

**SENATE 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

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

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

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

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

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

1 **POTENTIALLY DEVELOP A SUBSTANCE USE DISORDER.**

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

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

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

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

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

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

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

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

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

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

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

27 (b) A psychiatrist employed by or under contract as a child

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

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

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

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

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

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

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

1 agreement of a recipient that is witnessed and documented by an
2 individual other than the individual providing treatment.

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

10 (21) "DEPARTMENT" MEANS THE DEPARTMENT OF COMMUNITY HEALTH.

11 (22) "DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY"
12 MEANS THE COMMUNITY MENTAL HEALTH AUTHORITY, COMMUNITY MENTAL
13 HEALTH ORGANIZATION, COMMUNITY MENTAL HEALTH SERVICES PROGRAM,
14 COUNTY COMMUNITY MENTAL HEALTH AGENCY, OR COMMUNITY MENTAL HEALTH
15 REGIONAL ENTITY DESIGNATED BY THE DEPARTMENT TO REPRESENT A REGION
16 OF COMMUNITY MENTAL HEALTH AUTHORITIES, COMMUNITY MENTAL HEALTH
17 ORGANIZATIONS, COMMUNITY MENTAL HEALTH SERVICES PROGRAMS, OR COUNTY
18 COMMUNITY MENTAL HEALTH AGENCIES.

19 (23) ~~(19)~~—"Dependent living setting" means all of the
20 following:

21 (a) An adult foster care facility.

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

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

26 ~~—(20) "Department" means the department of community health.~~

27 (24) "DESIGNATED REPRESENTATIVE" MEANS ANY OF THE FOLLOWING:

1 (A) A REGISTERED NURSE OR LICENSED PRACTICAL NURSE LICENSED OR
2 OTHERWISE AUTHORIZED UNDER PART 172 OF THE PUBLIC HEALTH CODE, 1978
3 PA 368, MCL 333.17201 TO 333.17242.

4 (B) A PARAMEDIC LICENSED OR OTHERWISE AUTHORIZED UNDER PART
5 209 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.20901 TO
6 333.20979.

7 (C) A PHYSICIAN'S ASSISTANT LICENSED OR OTHERWISE AUTHORIZED
8 UNDER PART 170 OR 175 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL
9 333.17001 TO 333.17084 AND 333.17501 TO 333.17556.

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

13 (25) ~~(21)~~—"Developmental disability" means either of the
14 following:

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

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

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

21 (iii) Is likely to continue indefinitely.

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

24 (A) Self-care.

25 (B) Receptive and expressive language.

26 (C) Learning.

27 (D) Mobility.

1 (E) Self-direction.

2 (F) Capacity for independent living.

3 (G) Economic self-sufficiency.

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

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

13 (26) ~~(22)~~—"Director" means the director of the department or
14 his or her designee.

15 (27) ~~(23)~~—"Discharge" means an absolute, unconditional release
16 of an individual from a facility by action of the facility or a
17 court.

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

22 (a) Severely mentally impaired.

23 (b) Severely multiply impaired.

24 (c) Autistic impaired and receiving special education services
25 in a program designed for the autistic impaired under subsection
26 (1) of R 340.1758 of the Michigan administrative code or in a
27 program designed for the severely mentally impaired or severely

1 multiply impaired.

2 (29) ~~(25)~~—"Emergency situation" means a situation in which an
3 individual is experiencing a serious mental illness or a
4 developmental disability, or a minor is experiencing a serious
5 emotional disturbance, and 1 of the following applies:

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

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

14 (c) The individual's judgment is so impaired that he or she is
15 unable to understand the need for treatment and, in the opinion of
16 the mental health professional, his or her continued behavior as a
17 result of the mental illness, developmental disability, or
18 emotional disturbance can reasonably be expected in the near future
19 to result in physical harm to the individual or to another
20 individual.

21 (30) ~~(26)~~—"Executive director" means an individual appointed
22 under section 226 to direct a community mental health services
23 program or his or her designee.

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

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

3 (3) "Family member" means a parent, stepparent, spouse,
4 sibling, child, or grandparent of a primary consumer, or an
5 individual upon whom a primary consumer is dependent for at least
6 50% of his or her financial support.

7 (4) "Federal funds" means funds received from the federal
8 government under a categorical grant or similar program and does
9 not include federal funds received under a revenue sharing
10 arrangement.

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

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

16 (b) With regard to serious mental illness, substantial
17 interference or limitation of role functioning in 1 or more major
18 life activities including basic living skills such as eating,
19 bathing, and dressing; instrumental living skills such as
20 maintaining a household, managing money, getting around the
21 community, and taking prescribed medication; and functioning in
22 social, vocational, and educational contexts.

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

26 (7) "Hospital" or "psychiatric hospital" means an inpatient
27 program operated by the department for the treatment of individuals

1 with serious mental illness or serious emotional disturbance or a
2 psychiatric hospital or psychiatric unit licensed under section
3 137.

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

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

8 (10) **"INCAPACITATED" MEANS THAT AN INDIVIDUAL, AS A RESULT OF**
9 **THE USE OF ALCOHOL, IS UNCONSCIOUS OR HAS HIS OR HER MENTAL OR**
10 **PHYSICAL FUNCTIONING SO IMPAIRED THAT HE OR SHE EITHER POSES AN**
11 **IMMEDIATE AND SUBSTANTIAL DANGER TO HIS OR HER OWN HEALTH AND**
12 **SAFETY OR IS ENDANGERING THE HEALTH AND SAFETY OF THE PUBLIC.**

13 (11) ~~(10)~~ "Individual plan of services" or "plan of services"
14 means a written ~~individualized~~ **INDIVIDUAL** plan of services
15 developed with a recipient as required by section 712.

16 (12) ~~(11)~~ "Licensed facility" means a facility licensed by the
17 department under section 137 or an adult foster care facility.

18 (13) ~~(12)~~ "Licensed psychologist" means a doctoral level
19 psychologist licensed under section 18223(1) of the public health
20 code, 1978 PA 368, MCL 333.18223.

21 (14) ~~(13)~~ "Medical director" means a psychiatrist appointed
22 under section 231 to advise the executive director of a community
23 mental health services program.

24 (15) ~~(14)~~ "Mental health professional" means an individual who
25 is trained and experienced in the area of mental illness or
26 developmental disabilities and who is 1 of the following:

27 (a) A physician. ~~who is licensed to practice medicine or~~

1 ~~osteopathic medicine and surgery in this state under article 15 of~~
2 ~~the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.~~

3 (b) A psychologist licensed to practice in this state under
4 article 15 of the public health code, 1978 PA 368, MCL 333.16101 to
5 333.18838.

