STATE OF MICHIGAN

COURT OF APPEALS

In re JON RODRIQUEZ.

TRACEY GORT,

Petitioner-Appellee,

v

JON RODRIGUEZ,

Respondent-Appellant.

UNPUBLISHED
September 17, 2020

No. 352671
Kent Probate Court
LC No. 20-928507-MI

Before: REDFORD, P.J., and BECKERING and M. J. KELLY, JJ.

PER CURIAM.

Respondent, Jon Rodriguez, appeals as of right the probate court's order granting the petition seeking involuntary mental health treatment and ordering respondent to undergo mental health treatment for up to 180 days, with up to 60 days of hospitalization. We affirm.

I. FACTS

Petitioner, Tracey Gort, a social work clinician, filed a petition seeking involuntary treatment of respondent's mental illness. The petition alleged that respondent was an individual with mental illness, that his judgment was so impaired by mental illness that he was unable to understand his need for treatment, and that his impaired judgement presented a substantial risk of significant harm to himself or others. The petition was based on respondent's observable manic

behavior, grandiose[1] and paranoid thoughts, and tangential and pressured speech.[2] In addition, respondent acknowledged that his behavior had changed, that it scared others, and that he had been placed on leave from his employment. The petition was accompanied by two clinical certificates, which were prepared by two psychiatrists affiliated with Pine Rest Christian Mental Health Services in Grand Rapids ("Pine Rest" or "the hospital"). Both psychiatrists examined respondent at Pine Rest, diagnosed him with some variation of bipolar disorder, and concluded that he was unable to care for his basic needs and to understand his need for treatment. Each psychiatrist set out specific facts in support of the conclusions reached. One psychiatrist recommended treatment involving only hospitalization, while the other recommended a combination of hospitalization and assisted outpatient.

The probate court began the hearing on the petition in part by noting that all of the required paperwork appeared to be in order. The first witness was Dr. Jonathon Dozeman, a psychiatrist employed at Pine Rest and stipulated to as an expert in the field of psychiatry. Dr. Dozeman testified that he met with respondent and diagnosed him with bipolar I disorder. He said that respondent presented to Pine Rest with insomnia, racing thoughts, increased energy, pressured speech, and tangential thinking, that respondent's coworkers and supervisor were worried about him because he was acting illogically at work, and that he had been placed on leave from work because he had "gotten into the face of a coworker and was yelling at her." Dr. Dozeman further testified that respondent had continued to present as grandiose since his admission, explaining: "Over the course of the last 10 days, he's – he's, you know, told me he's learned to code even though he has no formal training in that. He's also learned to count cards while in the hospital here without any training. And he's also been writing several books." With regard to respondent's continued paranoia, Dr. Dozeman said respondent claimed that everything at the hospital was fake and that the conspiracy "went to the top of Pine Rest"; on the day of the hearing, respondent continued to express concerns that staff are "getting into his things and planting things in his room."

Dr. Dozeman testified that he believed respondent lacked insight into his illness. Respondent started taking the prescribed medication three or four days prior to the hearing, but he continued to think that he was fine and did not have a problem. Dr. Dozeman said that respondent asked to be discharged from the hospital so he could quit his job and move to a different state, but respondent would not reveal any further details in regard to those plans. Asked if he believed respondent was able to perform the activities of daily living consistently and independently, Dr. Dozeman responded in the negative, explaining that, although respondent was sleeping better since

[1] In psychiatry, "grandiose" pertains "to exaggerated belief or claims of one's importance or identity[.]" https://medical-dictionary.thefreedictionary.com/grandiose (accessed August 18, 2020).

[2] Tangentiality is "a pattern of speech characterized by oblique, digressive, or irrelevant replies to questions; the responses never approach the point of the questions." https://medical-dictionary.thefreedictionary.com/tangential (accessed August 18, 2010). Pressured speech means "excessive volubility, with rapid, pressured speech, as in manic episodes of bipolar disorder and some cases of schizophrenia." It is also called logorrhea. https://medical-dictionary.thefreedictionary.com/logorrhea (accessed August 18, 2020).

he began taking medication, prior to taking medication, respondent had been sleeping anywhere from zero to two hours per night and had not been properly caring for himself. With regard to risk to himself or others, Dr. Dozeman opined that respondent did not pose a risk of physical harm to anyone, but he believed that he posed a definite mental health risk, as well as social and financial risks, given his lack of insight, and his current state of grandiosity, paranoia, and impulsivity. Dr. Dozeman recommended hospitalization, stated that it was the least restrictive form of treatment available to respondent at present, and anticipated that respondent would require another five days or so of hospitalization to make sure his medication dosage was correct.

