

Act No. 162
Public Acts of 2021
Approved by the Governor
December 23, 2021
Filed with the Secretary of State
December 27, 2021
EFFECTIVE DATE: December 27, 2021

**STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2021**

Introduced by Senators Chang, Outman, Wojno, Irwin, Brinks, Hollier, Polehanki, Bullock, Victory, Daley, LaSata, Horn, VanderWall, Runestad, MacDonald, Geiss, Nesbitt, Schmidt, Bayer and Hertel

ENROLLED SENATE BILL No. 637

AN ACT to amend 1974 PA 258, entitled “An act to codify, revise, consolidate, and classify the laws relating to mental health; to prescribe the powers and duties of certain state and local agencies and officials and certain private agencies and individuals; to regulate certain agencies and facilities providing mental health or substance use disorder services; to provide for certain charges and fees; to establish civil admission procedures for individuals with mental illness, substance use disorder, or developmental disability; to establish guardianship procedures for individuals with developmental disability; to establish procedures regarding individuals with mental illness, substance use disorder, or developmental disability who are in the criminal justice system; to provide for penalties and remedies; and to repeal acts and parts of acts,” (MCL 330.1001 to 330.2106) by adding sections 207e and 207f.

The People of the State of Michigan enact:

Sec. 207e. As used in this section and section 207f:

(a) “Behavioral health practitioner” means either a mental health professional or a professional trained in substance use disorder treatment and rehabilitation services.

(b) “Community agency” means a public or private agency or organization that provides services toward preventing, improving, or resolving health, mental health, social, or environmental problems that affect individuals, families, specific groups, or communities, including a community mental health agency.

(c) “Community crisis responder clinician” means a behavioral health practitioner specifically trained in community crisis response.

(d) “Community crisis responder peer” means an individual with experience related to mental illness or substance use disorder who is specifically trained in community crisis response.

(e) “Community crisis response” means a program in which appropriate calls to existing 9-1-1 dispatch centers and other existing crisis lines, including the Michigan crisis and access line and 9-8-8 systems as those systems are implemented in this state, are responded to by 1 or more community crisis responder clinicians or community crisis responder peers, alone or, when public safety needs require, with law enforcement for the purposes of stabilization, de-escalation, harm reduction, screening and assessment, and connection to mental health, substance use disorder, social, health, or other services and supports as needed.

(f) “Council” means the mental health diversion council established under the department or another council or body as determined appropriate by the department.

(g) “Local unit of government” means a city, village, township, or county or a delegate of a city, village, township, or county, for the purpose of grant application and implementation.

(h) “Telehealth” means that term as defined in section 16283 of the public health code, 1978 PA 368, MCL 333.16283.

Sec. 207f. (1) Subject to appropriation to the jail diversion fund created under section 207c, the department shall create a community crisis response grant program, in accordance with the recommendations of the council, using half of appropriated funds, to provide competitive grants to assist local units of government that apply according to the criteria outlined in this section.

(2) The department shall distribute grants to local units of government in accordance with recommendations of the council for the purpose of establishing or expanding community-based mobile crisis intervention services. The department must give priority to grant applications that demonstrate a commitment to best practices as identified by the department in coordination with the council.

(3) A grant application may be made by any applicable local unit of government and must be distributed to a local unit of government using a prospective payment methodology.

(4) Each local unit of government receiving a grant under this section must provide to the department a copy of a memorandum of understanding between the involved community agencies and law enforcement agencies that delineates how behavioral health professionals and law enforcement officers shall be coordinated.

(5) The department must create an application process with selection criteria for grants under subsection (2) and a grant dispersal process under subsection (3), and must post the application process, selection criteria, and grant dispersal process on the department’s website.

(6) The department must seek federal authority as outlined under section 9813 of the American rescue plan act of 2021, Public Law 117-2, to utilize enhanced federal Medicaid matching funds for operating the programs described in this section as long as that funding is available.

(7) Each year, a local unit of government that receives a grant under this section shall cooperate with an organization, selected by the department, to describe and evaluate the activities and results of the local unit of government related to the grant. The department may use a portion of grant funding appropriated to the jail diversion fund to contract with an independent organization to fulfill this requirement.

(8) The department or evaluating organization must determine the specific metrics required in the report and notify the local units of government at the time of the first grant disbursement. Metrics may include, but are not limited to, the following:

(a) Total number of behavioral health crisis calls in the target jurisdiction.

(b) Number of calls to which a community crisis responder clinician or community crisis responder peer is dispatched according to the requirements of the local unit of government’s grant application.

(c) Number of calls transferred to telehealth with physical response follow-up and the number of calls transferred to telehealth without physical response follow-up.

(d) Community crisis responder clinician and community crisis responder peer call time per call.

(e) A survey of clients served by community crisis response.

(f) Number of calls with community crisis response that result in the following:

(i) Jail admission.

(ii) On-location de-escalation.

(iii) Access to crisis stabilization services and other community-based supports and service.

(iv) Inpatient admission to a behavioral health facility.

(v) Referral for behavioral or mental health services without residential or inpatient admission.

(vi) Referral to community or social services, including, but not limited to, homeless shelters, women’s shelters, food pantries, or other similar services.

(g) Number of individuals served by community crisis response broken down by age, gender, race, and ethnicity.

(h) Reduction in frequency of law enforcement interaction with known frequently served individuals.

(i) Number of follow-up visits, including method and location.

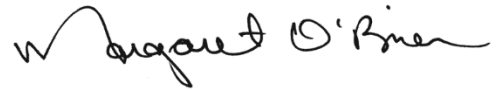
(j) Overall program costs broken down by administration, training, community crisis responder clinician and community crisis responder peer, and per call costs.

(9) Not later than September 30, 2023, and annually after that, the department must compile and submit an annual report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, and publish a copy of the report on its internet website. The report must contain all of the following for the immediately preceding fiscal year:

- (a) The name of each local unit of government that received a grant and the total amount of the grant.
 - (b) Details about any subgrants disbursed by each local unit of government that received a grant under this section.
 - (c) An analysis of the activities undertaken by grant recipients as part of their project, including alignment with best practices.
 - (d) An appropriate summary of metrics reported by grant recipients as required under subsection (8).
 - (e) Recommendations for improvements to grant criteria described in subsection (2).
- (10) The responsibilities of the department under this section include all of the following:
- (a) Create the community crisis response grant program, review grant applications, and distribute grants.
 - (b) Coordinate with the council to determine appropriate staffing and resource allocation for grant review, administration, and other duties.
 - (c) Develop a model memorandum of understanding between community agencies and law enforcement.
 - (d) Manage external evaluation and ensure that metrics are collected by grant recipients in order to determine future best practices and criteria for future grants.
 - (e) Provide technical assistance and coordination and facilitate sharing of best practices among grant recipients.
 - (f) Assist with cross-training resources between law enforcement and community crisis responder clinicians and community crisis responder peers.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No. 638 of the 101st Legislature is enacted into law.

This act is ordered to take immediate effect.


Secretary of the Senate


Clerk of the House of Representatives

Approved _____

Governor