

**SUBSTITUTE FOR  
HOUSE BILL NO. 4862**

A bill to amend 1974 PA 258, entitled  
"Mental health code,"  
by amending sections 100a, 100b, 100c, 100d, 161, 208, and 210 (MCL  
330.1100a, 330.1100b, 330.1100c, 330.1100d, 330.1161, 330.1208, and  
330.1210), sections 100a, 100b, and 161 as amended by 2004 PA 499,  
section 100c as amended by 2002 PA 589, and section 100d as added  
and sections 208 and 210 as amended by 1995 PA 290, and by adding  
chapter 2A; and to repeal acts and parts of acts.

**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

1 recipient as those terms are defined in section 520a of the  
2 Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed  
3 by an employee or volunteer of the department, a community mental  
4 health services program, or a licensed hospital or by an employee  
5 or volunteer of a service provider under contract with the  
6 department, community mental health services program, or licensed  
7 hospital.

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

- 10 (a) Communication.
- 11 (b) Self-care.
- 12 (c) Home living.
- 13 (d) Social skills.
- 14 (e) Community use.
- 15 (f) Self-direction.
- 16 (g) Health and safety.
- 17 (h) Functional academics.
- 18 (i) Leisure.
- 19 (j) Work.

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

23 (5) **"ALCOHOL AND DRUG ABUSE COUNSELING" MEANS THE ACT OF**  
24 **COUNSELING, MODIFICATION OF SUBSTANCE USE DISORDER RELATED**  
25 **BEHAVIOR, AND PREVENTION TECHNIQUES FOR INDIVIDUALS WITH SUBSTANCE**  
26 **USE DISORDER, THEIR SIGNIFICANT OTHERS, AND INDIVIDUALS WHO COULD**  
27 **POTENTIALLY DEVELOP A SUBSTANCE USE DISORDER.**

1           (6) ~~(5)~~—"Applicant" means an individual or his or her legal  
2 representative who makes a request for mental health services.

3           (7) **"APPROVED SERVICE PROGRAM" MEANS A SUBSTANCE USE DISORDER**  
4 **SERVICES PROGRAM LICENSED UNDER PART 62 OF THE PUBLIC HEALTH CODE,**  
5 **1978 PA 368, MCL 333.6230 TO 333.6251, TO PROVIDE SUBSTANCE USE**  
6 **DISORDER TREATMENT AND REHABILITATION SERVICES AND DESIGNATED BY**  
7 **THE PREPAID INPATIENT HEALTH PLAN TO DELIVER A SERVICE OR**  
8 **COMBINATION OF SERVICES FOR THE TREATMENT OF INCAPACITATED**  
9 **INDIVIDUALS.**

10           (8) ~~(6)~~—"Assisted outpatient treatment" or "AOT" means the  
11 categories of outpatient services ordered by the court under  
12 section 433 or 469a. Assisted outpatient treatment includes case  
13 management services to provide care coordination. Assisted  
14 outpatient treatment may also include 1 or more of the following  
15 categories of services: medication; periodic blood tests or  
16 urinalysis to determine compliance with prescribed medications;  
17 individual or group therapy; day or partial day programming  
18 activities; vocational, educational, or self-help training or  
19 activities; assertive community treatment team services; alcohol or  
20 substance ~~abuse~~ **USE DISORDER** treatment and counseling and periodic  
21 tests for the presence of alcohol or illegal drugs for an  
22 individual with a history of alcohol ~~or substance abuse~~; **ABUSE OR**  
23 **SUBSTANCE USE DISORDER**; supervision of living arrangements; and any  
24 other services within a local or unified services plan developed  
25 under this act that are prescribed to treat the individual's mental  
26 illness and to assist the individual in living and functioning in  
27 the community or to attempt to prevent a relapse or deterioration

1 that may reasonably be predicted to result in suicide, the need for  
2 hospitalization, or serious violent behavior. The medical review  
3 and direction included in an assisted outpatient treatment plan  
4 shall be provided under the supervision of a psychiatrist.

5 (9) ~~(7)~~—"Board" means the governing body of a community mental  
6 health services program.

7 (10) ~~(8)~~—"Board of commissioners" means a county board of  
8 commissioners.

9 (11) ~~(9)~~—"Center" means a facility operated by the department  
10 to admit individuals with developmental disabilities and provide  
11 habilitation and treatment services.

12 (12) ~~(10)~~—"Certification" means formal approval of a program  
13 by the department in accordance with standards developed or  
14 approved by the department.

15 (13) ~~(11)~~—"Child abuse" and "child neglect" mean those terms  
16 as defined in section 2 of the child protection law, 1975 PA 238,  
17 MCL 722.622.

18 (14) ~~(12)~~—"Child and adolescent psychiatrist" means 1 or more  
19 of the following:

20 (a) A physician who has completed a residency program in child  
21 and adolescent psychiatry approved by the accreditation council for  
22 graduate medical education or the American osteopathic association,  
23 or who has completed 12 months of child and adolescent psychiatric  
24 rotation and is enrolled in an approved residency program as  
25 described in this subsection.

26 (b) A psychiatrist employed by or under contract as a child  
27 and adolescent psychiatrist with the department or a community

1 mental health services program on March 28, 1996, who has education  
2 and clinical experience in the evaluation and treatment of children  
3 or adolescents with serious emotional disturbance.

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

7 (15) ~~(13)~~—"Children's diagnostic and treatment service" means  
8 a program operated by or under contract with a community mental  
9 health services program, that provides examination, evaluation, and  
10 referrals for minors, including emergency referrals, that provides  
11 or facilitates treatment for minors, and that has been certified by  
12 the department.

13 (16) ~~(14)~~—"Community mental health authority" means a separate  
14 legal public governmental entity created under section 205 to  
15 operate as a community mental health services program.

16 (17) ~~(15)~~—"Community mental health organization" means a  
17 community mental health services program that is organized under  
18 the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501  
19 to 124.512.

20 (18) ~~(16)~~—"Community mental health services program" means a  
21 program operated under chapter 2 as a county community mental  
22 health agency, a community mental health authority, or a community  
23 mental health organization.

24 (19) ~~(17)~~—"Consent" means a written agreement executed by a  
25 recipient, a minor recipient's parent, or a recipient's legal  
26 representative with authority to execute a consent, or a verbal  
27 agreement of a recipient that is witnessed and documented by an

1 individual other than the individual providing treatment.

2 (20) ~~(18)~~—"County community mental health agency" means an  
 3 official county or multicounty agency created under section 210  
 4 that operates as a community mental health services program and  
 5 that has not elected to become a community mental health authority  
 6 ~~under section 205~~ or a community mental health organization. ~~under~~  
 7 ~~the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501~~  
 8 ~~to 124.512.~~

9 (21) ~~(19)~~—"Dependent living setting" means all of the  
 10 following:

11 (a) An adult foster care facility.

12 (b) A nursing home licensed under article 17 of the public  
 13 health code, 1978 PA 368, MCL 333.20101 to 333.22260.

14 (c) A home for the aged licensed under article 17 of the  
 15 public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

16 (22) ~~(20)~~—"Department" means the department of community  
 17 health.

18 (23) **"DESIGNATED REPRESENTATIVE" MEANS ANY OF THE FOLLOWING:**

19 (A) **A REGISTERED NURSE OR LICENSED PRACTICAL NURSE LICENSED OR**  
 20 **OTHERWISE AUTHORIZED UNDER PART 172 OF THE PUBLIC HEALTH CODE, 1978**  
 21 **PA 368, MCL 333.17201 TO 333.17242.**

22 (B) **A PARAMEDIC LICENSED OR OTHERWISE AUTHORIZED UNDER PART**  
 23 **209 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.20901 TO**  
 24 **333.20979.**

25 (C) **A PHYSICIAN'S ASSISTANT LICENSED OR OTHERWISE AUTHORIZED**  
 26 **UNDER PART 170 OR 175 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL**  
 27 **333.17001 TO 333.17084 AND 333.17501 TO 333.17556.**

1           (D) AN INDIVIDUAL QUALIFIED BY EDUCATION, TRAINING, AND  
2 EXPERIENCE WHO PERFORMS ACTS, TASKS, OR FUNCTIONS UNDER THE  
3 SUPERVISION OF A PHYSICIAN.

4           (24) ~~(21)~~—"Developmental disability" means either of the  
5 following:

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

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

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

12           (iii) Is likely to continue indefinitely.

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

15           (A) Self-care.

16           (B) Receptive and expressive language.

17           (C) Learning.

18           (D) Mobility.

19           (E) Self-direction.

20           (F) Capacity for independent living.

21           (G) Economic self-sufficiency.

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

26           (b) If applied to a minor from birth to 5 years of age, a  
27 substantial developmental delay or a specific congenital or

1 acquired condition with a high probability of resulting in  
2 developmental disability as defined in subdivision (a) if services  
3 are not provided.

4 (25) ~~(22)~~—"Director" means the director of the department or  
5 his or her designee.

6 (26) ~~(23)~~—"Discharge" means an absolute, unconditional release  
7 of an individual from a facility by action of the facility or a  
8 court.

9 (27) ~~(24)~~—"Eligible minor" means an individual less than 18  
10 years of age who is recommended in the written report of a  
11 multidisciplinary team under rules promulgated by the department of  
12 education to be classified as 1 of the following:

13 (a) Severely mentally impaired.

14 (b) Severely multiply impaired.

15 (c) Autistic impaired and receiving special education services  
16 in a program designed for the autistic impaired under subsection  
17 (1) of R 340.1758 of the Michigan administrative code or in a  
18 program designed for the severely mentally impaired or severely  
19 multiply impaired.

20 (28) ~~(25)~~—"Emergency situation" means a situation in which an  
21 individual is experiencing a serious mental illness or a  
22 developmental disability, or a minor is experiencing a serious  
23 emotional disturbance, and 1 of the following applies:

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

27 (b) The individual is unable to provide himself or herself



1 food, clothing, or shelter or to attend to basic physical  
2 activities such as eating, toileting, bathing, grooming, dressing,  
3 or ambulating, and this inability may lead in the near future to  
4 harm to the individual or to another individual.

5 (c) The individual's judgment is so impaired that he or she is  
6 unable to understand the need for treatment and, in the opinion of  
7 the mental health professional, his or her continued behavior as a  
8 result of the mental illness, developmental disability, or  
9 emotional disturbance can reasonably be expected in the near future  
10 to result in physical harm to the individual or to another  
11 individual.

12 (29) ~~(26)~~—"Executive director" means an individual appointed  
13 under section 226 to direct a community mental health services  
14 program or his or her designee.

15 Sec. 100b. (1) "Facility" means a residential facility for the  
16 care or treatment of individuals with serious mental illness,  
17 serious emotional disturbance, or developmental disability that is  
18 either a state facility or a licensed facility.

19 (2) "Family" as used in sections 156 to 161 means an eligible  
20 minor and his or her parent or legal guardian.

21 (3) "Family member" means a parent, stepparent, spouse,  
22 sibling, child, or grandparent of a primary consumer, or an  
23 individual upon whom a primary consumer is dependent for at least  
24 50% of his or her financial support.

25 (4) "Federal funds" means funds received from the federal  
26 government under a categorical grant or similar program and does  
27 not include federal funds received under a revenue sharing

1 arrangement.

2 (5) "Functional impairment" means both of the following:

3 (a) With regard to serious emotional disturbance, substantial  
4 interference with or limitation of a minor's achievement or  
5 maintenance of 1 or more developmentally appropriate social,  
6 behavioral, cognitive, communicative, or adaptive skills.

