

HOUSE BILL No. 5810

April 17, 2018, Introduced by Reps. Vaupel, Lilly, Kesto, Whiteford, Brann and Hammoud
and referred to the Committee on Health Policy.

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending sections 100a, 400, 401, 409, 434, 435, 436, 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,
330.1434, 330.1435, 330.1436, 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, 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 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.
- 23 (i) Leisure.
- 24 (j) Work.

25 (4) "Adult foster care facility" means an adult foster care

1 facility licensed under the adult foster care facility licensing
2 act, 1979 PA 218, MCL 400.701 to 400.737.

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

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

10 (7) "Approved service program" means a substance use disorder
11 services program licensed under part 62 of the public health code,
12 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use
13 disorder treatment and rehabilitation services by the department-
14 designated community mental health entity and approved by the
15 federal government to deliver a service or combination of services
16 for the treatment of incapacitated individuals.

17 (8) "Assisted outpatient treatment" or "AOT" means the
18 categories of outpatient services ordered by the court under
19 section 468 or 469a. Assisted outpatient treatment may include **A**
20 case management **PLAN AND CASE MANAGEMENT** services to provide care
21 coordination. Assisted outpatient treatment may also include 1 or
22 more of the following categories of services: medication; periodic
23 blood tests or urinalysis to determine compliance with prescribed
24 medications; individual or group therapy; day or partial day
25 programming activities; vocational, educational, or self-help
26 training or activities; assertive community treatment team
27 services; alcohol or substance use disorder treatment and

1 counseling and periodic tests for the presence of alcohol or
2 illegal drugs for an individual with a history of alcohol abuse or
3 substance use disorder; supervision of living arrangements; and any
4 other services within a local or unified services plan developed
5 under this act that are prescribed to treat the individual's mental
6 illness and to assist the individual in living and functioning in
7 the community or to attempt to prevent a relapse or deterioration
8 that may reasonably be predicted to result in suicide, the need for
9 hospitalization, or serious violent behavior. The medical review
10 and direction included in an assisted outpatient treatment plan
11 shall be provided under the supervision of a psychiatrist.

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

14 (10) "Board of commissioners" means a county board of
15 commissioners.

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

19 (12) "Certification" means formal approval of a program by the
20 department in accordance with standards developed or approved by
21 the department.

22 (13) "Child abuse" and "child neglect" mean those terms as
23 defined in section 2 of the child protection law, 1975 PA 238, MCL
24 722.622.

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

27 (a) A physician who has completed a residency program in child

1 and adolescent psychiatry approved by the Accreditation Council for
2 Graduate Medical Education or the American Osteopathic Association,
3 or who has completed 12 months of child and adolescent psychiatric
4 rotation and is enrolled in an approved residency program as
5 described in this subsection.

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

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

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

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

23 (17) "Community mental health organization" means a community
24 mental health services program that is organized under the urban
25 cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to
26 124.512.

27 (18) "Community mental health services program" means a

1 program operated under chapter 2 as a county community mental
2 health agency, a community mental health authority, or a community
3 mental health organization.

4 (19) "Consent" means a written agreement executed by a
5 recipient, a minor recipient's parent, or a recipient's legal
6 representative with authority to execute a consent, or a verbal
7 agreement of a recipient that is witnessed and documented by an
8 individual other than the individual providing treatment.

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

14 (21) "Department" means the department of health and human
15 services.

16 (22) "Department-designated community mental health entity"
17 means the community mental health authority, community mental
18 health organization, community mental health services program,
19 county community mental health agency, or community mental health
20 regional entity designated by the department to represent a region
21 of community mental health authorities, community mental health
22 organizations, community mental health services programs, or county
23 community mental health agencies.

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

25 (a) An adult foster care facility.

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

1 ~~333.22260-333.21701 TO 333.21799E.~~

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

4 ~~333.22260-333.21301 TO 333.21335.~~

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

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

9 (b) A paramedic licensed or otherwise authorized under part
10 209 of the public health code, 1978 PA 368, MCL 333.20901 to
11 333.20979.

