

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

CHAPTER 2A
SUBSTANCE USE DISORDER SERVICES

330.1260 Definitions; implementation and completion of changes.

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

- (a) "Child" means an individual less than 14 years of age.
- (b) "Court" means the probate court for the county in which an individual, for whom a request for substance use disorder treatment and rehabilitation services has been made or a petition for involuntary treatment has been filed, either resides or is found.
- (c) "Health professional" means an individual licensed or otherwise authorized to engage in a health profession under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, and whose scope of practice includes the diagnosis and treatment of individuals with a substance use disorder.
- (d) "Hospital" means a hospital licensed under part 215 of the public health code, 1978 PA 368, MCL 333.21501 to 333.21571.
- (e) "Minor" means an individual 14 or more years of age and less than 18 years of age.
- (f) "Person in loco parentis" means an individual who is not the parent or guardian of a child or minor but who has legal custody of the child or minor and is providing support and care for the child or minor.
- (g) "Petitioner" means a person that institutes a proceeding under section 281a.
- (h) "Physiological dependency" means addiction to alcohol or drugs that alters the body's physical or psychological status, or both.
- (i) "Program" means a hospital, clinic, organization, or health professional licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use disorder services.
- (j) "Respondent" means an individual alleged in a petition filed under section 281a to be an individual who has a substance use disorder and who may be ordered under section 281b or 281c to undergo involuntary treatment.

(2) The department shall begin implementation of the changes made to this chapter by 2012 PA 500 not later than October 1, 2013 and shall have the changes completed by not later than October 1, 2014.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1261 Records; confidentiality; disclosure.

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1262 Person subject of record; consent to disclose content; revocation; form of authorization or revocation.

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

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1263 Consent to disclose not given; limitations.

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

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

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1264 Authorization of services; consent by minor; informing spouse, parent, guardian, or person in loco parentis; legal responsibility for services.

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1265 Request for services for minor by parents or person in loco parentis; diagnostic evaluation; detoxification services; performance of services without minor's consent; use of psychotropic drugs.

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

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

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

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

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

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

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1266 Petition requesting court determination whether services necessary for minor; appointment of guardian ad litem; notice of hearing; right to independent diagnostic evaluation; hearing; determinations; confidentiality of court records.

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

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

- (a) The minor's parents or person in loco parentis to the minor.
 - (b) The minor.
 - (c) The program director.
 - (d) The guardian ad litem for the minor.
- (3) A minor has the right to an independent diagnostic evaluation by a program.

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

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

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1267 Treatment plan; review; transmission of review results; objection by minor; discharge of minor from program.

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

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

- (a) The minor.
- (b) The minor's parent or person in loco parentis to the minor.
- (c) The minor's guardian ad litem.
- (d) The court.

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1268 Receipt of objection; hearing; notice of hearing; actions by court.

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

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

(d) The program director.

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1269 Department-designated community mental health entity and community mental health services program provider network; ability to contract for and spend funds; purposes.

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1270 Duties of department.

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

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

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

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

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1271 Additional duties of department.

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1272 Additional duties of department.

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

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

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

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

(d) Organize, sponsor, and fund training programs for persons directly or indirectly engaged in the

treatment, rehabilitation, and prevention of substance use disorder.

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1273 Additional duties and powers of department; duty of department-designated community mental health entities and community mental health services program provider networks to ensure applicants are licensed.

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

- (a) Annually establish program priority for funding for the next fiscal year.
- (b) Establish guidelines for project applications.
- (c) Promulgate rules concerning matching requirements for state alcoholism and drug abuse treatment grants. The rules shall be reviewed every 2 years.

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1273a Grant program for high schools designated for students recovering from substance abuse disorder.

Sec. 273a. Subject to appropriation, the department shall create and operate a grant program to provide grants to high schools that are specifically designated for students recovering from a substance use disorder. Each year from available funds, the department shall award grants under this section to support the costs of counselors, therapeutic staff, and recovery coaching staff at high schools described in this section. In granting an application, the department shall place a priority based on the applicant's cost of providing substance use disorder counselors. Each grant that the department awards under this section shall not exceed \$150,000.00 per applicant.

