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MENTAL HEALTH BOARDS

House Bill 5067 as introduced First Analysis (2-9-00)

Sponsor: Rep. Scott Shackleton
Committee: Health Policy

THE APPARENT PROBLEM:

Under the Mental Health Code, if a county or a combination of counties elects to establish a mental health services program (CMHSP), a 12-member community mental health services board is appointed by the board (or boards) of commissioners of the county or counties. For a single county CMHSP, all of the board members must be representatives of that county. For multi-county CMHSPs, the board membership is divided among the counties in proportion to each county's population, except that each county must have at least one board membership. If one or more existing CMHSPs decide to merge into a multi-county program, the code allows the county commissioners of the counties involved to adopt a new board that is different in size or composition than as previously described, but only for a period of three years from the time of the merger. After the three-year period, the board must comply with the code's requirement for a 12-member board appointed on the basis of population.

In October of 1997, the Hiawatha Community Mental Health Authority was formed when the CMHSPs of Mackinac, Chippewa, and Schoolcraft Counties merged. At the time of the merger, the boards of commissioners elected to have an equal number of representatives from each county on the CMHSP board rather than appoint members based on county population. This system has worked well for the authority, and the three counties would like to continue to have equal representation on the board. However, the three-year anniversary of the merger is approaching; in addition, the authority's enabling resolution requires that a new board be appointed on April 1, 2000. Unless there is a change in the law, the boards of commissioners for the three counties will be mandated by the code to appoint the members based on population.

THE CONTENT OF THE BILL:

Under the Mental Health Code, the 12 seats on the board of a multi-county community mental health services program (CMHSP) must be divided between the member counties based on population, except that each county must have at least one representative. House Bill 5067 would amend the Mental Health Code to allow multi-county community mental health services programs to decide on an alternative plan to divide the board membership between the counties. The alternative plan would have to be agreed to by each of the counties; otherwise, the board membership would be divided according to population as is currently done.

MCL 330.1214

FISCAL IMPLICATIONS:

According to the House Fiscal Agency, the bill is not expected to have a significant fiscal impact on state government. (2-7-00)

ARGUMENTS:

For:

Under current law, the board of a community mental health services program must consist of 12 members. For multi-county programs, the seats on the board are divided between the member counties based on population. If two or more existing programs merge, for the first three years after the merger, the Mental Health Code allows the county commissioners of the different counties to appoint a board that can exceed the 12-seat requirement and also allows the commissioners to divide the seats on the board in any agreed-upon manner.

House Bill 5067 (2-9-00)

In October of 1997, the community mental health services programs of Chippewa, Schoolcraft, and Mackinac Counties merged to create the Hiawatha Community Mental Health Authority. The county commissioners elected at that time to split the seats on the board evenly between the three counties. This manner of representation has worked well for the authority, and the three counties would prefer to keep the seats on the board divided equally. However, under the provisions of the code, the authority will be forced to divide the seats on the basis of population come this October, the three-year anniversary of the merger. Further, the authority was created by a resolution, and provisions within the enabling resolution call for new board members to be appointed by April 1, 2000. Unless the law is changed before that time, the membership of the Hiawatha Authority board will change to eight representatives from Chippewa County and only two each from Mackinac and Schoolcraft Counties. Since equal representation has worked well for the authority, the law should be changed to grant county commissioners the ability to configure board membership in the manner that works best for their citizens.

For:

House Bill 5067 would give county commissioners flexibility to configure the board membership of multi-county community mental health services programs (CMHSPs) in the manner best suited for their situation. If all the counties of a CMHSP were in agreement, the commissioners could choose equal representation or some other configuration. Allowing such flexibility and local control could encourage other rural CMHSPs to merge. Mergers between county programs should be encouraged because cost savings from streamlining administration of the programs can be directed into service programs for clients. For example, money saved in administrative overhead by the Hiawatha Mental Health Authority was redirected to beef up clinical programs and to improve telecommunication capabilities. For rural communities, new technology is essential to get the most out of limited mental health dollars. The three-county merger allowed the programs to pool their resources and to hire a technology expert who devised an internal teleconferencing system that allows many meetings to be held without the need for staff to be on the road, further reducing expenses such as mileage reimbursement. Soon, it is hoped that the use of TeleVideo will allow a client in one rural area to be interviewed by a psychiatrist in another area. This is particularly important when considering that currently there are only two child psychiatrists in the Upper Peninsula. TeleVideo would allow a child in St. Ignace to speak to a psychiatrist in Marquette without

requiring either party to spend hours in transportation. Again, savings can be realized by maximizing staff time and reducing unnecessary travel expenses.

These are but a few benefits to CMHSPs that merge with neighboring programs. However, a small county may not want to merge if it means less board representation than the other counties in a multi-county program. For example, if two counties were considering a merger, but one county would have only two seats on the board and the other would have ten seats, there is little incentive for the small county to agree to a merger, especially if the smaller county feared loss of control over programs in its county. The bill, however, would give counties the flexibility to negotiate board representation. If all the parties to the merger were in agreement, then an alternative plan of seat distribution could be elected. If any one of the counties of a multi-county program disagreed with a plan under discussion, then the provisions of the code would prevail and the seats on the board would be divided according to population. Besides aiding county programs that are considering merging, the bill's provisions would also apply to existing multi-county programs and would grant much needed flexibility for each program to decide the membership configuration that was best for it.

POSITIONS:

The Michigan Association of Community Mental Health Boards supports the bill. (2-4-00)

The Department of Community Health supports the bill. (2-3-00)

The Hiawatha Community Mental Health Authority supports the bill. (2-7-00)

Analyst: S. Stutzky

■ 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.