7 (b) With regard to serious mental illness, substantial  
8 interference or limitation of role functioning in 1 or more major  
9 life activities including basic living skills such as eating,  
10 bathing, and dressing; instrumental living skills such as  
11 maintaining a household, managing money, getting around the  
12 community, and taking prescribed medication; and functioning in  
13 social, vocational, and educational contexts.

14 (6) "Guardian" means a person appointed by the court to  
15 exercise specific powers over an individual who is a minor, legally  
16 incapacitated, or developmentally disabled.

17 (7) "Hospital" or "psychiatric hospital" means an inpatient  
18 program operated by the department for the treatment of individuals  
19 with serious mental illness or serious emotional disturbance or a  
20 psychiatric hospital or psychiatric unit licensed under section  
21 137.

22 (8) "Hospital director" means the chief administrative officer  
23 of a hospital or his or her designee.

24 (9) "Hospitalization" or "hospitalize" means to provide  
25 treatment for an individual as an inpatient in a hospital.

26 **(10) "INCAPACITATED" MEANS THAT AN INDIVIDUAL, AS A RESULT OF**  
27 **THE USE OF ALCOHOL, IS UNCONSCIOUS OR HAS HIS OR HER MENTAL OR**

1 PHYSICAL FUNCTIONING SO IMPAIRED THAT HE OR SHE EITHER POSES AN  
2 IMMEDIATE AND SUBSTANTIAL DANGER TO HIS OR HER OWN HEALTH AND  
3 SAFETY OR IS ENDANGERING THE HEALTH AND SAFETY OF THE PUBLIC.

4 (11) ~~(10)~~—"Individual plan of services" or "plan of services"  
5 means a written ~~individualized~~ **INDIVIDUAL** plan of services  
6 developed with a recipient as required by section 712.

7 (12) ~~(11)~~—"Licensed facility" means a facility licensed by the  
8 department under section 137 or an adult foster care facility.

9 (13) ~~(12)~~—"Licensed psychologist" means a doctoral level  
10 psychologist licensed under section 18223(1) of the public health  
11 code, 1978 PA 368, MCL 333.18223.

12 (14) ~~(13)~~—"Medical director" means a psychiatrist appointed  
13 under section 231 to advise the executive director of a community  
14 mental health services program.

15 (15) ~~(14)~~—"Mental health professional" means an individual who  
16 is trained and experienced in the area of mental illness or  
17 developmental disabilities and who is 1 of the following:

18 (a) A physician. ~~who is licensed to practice medicine or~~  
19 ~~osteopathic medicine and surgery in this state under article 15 of~~  
20 ~~the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.~~

21 (b) A psychologist licensed to practice in this state under  
22 article 15 of the public health code, 1978 PA 368, MCL 333.16101 to  
23 333.18838.

24 (c) A registered professional nurse licensed to practice in  
25 this state under article 15 of the public health code, 1978 PA 368,  
26 MCL 333.16101 to 333.18838.

27 (d) ~~Until July 1, 2005, a certified social worker registered~~

1 ~~under article 15 of the public health code, 1978 PA 368, MCL~~  
2 ~~333.16101 to 333.18838. Beginning July 1, 2005, a~~ A licensed  
3 master's social worker licensed under article 15 of the public  
4 health code, 1978 PA 368, MCL 333.16101 to 333.18838.

5 (e) A licensed professional counselor licensed to practice in  
6 this state under article 15 of the public health code, 1978 PA 368,  
7 MCL 333.16101 to 333.18838.

8 (f) A marriage and family therapist licensed under article 15  
9 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

10 **(16)** ~~(15)~~—"Mental retardation" means a condition manifesting  
11 before the age of 18 years that is characterized by significantly  
12 subaverage intellectual functioning and related limitations in 2 or  
13 more adaptive skills and that is diagnosed based on the following  
14 assumptions:

15 (a) Valid assessment considers cultural and linguistic  
16 diversity, as well as differences in communication and behavioral  
17 factors.

18 (b) The existence of limitation in adaptive skills occurs  
19 within the context of community environments typical of the  
20 individual's age peers and is indexed to the individual's  
21 particular needs for support.

22 (c) Specific adaptive skill limitations often coexist with  
23 strengths in other adaptive skills or other personal capabilities.

24 (d) With appropriate supports over a sustained period, the  
25 life functioning of the individual with mental retardation will  
26 generally improve.

27 **(17)** ~~(16)~~—"Minor" means an individual under the age of 18

1 years.

2 (18) ~~(17)~~—"Multicultural services" means specialized mental  
3 health services for multicultural populations such as African-  
4 Americans, Hispanics, Native Americans, Asian and Pacific  
5 Islanders, and Arab/Chaldean-Americans.

6 (19) ~~(18)~~—"Neglect" means an act or failure to act committed  
7 by an employee or volunteer of the department, a community mental  
8 health services program, or a licensed hospital; a service provider  
9 under contract with the department, **A** community mental health  
10 services program, or **A** licensed hospital; or an employee or  
11 volunteer of a service provider under contract with the department,  
12 **A** community mental health services program, or **A** licensed hospital,  
13 that denies a recipient the standard of care or treatment to which  
14 he or she is entitled under this act.

15 Sec. 100c. (1) "Peace officer" means an officer of the  
16 department of state police or of a law enforcement agency of a  
17 county, township, city, or village who is responsible for the  
18 prevention and detection of crime and enforcement of the criminal  
19 laws of this state. For the purposes of sections 408 and 427, peace  
20 officer also includes an officer of the United States secret  
21 service with the officer's consent and a police officer of the  
22 veterans' administration medical center reservation.

23 (2) "Peer review" means a process, including the review  
24 process required under section 143a, in which mental health  
25 professionals of a state facility, licensed hospital, or community  
26 mental health services program evaluate the clinical competence of  
27 staff and the quality and appropriateness of care provided to

1 recipients. These evaluations are confidential in accordance with  
2 section 748(9) and are based on criteria established by the  
3 facility or community mental health services program itself, the  
4 accepted standards of the mental health professions, and the  
5 department. ~~of community health.~~

6 (3) "Person requiring treatment" means an individual who meets  
7 the criteria described in section 401.

8 (4) "Physician" means an individual licensed by the state to  
9 engage in the practice of medicine or osteopathic medicine and  
10 surgery under article 15 of the public health code, 1978 PA 368,  
11 MCL 333.16101 to 333.18838.

12 (5) **"PREPAID INPATIENT HEALTH PLAN" MEANS A SPECIALTY PREPAID**  
13 **HEALTH PLAN AS DESCRIBED IN SECTION 109F OF THE SOCIAL WELFARE ACT,**  
14 **1939 PA 280, MCL 400.109F.**

15 (6) ~~(5)~~—"Primary consumer" means an individual who has  
16 received or is receiving services from the department or a  
17 community mental health services program or services from the  
18 private sector equivalent to those offered by the department or a  
19 community mental health services program.

20 (7) ~~(6)~~—"Priority" means preference for and dedication of a  
21 major proportion of resources to specified populations or services.  
22 Priority does not mean serving or funding the specified populations  
23 or services to the exclusion of other populations or services.

24 (8) ~~(7)~~—"Protective custody" means the temporary custody of an  
25 individual by a peace officer with or without the individual's  
26 consent for the purpose of protecting that individual's health and  
27 safety, or the health and safety of the public, and for the purpose

1 of transporting the individual under section 408 or 427 if the  
2 individual appears, in the judgment of the peace officer, to be a  
3 person requiring treatment or is a person requiring treatment.  
4 Protective custody is civil in nature and is not to be construed as  
5 an arrest.

6 (9) ~~(8)~~—"Psychiatric partial hospitalization program" means a  
7 nonresidential treatment program that provides psychiatric,  
8 psychological, social, occupational, nursing, music therapy, and  
9 therapeutic recreational services under the supervision of a  
10 physician to adults diagnosed as having serious mental illness or  
11 minors diagnosed as having serious emotional disturbance who do not  
12 require 24-hour continuous mental health care, and that is  
13 affiliated with a psychiatric hospital or psychiatric unit to which  
14 clients may be transferred if they need inpatient psychiatric care.

15 (10) ~~(9)~~—"Psychiatric unit" means a unit of a general hospital  
16 that provides inpatient services for individuals with serious  
17 mental illness or serious emotional disturbance. As used in this  
18 subsection, "general hospital" means a hospital as defined in  
19 section 20106 of the public health code, 1978 PA 368, MCL  
20 333.20106.

21 (11) ~~(10)~~—"Psychiatrist" means 1 or more of the following:

22 (a) A physician who has completed a residency program in  
23 psychiatry approved by the accreditation council for graduate  
24 medical education or the American osteopathic association, or who  
25 has completed 12 months of psychiatric rotation and is enrolled in  
26 an approved residency program as described in this subsection.

27 (b) A psychiatrist employed by or under contract with the

1 department or a community mental health services program on March  
2 28, 1996.

3 (c) A physician who devotes a substantial portion of his or  
4 her time to the practice of psychiatry and is approved by the  
5 director.

6 (12) ~~(11)~~—"Psychologist" means an individual licensed to  
7 engage in the practice of psychology under article 15 of the public  
8 health code, 1978 PA 368, MCL 333.16101 to 333.18838, who devotes a  
9 substantial portion of his or her time to the diagnosis and  
10 treatment of individuals with serious mental illness, serious  
11 emotional disturbance, or developmental disability.

12 (13) ~~(12)~~—"Recipient" means an individual who receives mental  
13 health services from the department, a community mental health  
14 services program, or a facility or from a provider that is under  
15 contract with the department or a community mental health services  
16 program.

17 (14) ~~(13)~~—"Recipient rights advisory committee" means a  
18 committee of a community mental health services program board  
19 appointed under section 757 or a recipient rights advisory  
20 committee appointed by a licensed hospital under section 758.

21 (15) "RECOVERY" MEANS A HIGHLY INDIVIDUALIZED PROCESS OF  
22 HEALING AND TRANSFORMATION WHERE THE INDIVIDUAL GAINS CONTROL OVER  
23 HIS OR HER LIFE. RELATED SERVICES INCLUDE RECOVERY MANAGEMENT,  
24 RECOVERY SUPPORT SERVICES, RECOVERY HOUSES OR TRANSITIONAL LIVING  
25 PROGRAMS, AND RELAPSE PREVENTION. RECOVERY INVOLVES THE DEVELOPMENT  
26 OF A NEW MEANING, PURPOSE, AND GROWING BEYOND THE IMPACT OF  
27 ADDICTION OR A DIAGNOSIS. RECOVERY MAY INCLUDE THE PURSUIT OF



1 **SPIRITUAL, EMOTIONAL, MENTAL, OR PHYSICAL WELL-BEING.**

2 (16) ~~(14)~~—"Regional entity" means an entity established under  
3 section 204b to provide specialty services and supports.

4 (17) **"REHABILITATION" MEANS THE ACT OF RESTORING AN INDIVIDUAL**  
5 **TO A STATE OF MENTAL AND PHYSICAL HEALTH OR USEFUL ACTIVITY THROUGH**  
6 **VOCATIONAL OR EDUCATIONAL TRAINING, THERAPY, AND COUNSELING.**

7 (18) ~~(15)~~—"Resident" means an individual who receives services  
8 in a facility.

9 (19) ~~(16)~~—"Responsible mental health agency" means the  
10 hospital, center, or community mental health services program that  
11 has primary responsibility for the recipient's care or for the  
12 delivery of services or supports to that recipient.

13 (20) ~~(17)~~—"Rule" means a rule promulgated under the  
14 administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to  
15 24.328.

