



Senate Fiscal Agency  
P.O. Box 30036  
Lansing, Michigan 48909-7536



Telephone: (517) 373-5383  
Fax: (517) 373-1986

House Bill 4051 (Substitute S-1)  
Sponsor: Representative Mary Whiteford  
House Committee: Health Policy  
                                    Ways and Means  
Senate Committee: Health Policy and Human Services

Date Completed: 9-9-19

## **CONTENT**

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

- **Require the Department of Health and Human Services (DHHS) to establish and make available to the public the Michigan CARES (Community, Access, Resources, Education, and Safety) Hotline.**
- **Require the Department to contract for the design, operation, and maintenance of the Hotline.**
- **Require the individual operating or maintaining the Hotline to meet certain criteria related to the implementation of the Hotline.**
- **Grant certain immunity from tort liability to an individual operating or maintain the Hotline under contract with the DHHS.**

The bill would take effect 90 days after its enactment.

Under the bill, subject to appropriation, the DHHS would have to establish and make available to the public the Michigan CARES Hotline, which would have to be available 24 hours a day, seven days a week.

The Department would have to contract for the design, operation, and maintenance of the Hotline. An individual operating or maintaining the Hotline would have to do all of the following:

- Be able to retrieve information related to the availability of services, including near real-time access to any registry of available inpatient psychiatric beds, crisis residential beds, and substance use disorder beds.
- Refer and connect individuals requiring mental health or substance use disorder services to mental health professionals, including community health services programs and prepaid inpatient health plans, using telecommunications and digital communications methods commonly in use, such as a telephone call, text, electronic 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.
- Notwithstanding the implementation provisions above, collect data and use data analytics to track the success of the Hotline's operations and identify trends in service needs and outcomes.
- Develop and use a customer relationship management infrastructure for the Hotline to track, monitor, assign, follow up, and report on hotline operations.

This customer relationship management infrastructure would have to provide appropriate community and provider access.

The DHHS would have to work with the Department of Licensing and Regulatory Affairs and the contractor to leverage existing databases and other sources of information identifying mental health professionals providing mental health services, providers of substance use disorder treatment, and rehabilitation services to use the most current provider information available.

The DHHS would have to have operational oversight for, including access to utilization of, the customer relationship management infrastructure. Community mental health services programs and prepaid inpatient health plans also would have to be allowed to have access to the customer relationship management infrastructure.

The Hotline would have to be able to support calls relating to services and supports as described in Section 206 of the Code: a) crisis stabilization and response including a 24-hour, seven-day per week, crisis emergency service that is prepared to respond to persons experiencing certain dysfunctions, and the provision of inpatient or other protective environment for treatment; b) identification, assessment, and diagnosis to determine the needs of the recipient and to develop a plan of services; c) planning, linking, coordinating, follow-up, and monitoring to assist the recipient in accessing services; d) specialized mental health recipient training, treatment, and support; e) recipient rights services; f) mental health advocacy; and g) prevention activities with the intent of reducing the risk of severe recipient dysfunction.

An individual operating or maintaining the Hotline under contract with the Department of Health and Human Services would have the same immunity provided for a governmental employee under Section 7 of the government immunity law.

(Section 7 of the law generally provides that each officer and employee of a governmental agency, each volunteer acting on behalf of a governmental agency, and each member of a board, council, commission, or statutorily created task force of a governmental agency is immune from tort liability for an injury to a person or damage to property caused by that individual while in the course of employment or service if: a) he or she is acting or reasonably believes that he or she is acting within the scope of his or her authority, b) the agency is engaged in the exercise or discharge of a governmental function, and c) the individual's conduct does not amount to gross negligence that is the proximate cause of the injury or damage.)

Proposed MCL 330.1165

Legislative Analyst: Tyler VanHuyse

### **FISCAL IMPACT**

The bill would have a negative fiscal impact on the DHHS and no impact on local units of government. The DHHS estimates that the operation of a mental health hotline would increase costs for the Department by \$1.0 million to \$2.5 million annually.

Public Act 618 of 2018 included \$3.0 million for the development, operation, and maintenance of a pilot version of the Michigan CARES hotline within three geographically diverse areas.

Fiscal Analyst: Elyn Ackerman

SAS\S1920\s4051sb

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.