12 (c) A physician's assistant licensed or otherwise authorized
13 under part 170 or 175 of the public health code, 1978 PA 368, MCL
14 333.17001 to 333.17084 and 333.17501 to 333.17556.

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

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

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

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

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

25 (iii) Is likely to continue indefinitely.

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

1 (A) Self-care.

2 (B) Receptive and expressive language.

3 (C) Learning.

4 (D) Mobility.

5 (E) Self-direction.

6 (F) Capacity for independent living.

7 (G) Economic self-sufficiency.

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

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

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

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

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

25 (a) Severely mentally impaired.

26 (b) Severely multiply impaired.

27 (c) Autistic impaired and receiving special education services

1 in a program designed for the autistic impaired under subsection
 2 (1) of R 340.1758 of the Michigan ~~administrative code~~
 3 **ADMINISTRATIVE CODE** or in a program designed for the severely
 4 mentally impaired or severely multiply impaired.

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

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

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

17 (c) The individual has mental illness that has impaired his or
 18 her judgment so that the individual is unable to understand his or
 19 her need for treatment ~~, and that impaired judgment, on the basis~~
 20 ~~of competent clinical opinion, presents a substantial risk of~~
 21 ~~significant physical or mental harm to the individual in the near~~
 22 ~~future or presents a substantial risk of significant physical harm~~
 23 ~~to others in the near future.~~ **AND PRESENTS A RISK OF HARM.**

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

27 Sec. 400. As used in this chapter, unless the context requires

1 otherwise:

2 (a) "Clinical certificate" means the written conclusion and
3 statements of a physician or a licensed psychologist that an
4 individual is a person requiring treatment, together with the
5 information and opinions, in reasonable detail, that underlie the
6 conclusion, on the form prescribed by the department or on a
7 substantially similar form.

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

10 (c) "Court" means the probate court or the court with
11 responsibility with regard to mental health services for the county
12 of residence of the subject of a petition, or for the county in
13 which the subject of a petition was found.

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

16 (i) The execution of an application for voluntary
17 hospitalization by the individual or by a patient advocate
18 designated under the estates and protected individuals code, 1998
19 PA 386, MCL 700.1101 to ~~700.8102~~, **700.8206**, to make mental health
20 treatment decisions for the individual.

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

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

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

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

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

2 (f) "Involuntary mental health treatment" means court-ordered
3 hospitalization, ~~alternative~~**ASSISTED OUTPATIENT** treatment, or
4 combined hospitalization and ~~alternative~~**ASSISTED OUTPATIENT**
5 treatment as described in section 468.

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

10 (h) "Preadmission screening unit" means a service component of
11 a community mental health services program established under
12 section 409.

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

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

21 (k) "Subject of a petition" means an individual regarding whom
22 a petition has been filed with the court asserting that the
23 individual is or is not a person requiring treatment or for whom an
24 objection to involuntary mental health treatment has been made
25 under section 484.

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

1 (a) An individual who has mental illness, and who as a result
2 of that mental illness can reasonably be expected within the near
3 future to intentionally or unintentionally seriously physically
4 injure himself, herself, or another individual, and who has engaged
5 in an act or acts or made significant threats that are
6 substantially supportive of the expectation.

