

HOUSE BILL NO. 4577

May 16, 2023, Introduced by Rep. VanderWall and referred to the Committee on Health Policy.

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending sections 100a, 100d, 116, 153, 165, 202, 206, 207,
207a, 208, 209a, 209b, 210, 226, 227, 269, 270, 271, 273, 274, 275,
287, 409, 705, 713, 748, 752, 754, 755, and 972 (MCL 330.1100a,
330.1100d, 330.1116, 330.1153, 330.1165, 330.1202, 330.1206,
330.1207, 330.1207a, 330.1208, 330.1209a, 330.1209b, 330.1210,
330.1226, 330.1227, 330.1269, 330.1270, 330.1271, 330.1273,

330.1274, 330.1275, 330.1287, 330.1409, 330.1705, 330.1713, 330.1748, 330.1752, 330.1754, 330.1755, and 330.1972), section 100a as amended and section 972 as added by 2020 PA 402, sections 100d and 409 as amended by 2022 PA 214, section 116 as amended by 1998 PA 67, sections 153, 206, 209a, 209b, and 752 as amended and sections 207, 227, 705, 713, and 755 as added by 1995 PA 290, section 165 as amended by 2021 PA 22, section 202 as amended by 2016 PA 320, section 207a as added by 2014 PA 28, sections 208 and 210 as amended and sections 269, 270, 271, 273, 274, 275, and 287 as added by 2012 PA 500, section 226 as amended by 2014 PA 266, section 748 as amended by 2016 PA 559, and section 754 as amended by 2006 PA 604, and by adding sections 203, 760, 761, and 762.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 100a. (1) "Abilities" means the qualities, skills, and
2 competencies of an individual that reflect the individual's talents
3 and acquired proficiencies.

4 (2) "Abuse" means nonaccidental physical or emotional harm to
5 a recipient, or sexual contact with or sexual penetration of a
6 recipient as those terms are defined in section 520a of the
7 Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed
8 by an employee or volunteer of the department, a community mental
9 health services program, or a licensed hospital or by an employee
10 or volunteer of a service provider under contract with the
11 department, community mental health services program, or licensed
12 hospital.

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

15 (a) Communication.

16 (b) Self-care.

- 1 (c) Home living.
- 2 (d) Social skills.
- 3 (e) Community use.
- 4 (f) Self-direction.
- 5 (g) Health and safety.
- 6 (h) Functional academics.
- 7 (i) Leisure.
- 8 (j) Work.

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

12 (5) "Alcohol and drug abuse counseling" means the act of
13 counseling, modification of substance use disorder related
14 behavior, and prevention techniques for individuals with substance
15 use disorder, their significant others, and individuals who could
16 potentially develop a substance use disorder.

17 (6) "Applicant" means an individual or his or her legal
18 representative who makes a request for mental health services.

19 (7) "Approved service program" means a substance use disorder
20 services program licensed under part 62 of the public health code,
21 1978 PA 368, MCL 333.6230 to 333.6251, to provide substance use
22 disorder treatment and rehabilitation services by the department-
23 designated community mental health entity and approved by the
24 federal government to deliver a service or combination of services
25 for the treatment of incapacitated individuals.

26 (8) "Assisted outpatient treatment" or "AOT" means the
27 categories of outpatient services ordered by the court under
28 section 468 or 469a. Assisted outpatient treatment may include a
29 case management plan and case management services to provide care

1 coordination under the supervision of a psychiatrist and developed
2 in accordance with person-centered planning under section 712.
3 Assisted outpatient treatment may also include 1 or more of the
4 following categories of services: medication; periodic blood tests
5 or urinalysis to determine compliance with prescribed medications;
6 individual or group therapy; day or partial day programming
7 activities; vocational, educational, or self-help training or
8 activities; assertive community treatment team services; alcohol or
9 substance use disorder treatment and counseling and periodic tests
10 for the presence of alcohol or illegal drugs for an individual with
11 a history of alcohol abuse or substance use disorder; supervision
12 of living arrangements; and any other services within a local or
13 unified services plan developed under this act that are prescribed
14 to treat the individual's mental illness and to assist the
15 individual in living and functioning in the community or to attempt
16 to prevent a relapse or deterioration that may reasonably be
17 predicted to result in suicide, the need for hospitalization, or
18 serious violent behavior. The medical review and direction included
19 in an assisted outpatient treatment plan shall be provided under
20 the supervision of a psychiatrist.

21 (9) "Board" means the governing body of a community mental
22 health services program.

23 (10) "Board of commissioners" means a county board of
24 commissioners.

25 (11) "Center" means a facility operated by the department to
26 admit individuals with developmental disabilities and provide
27 habilitation and treatment services.

28 (12) "Certification" means formal approval of a program by the
29 department in accordance with standards developed or approved by

1 the department.

2 (13) "Child abuse" and "child neglect" mean those terms as
3 defined in section 2 of the child protection law, 1975 PA 238, MCL
4 722.622.

5 (14) "Child and adolescent psychiatrist" means 1 or more of
6 the following:

7 (a) A physician who has completed a residency program in child
8 and adolescent psychiatry approved by the Accreditation Council for
9 Graduate Medical Education or the American Osteopathic Association,
10 or who has completed 12 months of child and adolescent psychiatric
11 rotation and is enrolled in an approved residency program as
12 described in this subsection.

13 (b) A psychiatrist employed by or under contract as a child
14 and adolescent psychiatrist with the department or a community
15 mental health services program on March 28, 1996, who has education
16 and clinical experience in the evaluation and treatment of children
17 or adolescents with serious emotional disturbance.

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

21 (15) "Children's diagnostic and treatment service" means a
22 program operated by or under contract with a community mental
23 health services program, that provides examination, evaluation, and
24 referrals for minors, including emergency referrals, that provides
25 or facilitates treatment for minors, and that has been certified by
26 the department.

27 (16) "Community mental health authority" means a separate
28 legal public governmental entity created under section 205 to
29 operate as a community mental health services program.

1 (17) "Community mental health organization" means a community
2 mental health services program that is organized under the urban
3 cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to
4 124.512.

5 (18) "Community mental health services program" means a
6 program operated under chapter 2 as a county community mental
7 health agency, a community mental health authority, or a community
8 mental health organization.

9 (19) "Consent" means a written agreement executed by a
10 recipient, a minor recipient's parent, a recipient's legal
11 representative with authority to execute a consent, or a full or
12 limited guardian authorized under the estates and protected
13 individuals code, 1998 PA 386, MCL 700.1101 to 700.8206, with the
14 authority to consent, or a verbal agreement of a recipient that is
15 witnessed and documented by an individual other than the individual
16 providing treatment.

17 **(20) "Contracted entity" means a contracted health plan or a**
18 **single statewide entity.**

19 **(21) "Contracted health plan" means that term as defined in**
20 **section 106 of the social welfare act, 1939 PA 280, MCL 400.106.**

21 (22) ~~(20)~~ "County community mental health agency" means an
22 official county or multicounty agency created under section 210
23 that operates as a community mental health services program and
24 that has not elected to become a community mental health authority
25 or a community mental health organization.

26 (23) ~~(21)~~ "Crisis stabilization unit" means a prescreening
27 unit established under section 409 or a facility certified under
28 chapter 9A that provides unscheduled clinical services designed to
29 prevent or ameliorate a behavioral health crisis or reduce acute

1 symptoms on an immediate, intensive, and time-limited basis in
2 response to a crisis situation.

3 **(24)** ~~(22)~~—"Department" means the department of health and
4 human services.

5 **(25)** ~~(23)~~—"Department-designated community mental health
6 entity" means the community mental health authority, community
7 mental health organization, community mental health services
8 program, county community mental health agency, or community mental
9 health regional entity designated by the department to represent a
10 region of community mental health authorities, community mental
11 health organizations, community mental health services programs, or
12 county community mental health agencies.

13 **(26)** ~~(24)~~—"Dependent living setting" means all of the
14 following:

15 (a) An adult foster care facility.

16 (b) A nursing home licensed under part 217 of the public
17 health code, 1978 PA 368, MCL 333.21701 to 333.21799e.

18 (c) A home for the aged licensed under part 213 of the public
19 health code, 1978 PA 368, MCL 333.21301 to 333.21335.

20 **(27)** ~~(25)~~—"Designated representative" means any of the
21 following:

22 (a) A registered nurse or licensed practical nurse licensed or
23 otherwise authorized under part 172 of the public health code, 1978
24 PA 368, MCL 333.17201 to 333.17242.

25 (b) A paramedic licensed or otherwise authorized under part
26 209 of the public health code, 1978 PA 368, MCL 333.20901 to
27 333.20979.

28 (c) A physician's assistant licensed or otherwise authorized
29 under part 170 or 175 of the public health code, 1978 PA 368, MCL

1 333.17001 to 333.17097 and 333.17501 to 333.17556.

2 (d) An individual qualified by education, training, and
3 experience who performs acts, tasks, or functions under the
4 supervision of a physician.

5 **(28)** ~~(26)~~—"Developmental disability" means either of the
6 following:

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

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

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

13 (iii) Is likely to continue indefinitely.

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

16 (A) Self-care.

17 (B) Receptive and expressive language.

18 (C) Learning.

19 (D) Mobility.

20 (E) Self-direction.

21 (F) Capacity for independent living.

22 (G) Economic self-sufficiency.

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

27 (b) If applied to a minor from birth to 5 years of age, a
28 substantial developmental delay or a specific congenital or
29 acquired condition with a high probability of resulting in

1 developmental disability as defined in subdivision (a) if services
2 are not provided.

3 **(29)** ~~(27)~~—"Director" means the director of the department or
4 his or her designee.

5 **(30)** ~~(28)~~—"Discharge" means an absolute, unconditional release
6 of an individual from a facility by action of the facility or a
7 court.

8 **(31)** ~~(29)~~—"Eligible minor" means an individual less than 18
9 years of age who is recommended in the written report of a
10 multidisciplinary team under rules promulgated by the department of
11 education to be classified as 1 of the following:

12 (a) Severely mentally impaired.

13 (b) Severely multiply impaired.

14 (c) Autistic impaired and receiving special education services
15 in a program designed for the autistic impaired under R 340.1758 of
16 the Michigan Administrative Code or in a program designed for the
17 severely mentally impaired or severely multiply impaired.

18 **(32)** ~~(30)~~—"Emergency situation" means a situation in which an
19 individual is experiencing a serious mental illness or a
20 developmental disability, or a minor is experiencing a serious
21 emotional disturbance, and 1 of the following applies:

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

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

1 (c) The individual has mental illness that has impaired his or
 2 her judgment so that the individual is unable to understand his or
 3 her need for treatment and presents a risk of harm.

4 **(33)** ~~(31)~~—"Executive director" means an individual appointed
 5 under section 226 to direct a community mental health services
 6 program or his or her designee.

7 Sec. 100d. (1) "Security transport officer" means an officer
 8 employed by a private security company under contract with a county
 9 under section 170.

10 (2) "Service" means a mental health service or a substance use
 11 disorder service.

12 (3) "Serious emotional disturbance" means a diagnosable
 13 mental, behavioral, or emotional disorder affecting a minor that
 14 exists or has existed during the past year for a period of time
 15 sufficient to meet diagnostic criteria specified in the most recent
 16 Diagnostic and Statistical Manual of Mental Disorders published by
 17 the American Psychiatric Association and approved by the department
 18 and that has resulted in functional impairment that substantially
 19 interferes with or limits the minor's role or functioning in
 20 family, school, or community activities. The following disorders
 21 are included only if they occur in conjunction with another
 22 diagnosable serious emotional disturbance:

23 (a) A substance use disorder.

24 (b) A developmental disorder.

25 (c) "V" codes in the Diagnostic and Statistical Manual of
 26 Mental Disorders.