Respondent also testified. Asked if he agreed with the psychiatrist's diagnosis of bipolar disorder, respondent responded that he could not say because he was not an expert in the field, and he denied having ever been diagnosed with a mental illness. Asked if he might need to remain in the hospital, respondent replied, "Potentially, yes." Asked whether he was willing to cooperate with Dr. Dozeman's recommendation for medication, respondent did not answer the question directly, but testified, "I would say that I have been agreeing for the past three, four days. It gets confusing. So I say three, four days because I'm not really sure anymore." Respondent answered affirmatively when asked if he would "take the medication," and when asked why he "didn't want to agree to treatment," respondent again stated that he had never received a diagnosis of mental illness, and added for the record that he "came here involuntarily as well." Finally, counsel asked respondent if he was asking the court to release him or if he was willing to stay hospitalized, respondent replied that he could not honestly answer that question. He said he would like an outside evaluation, but conceded "that's not really an option right now."

The probate court ordered respondent to undergo 180 days of mental health treatment, with up to 60 days of hospitalization. On appeal to this Court, respondent contends that the probate court erred by: 1) failing to consider alternatives to hospitalization; 2) failing to notify him of his right to an independent evaluation and failing to adjourn the hearing to allow respondent to obtain such evaluation; 3) finding that he was a person requiring treatment as defined by MCL 330.1401(1)(b) and (c); and 4) ordering hospitalization without considering the adverse impacts of hospitalization, especially since the court stated in its order that there was alternative treatment adequate to meet respondent's needs.

II. STANDARDS OF REVIEW

"This Court reviews for an abuse of discretion a probate court's dispositional rulings and reviews for clear error the factual findings underlying a probate court's decision." *In re Portus*, 325 Mich App 374, 381; 926 NW2d 33 (2018). The probate court abuses its discretion when it "chooses an outcome outside the range of reasonable and principled outcomes[,]" and its factual findings are "clearly erroneous when a reviewing court is left with a definite and firm conviction that a mistake has been made, even if there is evidence to support the finding." *Id.* (quotation marks and citation omitted). The Court reviews de novo matters of statutory interpretation. *Id.*

Typically, an appellant must properly preserve his or her claim of error by raising the issue in the trial court. See *Napier v Jacobs*, 429 Mich 222, 227; 414 NW2d 862 (1987). Although courts regularly enforce the preservation rule, our Supreme Court has recognized that appellate courts have the discretion to review even unpreserved claims of error on appeal. See *Id.* at 233. We review unpreserved claims of error in civil cases for plain error affecting the civil litigant's

substantial rights. See, e.g., *Kern v Blethen-Coluni*, 240 Mich App 333, 336; 612 NW2d 838 (2000). " 'To avoid forfeiture under the plain error rule, three requirements must be met: 1) the error must have occurred, 2) the error was plain, i.e., clear or obvious, 3) and the plain error affected substantial rights.' " *Id*., quoting *People v Carines*, 460 Mich 750, 763; 597 NW2d 130 (1999).

III. ALTERNATIVES TO HOSPITALIZATION

Respondent first argues that the probate court violated its statutory obligations to order a report containing alternatives to hospitalization and to consider alternatives to hospitalization prior to rendering its dispositional ruling. We disagree. Because respondent did not raise this issue in the probate court, our review is for plain error. *Kern*, 240 Mich App at 336.

Once a court receives a "petition for a determination that an individual is a person requiring treatment," accompanied by two clinical certificates,[3] MCL 330.1452(1)(a), the court "shall order a report assessing the current availability and appropriateness for the individual of alternatives to hospitalization, including alternatives available following an initial period of court-ordered hospitalization" MCL 330.1453a. The report is to be prepared by "the community mental health services program, a public or private agency, or another individual found suitable by the court[,]" preferably, "an agency or individual familiar with the treatment resources in the individual's home community." MCL 330.1453a. "[B]efore ordering a course of treatment for an individual found to be a person requiring treatment, the court shall review a report on alternatives to hospitalization that was prepared under [MCL 330.1453a] not more than 15 days before the court issues the order." MCL 330.1469a(1).

