

CRISIS STABILIZATION UNITS

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

House Bill 5832 as introduced
Sponsor: Rep. Mary Whiteford
Committee: Health Policy
Complete to 6-9-20

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

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 unit that provides unscheduled activities in response to a crisis situation as well as services either as a prescreening unit or according to a certification under the new Chapter 9A, in any event a unit providing clinical services designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms on an immediate, intensive, and time-limited basis.

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. Then, crisis services could be provided for up to 72 hours unless one of the following applied:

- The individual no longer needed treatment.
- A transfer to an inpatient bed was completed.
- The individual voluntarily agreed to continue receiving services beyond 72 hours and the health professional believed such an extension was appropriate.
- An order for involuntary treatment had been 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.

Certification

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 billing for hospital or inpatient services.
- Standards regarding the maximum length of stay at a crisis stabilization unit.
- Standards of billing for services rendered at a crisis stabilization unit.
- Physician oversight requirements.
- Nursing services.
- Staff to client ratios.
- 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.

An entity could not operate as a crisis stabilization unit without being certified as such (unless the unit was operated by a preadmission screening unit). Also, a certification as a unit could not be transferred to another crisis stabilization unit for the purpose of facilitating a change in location or in the governing body.

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 unit would have to obtain and maintain behavioral health accreditation for crisis stabilization from one of 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 community mental health services programs (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.

Legislative Analyst: Jenny McInerney
Fiscal Analyst: Kevin Koorstra

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