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Senate Bill 802 (as reported without amendment)

Sponsor: Senator Paul Wojno Committee: Health Policy

## **CONTENT**

The bill would amend Chapter 1 (Department of Mental Health) of the Mental Health Code to do the following:

- -- Require the Department of Health and Human Service's (DHHS's) electronic inpatient psychiatric bed registry to include community-based services.
- -- Require community mental health services programs to provide the DHHS with the number, type, and other pertinent information on the community-based mental health and substance use disorder services available in the local area.
- -- Add acute care hospitals or emergency department staff and community mental health services programs to the list of required representatives on the committee that guides the operations of the registry.
- -- Require the DHHS to compile a list of available community mental health services programs and substance use disorder services program and disclose that information to individuals that used the Michigan Crisis and Access Line.

MCL 330.1151 & 330.1165

## **BRIEF RATIONALE**

According to testimony, Michigan is experiencing a behavioral health crisis in which too few providers and services are available to fulfill behavioral care needs. This has resulted in a system where inpatient care providers, like hospitals, care for individuals who would be better served by outpatient care settings, such as community mental health services. Currently, many inpatient care providers must dedicate resources to investigating the availability of community mental health services from outpatient care providers so they can coordinate the transfer of a patient. Requiring the DHHS to compile this community mental health information in a central registry would improve inpatient providers' access to this information, saving them time and better serving patients.

Legislative Analyst: Alex Krabill

## **FISCAL IMPACT**

The bill would have a minor negative fiscal impact on the DHHS and local units of government. Previous registries created by various departments have cost up to \$150,000, and depending on the difficulty of adding a community-based services registry to the electronic inpatient psychiatric bed registry that amount could represent the upper bound of the impact on the Department. Additionally, under the bill, the DHHS would have to provide to the contractor operating the Michigan Crisis and Access Line (MiCAL) information related to available community mental health services programs (CMHSPs) and substance use disorder services programs. This would increase administrative costs for the DHHS related to the operation of MiCAL. The Fiscal Year 2024-25 DHHS budget included \$9.4 million General Fund/General

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Purpose (GF/GP) on an ongoing basis to support MiCAL, as well as \$1.9 million GF/GP on a one-time basis.

The Mental Health Code currently requires the State to pay 90% of the annual net cost of a CMHSP, subject to appropriation by the Legislature (MCL 330.1308); however, counties can provide funding to their local CMHSPs using millages or county general funds. Therefore, the requirement that CMHSPs report pertinent information on the community-based mental health and substance use disorder services available in the CMHSPs geographic service area on as close to a real-time basis as possible could result in increased costs for local units of government depending on if the increased administrative costs were financed by reprioritizing current funding or levying additional local resources. Costs to the State would increase if the data reporting requirements were accompanied by an increase in the appropriation level by the Legislature. To the extent that the bill would result in an increase in CMHSPs administrative costs, it could present an increased cost to the State and would present an increased cost to local units of government.

Date Completed: 12-7-24 Fiscal Analyst: Ellyn Ackerman

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