Respondent's argument is less that the probate court failed to order the required report than that the report was inadequate because it did not provide any alternatives to hospitalization. The record shows, and respondent acknowledges, that the probate court received a "Report on Alternative Mental Health Treatment." The report was completed on January 14, 2020, by June Buikema-Tebeau, LMSW, a case manager for Pine Rest, on a form approved by the Supreme Court Administrative Office (SCAO). Buikema-Tebeau recorded her recommendations in a section titled "Report on Evaluation of Hospital Treatment and/or Alternative Programs." The first entry in that section stated: "I have reviewed, as to their availability in or near the individual's home community, treatment resources alternative to hospitalization and report as follows: (if practical, give name of agency, program, etc.)." The second entry stated: "I have reviewed, as to their availability in or near the individual's home community, residential accommodations, and I report as follows; (if practical, give name of agency, program, etc.)." Buikema-Tebeau left both entries blank. She recommended a combination of hospitalization and assisted outpatient treatment based

[3] The statute requires a "clinical certificate executed by a physician or a licensed psychologist, and a clinical certificate executed by a psychiatrist." MCL 330.1452(1)(a). In the present case, both certificates were executed by psychiatrists. Respondent did not raise any issues with the petition and its accompanying documentation in the probate court, nor has he raised any on appeal. Therefore, we consider the issue waived. See *Napier*, 429 Mich at 227 ("failure to timely raise an issue waives review of that issue on appeal.").

on respondent's behaviors as described above and the fact that, at the time of her report, respondent was refusing medication.

Respondent urges this Court to interpret Buikema-Tebeau's leaving blank the entries seeking information about alternatives to hospitalization and the availability of residential accommodations as a failure to provide such information rather than as an indication that there were no alternatives to hospitalization, given respondent's condition at the time. We decline to do so. The entries instructed the person completing the form to give the name of the "agency, program, etc." that could provide alternative services, "if practical." It seems likely to us that leaving the entries blank indicated that respondent's manic behavior, his grandiose and paranoid notions, his reported failure to understand his condition, and his refusal to take medication made alternatives to hospitalization impractical at the time. We also note that both of the mental health professionals who evaluated respondent just three days before Buikema-Tebeau completed the report recommended at least a period of hospitalization. In addition to the petition, the clinical certificates, and the "Report on Evaluation of Hospital Treatment and/or Alternative Programs," the probate court also heard Dr. Dozeman testify to his belief that respondent would need at least five more days of hospitalization in order to ensure that he was being properly medicated. Given the record before us, we cannot conclude that the probate court plainly erred by not properly considering alternatives to hospitalization before issuing its dispositional ruling. See *Kern*, 240 Mich App at 336.

IV. INDEPENDENT EVALUATION

Respondent next contends that, where there is no record evidence that the probate court notified respondent of his right to an independent clinical evaluation and there is evidence that respondent asked for an independent evaluation, the probate court plainly erred by ordering hospitalization without first obtaining such evaluation. As respondent correctly indicates, our review is for plain error. *Kern*, 240 Mich App at 336.

Michigan's Mental Health Code requires that a hospitalized person be informed of certain rights. Within 12 hours after an individual is hospitalized under section MCL 330.1423 (petition admission) or MCL 330.1438 (judicial admission) the hospital director must ensure that the individual receives several documents. These include a copy of the petition, "[a] written statement explaining that the individual will be examined by a psychiatrist within 24 hours after his or her hospitalization," and "[a] written statement in simple terms" explaining that the individual has the right to a full court hearing, to be present at the hearing, to be represented by legal counsel, and to an independent clinical evaluation. MCL 330.1448(1). Similarly, once the probate court receives a petition and two clinical certificates as described in MCL 330.1452(1)(a), the court has four days to "cause the subject of the petition" to be given copies of the documents and "notice of the right to be present at the hearing, notice of the right to be represented by legal counsel, notice of the right to demand a jury trial, and notice of the right to an independent clinical evaluation." MCL 330.1453(2).

Present in the record filed with this Court is a "Notice of Hospitalization and Certificate of Service" provided to the probate court by Pine Rest. The notice informed the court that respondent had been hospitalized on January 11, 2020, and certified that respondent had been provided copies of the petition, the two clinical certificates, and a statement explaining his rights. The documents

were listed on separate lines, next to which was recorded the date and time each document had been provided, and the signature of the person certifying delivery. A time and date stamp on the notice indicated it had been filed with the Kent County Circuit Court on January 13, 2020. This document shows that the hospital complied with its obligation under MCL 330.1448.

