

Legislative Analysis



MENTAL HEALTH COMMISSION: ADOPT RECOMMENDATIONS

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House Bill 5923 as introduced
Sponsor: Rep. Fran Amos

House Bill 5927 (Substitute H-1)
Sponsor: Rep. Gabe Leland
Committee: Health Policy

First Analysis (11-30-06)

BRIEF SUMMARY: House Bill 5923 would require the director of the State Office of Recipient Rights to report directly to the director of the Department of Community Health. House Bill 5927 would require the appointment of a psychiatrist as the medical director of mental health services.

FISCAL IMPACT: House Bill 5923 would have no state or local fiscal impact. House Bill 5927 will have no fiscal impact as DCH already has an interim Medical Director of Mental Health Services. This bill simply provides statutory authorization for this staff position within the Mental Health Code as is the case for the director of DCH and director of the State Office of Recipient Rights.

THE APPARENT PROBLEM:

The Governor's Commission on Mental Health made numerous recommendations to improve the quality of mental health services. One of the recommendations was to clarify the reporting chain between the director of the State Office of Recipient Rights and the director of the Department of Community Health. Apparently, there have been different interpretations as to whom the recipient rights director reports, with some believing the current statute specifies the director of the DCH, and others believing it to be whomever the DCH director designates.

Another recommendation concerns codifying the position of medical director of mental health services and requiring it to be filled by a psychiatrist. Forty-seven other states have such a position. For many years, there was a position of director of medical services within the department who focused primarily on the medical issues of persons with developmental disabilities, and also a director of psychiatric services. These positions were phased out under previous administrations. Currently, there is a position of director of mental health services within the department, but it is held by an interim director. Since the director of mental health services holds the potential to be an important link between the state and the sites of delivery of mental health services throughout the system, as well as improving practice patterns in mental health care, many feel that the position should be required in statute so that continuity of mental health initiatives can be assured despite changes in administration.

THE CONTENT OF THE BILLS:

House Bill 5923 would amend the Mental Health Code (MCL 330.1754) to clarify that the director of the State Office of Recipient Rights would report directly and solely to the director of the Department of Community Health. The director of the Department of Community Health could not delegate this responsibility.

House Bill 5927 would amend the Mental Health Code (MCL 330.1104) to require the director of the Department of Community Health (DCH) to appoint a medical director of mental health services. The appointee would have to be an appropriately credentialed psychiatrist. The medical director of mental health services would have to do all of the following:

- Advise the director of the DCH on mental health policy and treatment issues.
- Serve as a resource on mental health clinical matters to all divisions within the DCH, other state departments, and the mental health field.
- Promote the use of mental health care and treatment best practices that are scientifically validated and recovery oriented.

ARGUMENTS:

For:

The bills would implement two of the recommendations made by the governor's Commission on Mental Health. House Bill 5923 would clarify that the director of the State Office of Recipient Rights would report directly and solely to the director of the Department of Community Health, and not to a lower level staff person. Advocates believe this to be important in protecting the privacy of patients, expediting the resolution of cases, and maintaining the necessary independence of the office.

House Bill 5927 would put Michigan on an equal footing with the 47 states that already have physicians who hold the equivalent of an office of medical director of mental health services. According to information supplied by the Michigan Psychiatric Society, having a statutory requirement for a psychiatrist to be appointed as medical director means a qualified individual will be available to advise the director of the DCH on mental health policy; provide an important link in improving the coordination of services between Community Mental Health Services Programs, state hospitals, substance abuse services, jails, prisons, and juvenile justice settings; and provide a level of clinical accountability that would improve the quality of mental health care in the state. In addition, having the position description enhanced, as the bill would do, will better enable the director to interface with peers from other states and thus benefit from that national collaboration. Furthermore, the bill would ensure that the existence of the position would not be at one person's whim, as it has been in the past. And, since the position already exists within DCH, the bill would be revenue neutral.

POSITIONS:

The Department of Community Health indicated support for the bills. (11-28-06)

A representative of the Mental Health Association in Michigan testified in support of the bills. (11-28-06)

The Michigan Psychiatric Society supports the bills. (11-28-06)

Michigan Protection and Advocacy Services indicated support for the bills. (11-28-06)

The Chaldean Catholic Church indicated support for the bills. (11-28-06)

The Michigan Association of Community Mental Health Boards indicated support for the bills. (11-28-06)

The Michigan Nurses Association indicated support for the bills. (11-28-06)

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.