Legislative Analysis

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CRISIS STABILIZATION UNITS

House Bill 5832 as enacted
Public Act 402 of 2020
Sponsor: Rep. Mary Whiteford
1st House Committee: Health Policy
2nd House Committee: Ways and Means
Senate Committee: Health Policy and Human Services
Complete to 1-12-21

SUMMARY:

House Bill 5832 adds Chapter 9A to the Mental Health Code to create ***crisis stabilization units*** under the supervision of the Michigan Department of Health and Human Services (DHHS).

> ***Crisis stabilization unit*** is a prescreening unit or a facility certified under Chapter 9A that provides unscheduled clinical services designed to prevent or ameliorate a behavioral health crisis or reduce acute symptoms on an immediate, intensive, and time-limited basis in response to a crisis situation.

Preadmission screening units

Section 409 of the act requires community mental health service programs (CMHSPs) to establish one or more 24-hour preadmission screening units to assess and screen individuals being considered for admission into hospitals or assisted outpatient treatment programs.

The bill allows a preadmission screening unit to operate a crisis stabilization unit. The unit may provide crisis services to an individual who, by assessment and screening, is found to need treatment. Within 24 hours, the individual must have an initial psychosocial assessment administered by a master's level mental health professional and a psychiatric evaluation. Then, crisis services may be provided for up to 72 hours, after which the individual must be provided with the clinically appropriate level of care resulting in one of the following:

- The individual no longer needing treatment.
- A referral to outpatient services for aftercare treatment.
- A referral to a partial hospitalization program.
- A referral to a residential treatment center, including crisis residential services.
- A referral to an inpatient bed.
- An order for involuntary treatment being issued.

A preadmission screening unit operating a crisis stabilization unit may also offer crisis services to a person seeking those services on a voluntary basis.

There is no cause of action against a preadmission screening unit or crisis stabilization unit or its employees or contractors for a good-faith determination of whether a person requires treatment, unless that determination was the result of an act or omission amounting to gross negligence or willful and wanton misconduct.

Crisis stabilization units

The bill requires DHHS to provide for certification of crisis stabilization units to provide ***crisis services*** in a community-based setting. Someone receiving services in such a unit is considered a recipient of mental health services under the act and is afforded all applicable rights.

> ***Crisis services*** include clinical services as a short-term alternative to inpatient psychiatric hospitalization provided by a mental health professional under the supervision of a psychiatrist in the least restrictive environment as determined by the mental health professional. The primary objective of crisis services is prompt assessment, stabilization, and determination of the appropriate level of care, with the desired outcome being the avoidance of unnecessary hospitalization.

Under the bill, a psychiatric hospital or general hospital may establish and operate a crisis stabilization unit.

Certification

An entity cannot operate as a crisis stabilization unit without being certified as such. The bill requires DHHS to establish minimum standards and requirements for certifying a crisis stabilization unit, including at least all of the following:

- A standard requiring the capacity to carry out emergency receiving and evaluating functions on a limited basis.
- Standards requiring implementation of voluntary and involuntary admission consistent with section 409 concerning preadmission screening units.
- A prohibition against a crisis stabilization unit's holding itself out as a hospital or from billing for hospital or inpatient services.
- Standards to prevent inappropriate referral between entities of common ownership.
- Standards regarding the maximum length of stay at a crisis stabilization unit with discharge planning upon intake to a clinically appropriate level of care.
- Standards of billing for services rendered at a crisis stabilization unit.
- Standards for reimbursement of services for uninsured individuals, underinsured individuals, or both, and Medicaid beneficiaries, including formal agreements with CMHSPs or regional entities for services provided to individuals utilizing public behavioral health funds, outreach and enrollment for eligible health coverage, annual rate setting, proper communication with payers, and methods for resolving billing disputes between providers and payers.
- Physician oversight requirements.
- Nursing services.
- Staff to client ratios.
- Standards requiring a minimum amount of psychiatric supervision consistent with that required in a psychiatric hospital or psychiatric unit setting.
- Standards requiring implementation and posting of recipients' rights.
- Safety and emergency protocols.
- Pharmacy services.
- Standards addressing administration of medication.
- Standards for reporting to DHHS.
- Standards regarding a departmental complaint process and procedure.

DHHS may deny an application for certification if an entity does not meet all of the standards and requirements set forth for a crisis stabilization unit. Likewise, following a hearing, DHHS may suspend or revoke a certification if an applicant or unit violates specified rules.

Certified crisis stabilization units must allow authorized DHHS representatives to enter and inspect the premises for which a certification has been applied for or granted.

Provision of SUD services

A crisis stabilization unit that is not a preadmission screening unit cannot provide substance use disorder (SUD) services without being licensed under the Public Health Code to provide those services. If SUD prevention or treatment and rehabilitation services, or both, are provided, the unit must obtain the requisite licensure.

Certificate of Need and Accreditation

A crisis stabilization unit is exempt from having to obtain a certificate of need.

Within three years after the effective date of the bill or three years after its initial certification, a crisis stabilization unit must obtain and maintain behavioral health accreditation for crisis stabilization from one of the two specified organizations or accreditation from a DHHS-approved organization with similar standards.

Proposed grant programs, subject to appropriation

Subject to appropriation, the bill requires DHHS to create and operate a program providing grants to high schools that are specifically designed for students recovering from an SUD and to award grants to support the cost of counselors and staff at those high schools. A priority is placed on providing SUD counselors, and no grant may exceed $150,000 per applicant.

Also subject to appropriation, DHHS must create and operate a competitive grant program for recovery community organizations. Grants must be used to offer or expand recovery support center services or recovery community center services to individuals seeking long-term recovery from SUDs and cannot exceed $150,000 per applicant. A priority is placed on organizations that provide recovery support navigation, recovery outreach education, and recovery activities and events.

The bill takes effect March 24, 2021.

MCL 330.1100a et seq.

FISCAL IMPACT:

The bill would increase DHHS administrative costs by a minimal amount to establish and administer a certification process for crisis stabilization units. The costs for local CMHSPs and the state for operational crisis stabilization units is indeterminate, as the bill would allow for, rather than mandate, the certification and creation of a crisis stabilization unit. Under section 308 of the Mental Health Code, the state, subject to appropriations, is responsible for paying 90% of local CMHSP costs.

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