

HOUSE BILL No. 6082

May 7, 2008, Introduced by Reps. Ball, Kathleen Law, Miller, Amos, Meisner, Simpson, Leland, Robert Jones, Vagnozzi, Young, Byrnes, Rick Jones, Green, Polidori, Gonzales, Garfield, Wenke, Meadows, Alma Smith, Jackson and Clack and referred to the Committee on Health Policy.

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending sections 116 and 206 (MCL 330.1116 and 330.1206),
section 116 as amended by 1998 PA 67 and section 206 as amended by
1995 PA 290.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 116. (1) Consistent with section 51 of article IV of the
2 state constitution of 1963, which declares that the health of the
3 people of the state is a matter of primary public concern, and as
4 required by section 8 of article VIII of the state constitution of
5 1963, which declares that services for the care, treatment,
6 education, or rehabilitation of those who are seriously mentally
7 disabled shall always be fostered and supported, the department
8 shall continually and diligently endeavor to ensure that adequate

1 and appropriate mental health services are available to all
2 citizens throughout the state. To this end, the department ~~shall~~
3 ~~have~~**HAS** the general powers and duties described in this section.

4 (2) The department shall do all of the following:

5 (a) Direct services to individuals who have a serious mental
6 illness, developmental disability, or serious emotional
7 disturbance. The department shall give priority to the following
8 services:

9 (i) Services for individuals with the most severe forms of
10 serious mental illness, serious emotional disturbance, or
11 developmental disability.

12 (ii) Services for individuals with serious mental illness,
13 serious emotional disturbance, or developmental disability who are
14 in urgent or emergency situations.

15 (b) Administer the provisions of chapter 2 so as to promote
16 and maintain an adequate and appropriate system of community mental
17 health services programs throughout the state. In the
18 administration of chapter 2, it shall be the objective of the
19 department to shift primary responsibility for the direct delivery
20 of public mental health services from the state to a community
21 mental health services program whenever the community mental health
22 services program has demonstrated a willingness and capacity to
23 provide an adequate and appropriate system of mental health
24 services for the citizens of that service area.

25 **(C) ANNUALLY PUBLISH, LIST ON ITS WEBSITE, AND INCLUDE IN ITS**
26 **CONTRACTS WITH COMMUNITY MENTAL HEALTH SERVICES PROGRAMS ALL**
27 **ELEMENTS OF SECTION 206(2).**

1 (D) ~~(e)~~—Engage in planning for the purpose of identifying,
2 assessing, and enunciating the mental health needs of the state.

3 (E) ~~(d)~~—Submit to the members of the house and senate standing
4 committees and appropriation subcommittees with legislative
5 oversight of mental health matters an annual report summarizing its
6 assessment of the mental health needs of the state and
7 incorporating information received from community mental health
8 services programs under section 226. The report shall include an
9 estimate of the cost of meeting all identified needs. Additional
10 information shall be made available to the legislature upon
11 request.

12 (F) ~~(e)~~—Endeavor to develop and establish arrangements and
13 procedures for the effective coordination and integration of all
14 public mental health services, and for effective cooperation
15 between public and nonpublic services, for the purpose of providing
16 a unified system of statewide mental health care.

17 (G) ~~(f)~~—Review and evaluate the relevance, quality,
18 effectiveness, and efficiency of mental health services being
19 provided by the department and assure the review and evaluation of
20 mental health services provided by community mental health services
21 programs. The department shall establish and implement a structured
22 system to provide data necessary for the reviews and evaluations.

23 (H) ~~(g)~~—Implement those provisions of law under which it is
24 responsible for the licensing or certification of mental health
25 facilities or services.

26 (I) ~~(h)~~—Establish standards of training and experience for
27 executive directors of community mental health services programs.

1 (J) ~~(i)~~—Support research activities.

2 (K) ~~(j)~~—Support evaluation and quality improvement activities.

3 (L) ~~(k)~~—Support training, consultation, and technical
4 assistance regarding mental health programs and services and
5 appropriate prevention and mental health promotion activities,
6 including those that are culturally sensitive, to employees of the
7 department, community mental health services programs, and other
8 nonprofit agencies providing mental health services under contract
9 with community mental health services programs.

10 (M) ~~(l)~~—Support multicultural services.