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

13 (c) An individual who has mental illness, whose judgment is so
14 impaired by that mental illness that he or she is unable to
15 understand his or her need for treatment, and whose impaired
16 judgment, on the basis of competent clinical opinion, presents a
17 substantial risk of ~~significant physical or mental harm. to the~~
18 ~~individual in the near future or presents a substantial risk of~~
19 ~~physical harm to others in the near future.~~

20 ~~—— (d) An individual who has mental illness, whose understanding~~
21 ~~of the need for treatment is impaired to the point that he or she~~
22 ~~is unlikely to voluntarily participate in or adhere to treatment~~
23 ~~that has been determined necessary to prevent a relapse or harmful~~
24 ~~deterioration of his or her condition, and whose noncompliance with~~
25 ~~treatment has been a factor in the individual's placement in a~~
26 ~~psychiatric hospital, prison, or jail at least 2 times within the~~
27 ~~last 48 months or whose noncompliance with treatment has been a~~

~~factor in the individual's committing 1 or more acts, attempts, or threats of serious violent behavior within the last 48 months. An individual under this subdivision is only eligible to receive assisted outpatient treatment.~~

(2) An individual whose mental processes have been 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 clinically suitable for hospitalization by the hospital director.

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

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

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

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

1 preadmission screening unit shall provide appropriate referral
2 services.

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

7 (6) A preadmission screening unit shall assess and examine, or
8 refer to a hospital for examination, an individual who is brought
9 to the unit by a peace officer or ordered by a court to be
10 examined. If the individual meets the requirements for
11 hospitalization, the preadmission screening unit shall designate
12 the hospital to which the individual shall be admitted. The
13 preadmission screening unit shall consult with the individual and,
14 if the individual agrees, it shall consult with the individual's
15 family member of choice, if available, as to the preferred hospital
16 for admission of the individual.

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

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

27 (a) A petition for a determination that an individual is a

1 person requiring treatment, a clinical certificate executed by a
2 physician or a licensed psychologist, and a clinical certificate
3 executed by a psychiatrist.

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

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

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

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

15 Sec. 455. (1) The subject of a petition has the right to be
16 present at all hearings. This right may be waived by a waiver of
17 attendance signed by the subject of a petition, witnessed by his or
18 her legal counsel, and filed with the court or it may be waived in
19 open court at a scheduled hearing. The subject's right to be
20 present at a hearing is considered waived by the subject's failure
21 to attend the hearing after receiving notice required by section
22 453 and any applicable court rule, providing the subject has had an
23 opportunity to consult with counsel as required under section 454.
24 The court may exclude the subject from a hearing if the subject's
25 behavior at the hearing makes it impossible to conduct the hearing.
26 The court shall enter on the record its reasons for excluding the
27 subject of a petition from the hearing. The subject's presence may

1 be waived by the court if there is testimony by a physician or
2 licensed psychologist who has recently observed the subject that
3 the subject's attendance would expose him or her to serious risk of
4 physical harm.

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

8 (3) The subject of a petition under section 434 who is
9 hospitalized pending the court hearing, within 72 hours after the
10 petition and clinical certificates have been filed with the court,
11 shall meet with legal counsel, a treatment team member assigned by
12 the hospital director, a person assigned by the executive director
13 of the responsible community mental health services program or
14 other program as designated by the department, and, if possible, a
15 person designated by the subject of the petition, in order to be
16 informed of all of the following:

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

18 (b) The nature and possible consequences of commitment
19 procedures.

20 (c) The proposed plan of treatment in the community consisting
21 of either an alternative to hospitalization or a combination of
22 hospitalization and ~~alternative~~ **ASSISTED OUTPATIENT** treatment with
23 hospitalization not to exceed 60 days.

24 (d) The right to request that the hearing be temporarily
25 deferred, with a continuing right to demand a hearing during the
26 deferral period. The deferral period shall be 60 days if the
27 individual chooses to remain hospitalized, or 90 days if the

1 individual chooses ~~alternative-OUTPATIENT~~ treatment or a
2 combination of hospitalization and ~~alternative treatment.~~