27 (4) "Serious mental illness" means a diagnosable mental,
 28 behavioral, or emotional disorder affecting an adult that exists or
 29 has existed within the past year for a period of time sufficient to

1 meet diagnostic criteria specified in the most recent Diagnostic
2 and Statistical Manual of Mental Disorders published by the
3 American Psychiatric Association and approved by the department and
4 that has resulted in functional impairment that substantially
5 interferes with or limits 1 or more major life activities. Serious
6 mental illness includes dementia with delusions, dementia with
7 depressed mood, and dementia with behavioral disturbance. Serious
8 mental illness does not include any other dementia unless the
9 dementia occurs in conjunction with another diagnosable serious
10 mental illness. The following disorders also are included only if
11 they occur in conjunction with another diagnosable serious mental
12 illness:

13 (a) A substance use disorder.

14 (b) A developmental disorder.

15 (c) A "V" code in the Diagnostic and Statistical Manual of
16 Mental Disorders.

17 **(5) "Single statewide entity" means an entity that meets all**
18 **of the requirements in section 109f(1)(a) to (e) of the social**
19 **welfare act, 1939 PA 280, MCL 400.109f, and holds a contract with**
20 **the department.**

21 **(6) ~~(5)~~**—"Special compensation" means payment to an adult
22 foster care facility to ensure the provision of a specialized
23 program in addition to the basic payment for adult foster care.
24 Special compensation does not include payment received directly
25 from the Medicaid program for personal care services for a
26 resident, or payment received under the supplemental security
27 income program.

28 **(7) ~~(6)~~**—"Specialized program" means a program of services,
29 supports, or treatment that are provided in an adult foster care

1 facility to meet the unique programmatic needs of individuals with
2 serious mental illness or developmental disability as set forth in
3 the resident's individual plan of services and for which the adult
4 foster care facility receives special compensation.

5 (8) ~~(7)~~—"Specialized residential service" means a combination
6 of residential care and mental health services that are expressly
7 designed to provide rehabilitation and therapy to a recipient, that
8 are provided in the recipient's residence, and that are part of a
9 comprehensive individual plan of services.

10 (9) ~~(8)~~—"State administered funds" means revenues appropriated
11 by the legislature exclusively for the purposes provided for in
12 regard to substance use disorder services and prevention.

13 (10) ~~(9)~~—"State facility" means a center or a hospital
14 operated by the department.

15 (11) ~~(10)~~—"State recipient rights advisory committee" means a
16 committee appointed by the director under section 756 to advise the
17 director and the director of the department's office of recipient
18 rights.

19 (12) ~~(11)~~—"Substance abuse" means the taking of alcohol or
20 other drugs at dosages that place an individual's social, economic,
21 psychological, and physical welfare in potential hazard or to the
22 extent that an individual loses the power of self-control as a
23 result of the use of alcohol or drugs, or while habitually under
24 the influence of alcohol or drugs, endangers public health, morals,
25 safety, or welfare, or a combination thereof.

26 (13) ~~(12)~~—"Substance use disorder" means chronic disorder in
27 which repeated use of alcohol, drugs, or both, results in
28 significant and adverse consequences. Substance use disorder
29 includes substance abuse.

1 **(14)** ~~(13)~~—"Substance use disorder prevention services" means
2 services that are intended to reduce the consequences of substance
3 use disorders in communities by preventing or delaying the onset of
4 substance abuse and that are intended to reduce the progression of
5 substance use disorders in individuals. Substance use disorder
6 prevention is an ordered set of steps that promotes individual,
7 family, and community health, prevents mental and behavioral
8 disorders, supports resilience and recovery, and reinforces
9 treatment principles to prevent relapse.

10 **(15)** ~~(14)~~—"Substance use disorder treatment and rehabilitation
11 services" means providing identifiable recovery-oriented services
12 including the following:

13 (a) Early intervention and crisis intervention counseling
14 services for individuals who are current or former individuals with
15 substance use disorder.

16 (b) Referral services for individuals with substance use
17 disorder, their families, and the general public.

18 (c) Planned treatment services, including chemotherapy,
19 counseling, or rehabilitation for individuals physiologically or
20 psychologically dependent upon or abusing alcohol or drugs.

21 **(16)** ~~(15)~~—"Supplemental security income" means the program
22 authorized under title XVI of the social security act, 42 USC 1381
23 to 1383f.

24 **(17)** ~~(16)~~—"Telemedicine" means the use of an electronic media
25 to link patients with health care professionals in different
26 locations. To be considered telemedicine under this section, the
27 health care professional must be able to examine the patient via a
28 health insurance portability and accountability act of 1996, Public
29 Law 104-191 compliant, secure interactive audio or video, or both,

1 telecommunications system, or through the use of store and forward
2 online messaging.

3 **(18)** ~~(17)~~—"Transfer facility" means a facility selected by the
4 department-designated community mental health entity, which
5 facility is physically located in a jail or lockup and is staffed
6 by at least 1 designated representative when in use according to
7 chapter 2A.

8 **(19)** ~~(18)~~—"Transition services" means a coordinated set of
9 activities for a special education student designed within an
10 outcome-oriented process that promotes movement from school to
11 postschool activities, including postsecondary education,
12 vocational training, integrated employment including supported
13 employment, continuing and adult education, adult services,
14 independent living, or community participation.

15 **(20)** ~~(19)~~—"Treatment" means care, diagnostic, and therapeutic
16 services, including administration of drugs, and any other service
17 for treatment of an individual's serious mental illness, serious
18 emotional disturbance, or substance use disorder.

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

23 **(22)** ~~(21)~~—"Wraparound services" means an individually designed
24 set of services provided to minors with serious emotional
25 disturbance or serious mental illness and their families that
26 includes treatment services and personal support services or any
27 other supports necessary to foster education preparedness,
28 employability, and preservation of the child in the family home.
29 Wraparound services are to be developed through an interagency

1 collaborative approach and a minor's parent or guardian and a minor
2 age 14 or older are to participate in planning the services.

3 Sec. 116. (1) Consistent with section 51 of article IV of the
4 state constitution of 1963, which declares that the health of the
5 people of the state is a matter of primary public concern, and as
6 required by section 8 of article VIII of the state constitution of
7 1963, which declares that services for the care, treatment,
8 education, or rehabilitation of those who are seriously mentally
9 disabled shall always be fostered and supported, the department
10 shall continually and diligently endeavor to ensure that adequate
11 and appropriate mental health services are available to all
12 citizens throughout the state. To this end, the department ~~shall~~
13 ~~have~~**has** the general powers and duties described in this section.

14 (2) The department shall do all of the following:

15 (a) Direct services to individuals who have a ~~serious~~ mental
16 illness, **intellectual or** developmental disability, ~~or~~ serious
17 emotional disturbance, **or substance use disorder**. The department
18 ~~shall give priority to the following services:~~**must prioritize**
19 **services for individuals with the most severe forms of these**
20 **conditions and individuals with these conditions who are in urgent,**
21 **crisis, or emergency situations. The department may promulgate**
22 **rules to administer this section and further describe priority**
23 **populations to be served.**

24 ~~(i) Services for individuals with the most severe forms of~~
25 ~~serious mental illness, serious emotional disturbance, or~~
26 ~~developmental disability.~~

27 ~~(ii) Services for individuals with serious mental illness,~~
28 ~~serious emotional disturbance, or developmental disability who are~~
29 ~~in urgent or emergency situations.~~

1 (b) Administer the provisions of chapter 2 ~~so as~~ to promote
2 and maintain an adequate and appropriate system of community mental
3 health services programs throughout the state. In the
4 administration of chapter 2, ~~it shall be the~~ **department's** objective
5 ~~of the department~~ **is** to shift primary responsibility for the direct
6 delivery of ~~public~~ mental health services from the state to a
7 community mental health services program whenever the community
8 mental health services program has demonstrated a willingness and
9 capacity to provide an adequate and appropriate system of mental
10 health services for the citizens of that service area. **Not later**
11 **than 2 years after the effective date of the amendatory act that**
12 **added this sentence, the department must contract with contracted**
13 **health plans for financial and service delivery management of**
14 **Medicaid-funded behavioral health services for the populations that**
15 **are specified in section 109f of the social welfare act, 1939 PA**
16 **280, MCL 400.109f. Additionally, not later than 2 years after the**
17 **effective date that added this sentence, the department must**
18 **contract with a single statewide entity for financial and service**
19 **delivery management of Medicaid-funded and non-Medicaid-funded**
20 **behavioral health services for the populations that are specified**
21 **in section 109f of the social welfare act, 1939 PA 280, MCL**
22 **400.109f. The contracted health plans must contract with the**
23 **community mental health services program, consistent with this**
24 **subdivision, to ensure an adequate and appropriate system of mental**
25 **health services is provided.**

26 (c) Engage in planning for the purpose of identifying,
27 assessing, and enunciating the mental health needs of the state.

28 (d) Submit to the members of the house and senate standing
29 committees and appropriation subcommittees with legislative

1 oversight of mental health matters an annual report summarizing its
 2 assessment of the mental health needs of ~~the~~**this** state and
 3 incorporating information received from community mental health
 4 services programs under section 226 **and contracted entity under**
 5 **section 109f of the social welfare act, 1939 PA 280, MCL 400.109f.**
 6 The report ~~shall~~**must** include an estimate of the cost of meeting
 7 all identified needs. Additional information shall be made
 8 available to the legislature upon request.

9 (e) Endeavor to develop and establish arrangements and
 10 procedures for the effective coordination and integration of all
 11 public mental health services, and for effective cooperation
 12 between public and nonpublic services, for the purpose of providing
 13 a unified system of statewide mental health care.

14 (f) Review and evaluate the relevance, quality, effectiveness,
 15 and efficiency of mental health services being provided by the
 16 department and ~~assure~~**ensure** the review and evaluation of mental
 17 health services provided by community mental health services
 18 programs **and contracted —entities**. The department shall establish
 19 and implement a structured system to provide data necessary for the
 20 reviews and evaluations.

21 (g) Implement those provisions of law under which it is
 22 responsible for the licensing or certification of mental health
 23 facilities or services.

24 (h) Establish standards of training and experience for
 25 executive directors of community mental health services programs.

26 (i) Support research activities.

27 (j) Support evaluation and quality improvement activities.

28 (k) Support training, consultation, and technical assistance
 29 regarding mental health programs and services and appropriate

1 prevention and mental health promotion activities, including those
 2 that are culturally sensitive, to employees of the department,
 3 community mental health services programs, and other nonprofit
 4 agencies providing mental health services under contract with
 5 community mental health services programs.

6 (l) Support multicultural services.

7 (3) The department may do all of the following:

8 (a) Direct services to individuals who have mental disorders
 9 that meet diagnostic criteria specified in the most recent
 10 diagnostic and statistical manual of mental health disorders
 11 published by the American ~~psychiatric association~~ **Psychiatric**
 12 **Association** and approved by the department and to the prevention of
 13 mental disability and the promotion of mental health. Resources
 14 that have been specifically appropriated for services to
 15 individuals with dementia, alcoholism, or substance ~~abuse,~~ **use**
 16 **disorder**, or for the prevention of mental disability and the
 17 promotion of mental health shall be utilized for those specific
 18 purposes.

19 (b) Provide, on a residential or nonresidential basis, any
 20 type of patient or client service including but not limited to
 21 prevention, diagnosis, treatment, care, education, training, and
 22 rehabilitation.

23 (c) Operate mental health programs or facilities directly or
 24 through contractual arrangement.

25 (d) Institute pilot projects considered appropriate by the
 26 director to test new models and concepts in service delivery or
 27 mental health administration. Pilot projects may include, but need
 28 not be limited to, both of the following:

29 (i) Issuance of a voucher to a recipient of public mental

1 health services in accordance with the recipient's individual plan
2 of services and guidelines developed by the department.

3 (ii) Establishment of revolving loans to assist recipients of
4 public mental health services to acquire or maintain affordable
5 housing. Funding under this subparagraph shall only be provided
6 through an agreement with a nonprofit fiduciary in accordance with
7 guidelines and procedures developed by the department related to
8 the use, issuance, and accountability of revolving loans used for
9 recipient housing.

