

Senate Bill 813 (as reported without amendment)
Sponsor: Senator Jim Ananich
Committee: Health Policy and Human Services

CONTENT

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

- Require the Department to investigate all deaths reported by a psychiatric hospital or psychiatric unit that were the result of suicide or where the cause of death was reported as unknown.¹
- Require a report provided by the Department to include, if known, causes of deaths of mental health care recipients where death occurred within 48 hours of discharge.
- Require the report to include information indicating whether or not the Department had initiated or was in the process of an investigation described above and, if known, the finding of the investigation.

MCL 330.1720 et al.

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have an indeterminant minor cost on the Department of Health and Human Services resulting from additional staff time investment to complete the report and staff training. These costs could be borne by existing departmental resources.

The Department of Licensing and Regulatory Affairs could experience an increase in administrative and staffing costs because of investigations necessitated by the bill. The magnitude of these costs is unknown at this time and would depend upon the number of investigations conducted. However, these costs likely would be partially offset by existing appropriations and resources.

Date Completed: 1-5-21

Fiscal Analyst: Ellyn Ackerman
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¹ Generally, references to the "Department" in the Mental Health Code refer to the Department of Health and Human Services (DHHS); however, the Bureau of Community and Health Systems, which prepares the Statistical Report of Psychiatric Inpatient Deaths, is housed within the Department of Licensing and Regulatory Affairs (LARA). The Bureau was transferred from the Department of Community Health (DCH) to LARA when the DCH was merged with the Department of Human Services to form the DHHS in 2015. The report does not include data from State-operated hospitals, as those data are available from the DHHS.