- 9 program or other entity as designated by the department as
- 10 described in this subdivision has the sole discretion to make
- 11 decisions regarding the assessment, treatment, and discharge of an
- 12 individual receiving assisted outpatient treatment. This includes
- 13 the type, scope, frequency, intensity, and duration of the
- 14 treatment of the individual receiving outpatient treatment. If the
- 15 community mental health services program or other entity as
- 16 designated by the department does not communicate with the court
- 17 regarding the treatment of the individual receiving assisted
- 18 outpatient treatment, the court shall hold a hearing regarding the
- 19 treatment provided to the individual receiving assisted outpatient
- 20 treatment by the community mental health services program or other
- 21 entity as designated by the department. Except as otherwise
- 22 **provided in this subdivision, the** court **order** may include a case
- 23 management plan and case management services and 1 or more of the
- 24 following:
- (i) Medication.
- 26 (ii) Blood or urinalysis tests to determine compliance with or 27 effectiveness of prescribed medication.
- 28 (iii) Individual or group therapy, or both.
- 29 (iv) Day or partial day programs.

- 1 (v) Educational or vocational training.
- 2 (vi) Supervised living.

- 3 (vii) Assertive community treatment team services.
- 4 (viii) Substance use disorder treatment.
- 5 (ix) Substance use disorder testing for individuals with a
 6 history of alcohol or substance use and for whom that the testing
 7 is necessary to assist the court in ordering treatment designed to
 8 prevent deterioration. A court order for substance use testing is
 9 subject to a review hearing once every 180 days.
 - (x) Any other Other services prescribed to treat the individual's mental illness and either to assist help the individual in living and functioning live and function in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization.
 - (3) In developing an assisted outpatient treatment plan, a psychiatrist shall supervise the preparation and implementation of the assisted outpatient treatment plan. The assisted outpatient treatment plan shall must be completed within not later than 30 days after entry of the court's order of for assisted outpatient treatment and a copy shall certificate of completion of the assisted outpatient treatment plan must be forwarded to the probate court for filing within not later than 3 days after completion of the plan to be maintained in the court file.
 - (4) In developing an **order for** assisted outpatient treatment, order, the court shall consider any a preference or medication experience reported by the individual or his or her the individual's designated representative, whether or not the individual has an existing individual plan of services under

- section 712, and any direction included in a directions included in

 an existing durable power of attorney or advance directive. that

 exists.
- (5) Before an order of for assisted outpatient treatment 4 5 expires, if the individual has not previously designated a patient 6 advocate or executed a durable power of attorney or an advance directive, the responsible community mental health services program 8 or other entity as designated by the department shall ascertain 9 whether the individual desires to establish a durable power of 10 attorney or an advance directive. If so, the community mental health services program or other entity as designated by the 11 department shall direct the individual to the appropriate community 12 resource for assistance in developing a durable power of attorney 1.3 14 or an advance directive.
 - with the provisions of an existing durable power of attorney, advance directive, or individual plan of services developed under section 712, the order for assisted outpatient treatment order shall must be reviewed for possible adjustment by a psychiatrist not previously involved with developing the order for assisted outpatient treatment. order. If an order for assisted outpatient treatment conflicts with the provisions of an existing advance directive, durable power of attorney, or individual plan of services developed under section 712, the court shall state the court's findings on the record or in writing if the court takes the matter under advisement, including the reason for the conflict.
 - Sec. 472a. (1) Upon the filing of a petition under section 434 and a finding that an individual is a person requiring treatment, the court shall issue an initial order of for involuntary mental

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- 1 health treatment that shall must be limited in duration as follows:
- 2 (a) An initial order of for hospitalization shall must not 3 exceed 60 days.
- 4 (b) An initial order of for assisted outpatient treatment 5 shall must not exceed 180 days.
- 6 (c) An initial order of for combined hospitalization and
 7 assisted outpatient treatment shall must not exceed 180 days. The
 8 hospitalization portion of the initial order shall must not exceed
 9 60 days.
- 10 (2) Upon the receipt of a petition under section 473 before
 11 the expiration of an initial order under subsection (1) and a
 12 finding that the individual continues to be a person requiring
 13 treatment, the court shall issue a second order for involuntary
 14 mental health treatment that shall must be limited in duration as
 15 follows:
- 16 (a) A second order for hospitalization must not exceed 90 17 days.
 - (b) A second order for assisted outpatient treatment must not exceed 1 year.
 - (c) A second order for combined hospitalization and assisted outpatient treatment must not exceed 1 year. The hospitalization portion of the second order must not exceed 90 days.
 - (3) Upon the receipt of a petition under section 473 before the expiration of a second order under subsection (2) and a finding that the individual continues to be a person requiring treatment, the court shall issue a continuing order for involuntary mental health treatment that shall must be limited in duration as follows:
- (a) A continuing order of hospitalization must not exceed 1
 year.