16 Sec. 100d. (1) "Service" means a mental health service.

17 (2) "Serious emotional disturbance" means a diagnosable  
18 mental, behavioral, or emotional disorder affecting a minor that  
19 exists or has existed during the past year for a period of time  
20 sufficient to meet diagnostic criteria specified in the most recent  
21 diagnostic and statistical manual of mental disorders published by  
22 the American psychiatric association and approved by the department  
23 and that has resulted in functional impairment that substantially  
24 interferes with or limits the minor's role or functioning in  
25 family, school, or community activities. The following disorders  
26 are included only if they occur in conjunction with another  
27 diagnosable serious emotional disturbance:

1 (a) A substance ~~abuse~~**USE** disorder.

2 (b) A developmental disorder.

3 (c) "V" codes in the diagnostic and statistical manual of  
4 mental disorders.

5 (3) "Serious mental illness" means a diagnosable mental,  
6 behavioral, or emotional disorder affecting an adult that exists or  
7 has existed within the past year for a period of time sufficient to  
8 meet diagnostic criteria specified in the most recent diagnostic  
9 and statistical manual of mental disorders published by the  
10 American psychiatric association and approved by the department and  
11 that has resulted in functional impairment that substantially  
12 interferes with or limits 1 or more major life activities. Serious  
13 mental illness includes dementia with delusions, dementia with  
14 depressed mood, and dementia with behavioral disturbance but does  
15 not include any other dementia unless the dementia occurs in  
16 conjunction with another diagnosable serious mental illness. The  
17 following disorders also are included only if they occur in  
18 conjunction with another diagnosable serious mental illness:

19 (a) A substance ~~abuse~~**USE** disorder.

20 (b) A developmental disorder.

21 (c) A "V" code in the diagnostic and statistical manual of  
22 mental disorders.

23 (4) "Special compensation" means payment to an adult foster  
24 care facility to ensure the provision of a specialized program in  
25 addition to the basic payment for adult foster care. Special  
26 compensation does not include payment received directly from the  
27 medicaid program for personal care services for a resident, or

1 payment received under the supplemental security income program.

2 (5) "Specialized program" means a program of services,  
3 supports, or treatment that are provided in an adult foster care  
4 facility to meet the unique programmatic needs of individuals with  
5 serious mental illness or developmental disability as set forth in  
6 the resident's individual plan of services and for which the adult  
7 foster care facility receives special compensation.

8 (6) "Specialized residential service" means a combination of  
9 residential care and mental health services that are expressly  
10 designed to provide rehabilitation and therapy to a recipient, that  
11 are provided in the residence of the recipient, and that are part  
12 of a comprehensive individual plan of services.

13 (7) **"STATE ADMINISTERED FUNDS" MEANS REVENUES APPROPRIATED BY**  
14 **THE STATE LEGISLATURE EXCLUSIVELY FOR THE PURPOSES PROVIDED FOR IN**  
15 **REGARD TO SUBSTANCE USE DISORDER SERVICES AND PREVENTION.**

16 (8) ~~(7)~~ "State facility" means a center or a hospital operated  
17 by the department.

18 (9) ~~(8)~~ "State recipient rights advisory committee" means a  
19 committee appointed by the director under section 756 to advise the  
20 director and the director of the department's office of recipient  
21 rights.

22 ~~—— (9) "Substance abuse" means that term as defined in section~~  
23 ~~6107 of the public health code, Act No. 368 of the Public Acts of~~  
24 ~~1978, being section 333.6107 of the Michigan Compiled Laws.~~

25 (10) **"SUBSTANCE ABUSE" MEANS THE TAKING OF ALCOHOL OR OTHER**  
26 **DRUGS AT DOSAGES THAT PLACE AN INDIVIDUAL'S SOCIAL, ECONOMIC,**  
27 **PSYCHOLOGICAL, AND PHYSICAL WELFARE IN POTENTIAL HAZARD OR TO THE**

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1 EXTENT THAT AN INDIVIDUAL LOSES THE POWER OF SELF-CONTROL AS A  
 2 RESULT OF THE USE OF ALCOHOL OR DRUGS, OR WHILE HABITUALLY UNDER  
 3 THE INFLUENCE OF ALCOHOL OR DRUGS, ENDANGERS PUBLIC HEALTH, MORALS,  
 4 SAFETY, OR WELFARE, OR A COMBINATION THEREOF.

5 (11) "SUBSTANCE USE DISORDER" MEANS CHRONIC DISORDER IN WHICH  
 6 REPEATED USE OF ALCOHOL, DRUGS, OR BOTH, RESULTS IN SIGNIFICANT AND  
 7 ADVERSE CONSEQUENCES. SUBSTANCE ABUSE IS CONSIDERED A SUBSTANCE USE  
 8 DISORDER.

9 (12) "SUBSTANCE USE DISORDER PREVENTION SERVICES" MEANS THOSE  
 10 SERVICES THAT ARE RECOVERY-ORIENTED AND REDUCE THE RISK OF  
 11 INDIVIDUALS DEVELOPING PROBLEMS THAT COULD REQUIRE ENTRY INTO THE  
 12 SUBSTANCE USE DISORDER TREATMENT SYSTEM, INCLUDING CRISIS  
 13 INTERVENTION FOR INDIVIDUALS WHO COULD POTENTIALLY DEVELOP A  
 14 SUBSTANCE USE DISORDER.

15 (13) "SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
 16 SERVICES" MEANS THE PROVIDING OF IDENTIFIABLE RECOVERY-ORIENTED  
 17 SERVICES INCLUDING:

18 (A) [EARLY INTERVENTION AND CRISIS] INTERVENTION COUNSELING  
 19 SERVICES FOR INDIVIDUALS  
 20 WHO ARE CURRENT OR FORMER INDIVIDUALS WITH SUBSTANCE USE DISORDER.

21 (B) REFERRAL SERVICES FOR INDIVIDUALS WITH SUBSTANCE USE  
 22 DISORDER, THEIR FAMILIES, AND THE GENERAL PUBLIC.

23 (C) PLANNED TREATMENT SERVICES, INCLUDING CHEMOTHERAPY,  
 24 COUNSELING, OR REHABILITATION FOR INDIVIDUALS PHYSIOLOGICALLY OR  
 25 PSYCHOLOGICALLY DEPENDENT UPON OR ABUSING ALCOHOL OR DRUGS.

26 (14) ~~(10)~~ "Supplemental security income" means the program  
 27 authorized under title XVI of the social security act, ~~chapter 531,~~  
~~49 Stat. 620, U.S.C. 42 USC 1381 to 1382j and 1383 to 1383d.~~ **1383F.**

1           (15) "TRANSFER FACILITY" MEANS A FACILITY DESIGNATED BY THE  
2 PREPAID INPATIENT HEALTH PLAN THAT IS PHYSICALLY LOCATED IN A JAIL  
3 OR LOCKUP AND THAT IS STAFFED BY AT LEAST 1 DESIGNATED  
4 REPRESENTATIVE WHEN IN USE ACCORDING TO CHAPTER 2A.

5           (16) ~~(11)~~—"Transition services" means a coordinated set of  
6 activities for a special education student designed within an  
7 outcome-oriented process that promotes movement from school to  
8 postschool activities, including postsecondary education,  
9 vocational training, integrated employment including supported  
10 employment, continuing and adult education, adult services,  
11 independent living, or community participation.

12           (17) ~~(12)~~—"Treatment" means care, diagnostic, and therapeutic  
13 services, including the administration of drugs, and any other  
14 service for the treatment of an individual's serious mental illness  
15 or serious emotional disturbance.

16           (18) ~~(13)~~—"Treatment position" means a unit of measure of the  
17 client capacity of a psychiatric partial hospitalization program.  
18 Each treatment position represents a minimum of 6 hours per day and  
19 5 days per calendar week.

20           (19) ~~(14)~~—"Urgent situation" means a situation in which an  
21 individual is determined to be at risk of experiencing an emergency  
22 situation in the near future if he or she does not receive care,  
23 treatment, or support services.

24           (20) ~~(15)~~—"Wraparound services" means an individually designed  
25 set of services provided to minors with serious emotional  
26 disturbance or serious mental illness and their families that  
27 includes treatment services and personal support services or any

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1 other supports necessary to [~~maintain~~ **FOSTER EDUCATION PREPAREDNESS, EMPLOYABILITY, AND PRESERVATION OF**] the child in the family home.

2 Wraparound services are to be developed through an interagency  
3 collaborative approach and a minor's parent or guardian and a minor  
4 age 14 or older are to participate in planning the services.

5       Sec. 161. In conjunction with community mental health services  
6 programs, the department shall conduct annually and forward to the  
7 governor and the house and senate appropriations committees, and  
8 the senate and house committees with legislative oversight of human  
9 services and mental health, an evaluation of the family support  
10 subsidy program that shall include, but is not limited to, all of  
11 the following:

12       (a) The impact of the family support subsidy program upon  
13 children covered by this act in facilities and residential care  
14 programs including, to the extent possible, sample case reviews of  
15 families who choose not to participate.

16       (b) Case reviews of families who voluntarily terminate  
17 participation in the family support subsidy program for any reason,  
18 particularly when the eligible minor is placed out of the family  
19 home, including the involvement of the department and community  
20 mental health services programs in offering suitable alternatives.

21       (c) Sample assessments of families receiving family support  
22 subsidy payments including adequacy of subsidy and need for  
23 services not available.

24       (d) The efforts to encourage program participation of eligible  
25 families.

26       (e) The geographic distribution of families receiving subsidy  
27 payments and, to the extent possible, eligible minors presumed to

1 be eligible for family support subsidy payments.

2 (f) Programmatic and legislative recommendations to further  
3 assist families in providing care for eligible minors.

4 (g) Problems that arise in identifying eligible minors through  
5 diagnostic evaluations performed under rules promulgated by the  
6 department of education.

7 (h) The number of beds reduced in state facilities and foster  
8 care facilities serving severely mentally, multiply, and autistic  
9 impaired children when the children return home to their natural  
10 families as a result of the subsidy program.

11 (i) Caseload figures by eligibility category as described in  
12 section ~~100a(24)~~-110A(27) .

13 Sec. 208. (1) Services provided by a community mental health  
14 services program shall be directed to individuals who have a  
15 serious mental illness, serious emotional disturbance, or  
16 developmental disability.

17 (2) Services may be directed to individuals who have other  
18 mental disorders that meet criteria specified in the most recent  
19 diagnostic and statistical manual of mental health disorders  
20 published by the American psychiatric association and may also be  
21 directed to the prevention of mental disability and the promotion  
22 of mental health. Resources that have been specifically designated  
23 to community mental health services programs for services to  
24 individuals with dementia, alcoholism, or substance ~~abuse~~-**USE**  
25 **DISORDER** or for the prevention of mental disability and the  
26 promotion of mental health shall be utilized for those specific  
27 purposes.

1 (3) Priority shall be given to the provision of services to  
2 individuals with the most severe forms of serious mental illness,  
3 serious emotional disturbance, and developmental disability.  
4 Priority shall also be given to the provision of services to  
5 individuals with a serious mental illness, serious emotional  
6 disturbance, or developmental disability in urgent or emergency  
7 situations.

8 (4) An individual shall not be denied a service because an  
9 individual who is financially liable is unable to pay for the  
10 service.

11 Sec. 210. (1) Any single county or any combination of  
12 adjoining counties may elect to establish a community mental health  
13 services program by a majority vote of each county board of  
14 commissioners.