3 **OUTPATIENT TREATMENT.**

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

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

11 (6) The subject of a petition under section 434 who is
12 hospitalized pending the court hearing may file with the court a
13 request to temporarily defer the hearing for not longer than 60
14 days if the individual chooses to remain hospitalized, or 90 days
15 if the individual chooses ~~alternative-OUTPATIENT~~ treatment or a
16 combination of hospitalization and ~~alternative-OUTPATIENT~~
17 treatment. The request shall include a stipulation that the
18 individual agrees to remain hospitalized and to accept treatment as
19 may be prescribed for the deferral period, ~~or~~ to accept and follow
20 the proposed plan of treatment as described in subsection (3)(c)
21 for the deferral period, **OR TO ACCEPT AND FOLLOW THE PROPOSED PLAN**
22 **FOR OUTPATIENT TREATMENT**, and further agrees that at any time the
23 individual may refuse treatment and demand a hearing under section
24 452. The request to temporarily defer the hearing shall be on a
25 form provided by the department and signed by the individual in the
26 presence of his or her legal counsel and shall be filed with the
27 court by legal counsel.

1 (7) Upon receipt of the request and stipulation under
2 subsection (6), the court shall temporarily defer the hearing.
3 During the deferral period, both the original petition and the
4 clinical certificates remain valid. If the hearing is convened, the
5 court may require additional clinical certificates and information
6 from the provider. The court shall retain continuing jurisdiction
7 during the deferral period.

8 (8) Upon receipt of a copy of the request to temporarily defer
9 the hearing under subsection (6), if the individual has agreed to
10 remain hospitalized, the hospital director shall treat the
11 individual as a formal voluntary patient without requiring the
12 individual to sign formal voluntary admission forms. If the
13 individual, at any time during the period in which the hearing is
14 being deferred, refuses the prescribed treatment or requests a
15 hearing, either in writing or orally, treatment shall cease, the
16 hospitalized individual shall remain hospitalized with the status
17 of the subject of a petition under section 434, and the court shall
18 be notified to convene a hearing under section 452(1)(d).

19 (9) Upon receipt of a copy of the request to temporarily defer
20 the hearing under subsection (6), if the individual has agreed to
21 participate in an alternative to hospitalization in the community,
22 the hospital director shall release the individual from the
23 hospital to the ~~alternative~~**OUTPATIENT** treatment provider. If the
24 individual, at any time during the deferral period, refuses the
25 prescribed treatment or requests a hearing, either in writing or
26 orally, treatment shall cease and the court shall be notified to
27 convene a hearing under section 452(1)(d). Upon notification, the

1 court shall, if necessary, order a peace officer to transport the
2 individual to the hospital where the individual shall remain until
3 the hearing is convened. The individual shall be given the status
4 of the subject of a petition under section 434.

5 (10) If the individual has remained hospitalized and if, not
6 earlier than 14 days nor later than 7 days before the expiration of
7 the deferral period, the hospital director believes that the
8 condition of the individual is such that he or she continues to
9 require treatment, and believes that the individual will not agree
10 to sign a formal voluntary admission request or is considered by
11 the hospital not to be suitable for voluntary admission, the
12 hospital director shall notify the court to convene a hearing under
13 section 452(1)(d).

14 (11) If the individual is participating in an alternative to
15 hospitalization in the community as described in subsection (3)(c)
16 and if, not earlier than 14 days nor later than 7 days before the
17 expiration of the deferral period, the executive director of the
18 community mental health services program responsible for the
19 treatment that is an alternative to hospitalization believes that
20 the condition of the individual is such that he or she continues to
21 require treatment, and believes that the individual will not agree
22 to accept treatment voluntarily or is considered by the ~~alternative~~
23 **OUTPATIENT** treatment program provider not suitable for voluntary
24 treatment, the executive director shall notify the court to convene
25 a hearing under section 452(1)(d).

26 Sec. 461. (1) ~~Except as otherwise provided in this section, an~~
27 **AN** individual may not be found to require treatment unless at least

1 1 physician or licensed psychologist who has personally examined
2 that individual testifies in person or by written deposition at the
3 hearing.