10 (e) Enter into an agreement, contract, or arrangement with any
11 individual or public or nonpublic entity that is necessary or
12 appropriate to fulfill those duties or exercise those powers that
13 have by statute been given to the department.

14 (f) Accept gifts, grants, bequests, and other donations for
15 use in performing its functions. Any money or property accepted
16 ~~shall~~**must** be used as directed by its donor and in accordance with
17 law and the rules and procedures of the department.

18 (g) ~~The department has~~**Use** any other power necessary or
19 appropriate to fulfill those duties and exercise those powers that
20 have been given to the department by law and that are not otherwise
21 prohibited by law.

22 **(4) As provided in section 109f of the social welfare act, the**
23 **department must contract with contracted entities, for the**
24 **financial and service delivery management of behavioral health**
25 **services. Through the duration of the contract period, the**
26 **department must provide operational oversight of these entities**
27 **through contract, policy, administrative rules, or other authorized**
28 **means. This includes, but is not limited to, all of the following:**

29 **(a) Develop a comprehensive plan for monitoring the**

1 performance of the contracted entities that includes data on
2 service authorizations, individual outcomes, appeals, outreach and
3 accessibility, and comments from program participants and community
4 partners including, but not limited to, health systems, primary
5 care providers, representatives from the criminal justice system,
6 and education compiled from written surveys and face-to-face
7 interviews.

8 (b) Establish policies to ensure coordination of behavioral
9 health benefits with other benefits received under Medicaid.

10 (c) Develop standardized consumer and provider appeal
11 procedures. These procedures must include, but are not limited to,
12 procedures for consumers and providers, including a primary care
13 physician, acting on behalf of a consumer to appeal a denial or
14 determination. The department must establish time frames for
15 determinations and appeals, including expedited reviews in
16 emergency situations. Any procedure for appeals shall require that
17 an appeal be heard not later than 30 days after the appeal is filed
18 and must be decided not later than 45 days after the appeal is
19 filed. This subdivision does not prohibit any other right of appeal
20 provided under state or federal law.

21 (5) The department must develop equitable behavioral health
22 reimbursement policies, procedures, and rates necessary to ensure
23 an adequate network of providers and services across the state in
24 accordance with state and federal requirements. The department
25 shall utilize payment models that promote value over volume,
26 including, but not limited to, funding certified community
27 behavioral health clinics and Medicaid health homes, and must apply
28 for all applicable federal and private funding opportunities, seek
29 appropriate changes or waivers to the Medicaid state plan, and

1 apply for any necessary waivers and approvals from the Centers for
2 Medicare and Medicaid Services or any other appropriate federal
3 agency of the United States Department of Health and Human Services
4 to effectuate the provisions of this subsection and maximize state
5 general fund investments.

6 (6) To promote self-directed services, the department must do
7 the following:

8 (a) Contract with a contractor or subject matter expert that
9 has experience and expertise in the management of self-
10 determination contracts between an individual served and a
11 contracted entity to ensure network adequacy, equitable access, and
12 choice of self-directed services consistent with guidelines
13 established by the department.

14 (b) Provide technical assistance for self-directed service
15 programs.

16 (c) Measure the performance of contracted entities and the
17 self-determination contracts between the individual served and the
18 financial services manager as effective options for self-directed
19 services.

20 (d) Annually evaluate and assess self-directed services
21 implemented by the contracted entity and the contractor managing
22 the self-determination contract between the individual served and
23 the financial services manager to ensure the self-directed services
24 are provided in accordance with department policies.

25 (7) The department may promulgate rules and establish Medicaid
26 policy to carry out the duties established under this section.

27 Sec. 153. (1) Subject to section 114a, the department ~~shall~~
28 **must** promulgate rules for the placement of adults who have serious
29 mental illness or developmental disability into community based

1 dependent living settings by department agencies, community mental
 2 health services programs, and by agencies under contract to the
 3 department, ~~or to a~~ community mental health services program, **or a**
 4 **contracted entity**. The rules ~~shall~~**must** include, but not be limited
 5 to, the criteria to be used to determine a suitable placement and
 6 the specific agencies responsible for making decisions regarding a
 7 placement.

8 (2) Subject to section 114a, the department ~~shall~~**must**
 9 promulgate rules for the certification of specialized programs
 10 offered in an adult foster care facility to individuals with
 11 serious mental illness or developmental disability. The rules ~~shall~~
 12 **must** provide for an administrative appeal to the department of a
 13 denial or limitation of the terms of certification under chapter 4
 14 of the administrative procedures act of 1969, ~~Act No. 306 of the~~
 15 ~~Public Acts of 1969, being sections 24.271 to 24.287 of the~~
 16 ~~Michigan Compiled Laws.~~**1969 PA 306, MCL 24.271 to 24.288.**

17 (3) Upon receipt of a request from an adult foster care
 18 facility for certification of a specialized program, the department
 19 ~~shall~~**must** inspect the facility to determine whether the proposed
 20 specialized program conforms with the requirements of this section
 21 and rules promulgated under this section. The department ~~shall~~**must**
 22 provide ~~the department of social services with an~~ inspection report
 23 and a certification, denial of certification, revocation, or
 24 certification with limited terms for the proposed specialized
 25 program. The department ~~shall~~**must** reinspect a certified
 26 specialized program not less than once biennially and ~~notify the~~
 27 ~~department of social services~~**make notification** in the same manner
 28 as for the initial certification. In carrying out this subsection,
 29 the department may contract with a community mental health services

1 program, **a contracted entity**, or any other agency.

2 (4) This section does not prevent licensure of an adult foster
3 care facility or the placement of individuals with serious mental
4 illness or developmental disability into community based dependent
5 living settings pending the promulgation by the department of rules
6 under subsection (1) or (2).

7 Sec. 165. (1) Subject to appropriation, the department shall
8 establish and make available to the public a mental health
9 telephone access line known as the Michigan crisis and access line.

10 (2) The department shall contract for the design, operation,
11 and maintenance of the access line. The access line must be
12 available 24 hours a day, 7 days a week. A contractor operating or
13 maintaining the access line ~~shall~~**must** do all of the following:

14 (a) Have the ability to access information related to the
15 availability of services, including near real-time access to any
16 registry of available inpatient psychiatric beds, crisis
17 residential beds, and substance use disorder beds.

18 (b) Refer and connect individuals requiring mental health or
19 substance use disorder services to mental health professionals,
20 including, but not limited to, community mental health services
21 programs, ~~and~~ prepaid inpatient health plans, **and contracted**
22 **entities**, using telecommunications and digital communications
23 methods commonly in use, such as a telephone call, text message,
24 ~~electronic mail,~~**email**, and internet chat.

25 (c) Implement practices to comply with all applicable laws
26 respecting individual and patient privacy.

27 (d) Implement practices to ensure the security of the data
28 collected, in line with industry best practices and in compliance
29 with all applicable laws.

1 (e) Notwithstanding subdivisions (c) and (d), collect data and
2 utilize data analytics to track the success of the access line's
3 operations and identify trends in service needs and outcomes.

4 (f) Develop and utilize a customer relationship management
5 infrastructure for the access line to track, monitor, assign,
6 follow up, and report on access line operations. This customer
7 relationship management infrastructure must provide appropriate
8 community and provider access.

9 (g) Require contractors maintaining the access line to inform
10 individuals seeking behavioral health care that bed registry data
11 may not be accurate and bed availability is not guaranteed.

12 (3) The department of licensing and regulatory affairs shall
13 provide behavioral health provider licensure data to the
14 department. The department may use this data and work with the
15 contractor described in subsection (2) to leverage existing
16 databases and other sources of information identifying mental
17 health professionals providing mental health services and providers
18 of substance use disorder treatment and rehabilitation services and
19 to utilize the most current provider information available.

20 (4) The department has operational oversight for, including
21 access to and utilization of, the customer relationship management
22 infrastructure. Community mental health services programs and
23 prepaid inpatient health plans may access the customer relationship
24 management infrastructure.

25 (5) The access line must be able to support calls relating to
26 services and supports described in section 206.

27 (6) An individual operating or maintaining the access line
28 under contract with the department has the same immunity provided
29 for a governmental employee under section 7 of 1964 PA 170, MCL

1 691.1407.

2 (7) A state-operated registry of available inpatient
3 psychiatric beds, crisis residential beds, or substance use
4 disorder beds must report all data collected for that registry to
5 the department or the entity operating or maintaining the access
6 line under contract with the department.

7 (8) A health facility, health professional, or contractor
8 shall not be held civilly or criminally liable for inaccurate
9 registry data that is shared under this section.

10 Sec. 202. (1) The state ~~shall~~**must** financially support, in
11 accordance with chapter 3, community mental health services
12 programs **and contracted entities** that have been established and
13 that are administered according to ~~the provisions of~~ this chapter.

14 (2) A community mental health services program ~~shall~~**or a**
15 **contracted entity, whichever is applicable, must** determine an
16 individual's eligibility for a private health insurer, Medicaid, or
17 Medicare and ~~shall~~**must** bill the private health insurer, Medicaid,
18 or Medicare first before expending money from the state general
19 fund for providing treatment and services under this act to that
20 individual.

21 **Sec. 203. The contracted entity is not responsible for the**
22 **duties set forth in this chapter until the date specified in the**
23 **contract entered into with the department. As of the date**
24 **determined in the contract with the department, the contracted**
25 **entity must take over the administrative and management functions**
26 **set forth in this chapter and the community mental health services**
27 **program is responsible only for providing services, unless other**
28 **functions are determined by the department, or accounted for in**
29 **delegated contract arrangements with the contracted entity, as**

1 **considered acceptable by the department.**

2 Sec. 206. (1) The purpose of a community mental health
3 services program ~~shall be~~ **is** to provide a comprehensive array of
4 mental health services appropriate to conditions of individuals who
5 are located within its geographic service area, regardless of an
6 individual's ability to pay. The array of mental health services
7 ~~shall~~ **must** include, at a minimum, all of the following:

8 (a) ~~Crisis stabilization and response including a 24-hour,~~
9 **Twenty-four-hour**, 7-day per week, crisis emergency service that is
10 prepared to respond to ~~persons~~ **individuals** experiencing acute
11 emotional, behavioral, or social dysfunctions, and ~~the provision of~~
12 **providing** inpatient or other protective environment for treatment
13 **provided by the department, community mental health services**
14 **programs, or approved service programs. These services must**
15 **include, but are not limited to, the following:**

16 (i) **Coordination with the Michigan crisis and access line. The**
17 **Michigan crisis and access line shall serve as the statewide crisis**
18 **and access line accepting all calls and dispatching support based**
19 **on the assessed need of the caller.**

20 (ii) **Providing, either directly or by contract, crisis**
21 **intervention and stabilization services, such as mobile crisis**
22 **teams or acceptable alternatives as determined by the department,**
23 **to any individual in need of these services from any referral**
24 **source, including, but not limited to, the Michigan crisis and**
25 **access line.**

26 (iii) **Providing, either directly or by contract, crisis**
27 **stabilization units that serve everyone in need from all referral**
28 **sources, including the Michigan crisis and access line.**

29 (b) Identification, assessment, and diagnosis to determine the

1 specific needs of the recipient and to develop an individual plan
2 of services.

3 (c) Planning, linking, coordinating, follow-up, and monitoring
4 to assist the ~~recipient~~**individual** in gaining access to
5 ~~services~~**case management, that the department must ensure is being**
6 **coordinated with all health care providers and entities that**
7 **provide or pay for other services and supports for the individual.**

8 (d) Specialized mental health recipient training, treatment,
9 and support, including therapeutic clinical interactions,
10 socialization and adaptive skill and coping skill training, health
11 and rehabilitative services, and pre-vocational and vocational
12 services.

13 (e) Recipient rights services.