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

9 (d) ~~Until July 1, 2005, a certified social worker registered~~
10 ~~under article 15 of the public health code, 1978 PA 368, MCL~~
11 ~~333.16101 to 333.18838. Beginning July 1, 2005, a~~ A licensed
12 master's social worker licensed under article 15 of the public
13 health code, 1978 PA 368, MCL 333.16101 to 333.18838.

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

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

19 (16) ~~(15)~~—"Mental retardation" means a condition manifesting
20 before the age of 18 years that is characterized by significantly
21 subaverage intellectual functioning and related limitations in 2 or
22 more adaptive skills and that is diagnosed based on the following
23 assumptions:

24 (a) Valid assessment considers cultural and linguistic
25 diversity, as well as differences in communication and behavioral
26 factors.

27 (b) The existence of limitation in adaptive skills occurs

1 within the context of community environments typical of the
2 individual's age peers and is indexed to the individual's
3 particular needs for support.

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

6 (d) With appropriate supports over a sustained period, the
7 life functioning of the individual with mental retardation will
8 generally improve.

9 (17) ~~(16)~~—"Minor" means an individual under the age of 18
10 years.

11 (18) ~~(17)~~—"Multicultural services" means specialized mental
12 health services for multicultural populations such as African-
13 Americans, Hispanics, Native Americans, Asian and Pacific
14 Islanders, and Arab/Chaldean-Americans.

15 (19) ~~(18)~~—"Neglect" means an act or failure to act committed
16 by an employee or volunteer of the department, a community mental
17 health services program, or a licensed hospital; a service provider
18 under contract with the department, **A** community mental health
19 services program, or **A** licensed hospital; or an employee or
20 volunteer of a service provider under contract with the department,
21 **A** community mental health services program, or **A** licensed hospital,
22 that denies a recipient the standard of care or treatment to which
23 he or she is entitled under this act.

24 Sec. 100c. (1) "Peace officer" means an officer of the
25 department of state police or of a law enforcement agency of a
26 county, township, city, or village who is responsible for the
27 prevention and detection of crime and enforcement of the criminal

1 laws of this state. For the purposes of sections 408 and 427, peace
2 officer also includes an officer of the United States secret
3 service with the officer's consent and a police officer of the
4 veterans' administration medical center reservation.

5 (2) "Peer review" means a process, including the review
6 process required under section 143a, in which mental health
7 professionals of a state facility, licensed hospital, or community
8 mental health services program evaluate the clinical competence of
9 staff and the quality and appropriateness of care provided to
10 recipients. These evaluations are confidential in accordance with
11 section 748(9) and are based on criteria established by the
12 facility or community mental health services program itself, the
13 accepted standards of the mental health professions, and the
14 department. ~~of community health.~~

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

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

21 (5) "Primary consumer" means an individual who has received or
22 is receiving services from the department or a community mental
23 health services program or services from the private sector
24 equivalent to those offered by the department or a community mental
25 health services program.

26 (6) "Priority" means preference for and dedication of a major
27 proportion of resources to specified populations or services.

1 Priority does not mean serving or funding the specified populations
2 or services to the exclusion of other populations or services.

3 (7) "Protective custody" means the temporary custody of an
4 individual by a peace officer with or without the individual's
5 consent for the purpose of protecting that individual's health and
6 safety, or the health and safety of the public, and for the purpose
7 of transporting the individual under section 408 or 427 if the
8 individual appears, in the judgment of the peace officer, to be a
9 person requiring treatment or is a person requiring treatment.
10 Protective custody is civil in nature and is not to be construed as
11 an arrest.

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

21 (9) "Psychiatric unit" means a unit of a general hospital that
22 provides inpatient services for individuals with serious mental
23 illness or serious emotional disturbance. As used in this
24 subsection, "general hospital" means a hospital as defined in
25 section 20106 of the public health code, 1978 PA 368, MCL
26 333.20106.

27 (10) "Psychiatrist" means 1 or more of the following:

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

6 (b) A psychiatrist employed by or under contract with the
7 department or a community mental health services program on March
8 28, 1996.

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

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

18 (12) "Recipient" means an individual who receives mental
19 health services from the department, a community mental health
20 services program, or a facility or from a provider that is under
21 contract with the department or a community mental health services
22 program. **FOR THE PURPOSES OF THIS ACT, RECIPIENT DOES NOT INCLUDE**
23 **AN INDIVIDUAL RECEIVING SUBSTANCE USE DISORDER SERVICES UNDER**
24 **CHAPTER 2A UNLESS THAT INDIVIDUAL IS ALSO RECEIVING MENTAL HEALTH**
25 **SERVICES UNDER THIS ACT IN CONJUNCTION WITH SUBSTANCE USE DISORDER**
26 **SERVICES.**

27 (13) "Recipient rights advisory committee" means a committee

1 of a community mental health services program board appointed under
2 section 757 or a recipient rights advisory committee appointed by a
3 licensed hospital under section 758.

4 (14) "RECOVERY" MEANS A HIGHLY INDIVIDUALIZED PROCESS OF
5 HEALING AND TRANSFORMATION WHERE THE INDIVIDUAL GAINS CONTROL OVER
6 HIS OR HER LIFE. RELATED SERVICES INCLUDE RECOVERY MANAGEMENT,
7 RECOVERY SUPPORT SERVICES, RECOVERY HOUSES OR TRANSITIONAL LIVING
8 PROGRAMS, AND RELAPSE PREVENTION. RECOVERY INVOLVES THE DEVELOPMENT
9 OF A NEW MEANING, PURPOSE, AND GROWING BEYOND THE IMPACT OF
10 ADDICTION OR A DIAGNOSIS. RECOVERY MAY INCLUDE THE PURSUIT OF
11 SPIRITUAL, EMOTIONAL, MENTAL, OR PHYSICAL WELL-BEING.

12 (15) ~~(14)~~—"Regional entity" means an entity established under
13 section 204b to provide specialty services and supports.

14 (16) "REHABILITATION" MEANS THE ACT OF RESTORING AN INDIVIDUAL
15 TO A STATE OF MENTAL AND PHYSICAL HEALTH OR USEFUL ACTIVITY THROUGH
16 VOCATIONAL OR EDUCATIONAL TRAINING, THERAPY, AND COUNSELING.

17 (17) ~~(15)~~—"Resident" means an individual who receives services
18 in a facility.

19 (18) ~~(16)~~—"Responsible mental health agency" means the
20 hospital, center, or community mental health services program that
21 has primary responsibility for the recipient's care or for the
22 delivery of services or supports to that recipient.

