

MDOC Healthcare Update



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House Corrections Subcommittee

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Bureau of Healthcare Services Update



- The MDOC uses a mix of state employees and contractors to provide healthcare at each MDOC facility.
- Prisoner Healthcare costs total >\$325m GF/GP per year or just over \$10,000 per prisoner per year.
- While the prisoner population has declined significantly over the past 7 years, the healthcare needs of the prisoner population have continued to increase, which also results in increased costs.
- Over 11,400 prisoners are currently on a mental health caseload compared to just 4,000 a decade ago.



Healthcare Staffing

- Healthcare staffing remains a significant challenge for the MDOC and other public providers.
- The Civil Service Commission has approved enhanced pay for key healthcare positions in state service, but the MDOC must continue to use contracts for key positions such as nursing.
- Roughly half of the MDOC's non-supervisory RN and LPN positions are currently vacant, with many being filled by temporary contractors.
- The MDOC remains committed to trying to fill all vacant healthcare positions with career state employees.



Substance Use Disorder

- Substance use disorder (SUD) is a common factor for many in the corrections system, even if their crimes do not directly relate to substance use.
- The MDOC continues to offer two levels of outpatient SUD programming in addition to behavioral healthcare, which are facilitated by MDOC staff or contractors.
- Roughly 60% of the prisoner population has a recommendation to complete a SUD program. The median active participant in these programs has an ERD of January 2025.
- The Department began expanding the availability of this programming to Level IV at the start of 2024 (previously only available in Levels I and II).

Medication Assisted Treatment



- The MDOC provides Buprenorphine medication assisted treatment at 10 facilities (ARF, DRF, IBC, ICF, JCF, MBP, MRF, RGC, STF, and WHV).
- These sites provide Buprenorphine and Naltrexone, based on what is most medically appropriate for each patient. The remaining sites currently offer Naltrexone.
- Three additional facilities will begin providing MAT options this year (SLF, MCF, and MTU).
- Just over 900 patients are actively utilizing MAT.
- SUD treatment requires using a variety of tools to address biological, psychological, and socioenvironmental causes of use.
- For some, but not all cases, MAT is the appropriate prescribed approach to address biological factors in the brain that may result in illicit substance use.



Hepatitis C Treatment

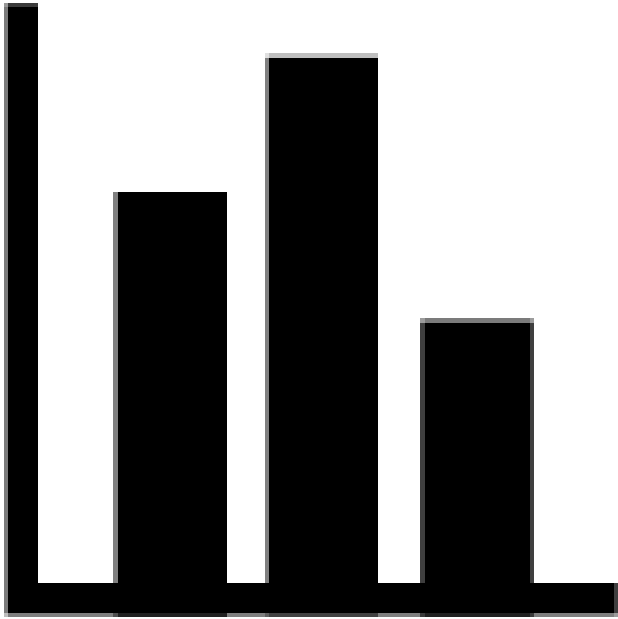
- In 2023, 576 Hepatitis C patients were treated. The current cure rate is 98+%.
- Roughly 140 patients are currently being sequenced for treatment.
- The average cost of treatment is \$15,400.
- 40-45 patients are added to the treatment list monthly from new intakes or disease progression.



Aging Population

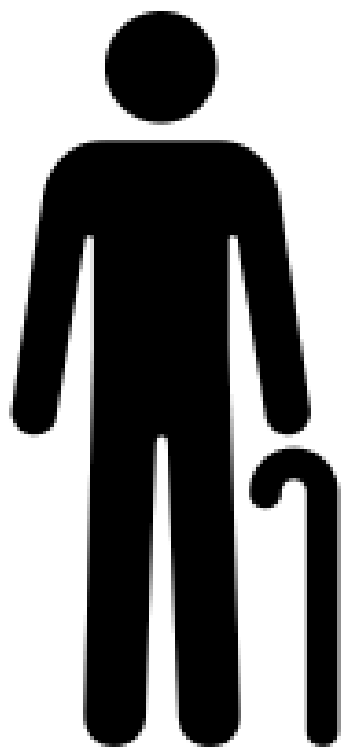
- MDOC is faced with an increasing older prison population with associated healthcare challenges.
- While the median age has only increased 2 years in the past 13 years (37 to 39), the percentage of prisoners 50+ has increased from 17% to 27%.
- Between 2009 and 2022, every age cohort that was less than 55 declined in terms of total count, while every cohort above 55 increased, even as the overall prison population declined significantly.

Current Age Distribution



Current Age	Count
50-54	2,914
55-59	2,914
60-64	1,678
65-69	1,015
70-74	519
75-79	239
80+	97
Total	8,818

Each of these categories increased from 2021 to 2022.



Challenges Presented by an Aging Prisoner Population

- Currently, over 230 prisoners utilize a permanent wheelchair, while over 500 utilize a wheelchair for distance.
- Costs of care are unique to each prisoner, but older prisoners are more likely to experience age-related conditions such as cancer, Alzheimer's or dementia.
- Aging and medically frail prisoners may require specialized housing at sites such as (TCF, LCF, WCC, or DWHC).



Questions?