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- 1 (b) A continuing order of assisted outpatient treatment must 2 not exceed 1 year.
 - (c) A continuing order of combined hospitalization and assisted outpatient treatment must not exceed 1 year. The hospitalization portion of a continuing order for combined hospitalization and assisted outpatient treatment must not exceed 90 days.
- 8 (4) Upon the receipt of a petition under section 473 before 9 the expiration of a continuing order of for involuntary mental 10 health treatment, including a continuing order issued under section 11 485a or a 1-year order of nospitalization issued under former section 472, and a finding that the individual continues to be a 12 person requiring treatment, the court shall issue another 1.3 14 continuing order for involuntary mental health treatment as 15 provided in under subsection (3) for a period not to exceed 1 year. 16 The court shall continue to issue consecutive 1-year continuing orders for involuntary mental health treatment under this section 17 18 until a continuing order expires without a petition having been filed under section 473 or the court finds that the individual is 19 20 not a person requiring treatment.
 - (5) If a petition for an order of for involuntary mental health treatment is not brought under section 473 at least 14 days before the expiration of an order of for involuntary mental health treatment as described in under subsections (2) to (4), a person an individual who believes that an another individual continues to be a person requiring treatment may file a petition under section 434 for an initial order of for involuntary mental health treatment as described in under subsection (1).
- Sec. 475. (1) During the period of an order for assisted

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- 1 outpatient treatment or combined hospitalization and assisted
- 2 outpatient treatment, if the agency or mental health professional
- 3 who is supervising an individual's assisted outpatient treatment
- 4 program determines that the individual is not complying with the
- 5 court order or that the assisted outpatient treatment has not been
- 6 or will not be sufficient to prevent harm that the individual may
- 7 inflict on himself or herself the individual's self or upon others,
- 8 then the supervising agency or mental health professional shall
- 9 notify the court immediately. If the individual believes that the
- 10 assisted outpatient treatment program is not appropriate, the
- 11 individual may notify the court of that fact.
- 12 (2) If it comes to the attention of the court that an
- 13 individual subject to an order $\frac{\text{of}}{\text{for}}$ assisted outpatient treatment
- 14 or combined hospitalization and assisted outpatient treatment is
- 15 not complying with the order, that the assisted outpatient
- 16 treatment has not been or will not be sufficient to prevent harm to
- 17 the individual or to individual's self or others, or that the
- 18 individual believes that the assisted outpatient treatment program
- 19 is not appropriate, the court may do either any of the following
- 20 without a hearing and based upon on the record and other available
- 21 information:
- 22 (a) Consider other alternatives to hospitalization and modify
- 23 the order to direct the individual to undergo another program of
- 24 assisted outpatient treatment for the duration of the order.order's
- 25 duration.
- 26 (b) Modify the order to direct the individual to undergo
- 27 hospitalization or combined hospitalization and assisted outpatient
- 28 treatment. The duration of the hospitalization, including the
- 29 number of days the individual has already been hospitalized if the

- 1 order being modified is a combined order, shall must not exceed 60
- 2 days for an initial order or 90 days for a second or continuing
- 3 order. The modified order may provide that if the individual
- 4 refuses to comply with the psychiatrist's order to return to the
- 5 hospital, a peace officer shall take the individual into protective
- 6 custody and transport the individual to the a particular hospital.
- 7 selected.

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- (c) Convene a status conference with the supervising agency and the individual to review the individual's compliance with the order.
- (3) During the period of an order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, if the agency or mental health professional who is supervising an individual's assisted outpatient treatment determines that the individual is not complying with the court order, the supervising agency or mental health professional shall notify the court immediately.
- (4) If it comes to the attention of the court that an individual subject to an order of for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment is not complying with the order, the court may require 1 or more of the following, without a hearing:
- (a) That the individual be taken to the preadmission screening unit established by the community mental health services program serving the community in which the individual resides.
- (b) That the individual be hospitalized for a period of not more than 10 days.
- 28 (c) Upon On the recommendation by of the community mental 29 health services program serving the community in which the



- 1 individual resides, that the individual be hospitalized for a
- 2 period of more than 10 days, but not longer than the duration of
- 3 the order for assisted outpatient treatment or a combination of
- 4 hospitalization and assisted outpatient treatment, or not longer
- 5 than 90 days, whichever is less.
- 6 (5) The court may direct peace officers to transport the
- 7 individual to a designated facility or a preadmission screening
- 8 unit , as applicable, and the court may specify the conditions
- 9 under which the individual may return to assisted outpatient
- 10 treatment before the order expires.
- 11 (6) An individual hospitalized without a hearing as provided
- 12 in under subsection (4) may object to the hospitalization according
- 13 to the provisions of section 475a.