23 (19) ~~(17)~~—"Rule" means a rule promulgated under the
24 administrative procedures act of 1969, 1969 PA 306, MCL 24.201 to
25 24.328.

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

27 (2) "Serious emotional disturbance" means a diagnosable

1 mental, behavioral, or emotional disorder affecting a minor that
2 exists or has existed during the past year for a period of time
3 sufficient to meet diagnostic criteria specified in the most recent
4 diagnostic and statistical manual of mental disorders published by
5 the American psychiatric association and approved by the department
6 and that has resulted in functional impairment that substantially
7 interferes with or limits the minor's role or functioning in
8 family, school, or community activities. The following disorders
9 are included only if they occur in conjunction with another
10 diagnosable serious emotional disturbance:

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

12 (b) A developmental disorder.

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

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

1 conjunction with another diagnosable serious mental illness:

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

3 (b) A developmental disorder.

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

6 (4) "Special compensation" means payment to an adult foster
7 care facility to ensure the provision of a specialized program in
8 addition to the basic payment for adult foster care. Special
9 compensation does not include payment received directly from the
10 medicaid program for personal care services for a resident, or
11 payment received under the supplemental security income program.

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

18 (6) "Specialized residential service" means a combination of
19 residential care and mental health services that are expressly
20 designed to provide rehabilitation and therapy to a recipient, that
21 are provided in the residence of the recipient, and that are part
22 of a comprehensive individual plan of services.

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

26 (8) ~~(7)~~"State facility" means a center or a hospital operated
27 by the department.

1 (9) ~~(8)~~—"State recipient rights advisory committee" means a
2 committee appointed by the director under section 756 to advise the
3 director and the director of the department's office of recipient
4 rights.

5 ~~(9) "Substance abuse" means that term as defined in section~~
6 ~~6107 of the public health code, Act No. 368 of the Public Acts of~~
7 ~~1978, being section 333.6107 of the Michigan Compiled Laws.~~

8 (10) "SUBSTANCE ABUSE" MEANS THE TAKING OF ALCOHOL OR OTHER
9 DRUGS AT DOSAGES THAT PLACE AN INDIVIDUAL'S SOCIAL, ECONOMIC,
10 PSYCHOLOGICAL, AND PHYSICAL WELFARE IN POTENTIAL HAZARD OR TO THE
11 EXTENT THAT AN INDIVIDUAL LOSES THE POWER OF SELF-CONTROL AS A
12 RESULT OF THE USE OF ALCOHOL OR DRUGS, OR WHILE HABITUALLY UNDER
13 THE INFLUENCE OF ALCOHOL OR DRUGS, ENDANGERS PUBLIC HEALTH, MORALS,
14 SAFETY, OR WELFARE, OR A COMBINATION THEREOF.

15 (11) "SUBSTANCE USE DISORDER" MEANS CHRONIC DISORDER IN WHICH
16 REPEATED USE OF ALCOHOL, DRUGS, OR BOTH, RESULTS IN SIGNIFICANT AND
17 ADVERSE CONSEQUENCES. SUBSTANCE ABUSE IS CONSIDERED A SUBSTANCE USE
18 DISORDER.

19 (12) "SUBSTANCE USE DISORDER PREVENTION SERVICES" MEANS
20 SERVICES THAT ARE INTENDED TO REDUCE THE CONSEQUENCES OF SUBSTANCE
21 USE DISORDERS IN COMMUNITIES BY PREVENTING OR DELAYING THE ONSET OF
22 SUBSTANCE ABUSE AND THAT ARE INTENDED TO REDUCE THE PROGRESSION OF
23 SUBSTANCE USE DISORDERS IN INDIVIDUALS. SUBSTANCE USE DISORDER
24 PREVENTION IS AN ORDERED SET OF STEPS THAT PROMOTES INDIVIDUAL,
25 FAMILY, AND COMMUNITY HEALTH, PREVENTS MENTAL AND BEHAVIORAL
26 DISORDERS, SUPPORTS RESILIENCE AND RECOVERY, AND REINFORCES
27 TREATMENT PRINCIPLES TO PREVENT RELAPSE.

1 (13) "SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION
2 SERVICES" MEANS THE PROVIDING OF IDENTIFIABLE RECOVERY-ORIENTED
3 SERVICES INCLUDING:

4 (A) EARLY INTERVENTION AND CRISIS INTERVENTION COUNSELING
5 SERVICES FOR INDIVIDUALS WHO ARE CURRENT OR FORMER INDIVIDUALS WITH
6 SUBSTANCE USE DISORDER.

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

9 (C) PLANNED TREATMENT SERVICES, INCLUDING CHEMOTHERAPY,
10 COUNSELING, OR REHABILITATION FOR INDIVIDUALS PHYSIOLOGICALLY OR
11 PSYCHOLOGICALLY DEPENDENT UPON OR ABUSING ALCOHOL OR DRUGS.

12 (14) ~~(10)~~—"Supplemental security income" means the program
13 authorized under title XVI of the social security act, ~~chapter 531,~~
14 ~~49 Stat. 620, U.S.C. 42 USC 1381 to 1382j and 1383 to 1383d.~~1383F.

15 (15) "TRANSFER FACILITY" MEANS A FACILITY SELECTED BY THE
16 DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY, WHICH
17 FACILITY IS PHYSICALLY LOCATED IN A JAIL OR LOCKUP AND IS STAFFED
18 BY AT LEAST 1 DESIGNATED REPRESENTATIVE WHEN IN USE ACCORDING TO
19 CHAPTER 2A.

20 (16) ~~(11)~~—"Transition services" means a coordinated set of
21 activities for a special education student designed within an
22 outcome-oriented process that promotes movement from school to
23 postschool activities, including postsecondary education,
24 vocational training, integrated employment including supported
25 employment, continuing and adult education, adult services,
26 independent living, or community participation.

27 (17) ~~(12)~~—"Treatment" means care, diagnostic, and therapeutic

1 services, including the administration of drugs, and any other
2 service for the treatment of an individual's serious mental illness
3 or serious emotional disturbance.

4 (18) ~~(13)~~—"Treatment position" means a unit of measure of the
5 client capacity of a psychiatric partial hospitalization program.
6 Each treatment position represents a minimum of 6 hours per day and
7 5 days per calendar week.

8 (19) ~~(14)~~—"Urgent situation" means a situation in which an
9 individual is determined to be at risk of experiencing an emergency
10 situation in the near future if he or she does not receive care,
11 treatment, or support services.