15 (2) A PREPAID INPATIENT HEALTH PLAN SHALL COORDINATE THE  
16 PROVISION OF SUBSTANCE USE DISORDER SERVICES IN ITS REGION AND  
17 SHALL ENSURE SERVICES ARE AVAILABLE FOR INDIVIDUALS WITH SUBSTANCE  
18 USE DISORDER.

#### 19 CHAPTER 2A

#### 20 SUBSTANCE USE DISORDER SERVICES

21 SEC. 260. AS USED IN THIS CHAPTER:

22 (A) "COURT" MEANS THE PROBATE COURT FOR THE COUNTY IN WHICH A  
23 MINOR, FOR WHOM A REQUEST FOR SUBSTANCE USE DISORDER TREATMENT AND  
24 REHABILITATION SERVICES HAS BEEN MADE, EITHER RESIDES OR IS FOUND.

25 (B) "MINOR" MEANS AN INDIVIDUAL 14 OR MORE YEARS OF AGE AND  
26 LESS THAN 18 YEARS OF AGE.

27 (C) "PERSON IN LOCO PARENTIS" MEANS AN INDIVIDUAL WHO IS NOT



1 THE PARENT OR GUARDIAN OF A CHILD OR MINOR BUT WHO HAS LEGAL  
2 CUSTODY OF THE CHILD OR MINOR AND IS PROVIDING SUPPORT AND CARE FOR  
3 THE CHILD OR MINOR.

4 (D) "PHYSIOLOGICAL DEPENDENCY" MEANS ADDICTION TO ALCOHOL OR  
5 DRUGS THAT ALTERS THE BODY'S PHYSICAL OR PSYCHOLOGICAL STATUS, OR  
6 BOTH.

7 (E) "PROGRAM" MEANS A HOSPITAL, CLINIC, ORGANIZATION, OR  
8 HEALTH PROFESSIONAL LICENSED UNDER PART 62 OF THE PUBLIC HEALTH  
9 CODE, 1978 PA 368, MCL 333.6230 TO 333.6251, TO PROVIDE TREATMENT  
10 SERVICES OR SCREENING AND ASSESSMENT SERVICES.

11 SEC. 261. RECORDS OF THE IDENTITY, DIAGNOSIS, PROGNOSIS, AND  
12 TREATMENT OF AN INDIVIDUAL MAINTAINED IN CONNECTION WITH THE  
13 PERFORMANCE OF A PROGRAM, AN APPROVED SERVICE PROGRAM, OR AN  
14 EMERGENCY MEDICAL SERVICE AUTHORIZED OR PROVIDED OR ASSISTED UNDER  
15 THIS CHAPTER ARE CONFIDENTIAL AND MAY BE DISCLOSED ONLY FOR THE  
16 PURPOSES AND UNDER THE CIRCUMSTANCES AUTHORIZED BY SECTION 262 OR  
17 263.

18 SEC. 262. (1) AN INDIVIDUAL WHO IS THE SUBJECT OF A RECORD  
19 MAINTAINED UNDER SECTION 261 MAY CONSENT IN WRITING TO THE  
20 DISCLOSURE OF THE CONTENT OF THE RECORD TO:

21 (A) HEALTH PROFESSIONALS FOR THE PURPOSE OF DIAGNOSIS OR  
22 TREATMENT OF THE INDIVIDUAL.

23 (B) GOVERNMENTAL PERSONNEL FOR THE PURPOSE OF OBTAINING  
24 BENEFITS TO WHICH THE INDIVIDUAL IS ENTITLED.

25 (C) ANY OTHER PERSON SPECIFICALLY AUTHORIZED BY THE  
26 INDIVIDUAL.

27 (2) THE INDIVIDUAL CONSENTING UNDER SUBSECTION (1) MAY REVOKE

1 THE AUTHORIZATION FOR THE DISCLOSURE AT ANY TIME, UNLESS EXPRESSLY  
2 PROHIBITED BY FEDERAL LEGISLATION ON CONFIDENTIALITY OF ALCOHOL AND  
3 DRUG ABUSE PATIENT RECORDS, BY GIVING WRITTEN NOTICE TO THE  
4 PROGRAM.

5 (3) THE AUTHORIZATION OR REVOCATION SHALL BE IN A FORM  
6 SPECIFIED BY THE DEPARTMENT IN ACCORDANCE WITH REGULATIONS  
7 SPECIFYING THE FORM OF THE WRITTEN CONSENT ISSUED BY THE UNITED  
8 STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE AND THE SPECIAL  
9 ACTION OFFICE FOR DRUG ABUSE PREVENTION.

10 SEC. 263. IF AN INDIVIDUAL WHO IS THE SUBJECT OF A RECORD  
11 MAINTAINED UNDER SECTION 261 DOES NOT GIVE WRITTEN CONSENT, THE  
12 CONTENT OF THE RECORD MAY BE DISCLOSED ONLY AS FOLLOWS:

13 (A) TO MEDICAL PERSONNEL TO THE EXTENT NECESSARY TO MEET A  
14 BONA FIDE MEDICAL EMERGENCY.

15 (B) TO QUALIFIED PERSONNEL FOR THE PURPOSE OF CONDUCTING  
16 SCIENTIFIC STATISTICAL RESEARCH, FINANCIAL AUDITS, OR PROGRAM  
17 EVALUATION, BUT THE PERSONNEL SHALL NOT DIRECTLY OR INDIRECTLY  
18 IDENTIFY AN INDIVIDUAL IN A REPORT OF THE RESEARCH AUDIT OR  
19 EVALUATION OR OTHERWISE DISCLOSE AN IDENTITY IN ANY MANNER.

20 (C) UPON APPLICATION, A COURT OF COMPETENT JURISDICTION MAY  
21 ORDER DISCLOSURE OF WHETHER A SPECIFIC INDIVIDUAL IS UNDER  
22 TREATMENT BY A PROGRAM. IN ALL OTHER RESPECTS, THE CONFIDENTIALITY  
23 SHALL BE THE SAME AS THE PHYSICIAN-PATIENT RELATIONSHIP PROVIDED BY  
24 LAW.

25 (D) UPON APPLICATION, A COURT MAY ORDER DISCLOSURE OF A RECORD  
26 FOR THE PURPOSE OF A HEARING UNDER SECTION 266 OR 268.

27 SEC. 264. (1) THE CONSENT TO THE PROVISION OF SUBSTANCE USE

1 DISORDER RELATED MEDICAL OR SURGICAL CARE, TREATMENT, OR SERVICES  
2 BY A HOSPITAL, CLINIC, OR HEALTH PROFESSIONAL AUTHORIZED BY LAW  
3 EXECUTED BY A MINOR WHO IS OR PROFESSES TO BE AN INDIVIDUAL WITH A  
4 SUBSTANCE USE DISORDER IS VALID AND BINDING AS IF THE MINOR HAD  
5 ACHIEVED THE AGE OF MAJORITY. THE CONSENT IS NOT SUBJECT TO LATER  
6 DISAFFIRMANCE BY REASON OF MINORITY. THE CONSENT OF ANY OTHER  
7 PERSON, INCLUDING A SPOUSE, PARENT, GUARDIAN, OR PERSON IN LOCO  
8 PARENTIS, IS NOT NECESSARY TO AUTHORIZE THESE SERVICES TO BE  
9 PROVIDED TO A MINOR.

10 (2) FOR MEDICAL REASONS, THE TREATING PHYSICIAN, AND, ON THE  
11 ADVICE AND DIRECTION OF THE TREATING PHYSICIAN, A MEMBER OF THE  
12 MEDICAL STAFF OF A HOSPITAL OR CLINIC OR OTHER HEALTH PROFESSIONAL,  
13 MAY, BUT IS NOT OBLIGATED TO, INFORM THE SPOUSE, PARENT, GUARDIAN,  
14 OR PERSON IN LOCO PARENTIS AS TO THE TREATMENT GIVEN OR NEEDED. THE  
15 INFORMATION MAY BE GIVEN TO OR WITHHELD FROM THESE PERSONS WITHOUT  
16 CONSENT OF THE MINOR AND NOTWITHSTANDING THE EXPRESS REFUSAL OF THE  
17 MINOR TO THE PROVIDING OF THE INFORMATION.

18 (3) A SPOUSE, PARENT, GUARDIAN, OR PERSON IN LOCO PARENTIS OF  
19 A MINOR IS NOT LEGALLY RESPONSIBLE FOR SERVICES PROVIDED UNDER THIS  
20 SECTION.

21 SEC. 265. (1) A PROGRAM THAT IS REQUESTED BY A MINOR'S PARENT  
22 OR A PERSON IN LOCO PARENTIS TO A MINOR TO PERFORM SUBSTANCE USE  
23 DISORDER TREATMENT AND REHABILITATION SERVICES FOR THE MINOR MAY  
24 PERFORM THOSE SERVICES FOR THE MINOR WITHOUT THE MINOR'S CONSENT IF  
25 THE MINOR IS LESS THAN 14 YEARS OF AGE, AS VERIFIED BY THE MINOR'S  
26 PARENTS OR PERSON ACTING IN LOCO PARENTIS, AND IF THE REQUEST IS  
27 MADE IN WRITING.

1           (2) A MINOR'S PARENT OR A PERSON IN LOCO PARENTIS TO A MINOR  
2 MAY REQUEST THAT SUBSTANCE USE DISORDER TREATMENT AND  
3 REHABILITATION SERVICES BE PROVIDED TO THE MINOR BY A PROGRAM.

4           (3) IF SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
5 SERVICES ARE REQUESTED UNDER SUBSECTION (2) AND THE MINOR DOES NOT  
6 CONSENT TO THE SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
7 SERVICES, THE PROGRAM SHALL CAUSE TO HAVE CONDUCTED A DIAGNOSTIC  
8 EVALUATION TO DETERMINE WHETHER THE MINOR IS PHYSIOLOGICALLY  
9 DEPENDENT. EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (4), A  
10 DIAGNOSTIC EVALUATION SHALL BE CONDUCTED WITHIN 48 HOURS OF THE  
11 REQUEST FOR SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
12 SERVICES.

13           (4) IF IT IS DETERMINED DURING A DIAGNOSTIC EVALUATION  
14 CONDUCTED UNDER SUBSECTION (3) THAT THE MINOR IS IN NEED OF  
15 DETOXIFICATION, THE PROGRAM MAY ARRANGE FOR DETOXIFICATION SERVICES  
16 AND THOSE SERVICES MAY BE PERFORMED, WITH THE CONSENT OF THE  
17 MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO THE MINOR AND WITHOUT  
18 THE MINOR'S CONSENT, FOR A PERIOD THAT SHALL NOT EXCEED 5 DAYS.  
19 AFTER THE MINOR'S DETOXIFICATION, THE PROGRAM SHALL CAUSE TO HAVE  
20 THE MINOR'S DIAGNOSTIC EVALUATION COMPLETED WITHIN 48 HOURS.

21           (5) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (6), AFTER A  
22 DIAGNOSTIC EVALUATION HAS BEEN COMPLETED UNDER THIS SECTION,  
23 SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION SERVICES SHALL  
24 NOT BE PERFORMED UNLESS 1 OF THE FOLLOWING OCCURS:

25           (A) THE MINOR CONSENTS TO SUBSTANCE USE DISORDER TREATMENT AND  
26 REHABILITATION SERVICES.

