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BILL



ANALYSIS

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House Bill 5810 (Substitute S-2 as reported by the Committee of the Whole)

Sponsor: Representative Hank Vaupel

House Committee: Health Policy

Senate Committee: Health Policy

CONTENT

The bill would amend the Mental Health Code to do the following:

- Modify all references to "alternative treatment" to refer instead to "assisted outpatient treatment", and revise the definition for that term.
- Revise the definitions of "person requiring treatment", "involuntary mental health treatment", and "emergency situation".
- Require a court order for a peace officer to transport an individual in protective custody to a court-ordered examination to be executed within 10 days of its entry.
- Require a preadmission screening unit or hospital to complete an examination after an individual's arrival and to release the individual after its conclusion, unless the medical professional found the need for immediate hospitalization.
- Revise the allowed duration of a deferral period for a hearing to determine if an individual were a person requiring treatment, and if he or she chose outpatient treatment or a combination of outpatient treatment and hospitalization.
- Require a psychiatrist to supervise the preparation and implementation of an assisted outpatient treatment plan.
- Revise the duration of time allowed for initial and subsequent court orders of treatment for an individual found to be a person requiring treatment.
- Require the decision to release an individual from assisted outpatient treatment program to be a clinical decision made by a psychiatrist.

Under the Code, "assisted outpatient treatment (AOT)" means the categories of outpatient services ordered by the court under the Code. Under the bill, assisted outpatient treatment could include, among other things, case management services to provide care coordination.

MCL 330.1100a et al.

Legislative Analyst: Tyler VanHuyse

FISCAL IMPACT

The bill would have an indeterminate negative fiscal impact on the Department of Health and Human Services (DHHS) and local units of government. Because the bill would allow, but not mandate, the use of assisted outpatient treatment as an alternative to hospitalization, it would be left to the individual CMHSP to determine its level of investment in assisted outpatient treatment, if any. Under current law, the Mental Health Code require the State to pay 90% of the annual net cost of a community mental health services program (CMHSP), subject to appropriation by the Legislature (MCL 330.1308). However, counties can provide funding to their local CMHSP through the use of millages or county general fund. Therefore, a CMHSP choice to provide assisted outpatient treatment could result in increased costs for local units of government depending on if the investment were financed by reprioritizing current funding

or levying additional local resources. Costs to the State would increase if the increase in assisted outpatient treatment were accompanied by an increase in the appropriation level by the Legislature. To the extent that this bill would result in an increase in CMHSPs choosing to provide assisted outpatient treatment, it could present an increased cost to the State and would present an increased cost to local units of government.

Additionally, the bill would expand the definition of a person requiring treatment, as well as what would constitute an emergency situation, which would result in an expansion of the population of people meeting the requirements for court-ordered assisted outpatient treatment. As with any expansion of a population eligible to receive services, this would result in increased costs for the State.

Date Completed: 12-19-18

Fiscal Analyst: Ellyn Ackerman