12 (20) ~~(15)~~—"Wraparound services" means an individually designed
13 set of services provided to minors with serious emotional
14 disturbance or serious mental illness and their families that
15 includes treatment services and personal support services or any
16 other supports necessary to ~~maintain~~ **FOSTER EDUCATION PREPAREDNESS,**
17 **EMPLOYABILITY, AND PRESERVATION OF** the child in the family home.
18 Wraparound services are to be developed through an interagency
19 collaborative approach and a minor's parent or guardian and a minor
20 age 14 or older are to participate in planning the services.

21 Sec. 161. In conjunction with community mental health services
22 programs, the department shall conduct annually and forward to the
23 governor and the house and senate appropriations committees, and
24 the senate and house committees with legislative oversight of human
25 services and mental health, an evaluation of the family support
26 subsidy program that shall include, but is not limited to, all of
27 the following:

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

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

10 (c) Sample assessments of families receiving family support
11 subsidy payments including adequacy of subsidy and need for
12 services not available.

13 (d) The efforts to encourage program participation of eligible
14 families.

15 (e) The geographic distribution of families receiving subsidy
16 payments and, to the extent possible, eligible minors presumed to
17 be eligible for family support subsidy payments.

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

20 (g) Problems that arise in identifying eligible minors through
21 diagnostic evaluations performed under rules promulgated by the
22 department of education.

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

27 (i) Caseload figures by eligibility category as described in

1 section ~~100a(24)~~-110A(27) .

2 Sec. 208. (1) Services provided by a community mental health
3 services program shall be directed to individuals who have a
4 serious mental illness, serious emotional disturbance, or
5 developmental disability.

6 (2) Services may be directed to individuals who have other
7 mental disorders that meet criteria specified in the most recent
8 diagnostic and statistical manual of mental health disorders
9 published by the American psychiatric association and may also be
10 directed to the prevention of mental disability and the promotion
11 of mental health. Resources that have been specifically designated
12 to community mental health services programs for services to
13 individuals with dementia, alcoholism, or substance ~~abuse~~**USE**
14 **DISORDER** or for the prevention of mental disability and the
15 promotion of mental health shall be utilized for those specific
16 purposes.

17 (3) Priority shall be given to the provision of services to
18 individuals with the most severe forms of serious mental illness,
19 serious emotional disturbance, and developmental disability.
20 Priority shall also be given to the provision of services to
21 individuals with a serious mental illness, serious emotional
22 disturbance, or developmental disability in urgent or emergency
23 situations.

24 (4) An individual shall not be denied a service because an
25 individual who is financially liable is unable to pay for the
26 service.

27 Sec. 210. (1) Any single county or any combination of

1 adjoining counties may elect to establish a community mental health
2 services program by a majority vote of each county board of
3 commissioners.

4 (2) A DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY
5 SHALL COORDINATE THE PROVISION OF SUBSTANCE USE DISORDER SERVICES
6 IN ITS REGION AND SHALL ENSURE SERVICES ARE AVAILABLE FOR
7 INDIVIDUALS WITH SUBSTANCE USE DISORDER.

8 CHAPTER 2A

9 SUBSTANCE USE DISORDER SERVICES

10 SEC. 260. (1) AS USED IN THIS CHAPTER:

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

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

16 (C) "PERSON IN LOCO PARENTIS" MEANS AN INDIVIDUAL WHO IS NOT
17 THE PARENT OR GUARDIAN OF A CHILD OR MINOR BUT WHO HAS LEGAL
18 CUSTODY OF THE CHILD OR MINOR AND IS PROVIDING SUPPORT AND CARE FOR
19 THE CHILD OR MINOR.

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

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

27 (2) THE DEPARTMENT SHALL BEGIN IMPLEMENTATION OF THE CHANGES

1 IN THIS CHAPTER NOT LATER THAN OCTOBER 1, 2013 AND SHALL HAVE THE
2 CHANGES COMPLETED BY NOT LATER THAN OCTOBER 1, 2014.

3 SEC. 261. RECORDS OF THE IDENTITY, DIAGNOSIS, PROGNOSIS, AND
4 TREATMENT OF AN INDIVIDUAL MAINTAINED IN CONNECTION WITH THE
5 PERFORMANCE OF A PROGRAM, AN APPROVED SERVICE PROGRAM, OR AN
6 EMERGENCY MEDICAL SERVICE AUTHORIZED OR PROVIDED OR ASSISTED UNDER
7 THIS CHAPTER ARE CONFIDENTIAL AND MAY BE DISCLOSED ONLY FOR THE
8 PURPOSES AND UNDER THE CIRCUMSTANCES AUTHORIZED BY SECTION 262 OR
9 263.

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

13 (A) HEALTH PROFESSIONALS FOR THE PURPOSE OF DIAGNOSIS OR
14 TREATMENT OF THE INDIVIDUAL.

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

17 (C) ANY OTHER PERSON SPECIFICALLY AUTHORIZED BY THE
18 INDIVIDUAL.

19 (2) THE INDIVIDUAL CONSENTING UNDER SUBSECTION (1) MAY REVOKE
20 THE AUTHORIZATION FOR THE DISCLOSURE AT ANY TIME, UNLESS EXPRESSLY
21 PROHIBITED BY FEDERAL LEGISLATION ON CONFIDENTIALITY OF ALCOHOL AND
22 DRUG ABUSE PATIENT RECORDS, BY GIVING WRITTEN NOTICE TO THE
23 PROGRAM.

24 (3) THE AUTHORIZATION OR REVOCATION SHALL BE IN A FORM
25 SPECIFIED BY THE DEPARTMENT IN ACCORDANCE WITH REGULATIONS
26 SPECIFYING THE FORM OF THE WRITTEN CONSENT ISSUED BY THE UNITED
27 STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE AND THE SPECIAL

1 ACTION OFFICE FOR DRUG ABUSE PREVENTION.

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

5 (A) TO MEDICAL PERSONNEL TO THE EXTENT NECESSARY TO MEET A
6 BONA FIDE MEDICAL EMERGENCY.

7 (B) TO QUALIFIED PERSONNEL FOR THE PURPOSE OF CONDUCTING
8 SCIENTIFIC STATISTICAL RESEARCH, FINANCIAL AUDITS, OR PROGRAM
9 EVALUATION, BUT THE PERSONNEL SHALL NOT DIRECTLY OR INDIRECTLY
10 IDENTIFY AN INDIVIDUAL IN A REPORT OF THE RESEARCH AUDIT OR
11 EVALUATION OR OTHERWISE DISCLOSE AN IDENTITY IN ANY MANNER.