11 (3) The department may do all of the following:

12 (a) Direct services to individuals who have mental disorders
13 that meet diagnostic criteria specified in the most recent
14 diagnostic and statistical manual of mental health disorders
15 published by the American psychiatric association and approved by
16 the department and to the prevention of mental disability and the
17 promotion of mental health. Resources that have been specifically
18 appropriated for services to individuals with dementia, alcoholism,
19 or substance abuse, or for the prevention of mental disability and
20 the promotion of mental health shall be utilized for those specific
21 purposes.

22 (b) Provide, on a residential or nonresidential basis, any
23 type of patient or client service including but not limited to
24 prevention, diagnosis, treatment, care, education, training, and
25 rehabilitation.

26 (c) Operate mental health programs or facilities directly or
27 through contractual arrangement.

1 (d) Institute pilot projects considered appropriate by the
2 director to test new models and concepts in service delivery or
3 mental health administration. Pilot projects may include, but need
4 not be limited to, both of the following:

5 (i) Issuance of a voucher to a recipient of public mental
6 health services in accordance with the recipient's individual plan
7 of services and guidelines developed by the department.

8 (ii) Establishment of revolving loans to assist recipients of
9 public mental health services to acquire or maintain affordable
10 housing. Funding under this subparagraph shall only be provided
11 through an agreement with a nonprofit fiduciary in accordance with
12 guidelines and procedures developed by the department related to
13 the use, issuance, and accountability of revolving loans used for
14 recipient housing.

15 (e) Enter into an agreement, contract, or arrangement with any
16 individual or public or nonpublic entity that is necessary or
17 appropriate to fulfill those duties or exercise those powers that
18 have by statute been given to the department.

19 (f) Accept gifts, grants, bequests, and other donations for
20 use in performing its functions. Any money or property accepted
21 shall be used as directed by its donor and in accordance with law
22 and the rules and procedures of the department.

23 (g) The department has any other power necessary or
24 appropriate to fulfill those duties and exercise those powers that
25 have been given to the department by law and that are not otherwise
26 prohibited by law.

27 Sec. 206. (1) The purpose of a community mental health

services program ~~shall be~~ **IS** to provide a ~~comprehensive array of~~
 mental health services appropriate to conditions of ~~individuals~~
ADULTS AND MINORS who are located within its geographic service
 area, regardless of an individual's ability to pay **OR MEDICAID**
STATUS. SERVICES SHALL BE EFFECTIVE AND NECESSARY TO IMPACT AN
INDIVIDUAL'S QUALIFYING CONDITION AND ITS EFFECTS ON THE

INDIVIDUAL'S LIFE. The array of mental health services ~~shall~~
~~include~~ **AVAILABLE TO INDIVIDUALS WHO QUALIFY FOR SERVICE**
CONSIDERATION INCLUDES, at a minimum, all of the following:

~~—— (a) Crisis stabilization and response including a 24 hour, 7-~~
~~day per week, crisis emergency service that is prepared to respond~~
~~to persons experiencing acute emotional, behavioral, or social~~
~~dysfunctions, and the provision of inpatient or other protective~~
~~environment for treatment.~~

~~—— (b) Identification, assessment, and diagnosis to determine the~~
~~specific needs of the recipient and to develop an individual plan~~
~~of services.~~

~~—— (c) Planning, linking, coordinating, follow up, and monitoring~~
~~to assist the recipient in gaining access to services.~~

~~—— (d) Specialized mental health recipient training, treatment,~~
~~and support, including therapeutic clinical interactions,~~
~~socialization and adaptive skill and coping skill training, health~~
~~and rehabilitative services, and pre-vocational and vocational~~
~~services.~~

~~—— (e) Recipient rights services.~~

~~—— (f) Mental health advocacy.~~

~~—— (g) Prevention activities that serve to inform and educate~~

1 ~~with the intent of reducing the risk of severe recipient~~
2 ~~dysfunction.~~

3 ~~— (h) Any other service approved by the department.~~

4 ~~— (2) Services shall promote the best interests of the~~
5 ~~individual and shall be designed to increase independence, improve~~
6 ~~quality of life, and support community integration and inclusion.~~
7 ~~Services for children and families shall promote the best interests~~
8 ~~of the individual receiving services and shall be designed to~~
9 ~~strengthen and preserve the family unit if appropriate. The~~
10 ~~community mental health services program shall deliver services in~~
11 ~~a manner that demonstrates they are based upon recipient choice and~~
12 ~~involvement, and shall include wraparound services when~~
13 ~~appropriate.~~

14 (A) TREATMENT AND SUPPORT, THAT INCLUDES, AT A MINIMUM, ALL OF
15 THE FOLLOWING:

16 (i) CLINICAL ASSESSMENT, DIAGNOSTIC, PLANNING, AND THERAPEUTIC
17 SERVICES.