14 (f) Mental health advocacy.

15 (g) Prevention activities that serve to inform and educate
16 with the intent of reducing the risk of severe recipient
17 dysfunction.

18 (h) Any other service approved by the department.

19 (2) Services ~~shall~~**must** promote the best interests of the
20 individual and ~~shall~~**must** be designed to increase independence,
21 improve quality of life, and support community integration and
22 inclusion. Services for children and families ~~shall~~**must** promote
23 the best interests of the individual receiving services and ~~shall~~
24 **must** be designed to strengthen and preserve the family unit if
25 appropriate. The community mental health services program ~~shall~~
26 **must** deliver services in a manner that demonstrates ~~they~~**those**
27 **services** are based ~~upon~~**on** recipient choice and involvement, and
28 ~~shall~~**must** include wraparound services when appropriate. **Upon**
29 **implementation, the contracted entity must ensure that services are**

1 delivered in a manner that demonstrates those services are based on
 2 recipient choice and involvement, and must include wraparound
 3 services when appropriate and the choice for self-directed
 4 services.

5 (3) The department may promulgate rules, establish Medicaid
 6 policy, or do both, to carry out this section.

7 Sec. 207. Each community mental health services program ~~shall~~
 8 **must** provide services designed to divert persons with serious
 9 mental illness, serious emotional disturbance, **intellectual**
 10 **disability**, or developmental disability from possible jail
 11 incarceration when appropriate. **Upon implementation, the contracted**
 12 **entity must ensure that services are designed to divert persons**
 13 **with serious mental illness, serious emotional disturbance, or**
 14 **developmental disability from possible jail incarceration when**
 15 **appropriate.** These services shall be consistent with policy
 16 established by the department.

17 Sec. 207a. (1) ~~Not later than October 1, 2014, each~~ **Each**
 18 county ~~shall~~ **must** have a written interagency agreement in place for
 19 a collaborative program to provide mental health treatment and
 20 assistance, if permitted by law and considered appropriate, to
 21 ~~persons~~ **individuals** with serious mental illness who are considered
 22 at risk for 1 or more of the following:

23 (a) Entering the criminal justice system.

24 (b) Not receiving needed mental health treatment services
 25 during a period of incarceration in a county jail.

26 (c) Not receiving needed mental health treatment services upon
 27 release or discharge from incarceration in a county jail.

28 (d) Being committed to the jurisdiction of the department of
 29 corrections.

1 (2) Parties to the interagency agreement referenced in
2 subsection (1) shall include, at a minimum, all of the following:

3 (a) The county sheriff's department.

4 (b) The county prosecutor's office.

5 (c) The community mental health services program that provides
6 services in that county.

7 (d) The county board of commissioners.

8 (e) A district court judge who serves in that county or, if
9 there is more than 1 district in the county, a district court judge
10 who serves in the county who is designated either by the chief
11 judge of a district court within that county or a chief judge with
12 authority over a district court in that county.

13 (f) A circuit court judge who serves in that county who is
14 designated either by the chief judge of the circuit court or by a
15 chief judge with authority over the circuit court in that county.

16 **(g) Contracted entities serving individuals in the county.**

17 (3) The interagency agreement referenced in subsection (1)
18 ~~shall,~~**must,** at a minimum, cover all of the following areas:

19 (a) Guidelines for program eligibility.

20 (b) Interparty communication and coordination.

21 (c) Day-to-day program administration.

22 (d) Involvement of service consumers, family members, and
23 other stakeholders.

24 (e) How the program shall work with local courts.

25 (f) How the program shall address potential participants
26 before and after criminal charges have been filed.

27 (g) Resource sharing between the parties to the interagency
28 agreement.

29 (h) Screening and assessment procedures.

1 (i) Guidelines for case management.

2 (j) How the program described in subsection (1) will work with
3 county jails.

4 (k) Criteria for completing the program described in
5 subsection (1).

6 (l) Mental health treatment services that are available through
7 the program described in subsection (1).

8 (m) Procedures for first response to potential cases,
9 including response to crises.

10 (n) How the administrators of the program described in
11 subsection (1) will report the program's actions and outcomes to
12 the public.

13 (4) A county that has a written interagency agreement
14 referenced in subsection (1) in place on ~~the effective date of the~~
15 ~~amendatory act that added this section~~ **March 6, 2014** may maintain
16 that interagency agreement, but must ensure that its interagency
17 agreement contains all of the provisions described in subsection
18 (3).

19 (5) The department, the state court administrative office, and
20 parties to the interagency agreement may establish additional
21 policies and procedures to be included in the county interagency
22 agreement required under this section.

23 (6) The department may promulgate rules to implement this
24 section according to the administrative procedures act of 1969,
25 1969 PA 306, MCL 24.201 to 24.328.

26 (7) A county is not required to provide funds for the program
27 described in subsection (1). In implementing ~~the provisions of this~~
28 section, a county is required to expend funds for the program
29 described in subsection (1) only to the extent appropriated

1 annually by the legislature for the program.

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

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 use disorder or
14 for the prevention of mental disability and the promotion of mental
15 health shall be utilized for those specific purposes.~~

16 (2) ~~(3)~~**Priority shall for services must** be given to the
17 ~~provision of services to individuals with the most severe forms of
18 serious mental illness, serious emotional disturbance, and
19 developmental disability. Priority shall also be given to the
20 provision of services to individuals with a serious mental illness,
21 serious emotional disturbance, or developmental disability in
22 urgent or emergency situations.~~**according to section 116.**

23 (3) ~~(4)~~An individual shall not be denied a service because an
24 individual who is financially liable is unable to pay for the
25 service.

26 Sec. 209a. (1) The appropriate community mental health
27 services program **or contracted entity**, with the assistance of the
28 state facility or licensed hospital under contract with a community
29 mental health services program **or contracted entity**, or the state

1 facility shall develop an individualized prerelease plan for
2 appropriate community placement and a prerelease plan for aftercare
3 services appropriate for each resident. If possible, the resident
4 shall participate in the development of a prerelease plan. In
5 developing a prerelease plan for a minor, the community mental
6 health services program ~~shall~~ **or contracted entity must** include all
7 of the following in the planning process if possible:

8 (a) The minor, if the minor is 14 years of age or older.

9 (b) The parent or guardian of the minor.

10 (c) Personnel from the school and other agencies.

11 (2) If the responsible community mental health services
12 program **or the integration effort for the contracted entity for the**
13 **population described in section 109f of the social welfare act,**
14 **1939 PA 280, MCL 400.109f,** cannot locate suitable aftercare service
15 with a residential component or an alternative to hospitalization
16 in its service area, but the service is available from another
17 service provider, the responsible community mental health service
18 program **or contracted entity** may contract for the provision of
19 services. The service ~~shall~~ **must** be located as close to the
20 individual's place of residence as possible.

21 (3) If a recipient of inpatient services provided through a
22 community mental health services program **or contracted entity** is to
23 be released, the licensed hospital under contract with a community
24 mental health services program, **a contracted entity,** or a state
25 facility ~~shall~~ **must** provide the responsible community mental health
26 services program **or contracted entity** with advance notice of an
27 individual's anticipated release from patient care. The community
28 mental health services program ~~shall~~ **or contracted entity must**
29 offer prerelease planning services and develop a release plan in

1 cooperation with the individual unless the individual refuses this
2 service.

3 (4) If a recipient of inpatient services provided through a
4 community mental health services program **or a contracted entity** is
5 released before a prerelease plan can be completed, the community
6 mental health services program ~~shall~~ **or contracted entity must**
7 offer to assist the recipient in the development of a postrelease
8 plan within 10 days after release.

9 (5) Unless covered by contractual agreement, disclosure of
10 information about the individual by the state facility or licensed
11 hospital shall be made to those individuals involved in the
12 development of the prerelease or postrelease plan or current
13 individual plan of services, but ~~shall be~~ **is** limited to the
14 following:

15 (a) Home address, gender, date of discharge or planned date of
16 discharge, any transfer, and medication record.

17 (b) Other information necessary to determine financial and
18 social service needs, program needs, residential needs, and
19 medication needs.

20 Sec. 209b. (1) Before an individual is placed in a supervised
21 community living arrangement, such as a foster home, group care
22 home, nursing home, or other community-based setting, the
23 prerelease or postrelease planning for the individual shall involve
24 the individual, the individual's legal guardian if a guardian has
25 been appointed; any family member, friend, advocate, and
26 professional the recipient chooses; the parents of a minor
27 individual; the state facility or licensed hospital; the
28 residential care provider, if such a provider has been selected;
29 and, with the consent of the individual, the appropriate local and

1 intermediate school systems and the department of social services,
2 if appropriate. In each case, the community mental health services
3 program ~~shall~~ **or contracted entity must** produce in writing a plan
4 for community placement and aftercare services that is sufficient
5 to meet the needs of the individual and shall document any lack of
6 available community services necessary to implement the plan.

7 (2) Each community mental health services program **and**
8 **contracted entity**, as requested, ~~shall~~ **must** send to the department
9 aggregate data ~~, which~~ **that** includes a list of services that were
10 indicated on prerelease or postrelease plans, but which could not
11 be provided.

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

16 (2) ~~A~~ **The department, a contracted entity, or a** department-
17 designated community mental health entity ~~shall~~ **must** coordinate ~~the~~
18 ~~provision of~~ **providing** substance use disorder services in its
19 region and ~~shall~~ ensure services are available for individuals with
20 substance use disorder.

21 (3) **For the purposes of this section, "department-designated**
22 **community mental health entity" does not include a prepaid**
23 **inpatient health plan.**

24 Sec. 226. (1) The board of a community mental health services
25 program ~~shall~~ **must** do all of the following:

26 (a) Annually conduct a needs assessment to determine the
27 mental health needs of the residents of the county or counties it
28 represents and identify public and nonpublic services necessary to
29 meet those needs. Information and data concerning the mental health

1 needs of individuals with developmental disability, serious mental
2 illness, and serious emotional disturbance ~~shall~~**must** be reported
3 to the department in accordance with procedures and at a time
4 established by the department, along with plans to meet identified
5 needs. It is the responsibility of the community mental health
6 services program to involve the public and private providers of
7 mental health services located in the county or counties served by
8 the community mental health program in this assessment and service
9 identification process. The needs assessment ~~shall~~**must** include
10 information gathered from all appropriate sources, including
11 community mental health waiting list data, **contracted entity data**,
12 and school districts providing special education services,
13 **consistent with and necessary to complete the needs assessment as**
14 **specified by the department.**

15 (b) Annually review and submit to the department a needs
16 assessment report, annual plan, and request for new funds for the
17 community mental health services program. The standard format and
18 documentation of the needs assessment, annual plan, and request for
19 new funds shall be specified by the department.

20 (c) In the case of a county community mental health agency,
21 obtain approval of its needs assessment, annual plan and budget,
22 and request for new funds from the board of commissioners of each
23 participating county before ~~submission of~~**submitting** the plan to
24 the department. In the case of a community mental health
25 organization, provide a copy of its needs assessment, annual plan,
26 request for new funds, and any other document specified in
27 accordance with the terms and conditions of the organization's
28 inter-local agreement to the board of commissioners of each county
29 creating the organization. In the case of a community mental health

1 authority, provide a copy of its needs assessment, annual plan, and
2 request for new funds to the board of commissioners of each county
3 creating the authority.

4 (d) Submit the needs assessment, annual plan, and request for
5 new funds to the department by the date specified by the
6 department. The submission constitutes the community mental health
7 services program's official application for new state funds.

8 (e) Provide and advertise a public hearing on the needs
9 assessment, annual plan, and request for new funds before providing
10 them to the county board of commissioners.

11 (f) Submit to each board of commissioners for their approval
12 an annual request for county funds to support the program. The
13 request ~~shall~~**must** be in the form and at the time determined by the
14 board or boards of commissioners.

15 (g) Annually approve the community mental health services
16 program's operating budget for the year.