4 (2) For a petition filed under section ~~434(6)~~ that was not
5 accompanied by, or that has not subsequently been supplemented by,
6 a psychiatrist's clinical certificate, **434(7)**, an individual may
7 not be found to require treatment unless at least 1 physician, ~~or~~
8 licensed psychologist, ~~and 1~~ **OR** psychiatrist who ~~have~~ **HAS**
9 personally examined that individual ~~testify~~ **TESTIFIES** in person or
10 by written deposition at the hearing. **THE REQUIREMENT FOR TESTIMONY**
11 **GIVEN IN PERSON OR BY WRITTEN DEPOSITION MAY BE WAIVED BY THE**
12 **SUBJECT OF THE PETITION. IF THE TESTIMONY GIVEN IN PERSON OR BY**
13 **WRITTEN DEPOSITION IS WAIVED, A CLINICAL CERTIFICATE COMPLETED BY A**
14 **PHYSICIAN, LICENSED PSYCHOLOGIST, OR PSYCHIATRIST MUST BE PRESENTED**
15 **TO THE COURT BEFORE OR AT THE INITIAL HEARING.**

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

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

1 Sec. 464a. (1) Upon entry of a court order directing that an
2 individual be involuntarily hospitalized under this chapter or that
3 an individual involuntarily undergo a program of ~~alternative~~
4 **ASSISTED OUTPATIENT** treatment or a program of combined
5 hospitalization and ~~alternative~~**ASSISTED OUTPATIENT** treatment under
6 this chapter, the court shall immediately order the department of
7 state police to enter the court order into the law enforcement
8 information network. The department of state police shall remove
9 the court order from the law enforcement information network only
10 upon receipt of a subsequent court order for that removal.

11 (2) The department of state police shall immediately enter an
12 order described in subsection (1) into the law enforcement
13 information network or shall immediately remove an order from the
14 law enforcement information network as ordered by the court under
15 this section.

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

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

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

26 (a) Order the individual hospitalized in a hospital
27 recommended by the community mental health services program or

1 other entity as designated by the department.

2 (b) Order the individual hospitalized in a private or veterans
3 administration hospital at the request of the individual or his or
4 her family, if private or federal funds are to be utilized and if
5 the hospital agrees. If the individual is hospitalized in a private
6 or Veterans Administration hospital under this subdivision, any
7 financial obligation for the hospitalization shall be satisfied
8 from funding sources other than the community mental health
9 services program, the department, or other state or county funding.

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

14 (C) ~~(d)~~ Order the individual to undergo a program of combined
15 hospitalization and ~~alternative~~ **ASSISTED OUTPATIENT** treatment or
16 hospitalization and assisted outpatient treatment, as recommended
17 by the community mental health services program or other entity as
18 designated by the department.

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

26 (i) Medication.

27 (ii) Blood or urinalysis tests to determine compliance with or

1 effectiveness of prescribed medication.

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

3 (iv) Day or partial day programs.

4 (v) Educational or vocational training.

5 (vi) Supervised living.

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

7 (viii) Substance use disorder treatment.

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

13 (x) Any other services prescribed to treat the individual's
14 mental illness and either to assist the individual in living and
15 functioning in the community or to help prevent a relapse or
16 deterioration that may reasonably be predicted to result in suicide
17 or the need for hospitalization.

18 (3) In developing an assisted outpatient treatment order, the
19 court shall consider any preference or medication experience
20 reported by the individual or his or her designated representative,
21 whether or not the individual has an existing individual plan of
22 services under section 712, and any direction included in a durable
23 power of attorney or advance directive that exists.

24 (4) Before an order of assisted outpatient treatment expires,
25 if the individual has not previously designated a patient advocate
26 or executed a durable power of attorney or an advance directive,
27 the responsible community mental health services program or other

1 entity as designated by the department shall ascertain whether the
2 individual desires to establish a durable power of attorney or an
3 advance directive. If so, the community mental health services
4 program or other entity as designated by the department shall
5 direct the individual to the appropriate community resource for
6 assistance in developing a durable power of attorney or an advance
7 directive.

