

# Legislative Analysis

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## **MENTAL HEALTH CIVIL ADMISSIONS: REVISE DEF. OF "PERSON REQUIRING TREATMENT"**

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### **House Bill 4809**

**Sponsor: Rep. Rick Jones**

**Committee: Health Policy**

**Complete to 6-15-09**

### **A SUMMARY OF HOUSE BILL 4809 AS INTRODUCED 4-21-09**

The bill would revise the definition of "person requiring treatment" contained in Chapter 4 of the Mental Health Code, entitled *Civil Admission and Discharge Procedures: Mental Illness*.

When a person who has mental illness is assessed by a Community Mental Health Service Program as being a person in need of treatment, the person can voluntarily agree to treatment. If, however, the person who has mental illness is unlikely to participate in treatment voluntarily, a court can order the person into treatment, including outpatient treatment and/or hospitalization. Generally speaking, individuals are in need of treatment if they present a danger to others or themselves, or due to the mental illness, are unable to care for their personal needs such as food, clothing, and shelter.

House Bill 4809 would revise the definition of "person in need of treatment" contained in Chapter 4 of the Mental Health Code (MCL 330.1401 and 330.1433) to mean a person who is *either* of the following:

- An individual who has mental illness and as a result of that mental illness represents a danger to self or others, or an individual who has mental illness and without treatment of the mental illness can reasonably be expected, based on competent clinical opinion, to represent a threat to self or others in the near future because of inability to understand the need for treatment or attend to basic physical needs, including, but not limited to, food, clothing, or shelter. (This provision replaces Section 401(a), (b), and (c) of the code.)
- An individual who has mental illness, whose understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily, who is currently noncompliant with treatment that has been recommended by a mental health professional and that has been determined to be necessary to prevent a relapse or harmful deterioration of his or her condition and whose noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, prison, or jail at least two times within the last 48 months or whose noncompliance with treatment has been a factor in the individual's committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months. An individual under this provision is only

eligible to receive assisted outpatient treatment under Section 433 or 469a. (This provision is contained currently in the definition of "person requiring treatment" and has not been amended by the bill.)

(Note: Section 401(a), which would be revised, currently pertains to those who, as a result of the mental illness, can reasonably be expected within the near future to seriously physically injure themselves or others, and who have engaged in an act or acts or made significant threats that support the expectation of harm.

Section 401(b), which would be deleted, currently pertains to those who have demonstrated that they are unable to attend to basic physical needs such as food, clothing, or shelter.

Section 401(c), which also would be deleted, pertains to those whose judgment is so impaired that they are unable to understand the need for treatment and whose continued behavior – as a result of the mental illness – can be reasonably expected to result in significant physical harm to themselves or others. Currently, the provision specifies that the individual must receive involuntary mental health treatment initially only under the provisions of Sections 434-438, which provide the petition process for involuntary treatment; a court is then authorized to order treatment, including hospitalization.)

#### **FISCAL IMPACT:**

This bill will have fiscal implications for the state to the extent that the revised definition of persons requiring treatment results in more persons being involuntarily committed to state-operated mental health facilities.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.