

Legislative Analysis



SUBSTANCE USE DISORDER SERVICES: UNIFORM CREDENTIALING PROGRAM

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House Bill 5332 (Substitute H-1)

Sponsor: Rep. Matt Lori

Committee: Health Policy

(Enacted as PA 249 of 2014)

Complete to 3-18-14

A SUMMARY OF HOUSE BILL 5332 AS REPORTED BY COMMITTEE 3-11-14

One of the recommendations of the State of Michigan Mental Health and Wellness Commission's 2013 report was to require all state departments to use the same substance use disorder provider credentialing standards in forms, processes, and contracts, while meeting the needs of the populations served by each department. This was seen as a means to improve coordination of care for the delivery of substance use disorder services

House Bill 5332 would add a new section to the Mental Health Code to place the Commission's recommendation in statute. Under the bill, a state department or agency providing substance use disorder services to state residents, either directly or through a contract, would be required to comply with the uniform credentialing program. Beginning on the date that the program is certified by the director of the Department of Community Health, each state department or agency subject to the bill would have to ensure that all of its forms, processes, and contracts it uses and that relate to its provision of substance use disorder services comply with the uniform credentialing program.

The bill would define "uniform credentialing program" or "program" to mean the uniform substance use disorder credentialing program established, maintained, and revised as required under the bill's provisions.

"Substance use disorder services" means substance use disorder prevention services or treatment and rehabilitation services.

Under the bill, the Department of Community Health would have to do all of the following:

- ❖ Establish, maintain, and revise, as necessary, a uniform substance use disorder credentialing program for state department or agency use. In complying with the bill, DCH could consult with the other state departments and agencies required to comply with the program.
- ❖ Ensure that the program includes the various elements detailed in the bill, such as meeting the needs of the populations served by each department or agency and compliance with national certification standards for substance use disorder counselors and prevention professionals.

- ❖ Submit an annual report to the Legislature describing the department's activities relating to the program, including the establishment of and any revision to the program. The first report would have to be submitted by six months after the effective date of the bill.

MCL 330.1274a, proposed

FISCAL IMPACT:

House Bill 5332, as introduced, will result in an increase in administrative costs for the Department of Community Health as this department would be required to establish, maintain, and revise when necessary a uniform Substance Use Disorder Credentialing Program for state departments and agencies that provide substance use disorder services. The cost increase will be offset to the extent that Michigan already has credentialing and staff qualification requirements for coordinating agencies on substance abuse provider networks. Also, credentialing requirements have already been developed that specifically relate to substance abuse prevention and treatment.

BRIEF DISCUSSION OF THE ISSUES:

Several state departments and agencies provide substance use disorder counseling services either directly or by contracting with social service organizations or individual mental health providers. However, though each entity is funded with state General Fund dollars, each uses a different credentialing standard that an individual providing counseling services must meet. For addiction counselors, this means that being credentialed by the Department of Community Health to provide services to its clients does not automatically enable them to also provide services to clients of the Department of Corrections or Department of Human Services; they also must obtain credentialing from those entities. The credentialing is in addition to any professional license issued by the state; for example, a licensed Master's level Social Worker would need to be credentialed by each state department for which the social worker provides substance use disorder services to clients.

In the interest of streamlining services to clients, improving access to qualified counselors, and lowering costs of providing services, it has been recommended by the state Mental Health and Wellness Commission that a uniform credentialing program be established for providers of substance use disorder services and that all state departments be required to use the same provider credentialing standards in forms, processes, and contracts. According to committee testimony, the program would be workshopped by the department with stakeholders prior to finalization so to ensure that the needs of specialty populations served by each department would be met.

In an opposing view, some would like to see the bill amended to require substance use disorder counselors to provide linguistically and culturally appropriate services for deaf/deafblind/hard of hearing residents. Apparently, some providers under contract with the state do not offer the same level of services to the deaf and hard of hearing

community that is provided to hearing individuals. For example, one provider offering inpatient services provides intensive treatment five days a week for hearing individuals but only two days a week for deaf and hard of hearing patients when an interpreter is provided. In addition, deaf/deafblind/ and hard of hearing individuals speak a different language. Like many nonnative speakers, these persons are more comfortable with someone who speaks the same language and/or understands their culture. The point is, just providing an interpreter for meetings is not the same as providing someone who is linguistically and culturally sensitive.

POSITIONS:

A representative of the Michigan Department of Community Health testified in support of the bill. (3-4 and 3-11-14)

Great Lakes Recovery Centers submitted written testimony in support of the bill. (3-4-14)

Team Mental Health indicated support for the bill. (3-4-14)

Michigan Primary Care Association indicated support for the bill. (3-4-14)

A representative of the following entities submitted written testimony in opposition to the bill on 3-11-14:

Michigan Deaf Association
Black Deaf Advocates of Michigan
SHI-M = DB (self-help organization for deaf/blind individuals)
Deaf Advocacy Network – Sylvan Lake
Screenline LLC (Communication Access Realtime Translation)
Detroit Association of the Deaf
Michigan Registry of Interpreters for the Deaf
Hearing Loss Association of Michigan
Communication Access Center – Flint
Deaf Link – Battle Creek

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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.