27           (B) IT IS DETERMINED UNDER SECTION 266 THAT SUBSTANCE USE

1 DISORDER TREATMENT AND REHABILITATION SERVICES ARE NECESSARY FOR  
2 THE MINOR.

3 (6) IF IT IS DETERMINED AS A RESULT OF A DIAGNOSTIC EVALUATION  
4 CONDUCTED UNDER THIS SECTION THAT THE MINOR IS PHYSIOLOGICALLY  
5 DEPENDENT, SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
6 SERVICES MAY BE PERFORMED WITHOUT THE MINOR'S CONSENT PENDING A  
7 HEARING UNDER SECTION 266 AND FOR A PERIOD THAT SHALL NOT EXCEED 7  
8 BUSINESS DAYS.

9 (7) PSYCHOTROPIC DRUGS SHALL NOT BE USED UNDER THIS SECTION BY  
10 A PROGRAM ON A MINOR UNLESS THE MINOR CONSENTS OR THE COURT ORDERS  
11 THE USE OF THE DRUGS AT A HEARING UNDER SECTION 266.

12 SEC. 266. (1) A MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO A  
13 MINOR MAY PETITION THE COURT REQUESTING THE COURT'S DETERMINATION  
14 AS TO WHETHER TREATMENT AND REHABILITATION SERVICES ARE NECESSARY  
15 FOR THE MINOR.

16 (2) UPON RECEIPT OF A PETITION UNDER SUBSECTION (1), THE COURT  
17 SHALL APPOINT A GUARDIAN AD LITEM TO REPRESENT THE MINOR FOR THE  
18 PURPOSES OF THIS SECTION AND SECTIONS 267 AND 268 AND SHALL NOTIFY  
19 ALL OF THE FOLLOWING PERSONS OF THE TIME AND PLACE FOR THE HEARING:

20 (A) THE MINOR'S PARENTS OR PERSON IN LOCO PARENTIS TO THE  
21 MINOR.

22 (B) THE MINOR.

23 (C) THE PROGRAM DIRECTOR.

24 (D) THE GUARDIAN AD LITEM FOR THE MINOR.

25 (3) A MINOR HAS THE RIGHT TO AN INDEPENDENT DIAGNOSTIC  
26 EVALUATION BY A PROGRAM.

27 (4) A HEARING ON A PETITION UNDER SUBSECTION (1) SHALL BE HELD

1 WITHIN 7 DAYS OF THE COURT'S RECEIPT OF THE PETITION.

2 (5) AT A HEARING UNDER THIS SECTION, THE COURT SHALL DETERMINE  
3 WHETHER SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
4 SERVICES ARE NECESSARY. IF THE COURT DETERMINES THAT SUBSTANCE USE  
5 DISORDER TREATMENT AND REHABILITATION SERVICES ARE NECESSARY, THE  
6 COURT SHALL DETERMINE A SUITABLE PLACEMENT FOR THE MINOR IN THE  
7 LEAST RESTRICTIVE SETTING AVAILABLE.

8 (6) IN MAKING THE DETERMINATIONS UNDER SUBSECTION (5), THE  
9 COURT SHALL OBTAIN AND EXAMINE THE DIAGNOSTIC EVALUATION PREPARED  
10 FOR THE MINOR UNDER SECTION 265. IF AN INDEPENDENT DIAGNOSTIC  
11 EVALUATION WAS PREPARED, THE COURT SHALL EXAMINE THAT EVALUATION.  
12 INFORMATION OBTAINED UNDER THIS SECTION SHALL NOT BE USED TO  
13 AUTHORIZE A PETITION UNDER SECTION 2(A) OF CHAPTER XIIIA OF THE  
14 PROBATE CODE OF 1939, 1939 PA 288, MCL 712A.2.

15 (7) THE COURT SHALL NOT ORDER SUBSTANCE USE DISORDER TREATMENT  
16 AND REHABILITATION SERVICES UNDER THIS SECTION ON THE GROUNDS THAT  
17 THE MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO THE MINOR IS  
18 UNWILLING OR UNABLE TO PROVIDE OR ARRANGE FOR THE MINOR'S  
19 MANAGEMENT, CARE, OR RESIDENCE.

20 (8) COURT RECORDS MAINTAINED UNDER THIS SECTION ARE  
21 CONFIDENTIAL AND OPEN ONLY BY ORDER OF THE COURT TO PERSONS HAVING  
22 A LEGITIMATE INTEREST.

23 SEC. 267. (1) NOT MORE THAN 30 DAYS AFTER THE COURT ORDERS THE  
24 ADMISSION OF A MINOR TO A PROGRAM UNDER SECTION 266, AND AT 60-DAY  
25 INTERVALS AFTER THAT, THE DIRECTOR OF THE PROGRAM SHALL PERFORM OR  
26 ARRANGE TO HAVE PERFORMED A REVIEW OF THE MINOR'S TREATMENT PLAN.

27 (2) THE RESULTS OF THE REVIEWS SHALL BE TRANSMITTED IN WRITING

1 WITHIN 72 HOURS AFTER COMPLETION OF THE REVIEW TO ALL OF THE  
2 FOLLOWING:

3 (A) THE MINOR.

4 (B) THE MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO THE  
5 MINOR.

6 (C) THE MINOR'S GUARDIAN AD LITEM.

7 (D) THE COURT.

8 (3) A MINOR MAY OBJECT TO HIS OR HER TREATMENT PLAN WITHIN 30  
9 DAYS AFTER RECEIPT OF THE PERIODIC REVIEW UNDER SUBSECTION (1). THE  
10 OBJECTION SHALL BE IN WRITING AND SHALL STATE THE BASIS ON WHICH IT  
11 IS BEING RAISED. AT THE MINOR'S REQUEST, THE MINOR'S GUARDIAN AD  
12 LITEM SHALL ASSIST THE MINOR IN PROPERLY SUBMITTING THE OBJECTION.

13 (4) IF IT IS DETERMINED THAT SUBSTANCE USE DISORDER TREATMENT  
14 AND REHABILITATION SERVICES ARE NO LONGER NECESSARY, THE MINOR  
15 SHALL BE DISCHARGED FROM THE PROGRAM. IF THE MINOR IS DISCHARGED,  
16 THE COURT SHALL BE NOTIFIED OF THE DISCHARGE.

17 SEC. 268. (1) UPON RECEIPT OF AN OBJECTION FILED UNDER SECTION  
18 267, THE COURT SHALL SCHEDULE A HEARING TO BE HELD WITHIN 7  
19 BUSINESS DAYS. AFTER RECEIPT OF THE OBJECTION, THE COURT SHALL  
20 NOTIFY ALL OF THE FOLLOWING PERSONS OF THE TIME AND PLACE FOR THE  
21 HEARING:

22 (A) THE MINOR.

23 (B) THE MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO THE  
24 MINOR.

25 (C) THE MINOR'S GUARDIAN.

26 (D) THE PROGRAM DIRECTOR.

27 (2) THE COURT SHALL SUSTAIN THE OBJECTION AND ORDER THE

1 DISCHARGE OF THE MINOR UNLESS THE COURT FINDS BY CLEAR AND  
2 CONVINCING EVIDENCE THAT SUBSTANCE USE DISORDER TREATMENT AND  
3 REHABILITATION SERVICES ARE NECESSARY. IF THE COURT DOES NOT  
4 SUSTAIN THE OBJECTION, AN ORDER SHALL NOT BE ENTERED, THE OBJECTION  
5 SHALL BE DISMISSED, AND SUBSTANCE USE DISORDER TREATMENT AND  
6 REHABILITATION SERVICES SHALL CONTINUE.

7 SEC. 269. THE PREPAID INPATIENT HEALTH PLAN AND ITS COMMUNITY  
8 MENTAL HEALTH SERVICES PROGRAM PROVIDER NETWORK MAY CONTRACT FOR  
9 AND SPEND FUNDS FOR THE PREVENTION OF SUBSTANCE USE DISORDER AND  
10 FOR THE COUNSELING AND TREATMENT OF INDIVIDUALS WITH SUBSTANCE USE  
11 DISORDER. A PREPAID INPATIENT HEALTH PLAN AND OTHER COMMUNITY  
12 MENTAL HEALTH SERVICES PROGRAM MAY MAKE CONTRACTS WITH THE  
13 GOVERNING BODIES OF OTHER PREPAID INPATIENT HEALTH PLANS AND OTHER  
14 COMMUNITY MENTAL HEALTH SERVICES PROGRAMS AND OTHER PERSONS FOR  
15 THESE PURPOSES.

16 SEC. 270. THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING:

17 (A) ADMINISTER AND COORDINATE STATE ADMINISTERED FUNDS FOR  
18 SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION SERVICES AND  
19 SUBSTANCE USE DISORDER PREVENTION SERVICES.

20 (B) USE APPROPRIATIONS OF REVENUES FROM TAXES IMPOSED BY THE  
21 MICHIGAN LIQUOR CONTROL CODE OF 1998, 1998 PA 58, MCL 436.1101 TO  
22 436.2303, EXCLUSIVELY FOR THE PURPOSES PROVIDED IN THAT ACT.

23 (C) RECOMMEND DIRECTLY TO THE GOVERNOR, AFTER REVIEW AND  
24 COMMENT, BUDGET AND GRANT REQUESTS FOR PUBLIC FUNDS TO BE ALLOCATED  
25 FOR SUBSTANCE USE DISORDER SERVICES INCLUDING EDUCATION, RESEARCH,  
26 TREATMENT, REHABILITATION, AND PREVENTION ACTIVITIES.

27 (D) PROVIDE TECHNICAL ASSISTANCE TO PREPAID INPATIENT HEALTH



1 PLAN AND COMMUNITY MENTAL HEALTH SERVICES PROGRAMS AND TO  
2 TREATMENT, REHABILITATION, AND PREVENTION AGENCIES FOR THE PURPOSES  
3 OF PROGRAM DEVELOPMENT, ADMINISTRATION, AND EVALUATION.

4 (E) DEVELOP ANNUALLY A COMPREHENSIVE STATE PLAN THROUGH THE  
5 USE OF FEDERAL, STATE, LOCAL, AND PRIVATE RESOURCES OF ADEQUATE  
6 SERVICES AND FACILITIES FOR THE PREVENTION AND CONTROL OF SUBSTANCE  
7 USE DISORDER AND THE DIAGNOSIS, TREATMENT, AND REHABILITATION OF  
8 INDIVIDUALS WITH SUBSTANCE USE DISORDER.

9 (F) EVALUATE, IN COOPERATION WITH APPROPRIATE STATE  
10 DEPARTMENTS AND AGENCIES, THE EFFECTIVENESS OF SUBSTANCE USE  
11 DISORDER SERVICES IN THE STATE FUNDED BY FEDERAL, STATE, LOCAL, AND  
12 PRIVATE RESOURCES, AND ANNUALLY DURING THE MONTH OF NOVEMBER,  
13 REPORT A SUMMARY OF THE DETAILED EVALUATION TO THE GOVERNOR AND THE  
14 LEGISLATURE.

15 SEC. 271. THE DEPARTMENT SHALL DO BOTH OF THE FOLLOWING:

16 (A) COOPERATE WITH AGENCIES OF THE FEDERAL GOVERNMENT AND  
17 RECEIVE AND USE FEDERAL FUNDS FOR PURPOSES AUTHORIZED BY THE  
18 LEGISLATURE.

19 (B) PRIOR TO THE EXPENDITURE OF FUNDS APPROPRIATED TO OTHER  
20 STATE AGENCIES RECEIVING APPROPRIATIONS FOR SUBSTANCE USE DISORDER  
21 TREATMENT AND REHABILITATION SERVICES AND SUBSTANCE USE DISORDER  
22 PREVENTION SERVICES, HAVE A CONTRACT SIGNED WITH THE RECEIVING  
23 PREPAID INPATIENT HEALTH PLAN. THE DEPARTMENT SHALL SUBMIT A COPY  
24 OF EACH AGREEMENT TO THE GOVERNOR AND THE APPROPRIATIONS COMMITTEES  
25 OF THE SENATE AND HOUSE OF REPRESENTATIVES.

