

ISSUE

Did the Department properly transfer Petitioner from KPH to CFP?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner was re-admitted to KPH on REDACTED 2024, pursuant to a Continuing Order for Mental Health Treatment entered by the Ingham County Probate Court on September 3, 2024 (Exhibit A, p. 1; Testimony).
2. On August 15, 2024, the NGRI Committee supported KPH's recommendation that Petitioner be admitted to a state hospital for further stabilization, and the MDHHS State Hospital Administration Careflow Committee approved and prioritized the admission under APF 105 (Exhibit A, p. 1; Testimony).
3. Following Petitioner's testimony at his REDACTED 2025 jury trial on the Petition for Continuing Mental Health Treatment, and concerns regarding his lack of insight, manipulative behavior, and treatment refusal, KPH requested that CFP consider re-admitting Petitioner for re-evaluation, medication management, and a comprehensive violence risk assessment. The NGRI Committee concurred with this plan on December 22, 2025 (Exhibit A, pp. 1, 15–16; Testimony).
4. Clinical documentation from KPH reflects that Petitioner denied having a mental illness, rejected required medication, admitted to superficial engagement to secure discharge, refused long-acting injectable medication, and engaged in manipulative and disruptive behavior, including interfering with the treatment of other patients. The treatment team noted an aggressive incident on November 29, 2025, and concluded Petitioner required a more intensive and secure setting, with CFP better equipped to provide specialized therapeutic services and to conduct a thorough violence risk assessment (Exhibit A, pp. 15–16; Testimony).
5. The responsible Community Mental Health Services Program (CMHA-CEI) reviewed and approved the transfer request on December 30, 2025, agreeing to assume monitoring and discharge planning responsibilities (Exhibit A, p. 11; Testimony).
6. MDHHS issued a formal State Hospital Order of Transfer (MDHHS-5779) on January 2, 2026, citing MCL 330.1407 and identifying the reason for transfer as further treatment, medication management, and violence risk assessment. The form reflects approval by the NGRI Committee and the receiving hospital director (Exhibit A, p. 10; Testimony).

7. Petitioner was transferred from KPH and admitted to CFP on REDACTED, 2026. Due to safety concerns identified by KPH Nursing Administration, KPH Admission/Discharge staff did not present the MDHHS-5798 Notice of Transfer and Right to Appeal (NOTRA) before departure; instead, CFP Forensic Services delivered the NOTRA upon Petitioner's arrival. Petitioner signed the NOTRA on January 8, 2026 and filed a timely appeal (Exhibit A, pp. 1, 9; Testimony).
8. MOAHR issued a Notice of Hearing on January 16, 2026, setting the hearing for February 3, 2026, and outlining the procedures applicable to the transfer appeal (Exhibit A, pp. 3–6; Testimony). The January 16, 2026, hearing was adjourned to March 4, 2026, after it was discovered Petitioner did not have the correct call-in information for the hearing.
9. The Continuing Order for Mental Health Treatment entered December 9, 2025, remains in effect until December 8, 2026. It finds by clear and convincing evidence that Petitioner continues to be a person requiring treatment due to risk of harm, impaired judgment, and unwillingness to voluntarily participate in necessary treatment, and authorizes hospitalization in KPH or any appropriate hospital (Exhibit A, pp. 12–14; Testimony).
10. On January 8, 2026, Petitioner's request for hearing was received by the Michigan Office of Administrative Hearings and Rules (MOAHR). (Exhibit A, p 9)

CONCLUSIONS OF LAW

The Michigan Mental Health Code provides, in pertinent part:

330.1407 Transfer of patient; notice; appeal.

A patient in a department hospital may be transferred to any other hospital, or to any facility of the department that is not a hospital, if the transfer would not be detrimental to the patient and if both the community mental health services program and the department approve the transfer. The patient, a patient advocate designated to make mental health treatment decisions for the patient under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102, if any, and the patient's guardian or nearest relative shall be notified at least 7 days prior to any transfer, except that a transfer may be effected earlier if it is necessitated by an emergency. In addition, the patient may designate up to 2 other persons to receive the notice. If a transfer is effected due to an emergency, the required notices shall be given as soon as possible, but not later than 24 hours after the transfer. If the patient, the patient advocate, or the patient's guardian or nearest relative objects to the transfer, the department shall provide an opportunity to appeal the transfer. MCL 330.1407

330.1536 Transfer of resident; notice; appeal.

(1) A resident in a center may be transferred to any other center, or to a hospital operated by the department, if the transfer would not be detrimental to the resident and the responsible community mental health services program approves the transfer.

(2) The resident and his or her nearest relative or guardian shall be notified at least 7 days prior to any transfer, except that a transfer may be effected earlier if necessitated by an emergency. In addition, the resident may designate 2 other persons to receive the notice. If the resident, his or her nearest relative, or guardian objects to the transfer, the department shall provide an opportunity to appeal the transfer.