8 (5) If an order for assisted outpatient treatment conflicts
9 with the provisions of an existing durable power of attorney,
10 advance directive, or individual plan of services developed under
11 section 712, the assisted outpatient treatment order shall be
12 reviewed for possible adjustment by a psychiatrist not previously
13 involved with developing the assisted outpatient treatment order.
14 If an order for assisted outpatient treatment conflicts with the
15 provisions of an existing advance directive, durable power of
16 attorney, or individual plan of services developed under section
17 712, the court shall state the court's findings on the record or in
18 writing if the court takes the matter under advisement, including
19 the reason for the conflict.

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

27 (a) Determine whether a treatment program that is an

1 alternative to hospitalization or that follows an initial period of
2 hospitalization is adequate to meet the individual's treatment
3 needs and is sufficient to prevent harm that the individual may
4 inflict upon himself or herself or upon others within the near
5 future.

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

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

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

1 individual to the hospital selected.

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

5 Sec. 472a. (1) Upon the filing of a petition under section 434
6 and a finding that an individual is a person requiring treatment,
7 the court shall issue an initial order of involuntary mental health
8 treatment that shall be limited in duration as follows:

9 (a) An initial order of hospitalization shall not exceed 60
10 days.

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

13 ~~— (c) Except as provided in subdivision (e), an initial order of~~
14 ~~combined hospitalization and alternative treatment shall not exceed~~
15 ~~90 days. The hospitalization portion of the initial order shall not~~
16 ~~exceed 60 days.~~

17 **(B)** ~~(d)~~ An initial order of assisted outpatient treatment
18 shall not exceed 180 days.

19 **(C)** ~~(e)~~ An initial order of combined hospitalization and
20 assisted outpatient treatment shall not exceed 180 days. The
21 hospitalization portion of the initial order shall not exceed 60
22 days.

23 (2) Upon the receipt of a petition under section 473 before
24 the expiration of an initial order under subsection (1) and a
25 finding that the individual continues to be a person requiring
26 treatment, the court shall issue a second order for involuntary
27 mental health treatment that shall ~~be limited in duration as~~

1 follows:

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

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

6 ~~—— (c) A second order of combined hospitalization and alternative~~
7 ~~treatment or hospitalization and assisted outpatient treatment~~
8 ~~shall not exceed 1 year. The hospitalization portion of the second~~
9 ~~order shall not exceed 90 days.~~

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

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

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

19 ~~—— (c) A continuing order of combined hospitalization and~~
20 ~~alternative treatment or hospitalization and assisted outpatient~~
21 ~~treatment shall not exceed 1 year. The hospitalization portion of a~~
22 ~~continuing order for combined hospitalization and alternative~~
23 ~~treatment or hospitalization and assisted outpatient treatment~~
24 ~~shall not exceed 90 days.~~

25 (4) Upon the receipt of a petition under section 473 before
26 the expiration of a continuing order of involuntary mental health
27 treatment, including a continuing order issued under section 485a

1 or a 1-year order of hospitalization issued under former section
2 472, and a finding that the individual continues to be a person
3 requiring treatment, the court shall issue another continuing order
4 for involuntary mental health treatment as provided in subsection
5 (3) for a period not to exceed 1 year. The court shall continue to
6 issue consecutive 1-year continuing orders for involuntary mental
7 health treatment under this section until a continuing order
8 expires without a petition having been filed under section 473 or
9 the court finds that the individual is not a person requiring
10 treatment.

