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Senate Bill 1048 (Substitute S-2 as reported by the Committee of the Whole)

Sponsor: Senator Joel D. Gougeon

Committee: Families, Mental Health and Human Services

CONTENT

The bill would amend the Mental Health Code to specify that a county's immunity from liability for acts or obligations of a community mental health authority would apply only to county government; extend a county's exemption from financial liability to services provided under criminal statutes; require the court upon receipt of certain documents to order a report assessing the availability and appropriateness of alternatives to hospitalization of an individual; require the court to issue an initial, a second, or a continuing order of involuntary mental health treatment under certain conditions and specify the duration of the treatment; specify who would decide on the release of a person subject to a combined order of hospitalization and alternative treatment and provide for a process for resolution of any disagreement between the hospital and the executive director concerning the release; require the court to be notified if an individual did not comply with an order for alternative treatment or combined hospitalization and alternative treatment, or if the individual believed that the treatment was inappropriate, and specify potential courses of action for the court; specify the right of a person involuntarily hospitalized to a hearing; delete the requirement that the Department of Community Health or the community mental health services program consider the adult responsible party's income to be taxable income in determining a person's ability to pay for services, and revise some of the "ability to pay" provisions; and repeal current provisions that pertain to initial, second, and continuing orders of hospitalization, alternative treatment programs. and the right of a person involuntarily hospitalized to a hearing.

MCL 330.1152 et al.

Legislative Analyst: L. Burghardt

FISCAL IMPACT

The bill contains a number of minor revisions to the Mental Health Code. The change with potential for a fiscal impact is the one that would allow a hospital director to petition for continued involuntary hospitalization of up to one year if he or she believed it to be necessary. This would be in addition to the current petition system, which permits hospitalization for up to 90 days, alternative treatment combined with hospitalization for up to one year, or indefinite continued hospitalization. This provision could lead to longer hospital stays with indeterminate increased costs.

Fiscal Analyst: S. Angelotti Date Completed: 9-27-96