26 SEC. 272. THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING:

27 (A) ESTABLISH A STATEWIDE INFORMATION SYSTEM FOR THE

1 COLLECTION OF STATISTICS, MANAGEMENT DATA, AND OTHER INFORMATION  
2 REQUIRED FOR THE IMPLEMENTATION OF THIS CHAPTER.

3 (B) COLLECT, ANALYZE, AND DISSEMINATE DATA CONCERNING  
4 SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION SERVICES AND  
5 SUBSTANCE USE DISORDER PREVENTION SERVICES.

6 (C) PREPARE, PUBLISH, EVALUATE, AND DISSEMINATE EDUCATIONAL  
7 MATERIAL AS TO THE NATURE AND EFFECT OF ALCOHOL AND DRUGS.

8 (D) ORGANIZE, SPONSOR, AND FUND TRAINING PROGRAMS FOR PERSONS  
9 DIRECTLY OR INDIRECTLY ENGAGED IN THE TREATMENT, REHABILITATION,  
10 AND PREVENTION OF SUBSTANCE USE DISORDER.

11 (E) CONDUCT AND PROVIDE GRANT-IN-AID FUNDS TO CONDUCT RESEARCH  
12 ON THE INCIDENCE, PREVALENCE, CAUSES, AND TREATMENT OF SUBSTANCE  
13 USE DISORDER AND DISSEMINATE THIS INFORMATION TO THE PUBLIC AND TO  
14 SUBSTANCE USE DISORDER SERVICES PROFESSIONALS.

15 SEC. 273. (1) THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING:

16 (A) ANNUALLY ESTABLISH PROGRAM PRIORITY FOR FUNDING FOR THE  
17 NEXT FISCAL YEAR.

18 (B) ESTABLISH GUIDELINES FOR PROJECT APPLICATIONS.

19 (C) PROMULGATE RULES CONCERNING MATCHING REQUIREMENTS FOR  
20 STATE ALCOHOLISM AND DRUG ABUSE TREATMENT GRANTS. THE RULES SHALL  
21 BE REVIEWED EVERY 2 YEARS.

22 (2) THE PREPAID INPATIENT HEALTH PLANS AND COMMUNITY MENTAL  
23 HEALTH SERVICES PROGRAM PROVIDER NETWORKS SHALL ENSURE THAT  
24 APPLICANTS FOR STATE ADMINISTERED FUNDS ARE LICENSED, UNLESS  
25 EXEMPT, AS SUBSTANCE USE DISORDER SERVICE PROGRAMS UNDER PART 62 OF  
26 THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.6230 TO 333.6251.

27 (3) THE DEPARTMENT MAY ISSUE LICENSES; REQUIRE REPORTS;

1 ESTABLISH STANDARDS AND PROCEDURES; AND MAKE INSPECTIONS NECESSARY  
2 TO ENFORCE THIS CHAPTER AND RULES PROMULGATED UNDER THIS CHAPTER;  
3 AND PROVIDE TECHNICAL ASSISTANCE FOR THE GUIDANCE OF SUBSTANCE USE  
4 DISORDER SERVICE PROGRAMS IN COMPLYING WITH THE REQUIREMENTS AND  
5 RULES PROMULGATED UNDER THIS CHAPTER.

6 SEC. 274. A PREPAID INPATIENT HEALTH PLAN, WITH ASSISTANCE  
7 FROM ITS COMMUNITY MENTAL HEALTH SERVICES PROGRAM PROVIDER NETWORK,  
8 SHALL DO ALL OF THE FOLLOWING:

9 (A) DEVELOP COMPREHENSIVE PLANS FOR SUBSTANCE USE DISORDER  
10 TREATMENT AND REHABILITATION SERVICES AND SUBSTANCE USE DISORDER  
11 PREVENTION SERVICES CONSISTENT WITH GUIDELINES ESTABLISHED BY THE  
12 DEPARTMENT.

13 (B) REVIEW AND COMMENT TO THE DEPARTMENT OF LICENSING AND  
14 REGULATORY AFFAIRS ON APPLICATIONS FOR LICENSES SUBMITTED BY LOCAL  
15 TREATMENT, REHABILITATION, AND PREVENTION ORGANIZATIONS.

16 (C) PROVIDE TECHNICAL ASSISTANCE FOR LOCAL SUBSTANCE USE  
17 DISORDER SERVICE PROGRAMS.

18 (D) COLLECT AND TRANSFER DATA AND FINANCIAL INFORMATION FROM  
19 LOCAL PROGRAMS TO THE DEPARTMENT OF LICENSING AND REGULATORY  
20 AFFAIRS.

21 (E) SUBMIT AN ANNUAL BUDGET REQUEST TO THE DEPARTMENT FOR USE  
22 OF STATE ADMINISTERED FUNDS FOR ITS SUBSTANCE USE DISORDER  
23 TREATMENT AND REHABILITATION SERVICES AND SUBSTANCE USE DISORDER  
24 PREVENTION SERVICES IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY  
25 THE DEPARTMENT.

26 (F) MAKE CONTRACTS NECESSARY AND INCIDENTAL TO THE PERFORMANCE  
27 OF THE PREPAID INPATIENT HEALTH PLAN'S AND COMMUNITY MENTAL HEALTH

1 SERVICES PROGRAM'S FUNCTIONS. THE CONTRACTS MAY BE MADE WITH PUBLIC  
2 OR PRIVATE AGENCIES, ORGANIZATIONS, ASSOCIATIONS, AND INDIVIDUALS  
3 TO PROVIDE FOR SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION  
4 SERVICES AND SUBSTANCE USE DISORDER PREVENTION SERVICES.

5 (G) ANNUALLY EVALUATE AND ASSESS SUBSTANCE USE DISORDER  
6 SERVICES IN THE PREPAID INPATIENT HEALTH PLAN IN ACCORDANCE WITH  
7 GUIDELINES ESTABLISHED BY THE DEPARTMENT.

8 SEC. 275. (1) SUBJECT TO SUBSECTION (2), IF A PREPAID  
9 INPATIENT HEALTH PLAN PROVIDER UNDER THIS CHAPTER MAINTAINS A  
10 WAITING LIST FOR SERVICES, THE PREPAID INPATIENT HEALTH PLAN  
11 PROVIDER SHALL PLACE A PARENT WHOSE CHILD HAS BEEN REMOVED FROM THE  
12 HOME UNDER THE CHILD PROTECTION LAWS OF THIS STATE OR IS IN DANGER  
13 OF BEING REMOVED FROM THE HOME UNDER THE CHILD PROTECTION LAWS OF  
14 THIS STATE BECAUSE OF THE PARENT'S SUBSTANCE USE DISORDER IN A  
15 PRIORITY POSITION ON THE WAITING LIST ABOVE ALL OTHER APPLICANTS  
16 WITH SUBSTANTIALLY SIMILAR CLINICAL CONDITIONS.

17 (2) IF A PREPAID INPATIENT HEALTH PLAN PROVIDER RECEIVES  
18 FEDERAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT FUNDS,  
19 THE PRIORITY POSITION OF THE PARENT ON THE WAITING LIST GRANTED  
20 UNDER SUBSECTION (1) WILL COME AFTER A PRIORITY POSITION ON THE  
21 WAITING LIST GRANTED UNDER THE CONDITIONS OF THE FEDERAL BLOCK  
22 GRANT. IF THE PARENT QUALIFIES FOR PRIORITY STATUS ON THE WAITING  
23 LIST UNDER THE CONDITIONS OF THE FEDERAL BLOCK GRANT, THE PREPAID  
24 INPATIENT HEALTH PLAN PROVIDER SHALL PLACE THE PARENT IN THAT  
25 PRIORITY POSITION ON THE WAITING LIST.

26 SEC. 276. (1) AN INDIVIDUAL WHO APPEARS TO BE INCAPACITATED IN  
27 A PUBLIC PLACE SHALL BE TAKEN INTO PROTECTIVE CUSTODY BY A LAW

1 ENFORCEMENT OFFICER AND TAKEN TO AN APPROVED SERVICE PROGRAM, OR TO  
2 AN EMERGENCY MEDICAL SERVICE, OR TO A TRANSFER FACILITY ACCORDING  
3 TO SUBSECTION (4) FOR SUBSEQUENT TRANSPORTATION TO AN APPROVED  
4 SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE. WHEN REQUESTED BY A  
5 LAW ENFORCEMENT OFFICER, AN EMERGENCY SERVICE UNIT OR STAFF SHALL  
6 PROVIDE TRANSPORTATION FOR THE INDIVIDUAL TO AN APPROVED SERVICE  
7 PROGRAM OR AN EMERGENCY MEDICAL SERVICE. THIS SUBSECTION DOES NOT  
8 APPLY TO AN INDIVIDUAL WHO THE LAW ENFORCEMENT OFFICER REASONABLY  
9 BELIEVES WILL ATTEMPT ESCAPE OR WILL BE UNREASONABLY DIFFICULT FOR  
10 STAFF TO CONTROL.

11 (2) A LAW ENFORCEMENT OFFICER MAY TAKE AN INDIVIDUAL INTO  
12 PROTECTIVE CUSTODY WITH THAT KIND AND DEGREE OF FORCE THAT WOULD BE  
13 LAWFUL WERE THE OFFICER EFFECTING AN ARREST FOR A MISDEMEANOR  
14 WITHOUT A WARRANT. IN TAKING THE INDIVIDUAL, A LAW ENFORCEMENT  
15 OFFICER MAY TAKE REASONABLE STEPS TO PROTECT HIMSELF OR HERSELF.  
16 THE PROTECTIVE STEPS MAY INCLUDE A "PAT DOWN" SEARCH OF THE  
17 INDIVIDUAL IN HIS OR HER IMMEDIATE SURROUNDINGS, BUT ONLY TO THE  
18 EXTENT NECESSARY TO DISCOVER AND SEIZE ANY DANGEROUS WEAPON THAT  
19 MAY ON THAT OCCASION BE USED AGAINST THE OFFICER OR OTHER  
20 INDIVIDUALS PRESENT. THESE PROTECTIVE STEPS SHALL BE TAKEN BY THE  
21 LAW ENFORCEMENT OFFICER BEFORE AN EMERGENCY SERVICE UNIT OR STAFF  
22 PROVIDES TRANSPORTATION OF AN INDIVIDUAL TO AN APPROVED SERVICE  
23 PROGRAM OR EMERGENCY MEDICAL SERVICE.

24 (3) THE TAKING OF AN INDIVIDUAL TO AN APPROVED SERVICE  
25 PROGRAM, EMERGENCY MEDICAL SERVICE, OR TRANSFER FACILITY UNDER  
26 SUBSECTION (1) IS NOT AN ARREST, BUT IS A TAKING INTO PROTECTIVE  
27 CUSTODY WITH OR WITHOUT CONSENT OF THE INDIVIDUAL. THE LAW

1 ENFORCEMENT OFFICER SHALL INFORM THE INDIVIDUAL THAT HE OR SHE IS  
2 BEING HELD IN PROTECTIVE CUSTODY AND IS NOT UNDER ARREST. AN ENTRY  
3 OR OTHER RECORD SHALL NOT BE MADE TO INDICATE THAT THE INDIVIDUAL  
4 WAS ARRESTED OR CHARGED WITH EITHER A CRIME OR BEING INCAPACITATED.  
5 AN ENTRY SHALL BE MADE INDICATING THE DATE, TIME, AND PLACE OF THE  
6 TAKING, BUT THE ENTRY SHALL NOT BE TREATED FOR ANY PURPOSE AS AN  
7 ARREST OR CRIMINAL RECORD.

