

## PRISONER MENTAL HEALTH ASSESSMENTS

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**House Bill 5698 as introduced**  
**Sponsor: Rep. Stephanie A. Young**  
**Committee: Criminal Justice**  
**Complete to 12-10-24**

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

### SUMMARY:

House Bill 5698 would amend the Corrections Code to do all of the following:

- Require the Department of Corrections (DOC) to create a prerelease mental health discharge plan before a prisoner receiving mental health services or medication is released on parole.
- Require psychiatric screenings of prisoners at least every six months for certain mental health diagnoses and require appropriate treatment.
- Require training of DOC employees.
- Require an annual report.

#### Prerelease mental health discharge plan

The bill would require DOC to create a prerelease mental health discharge plan for each incarcerated individual who is receiving mental health services or mental health prescription medication before they are released on parole. DOC could seek consultative assistance from the Department of Health and Human Services (DHHS) in creating the plan.

The plan would have to include all of the following regarding the incarcerated individual:

- A mental health assessment that includes the use of the following assessment tools:
  - Patient Health Questionnaire-9.
  - Generalized Anxiety Disorder 7-Item Scale.
  - Patient Health Questionnaire-2.
  - 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 is capable of providing, in a culturally sensitive manner, postrelease mental health prescription medication and other mental or behavioral health services, such as family counseling and family reunification services, if applicable.
- If the incarcerated individual is receiving mental health prescription medication at the time of discharge planning, steps that will provide the individual access to the medication between the individual's release and the above appointment.
- An assessment of whether the incarcerated individual is eligible upon release for enrollment in Medicaid or Medicare under state or federal regulations governing eligibility and enrollment. If the incarcerated individual is eligible, the individual would have to be provided with information on enrollment.
- Goals and activities that address the needs and barriers identified above.
- A list of care team members that will support the incarcerated individual as the individual transitions out of the correctional facility, including community health or social program providers.

- Input from the incarcerated individual and a communication plan for the duration of parole.

#### Psychiatric assessments

Currently, within 60 days after the arrival of an incarcerated individual at a correctional facility, DOC must complete a comprehensive study of the individual that includes a psychiatric examination. The bill would require the psychiatric examination to be performed within seven days after the individual's arrival at the facility, to be conducted in a culturally sensitive manner, and to include an assessment for a ***significant diagnosis***. Beginning six months after the examination, and every six months thereafter, DOC would have to screen the individual for a significant diagnosis.

***Significant diagnosis*** would mean ***post-traumatic prison disorder***, anxiety, depression, bipolar, phobia, schizophrenia, substance abuse and addiction disorder, learning and educational disability, suicidal tendency, and any other medically recognized mental or behavioral health disorder.

***Post-traumatic prison disorder*** would mean the diagnosis of post-traumatic stress disorder in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, published by the American Psychiatric Association, including resulting from an incarcerated individual's exposure to a stressful event that occurred in a correctional facility.

If the examination or demonstrate that an incarcerated individual has a significant diagnosis, DOC would have to provide the individual with medically appropriate and culturally sensitive treatment and services that meet their needs. The treatment and services could include all of the following:

- Therapeutic programs, such as art therapy, animal-assisted therapy, hypnotherapy, music therapy, and trauma-focused cognitive therapy.
- Family counseling and individual counseling.
- Learning programs for learning disabilities, if applicable.
- Group therapy.
- Medication, if applicable.

DOC could contract with vendors to provide the above treatment and services.

In providing treatment and services, a vendor would have to use experienced and culturally sensitive therapists, psychiatrists, psychologists, social workers, individuals from grassroots organizations, and nurses who have experience working with patients experiencing trauma.

#### Training

DOC would have to train each of its employees and contractors on all of the following topics:

- Basic competencies in responding to mental health crises or trauma, including de-escalation techniques.
- Information on how employee interactions affect the mental health of an incarcerated individual.
- Techniques for minimizing the chances of retraumatizing individuals who have a history of trauma.

- Skills to recognize a potential suicide and prevent the suicide.
- Interacting with incarcerated individuals in a culturally sensitive manner.

#### Report

By April 1, 2026, and annually thereafter, DOC would have to submit a report of the following information to the standing committees of the Senate and House that consider matters pertaining to criminal justice and DOC appropriations:

- The number of incarcerated individuals receiving treatment or services under the bill.
- The number of incarcerated individuals provided with an educational program under section 33 of the code.
- The number of incarcerated individuals who do not have a high school diploma or a high school equivalency certificate and are not provided an educational program under section 33 of the code at the time of the report.

MCL 791.267 et seq.

#### **FISCAL IMPACT:**

House Bill 5698 would have an indeterminate fiscal impact on the state Department of Corrections. The department currently conducts all the activities required under the bill but does not conduct discharge planning activities or psychiatric examinations to the extent required by the bill. The department currently creates mental health discharge plans for prisoners with mental health diagnoses that require significant care upon release from prison, but not for all prisoners who are receiving mental health services as required by the bill. Roughly one-third of the prison population receives mental health services. Requiring discharge plans for all prisoners receiving mental health services would require the department to provide plans for about an additional 3,000 prisoners. Additional staff resources would be needed to meet this requirement. The department currently performs psychiatric examinations on all prisoners at intake, and also performs exams when requested by prisoners, and if medical professionals witness changes in prisoners' behaviors that would warrant reevaluation. The bill would require examinations not less than every 6 months for all prisoners. Meeting this requirement would also require additional staff resources.

The bill may increase state Medicaid mental health costs to the degree in which a prerelease mental health discharge plan increases Medicaid mental health utilization. Most mental health services, outside of pharmaceuticals, are provided through Medicaid managed care, so any net utilization changes could be part of a larger annual rate development process. For Fiscal Year 2024-25 the federal Medicaid match rate is 65.13%. Additionally, the federal Centers for Medicare and Medicaid Services (CMS) has approved Medicaid waivers in other states that would allow the state to utilize federal Medicaid reimbursement funding for case management and a limited array of services 90 days before qualifying incarcerated individuals are released.

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