History: Add. 2020, Act 402, Eff. Mar. 24, 2021.

330.1273b Competitive grant program for recovery community organizations.

Sec. 273b. Subject to appropriation, the department shall create and operate a competitive grant program to provide grants to recovery community organizations. Each year from available funds, the department shall award grants under this section to recovery community organizations to offer or expand recovery support center services or recovery community center services to individuals seeking long-term recovery from substance use disorders. Each grant that the department awards under this section shall not exceed \$150,000.00 per applicant. In awarding a grant, the department shall place priority on recovery community organizations that do all of the following:

- (a) Provide recovery support navigation that includes the following:
 - (i) Multiple recovery pathways.
 - (ii) Assistance for individuals navigating recovery resources such as detoxification, treatment, recovery housing, support groups, peer support, and family support.
 - (iii) The promotion of community wellness and engagement.
 - (iv) Recovery advocacy that provides hope and encourages recovery.
 - (v) A peer-led, peer-driven organization that offers recovery to any individual seeking recovery from addiction.
- (b) Provide recovery outreach education that includes the following:
 - (i) On-site recovery education in the workplace.
 - (ii) All-staff employee meetings.
 - (iii) On-site support for employees and family members.
 - (iv) Connections for employees and family members of employees suffering from addiction to local recovery resources such as treatment, recovery housing, and support groups.
 - (v) Connections with employers to provide recovery advocacy.

- (c) Provide recovery activities and events that include the following:
 - (i) Safe, ongoing recovery activities and events.
 - (ii) Opportunities to volunteer and participate in activities and events.
 - (iii) Opportunities for family members and supporters of recovery to be involved.
 - (iv) Meetings and activities on nutrition, health, and wellness.
 - (v) Meetings and activities on mindfulness, meditation, and yoga.

History: Add. 2020, Act 402, Eff. Mar. 24, 2021.

330.1274 Duty of department-designated community mental health entity to assume responsibility for providing services for county or multicounty region.

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

- (a) Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the department.
- (b) Review and comment to the department of licensing and regulatory affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.
- (c) Provide technical assistance for local substance use disorder service programs.
- (d) Collect and transfer data and financial information from local programs to the department of licensing and regulatory affairs.
- (e) Submit an annual budget request to the department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the department.
- (f) Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.
- (g) Annually evaluate and assess substance use disorder services in the department-designated community mental health entity in accordance with guidelines established by the department.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1274a Uniform substance use disorder credentialing program; duties of department; compliance; definitions.

Sec. 274a. (1) The department shall do all of the following:

- (a) Establish, maintain, and revise, as necessary, a uniform substance use disorder credentialing program for state department or agency use as required in this section. In complying with this subsection, the department may consult with other state departments and agencies that are required to comply with the program under this section.
- (b) Ensure that the uniform credentialing program does all of the following:
 - (i) Creates uniformity in this state to streamline the provision of substance use disorder services by state departments and agencies and to enhance workforce development, training education, and service delivery.
 - (ii) Eliminates any hardship surrounding the functioning and operation of substance use disorder services provided by state departments and agencies to residents of this state.
 - (iii) Establishes a uniform credentialing requirement for individuals who provide substance use disorder services through a state department or agency.
 - (iv) Promotes policies that support adequate staffing and evidence-based skills or training to meet the needs of the residents of this state and the state departments and agencies that provide substance use disorder services.
 - (v) Complies with the national certification standards for substance use disorder counselors and prevention professionals.
 - (vi) Meets the needs of the populations served by each state department or agency that provides, either directly or through a contract, substance use disorder services to residents of this state.
- (c) By 6 months after the effective date of this section and annually after that date, submit a report to the legislature that describes its activities under this section, including the establishment of and any revisions to the uniform credentialing program.

(2) A state department or agency that provides, either directly or through a contract, substance use disorder services to residents of this state shall comply with the uniform credentialing program. On and after the date the uniform credentialing program is certified by the director of the department as in full force and effect, the

state department or agency subject to this subsection shall ensure that all of its forms, processes, and contracts it uses and that relate to its provision of substance use disorder services comply with the uniform credentialing program.