17 (h) Take those actions it considers necessary and appropriate
18 to secure private, federal, and other public funds to help support
19 the community mental health services program.

20 (i) Approve and authorize all contracts for ~~the provision of~~
21 **providing** services.

22 (j) Review and evaluate the quality, effectiveness, and
23 efficiency of services being provided by the community mental
24 health services program. The board shall identify specific
25 performance criteria and standards to be used in the review and
26 evaluation. These shall be in writing and available for public
27 inspection upon request.

28 (k) Subject to subsection (3), appoint an executive director
29 of the community mental health services program who meets the

1 standards of training and experience established by the department.

2 (l) Establish general policy guidelines within which the
3 executive director shall execute the community mental health
4 services program.

5 (m) Require the executive director to select a physician, a
6 registered professional nurse with a specialty certification issued
7 under section 17210 of the public health code, 1978 PA 368, MCL
8 333.17210, or a licensed psychologist to advise the executive
9 director on treatment issues.

10 **(n) Report monthly to the behavioral health ombudsman and the**
11 **behavioral health accountability council on the progress of the**
12 **contracted entities.**

13 (2) A community mental health services program may do all of
14 the following:

15 (a) Establish demonstration projects allowing the executive
16 director to do 1 or both of the following:

17 (i) Issue a voucher to a recipient in accordance with the
18 recipient's plan of services developed by the community mental
19 health services program.

20 (ii) Provide funding for the purpose of establishing revolving
21 loans to assist recipients of public mental health services to
22 acquire or maintain affordable housing. Funding under this
23 subparagraph shall only be provided through an agreement with a
24 nonprofit fiduciary.

25 (b) Carry forward any surplus of revenue over expenditures
26 under a capitated managed care system. Capitated payments under a
27 managed care system are not subject to cost settlement provisions
28 of section 236.

29 (c) Carry forward the operating margin up to 5% of the

1 community mental health services program's state share of the
2 operating budget for the fiscal years ending September 30, 2009,
3 2010, and 2011. As used in this subdivision, "operating margin"
4 means the excess of state revenue over state expenditures for a
5 single fiscal year exclusive of capitated payments under a managed
6 care system. In the case of a community mental health authority,
7 this carryforward is in addition to the reserve accounts described
8 in section 205(4)(h).

9 (d) Pursue, develop, and establish partnerships with private
10 individuals or organizations to provide mental health services.

11 (e) Share the costs or risks, or both, of managing and
12 providing publicly funded mental health services with other
13 community mental health services programs through participation in
14 risk pooling arrangements, reinsurance agreements, and other joint
15 or cooperative arrangements as permitted by law.

16 (f) Enter into agreements with other providers or managers of
17 health care or rehabilitative services to foster interagency
18 communication, cooperation, coordination, and consultation. A
19 community mental health services program's activities under an
20 agreement under this subdivision ~~shall~~**must** be consistent with ~~the~~
21 ~~provisions of~~ section 206.

22 (3) In the case of a county community mental health agency,
23 the initial appointment by the board of an individual as executive
24 director is effective unless rejected by a 2/3 vote of the county
25 board of commissioners within 15 calendar days.

26 (4) A community mental health services program that has
27 provided assisted outpatient treatment services during a fiscal
28 year may be eligible for reimbursement if an appropriation is made
29 for assisted outpatient treatment services for that fiscal year.

1 The reimbursement described in this subsection is in addition to
 2 any funds that the community mental health services program is
 3 otherwise eligible to receive for providing assisted outpatient
 4 treatment services.

5 Sec. 227. Each community mental health services program ~~shall~~
 6 **or contracted entity must** participate in the development of school-
 7 to-community transition services for individuals with serious
 8 mental illness, serious emotional disturbance, or developmental
 9 disability. This planning and development ~~shall~~**must** be done in
 10 conjunction with the individual's local school district or
 11 intermediate school district as appropriate and shall begin not
 12 later than the school year in which the individual student reaches
 13 16 years of age. These services ~~shall~~**must** be individualized. This
 14 section is not intended to increase or decrease the fiscal
 15 responsibility of school districts, community mental health
 16 services programs, **contracted entities**, or any other agency or
 17 organization with respect to individuals described in this section.

18 Sec. 269. (1) The **department, a contracted entity, or a**
 19 department-designated community mental health entity ~~and its~~
 20 ~~community mental health services program provider network~~ may
 21 contract for and spend funds for ~~the prevention of~~**preventing**
 22 substance use disorder and for ~~the counseling and treatment of~~
 23 **treating** individuals with substance use disorder. A **contracted**
 24 **entity**, department-designated community mental health entity, and
 25 other community mental health services program may make contracts
 26 with the governing bodies of other department-designated community
 27 mental health entities and other community mental health services
 28 programs and other ~~persons~~**entities** for these purposes.

29 (2) **For the purposes of this section, "department-designated**

1 **community mental health entity" does not include a prepaid**
2 **inpatient health plan.**

3 Sec. 270. The department ~~shall~~**must** do all of the following:

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

7 (b) Use appropriations of revenues from taxes imposed by the
8 Michigan liquor control code of 1998, 1998 PA 58, MCL 436.1101 to
9 436.2303, exclusively for the purposes provided in that act.

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

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

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

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

1 Sec. 271. The department ~~shall~~**must** do both of the following:

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

5 (b) ~~Prior to the expenditure of~~**Before expending** funds
6 appropriated to other state agencies receiving appropriations for
7 substance use disorder treatment and rehabilitation services and
8 substance use disorder prevention services, have a contract signed
9 with the ~~receiving~~**department, contracted entity, or** department-
10 designated community mental health entity. The department ~~shall~~
11 **must** submit a copy of each agreement to the governor and the
12 appropriations committees of the senate and house of
13 representatives.

14 Sec. 273. (1) The department ~~shall~~**must** do all of the
15 following:

16 (a) Annually establish program priority for funding for the
17 next fiscal year.

18 (b) Establish guidelines for project applications.

19 (c) Promulgate rules concerning matching requirements for
20 state alcoholism and drug abuse treatment grants. The rules shall
21 be reviewed every 2 years.

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

28 (3) The department may issue licenses; require reports;
29 establish standards and procedures; and make inspections necessary

1 to enforce this chapter and rules promulgated under this chapter;
2 and provide technical assistance for the guidance of substance use
3 disorder service programs in complying with the requirements and
4 rules promulgated under this chapter.

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

11 (a) Develop comprehensive plans for substance use disorder
12 treatment and rehabilitation services and substance use disorder
13 prevention services consistent with guidelines established by the
14 department.

15 (b) Review and comment to the department of licensing and
16 regulatory affairs on applications for licenses submitted by local
17 treatment, rehabilitation, and prevention organizations.

18 (c) Provide technical assistance for local substance use
19 disorder service programs.

20 (d) Collect and transfer data and financial information from
21 local programs to the department of licensing and regulatory
22 affairs.

23 (e) Submit an annual budget request to the department for use
24 of state administered funds for its substance use disorder
25 treatment and rehabilitation services and substance use disorder
26 prevention services in accordance with guidelines established by
27 the department.

28 (f) Make contracts necessary and incidental to the performance
29 of the ~~department-designated community mental health~~ entity's and

1 ~~community mental health services program's~~ functions. The contracts
 2 may be made with public or private agencies, organizations,
 3 associations, and individuals to provide for substance use disorder
 4 treatment and rehabilitation services and substance use disorder
 5 prevention services.

6 (g) Annually evaluate and assess substance use disorder
 7 services ~~in the department-designated community mental health~~
 8 ~~entity~~ in accordance with guidelines established by the department.

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

19 (2) If ~~a department-designated community mental health~~ **an**
 20 entity receives federal substance abuse prevention and treatment
 21 block grant funds, the priority position of the parent on the
 22 waiting list granted under subsection (1) will come after a
 23 priority position on the waiting list granted under the conditions
 24 of the federal block grant. If the parent qualifies for priority
 25 status on the waiting list under the conditions of the federal
 26 block grant, the ~~department-designated community mental health~~
 27 entity ~~shall~~ **must** place the parent in that priority position on the
 28 waiting list.

29 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 or~~ **contracted entity must** ensure that funding dedicated to
6 substance use disorder services shall be retained for substance use
7 disorder services and not diverted to fund services that are not
8 for substance use 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.~~ **December 28, 2012.** Unless another plan
16 is approved by the county board of commissioners, counties or
17 regions that have local public health departments that contract
18 with substance use disorder providers on ~~the effective date of the~~
19 ~~amendatory act that added this section.~~ **December 28, 2012** shall
20 continue to allow the local public health department to carry out
21 that function for 2 years after ~~the effective date of the~~
22 ~~amendatory act that added this section.~~ **December 28, 2012. Beginning**
23 **September 1, 2024, or upon implementation of the procurement**
24 **process as provided under section 109f(5) of the social welfare**
25 **act, 1939 PA 280, MCL 400.109f, whichever is sooner, the director**
26 **must designate contracted entities to assume the responsibilities**
27 **of overseeing providing substance use disorder services for a**
28 **county or region.**

29 (4) The department, ~~and~~ the department-designated community

1 mental health entity, **and the contracted entity** shall continue to
2 use the allocation formula based on federal and state data sources
3 to allocate and distribute nonmedical assistance substance use
4 disorder services funds.

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

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

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

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

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

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

5 (7) The department shall work with department-designated
6 community mental health entities, ~~and~~ community mental health
7 services programs **and contracted entities** to simplify the
8 administrative and reporting requirements for mental health
9 services and substance use disorder services.

10 (8) ~~Beginning not later than October 1, 2014, or at the time~~
11 ~~the implementation of the changes in this chapter are complete,~~
12 ~~whichever is sooner, department-designated~~ **Department-designated**
13 community mental health entities are coordinating agencies for
14 purposes of receiving any funds statutorily required to be
15 distributed to coordinating agencies. **Not later than 2 years after**
16 **the effective date of the amendatory act that added this sentence,**
17 **contracted entities are coordinating agencies for purposes of**
18 **receiving any funds statutorily required to be distributed to**
19 **coordinating agencies.**

20 Sec. 409. (1) Each community mental health services program
21 must establish 1 or more preadmission screening units with 24-hour
22 availability to provide assessment and screening services for
23 individuals being considered for admission into hospitals, assisted
24 outpatient treatment programs, or crisis services on a voluntary
25 basis. The community mental health services program shall employ
26 mental health professionals or licensed bachelor's social workers
27 licensed under part 185 of the public health code, 1978 PA 368, MCL
28 333.18501 to 333.18518, to provide the preadmission screening
29 services or contract with another agency that meets the

1 requirements of this section. ~~Preadmission~~ **Except as provided in**
2 **subsection (4), preadmission** screening unit staff ~~shall~~ **must** be
3 supervised by a registered ~~professional~~ nurse or other mental
4 health professional possessing at least a master's degree. **A**
5 **contracted entity must establish or contract with each community**
6 **mental health services program in its service area for preadmission**
7 **assessment and screening services for individuals enrolled with the**
8 **contracted entity as provided under section 109f of the social**
9 **welfare act, 1939 PA 280, MCL 400.109f.**

10 (2) Each community mental health services program ~~shall~~ **or**
11 **contracted entity must** provide the address and telephone number of
12 its preadmission screening unit or units to law enforcement
13 agencies, the department, the court, hospital emergency rooms, and
14 private security companies under contract with a county under
15 section 170.

16 (3) ~~A~~ **Within 3 hours after being notified by a hospital or**
17 **hospital as that term is defined in section 20106 of the public**
18 **health code, 1978 PA 368, MCL 333.20106, for an assessment, a**
19 preadmission screening unit shall assess an individual being
20 considered for admission into a hospital operated by the department
21 or under contract with the community mental health services program
22 **or contracted entity.** If the individual is clinically suitable for
23 hospitalization, the preadmission screening unit shall authorize
24 voluntary admission to the hospital.

