

## PRIORITY STATUS FOR MENTAL HEALTH CARE TO CERTAIN GROUPS

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**House Bill 5619 as introduced**  
**Sponsor: Rep. Robert L. Kosowski**  
**Committee: Health Policy**  
**Complete to 2-27-18**

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

### SUMMARY:

House Bill 5619 would amend the Mental Health Code to require the Michigan Department of Health and Human Services (DHHS) and community mental health services programs (CMHSPs) to prioritize certain services and populations.

Now and under the bill, the Code tasks DHHS with continually and diligently endeavoring to ensure that adequate and appropriate mental health services are available to all Michigan citizens. In order to achieve this, DHHS and CMHSPs are currently required to give priority to services for individuals with the most severe forms of serious mental illness, serious emotional disturbance, or developmental disability and for those with less severe forms who are in urgent or emergency situations.

The bill would remove the specific priority for the “most severe” forms of those conditions and broaden the groups to whom priority would be given to include services for the following groups:

- Individuals with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, major depression, obsessive compulsive disorder, delusional disorder, psychotic disorder not attributable to general medical condition, or borderline personality disorder, including any of the preceding co-occurring with substance use disorder.
- Individuals with a serious mental illness or serious emotional disturbance whose level of functioning is determined to be severely impaired based on a DHHS-approved instrument for measuring severity of condition.
- Children who require any level of mental health treatment and who are placed by DHHS into residential foster care.

The bill would take effect 90 days after enactment.

MCL 330.1116 and 330.1208

### BACKGROUND:

Between July and October of 2017, the bipartisan House C.A.R.E.S. Task Force met with stakeholders and the public, toured facilities, and crafted a set of recommendations to

address mental health concerns in the state. The task force's report,<sup>1</sup> released on January 17, 2018, includes recommendations for improving care, developing methods of care, and enhancing care in Michigan's mental health system.

In its list of opportunities to develop methods of care, the report recommends a requirement that CMHs prioritize care. The report notes the following:

Each CMH system should determine what constitutes the most severe forms of mental illness and emotional disorder, and based upon those determinations, the CMHs should have an established priority of services for individuals presenting with mental illnesses.

Additionally, the report recommends giving CMH priority to foster children, as follows:

Children entering the foster care system are highly vulnerable to traumatic events, increasing their likelihood to develop behavioral health issues. In order to curb long-term effects as much as possible, children assigned to foster care should be given a priority in the Community Mental Health (CMH) system. A psychological evaluation for each child entering the foster care system is a useful tool for determining the best treatment and services for the child. We should also encourage more complete reporting of the child's history.

#### **FISCAL IMPACT:**

House Bill 5619 would have a significant fiscal cost to the state and local units of government. A preliminary analysis indicates that the state cost to expand the priority populations to include foster children placed by the department into "residential foster care," individuals with mild or moderate mental illness for the diagnoses listed in the bill, and individuals with mild or moderate developmental disabilities on the list of priority populations would range from \$9.0 million to \$15.0 million. The local cost to expand the priority populations would range from \$1.0 million to \$1.7 million. The primary cost drivers are pharmaceutical and outpatient costs for individuals without other forms of health insurance that the CMHSPs could bill.

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■ 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.

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