(3) As used in this section:

(a) "Substance use disorder services" means substance use disorder prevention services or substance use disorder treatment and rehabilitation services.

(b) "Uniform credentialing program" or "program" means the uniform substance use disorder credentialing program established, maintained, and revised as required in subsection (1)(a).

History: Add. 2014, Act 249, Eff. Mar. 31, 2015.

330.1275 Waiting list for services; priority position.

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1276 Individual taken into protective custody by peace officer; transporting individual to approved service program or emergency medical service; lawful force; arrest record prohibited; inability to complete transfer to program or service; commission of misdemeanor; emergency treatment.

Sec. 276. (1) An individual who appears to be incapacitated in a public place shall be taken into protective custody by a peace officer and taken to an approved service program or to an emergency medical service, or to a transfer facility according to subsection (4) for subsequent transportation to an approved service program or emergency medical service. Except as otherwise provided in this subsection, if requested by a peace officer, an emergency service unit or staff shall provide transportation for the individual to an approved service program or an emergency medical service. This subsection does not apply to the transportation of an individual by an emergency service unit or staff if the peace officer reasonably believes that the individual will attempt escape or will be unreasonably difficult for staff to control.

(2) A peace officer may take an individual into protective custody with that kind and degree of force that is lawful for the officer to arrest that individual for a misdemeanor without a warrant. In taking the individual, a peace officer may take reasonable steps to protect himself or herself. The protective steps may include a pat-down search of the individual in his or her immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapon that may on that occasion be used against the officer or other individuals present. The peace officer shall take these protective steps before an emergency service unit or staff provides transportation of an individual to an approved service program or emergency medical service.

(3) The taking of an individual to an approved service program, emergency medical service, or transfer facility under subsection (1) is not an arrest, but is a taking into protective custody with or without consent of the individual. The peace officer shall inform the individual that he or she is being held in protective custody and is not under arrest. An entry or other record shall not be made to indicate that the individual was arrested or charged with either a crime or being incapacitated. An entry shall be made indicating the date, time, and place of the taking, but the entry shall not be treated for any purpose as an arrest or criminal record.

(4) An individual taken into protective custody under subsection (1) may be taken to a transfer facility for not more than 8 hours, if an approved service program or an emergency medical service is not located in that county and if, due to distance or other circumstances, a peace officer is unable to complete transport of the individual to an approved service program or emergency medical service. The peace officer or agency shall immediately notify and request the nearest approved service program or emergency medical service to provide an emergency service unit or staff as soon as possible to transport the individual to that approved service program or emergency medical service. If an emergency service unit or staff is not available for transportation, a peace officer may transport the individual to an approved service program or emergency

medical service. If an emergency service unit or staff is to provide transportation, the designated representative of the transfer facility shall assume custody of the individual and shall take all reasonable steps to ensure the individual's health and safety until custody is transferred to the emergency service unit or staff of an approved service program or emergency medical service.

(5) An individual arrested by a peace officer for the commission of a misdemeanor punishable by imprisonment for not more than 3 months, or by a fine of not more than \$500.00, or both, may be taken to an approved service program or an emergency medical service for emergency treatment if the individual appears to be incapacitated at the time of arrest. This treatment is not in lieu of criminal prosecution of the individual for the offense with which the individual is charged and it does not preclude the administration of any tests as provided for by law.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1277 Protective custody; examination by health professional; chemical test; individual found to be incapacitated; treatment from approved program or service.

Sec. 277. (1) An individual who is taken to an approved service program or emergency medical service under section 276(1) shall continue to be in protective custody and shall be examined by a health professional as soon as possible, but not longer than 8 hours. The health professional may conduct a chemical test to determine the amount of alcohol or other drugs in the bloodstream of the individual. The health professional shall inform the individual of his or her right to that test and shall conduct a test at the request of the individual.

(2) An individual who, by medical examination, is found to be incapacitated shall then receive treatment from an approved service program or emergency medical service. An individual shall not be denied treatment solely because the individual has withdrawn from treatment against medical advice on a prior occasion or because the individual has relapsed after earlier treatment. An approved service program or the emergency medical service may arrange for necessary transportation.