25 (4) **If the preadmission screening unit is unable to complete**
26 **the assessment within 3 hours after the notice described in**
27 **subsection (3), a clinically qualified individual may perform the**
28 **assessment for the hospital or hospital as that term is defined in**
29 **section 20106 of the public health code, 1978 PA 368, MCL**

1 333.20106, community mental health services program, crisis
2 stabilization unit, or any other entity under contract to perform
3 assessment and screening services required under this act. The
4 preadmission screening unit is responsible for the costs of
5 performing any assessment under this subsection.

6 (5) Telehealth services as that term is defined in section
7 16283 of the public health code, 1978 PA 368, MCL 333.16283, may be
8 used to complete the assessment described in this section.

9 (6) ~~(4)~~—If the preadmission screening unit of the community
10 mental health services program denies hospitalization, the
11 individual or the person making the application may request a
12 second opinion from the executive director **or the nurse case**
13 **manager of the contracted entity, whichever is applicable.** The
14 executive director **or the nurse case manager** shall arrange for an
15 additional evaluation by a psychiatrist, other physician, or
16 licensed psychologist to be performed within 3 days, excluding
17 Sundays and legal holidays, after the ~~executive director receives~~
18 ~~the request~~ **for a second opinion is received.** If the conclusion of
19 the second opinion is different from the conclusion of the
20 preadmission screening unit, the executive director **or the nurse**
21 **case manager,** in conjunction with the medical director, shall make
22 a decision based on all clinical information available. The
23 ~~executive director's final~~ decision shall be confirmed in writing
24 to the individual who requested the second opinion, and the
25 confirming document shall include the signatures of the executive
26 director **or the nurse case manager, whichever is applicable,** and
27 **the** medical director or verification that the decision was made in
28 conjunction with the medical director. If an individual is assessed
29 and found not to be clinically suitable for hospitalization, the

1 preadmission screening unit shall provide appropriate referral
2 services.

3 (7) ~~(5)~~—If an individual is assessed and found not to be
4 clinically suitable for hospitalization, the preadmission screening
5 unit shall provide information regarding alternative services and
6 the availability of those services, and make appropriate referrals.

7 (8) ~~(6)~~—A preadmission screening unit shall assess and
8 examine, or refer to a hospital for examination, an individual who
9 is brought to the preadmission screening unit by a peace officer or
10 security transport officer or ordered by a court to be examined. If
11 the individual meets the requirements for hospitalization, the
12 preadmission screening unit shall designate the hospital to which
13 the individual shall be admitted. The preadmission screening unit
14 shall consult with the individual and, if the individual agrees,
15 the preadmission screening unit must consult with the individual's
16 family member of choice, if available, as to the preferred hospital
17 for **the individual's** admission. ~~of the individual.~~

18 (9) ~~(7)~~—A preadmission screening unit may operate a crisis
19 stabilization unit under chapter 9A. A preadmission screening unit
20 may provide crisis services to an individual, who by assessment and
21 screening, is found to be a person requiring treatment. Crisis
22 services at a crisis stabilization unit must entail an initial
23 psychosocial assessment by a master's level mental health
24 professional and a psychiatric evaluation within 24 hours to
25 stabilize the individual. In this event, crisis services may be
26 provided for a period of up to 72 hours, after which the individual
27 must be provided with the clinically appropriate level of care,
28 resulting in 1 of the following:

29 (a) The individual is no longer a person requiring treatment.

1 (b) A referral to outpatient services for aftercare treatment.

2 (c) A referral to a partial hospitalization program.

3 (d) A referral to a residential treatment center, including
4 crisis residential services.

5 (e) A referral to an inpatient bed.

6 (f) An order for involuntary treatment of the individual has
7 been issued under section 281b, 281c, former 433, or 434.

8 **(10)** ~~(8)~~—A preadmission screening unit operating a crisis
9 stabilization unit under chapter 9A may also offer crisis services
10 to an individual who is not a person requiring treatment, but who
11 is seeking crisis services on a voluntary basis.

12 **(11)** ~~(9)~~—If the individual chooses a hospital not under
13 contract with a community mental health services program ~~—or~~
14 **contracted entity** and the hospital agrees to the admission, the
15 preadmission screening unit shall refer the individual to the
16 hospital that is requested by the individual. Any financial
17 obligation for the services provided by the hospital shall be
18 satisfied from funding sources other than the community mental
19 health services program, **the contracted entity**, the department, or
20 other state or county funding.

21 **(12) As used in this section, "clinically qualified**
22 **individual" means an individual who is licensed, at a minimum, with**
23 **a master's level degree in a behavioral-health-specific profession.**

24 Sec. 705. (1) If an applicant for community mental health
25 services has been denied mental health services, the applicant, his
26 or her guardian if ~~one~~**a guardian** has been appointed, or the
27 applicant's parent or parents if the applicant is a minor may
28 request a second opinion of the executive director **or the nurse**
29 **case manager of the contracted entity, whichever is applicable.** The

1 executive director **or nurse case manager** shall secure the second
2 opinion from a physician, licensed psychologist, registered
3 professional nurse, or master's level social worker, or master's
4 level psychologist.

5 (2) If the individual providing the second opinion determines
6 that the applicant has a serious mental illness, serious emotional
7 disturbance, or a developmental disability, or is experiencing an
8 emergency situation or urgent situation, the community mental
9 health services program **or contracted entity** shall direct services
10 to the applicant.

11 Sec. 713. A recipient shall be given a choice of physician or
12 other mental health professional in accordance with the policies of
13 the community mental health services program, **contracted entity**,
14 licensed hospital, or service provider under contract with the
15 community mental health services program, or licensed hospital
16 providing services and within the limits of available staff in the
17 community mental health services program, **contracted entity**,
18 licensed hospital, or service provider under contract with the
19 community mental health services program, or licensed hospital.

20 Sec. 748. (1) Information in the record of a recipient, and
21 other information acquired in the course of providing mental health
22 services to a recipient, shall be kept confidential and is not open
23 to public inspection. The information may be disclosed outside the
24 department, community mental health services program, **contracted**
25 **entity**, licensed facility, or contract provider, whichever is the
26 holder of the record, only in the circumstances and under the
27 conditions set forth in this section or section 748a.

28 (2) If information made confidential by this section is
29 disclosed, the identity of the individual to whom it pertains shall

1 be protected and shall not be disclosed unless it is germane to the
2 authorized purpose for which disclosure was sought. When
3 practicable, no other information shall be disclosed unless it is
4 germane to the authorized purpose for which disclosure was sought.

5 (3) An individual receiving information made confidential by
6 this section shall disclose the information to others only to the
7 extent consistent with the authorized purpose for which the
8 information was obtained.

9 (4) For case record entries made subsequent to March 28, 1996,
10 information made confidential by this section shall be disclosed to
11 an adult recipient, upon the recipient's request, if the recipient
12 does not have a guardian and has not been adjudicated legally
13 incompetent. The holder of the record shall comply with the adult
14 recipient's request for disclosure as expeditiously as possible but
15 in no event later than the earlier of 30 days after receipt of the
16 request or, if the recipient is receiving treatment from the holder
17 of the record, before the recipient is released from treatment.

18 (5) Except as otherwise provided in this section or section
19 748a, when requested, information made confidential by this section
20 shall be disclosed only under 1 or more of the following
21 circumstances:

22 (a) Under an order or a subpoena of a court of record or a
23 subpoena of the legislature, unless the information is privileged
24 by law.

25 (b) To a prosecuting attorney as necessary for the prosecuting
26 attorney to participate in a proceeding governed by this act.

27 (c) To an attorney for the recipient, with the consent of the
28 recipient, the recipient's guardian with authority to consent, or
29 the parent with legal and physical custody of a minor recipient.

1 (d) If necessary in order to comply with another provision of
2 law.

3 (e) To the department if the information is necessary in order
4 for the department to discharge a responsibility placed upon it by
5 law.

6 (f) To the office of the auditor general if the information is
7 necessary for that office to discharge its constitutional
8 responsibility.

9 (g) To a surviving spouse of the recipient or, if there is no
10 surviving spouse, to the individual or individuals most closely
11 related to the deceased recipient within the third degree of
12 consanguinity as defined in civil law, for the purpose of applying
13 for and receiving benefits.

14 (6) Except as otherwise provided in subsection (4), if consent
15 is obtained from the recipient, the recipient's guardian with
16 authority to consent, the parent with legal custody of a minor
17 recipient, or the court-appointed personal representative or
18 executor of the estate of a deceased recipient, information made
19 confidential by this section may be disclosed to all of the
20 following:

21 (a) A provider of mental health services to the recipient.

22 (b) The recipient or his or her guardian or the parent of a
23 minor recipient or another individual or agency unless in the
24 written judgment of the holder the disclosure would be detrimental
25 to the recipient or others.

26 (7) Information may be disclosed by the holder of the record
27 under 1 or more of the following circumstances:

28 (a) As necessary in order for the recipient to apply for or
29 receive benefits.

1 (b) As necessary for treatment, coordination of care, or
2 payment for the delivery of mental health services, in accordance
3 with the health insurance portability and accountability act of
4 1996, Public Law 104-191.

5 (c) As necessary for the purpose of outside research,
6 evaluation, accreditation, or statistical compilation. The
7 individual who is the subject of the information shall not be
8 identified in the disclosed information unless the identification
9 is essential in order to achieve the purpose for which the
10 information is sought or if preventing the identification would
11 clearly be impractical, but not if the subject of the information
12 is likely to be harmed by the identification.

13 (d) To a provider of mental or other health services or a
14 public agency, if there is a compelling need for disclosure based
15 upon a substantial probability of harm to the recipient or other
16 individuals.

17 (8) If required by federal law, the department or a community
18 mental health services program or licensed facility shall grant a
19 representative of the protection and advocacy system designated by
20 the governor in compliance with section 931 access to the records
21 of all of the following:

22 (a) A recipient, if the recipient, the recipient's guardian
23 with authority to consent, or a minor recipient's parent with legal
24 and physical custody of the recipient has consented to the access.

25 (b) A recipient, including a recipient who has died or whose
26 location is unknown, if all of the following apply:

27 (i) Because of mental or physical condition, the recipient is
28 unable to consent to the access.

29 (ii) The recipient does not have a guardian or other legal

1 representative, or the recipient's guardian is the state.

2 (iii) The protection and advocacy system has received a
3 complaint on behalf of the recipient or has probable cause to
4 believe based on monitoring or other evidence that the recipient
5 has been subject to abuse or neglect.

6 (c) A recipient who has a guardian or other legal
7 representative if all of the following apply:

8 (i) A complaint has been received by the protection and
9 advocacy system or there is probable cause to believe the health or
10 safety of the recipient is in serious and immediate jeopardy.

11 (ii) Upon receipt of the name and address of the recipient's
12 legal representative, the protection and advocacy system has
13 contacted the representative and offered assistance in resolving
14 the situation.

15 (iii) The representative has failed or refused to act on behalf
16 of the recipient.

17 (9) The records, data, and knowledge collected for or by
18 individuals or committees assigned a peer review function,
19 including the review function under section 143a(1), are
20 confidential, shall be used only for the purposes of peer review,
21 are not public records, and are not subject to court subpoena. This
22 subsection does not prevent disclosure of individual case records
23 under this section.

24 (10) The holder of an individual's record, if authorized to
25 release information for clinical purposes by the individual or the
26 individual's guardian or a parent of a minor, shall release a copy
27 of the entire medical and clinical record to the provider of mental
28 health services.

