

PREPAROLE MENTAL HEALTH DISCHARGE PLANNING

Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 4700 as reported from committee
Sponsor: Rep. Mary Whiteford
Committee: Judiciary
Complete to 12-10-19

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

BRIEF SUMMARY: House Bill 4700 would amend the Corrections Code to require a prerelease mental health discharge plan to be created for each prisoner who is receiving mental health services or mental health prescription medication before he or she is released on parole.

FISCAL IMPACT: The bill would result in indeterminate costs to the Departments of Health and Human Services and Corrections. See **Fiscal Information**, below, for a more detailed discussion.

THE APPARENT PROBLEM:

According to a representative of the Department of Corrections (DOC), almost a quarter of the inmates in the state's prisons receive some form of mental health services. Many are also prescribed medication to treat their behavioral health issues. Continuity of care and access to medications helps to stabilize a person's condition, and the initial period following release from institutional care—such as when an inmate is released on parole—often disrupts the cycle of care, especially if the parolee lacks access to medical care and needed prescription medications; transportation to get to medical care; or access to housing, employment, and social supports.¹ If a transition plan to meet these needs is not in place, a parolee with a mental illness is more likely to experience a poor outcome, including a higher risk of reoffending and being returned to prison. Though DOC has taken steps to implement a smoother transition for inmates leaving a state prison, a major challenge remains in connecting parolees to care once they are back in the community. Legislation has been offered to address this concern.

THE CONTENT OF THE BILL:

House Bill 4700 would add a new section to the Corrections Code to require 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.

¹ Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide. (SMA)-16-4998. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017. <https://store.samhsa.gov/system/files/sma16-4998.pdf>

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 met specific technical and functional requirements described in the bill.

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 INFORMATION:

The majority of the activities required of 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, although not required, to use a care management software program to design the prerelease 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.

The bill would have a significant, but presently indeterminate, fiscal cost to 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.

ARGUMENTS:

For:

Transitioning from institutional care to the “outside” can be challenging for most parolees, but even more so for those with a mental illness. Depending on the length of the incarceration or family dynamics, the parolee may have little to no family support or other community supports in place to help navigate the process of finding housing, employment, and health care. In particular, any disruption in mental health services or inability to obtain prescription medicine prescribed for a mental illness can trigger a relapse in the person’s condition, which can lead to their failing to meet conditions of parole or committing a new crime.

The bill seeks to address the issue by creating a statutory requirement for DOC to create a mental health discharge plan before an inmate who is receiving mental health services or is taking prescription medication related to a mental illness is released on parole. The bill also paves the way for the DOC and DHHS, which runs the state Medicaid program and other support services for low-income and elderly individuals, to collaborate on creating a prerelease mental health discharge plan.

Under the bill, a plan would require, among other things, that risk factors related to transportation, housing, and family stress be identified and a mental health assessment that includes the use of several assessment tools to assess the status of an inmate’s mental health. An appointment with a mental health professional would also be scheduled prior to release on parole, as well as steps developed to provide access to prescription medications for the time period between release and the appointment with the mental health provider. A prisoner would have input in the creation of the plan and a communication plan would also be required to be established for the duration of the parole. Along with other required components of the prerelease discharge plan, prisoners with a mental illness will be better equipped to face the challenges of managing their physical and mental health after release.

Response:

The bill is a good first step in helping to reduce recidivism and overall societal costs by identifying specific needs of prisoners about to be paroled who are currently receiving mental health services and/or prescription medications while incarcerated. Reducing the chance that a parolee will experience a mental health crisis should indeed increase the chance for a successful reentry.

To that point, some may say the bill does not go far enough. For instance, the bill does not include discharge planning for prisoners with a mental illness who were not paroled, but are released because they have served their sentences in full, known as “maxing out.” These prisoners are likely to have served longer sentences, be more “institutionalized,” and have fewer social supports in the community than those paroled and therefore could have greater need for the assessment and assistance the bill would afford.

In addition, the bill appears only to apply to those with a mental illness. Many with a mental illness also have a substance use disorder, and many in prison got there due wholly or in part to a substance use disorder. Some research suggests that previous addiction to drugs and alcohol can cause long-term changes in the brain such that certain levels of stress or trauma, even long after the last drink or drug use, can trigger the brain to act like it is high and impact judgment. Thus, more could be helped if the bill, if it doesn’t already do so, also included assistance to those with a documented history of substance abuse in navigating those first few stressful months or years of trying to rebuild a life after years of incarceration.

Further, the application process for Medicaid or Medicare can be daunting. In addition to requiring that prisoners eligible for enrollment in Medicaid or Medicare be given information on those programs, as the bill currently would do, providing for assistance in filling out the forms, at least in part, with instructions on how to finish the application and where to turn it in after release, could also be helpful.

POSITIONS:

The Michigan Protection and Advocacy Services indicated support for the bill. (10-22-19)

The Henry Ford Health System indicated support for the bill. (10-22-19)

A representative of the Michigan Department of Corrections testified on the bill and indicated that the department is neutral. (10-22-19)

Legislative Analyst: Susan Stutzky
Fiscal Analysts: Robin Risko
Kevin Koorstra

■ 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.