

Legislative Analysis



CREATE MICHIGAN CARES HOTLINE

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

House Bill 4051 (H-2) as referred to second committee

Sponsor: Rep. Mary Whiteford

1st Committee: Health Policy

2nd Committee: Ways and Means

Complete to 3-18-19

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

BRIEF SUMMARY: House Bill 4051 would add section 165 to the Mental Health Code, establishing a Michigan CARES (Community, Access, Resources, Education, and Safety) hotline for individuals experiencing a mental health crisis. The hotline would be a telephone referral system available 24 hours a day, 7 days a week.

FISCAL IMPACT: House Bill 4051 would have a fiscal impact similar to the cost of hotlines that the state currently operates, which cost between \$1.0 million to \$2.5 million annually to operate. The costs for a hotline vary based on the type of vendor used, the scope of work required by the vendor, and the volume of calls received.

THE CONTENT OF THE BILL:

Under the bill, the Department of Health and Human Services (DHHS) would contract for the design, operation, and maintenance of the hotline. DHHS would work with the contractor as well as the Department of Licensing and Regulatory Affairs (LARA) to leverage existing databases and the most current lists of mental health and substance use disorder service providers.

An individual operating or maintaining the hotline would have to do all of the following:

- Have the ability to access information related to the availability of services, including near real-time access to any registry of available inpatient psychiatric beds.
- Refer and connect individuals requiring mental health or substance use disorder services to mental health professionals, using typical telecommunications and digital communications methods such as a phone call, text, email, and internet chat.
- Implement practices to comply with all applicable laws respecting individual and patient privacy.
- Implement practices to ensure the security of the data collected, in line with industry best practices and in compliance with all applicable laws.
- While respecting those privacy and security considerations, collect data and utilize data analytics to track the success of the hotline's operations and identify trends in service needs and outcomes.

Individuals operating or maintaining the hotline would have the same immunity from tort liability provided for government employees under the Governmental Immunity Act.

The bill would take effect 90 days after enactment.

Proposed MCL 330.1165

BACKGROUND INFORMATION:

The bipartisan House C.A.R.E.S. (Community, Access, Resources, Education, and Safety) mental health task force, formed on July 12, 2017, met with stakeholders and the public and toured facilities between July and October 2017 and released its report on January 17, 2018.¹ The report includes recommendations for improving care, developing methods of care, and enhancing care in Michigan's mental health system.

In its list of opportunities to enhance care, the report recommended creation of a Michigan CARES hotline. The report noted the following:

In addition to fulfilling the need for a database, the state should have a crisis hotline for individuals who do not know where to turn for help. This hotline can refer the individual to local services or a health facility that has available providers to address their concerns.

In its July 2018 progress report,² the task force included the recommendation for the hotline and listed the following actions toward fulfilling it:

[W]e are pursuing legislation to create a mental health crisis hotline so callers can be referred to available beds and providers. (*HBs 5439 and 6202; FY 2018/19 budget*)

In the supplemental appropriations bill passed by the House and Senate on December 21, 2018 and signed by the governor on December 31, 2019, \$3.0 million was appropriated to develop, operate, and maintain a hotline pilot program to connect individuals experiencing a behavioral health crisis with local behavioral health providers.³ House Bill 4051 is intended as a way to expand that pilot program statewide.

Currently, each of Michigan's 46 Community Mental Health Service Providers (CMHSPs) and 10 Prepaid Inpatient Health Plans (PIHPs) must maintain an "access system." Each access system must operate or arrange for an access line accessible 24 hours a day, seven days a week, and including in-person and by-telephone access for hearing impaired individuals.⁴ Current systems primarily are intended to screen callers for crisis information and to address emergent and urgent needs first. The CARES hotline would be intended as a statewide resource to supplement these services and direct all individuals to applicable resources.

ARGUMENTS:

For:

Supporters advanced the bill as a way of making resources more readily available to those in need of support. Often, people in crisis do not know where to turn, and could use a 24/7 central referral hotline to be connected to local providers.

¹ <https://house.mi.gov/PDFs/HouseCARESTaskForceReport.pdf>

² <https://house.mi.gov/PDFs/HouseCaresProgressReportJuly2018.pdf>

³ https://www.house.mi.gov/hfa/PDF/Supplementals/18s601_Supplemental_Appropriations_enacted.pdf See item 38 on pg. 7.

⁴ Access System Standards beginning at pg. 66: https://www.michigan.gov/documents/mdch/FY09-10_CMHSP_Contract_Boilerplatewithattachments_312216_7.pdf

Against:

Some wondered if the goal of the bill—while laudable—would be better met if the hotline was rolled into existing programs instead of creating a new program. After all, as described in ***Background***, each of Michigan’s 46 CMHSPs and 10 PIHPs must maintain a 24/7 access system—some questioned whether an additional overarching system was necessary to direct people to existing services. Others wondered if the CARES hotline could be incorporated into the existing OK2Say hotline for reporting student safety issues.

POSITIONS:

The following organizations support the bill:

AFSCME—Council 25 (2-21-19)

Ottawa Area ISD (2-21-19)

Michigan League for Public Policy (2-21-19)

Community Mental Health Association of Michigan (2-21-19)

Michigan Primary Care Association (2-21-19)

A representative of the Michigan Department of Health and Human Services testified and indicated a neutral position on the bill. (2-21-19)

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.