MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

GENERAL PROVISIONS

330.1400 Definitions.

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

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

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

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

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

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

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

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

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

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

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

(f) "Involuntary mental health treatment" means court-ordered hospitalization, alternative treatment, or combined hospitalization and alternative treatment as described in section 468.

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

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

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

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

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

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1978, Act 598, Imd. Eff. Jan. 4, 1979;—Am. 1982, Act 402, Imd. Eff. Dec. 28, 1982;—Am. 1986, Act 45, Imd. Eff. Mar. 17, 1986;—Am. 1986, Act 117, Eff. Mar. 31, 1987;—Am. 1986, Act 297, Imd. Eff. Dec. 22, 1986;—Am. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 2004, Act 553, Imd. Eff. Jan. 3, 2005.

Administrative rules: R 330.1001 et seq. of the Michigan Administrative Code.

330.1400a Repealed. 1995, Act 290, Eff. Mar. 28, 1996.

Compiler's note: The repealed section pertained to “mental illness” defined.

330.1400b Time frame; Sundays and legal holidays excluded.

Sec. 400b. A reference to a time frame under this chapter of 12 hours to 168 hours or an equivalent amount of days excludes Sundays and legal holidays.

History: Add. 2016, Act 320, Eff. Feb. 14, 2017.

330.1401 "Person requiring treatment" defined; exception.

Sec. 401. (1) As used in this chapter, "person requiring treatment" means (a), (b), (c), or (d):

(a) An individual who has mental illness, and who as a result of that mental illness can reasonably be

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expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.

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

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

(d) 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 voluntarily participate in or adhere to treatment that has been determined 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 2 times within the last 48 months or whose noncompliance with treatment has been a factor in the individual's committing 1 or more acts, attempts, or threats of serious violent behavior within the last 48 months. An individual under this subdivision is only eligible to receive assisted outpatient treatment.

(2) An individual whose mental processes have been weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependence is not a person requiring treatment under this chapter unless the individual also meets the criteria specified in subsection (1). An individual described in this subsection may be hospitalized under the informal or formal voluntary hospitalization provisions of this chapter if he or she is considered clinically suitable for hospitalization by the hospital director.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1975, Act 179, Eff. Aug. 6, 1975;—Am. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 2004, Act 496, Eff. Mar. 30, 2005;—Am. 2016, Act 320, Eff. Feb. 14, 2017.

330.1402 Repealed. 1995, Act 290, Eff. Mar. 28, 1996.

Compiler's note: The repealed section pertained to “person requiring treatment” defined.

330.1402a Treatment of private-pay patients by licensed hospital.

Sec. 402a. A licensed hospital may admit and treat voluntary or involuntary private-pay patients without complying with the preadmission screening requirements of section 410 or consulting with the community mental health services program before release or discharge of the patient, if no state, county, or community mental health services program funds are obligated for the services provided by the licensed hospital, including aftercare services. All other provisions of this code regarding involuntary admission and recipient rights apply to the provision of services by licensed hospitals.

History: Add. 1995, Act 290, Eff. Mar. 28, 1996.

330.1403 Involuntary mental health treatment; applicable provisions of law.

Sec. 403. Individuals shall receive involuntary mental health treatment only pursuant to the provisions of this act.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1995, Act 290, Eff. Mar. 28, 1996.

330.1404 Forms.

Sec. 404. Except as provided in this section, the department shall prescribe the forms to be used under this chapter, and all hospitals shall use department forms. At the direction of the supreme court, the state court administrative office shall prescribe the forms used for court proceedings under this chapter.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 2016, Act 320, Eff. Feb. 14, 2017.

330.1405 Veterans administration facilities; agreement to accept patient; rights of patient.

Sec. 405. (1) Any medical or psychiatric facility operated by the United States veterans administration may if it agrees accept patients under any applicable provision of this chapter and may at its discretion avail itself of any other provision of this chapter.

(2) Any patient hospitalized pursuant to subsection (1) shall be entitled to invoke the provisions of this chapter.

History: 1974, Act 258, Eff. Nov. 6, 1974.

330.1406 Voluntary hospitalization; notice to court; dismissal.

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Sec. 406. If an individual asserted to be a person requiring treatment is considered by a hospital to be suitable for informal or formal voluntary hospitalization, the hospital shall offer the individual the opportunity to request or make application for hospitalization as an informal or formal voluntary patient. If the individual is voluntarily hospitalized, the hospital director shall inform the court, and the court shall dismiss any pending proceeding for admission unless it finds that dismissal would not be in the best interest of the individual or the public.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1995, Act 290, Eff. Mar. 28, 1996.

330.1407 Transfer of patient; notice; appeal.

Sec. 407. A patient in a department hospital may be transferred to any other hospital, or to any facility of the department that is not a hospital, if the transfer would not be detrimental to the patient and if both the community mental health services program and the department approve the transfer. The patient, a patient advocate designated to make mental health treatment decisions for the patient under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102, if any, and the patient's guardian or nearest relative shall be notified at least 7 days prior to any transfer, except that a transfer may be effected earlier if it is necessitated by an emergency. In addition, the patient may designate up to 2 other persons to receive the notice. If a transfer is effected due to an emergency, the required notices shall be given as soon as possible, but not later than 24 hours after the transfer. If the patient, the patient advocate, or the patient's guardian or nearest relative objects to the transfer, the department shall provide an opportunity to appeal the transfer.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 2004, Act 554, Imd. Eff. Jan. 3, 2005.

330.1408 Return of patient to hospital; conditions; notification of peace officers; protective custody; notice of opportunity to appeal.

Sec. 408. (1) An individual is subject to being returned to a hospital if both of the following circumstances exist:

(a) The individual was admitted to the hospital by judicial order.

(b) The individual has left the hospital without authorization, or has refused a lawful request to return to the hospital while on an authorized leave or other authorized absence from the hospital.

(2) The hospital director may notify peace officers that an individual is subject to being returned to the hospital. Upon notification by the hospital director, a peace officer shall take the individual into protective custody and return the individual to the hospital unless contrary directions have been given by the hospital director.

(3) An opportunity for appeal, and notice of that opportunity, shall be provided to an individual who objects to being returned from any authorized leave in excess of 10 days.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1986, Act 301, Imd. Eff. Dec. 22, 1986;—Am. 1988, Act 155, Imd. Eff. June 14, 1988;—Am. 1995, Act 290, Eff. Mar. 28, 1996.

330.1409 Preadmission screening unit.

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

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

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

(4) If the preadmission screening unit of the community mental health services program denies hospitalization, the individual or the person making the application may request a second opinion from the executive director. The executive director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request. If the conclusion of the second opinion is different from the

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conclusion of the preadmission screening unit, the executive director, in conjunction with the medical director, shall make a decision based on all clinical information available. The executive director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the executive director and medical director or verification that the decision was made in conjunction with the medical director. If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.

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

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

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

History: Add. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 1996, Act 588, Imd. Eff. Jan. 21, 1997;—Am. 2004, Act 555, Imd. Eff. Jan. 3, 2005;—Am. 2006, Act 306, Imd. Eff. July 20, 2006.

330.1410 Informal or formal voluntary admission; authorization by preadmission screening unit.

Sec. 410. Except as otherwise provided in section 402a, an individual who requests, applies for, or assents to either informal or formal voluntary admission to a hospital operated by the department or a hospital under contract with a community mental health services program may be considered for admission by the hospital only after authorization by a community mental health services preadmission screening unit.

History: Add. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 2004, Act 556, Imd. Eff. Jan. 3, 2005.

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