12 (C) UPON APPLICATION, A COURT OF COMPETENT JURISDICTION MAY
13 ORDER DISCLOSURE OF WHETHER A SPECIFIC INDIVIDUAL IS UNDER
14 TREATMENT BY A PROGRAM. IN ALL OTHER RESPECTS, THE CONFIDENTIALITY
15 SHALL BE THE SAME AS THE PHYSICIAN-PATIENT RELATIONSHIP PROVIDED BY
16 LAW.

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

19 SEC. 264. (1) THE CONSENT TO THE PROVISION OF SUBSTANCE USE
20 DISORDER RELATED MEDICAL OR SURGICAL CARE, TREATMENT, OR SERVICES
21 BY A HOSPITAL, CLINIC, OR HEALTH PROFESSIONAL AUTHORIZED BY LAW
22 EXECUTED BY A MINOR WHO IS OR PROFESSES TO BE AN INDIVIDUAL WITH A
23 SUBSTANCE USE DISORDER IS VALID AND BINDING AS IF THE MINOR HAD
24 ACHIEVED THE AGE OF MAJORITY. THE CONSENT IS NOT SUBJECT TO LATER
25 DISAFFIRMANCE BY REASON OF MINORITY. THE CONSENT OF ANY OTHER
26 PERSON, INCLUDING A SPOUSE, PARENT, GUARDIAN, OR PERSON IN LOCO
27 PARENTIS, IS NOT NECESSARY TO AUTHORIZE THESE SERVICES TO BE

1 PROVIDED TO A MINOR.

2 (2) FOR MEDICAL REASONS, THE TREATING PHYSICIAN, AND, ON THE
3 ADVICE AND DIRECTION OF THE TREATING PHYSICIAN, A MEMBER OF THE
4 MEDICAL STAFF OF A HOSPITAL OR CLINIC OR OTHER HEALTH PROFESSIONAL,
5 MAY, BUT IS NOT OBLIGATED TO, INFORM THE SPOUSE, PARENT, GUARDIAN,
6 OR PERSON IN LOCO PARENTIS AS TO THE TREATMENT GIVEN OR NEEDED. THE
7 INFORMATION MAY BE GIVEN TO OR WITHHELD FROM THESE PERSONS WITHOUT
8 CONSENT OF THE MINOR AND NOTWITHSTANDING THE EXPRESS REFUSAL OF THE
9 MINOR TO THE PROVIDING OF THE INFORMATION.

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

13 SEC. 265. (1) A PROGRAM THAT IS REQUESTED BY A MINOR'S PARENT
14 OR A PERSON IN LOCO PARENTIS TO A MINOR TO PERFORM SUBSTANCE USE
15 DISORDER TREATMENT AND REHABILITATION SERVICES FOR THE MINOR MAY
16 PERFORM THOSE SERVICES FOR THE MINOR WITHOUT THE MINOR'S CONSENT IF
17 THE MINOR IS LESS THAN 14 YEARS OF AGE, AS VERIFIED BY THE MINOR'S
18 PARENTS OR PERSON ACTING IN LOCO PARENTIS, AND IF THE REQUEST IS
19 MADE IN WRITING.

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

23 (3) IF SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION
24 SERVICES ARE REQUESTED UNDER SUBSECTION (2) AND THE MINOR DOES NOT
25 CONSENT TO THE SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION
26 SERVICES, THE PROGRAM SHALL CAUSE TO HAVE CONDUCTED A DIAGNOSTIC
27 EVALUATION TO DETERMINE WHETHER THE MINOR IS PHYSIOLOGICALLY

1 DEPENDENT. EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (4), A
2 DIAGNOSTIC EVALUATION SHALL BE CONDUCTED WITHIN 48 HOURS OF THE
3 REQUEST FOR SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION
4 SERVICES.

5 (4) IF IT IS DETERMINED DURING A DIAGNOSTIC EVALUATION
6 CONDUCTED UNDER SUBSECTION (3) THAT THE MINOR IS IN NEED OF
7 DETOXIFICATION, THE PROGRAM MAY ARRANGE FOR DETOXIFICATION SERVICES
8 AND THOSE SERVICES MAY BE PERFORMED, WITH THE CONSENT OF THE
9 MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO THE MINOR AND WITHOUT
10 THE MINOR'S CONSENT, FOR A PERIOD THAT SHALL NOT EXCEED 5 DAYS.
11 AFTER THE MINOR'S DETOXIFICATION, THE PROGRAM SHALL CAUSE TO HAVE
12 THE MINOR'S DIAGNOSTIC EVALUATION COMPLETED WITHIN 48 HOURS.

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

17 (A) THE MINOR CONSENTS TO SUBSTANCE USE DISORDER TREATMENT AND
18 REHABILITATION SERVICES.

19 (B) IT IS DETERMINED UNDER SECTION 266 THAT SUBSTANCE USE
20 DISORDER TREATMENT AND REHABILITATION SERVICES ARE NECESSARY FOR
21 THE MINOR.

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

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

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

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

12 (A) THE MINOR'S PARENTS OR PERSON IN LOCO PARENTIS TO THE
13 MINOR.

14 (B) THE MINOR.

15 (C) THE PROGRAM DIRECTOR.

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

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

19 (4) A HEARING ON A PETITION UNDER SUBSECTION (1) SHALL BE HELD
20 WITHIN 7 DAYS OF THE COURT'S RECEIPT OF THE PETITION.

21 (5) AT A HEARING UNDER THIS SECTION, THE COURT SHALL DETERMINE
22 WHETHER SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION
23 SERVICES ARE NECESSARY. IF THE COURT DETERMINES THAT SUBSTANCE USE
24 DISORDER TREATMENT AND REHABILITATION SERVICES ARE NECESSARY, THE
25 COURT SHALL DETERMINE A SUITABLE PLACEMENT FOR THE MINOR IN THE
26 LEAST RESTRICTIVE SETTING AVAILABLE.

27 (6) IN MAKING THE DETERMINATIONS UNDER SUBSECTION (5), THE

1 COURT SHALL OBTAIN AND EXAMINE THE DIAGNOSTIC EVALUATION PREPARED
2 FOR THE MINOR UNDER SECTION 265. IF AN INDEPENDENT DIAGNOSTIC
3 EVALUATION WAS PREPARED, THE COURT SHALL EXAMINE THAT EVALUATION.
4 INFORMATION OBTAINED UNDER THIS SECTION SHALL NOT BE USED TO
5 AUTHORIZE A PETITION UNDER SECTION 2(A) OF CHAPTER XIIIA OF THE
6 PROBATE CODE OF 1939, 1939 PA 288, MCL 712A.2.