29 Sec. 752. (1) The department, each community mental health

1 services program, **each contracted entity**, each licensed hospital,
2 and each service provider under contract with the department, a
3 community mental health services program, or a licensed hospital
4 shall establish written policies and procedures concerning
5 recipient rights and the operation of an office of recipient
6 rights. The policies and procedures shall provide a mechanism for
7 prompt reporting, review, investigation, and resolution of apparent
8 or suspected violations of the rights guaranteed by this chapter,
9 shall be consistent with this chapter and chapter 7a, and shall be
10 designed to protect recipients from, and prevent repetition of,
11 violations of rights guaranteed by this chapter and chapter 7a. The
12 policies and procedures shall include, at a minimum, all of the
13 following:

- 14 (a) Complaint and appeal processes.
- 15 (b) Consent to treatment and services.
- 16 (c) Sterilization, contraception, and abortion.
- 17 (d) Fingerprinting, photographing, audiotaping, and use of 1-
18 way glass.
- 19 (e) Abuse and neglect, including detailed categories of type
20 and severity.
- 21 (f) Confidentiality and disclosure.
- 22 (g) Treatment by spiritual means.
- 23 (h) Qualifications and training for recipient rights staff.
- 24 (i) Change in type of treatment.
- 25 (j) Medication procedures.
- 26 (k) Use of psychotropic drugs.
- 27 (l) Use of restraint.
- 28 (m) Right to be treated with dignity and respect.
- 29 (n) Least restrictive setting.

1 (o) Services suited to condition.

2 (p) Policies and procedures that address all of the following
3 matters with respect to residents:

4 (i) Right to entertainment material, information, and news.

5 (ii) Comprehensive examinations.

6 (iii) Property and funds.

7 (iv) Freedom of movement.

8 (v) Resident labor.

9 (vi) Communication and visits.

10 (vii) Use of seclusion.

11 (2) All policies and procedures required by this section shall
12 be established ~~within 12 months after the effective date of the~~
13 ~~amendatory act that added section 753.~~ **March 28, 1997.**

14 Sec. 754. (1) The department shall establish a state office of
15 recipient rights **within the office of the behavioral health**
16 **ombudsman** subordinate only to the ~~director.~~ **behavioral health**
17 **ombudsman.**

18 (2) The department ~~shall~~ **must** ensure all of the following:

19 (a) The process for funding the state office of recipient
20 rights includes a review of the funding by the state recipient
21 rights advisory committee.

22 (b) The state office of recipient rights will be protected
23 from pressures that could interfere with the impartial, even-
24 handed, and thorough performance of its duties.

25 (c) The state office of recipient rights will have unimpeded
26 access to all of the following:

27 (i) All programs and services operated by or under contract
28 with the department except where other recipient rights systems
29 authorized by this act exist.

1 (ii) All staff employed by or under contract with the
2 department.

3 (iii) All evidence necessary to conduct a thorough investigation
4 or to fulfill its monitoring function.

5 (d) Staff of the state office of recipient rights receive
6 training each year in recipient rights protection.

7 (e) Each contract between the department and a provider
8 requires both of the following:

9 (i) That the provider and his or her employees receive annual
10 training in recipient rights protection.

11 (ii) That recipients will be protected from rights violations
12 while they are receiving services under the contract.

13 (f) Technical assistance and training in recipient rights
14 protection are available to all community mental health services
15 programs and other mental health service providers subject to this
16 act.

17 (3) The department ~~shall~~**must** endeavor to ensure all of the
18 following:

19 (a) The state office of recipient rights has sufficient staff
20 and other resources necessary to perform the duties described in
21 this section.

22 (b) Complainants, staff of the state office of recipient
23 rights, and any staff acting on behalf of a recipient will be
24 protected from harassment or retaliation resulting from recipient
25 rights activities.

26 (c) Appropriate remedial action is taken to resolve violations
27 of rights and notify the complainants of substantiated violations
28 in a manner that does not violate employee rights.

29 (4) After consulting with the state recipient rights advisory

1 committee, the department director shall select a director of the
 2 state office of recipient rights who has the education, training,
 3 and experience to fulfill the responsibilities of the office. The
 4 department director shall not replace or dismiss the director of
 5 the state office of recipient rights without first consulting the
 6 state recipient rights advisory committee **and the behavioral health**
 7 **ombudsman**. The director of the state office of recipient rights
 8 shall have no direct service responsibility. The director of the
 9 state office of recipient rights shall report directly ~~and solely~~
 10 to the ~~department director~~ **behavioral health ombudsman**. The
 11 ~~department director~~ **behavioral health ombudsman** shall not delegate
 12 his or her responsibility under this subsection.

13 (5) The state office of recipient rights may do all of the
 14 following:

15 (a) Investigate apparent or suspected violations of the rights
 16 guaranteed by this chapter.

17 (b) Resolve disputes relating to violations.

18 (c) Act on behalf of recipients to obtain appropriate remedies
 19 for any apparent violations.

20 (d) Apply for and receive grants, gifts, and bequests to
 21 effectuate any purpose of this chapter.

22 (6) The state office of recipient rights ~~shall~~ **must** do all of
 23 the following:

24 (a) Ensure that recipients, parents of minor recipients, and
 25 guardians or other legal representatives have access to summaries
 26 of the rights guaranteed by this chapter and chapter 7a and are
 27 notified of those rights in an understandable manner, both at the
 28 time services are requested and periodically during the time
 29 services are provided to the recipient.

1 (b) Ensure that the telephone number and address of the office
2 of recipient rights, ~~and~~ the names of rights officers, **and the**
3 **behavioral health ombudsman** are conspicuously posted in all service
4 sites.

5 (c) Maintain a record system for all reports of apparent or
6 suspected rights violations received, including a mechanism for
7 logging in all complaints and a mechanism for secure storage of all
8 investigative documents and evidence.

9 (d) Initiate actions that are appropriate and necessary to
10 safeguard and protect rights guaranteed by this chapter to
11 recipients of services provided directly by the department or by
12 its contract providers other than community mental health services
13 programs.

14 (e) Receive reports of apparent or suspected violations of
15 rights guaranteed by this chapter. The state office of recipient
16 rights ~~shall~~**must** refer reports of apparent or suspected rights
17 violations to the recipient rights office of the appropriate
18 provider to be addressed by the provider's internal rights
19 protection mechanisms. The state office ~~shall~~**must** intervene as
20 necessary to act on behalf of recipients in situations in which the
21 **department** director ~~of the department~~ considers the rights
22 protection system of the provider to be out of compliance with this
23 act and rules promulgated under this act.

24 (f) Upon request, advise recipients of the process by which a
25 rights complaint or appeal may be made and ~~assist~~**the existence of**
26 **the behavioral health ombudsman. Assist** recipients in preparing
27 written rights complaints and appeals.

28 (g) Advise recipients that there are advocacy organizations
29 available to assist recipients in preparing written rights

1 complaints and appeals and offer to refer recipients to those
2 organizations.

3 (h) Upon receipt of a complaint, advise the complainant of the
4 complaint process, appeal process, and mediation option.

5 (i) Ensure that each service site operated by the department
6 or by a provider under contract with the department, other than a
7 community mental health services program, is visited by recipient
8 rights staff with the frequency necessary for protection of rights
9 but in no case less than annually.

10 (j) Ensure that all individuals employed by the department
11 receive department-approved training related to recipient rights
12 protection before or within 30 days after being employed.

13 (k) Ensure that all reports of apparent or suspected
14 violations of rights within state facilities or programs operated
15 by providers under contract with the department other than
16 community mental health services programs are investigated in
17 accordance with section 778 and that those reports that do not
18 warrant investigation are recorded in accordance with subdivision
19 (c).

20 (l) Review semiannual statistical rights data submitted by
21 community mental health services programs and licensed hospitals to
22 determine trends and patterns in the protection of recipient rights
23 in the public mental health system and provide a summary of the
24 data to community mental health services programs and to the
25 **department** director. ~~of the department.~~

26 (m) Serve as consultant to the director in matters related to
27 recipient rights.

28 (n) At least quarterly, provide summary complaint data
29 consistent with the annual report required in subdivision (o),

1 together with a summary of remedial action taken on substantiated
 2 complaints, to the department, ~~and~~ the state recipient rights
 3 advisory committee, **and the behavioral health ombudsman.**

4 (o) Submit to the department director and to the committees
 5 and subcommittees of the legislature with legislative oversight of
 6 mental health matters, for availability to the public, an annual
 7 report on the current status of recipient rights for the state. The
 8 report ~~shall~~**must** be submitted not later than March 31 of each year
 9 for the preceding fiscal year. The annual report ~~shall~~**must**
 10 include, at a minimum, all of the following:

11 (i) Summary data by type or category regarding the rights of
 12 recipients receiving services from the department including the
 13 number of complaints received by each state facility and other
 14 state-operated placement agency, the number of reports filed, and
 15 the number of reports investigated.

16 (ii) The number of substantiated rights violations by category
 17 and by state facility.

18 (iii) The remedial actions taken on substantiated rights
 19 violations by category and by state facility.

20 (iv) Training received by staff of the state office of
 21 recipient rights.

22 (v) Training provided by the state office of recipient rights
 23 to staff of contract providers.

24 (vi) Outcomes of assessments of the recipient rights system of
 25 each community mental health services program.

26 (vii) Identification of patterns and trends in rights
 27 protection in the public mental health system in this state.

28 (viii) Review of budgetary issues including staffing and
 29 financial resources.

1 (ix) Summary of the results of any consumer satisfaction
2 surveys conducted.

3 (x) Recommendations to the department.

4 (p) Provide education and training to its recipient rights
5 advisory committee and its recipient rights appeals committee.

6 Sec. 755. (1) Each community mental health services program,
7 **each contracted entity**, and each licensed hospital shall establish
8 an office of recipient rights. **Each office of recipient rights is**
9 subordinate only to ~~the~~**its own** executive director or hospital
10 director.

11 (2) Each community mental health services program, **each**
12 **contracted entity**, and each licensed hospital ~~shall~~**must** ensure all
13 of the following:

14 (a) Education and training in recipient rights policies and
15 procedures are provided to its recipient rights advisory committee
16 and its recipient rights appeals committee.

17 (b) The process for funding the office of recipient rights
18 includes a review of the funding by the recipient rights advisory
19 committee.

20 (c) The office of recipient rights will be protected from
21 pressures that could interfere with the impartial, even-handed, and
22 thorough performance of its duties.

23 (d) The office of recipient rights will have unimpeded access
24 to all of the following:

25 (i) All programs and services operated by or under contract
26 with the community mental health services program, **contracted**
27 **entity**, or licensed hospital.

28 (ii) All staff employed by or under contract with the community
29 mental health services program, **contracted entity**, or licensed

1 hospital.

2 (iii) All evidence necessary to conduct a thorough investigation
3 or to fulfill its monitoring function.

4 (e) Staff of the office of recipient rights receive training
5 each year in recipient rights protection.

6 (f) Each contract between the community mental health services
7 program, **contracted entity**, or licensed hospital and a provider
8 requires both of the following:

9 (i) That the provider and his or her employees receive
10 recipient rights training.

11 (ii) That recipients will be protected from rights violations
12 while they are receiving services under the contract.

13 (3) Each community mental health services program, **each**
14 **contracted entity**, and each licensed hospital shall endeavor to
15 ensure all of the following:

16 (a) Complainants, staff of the office of recipient rights, and
17 any staff acting on behalf of a recipient will be protected from
18 harassment or retaliation resulting from recipient rights
19 activities and that appropriate disciplinary action will be taken
20 if there is evidence of harassment or retaliation.

21 (b) Appropriate remedial action is taken to resolve violations
22 of rights and notify the complainants of substantiated violations
23 in a manner that does not violate employee rights.

24 (4) The executive director or hospital director shall select a
25 director of the office of recipient rights who has the education,
26 training, and experience to fulfill the responsibilities of the
27 office. The executive director shall not select, replace, or
28 dismiss the director of the office of recipient rights without
29 first consulting the recipient rights advisory committee. The

1 director of the office of recipient rights shall have no direct
2 clinical service responsibility.

