

Testimony for HB 5832 (Rep. Mary Whiteford)

Health Policy Committee

Tuesday, June 9, 2020, 2:30 PM

Chad Witcher

Good afternoon, Honorable Chairperson and honorable members of the House Health Policy Committee. Thank you for the opportunity to be here today to provide testimony in support of HB 5832. My name is Chad Witcher. I have worked in Mental Health Recipient Rights for over 35 years at all levels of the Michigan Mental Health system; MDHHS, Office of Recipient Rights (ORR), Community Mental and Pre-Paid Inpatient Health Plan, Office of Recipient Rights, and Licensed Psychiatric Hospital/Unit, Office of Recipient Rights. I am currently working in the Office of Recipient Rights for Detroit-Wayne Integrated Health Network.

I support this bill for the reasons Representative Whiteford has (or will) explain in her presentation. I support the testimony of Beverly Ryskamp in favor of this bill. This bill updates the Michigan Mental Health Code to support current practices in behavioral health crisis intervention and provides less restrictive options for providing quality treatment and services to individuals experiencing a mental health crisis.

This proposed legislation addresses the compelling reasons for crisis alternatives to hospital emergency rooms and psychiatric inpatient units for Michigan residents by providing a moderate approach to revisions of the Mental Health Code that remove barriers to crisis services and clarify statute. This bill provides a modern legal mechanism for standalone crisis stabilization units, which provide a safe and successful treatment alternative to a full hospital stay and are appropriate for 60-80% of individuals who would otherwise require psychiatric hospitalization.

In extreme circumstances, crisis stabilization units may need to restrain individuals who are harmful to self, other persons served, or staff. If restraint is never allowable even as a last resort to prevent substantial harm to self or others, crisis centers/preadmission screening units may not be able to accept those who may not be safe to self or others, which defeats the purpose. An ability to restrain when necessary was identified as a significant barrier to more crisis centers in Michigan. The Michigan Mental Health Code, MCL 330.1740 describes the circumstances where restraint is allowable. However, it is currently unclear if “facility and “resident”, applies to crisis centers/ preadmission screening units. This legislation clarifies this ambiguity that currently exists in the Michigan Mental Health Code.

One of the challenges in the current Mental Health Code language arises when it is determined that an individual actually needs hospitalization. The Code provides a time frame of up to 24 hours for the pre-screening unit to complete the process. But currently it can frequently take more than 24 hours to locate an inpatient bed when that level of care is required. CMHs operating pre-screening units are forced with the choice of releasing an individual who is in severe crisis or continuing to hold them for their own safety beyond the timeframe proscribed in the existing Mental Health Code. The 72-hour hold timeframe proposed in this legislation is consistent with the time period the Code provides for conducting an examination to evaluate whether an individual’s behavior and condition meets the criteria of a “person requiring treatment in the Mental Health Code.

The current Mental Health Code requires updating to support good crisis stabilization relates to the safety options that are available in pre-screening units. Because there were no crisis stabilization units at the time the code was developed, currently only hospitals are classified as “facilities.” This legislation adds crisis stabilization units to that definition. Hospitals have the ability to take the full range of individuals, including those experiencing the most serious crises, because they have the capacity to use last resort safety techniques, including restraint. The crisis center model is one that focuses on engaging individuals in care, building trust, and providing trauma-informed care. However, to be a safe hospital alternative for individuals experiencing crisis at all levels of intensity and not just mild or moderate crisis needs, crisis stabilization units need access to last resort safety tools. Otherwise only individuals experiencing lower level needs can make use of and be kept safe in these settings. This legislation is proposing that all existing recipient rights protections that apply to facility-based safety measures be required of crisis stabilization units as well.

This proposed legislation clarifies language in the Mental Health Code to fully allows Michigan community mental health and other organizations to provide excellent crisis stabilization alternatives to hospitalization which is often not readily available in a timely manner. It provides the oversight and legal structure needed to offer this service safely and effectively. It will reduce the number of individuals who end up in jail or an emergency department when they need to be in a treatment setting. This bill provides a less restrictive option for persons in crisis to receive the treatment and services they require in the least restrictive setting and manner.

Thank you for the opportunity to provide information about this bill.

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