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

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

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

19 (2) THE RESULTS OF THE REVIEWS SHALL BE TRANSMITTED IN WRITING
20 WITHIN 72 HOURS AFTER COMPLETION OF THE REVIEW TO ALL OF THE
21 FOLLOWING:

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 AD LITEM.

26 (D) THE COURT.

27 (3) A MINOR MAY OBJECT TO HIS OR HER TREATMENT PLAN WITHIN 30

1 DAYS AFTER RECEIPT OF THE PERIODIC REVIEW UNDER SUBSECTION (1). THE
2 OBJECTION SHALL BE IN WRITING AND SHALL STATE THE BASIS ON WHICH IT
3 IS BEING RAISED. AT THE MINOR'S REQUEST, THE MINOR'S GUARDIAN AD
4 LITEM SHALL ASSIST THE MINOR IN PROPERLY SUBMITTING THE OBJECTION.

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

9 SEC. 268. (1) UPON RECEIPT OF AN OBJECTION FILED UNDER SECTION
10 267, THE COURT SHALL SCHEDULE A HEARING TO BE HELD WITHIN 7
11 BUSINESS DAYS. AFTER RECEIPT OF THE OBJECTION, THE COURT SHALL
12 NOTIFY ALL OF THE FOLLOWING PERSONS OF THE TIME AND PLACE FOR THE
13 HEARING:

14 (A) THE MINOR.

15 (B) THE MINOR'S PARENT OR PERSON IN LOCO PARENTIS TO THE
16 MINOR.

17 (C) THE MINOR'S GUARDIAN.

18 (D) THE PROGRAM DIRECTOR.

19 (2) THE COURT SHALL SUSTAIN THE OBJECTION AND ORDER THE
20 DISCHARGE OF THE MINOR UNLESS THE COURT FINDS BY CLEAR AND
21 CONVINCING EVIDENCE THAT SUBSTANCE USE DISORDER TREATMENT AND
22 REHABILITATION SERVICES ARE NECESSARY. IF THE COURT DOES NOT
23 SUSTAIN THE OBJECTION, AN ORDER SHALL NOT BE ENTERED, THE OBJECTION
24 SHALL BE DISMISSED, AND SUBSTANCE USE DISORDER TREATMENT AND
25 REHABILITATION SERVICES SHALL CONTINUE.

26 SEC. 269. THE DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH
27 ENTITY AND ITS COMMUNITY MENTAL HEALTH SERVICES PROGRAM PROVIDER

1 NETWORK MAY CONTRACT FOR AND SPEND FUNDS FOR THE PREVENTION OF
2 SUBSTANCE USE DISORDER AND FOR THE COUNSELING AND TREATMENT OF
3 INDIVIDUALS WITH SUBSTANCE USE DISORDER. A DEPARTMENT-DESIGNATED
4 COMMUNITY MENTAL HEALTH ENTITY AND OTHER COMMUNITY MENTAL HEALTH
5 SERVICES PROGRAM MAY MAKE CONTRACTS WITH THE GOVERNING BODIES OF
6 OTHER DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITIES AND
7 OTHER COMMUNITY MENTAL HEALTH SERVICES PROGRAMS AND OTHER PERSONS
8 FOR THESE PURPOSES.

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

10 (A) ADMINISTER AND COORDINATE STATE ADMINISTERED FUNDS FOR
11 SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION SERVICES AND
12 SUBSTANCE USE DISORDER PREVENTION SERVICES.

13 (B) USE APPROPRIATIONS OF REVENUES FROM TAXES IMPOSED BY THE
14 MICHIGAN LIQUOR CONTROL CODE OF 1998, 1998 PA 58, MCL 436.1101 TO
15 436.2303, EXCLUSIVELY FOR THE PURPOSES PROVIDED IN THAT ACT.

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

20 (D) PROVIDE TECHNICAL ASSISTANCE TO DEPARTMENT-DESIGNATED
21 COMMUNITY MENTAL HEALTH ENTITIES AND COMMUNITY MENTAL HEALTH
22 SERVICES PROGRAMS AND TO TREATMENT, REHABILITATION, AND PREVENTION
23 AGENCIES FOR THE PURPOSES OF PROGRAM DEVELOPMENT, ADMINISTRATION,
24 AND EVALUATION.

25 (E) DEVELOP ANNUALLY A COMPREHENSIVE STATE PLAN THROUGH THE
26 USE OF FEDERAL, STATE, LOCAL, AND PRIVATE RESOURCES OF ADEQUATE
27 SERVICES AND FACILITIES FOR THE PREVENTION AND CONTROL OF SUBSTANCE

1 USE DISORDER AND THE DIAGNOSIS, TREATMENT, AND REHABILITATION OF
2 INDIVIDUALS WITH SUBSTANCE USE DISORDER.

3 (F) EVALUATE, IN COOPERATION WITH APPROPRIATE STATE
4 DEPARTMENTS AND AGENCIES, THE EFFECTIVENESS OF SUBSTANCE USE
5 DISORDER SERVICES IN THE STATE FUNDED BY FEDERAL, STATE, LOCAL, AND
6 PRIVATE RESOURCES, AND ANNUALLY DURING THE MONTH OF NOVEMBER,
7 REPORT A SUMMARY OF THE DETAILED EVALUATION TO THE GOVERNOR AND THE
8 LEGISLATURE.

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

10 (A) COOPERATE WITH AGENCIES OF THE FEDERAL GOVERNMENT AND
11 RECEIVE AND USE FEDERAL FUNDS FOR PURPOSES AUTHORIZED BY THE
12 LEGISLATURE.

13 (B) PRIOR TO THE EXPENDITURE OF FUNDS APPROPRIATED TO OTHER
14 STATE AGENCIES RECEIVING APPROPRIATIONS FOR SUBSTANCE USE DISORDER
15 TREATMENT AND REHABILITATION SERVICES AND SUBSTANCE USE DISORDER
16 PREVENTION SERVICES, HAVE A CONTRACT SIGNED WITH THE RECEIVING
17 DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY. THE
18 DEPARTMENT SHALL SUBMIT A COPY OF EACH AGREEMENT TO THE GOVERNOR
19 AND THE APPROPRIATIONS COMMITTEES OF THE SENATE AND HOUSE OF
20 REPRESENTATIVES.

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

22 (A) ESTABLISH A STATEWIDE INFORMATION SYSTEM FOR THE
23 COLLECTION OF STATISTICS, MANAGEMENT DATA, AND OTHER INFORMATION
24 REQUIRED FOR THE IMPLEMENTATION OF THIS CHAPTER.