8 (4) AN INDIVIDUAL TAKEN INTO PROTECTIVE CUSTODY UNDER  
9 SUBSECTION (1) MAY BE TAKEN TO A TRANSFER FACILITY FOR NOT MORE  
10 THAN 8 HOURS, IF THERE IS NEITHER AN APPROVED SERVICE PROGRAM NOR  
11 AN EMERGENCY MEDICAL SERVICE IN THAT COUNTY AND IF, DUE TO DISTANCE  
12 OR OTHER CIRCUMSTANCES, A LAW ENFORCEMENT OFFICER IS UNABLE TO  
13 COMPLETE TRANSPORT OF THE INDIVIDUAL TO AN APPROVED SERVICE PROGRAM  
14 OR EMERGENCY MEDICAL SERVICE. THE LAW ENFORCEMENT OFFICER OR AGENCY  
15 SHALL IMMEDIATELY NOTIFY AND REQUEST THE NEAREST APPROVED SERVICE  
16 PROGRAM OR EMERGENCY MEDICAL SERVICE TO PROVIDE AN EMERGENCY  
17 SERVICE UNIT OR STAFF AS SOON AS POSSIBLE TO TRANSPORT THE  
18 INDIVIDUAL TO THAT APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL  
19 SERVICE. IF NEITHER AN EMERGENCY SERVICE UNIT NOR STAFF IS  
20 AVAILABLE FOR TRANSPORTATION, A LAW ENFORCEMENT OFFICER MAY  
21 TRANSPORT THE INDIVIDUAL TO AN APPROVED SERVICE PROGRAM OR  
22 EMERGENCY MEDICAL SERVICE. IF AN EMERGENCY SERVICE UNIT OR STAFF IS  
23 TO PROVIDE TRANSPORTATION, THE DESIGNATED REPRESENTATIVE OF THE  
24 TRANSFER FACILITY SHALL ASSUME CUSTODY OF THE INDIVIDUAL AND SHALL  
25 TAKE ALL REASONABLE STEPS TO ENSURE THE INDIVIDUAL'S HEALTH AND  
26 SAFETY UNTIL CUSTODY IS TRANSFERRED TO THE EMERGENCY SERVICE UNIT  
27 OR STAFF OF AN APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL

1 SERVICE.

2 (5) AN INDIVIDUAL ARRESTED BY A LAW ENFORCEMENT OFFICER FOR  
3 THE COMMISSION OF A MISDEMEANOR PUNISHABLE BY IMPRISONMENT FOR NOT  
4 MORE THAN 3 MONTHS, OR BY A FINE OF NOT MORE THAN \$500.00, OR BOTH,  
5 MAY BE TAKEN TO AN APPROVED SERVICE PROGRAM OR AN EMERGENCY MEDICAL  
6 SERVICE FOR EMERGENCY TREATMENT IF THE INDIVIDUAL APPEARS TO BE  
7 INCAPACITATED AT THE TIME OF APPREHENSION. THIS TREATMENT IS NOT IN  
8 LIEU OF CRIMINAL PROSECUTION OF THE INDIVIDUAL FOR THE OFFENSE WITH  
9 WHICH THE INDIVIDUAL IS CHARGED, NOR SHALL IT PRECLUDE THE  
10 ADMINISTRATION OF ANY TESTS AS PROVIDED FOR BY LAW.

11 SEC. 277. (1) AN INDIVIDUAL WHO IS TAKEN TO AN APPROVED  
12 SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE UNDER SECTION 276(1)  
13 SHALL CONTINUE TO BE IN PROTECTIVE CUSTODY AND SHALL BE EXAMINED BY  
14 A PHYSICIAN OR HIS OR HER DESIGNATED REPRESENTATIVE AS SOON AS  
15 POSSIBLE, BUT NOT LONGER THAN 8 HOURS. THE PHYSICIAN OR DESIGNATED  
16 REPRESENTATIVE MAY CONDUCT A CHEMICAL TEST TO DETERMINE THE AMOUNT  
17 OF ALCOHOL IN THE BLOODSTREAM OF THE INDIVIDUAL. THE PHYSICIAN OR  
18 DESIGNATED REPRESENTATIVE SHALL INFORM THE INDIVIDUAL OF HIS OR HER  
19 RIGHT TO THAT TEST AND SHALL CONDUCT A TEST AT THE REQUEST OF THE  
20 INDIVIDUAL.

21 (2) AN INDIVIDUAL WHO, BY MEDICAL EXAMINATION, IS FOUND TO BE  
22 INCAPACITATED SHALL THEN RECEIVE TREATMENT FROM AN APPROVED SERVICE  
23 PROGRAM OR EMERGENCY MEDICAL SERVICE. AN INDIVIDUAL SHALL NOT BE  
24 DENIED TREATMENT SOLELY BECAUSE THE INDIVIDUAL HAS WITHDRAWN FROM  
25 TREATMENT AGAINST MEDICAL ADVICE ON A PRIOR OCCASION OR BECAUSE THE  
26 INDIVIDUAL HAS RELAPSED AFTER EARLIER TREATMENT. AN APPROVED  
27 SERVICE PROGRAM OR THE EMERGENCY MEDICAL SERVICE MAY ARRANGE FOR

1 NECESSARY TRANSPORTATION.

2 (3) APPROVED SERVICE PROGRAMS ARE NOT EXPECTED TO PROVIDE  
3 TREATMENT OTHER THAN THAT FOR WHICH THEY ARE LICENSED, NOR SHALL AN  
4 EMERGENCY MEDICAL SERVICE BE REQUIRED TO PROVIDE TREATMENT OTHER  
5 THAN THAT ROUTINELY PROVIDED FOR OTHER PATIENTS TREATED.

6 SEC. 278. (1) AN INDIVIDUAL WHO IS TAKEN TO AN APPROVED  
7 SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE UNDER SECTION 276(1)  
8 SHALL CONTINUE TO BE IN PROTECTIVE CUSTODY. THE INDIVIDUAL SHALL  
9 NOT BE DETAINED ONCE THE INDIVIDUAL IS MEDICALLY EXAMINED AND FOUND  
10 NOT TO BE INCAPACITATED. AN INDIVIDUAL FOUND BY MEDICAL EXAMINATION  
11 TO BE INCAPACITATED SHALL BE DETAINED UNTIL THE INDIVIDUAL IS NO  
12 LONGER INCAPACITATED OR FOR NOT MORE THAN 72 HOURS AFTER THE  
13 INDIVIDUAL IS TAKEN TO THE APPROVED SERVICE PROGRAM OR EMERGENCY  
14 MEDICAL SERVICE. AN INDIVIDUAL MAY CONSENT TO REMAIN IN THE PROGRAM  
15 FOR AS LONG AS THE PHYSICIAN IN CHARGE BELIEVES APPROPRIATE.

16 (2) AN INDIVIDUAL WHO IS TAKEN TO AN APPROVED SERVICE PROGRAM  
17 OR EMERGENCY MEDICAL SERVICE UNDER SECTION 276(5) SHALL BE  
18 DISCHARGED TO A LAW ENFORCEMENT OFFICER AFTER THE INDIVIDUAL IS NO  
19 LONGER INCAPACITATED. AN INDIVIDUAL WHO REMAINS INCAPACITATED AT  
20 THE EXPIRATION OF 72 HOURS AFTER THE INDIVIDUAL HAS BEEN TAKEN TO  
21 THE APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE SHALL BE  
22 DISCHARGED TO A LAW ENFORCEMENT OFFICER UNLESS BOTH OF THE  
23 FOLLOWING OCCUR:

24 (A) THE INDIVIDUAL AGREES TO REMAIN IN THE PROGRAM LONGER THAN  
25 72 HOURS.

26 (B) THE PHYSICIAN IN CHARGE OF THE PROGRAM BELIEVES IT  
27 APPROPRIATE THAT THE INDIVIDUAL REMAIN IN THE PROGRAM LONGER THAN



1 72 HOURS.

2 SEC. 279. (1) AN INDIVIDUAL WHO IS BROUGHT TO AN APPROVED  
3 SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE UNDER SECTION 276(1)  
4 AND IS FOUND BY MEDICAL EXAMINATION NOT TO BE INCAPACITATED SHALL  
5 BE IMMEDIATELY RELEASED AND TRANSPORTATION MAY BE ARRANGED BY THE  
6 APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE.

7 (2) AN INDIVIDUAL WHO IS BROUGHT TO AN APPROVED SERVICE  
8 PROGRAM OR EMERGENCY MEDICAL SERVICE UNDER SECTION 276(5) AND IS  
9 FOUND BY MEDICAL EXAMINATION NOT TO BE INCAPACITATED SHALL BE  
10 RELEASED TO A LAW ENFORCEMENT OFFICER REPRESENTING THE AGENCY THAT  
11 MADE THE ARREST.

12 SEC. 280. IF AN INDIVIDUAL HELD IN PROTECTIVE CUSTODY IS  
13 ADMITTED TO AN APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL  
14 SERVICE, THE INDIVIDUAL'S FAMILY, NEXT OF KIN, OR SOMEONE WHOM THE  
15 INDIVIDUAL DESIGNATES SHALL BE NOTIFIED AS PROMPTLY AS POSSIBLE.

16 SEC. 281. (1) AN INDIVIDUAL MAY VOLUNTARILY SEEK ADMISSION AT  
17 AN APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE.

18 (2) THE INDIVIDUAL SHALL BE EXAMINED BY A PHYSICIAN OR HIS OR  
19 HER DESIGNATED REPRESENTATIVE. THE PHYSICIAN AT THE REQUEST OF THE  
20 INDIVIDUAL MAY ORDER A CHEMICAL TEST TO DETERMINE THE AMOUNT OF  
21 ALCOHOL IN THE BLOODSTREAM OF THE INDIVIDUAL.

22 (3) AN INDIVIDUAL WHO BY MEDICAL EXAMINATION IS FOUND TO BE  
23 INCAPACITATED SHALL THEN BE ADMITTED OR REFERRED FOR TREATMENT.  
24 TRANSPORTATION MAY BE PROVIDED TO AN INDIVIDUAL ADMITTED OR  
25 REFERRED FOR TREATMENT THROUGH THE APPROVED SERVICE PROGRAM OR THE  
26 EMERGENCY MEDICAL SERVICE.

27 (4) THE VOLUNTARILY ADMITTED INDIVIDUAL MAY LEAVE AT ANY TIME

1 OR MAY CONSENT TO REMAIN AS LONG AS THE PHYSICIAN BELIEVES  
2 APPROPRIATE.

3 (5) IF A VOLUNTARILY ADMITTED INDIVIDUAL IS ADMITTED TO AN  
4 APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE, THE FAMILY,  
5 NEXT OF KIN, OR SOMEONE WHOM THE INDIVIDUAL DESIGNATES, SHALL BE  
6 NOTIFIED AS PROMPTLY AS POSSIBLE. IF AN ADULT REQUESTS THAT THERE  
7 BE NO NOTIFICATION, THE REQUEST SHALL BE RESPECTED.

