

## CMHSP BOARD MEMBERSHIP

### Senate Bill 667 (Substitute H-1) First Analysis (12-9-03)

**Sponsor: Sen. Jason E. Allen**  
**House Committee: Health Policy**  
**Senate Committee: Health Policy**

#### ***THE APPARENT PROBLEM:***

Under the Mental Health Code, a community mental health (CMH) services board consists of 12 members, whether the board represents a single county or a multi-county entity. Up to four of the members may be county commissioners, unless the board represents five or more counties. In that case, the number of county commissioners may equal the number of counties represented on the board, and the total number of board members must be increased by the number of county commissioners in excess of four. There are three CMH boards in rural areas of the state that represent five or more counties.

The problem lies in the code's requirement that board memberships of multi-county boards be divided among the counties in proportion to each county's population, with each county having at least one board membership. In particular, this is problematic for the new Northern Lakes Community Mental Health Authority which, in October, was created by merging the Great Lakes Community Mental Health Services Program (Grand Traverse and Leelanau Counties) and the North Central Community Mental Health Services Program (Crawford, Missaukee, Roscommon, and Wexford Counties). To divide the board membership based on population would mean that the majority of seats would belong to representatives of Grand Traverse County because of its denser population.

During the merger discussions, an agreement was reached between the counties that though a county's representation would be based on population, as the statute requires, each county should at least be entitled to two board members in order to maintain and promote a "local voice". Also, the parties agreed that a board of 16 members would better serve their needs. However, the statutory cap on board membership as applied to Northern Lakes Community Health is 14 (12 members plus two additional members to allow each of the six counties to appoint a county commissioner as a member if desired). Therefore, legislation is needed to allow the

larger CMH services boards to appoint more members.

#### ***THE CONTENT OF THE BILL:***

The bill would amend the Mental Health Code to provide that, if a CMH services board represented more than five counties, in addition to the increase in board membership related to the number of county commissioners serving on the board, the board membership could also be expanded to more than the total of 12 to ensure that each county was entitled to at least two board memberships – which could include county commissioners from that county who were members of the board if the board represented five or more counties.

Further, the code currently requires that one-third of the board membership comprise primary consumers or family members, and of that one-third at least two members must be primary consumers. Instead, the bill would specify that of the group of primary consumers and family members (which still must be one-third of the total membership), one-half (instead of two) of the members would have to be primary consumers.

MCL 330.1222

#### ***HOUSE COMMITTEE ACTION:***

The committee adopted a substitute bill to clarify that the two board members per county allowed under the bill would include, rather than be in addition to, any county commissioners from a county who were members of the board.

#### ***FISCAL IMPLICATIONS:***

According to the House Fiscal Agency, expanding the membership of a CMH services board would not have a fiscal impact on state or local government. (12-1-03)

***ARGUMENTS:***

***For:***

In areas where a CMH board represents five or more counties, the bill would ensure that all of the counties involved had fair representation with at least two members per county. In addition, the bill would maintain the proportion of consumers of mental health services and their family members to the overall board membership, but would require that half of the board memberships slotted for primary consumers and family members be filled by primary consumers.

***POSITIONS:***

The Department of Community Health supports the bill. (12-8-03)

Northern Lakes Community Mental Health supports the legislation. (10-15-03)

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.