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House Bill 4700 (as passed by the House)
Sponsor: Representative Mary Whiteford
House Committee: Judiciary
Senate Committee: Judiciary and Public Safety

Date Completed: 10-20-20

CONTENT

The bill would amend the Corrections Code to do the following:

- **Require the Michigan Department of Corrections (MDOC) to create a prerelease mental health discharge plan for each prisoner who was receiving mental health services or mental health prescription medication before he or she was released on parole.**
- **Allow the MDOC to seek consultative assistance from the Department of Health and Human Services (DHHS) in creating a discharge plan.**
- **Require the MDOC to note in the record the MDOC maintained for the prisoner if he or she refused discharge planning.**
- **Require the DHHS to take reasonable steps to assist the MDOC if the MDOC requested assistance with discharge planning.**
- **Allow the MDOC to use a care management software program to design the discharge plan if the program met certain requirements.**

The bill would take effect 90 days after its enactment.

The bill would require the MDOC to create a prerelease mental health discharge plan for each prisoner who was receiving mental health services or mental health prescription medication before he or she was released on parole. The MDOC could seek consultative assistance from the DHHS in creating a discharge plan.

If a prisoner refused discharge planning, the MDOC would have to note that the prisoner declined planning in the record the MDOC maintained for him or her.

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

- A mental health assessment that included the use of the following assessment tools: a) Patient Health Questionnaire-9, b) Generalized Anxiety Disorder 7-Item Scale, c) Patient Health Questionnaire-2, and d) Opioid Risk Tool.
- Identification of risk factors related to transportation, housing, and family stress.
- An appointment scheduled after release with a mental health professional who was capable of providing postrelease mental health prescription medication and other mental health services.
- Steps that would provide the prisoner access to the mental health prescription medication between his or her release and the appointment scheduled after release, if the prisoner were receiving mental health prescription medication at the time of discharge planning.

- An assessment of whether the prisoner was eligible upon release for enrollment in Medicaid or Medicare under State or Federal regulations governing eligibility and enrollment; the prisoner would have to be provided with information on enrollment if he or she were eligible.
- Goals and activities that addressed the needs and barriers identified to any of the items discussed above.
- A list of care team members that would support the prisoner as he or she transitioned out of prison, including community mental health or social program providers.
- Input from the prisoner and a communication plan for the duration of parole.

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

The MDOC could use a care management software program to design the prerelease mental health discharge plan if the program met all of the following:

- Was built as a software as service and hosted on a cloud that complied with the Health Insurance Portability and Accountability Act.
- Used natural language processing services to parse the case notes regarding a prisoner 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 above.
- Contained the assessment tools and a method to assess the risk factors related to transportation, housing, and family stress.
- Provided the associated application programming interfaces to send demographic data to receive eligibility status from the State's integrated eligibility system.
- Used two-factor authentication for the authentication of all care team members.
- Was completely managed through configuration.
- Delivered a holistic summary of the goals and activities described above and the touchpoints between care team members and the prisoner.

Proposed MCL 791.234e

Legislative Analyst: Stephen Jackson

FISCAL IMPACT

The bill would have a negative fiscal impact on the State, though the size of the impact is unknown. Much of the bill would codify procedure already being implemented by the Department of Corrections, although the Department does not currently schedule appointments after release with a mental health professional. This provision would require additional time and resources from staff.

Also, the bill would authorize the MDOC to use a care management software program to design the prerelease mental health discharge plan, although it would not be required. The Department does not currently have such a software package and purchasing one could incur significant information technology costs. It is not known whether the MDOC would purchase a software package, or whether a software package would be more efficient or cost effective than other means of creating discharge plans.

The bill would have an indeterminate but potentially significant negative fiscal impact on the DHHS as a result of the proposed requirement that the DHHS provide, upon request from the Department of Corrections, community-based mental health services throughout the period of parole. For fiscal year (FY) 2020-21, the match rate for the traditional Medicaid program is 64.08% and the match rate for the Healthy Michigan Plan is 90.0%. Each additional parolee

who received mental health services through either the traditional Medicaid or Healthy Michigan Plan would result in an increase in State costs of \$0.3592 or \$0.10, respectively, for each additional \$1.00 in services provided.

For each additional parolee who received mental health services through a Community Mental Health Service Provider (CMHSP) who is not eligible for traditional Medicaid or the Healthy Michigan Plan, State costs would increase by \$1.00 for each additional \$1.00 in services provided. Additionally, the bulk of the spending for the non-Medicaid services would come from the Community Mental Health Non-Medicaid Services line item, which has an appropriation of \$125,578,200 in FY 2020-21. Since the funding in this line is not related to an entitlement program, the CMHSPs must make decisions based on the severity of need and availability of resources when utilizing their allocated funding from this line item. A significant increase in spending on mental health services for non-Medicaid eligible parolees could reduce the available funding for other non-Medicaid eligible populations.

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.