Also present in the record filed with this Court is a completed, SCAO-approved form entitled "Notice of Hearing on Petition for Hospitalization/Assisted Outpatient Treatment/Judicial Admission and Order Appointing Attorney." The form indicates the date and time of the hearing on the petition for hospitalization filed with the court and the name and contact information of the attorney appointed by the court to represent respondent. In addition, it informs respondent, among other things, that he has a right to an independent clinical evaluation and that he should discuss his rights with his lawyer.

The record also contains two properly signed proofs of service dated January 13, 2020. One indicates that the "Petition of Hospitalization/Notice of Hearing," "Order Appointing Attorney," two clinical certificates, and a "Letter Notice to Petitioner" were served electronically on petitioner, the Kent County Prosecutor's Office, and respondent's attorney, Margaret Allen. The second proof of service indicates that all but the "Letter Notice to Petitioner" were served personally on respondent. By showing that respondent and his attorney received notice of respondent's rights, including his right to an independent evaluation, these proofs of service establish that the probate court fulfilled its obligation to respondent under MCL 330.1453(2). Thus, respondent's claim that the court did not notify him of his right to an independent clinical evaluation must fail.

Respondent contends that, even if he received notice of his right to an independent evaluation, he could not meaningfully exercise the right without the assistance of counsel, and the transcript of his hearing shows that neither he nor his counsel thought he was entitled to an independent evaluation. In support of his contention, respondent points to the following exchange that occurred during his testimony at the hearing:

> [*Respondent's Counsel*]: Right. So that's why we're having a hearing today, okay? Are you asking the Court to release you today? Or are you willing to stay?
>
> [*Respondent*]: I can't honestly answer that. I don't know. I haven't—I would like an outside evaluation is what I would like.
>
> [*Respondent's Counsel*]: Okay.
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> [*Respondent*]: But that's not really an option right now.
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> [*Respondent's Counsel*]: No, it isn't.

Respondent claims that this exchange shows that he was unaware he had a right to an independent evaluation, and that his counsel agreed that such evaluation was not available. We disagree.

MCL 330.1463(1) provides for an independent clinical evaluation as follows:

> If requested before the first scheduled hearing or at the first scheduled hearing before the first witness has been sworn on a petition, the subject of a petition in a hearing under this chapter has the right at his or her own expense, or if indigent, at public expense, to secure an independent clinical evaluation by a physician, psychiatrist, or licensed psychologist of his or her choice relevant to whether he or she requires treatment, whether he or she should be hospitalized or receive treatment other than hospitalization, and whether he or she is of legal capacity.

According to the statute, in order to obtain an independent clinical evaluation, respondent had to: 1) request one, and 2) make his request before the first scheduled hearing on his petition or before the first witness at the hearing was sworn. In the case at bar, to obtain an independent clinical evaluation, respondent needed to request one either prior to the hearing or before Dr. Dozeman, the first witness, was sworn.

Respondent's exchange with his attorney indicates that he was aware he had a right to an independent evaluation, but also that he had not requested one in time. Even if we interpret respondent's statement that he would "like an outside evaluation" as a request and not merely a declarative statement, his observation that such evaluation was not "an option *right now*" suggests that he knew the statutory window of opportunity for requesting such evaluation had closed by the time he testified. In turn, this suggests that he and his attorney had at some point discussed his right to an independent evaluation and how to exercise that right. To the extent that respondent argues the probate court should have adjourned the hearing and arranged for an independent evaluation, he cites no authority obligating the court to do so. In light of the foregoing, we find no plain error. See *Kern*, 240 Mich App at 336.

V. PERSON REQUIRING TREATMENT

Respondent next argues that the probate court erred by concluding he was a person requiring treatment as defined by MCL 330.1401(1)(b) and (c) of Michigan's Mental Health Code, MCL 330.1001 *et seq*. We disagree. We review the probate court's dispositional ruling for an abuse of discretion, and its findings in support of its ruling for clear error. *In re Portus*, 325 Mich App at 381.

Before a probate court can order a person to receive involuntary mental health treatment under MCL 330.1468, the court must find that the respondent is a "person requiring treatment" under MCL 330.1401(1). This finding must be supported by clear and convincing evidence. See MCL 330.1465 ("[a] judge or jury shall not find that an individual is a person requiring treatment unless that fact has been established by clear and convincing evidence."). MCL 330.1401(1)(b) defines a "person requiring treatment" as:

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

"Mental illness" is "a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life." MCL 330.1400(g).

