Legislative Analysis

Phone: (517) 373-8080
http://www.house.mi.gov/hfa

Analysis available at
http://www.legislature.mi.gov

CRISIS STABILIZATION UNITS

House Bill 5832 (H-3) as reported from committee
Sponsor: Rep. Mary Whiteford
1st Committee: Health Policy
2nd Committee: Ways and Means
Complete to 6-27-20

SUMMARY:

House Bill 5832 would amend the Mental Health Code by adding a Chapter 9A to the code, to create ***crisis stabilization units*** under the supervision of the Michigan Department of Health and Human Services (DHHS).

> ***Crisis stabilization unit*** would be a prescreening unit or a facility certified under the proposed chapter 9A that provides unscheduled clinical services designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms on an immediate, intensive, and time-limited basis in response to a crisis situation.

Preadmission screening units

Section 409 of the act requires community mental health service programs (CMHSPs) to establish one or more 24-hour preadmission screening units to assess and screen individuals being considered for admission into hospitals or assisted outpatient treatment programs.

The bill would allow a preadmission screening unit to operate a crisis stabilization unit. The unit could provide crisis services to an individual who, by assessment and screening, was found to need treatment. Within 24 hours, the individual would have to have an initial psychosocial assessment administered by a master's level mental health professional and a psychiatric evaluation. Then, crisis services could be provided for up to 72 hours, after which the individual would have to be provided with the clinically appropriate level of care resulting in one of the following:

- The individual no longer needing treatment.
- A referral to outpatient services for aftercare treatment.
- A referral to a partial hospitalization program.
- A referral to a residential treatment center, including crisis residential services.
- A referral to an inpatient bed.
- An order for involuntary treatment being issued.

A preadmission screening unit operating a crisis stabilization unit could also offer crisis services to a person seeking those services on a voluntary basis.

There could be no cause of action against a preadmission screening unit or crisis stabilization unit or their employees or contractors for a determination of whether a person

required treatment, unless that determination was the result of an act or omission amounting to gross negligence or willful and wanton misconduct.

Crisis stabilization units

The bill would require DHHS to provide for certification of crisis stabilization units to provide ***crisis services*** in a community-based setting. Someone receiving services in such a unit would be considered a recipient of mental health services under the act, and would be afforded all applicable rights.

> ***Crisis services*** would include clinical services as a short-term alternative to inpatient psychiatric hospitalization provided by a mental health professional under the supervision of a psychiatrist in the least restrictive environment as determined by the mental health professional. The primary objective of crisis services would be prompt assessment, stabilization, and determination of the appropriate level of care, with the desired outcome being the avoidance of unnecessary hospitalization.

Under the bill, a psychiatric hospital or general hospital could establish and operate a crisis stabilization unit.

Certification

An entity could not operate as a crisis stabilization unit without being certified as such. The bill would require DHHS to establish minimum standards and requirements for certifying a crisis stabilization unit, including at least all of the following:

- A standard requiring the capacity to carry out emergency receiving and evaluating functions on a limited basis.
- Standards requiring implementation of voluntary and involuntary admission consistent with section 409 concerning preadmission screening units.
- A prohibition against a crisis stabilization unit's holding itself out as a hospital or from billing for hospital or inpatient services.
- Standards to prevent inappropriate referral between entities of common ownership.
- Standards regarding the maximum length of stay at a crisis stabilization unit with discharge planning upon intake to a clinically appropriate level of care.
- Standards of billing for services rendered at a crisis stabilization unit.
- Standards for reimbursement of services for uninsured individuals, underinsured individuals, or both, and Medicaid beneficiaries, including formal agreements with CMHSPs or regional entities for services provided to individuals utilizing public behavioral health funds, outreach and enrollment for eligible health coverage, annual rate setting, proper communication with payers, and methods for resolving billing disputes between providers and payers.
- Physician oversight requirements.
- Nursing services.
- Staff to client ratios.
- Standards requiring a minimum amount of psychiatric supervision consistent with that required in a psychiatric hospital or psychiatric unit setting.
- Standards requiring implementation and posting of recipients' rights.
- Safety and emergency protocols.

- Pharmacy services.
- Standards addressing administration of medication.
- Standards for reporting to DHHS.
- Standards regarding a departmental complaint process and procedure.

DHHS could deny an application for certification if an entity did not meet all of the standards and requirements set forth for a crisis stabilization unit. Likewise, following a hearing, DHHS could suspend or revoke a certification if an applicant or unit violated specified rules.

Certified crisis stabilization units would have to allow authorized DHHS representatives to enter and inspect the premises for which a certification has been applied for or granted.

Provision of SUD services

A crisis stabilization unit that was not a preadmission screening unit could not provide substance use disorder (SUD) services without being licensed under the Public Health Code to provide those services. If SUD prevention or treatment and rehabilitation services, or both, were provided, the unit would have to obtain the requisite licensure.

Certificate of need

A crisis stabilization unit would be exempt from having to obtain a certificate of need.

Accreditation

Finally, within three years after the effective date of the bill or three years after its initial certification, a crisis stabilization units would have to obtain and maintain behavioral health accreditation for crisis stabilization from one of the two specified organizations, or accreditation from a DHHS-approved organization with similar standards.

MCL 330.1100a et seq.

FISCAL IMPACT:

The bill would increase DHHS administrative costs by a minimal amount to establish and administer a certification process for crisis stabilization units. The costs for local CMHSPs and the state for operational crisis stabilization units is indeterminate, as the bill would allow for, rather than mandate, the certification and creation of a crisis stabilization unit. Under section 308 of the Mental Health Code, the state, subject to appropriations, is responsible for paying 90% of local CMHSP costs.

POSITIONS:

Representatives of the following entities testified in support of the bill (6-9-20):

Office of Recipient Rights, Detroit Wayne Integrated Health Network
Network 180—The Kent County Community Mental Health Authority

The following entities indicated support for the bill:

Department of Health and Human Services (6-16-20)
Community Mental Health Association of Michigan (6-9-20)
Michigan Association of Counties (6-9-20)
Michigan Mental Health Counselors Association (6-16-20)
Blue Cross Blue Shield of Michigan (6-24-20)
Michigan Council for Maternal and Child Health (6-24-20)
Michigan Health and Hospital Association (6-24-20)

The following entities indicated opposition to the bill:

The Arc of Michigan (6-24-20)
Michigan Psychiatric Society (6-16-20)

Legislative Analyst: Jenny McInerney
Fiscal Analyst: Kevin Koorstra