(3) If a transfer is effected due to an emergency, the required notices shall be given as soon as possible, but not later than 24 hours after the transfer.

MCL 330.1536, Emphasis added

The Michigan Administrative Code provides, in pertinent part:

Rule 330.4011 Transfer between state hospitals.

(1) A patient may be transferred between hospitals, including the University of Michigan neuropsychiatric institute or other facilities of the department which are not hospitals, for administrative reasons or for good and sufficient clinical reasons when approved by the department. Approval by the department shall be expressed by an order of transfer, a copy of which shall be forwarded to the director of each hospital involved. Prior to approval or denial of the transfer, the department shall consult with the contractually responsible county community mental health program. A request for a transfer may be submitted by a hospital director, a patient, or other interested person.

(2) Before an approved transfer is acted upon, the director of the hospital in which the patient is currently residing shall notify in writing, not less than 7 days prior to transfer, the patient and his guardian or his nearest relative and up to 2 other persons designated by the patient, except if the transfer is necessitated by an emergency as determined by the hospital director and documented in hospital records. Under emergency circumstances, the hospital director shall effect a transfer as soon as necessary and issue the appropriate notices not more than 24 hours after transfer.

(3) The notification period of not more than 7 days prior to transfer may be reduced if the patient or his guardian or nearest relative approves the transfer in person, by telephone, or in writing, and this approval is

documented. Written approval shall be obtained as soon as administratively possible.

(4) Notice of transfer by a hospital director shall inform the patient and his guardian or nearest relative of the right to object to the transfer. Upon receipt of a written objection, an appeal hearing shall be held promptly, under procedures established by the department. If an objection is made; transfer shall be delayed until a ruling of the appeal hearing indorses it, unless an emergency as determined and documented by the hospital director necessitates an immediate transfer. An emergency transfer is revocable by decision of the director of the department or by order of the appeal referee.

MAC R 330.4011, emphasis added

Petitioner now resides at CFP following his transfer from KPH.

KPH's Transfer Coordinator (TC) explained that Petitioner had been readmitted to KPH on September 11, 2024.

She stated that the treatment team sought his transfer due to continued lack of insight, manipulative behaviors in the unit setting, and troubling testimony he gave at his REDACTED 2025 jury trial on a petition for continuing treatment. KPH submitted a request to the Center for Forensic Psychiatry and to the NGRI Committee for readmission to CFP for reevaluation, further treatment, and a comprehensive violence risk assessment. The NGRI Committee reviewed the matter and agreed that transfer to CFP was appropriate.

KPH's TC explained that the responsible Community Mental Health agency for Clinton, Eaton, and Ingham counties reviewed the information she provided and approved the administrative transfer request on December 30, 2025. She testified that the approval letter and the prepared MDHHS 5779 State Hospital Order of Transfer were submitted to the authorized MDHHS agent, who signed the transfer order on January 2, 2026. Petitioner was transferred from KPH to CFP and admitted there on REDACTED 2026.

KPH's TC further testified that Petitioner received the MDHHS 5798 Notice of Transfer and Right to Appeal only after his arrival at CFP. She explained that KPH admissions staff were unable to present the form at KPH because KPH nursing administration had implemented safety precautions that limited staff movement on the unit when the treatment team informed Petitioner of the transfer. Because the clerical staff who normally provide the notice were not permitted on the unit during these safety measures, forensic services at CFP delivered the notice upon his arrival. Her office received a copy of the signed notice on January 8, 2026, in which Petitioner indicated his desire to appeal, leading to the scheduling of the present hearing.

CPH's TC stated that he agreed with her account and had no additional information to provide on behalf of CFP.

Petitioner stated that he appealed because KPH did not give him the notice of transfer and right to appeal before transferring him to CFP. He argued that the notice indicated a hearing would take place before any transfer, and he believed the transfer violated that requirement. He testified that he was taken without warning, was not permitted to pack his belongings, and was unable to bring his glasses. As a result, he said he was without his glasses for a month after arriving at CFP. He disagreed with KPH's assertion that safety concerns justified the manner of the transfer. He described himself as educated and capable of appropriate behavior, referencing his academic background at Ohio State University and his attendance at law school. He asserted that there was no emergency that should have justified immediate transfer.

Petitioner also argued that KPH had been considering discharging him to the community and that the abrupt transfer violated his rights, including his freedom of movement. He emphasized that he had been allowed to work on a work crew at KPH, which required appropriate conduct, and he believed this contradicted the claim that he posed a behavioral risk. He maintained that if there had been any emergent behavioral concern, KPH would have removed him from the work crew rather than proceeding directly to an unannounced transfer.

