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Senate Bill 802 (as introduced 3-19-24)

Sponsor: Senator Paul Wojno Committee: Health Policy

Date Completed: 12-2-24

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.

<u>Include Mental Health Services in the Community Based Services Registry</u>

The Code requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry. The registry must be a web-based resource to identify available psychiatric beds in Michigan categorized by patient gender, acuity, age, and diagnosis. The registry must be accessible through the DHHS's website. The bill would require the registry to include community-based services.

Currently, psychiatric facilities and other providers determined by the DHHS must provide the DHHS with the number of inpatient psychiatric beds available in those facilities at the time the information is provided. The information must be provided by the psychiatric facilities and other providers on a basis as close to real time as possible. Under the bill, the information also would have to be integrated with existing electronic medical record platforms.

Under the bill, community mental health services programs would have 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 community mental health services program's geographic service area. The information would have to be provided by the community mental health services program on a basis as close to real time as possible.

"Community mental health services program" would mean a program operated under Chapter 2 (County Community Mental Health Programs) of the Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

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The DHHS must create a committee to provide guidance on creating, operating, and maintaining the registry. The committee must include representatives from the following groups:

- -- The DHHS.
- -- The Department of Licensing and Regulatory Affairs.
- -- Psychiatric facilities.
- -- End users of the registry.
- -- Consumers, families, and advocates.
- -- Law enforcement.

The bill would add acute care hospitals or emergency department staff and community mental health services programs to the list of required representatives. The bill also would require the DHHS to establish requirements for community mental health services programs to report information to the DHHS in consultation with the committee.

Michigan Crisis and Access Line

The Code requires the DHHS to make available to the public a mental health telephone access line known as the Michigan Crisis and Access Line. The Line is available for calls 24 hours a day, 7 days a week and refers individuals to mental health professionals.

Under the bill, the DHHS would have to compile a list of available community mental health services programs and substance use disorder services programs, including the availability of services in each program, and disclose that information to individuals that used the Access Line through appropriate information sharing. All data compiled in a State-operated registry regarding community mental health services programs and substance use disorder services programs would have to be reported to the DHHS or the entity maintaining the Line.

MCL 330.1151 & 330.1165 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 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

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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.

Fiscal Analyst: Ellyn Ackerman

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.