

Legislative Analysis



CREATE MICHIGAN CRISIS AND ACCESS LINE

Phone: (517) 373-8080

<http://www.house.mi.gov/hfa>

House Bill 4051 as enacted

Public Act 12 of 2020

Analysis available at

<http://www.legislature.mi.gov>

Sponsor: Rep. Mary Whiteford

1st House Committee: Health Policy

2nd House Committee: Ways and Means

Senate Committee: Health Policy and Human Services

Complete to 4-7-20

BRIEF SUMMARY: House Bill 4051 adds section 165 to the Mental Health Code, establishing a Michigan crisis and access line for individuals experiencing a mental health crisis. The access line is 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 access lines that the state currently operates, which cost between \$1.0 million and \$2.5 million annually to operate. The costs for an access line 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) must contract for the design, operation, and maintenance of the access line. DHHS must 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.

A contractor operating or maintaining the access line must 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, crisis residential bed, and substance use disorder (SUD) beds.
- Refer and connect individuals requiring mental health or SUD services to mental health professionals, including community mental health services programs (CMHSPs) and prepaid inpatient health plans (PIHPs), using typical telecommunications and digital communications methods such as a phone call, text message, 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 access line's operations and identify trends in service needs and outcomes.
- Develop and utilize a customer relationship management infrastructure for the access line to track, monitor, assign, follow up, and report on operations.

DHHS has operational oversight for the relationship management infrastructure. CMHSPs and PIHPs can access the customer relationship management infrastructure.

The access line must be able to support calls relating to services and supports offered by CMHSPs.

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

The bill takes effect April 26, 2020.

MCL 330.1165

BACKGROUND:

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. 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 hotline to address mental health crises. 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,¹ 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.² House Bill 4051 is intended as a way to expand that pilot program statewide.

Currently, each of Michigan's 46 CMHSPs and 10 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

¹ <https://house.mi.gov/PDFs/HouseCaresProgressReportJuly2018.pdf>

² https://www.house.mi.gov/hfa/PDF/Supplementals/18s601_Supplemental_Appropriations_enacted.pdf See item 38 on pg. 7.

individuals.³ Current systems are primarily intended to screen callers for crisis information and to address emergent and urgent needs first. The Michigan crisis and access line 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 access line to be connected to local providers.

Against:

Some wondered whether the goal of the bill—while laudable—would be better met if the access line were 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 crisis and access line could be incorporated into the existing OK2Say hotline for reporting student safety issues.

Legislative Analyst: Jenny McNerney
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.

³ Access System Standards beginning at pg. 66: https://www.michigan.gov/documents/mdch/FY09-10_CMHSP_Contract_Boilerplatewithattachments_312216_7.pdf