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Statement Regarding HB 5832
Michigan Senate – Health Policy and Human Services Committee
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Statement Regarding House Bill 5832

1. Good morning Chairman VanderWall and members of the Health Policy and Human Services Committee. Thank you for this opportunity to join you today and share information pertaining to House Bill 5832. My name is Beverly Ryskamp. I am a clinical social worker and a licensed attorney, and I serve as Chief Operating Officer for Network180, the Kent County Community Mental Health Authority.

2. This bill is about updating the Michigan Mental Health Code to support current practices in behavioral health crisis intervention. The number of people experiencing mental health and substance use crises is increasing. Suicide rates are up, and we have endured an epidemic of opioid addiction in recent years. Currently short-term crisis stabilization units increasingly allow communities in other areas of the country to provide a clinically and cost effective crisis treatment option in secure therapeutic settings that are less intensive than hospitals. Secure crisis stabilization units provide immediate clinical treatment that allows most individuals in crisis who would otherwise require a typical 7-10 day hospitalization to return home within 24 hours with outpatient follow up in place.

3. Crisis stabilization units did not exist when the Mental Health Code was written and the only crisis option available was full psychiatric hospitalization. The modifications proposed in this bill will allow Michigan community mental health programs and other organizations to provide brief intensive crisis stabilization treatment, consistent with current crisis treatment models in the behavioral health field.

4. Secure crisis stabilization units also provide a much needed option when a person in crisis encounters law enforcement. Interactions with law enforcement or having to go to jail generally increase trauma for individuals and make their crisis worse. Crisis stabilization units provide an alternative that offers what is needed for someone in behavioral health crisis: immediate transfer to a safe treatment setting.

5. Currently it often takes several hours or days, and in the most challenging cases, weeks, of waiting in an emergency department before an individual can gain access to a psychiatric

hospital bed. The focus on immediate treatment means crisis stabilization units can provide a better experience for the individual – fewer steps and quicker care. This model also reduces the burden on emergency departments that need to hold or “board” individuals for long periods while waiting for a psychiatric hospital bed to become available.

6. When written, the Michigan Mental Health code envisioned a service similar to crisis stabilization by requiring community mental health centers to operate pre-hospitalization screening units. Pre-screening units were intended to be secure places where someone could receive crisis assessment and intervention for up to 24 hours before being hospitalized. The crisis stabilization unit model is also designed to stabilize individuals in 24 hours or less. Currently, however it often takes more than 24 hours to locate a hospital bed when that is what is needed. Community mental health organizations can be forced to make the choice of releasing an individual in severe crisis after 24 hours or continuing to hold them for their own safety beyond the timeframe envisioned in the existing Mental Health Code. This bill recognizes the reality of current hospital placement timeframes and makes other needed updates to fully support treatment provided in the crisis stabilization model.

7. This proposed legislation clarifies language in the Mental Health Code to fully allow Michigan community mental health and other organizations to provide crisis treatment alternatives to hospitalization, consistent with current clinical practice. It provides the oversight and safety mechanisms needed to offer this service in a clinically effective and safe manner. Crisis stabilization units will reduce the number of individuals who end up in jail or an emergency department when they need to be in a treatment setting. They allow better use of health care and taxpayer dollars by providing a treatment option that is a fraction of the cost of a full hospital stay. Michigan community mental health programs and other providers are eager to offer this option to Michiganders. Thank you for the opportunity to provide information about this bill.