25 (B) COLLECT, ANALYZE, AND DISSEMINATE DATA CONCERNING
26 SUBSTANCE USE DISORDER TREATMENT AND REHABILITATION SERVICES AND
27 SUBSTANCE USE DISORDER PREVENTION SERVICES.

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

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

6 (E) CONDUCT AND PROVIDE GRANT-IN-AID FUNDS TO CONDUCT RESEARCH
7 ON THE INCIDENCE, PREVALENCE, CAUSES, AND TREATMENT OF SUBSTANCE
8 USE DISORDER AND DISSEMINATE THIS INFORMATION TO THE PUBLIC AND TO
9 SUBSTANCE USE DISORDER SERVICES PROFESSIONALS.

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

11 (A) ANNUALLY ESTABLISH PROGRAM PRIORITY FOR FUNDING FOR THE
12 NEXT FISCAL YEAR.

13 (B) ESTABLISH GUIDELINES FOR PROJECT APPLICATIONS.

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

17 (2) THE DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITIES
18 AND COMMUNITY MENTAL HEALTH SERVICES PROGRAM PROVIDER NETWORKS
19 SHALL ENSURE THAT APPLICANTS FOR STATE ADMINISTERED FUNDS ARE
20 LICENSED, UNLESS EXEMPT, AS SUBSTANCE USE DISORDER SERVICE PROGRAMS
21 UNDER PART 62 OF THE PUBLIC HEALTH CODE, 1978 PA 368, MCL 333.6230
22 TO 333.6251.

23 (3) THE DEPARTMENT MAY ISSUE LICENSES; REQUIRE REPORTS;
24 ESTABLISH STANDARDS AND PROCEDURES; AND MAKE INSPECTIONS NECESSARY
25 TO ENFORCE THIS CHAPTER AND RULES PROMULGATED UNDER THIS CHAPTER;
26 AND PROVIDE TECHNICAL ASSISTANCE FOR THE GUIDANCE OF SUBSTANCE USE
27 DISORDER SERVICE PROGRAMS IN COMPLYING WITH THE REQUIREMENTS AND

1 RULES PROMULGATED UNDER THIS CHAPTER.

2 SEC. 274. A DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH
3 ENTITY DESIGNATED BY THE DIRECTOR TO ASSUME RESPONSIBILITY FOR
4 PROVIDING SUBSTANCE USE DISORDER SERVICES FOR A COUNTY OR
5 MULTICOUNTY REGION, WITH ASSISTANCE FROM ITS COMMUNITY MENTAL
6 HEALTH SERVICES PROGRAM PROVIDER NETWORK, SHALL DO ALL OF THE
7 FOLLOWING:

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

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

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

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

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

25 (F) MAKE CONTRACTS NECESSARY AND INCIDENTAL TO THE PERFORMANCE
26 OF THE DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY'S AND
27 COMMUNITY MENTAL HEALTH SERVICES PROGRAM'S FUNCTIONS. THE CONTRACTS

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

5 (G) ANNUALLY EVALUATE AND ASSESS SUBSTANCE USE DISORDER
6 SERVICES IN THE DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH
7 ENTITY IN ACCORDANCE WITH GUIDELINES ESTABLISHED BY THE DEPARTMENT.

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

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

27 SEC. 276. (1) AN INDIVIDUAL WHO APPEARS TO BE INCAPACITATED IN

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

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

25 (3) THE TAKING OF AN INDIVIDUAL TO AN APPROVED SERVICE
26 PROGRAM, EMERGENCY MEDICAL SERVICE, OR TRANSFER FACILITY UNDER
27 SUBSECTION (1) IS NOT AN ARREST, BUT IS A TAKING INTO PROTECTIVE

1 CUSTODY WITH OR WITHOUT CONSENT OF THE INDIVIDUAL. THE LAW
2 ENFORCEMENT OFFICER SHALL INFORM THE INDIVIDUAL THAT HE OR SHE IS
3 BEING HELD IN PROTECTIVE CUSTODY AND IS NOT UNDER ARREST. AN ENTRY
4 OR OTHER RECORD SHALL NOT BE MADE TO INDICATE THAT THE INDIVIDUAL
5 WAS ARRESTED OR CHARGED WITH EITHER A CRIME OR BEING INCAPACITATED.
6 AN ENTRY SHALL BE MADE INDICATING THE DATE, TIME, AND PLACE OF THE
7 TAKING, BUT THE ENTRY SHALL NOT BE TREATED FOR ANY PURPOSE AS AN
8 ARREST OR CRIMINAL RECORD.

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

1 OR STAFF OF AN APPROVED SERVICE PROGRAM OR EMERGENCY MEDICAL
2 SERVICE.

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

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

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

1 SERVICE PROGRAM OR THE EMERGENCY MEDICAL SERVICE MAY ARRANGE FOR
2 NECESSARY TRANSPORTATION.

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

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

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

25 (A) THE INDIVIDUAL AGREES TO REMAIN IN THE PROGRAM LONGER THAN
26 72 HOURS.

27 (B) THE PHYSICIAN IN CHARGE OF THE PROGRAM BELIEVES IT

1 APPROPRIATE THAT THE INDIVIDUAL REMAIN IN THE PROGRAM LONGER THAN
2 72 HOURS.

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

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

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

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

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

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

1 (4) THE VOLUNTARILY ADMITTED INDIVIDUAL MAY LEAVE AT ANY TIME
2 OR MAY CONSENT TO REMAIN AS LONG AS THE PHYSICIAN BELIEVES
3 APPROPRIATE.

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

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

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

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

26 SEC. 283. AN INDIVIDUAL TAKEN, OR SEEKING VOLUNTARY ADMISSION
27 UNDER SECTION 281, TO AN EMERGENCY MEDICAL SERVICE OR A TRANSFER

1 FACILITY SHALL HAVE HIS OR HER POSSESSIONS INVENTORIED AND HELD IN
2 A SECURE PLACE. THESE POSSESSIONS SHALL BE RETURNED TO THE
3 INDIVIDUAL WHEN THE INDIVIDUAL IS RELEASED. CONTRABAND DISCOVERED
4 IN THE INVENTORY SHALL NOT BE RETURNED TO THE INDIVIDUAL.

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

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

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

1 DISCLOSED IN EITHER OF THE FOLLOWING CIRCUMSTANCES:

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

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

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

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

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

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

27 SEC. 287. (1) THE COMPOSITION OF THE DEPARTMENT-DESIGNATED

1 COMMUNITY MENTAL HEALTH ENTITY BOARD SHALL CONSIST OF
2 REPRESENTATIVES OF MENTAL HEALTH, DEVELOPMENTAL OR INTELLECTUAL
3 DISABILITIES, AND SUBSTANCE USE DISORDER SERVICES.