(3) Approved service programs are not expected to provide treatment other than that for which they are licensed, nor is an emergency medical service required to provide treatment other than that routinely provided for other patients treated.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1278 Detention of incapacitated individual; discharge to peace officer.

Sec. 278. (1) An individual who is taken to an approved service program or emergency medical service under section 276(1) continues to be in protective custody. Except as otherwise provided in section 281a, 281b, or 281c, the individual shall not be detained once the individual is medically examined and found not to be incapacitated. An individual found by medical examination to be incapacitated shall be detained, except as otherwise provided in section 281a, 281b, or 281c, until the individual is no longer incapacitated or for not more than 72 hours after the individual is taken to the approved service program or emergency medical service. An individual may consent to remain in the program for as long as the health professional in charge believes appropriate.

(2) An individual who is taken to an approved service program or emergency medical service under section 276(5) shall be discharged to a peace officer after the individual is no longer incapacitated. An individual who remains incapacitated at the expiration of 72 hours after the individual has been taken to the approved service program or emergency medical service shall be discharged to a peace officer unless 1 of the following circumstances applies:

(a) The individual agrees to remain in the program longer than 72 hours and the health professional in charge of the program believes it appropriate that the individual remain in the program longer than 72 hours.

(b) An order for involuntary treatment of the individual has been issued under section 281b or 281c.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1279 Release of individual found not to be incapacitated.

Sec. 279. (1) Except as otherwise provided in section 281a, 281b, or 281c, an individual who is brought to an approved service program or emergency medical service under section 276(1) and is found by medical examination not to be incapacitated shall be immediately released and transportation may be arranged by the approved service program or emergency medical service.

(2) Except as otherwise provided in section 281a, 281b, or 281c, an individual who is brought to an approved service program or emergency medical service under section 276(5) and is found by medical examination not to be incapacitated shall be released to a peace officer representing the agency that made the arrest.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1280 Admission of individual held in protective custody; notification of family or designated individual.

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1281 Voluntary admission.

Sec. 281. (1) An individual may voluntarily seek admission at an approved service program or emergency medical service.

(2) The individual shall be examined by a health professional. At the request of the individual, the health professional may order a chemical test to determine the amount of alcohol or other drugs in the bloodstream of the individual.

(3) An individual who, by medical examination, is found to be incapacitated shall then be admitted or referred for treatment. Transportation may be provided to an individual admitted or referred for treatment through the approved service program or the emergency medical service.

(4) The voluntarily admitted individual may leave at any time or may consent to remain as long as the health professional believes appropriate.

(5) If a voluntarily admitted individual is admitted to an approved service program or emergency medical service, the family, next of kin, or someone whom the individual designates, shall be notified as promptly as possible. If an adult requests that there be no notification, the request shall be respected.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1281a Involuntary treatment.

Sec. 281a. (1) A court may order involuntary treatment for an individual who is an adult as provided in this section and sections 281b and 281c. This section and sections 281b and 281c do not apply and sections 264 to 268 apply for an individual who is a minor. A court shall not order involuntary treatment for an individual unless all of the following apply to that individual:

(a) The individual has a substance use disorder as verified by a health professional under section 281b.

(b) The individual presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists.

(c) The individual can reasonably benefit from treatment.

(2) An individual described in this subsection may initiate proceedings for the involuntary treatment of an individual by filing a verified petition in the court and paying a filing fee in the same amount, if any, that is charged for a filing under section 434. A petition and all subsequent documents filed in the court under this subsection must be entitled: "In the interest of (name of respondent)". Any of the following individuals may file a petition under this subsection:

(a) The spouse of the respondent.

(b) A family member of the respondent.

(c) The guardian of the respondent.

(d) A health professional.

(3) A petitioner shall include all of the following in a petition filed under this section:

(a) The petitioner's name and residence address or, if the petitioner is a health professional, his or her business address.

(b) The petitioner's source of authority under subsection (2) to file the petition, including the petitioner's relationship to the respondent.

