

PREPAROLE MENTAL HEALTH DISCHARGE PLANNING

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House Bill 4700 as introduced
Sponsor: Rep. Mary Whiteford
Committee: Judiciary
Complete to 9-9-19

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

SUMMARY:

House Bill 4700 would add a new section to the Corrections Code to require the Department of Corrections (DOC) to create a prerelease mental health discharge plan before a prisoner who is receiving mental health services or mental health prescription medicine is paroled. DOC could seek consultative services from the Department of Health and Human Services (DHHS) in creating a plan for a prisoner.

A prerelease mental health discharge plan would have to include all of the following:

- A mental health assessment that includes the use of assessment tools specified in the bill (e.g., a generalized anxiety disorder seven-item scale and an opioid risk tool).
- Identification of risk factors related to transportation, housing, and family stress.
- An appointment scheduled after the prisoner's release with a mental health professional capable of providing postrelease mental health prescription medication and other mental health services.
- If the prisoner is receiving mental health prescription medication at the time of the discharge planning, steps that will provide the prisoner access to that medication between his or her release and the postrelease appointment with the mental health professional.
- An assessment of eligibility upon release for enrollment in Medicaid or Medicare. If eligible, information on enrollment must be provided.
- Goals and activities that address the needs and barriers identified under the above.
- A list of care team members that will support the prisoner as he or she transitions out of prison. This would include community health or social program providers.
- Input from the prisoner and a communication plan for the duration of parole.

If a prisoner refused discharge planning, DOC would have to note in the record it maintains for the prisoner that he or she declined the discharge planning. The bill would authorize DOC to use a care management software program to design the required prerelease mental health discharge plan if the program meets all of the following requirements:

- Is built as a software as a service (SAAS) and hosted on a cloud that complies with the federal Health Insurance Portability and Accountability Act (HIPAA).
- Uses natural language processing services to parse a prisoner's case notes and to provide insights into new assessments, barriers, and risks that the care manager and care team should address and reevaluate using the assessment tools described in the bill.
- Contains the assessment tools identified in the bill and a method to assess the factors related to transportation, housing, and family stress.
- Provides the associated programming interfaces (APIS) to send demographic data to and receive eligibility status from the state's integrated eligibility system.

- Uses two-factor authentication for the authentication of all care team members.
- Is completely managed through configuration.
- Delivers a holistic summary of the goals and activities that address the needs of and barriers identified by the prerelease mental health discharge plan and the touchpoints between care team members and the prisoner.

Further, the bill would require DHHS to take reasonable steps to assist DOC if it requested assistance with prerelease mental health discharge planning. Upon request from DOC, community-based mental health services would have to be provided by DHHS throughout the period of parole.

The bill would take effect 90 days after its enactment.

Proposed MCL 791.234e

FISCAL IMPACT:

Department of Corrections

The majority of the activities required of the Department of Corrections (DOC) under the bill are occurring. However, one activity currently not occurring is the department scheduling an appointment, for prisoners once they are released, with a mental health professional who is capable of providing postrelease mental health prescription medication and other mental health services. This provision would require staff time for which the department would incur costs.

Also, under the bill, DOC would be authorized, though not required, to use a care management software program to design the prelease mental health discharge plan. Currently, the department does not have a system like that in place. If the department ended up having to purchase such a system in order to carry out responsibilities it is charged with under the bill, the department would incur potentially significant IT costs.

Department of Health and Human Services

The bill would have a significant, but presently indeterminate, fiscal cost to the Department of Health and Human Services (DHHS). The requirement that DHHS provide community-based mental health services throughout the period of parole, upon request from DOC, would increase Medicaid (both traditional Medicaid and Healthy Michigan Plan) costs, when a parolee is eligible for Medicaid, and would increase 100% state-funded mental health services for parolees not eligible for Medicaid. The Fiscal Year 2019-20 federal traditional Medicaid match rate is 64.06%, meaning that the state has to pay 35.94% of the traditional Medicaid costs. The Fiscal Year 2019-20 federal Healthy Michigan Plan match rate is 90.75%, meaning that the state has to pay 9.25% of the Healthy Michigan Plan costs.

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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.