Respondent does not dispute that a diagnosis of bipolar disorder constitutes a mental illness. Rather, he focuses on his reported lack of sleep and argues that sleeplessness is not enough to constitute clear and convincing evidence that he was a person requiring treatment. Respondent errs by minimizing his inability to sleep and by viewing it in isolation from the manic behavior he exhibited.

Respondent's inability to sleep was severe; he reported that if he slept at all, it was for no more than two hours a night. However, sleeplessness was not the only concern. The court had at its disposal the clinical certificates of the psychiatrists who examined respondent. One of them, Valerie E. Mathis-Allen, M.D., examined respondent for nearly two hours and noted that he talked fast and continuously the entire time, "stopping only to blow out air loudly." According to Dr. Mathis-Allen's notes, respondent reported that he smoked cannabis daily and said he had been on a "rollercoaster" ever since taking LSD 11 days earlier. Respondent relayed that he was "yelling at a metal wall at work and my employer said 'get out of here!' I was found looney and crazy." Respondent also told her that his thoughts had never been so fast and he has "never been able to talk so freakin' long." He said that he told someone he "could be the President and I told a lady she could be my vice president. That lady said I should shut up." He reported that he changed his name to "JR 826" and he would explain why "tomorrow." Mathis-Allen recorded that respondent also said his appetite was poor and that he "came here to show my friend I am perfectly sane. I don't want to be here. I don't want to take meds." Finally, Dr. Mathis-Allen noted respondent as saying, "I should not be here. I should be able to sue somebody. Now Jon has no job." In addition, as already described, Dr. Dozeman testified at the hearing on the petition that since respondent had been admitted to Pine Rest, he had continued to exhibit manic behavior and to express grandiose and paranoid thoughts, and he had only recently begun to take medication, after which, he began to sleep better.

The record evidence supports the trial court's conclusion that clear and convincing evidence establishes that respondent was unable to attend to his basic needs so as to avoid serious harm in the future and that he had failed to attend to his needs. See MCL 330.1401(1)(b). Record evidence shows that respondent was getting less than two hours of sleep a night, that his appetite was poor, and that based on his extraordinary behavior he had been put on leave from work. Not only does the evidence show that respondent was unable to attend to the basic need for sleep and adequate nutrition, but also that his behavior was such that it threatened his physical health and his future livelihood, arguably the means by which future needs would be met. In our view, the evidence is clear and convincing that respondent was a person requiring treatment as defined in MCL 330.1401(1)(b).[4] See *In re Portus*, 325 Mich App at 381.

[4] Respondent implies that since the petitioner did not indicate that respondent was a person requiring treatment as defined by MCL 330.1401(1)(b), the court erred in finding this definition applicable. Respondent has not presented any legal authority, nor are we aware of any, to support

There is also clear and convincing evidence that respondent was a person requiring treatment under MCL 330.1401(1)(c). MCL 330.1401(1)(c) defines a "person requiring treatment" as:

> (c) An individual who has mental illness, whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

Again, respondent does not dispute that a diagnosis of bipolar constitutes a mental illness. As to his lack of understanding of his need for treatment, all three psychiatrists who examined respondent concluded as much. In support of her conclusion, Dr. Mathis-Allen noted that respondent told her he did not want to be—and should not be—at Pine Rest, that he went there only to show a friend that he was perfectly sane, and that he did not want to take medication. Dr. Dozeman testified that respondent lacked insight regarding his condition, and both respondent and Dr. Dozeman indicated that respondent refused medication for the first six or seven days that he was at Pine Rest. At the hearing, respondent appeared to accept that he might need treatment and expressed a willingness to take medication. However, respondent's position in regard to his treatment was unclear; he could not say whether he wanted to be released or whether he would remain hospitalized and cooperate with treatment. Viewing the record as a whole, and giving "broad deference to findings made by the probate court because of its unique vantage point regarding witnesses, their testimony, and other influencing factors not readily available to the reviewing court," *In re Portus*, 325 Mich App at 397, we conclude that the probate court's findings that respondent did not understand his need for treatment, and that he demonstrated an unwillingness to voluntarily participate in treatment that was necessary to prevent deterioration of his condition, were not clearly erroneous, see *id*. at 381.