8 SEC. 282. (1) A LAW ENFORCEMENT OFFICER, A MEMBER OF THE  
9 EMERGENCY SERVICE UNIT, OR STAFF MEMBER OF AN APPROVED SERVICE  
10 PROGRAM OR AN EMERGENCY MEDICAL SERVICE WHO ACTS IN COMPLIANCE WITH  
11 SECTIONS 276 TO 286 IS ACTING IN THE COURSE OF HIS OR HER OFFICIAL  
12 DUTY AND IS NOT CRIMINALLY OR CIVILLY LIABLE AS A RESULT.

13 (2) SUBSECTION (1) DOES NOT APPLY TO A LAW ENFORCEMENT  
14 OFFICER, MEMBER OF THE EMERGENCY SERVICE UNIT, OR STAFF MEMBER OF  
15 AN APPROVED SERVICE PROGRAM OR AN EMERGENCY MEDICAL SERVICE WHO,  
16 WHILE ACTING IN COMPLIANCE WITH SECTIONS 276 TO 286, ENGAGES IN  
17 BEHAVIOR INVOLVING GROSS NEGLIGENCE OR WILLFUL AND WANTON  
18 MISCONDUCT.

19 (3) APPROVED SERVICE PROGRAMS, STAFF OF APPROVED SERVICE  
20 PROGRAMS, EMERGENCY MEDICAL SERVICES, STAFF OF EMERGENCY MEDICAL  
21 SERVICES, LAW ENFORCEMENT OFFICERS, AND EMERGENCY SERVICE UNITS ARE  
22 NOT CRIMINALLY OR CIVILLY LIABLE FOR THE SUBSEQUENT ACTIONS OF THE  
23 APPARENTLY INCAPACITATED INDIVIDUAL WHO LEAVES THE APPROVED SERVICE  
24 PROGRAM OR EMERGENCY MEDICAL SERVICE.

25 SEC. 283. AN INDIVIDUAL TAKEN, OR SEEKING VOLUNTARY ADMISSION  
26 UNDER SECTION 281, TO AN EMERGENCY MEDICAL SERVICE OR A TRANSFER  
27 FACILITY SHALL HAVE HIS OR HER POSSESSIONS INVENTORIED AND HELD IN

1 A SECURE PLACE. THESE POSSESSIONS SHALL BE RETURNED TO THE  
2 INDIVIDUAL WHEN THE INDIVIDUAL IS RELEASED. CONTRABAND DISCOVERED  
3 IN THE INVENTORY SHALL NOT BE RETURNED TO THE INDIVIDUAL.

4 SEC. 284. (1) IF TREATMENT OR TRANSPORTATION, OR BOTH, IS  
5 PROVIDED BY AN APPROVED SERVICE PROGRAM, EMERGENCY SERVICE UNIT, OR  
6 EMERGENCY MEDICAL SERVICE, AND THE INDIVIDUAL HAS NOT PAID THE  
7 CHARGE FOR THAT TREATMENT OR TRANSPORTATION, OR BOTH, THE APPROVED  
8 SERVICE PROGRAM, EMERGENCY SERVICE UNIT, OR EMERGENCY MEDICAL  
9 SERVICE IS ENTITLED TO ANY PAYMENT RECEIVED BY THE INDIVIDUAL OR TO  
10 WHICH THE INDIVIDUAL MAY BE ENTITLED BECAUSE OF THE SERVICES  
11 RENDERED, OR ENTITLED TO ANY PAYMENT FROM ANY PUBLIC OR PRIVATE  
12 SOURCE AVAILABLE TO THE APPROVED SERVICE PROGRAM, EMERGENCY SERVICE  
13 UNIT, OR EMERGENCY MEDICAL SERVICE BECAUSE OF THE TREATMENT OR  
14 TRANSPORTATION, OR BOTH, PROVIDED TO THE INDIVIDUAL.

15 (2) IF AN INDIVIDUAL RECEIVES TREATMENT OR TRANSPORTATION, OR  
16 BOTH, FROM AN APPROVED SERVICE PROGRAM, EMERGENCY SERVICE UNIT, OR  
17 EMERGENCY MEDICAL SERVICE, THE ESTATE OF THE INDIVIDUAL OR AN  
18 INDIVIDUAL OBLIGATED TO PROVIDE FOR THE COST OF TREATMENT, OR  
19 TRANSPORTATION, OR BOTH, IS LIABLE TO THE APPROVED SERVICE PROGRAM,  
20 EMERGENCY SERVICE UNIT, OR EMERGENCY MEDICAL SERVICE FOR THE COST  
21 OF THE TREATMENT OR TRANSPORTATION, OR BOTH, OF THAT INDIVIDUAL.

22 SEC. 285. RECORDS OF THE DIAGNOSTIC EVALUATION, PSYCHIATRIC,  
23 PSYCHOLOGICAL, SOCIAL SERVICE CARE, AND REFERRAL OF AN INDIVIDUAL  
24 THAT ARE MAINTAINED IN CONNECTION WITH THE PERFORMANCE OF AN  
25 APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL SERVICE AUTHORIZED OR  
26 PROVIDED UNDER SECTIONS 276 TO 286 ARE CONFIDENTIAL AND MAY ONLY BE  
27 DISCLOSED IN EITHER OF THE FOLLOWING CIRCUMSTANCES:

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1 (A) FOR THE PURPOSES AND UNDER THE CIRCUMSTANCES EXPRESSLY  
2 AUTHORIZED UNDER SECTION 262 OR 263.

3 (B) AT THE SPECIFIC WRITTEN REQUEST OF A PAROLE OR PROBATION  
4 OFFICER SEEKING THE INFORMATION WITH REGARD TO A PAROLEE OR  
5 PROBATIONER IN THE OFFICER'S CHARGE WHO AGREES TO RELEASE THIS  
6 INFORMATION.

7 SEC. 286. (1) AFTER JANUARY 15, 1978, A CITY, COUNTY,  
8 TOWNSHIP, OR VILLAGE MAY NOT ADOPT OR ENFORCE A LOCAL LAW,  
9 ORDINANCE, RESOLUTION, RULE, OR PORTION THEREOF HAVING THE FORCE OF  
10 LAW THAT IMPOSES A CIVIL OR CRIMINAL PENALTY FOR PUBLIC  
11 INTOXICATION, BEING A COMMON DRUNKARD, OR BEING INCAPACITATED,  
12 EXCEPT AS PROVIDED IN SUBSECTION (3) OR (4).

13 (2) A LOCAL UNIT OF GOVERNMENT MAY NOT INTERPRET OR APPLY ANY  
14 LAW OF GENERAL APPLICATION TO CIRCUMVENT SUBSECTION (1).

15 (3) THIS SECTION AND SECTIONS 276 TO 285 DO NOT AFFECT A LAW,  
16 ORDINANCE, RESOLUTION, OR RULE AGAINST DRUNKEN DRIVING, DRIVING  
17 UNDER THE INFLUENCE OF ALCOHOL, OR OTHER SIMILAR OFFENSE INVOLVING  
18 THE OPERATION OF A VEHICLE, SNOWMOBILE, AIRCRAFT, VESSEL,  
19 MACHINERY, OR OTHER EQUIPMENT, OR MOTORIZED CONVEYANCE, OR  
20 REGARDING THE SALE, PURCHASE, DISPENSING, POSSESSION,  
21 TRANSPORTATION, CONSUMPTION, OR USE OF ALCOHOLIC BEVERAGES AT  
22 STATED TIMES AND PLACES, OR BY A PARTICULAR CLASS OF INDIVIDUALS.

23 (4) THIS SECTION AND SECTIONS 276 TO 285 DO NOT PROHIBIT A  
24 LOCAL UNIT OF GOVERNMENT FROM ADOPTING AN ORDINANCE CONSISTENT WITH  
25 SECTION 167 OF THE MICHIGAN PENAL CODE, 1931 PA 328, MCL 750.167.

26 SEC. 287. [(1) PURSUANT TO APPROVAL OF THE MENTAL HEALTH MANAGED  
27 CARE WAIVER BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, THE

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1 COMPOSITION OF THE PREPAID INPATIENT HEALTH PLAN BOARD SHALL CONSIST OF  
2 REPRESENTATIVES OF MENTAL HEALTH, DEVELOPMENTAL OR INTELLECTUAL  
3 DISABILITIES, AND SUBSTANCE USE DISORDER SERVICES. ADDITIONALLY, EACH  
4 COUNTY WITHIN THE PREPAID INPATIENT HEALTH PLAN'S SERVICE AREA SHALL  
5 APPOINT 1 MEMBER TO THE BOARD.]

6 (2) THE PREPAID INPATIENT HEALTH PLAN SHALL ENSURE THAT  
7 FUNDING DEDICATED TO SUBSTANCE USE DISORDER SERVICES SHALL BE  
8 RETAINED FOR SUBSTANCE USE DISORDER SERVICES AND NOT DIVERTED TO  
9 FUND SERVICES THAT ARE NOT FOR SUBSTANCE USE DISORDERS.

10 (3) A PREPAID INPATIENT HEALTH PLAN DESIGNATED BY THE DIRECTOR  
11 TO ASSUME THE RESPONSIBILITIES OF PROVIDING SUBSTANCE USE DISORDER  
12 SERVICES FOR A COUNTY OR REGION SHALL [ ] RETAIN  
13 THE EXISTING PROVIDERS WHO ARE UNDER CONTRACT TO PROVIDE SUBSTANCE  
14 USE DISORDER TREATMENT AND PREVENTION SERVICES [ ] FOR A PERIOD OF 2  
15 YEARS AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED  
16 THIS SECTION[.

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25 (4) ] THE DEPARTMENT AND THE PREPAID INPATIENT HEALTH PLAN SHALL  
26 CONTINUE TO USE THE ALLOCATION FORMULA BASED ON FEDERAL AND STATE  
27 DATA SOURCES TO ALLOCATE AND DISTRIBUTE NONMEDICAL ASSISTANCE

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1 SUBSTANCE USE DISORDER SERVICES FUNDS.

2 [(5)] THE DEPARTMENT SHALL WORK WITH PREPAID INPATIENT HEALTH  
3 PLANS AND COMMUNITY MENTAL HEALTH SERVICES PROGRAMS TO SIMPLIFY THE  
4 ADMINISTRATIVE AND REPORTING REQUIREMENTS FOR MENTAL HEALTH  
5 SERVICES AND SUBSTANCE USE DISORDER SERVICES.

6 [(6)] PREPAID INPATIENT HEALTH PLANS ARE CONSIDERED COORDINATING  
7 AGENCIES FOR PURPOSES OF RECEIVING ANY FUNDS STATUTORILY REQUIRED  
8 TO BE DISTRIBUTED TO COORDINATING AGENCIES.

9 Enacting section 1. The following parts and sections of the  
10 public health code, 1978 PA 368, MCL 333.1101 to 333.25211, are  
11 repealed:

12 (a) Part 61, MCL 333.6101 to 333.6141.

13 (b) Sections 6201, 6203, 6205, 6207, 6209, 6211, 6213, 6215,  
14 6217, 6221, 6222, 6223, 6226, 6228, 6231, and 6232, MCL 333.6201,  
15 333.6203, 333.6205, 333.6207, 333.6209, 333.6211, 333.6213,  
16 333.6215, 333.6217, 333.6221, 333.6222, 333.6223, 333.6226,  
17 333.6228, 333.6231, and 333.6232.

18 (c) Part 65, MCL 333.6501 to 333.6523.

19 Enacting section 2. This amendatory act takes effect January  
20 1, 2013.

21 Enacting section 3. This amendatory act does not take effect  
22 unless House Bill No. 4863 of the 96th Legislature is enacted into  
23 law.