3 **(5) By not later than 2 years after the effective date of the**
4 **amendatory act that added this subsection, a multidisciplinary**
5 **council must be established to select a director of the office of**
6 **recipient rights. The director shall be a member of the behavioral**
7 **health accountability council established under the department**
8 **subordinate to the behavioral health ombudsman.**

9 **(6)** ~~(5)~~—Each office of recipient rights established under this
10 section shall do all of the following:

11 (a) Provide or coordinate the protection of recipient rights
12 for all directly operated or contracted services.

13 (b) Ensure that recipients, parents of minor recipients, and
14 guardians or other legal representatives have access to summaries
15 of the rights guaranteed by this chapter and chapter 7a and are
16 notified of those rights in an understandable manner, both at the
17 time services are initiated and periodically during the time
18 services are provided to the recipient.

19 (c) Ensure that the telephone number and address of the office
20 of recipient rights and the names of rights officers are
21 conspicuously posted in all service sites.

22 (d) Maintain a record system for all reports of apparent or
23 suspected rights violations received within the community mental
24 health services program system or the licensed hospital system,
25 including a mechanism for logging in all complaints and a mechanism
26 for secure storage of all investigative documents and evidence.

27 (e) Ensure that each service site is visited with the
28 frequency necessary for protection of rights but in no case less
29 than annually.

1 (f) Ensure that all individuals employed by the community
2 mental health services program, contract agency, or licensed
3 hospital receive training related to recipient rights protection
4 before or within 30 days after being employed.

5 (g) Review the recipient rights policies and the rights system
6 of each provider of mental health services under contract with the
7 community mental health services program or licensed hospital to
8 ensure that the rights protection system of each provider is in
9 compliance with this act and is of a uniformly high standard.

10 (h) Serve as consultant to the executive director or hospital
11 director and to staff of the community mental health services
12 program or licensed hospital in matters related to recipient
13 rights.

14 (i) Ensure that all reports of apparent or suspected
15 violations of rights within the community mental health services
16 program system or licensed hospital system are investigated in
17 accordance with section 778 and that those reports that do not
18 warrant investigation are recorded in accordance with subdivision
19 (d).

20 (j) Semiannually provide summary complaint data consistent
21 with the annual report required in subsection (6), together with a
22 summary of remedial action taken on substantiated complaints by
23 category, to the department and to the recipient rights advisory
24 committee of the community mental health services program or
25 licensed hospital.

26 (7) ~~(6)~~—The executive director, **nurse case manager**, or
27 hospital director shall submit to the board of the community mental
28 health services program, **the behavioral health ombudsman and**
29 **behavioral health accountability council**, or the governing board of

1 the licensed hospital and the department an annual report prepared
2 by the office of recipient rights on the current status of
3 recipient rights in the community mental health services program
4 system or licensed hospital system and a review of the operations
5 of the office of recipient rights. The report shall be submitted
6 not later than December 30 of each year for the preceding fiscal
7 year or period specified in contract. The annual report shall
8 include, at a minimum, all of the following:

9 (a) Summary data by category regarding the rights of
10 recipients receiving services from the community mental health
11 services program, **contracted entity**, or licensed hospital including
12 complaints received, the number of reports filed, and the number of
13 reports investigated by provider.

14 (b) The number of substantiated rights violations by category
15 and provider.

16 (c) The remedial actions taken on substantiated rights
17 violations by category and provider.

18 (d) Training received by staff of the office of recipient
19 rights.

20 (e) Training provided by the office of recipient rights to
21 contract providers.

22 (f) Desired outcomes established for the office of recipient
23 rights and progress toward these outcomes.

24 (g) Recommendations to the community mental health services
25 program board or licensed hospital governing board.

26 **Sec. 760. (1) The office of the behavioral health ombudsman is**
27 **created as an autonomous entity within the department. The**
28 **principal executive officer of the office is the behavioral health**
29 **ombudsman, who shall be appointed by the governor with the advice**

1 and consent of the senate. The behavioral health ombudsman shall
2 serve at the pleasure of the governor. The individual must be
3 qualified by training and experience to perform the duties of the
4 office.

5 (2) The behavioral health ombudsman shall establish procedures
6 for approving the budget of the office, for expending funds of the
7 office, and for the employment of personnel for the office.

8 (3) The ombudsman shall establish procedures for receiving and
9 processing complaints from complainants and individuals not meeting
10 the definition of complainant, conducting investigations, holding
11 informal hearings, and reporting findings and recommendations
12 resulting from investigations.

13 Sec. 761. (1) The behavioral health accountability council is
14 created within the office of the behavioral health ombudsman.

15 (2) The behavioral health accountability council shall consist
16 of the following:

17 (a) The behavioral health ombudsman. The behavioral health
18 ombudsman shall serve as chair of the council.

19 (b) The director of the office of recipient rights who was
20 selected as provided in section 755(5).

21 (c) An individual from each of the entities that were awarded
22 the request for proposal for the contracted entities.

23 (d) One individual representing the community mental health
24 services programs.

25 (e) One individual representing an organization or institution
26 with experience in research on physical health and behavioral
27 health.

28 (f) Five individuals representing recipients of mental health
29 services throughout this state, including northern Michigan or the

1 Upper Peninsula.

2 (g) One individual representing a private provider or agency
3 of substance use disorder services.

4 (h) Three individuals representing private providers of mental
5 health services throughout this state, including northern Michigan
6 or the Upper Peninsula.

7 (i) Individuals appointed by the senate majority leader, the
8 senate minority leader, the speaker of the house of
9 representatives, and the house minority leader.

10 (3) The behavioral health accountability council shall perform
11 its business at a public meeting of the behavioral health
12 accountability council held in compliance with the open meetings
13 act, 1976 PA 267, MCL 15.261 to 15.275.

14 (4) The behavioral health accountability council shall monitor
15 the progress of the integration efforts. The behavioral health
16 accountability council is responsible for beginning a formal
17 evaluation of the integration process no later than 18 months after
18 the effective date of the contract. The evaluation must be
19 completed within 6 months. The behavioral health accountability
20 council is responsible for providing the evaluation on the status
21 of the integration efforts and proposed recommendations, if any, to
22 the department. The evaluation, using consistent metrics, must
23 review the contracted entities.

24 (5) The evaluation described in subsection (4) must, at a
25 minimum, use the predefined key metrics created by the clinical
26 oversight committee established in section 762(1)(b) to assess the
27 integration efforts and evaluate the effectiveness. At a minimum,
28 the key metrics must do all of the following:

29 (a) Focus on assessing individuals with behavioral health

1 diagnoses or physical and behavioral health comorbidities.

2 (b) Include measures related to patient-centered care,
3 including shared decision making, patient education, provider-
4 patient communication, and patient or family experiences of care.

5 (c) Include evidence-based metrics to assess health outcomes,
6 coordination and continuity of care, utilization, cost, efficiency,
7 patient safety, and access to care.

8 (d) Include measures that utilize real-time performance data
9 of contracted entities.

10 (e) Leverage standards from national resources, including, but
11 not limited to, the Centers for Medicare and Medicaid Services,
12 National Committee for Quality Assurance, Substance Abuse and
13 Mental Health Services Administration, and Agency for Healthcare
14 Research and Quality.

15 (6) Following the completion of the formal evaluation required
16 under subsection (4), the behavioral health accountability council
17 must submit a report to the department and the legislature with the
18 findings and include any recommendations.

19 Sec. 762. (1) The behavioral health accountability council
20 must establish standing and ad hoc committees or subcommittees to
21 carry out its duties. All committees or subcommittees established
22 must meet the same geographic and demographic equity requirements
23 as the council membership. Standing committees must include, but
24 are not limited to, the following:

25 (a) A substance use disorder oversight policy committee that
26 performs the following functions:

27 (i) Provide advice and recommendations regarding the
28 department's dissemination of funding for substance use disorder
29 treatment, prevention, or recovery services in the context of

1 state, federal, and local laws or regulations.

2 (ii) Provide advice and recommendations to ensure an adequate
3 network of substance use disorder treatment, prevention, or
4 recovery providers.

5 (b) A clinical oversight committee that consists of an
6 independent expert panel including, but not limited to, independent
7 experts in psychiatry, pediatrics, and internal medicine, and
8 representatives from the consumer oversight committee. The clinical
9 oversight committee must perform the following functions:

10 (i) Based on a review of the current literature, develop
11 treatment protocols for the diagnoses or conditions being treated
12 by the local behavioral health service providers to ensure that
13 quality care is available to all consumers.

14 (ii) By no later than July 1, 2024, develop predefined key
15 evaluation metrics, with consultation from members of the
16 behavioral health accountability council, to be used in measuring
17 and evaluating the success of the contracted entities.

18 (iii) Provide oversight regarding required clinical and person-
19 centered outcomes that are to be included in service delivery
20 models.

21 (iv) Along with the department, and after a review of the
22 current literature and consultation with national experts as
23 needed, develop a model for frontline integration of physical and
24 behavioral health care. Provide advice and recommendations
25 regarding integrated care.

26 (v) Present the committee's report to the legislature. The
27 report must include the treatment protocols and model of
28 integration, as well as the outcome measures and recommendations
29 for improvements if needed.

1 (c) A financial oversight committee.

2 (d) A consumer oversight committee.

3 (2) Each committee or subcommittee shall report to the
4 behavioral health ombudsman. The behavioral health ombudsman, with
5 guidance from the committees or subcommittees, is responsible for
6 making recommendations or changes based on the feedback or
7 recommendations from the committees or subcommittees.

8 Sec. 972. The department shall establish minimum standards and
9 requirements for certifying a crisis stabilization unit. Standards
10 and requirements include, but are not limited to, the following:

11 (a) A standard requiring the capacity to carry out emergency
12 receiving and evaluating functions but not to the extent that
13 brings the crisis stabilization unit under ~~the provisions of~~
14 section 1867 of the social security act, 42 USC 1395dd.

15 (b) Standards requiring implementation of voluntary and
16 involuntary admission consistent with section 409.

17 (c) A prohibition from holding itself out as a hospital or
18 from billing for hospital or inpatient services.

19 (d) Standards to prevent inappropriate referral between
20 entities of common ownership.

21 (e) Standards regarding maximum length of stay at a crisis
22 stabilization unit with discharge planning upon intake to a
23 clinically appropriate level of care consistent with section
24 ~~409(7)-409(9)~~.

25 (f) Standards of billing for services rendered at a crisis
26 stabilization unit.

27 (g) Standards for reimbursement of services for uninsured
28 individuals, underinsured individuals, or both, and Medicaid
29 beneficiaries, including, but not limited to, formal agreements

1 with community mental health services programs, ~~or~~ regional
2 entities, **or contracted entities** for services provided to
3 individuals utilizing public behavioral health funds, outreach and
4 enrollment for eligible health coverage, annual rate setting,
5 proper communication with payers, and methods for resolving billing
6 disputes between providers and payers.

7 (h) Physician oversight requirements.

8 (i) Nursing services.

9 (j) Staff to client ratios.

10 (k) Standards requiring a minimum amount of psychiatric
11 supervision of an individual receiving services in the crisis
12 stabilization unit that are consistent with the supervision
13 requirements applicable in a psychiatric hospital or psychiatric
14 unit setting.

15 (l) Standards requiring implementation and posting of
16 recipients' rights under chapter 7.

17 (m) Safety and emergency protocols.

18 (n) Pharmacy services.

19 (o) Standards addressing administration of medication.

20 (p) Standards for reporting to the department.

21 (q) Standards regarding a departmental complaint process and
22 procedure affording patients the right to file complaints for
23 failure to provide services in accordance with required
24 certification standards. The complaint process and procedure must
25 be established and maintained by the department, must remain
26 separate and distinct from providers delivering services under this
27 chapter, and must not be a function delegated to a community mental
28 health services program or an entity under contract with a
29 community mental health services program. The complaint process

1 must provide for a system of appeals and administrative finality.
2 Enacting section 1. This amendatory act does not take effect
3 unless Senate Bill No. _____ or House Bill No. 4576 (request no.
4 02496'23) of the 102nd Legislature is enacted into law.