(c) The respondent's name, residence address, and current location, if known.

(d) The name and residence address of the respondent's parents, if living and if known.

(e) The name and residence address of the respondent's guardian, if any and if known.

(f) The name and residence address of the respondent's spouse, if any and if known.

(g) The name and residence address of the respondent's adult children, if any and if known.

(h) The name and residence address of the individual who has custody of the respondent, if any and if known. If no individual is known under this subdivision, the name and residence address of any other close relative or friend of the respondent, if known.

(i) A description of the facts that lead the petitioner to believe that the respondent has a substance use disorder and presents an imminent danger or imminent threat of danger to self, family, or others as a result of

the substance use disorder, or that a substantial likelihood of the threat of danger in the near future exists if the respondent does not receive treatment.

(j) Except as otherwise provided in subdivision (k), a certified statement of a health professional who has examined the respondent within 2 days before the day the petition is filed under this section. A certified statement under this subdivision must include all of the following:

(i) The health professional's findings in support of the need for involuntary treatment.

(ii) The health professional's statement regarding whether the respondent presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists if the respondent does not receive treatment.

(iii) The health professional's statement regarding whether the respondent can reasonably benefit from treatment.

(iv) The health professional's indication of the type and length of treatment required.

(v) If treatment is indicated under subparagraph (iv), the treatment facilities known to the health professional that are able and willing to provide the recommended treatment. The health professional shall include a disclosure of any ownership interest in or other relationship or affiliation with a facility identified under this subparagraph, if any.

(k) In lieu of a certified statement of a health professional under subdivision (j), a statement that the respondent refused to undergo an examination by a health professional concerning the respondent's possible need for treatment.

(4) A petitioner shall submit with a petition filed under this section the name and address of the person or public or private facility with which the petitioner has arranged for the treatment of the respondent. The petitioner shall include a verification from the person or public or private facility that it has agreed to provide the treatment and the estimated cost of the treatment. Unless waived by the court for good cause, the petitioner shall submit with the petition a guarantee, signed by the petitioner or another individual authorized to submit a petition for the respondent under this section, obligating the guarantor to pay the costs of the examinations under section 281b(2)(e), the costs of the respondent that are associated with a hearing conducted under section 281b and that are determined appropriate by the court, and the costs of any treatment ordered by the court.

(5) An individual who does any of the following is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$5,000.00, or both:

(a) Furnishes false information for the purpose of obtaining an order of involuntary treatment.

(b) Causes or otherwise secures, or conspires with or assists another to cause or secure, without a reason to believe the respondent has a substance use disorder, an order of involuntary treatment.

(c) Causes, or conspires with or assists another to cause, the denial to any individual a right accorded that individual under this chapter.

History: Add. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1281b Involuntary treatment; petition; examination of petitioner under oath; probable cause; duties of court; certification of findings by physician, health professional, or individual conducting independent expert evaluation; hearing; court order; failure of respondent to undergo and complete treatment; contempt of court; finding of no probable cause or withdrawal of petition; dismissal of proceedings; "substance use disorder assessment and diagnosis" defined.

Sec. 281b. (1) Upon receipt of a petition filed under section 281a and the payment of the filing fee, if any, the court shall examine the petitioner under oath as to the contents of the petition.

(2) If, after reviewing the contents of the petition and examining the petitioner under oath, it appears to the court that there is probable cause to believe the respondent may reasonably benefit from treatment, the court shall do all of the following:

(a) Schedule a hearing to be held within 7 days to determine if there is clear and convincing evidence that the respondent may reasonably benefit from treatment.

(b) Notify the respondent and all other individuals named in the petition under section 281a(3)(d) to (h) concerning the allegations and contents of the petition and of the date and the purpose of the hearing.

(c) Notify the respondent that the respondent may retain counsel and, if the respondent is unable to retain counsel, that the respondent may be represented by court-appointed counsel at public expense if the respondent is indigent. Upon the appointment of court-appointed counsel for an indigent respondent, the court shall notify the respondent of the name, address, and telephone number of the court-appointed counsel.