4 (2) THE DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY
5 SHALL ENSURE THAT FUNDING DEDICATED TO SUBSTANCE USE DISORDER
6 SERVICES SHALL BE RETAINED FOR SUBSTANCE USE DISORDER SERVICES AND
7 NOT DIVERTED TO FUND SERVICES THAT ARE NOT FOR SUBSTANCE USE
8 DISORDERS.

9 (3) A DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY
10 DESIGNATED BY THE DIRECTOR TO ASSUME THE RESPONSIBILITIES OF
11 PROVIDING SUBSTANCE USE DISORDER SERVICES FOR A COUNTY OR REGION
12 SHALL RETAIN THE EXISTING PROVIDERS WHO ARE UNDER CONTRACT TO
13 PROVIDE SUBSTANCE USE DISORDER TREATMENT AND PREVENTION SERVICES
14 FOR A PERIOD OF 2 YEARS AFTER THE EFFECTIVE DATE OF THE AMENDATORY
15 ACT THAT ADDED THIS SECTION. UNLESS ANOTHER PLAN IS APPROVED BY THE
16 COUNTY BOARD OF COMMISSIONERS, COUNTIES OR REGIONS THAT HAVE LOCAL
17 PUBLIC HEALTH DEPARTMENTS THAT CONTRACT WITH SUBSTANCE USE DISORDER
18 PROVIDERS ON THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED
19 THIS SECTION SHALL CONTINUE TO ALLOW THE LOCAL PUBLIC HEALTH
20 DEPARTMENT TO CARRY OUT THAT FUNCTION FOR 2 YEARS AFTER THE
21 EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED THIS SECTION.

22 (4) THE DEPARTMENT AND THE DEPARTMENT-DESIGNATED COMMUNITY
23 MENTAL HEALTH ENTITY SHALL CONTINUE TO USE THE ALLOCATION FORMULA
24 BASED ON FEDERAL AND STATE DATA SOURCES TO ALLOCATE AND DISTRIBUTE
25 NONMEDICAL ASSISTANCE SUBSTANCE USE DISORDER SERVICES FUNDS.

26 (5) A DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH ENTITY
27 SHALL ESTABLISH A SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD

House Bill No. 4862 as amended December 12, 2012

1 THROUGH A CONTRACTUAL AGREEMENT BETWEEN THE DEPARTMENT-DESIGNATED
2 COMMUNITY MENTAL HEALTH ENTITY AND EACH OF THE COUNTIES SERVED BY
3 THE COMMUNITY MENTAL HEALTH SERVICES PROGRAM UNDER 1967 (EX SESS)
4 PA 8, MCL 124.531 TO 124.536, OR OTHER APPROPRIATE STATE LAW. THE
5 SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD SHALL INCLUDE THE
6 MEMBERS CALLED FOR IN THE ESTABLISHING AGREEMENT, BUT SHALL HAVE AT
7 LEAST 1 BOARD MEMBER APPOINTED BY THE COUNTY BOARD OF COMMISSIONERS
8 FOR EACH COUNTY SERVED BY THE DEPARTMENT-DESIGNATED COMMUNITY
9 MENTAL HEALTH ENTITY. THE SUBSTANCE USE DISORDER OVERSIGHT POLICY
10 BOARD SHALL PERFORM THE FUNCTIONS AND RESPONSIBILITIES ASSIGNED TO
11 IT THROUGH THE ESTABLISHING AGREEMENT, WHICH SHALL INCLUDE AT LEAST
12 THE FOLLOWING RESPONSIBILITIES:

13 (A) APPROVAL OF ANY DEPARTMENT-DESIGNATED COMMUNITY MENTAL
14 HEALTH ENTITY BUDGET CONTAINING LOCAL FUNDS FOR TREATMENT OR
15 PREVENTION OF SUBSTANCE USE DISORDERS.

16 (B) ADVICE AND RECOMMENDATIONS REGARDING <<DEPARTMENT-DESIGNATED
17 COMMUNITY MENTAL HEALTH ENTITIES>> BUDGETS FOR SUBSTANCE USE DISORDER
18 TREATMENT OR PREVENTION USING OTHER NONLOCAL FUNDING SOURCES.

19 (C) ADVICE AND RECOMMENDATIONS REGARDING CONTRACTS WITH
20 SUBSTANCE USE DISORDER TREATMENT OR PREVENTION PROVIDERS.

21 (D) ANY OTHER TERMS AS AGREED TO BY THE PARTICIPATING PARTIES
22 CONSISTENT WITH THE AUTHORIZING LEGISLATION.

23 (6) THE DEPARTMENT SHALL REPORT TO THE HOUSE OF
24 REPRESENTATIVES AND THE SENATE APPROPRIATIONS SUBCOMMITTEE ON
25 COMMUNITY HEALTH ON THE REDISTRICTING OF REGIONS NOT LATER THAN 30
26 DAYS BEFORE IMPLEMENTATION OF THE PLAN.

27 (7) THE DEPARTMENT SHALL WORK WITH DEPARTMENT-DESIGNATED

1 COMMUNITY MENTAL HEALTH ENTITIES AND COMMUNITY MENTAL HEALTH
2 SERVICES PROGRAMS TO SIMPLIFY THE ADMINISTRATIVE AND REPORTING
3 REQUIREMENTS FOR MENTAL HEALTH SERVICES AND SUBSTANCE USE DISORDER
4 SERVICES.

5 (8) BEGINNING NOT LATER THAN OCTOBER 1, 2014, OR AT THE TIME
6 THE IMPLEMENTATION OF THE CHANGES IN THIS CHAPTER ARE COMPLETE,
7 WHICHEVER IS SOONER, DEPARTMENT-DESIGNATED COMMUNITY MENTAL HEALTH
8 ENTITIES ARE COORDINATING AGENCIES FOR PURPOSES OF RECEIVING ANY
9 FUNDS STATUTORILY REQUIRED TO BE DISTRIBUTED TO COORDINATING
10 AGENCIES.

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

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

15 (b) Sections 6201, 6203, 6205, 6207, 6209, 6211, 6213, 6215,
16 6217, 6221, 6222, 6223, 6226, 6228, 6231, and 6232, MCL 333.6201,
17 333.6203, 333.6205, 333.6207, 333.6209, 333.6211, 333.6213,
18 333.6215, 333.6217, 333.6221, 333.6222, 333.6223, 333.6226,
19 333.6228, 333.6231, and 333.6232.

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

21 Enacting section 2. This amendatory act does not take effect
22 unless House Bill No. 4863 of the 96th Legislature is enacted into
23 law.