Petitioner also addressed KPH's concerns about his insight into his mental illness. He acknowledged that he had provided false testimony during his court hearing and stated that he apologized for doing so. He claimed to have gained insight during his time at CFP and expressed a willingness to work with his doctor at KPH on recommended medications. He stated that he intended to be compliant and peaceful toward staff if given the opportunity to return.

Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that his transfer from KPH to CFP was improper. MOAHR possesses authority to conduct transfer-appeal hearings under MCL 400.9, applicable federal regulations, and Michigan Administrative Code provisions cited in the Notice of Hearing. The Notice of Hearing issued January 16, 2026, outlined these authorities and provided Petitioner with timely and adequate procedural guidance (Exhibit A, pp. 3–6).

Michigan's Mental Health Code authorizes administrative transfer between state hospitals when clinically appropriate and when required approvals are obtained. Respondent established that all required steps occurred: NGRI Committee review, receiving-hospital acceptance, CMHSP approval, and execution of the transfer order by an authorized MDHHS agent. The clinical assessments demonstrated that Petitioner required a more secure setting for appropriate treatment and risk management, consistent with the Probate Court's Continuing Order for Mental Health Treatment (Exhibit A, pp. 10–14).

Petitioner's arguments to the contrary are not persuasive. Petitioner argues that his transfer from KPH to the CFP was unlawful because he did not receive the MDHHS 5798 Notice of Transfer and Right to Appeal before being moved, was not warned of the transfer, and was not permitted to gather his belongings, including his glasses. He asserts that the notice states that a hearing should occur before any transfer and maintains that no true emergency existed.

Petitioner further states that he was an appropriate and well-behaved patient, capable of participating in work crew and possessing the educational background to conduct himself appropriately. He also claims his rights, including his freedom of movement, were violated.

The testimony and evidence presented by Respondent directly addresses and contradicts these claims. KPH's TC testified that KPH did not provide the transfer notice before Petitioner left the facility only because KPH Nursing Administration implemented specific safety precautions on the unit at the time the treatment team informed Petitioner of the approved transfer. Under these safety procedures, KPH's clerical admissions staff, who are responsible for presenting the notice, were not permitted on the inpatient unit when the transfer information was delivered. Because of this limitation, KPH arranged in advance for CFP forensic services to present the MDHHS 5798 notice to Petitioner immediately upon arrival. CFP provided the notice as soon as he reached the facility, and Petitioner signed and returned the appeal form the next day.

The testimony also establishes that the transfer was not carried out secretly or without the required clinical and administrative review. KPH's TC described a series of steps taken before the transfer occurred, including a request from Petitioner's KPH treatment team, review and concurrence by the NGRI Committee, approval by the responsible Community Mental Health agency, and formal authorization by the MDHHS agent on January 2, 2026. All approvals occurred before the REDACTED transfer date, and the process followed the requirements of MCL 330.1407.

Petitioner's claim that no emergency existed does not negate the explanation provided by KPH. KPH reported that safety concerns surrounding the conversation in which Petitioner was informed of the transfer required additional nursing staff and safety officers to be present, and that these conditions restricted clerical staff from entering the unit to deliver the notice. Because the notice can legally be delivered either before or after transfer in case of emergency, the method used here preserved Petitioner's due process rights. Indeed, Petitioner exercised those rights by signing the notice and requesting the present hearing the day after his arrival at CFP.

Petitioner also argues that his behavior history did not justify the concerns KPH expressed because he remained on work crew and had not been disciplined. However, the testimony from KPH explains that the transfer request was based on a combination of his documented lack of insight, manipulative behaviors, and concerning testimony during his REDACTED 2025 trial. These clinical concerns were relayed to the NGRI Committee, which reviewed and agreed with the plan to transfer him for reevaluation and a comprehensive violence risk assessment. Petitioner's statements about his academic background or his own belief that he behaves appropriately do not override the clinical judgment of his treatment team or the oversight committees that approved the transfer.

Finally, Petitioner apologized for giving false testimony during his court proceeding and stated that he has since gained insight. While this may reflect his current perspective, it does not invalidate the documented concerns that existed at the time the transfer decision was made. The administrative transfer process evaluates the conditions and risks present at the time of review, not the patient's later reflections.

In sum, the record demonstrates that Petitioner received the required notice, exercised his right to appeal, and had a full hearing. Respondent provided credible testimony showing that the transfer was reviewed, approved, and executed according to established procedures. The evidence does not support Petitioner's claim that the transfer was unlawful or that his rights were violated.

The evidence supports that the transfer was lawful, procedurally appropriate, and clinically justified. Respondent met its burden, and Petitioner did not present evidence sufficient to overturn the determination.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Michigan Department of Health and Human Services properly transferred Petitioner from the KPH to CFP.

IT IS THEREFORE ORDERED THAT:

The Department's decision is **AFFIRMED**.