(d) Notify the respondent that the court will cause the respondent to be examined not later than 24 hours

before the hearing date by a physician for the purpose of a physical examination and by an independent health professional for the purpose of a substance use disorder assessment and diagnosis. In addition, the court shall notify the respondent that the respondent may have an independent expert evaluation of his or her physical and mental condition conducted at the respondent's own expense.

(e) Cause the respondent to be examined not later than 24 hours before the hearing date by a physician for the purpose of a physical examination and by an independent health professional for the purpose of a substance use disorder assessment and diagnosis.

(f) Conduct the hearing.

(3) The physician who examined the respondent for the purpose of a physical examination, the health professional who examined the respondent for the purpose of the substance use disorder assessment and diagnosis, and, if applicable, the individual who conducted the independent expert evaluation of the respondent's physical and mental condition at the respondent's expense shall certify his or her findings to the court within 24 hours after the examination. The findings must include a recommendation for treatment if the physician, health professional, or individual determines that treatment is necessary.

(4) If, upon completion of the hearing held under this section, the court finds by clear and convincing evidence that the requirements of section 281a(1) are met, the court may order the involuntary treatment of the respondent after considering the recommendations for treatment that were submitted to the court under subsection (3). If ordered, the court shall order the involuntary treatment to be provided by an approved service program or by a health professional qualified by education and training to provide the treatment.

(5) A respondent who fails to undergo and complete the treatment ordered under subsection (4) is in contempt of court. An approved service program to which or health professional to whom a respondent is ordered for treatment under subsection (4) shall notify the court of a respondent's failure to undergo or complete treatment ordered under subsection (4).

(6) If at any time after a petition is filed under section 281a the court finds that there is not probable cause to order or continue treatment or the petitioner withdraws the petition, the court shall dismiss the proceedings against the respondent.

(7) As used in this section, "substance use disorder assessment and diagnosis" includes an evaluation of all of the following:

(a) Whether the individual has a substance use disorder.

(b) Whether the individual presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or whether a substantial likelihood of the threat of danger in the near future exists.

(c) Whether the individual can reasonably benefit from treatment.

History: Add. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1281c Holding respondent for treatment; court order; period of time; release from program; transfer to less-restrictive program; holding respondent in jail pending transportation to program or evaluation; summons; submission of list of programs and health professionals.

Sec. 281c. (1) Following an examination by a health professional under section 281b and a certification by that health professional that the requirements of section 281a(1) are met, a court may order the respondent held for treatment for a period not to exceed 72 hours if the court finds by clear and convincing evidence that the person presents an imminent danger or imminent threat of danger to self, family, or others as a result of a substance use disorder. If the hearing to be held under section 281b will not be held within that 72-hour period, the court may order the respondent held for treatment until the hearing. In making its order, the court must inform the respondent that the respondent may immediately make a reasonable number of telephone calls or use other reasonable means to contact an attorney, a physician, or a health professional; to contact any other person to secure representation by counsel; or to obtain medical or psychological assistance and that the respondent will be provided assistance in making calls if the assistance is needed and requested.

(2) A program in which a respondent is being held under subsection (1) must release the respondent from the program immediately upon the expiration of the time period established by the court for the treatment under subsection (1). If determined appropriate by the court with the assistance of health professionals, a respondent may be transferred from a more-restrictive program setting to a less-restrictive program setting for the treatment ordered under this section.

(3) A respondent ordered held under this section shall not be held in jail pending transportation to the program or evaluation unless the court previously has found the respondent to be in contempt of court for either failure to undergo treatment or failure to appear at the examination ordered under section 281b.

(4) If a court is authorized to issue an order that the respondent be transported to a program, the court may

issue a summons. If the respondent fails to attend an examination scheduled before the hearing under section 281b, the court shall issue a summons. The court shall direct a summons issued to the respondent and shall command the respondent to appear at a time and place specified in the summons. If the respondent who has been summoned fails to appear at the program or the examination, the court may order a peace officer to take the respondent into protective custody. After the respondent is taken into protective custody, a peace officer or security transport officer shall transport the respondent to a program on the list provided under subsection (5) for treatment. The transportation costs of the peace officer or security transport officer must be included in the costs of treatment for substance use disorder to be paid as provided in section 281a(4).