18 (ii) CRISIS RESPONSE AND STABILIZATION THAT IS AVAILABLE 24
19 HOURS A DAY, 7 DAYS A WEEK.

20 (iii) INPATIENT CARE.

21 (iv) INTENSIVE COMMUNITY-BASED SERVICES THAT PROVIDE
22 ALTERNATIVES TO OR STEP-DOWNS FROM INPATIENT CARE.

23 (v) SERVICES PROMOTING COMMUNITY INCLUSION AND INTEGRATION AND
24 MAINTAINING COMMUNITY TENURE.

25 (vi) SUPPORTIVE SERVICES THAT PROMOTE RESILIENCY AND RECOVERY
26 THROUGH PEER AND FAMILY-TO-FAMILY INVOLVEMENT AND INTERACTION.

27 (vii) ANY OTHER SERVICE SPECIFIED IN THE DEPARTMENT'S CONTRACT

1 WITH COMMUNITY MENTAL HEALTH SERVICES PROGRAMS.

2 (B) REFERRAL TO AND COORDINATION AND COLLABORATION WITH OTHER
3 HEALTH CARE, HUMAN SERVICE, AND EDUCATION SYSTEMS AS NEEDED TO
4 ACCESS MEDICALLY NECESSARY SERVICE COVERED BY THIS SECTION.

5 (C) RECIPIENT AND FAMILY SERVICES, INCLUDING, AT A MINIMUM,
6 CONSUMER AND FAMILY ORIENTATION AND INVOLVEMENT, CONSUMER AND
7 FAMILY INFORMATION AND EDUCATION, MENTAL HEALTH ADVOCACY, AND
8 MECHANISMS FOR CONSUMER APPEALS AND RESOLUTIONS OF CONSUMER
9 COMPLAINTS AND GRIEVANCES.

10 (2) THE DEPARTMENT SHALL PUBLISH ANNUALLY, LIST ON ITS
11 WEBSITE, AND INCLUDE IN ITS CONTRACTS WITH COMMUNITY MENTAL HEALTH
12 SERVICES PROGRAMS ALL OF THE FOLLOWING:

13 (A) THE SUBELEMENTS OF THE SERVICE CATEGORIES SPECIFIED IN
14 SUBSECTION (1).

15 (B) UNIFORM STANDARDS AND PROTOCOLS FOR COMMUNITY MENTAL
16 HEALTH SERVICES PROGRAMS TO FOLLOW IN CASE-FINDING OUTREACH,
17 SCREENING, AND ACCESS DETERMINATIONS.

18 (C) CATEGORIES OF ADULTS AND MINORS ELIGIBLE FOR PREVENTION
19 INITIATIVES RELATED TO SPECIAL RISK FACTORS FOR EMOTIONAL
20 DISTURBANCE OR MENTAL ILLNESS AND THEIR CONSEQUENCES.

21 (D) A LISTING OF SERVICE SELECTION GUIDELINE PRINCIPLES TO AID
22 CONSUMERS, FAMILIES, PROVIDERS, AND SERVICE MANAGERS IN THE
23 MATCHING OF TREATMENT AND SUPPORT OPTIONS TO A RECIPIENT'S NEEDS,
24 DESIRES, AND CIRCUMSTANCES. THE LIST OF PRINCIPLES SHALL MINIMALLY
25 INCLUDE ALL OF THE FOLLOWING:

26 (i) TREATMENT PLANNING, INCLUDING INITIAL AND REVISED SERVICE
27 PLANS, SHALL BE PERSON-CENTERED OR FAMILY-CENTERED, WITH

1 INVOLVEMENT OF ALL APPROPRIATE PARTIES FACILITATED AS QUICKLY AS
2 POSSIBLE.

3 (ii) RECIPIENTS SHALL BE OFFERED THE MOST CLINICALLY AND
4 CULTURALLY RELEVANT AND EFFECTIVE TREATMENT AND SUPPORT FOR THEIR
5 CONDITION. SERVICES FOR MINORS AND FAMILIES SHALL PROMOTE THE BEST
6 INTERESTS OF THE INDIVIDUAL RECEIVING SERVICES, SHALL BE DESIGNED
7 TO STRENGTHEN AND PRESERVE THE FAMILY UNIT, AND SHALL INCLUDE
8 WRAPAROUND SERVICES WHEN APPROPRIATE.