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

18 Sec. 473. Not less than 14 days before the expiration of an
19 initial, second, or continuing order of involuntary mental health
20 treatment issued under section 472a or section 485a, a hospital
21 director or an agency or mental health professional supervising an
22 individual's ~~alternative treatment or~~ assisted outpatient treatment
23 shall file a petition for a second or continuing order of
24 involuntary mental health treatment if the hospital director or
25 supervisor believes the individual continues to be a person
26 requiring treatment and that the individual is likely to refuse
27 treatment on a voluntary basis when the order expires. The petition

1 shall contain a statement setting forth the reasons for the
2 hospital director's or supervisor's or their joint determination
3 that the individual continues to be a person requiring treatment, a
4 statement describing the treatment program provided to the
5 individual, the results of that course of treatment, and a clinical
6 estimate as to the time further treatment will be required. The
7 petition shall be accompanied by a clinical certificate executed by
8 a psychiatrist.

9 Sec. 474. (1) If an individual is subject to a combined order
10 of hospitalization and ~~either alternative treatment or assisted~~
11 outpatient treatment, the decision to release the individual from
12 the hospital to the ~~alternative treatment program or assisted~~
13 outpatient treatment program shall be a clinical decision made by a
14 psychiatrist designated by the hospital director in consultation
15 with the director of the ~~alternative treatment program or the~~
16 assisted outpatient treatment program. If the hospital is operated
17 by or under contract with the department or a community mental
18 health services program and private payment arrangements have not
19 been made, the decision shall be made in consultation with the
20 treatment team designated by the executive director of the
21 community mental health services program. Notice of the return of
22 the individual to the ~~alternative treatment program or to the~~
23 assisted outpatient treatment program shall be provided to the
24 court with a statement from a psychiatrist explaining the belief
25 that the individual is clinically appropriate for ~~alternative~~
26 ~~treatment or assisted outpatient treatment~~. At least 5 days before
27 releasing an individual from the hospital to the ~~alternative~~

1 ~~treatment program or~~ assisted outpatient treatment program, the
2 hospital director shall notify the agency or mental health
3 professional that is responsible to supervise the individual's
4 ~~alternative treatment program or~~ assisted outpatient treatment
5 program that the individual is about to be released. The hospital
6 shall share relevant information about the individual with the
7 supervising agency or professional for the purpose of providing
8 continuity of treatment.

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

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

1 the ~~alternative treatment program or~~ assisted outpatient treatment
2 program.

3 (4) The court shall make a decision within 48 hours after
4 receipt of a written appeal under subsection (2) or a petition
5 under subsection (3). The court shall consider information provided
6 by both parties and may appoint a psychiatrist to provide an
7 independent clinical examination.

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

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

1 himself or herself or upon others, then the supervising agency or
2 mental health professional shall notify the court immediately. If
3 the individual believes that the ~~alternative~~**ASSISTED OUTPATIENT**
4 treatment program is not appropriate, the individual may notify the
5 court of that fact.

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

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

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

1 return to the hospital, a peace officer shall take the individual
2 into protective custody and transport the individual to the
3 hospital selected.

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

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

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

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

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

1 (5) The court may direct peace officers to transport the
2 individual to a designated facility or a preadmission screening
3 unit, as applicable, and the court may specify conditions under
4 which the individual may return to assisted outpatient treatment
5 before the order expires.

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

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

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

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

27 (2) Upon termination of ~~alternative~~**ASSISTED OUTPATIENT**

1 treatment or combined hospitalization and ~~alternative~~**ASSISTED**
2 **OUTPATIENT** treatment, the court shall be notified by the provider
3 of the treatment.

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

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

24 Sec. 489. (1) No determination that a person requires
25 treatment, no order of court authorizing hospitalization or
26 ~~alternative~~**ASSISTED OUTPATIENT** treatment, nor any form of
27 admission to a hospital ~~shall give~~**GIVES** rise to a presumption of,

1 ~~constitute~~**CONSTITUTES** a finding of, or ~~operate~~**OPERATES** as an
2 adjudication of legal incompetence.

3 (2) No order of commitment under any previous statute of this
4 state, ~~shall,~~ in the absence of a concomitant appointment of a
5 guardian, ~~constitute~~**CONSTITUTES** a finding of or ~~operate~~**OPERATES**
6 as an adjudication of legal incompetence.

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