(5) A department-designated community mental health entity on at least an annual basis must submit each of the following lists to the clerk of the court in each county served by the department-designated community mental health entity:

(a) A list of all programs in the counties served by the department-designated community mental health entity that are able and willing to take respondents ordered held for treatment under subsection (1).

(b) A list of programs and health professionals in the counties served by the department-designated community mental health entity that are able and willing to provide treatment for a substance use disorder that is ordered under section 281b.

History: Add. 2014, Act 200, Imd. Eff. June 24, 2014;—Am. 2022, Act 146, Eff. (sine die);—Am. 2022, Act 214, Imd. Eff. Oct. 14, 2022.

330.1282 Criminal or civil liability of peace officer, security transport officer, or medical staff.

Sec. 282. (1) A peace officer, security transport officer, member of the emergency service unit, or staff member of an approved service program or an emergency medical service who acts in compliance with sections 276 to 286 is acting in the course of their official duty and is not criminally or civilly liable as a result.

(2) Subsection (1) does not apply to a peace officer, security transport officer, member of the emergency service unit, or staff member of an approved service program or an emergency medical service who, while acting in compliance with sections 276 to 286, engages in behavior involving gross negligence or willful or wanton misconduct.

(3) Approved service programs, staff of approved service programs, emergency medical services, staff of emergency medical services, peace officers, security transport officers, and emergency service units are not criminally or civilly liable for the subsequent actions of the apparently incapacitated individual who leaves the approved service program or emergency medical service.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014;—Am. 2022, Act 146, Eff. (sine die);—Am. 2022, Act 214, Imd. Eff. Oct. 14, 2022.

330.1283 Inventory and return of possessions.

Sec. 283. An individual taken to or seeking voluntary admission under section 281 to an emergency medical service or a transfer facility or a respondent under an order that is issued under section 281b or 281c shall have his or her possessions inventoried and held in a secure place. These possessions shall be returned to the individual when the individual is released. Contraband discovered in the inventory shall not be returned to the individual.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1284 Payment for treatment or transportation costs.

Sec. 284. (1) If treatment or transportation, or both, is provided by an approved service program, emergency service unit, or emergency medical service, and the individual has not paid the charge for that treatment or transportation, or both, the approved service program, emergency service unit, or emergency medical service is entitled to any payment received by the individual or to which the individual may be entitled because of the services rendered, or entitled to any payment from any public or private source available to the approved service program, emergency service unit, or emergency medical service because of the treatment or transportation, or both, provided to the individual.

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1285 Confidentiality of records.

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1286 Adoption of local law, ordinance, resolution, or rule.

Sec. 286. (1) A city, county, township, or village shall not adopt or enforce a local law, ordinance, resolution, rule, or portion of a local law, ordinance, resolution, or rule that has the force of law and that imposes a civil or criminal penalty for public intoxication or being incapacitated, except as provided in subsection (3) or (4).

(2) A local unit of government shall not interpret or apply any law of general application to circumvent subsection (1).

(3) This section and sections 276 to 285 do not affect a law, ordinance, resolution, or rule against drunken driving, driving under the influence of alcohol or other drugs, or other similar offense involving the operation of a vehicle, snowmobile, aircraft, vessel, machinery, or other equipment, or motorized conveyance, or regarding the sale, purchase, dispensing, possession, transportation, consumption, or use of alcoholic beverages or other drugs at stated times and places, or by a particular class of individuals.

(4) This section and sections 276 to 285 do not prohibit a local unit of government from adopting an ordinance consistent with section 167 of the Michigan penal code, 1931 PA 328, MCL 750.167.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012;—Am. 2014, Act 200, Imd. Eff. June 24, 2014.

330.1287 Department-designated community mental health entity; composition of board; use of funds; contracts; allocation formula; establishment of substance use disorder oversight policy board; report on redistricting of regions; administrative and reporting requirements; entities as coordinating agencies.

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

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

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

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

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

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

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

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

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

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

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

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

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.