9 (iii) MEDICAL NECESSITY CRITERIA UTILIZED SHALL BE CONSISTENT
10 WITH SUBSECTION (2) (D) (ii) . THESE CRITERIA SHALL BE TRANSPARENT AND
11 OPEN TO PUBLIC REVIEW, UNIFORM ACROSS THE STATE, AND UPDATED
12 REGULARLY TO REFLECT ADVANCES IN DIAGNOSIS AND TREATMENT.

13 (iv) PROTOCOLS FOR RESPONDING TO ACUTE PSYCHIATRIC CRISES SHALL
14 BE WELL-DEFINED AND UNIFORMLY APPLIED ACROSS THE STATE.

15 (v) SERVICE SELECTION CRITERIA AND PROTOCOLS FOR INDIVIDUALS
16 MERITING PRIORITY CONSIDERATION UNDER SECTION 208 SHALL BE WELL-
17 DEFINED AND UNIFORMLY APPLIED ACROSS THE STATE.

18 (vi) SERVICE SELECTION CRITERIA AND PROTOCOLS SHALL BE
19 IDENTICAL FOR BOTH MEDICAID AND NON-MEDICAID RECIPIENTS.

20 (vii) SERVICE SELECTION CRITERIA AND PROTOCOLS SHALL COVER BOTH
21 ADULTS AND MINORS.

22 (viii) SERVICE SELECTION CRITERIA AND PROTOCOLS FOR INDIVIDUALS
23 WHO HAVE NEITHER ACUTE PSYCHIATRIC CRISIS NOR SEVERE MENTAL
24 DISORDER SHALL BE WELL-DEFINED AND UNIFORMLY APPLIED ACROSS THE
25 STATE.

26 (ix) CRITERIA FOR CONTINUATION OF A SERVICE SHALL BE FLEXIBLE
27 SO THAT CLINICALLY APPROPRIATE AND EFFECTIVE DECISIONS CAN BE MADE

1 ACCORDING TO RECIPIENT NEEDS AND CIRCUMSTANCES.

2 (x) DISCHARGE FROM A GIVEN SERVICE SHALL NOT OCCUR IF A
3 MEDICALLY NECESSARY AND CLINICALLY APPROPRIATE AND EFFECTIVE
4 ALTERNATIVE SERVICE IS NOT AVAILABLE.

5 (xi) INDIVIDUALS WITH A CO-OCCURRING MENTAL ILLNESS AND
6 SUBSTANCE USE DISORDER SHALL BE OFFERED INTEGRATED TREATMENT.

7 (xii) SERVICE SELECTION GUIDELINES SHALL ADDRESS COLLABORATIVE
8 AND BOUNDARY ISSUES BETWEEN MENTAL HEALTH AND OTHER PUBLIC AND
9 PRIVATE HUMAN SERVICE SYSTEMS.

10 (xiii) SERVICE SELECTION GUIDELINES SHALL BE UNIFORM THROUGHOUT
11 THE STATE AND READILY UNDERSTANDABLE, ACROSS DEMOGRAPHIC,
12 SOCIOECONOMIC, AND CULTURAL GROUPS, BY CONSUMERS AND THEIR
13 ADVOCATES OR REPRESENTATIVES AND FAMILIES.

14 (3) AN INDIVIDUAL WHO HAS QUALIFIED FOR PRIORITY SERVICE
15 PROVISION IN ANY COMMUNITY MENTAL HEALTH SERVICES PROGRAM SHALL
16 RETAIN THAT ELIGIBILITY OVER TIME AND ACROSS ANY OTHER COMMUNITY
17 MENTAL HEALTH SERVICES PROGRAM FOR ANY MEDICALLY NECESSARY SERVICE
18 IN THE ARRAY ESTABLISHED IN SUBSECTION (1).