Finally, the record also supports that respondent presented a substantial risk of significant harm to himself. Dr. Dozeman testified that he did not believe respondent posed a threat of physical harm to himself or others,[5] but he asserted that respondent posed a risk of mental harm, as well as social and financial harm, because of his lack of insight, grandiosity, paranoia, and impulsivity. While it is true, as respondent points out, that Dr. Dozeman did not support his conclusion with specific examples, the record as a whole supports his conclusion. Respondent

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the contention that a probate court is limited to considering the definition of "person requiring treatment" specified in the petition. The court was required to determine whether respondent was a "person requiring treatment" as defined by the statute, and it was free to consider definitions not included in the petition, but supported by clear and convincing evidence.

[5] Dr. Mathis-Allen noted on her clinical certificate, provided to the court by petitioner, that respondent stated: "I have scared others. I got very close last night and my friend Bren who brought me here said 'you don't want to do that.' " Although Dr. Mathis-Allen did not indicate that respondent was a harm to himself or others, she did write in her recommendations: "No Guns!" (emphasis by Dr. Mathis-Allen).

himself recognized that his behavior had become increasingly erratic, escalating to the point that he was suspended from work, causing at least a temporary loss of purposefulness, society, and, possibly, income. That respondent experienced some psychological stress from the suspension is evidenced by his statement, as reported by Dr. Mathis-Allen, "I should be able to sue someone. Now Jon has no job." In addition, by his own account, respondent's behavior had already antagonized and scared people, and alarmed a friend to such an extent that she took him to Pine Rest. In our view, this is clear and convincing evidence that respondent's untreated condition posed a substantial risk of significant physical or mental harm to himself or others.

Respondent implies that treatment is not necessary because he could address his sleep issues with an over-the-counter medication. Regardless of respondent's speculations about what he could have done, the fact remains that he did nothing. As previously indicated, respondent insisted at his clinical evaluation with Dr. Mathias-Allen that he did not have a problem, did not want or need to be at Pine Rest, and did not want to take medication. Whatever respondent might have been able to do, he certainly could not do it without first understanding that he needed treatment. In addition, the medication respondent was receiving at Pine Rest was having the desired effect: respondent had been sleeping better since he began taking it.[6] Based on the record before the Court, we conclude that the probate court's finding that respondent was a person requiring treatment as defined by MCL 330.1401(1)(c) was not clearly erroneous. See *In re Portus*, 325 Mich App at 381.

VI. HOSPITALIZATION

Lastly, respondent asserts that the probate court erred by ordering hospitalization without considering the relative advantages and disadvantages of hospitalization and without considering less restrictive options. We disagree.

Once a probate court finds that an individual is a person requiring treatment, MCL 330.1472a(1) instructs the court as follows:

> [T]he court shall issue an initial order of involuntary mental health treatment that shall be limited in duration as follows:
>
> (a) An initial order of hospitalization shall not exceed 60 days.
>
> (b) An initial order of assisted outpatient treatment shall not exceed 180 days.

[6] Contrary to the arguments provided in respondent's reply brief, there is no evidence in the record demonstrating that Dr. Dozeman lacked the requisite expertise; in fact, the parties stipulated to his expertise in the field of psychiatry. Nor is there any evidence that Dr. Dozeman was motivated financially to diagnose and treat respondent; on the contrary, the basis for Dr. Dozeman's diagnosis was attested to by two other psychiatrists and supported by their observations of respondent's manic behavior.

> (c) An initial order of combined hospitalization and assisted outpatient treatment shall not exceed 180 days. The hospitalization portion of the initial order shall not exceed 60 days.

Thus, under MCL 330.1472a(1), upon a finding that respondent was a person requiring treatment, the court was obligated to order involuntary mental health treatment that fell within the statute's guidelines.

The gravamen of respondent's arguments is that the probate court failed to adequately consider whether there were alternatives to hospitalization. We addressed this argument above and decline to revisit it here. The record shows that clear and convincing evidence supports the probate court's finding that respondent was a person requiring treatment under MCL 330.1401(1), and that hospitalization was the only adequate treatment available under the circumstances. The probate court complied with its obligation under MCL 330.1472a(1) by ordering a combination of hospitalization and assisted outpatient treatment. We have already concluded that the probate court's findings were not clearly erroneous; we now conclude that the court's ultimate disposition was not an abuse of discretion.

Affirmed.

/s/ James Robert Redford
/s/ Jane M. Beckering
/s/ Michael J. Kelly