

Michigan Department of Corrections

Correctional Healthcare and Mental Health



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Bureau of Health Care Services

- The MDOC has a legal obligation to provide medically necessary evidence-based care that meets community standards (8th Amendment Right).
- The Bureau of Health Care Services employees 1,461 health care staff:
 - Staff include health care, mental health, dental and substance abuse.
 - Contract with Corizon to provide primary physician, psychiatric, optometry care, pharmacy and a specialty care network for offsite services.
 - Contract with Wayne State University to provide Chief Medical Officer, Asst. Chief Medical and Psychiatric Officers.

Health Care System Overview

- Each prison facility operates a staffed onsite healthcare clinic that provides ambulatory care to prisoners. Care is provided by civil servant staff (1047 FTES) along with contracted medical practitioners.
- BHCS has 114 infirmary beds located in four facilities throughout the State.
- Duane L. Waters Health Center (DWHC) operates a 152-bed inpatient facility which houses prisoners whose medical needs cannot be met at an infirmary or ambulatory clinic.
- The MDOC utilizes an Integrated Care approach similar to the community.

Accessing Care Within the MDOC

- Intake services include a thorough assessment of the prisoners medical history and needs. All prisoners are seen by a medical practitioner and necessary tests, medications, and labs are ordered.
- Prisoners may be on a chronic care caseload requiring routine contact with medical staff or receive healthcare services by requesting services, or staff can refer a prisoner if they believe they are in need of care.
- Nursing staff triages each prisoner request for care and provides care within the scope of their licenses and if necessary, refers to the medical providers for additional care.
- Prisoners are subject to a copayment of \$5.00 for services that are non-emergent. Annually we collect an average of \$225,000 in copayments.

Preventative Care and Specialty Services

- Age appropriate screening is provided at an annual health screen for each prisoner, along with requested labs and tests.
- Vaccinations are offered, including flu shots.
- DWHC has an onsite specialty clinic staffed by contractual specialists that provides both onsite care and telemedicine care to prisoners across the state.
- Manage prisoner's chronic care needs.

Other Healthcare Services

- Optometry services are provided at many prison facilities. Glasses are provided by the state.
- Dental services are available at all facilities. All onsite care is provided by civil servant staff. Fillings and extractions are the primary services provided on site. Dentures are made by Michigan State Industries and provided to prisoners.
- Dialysis services are provided on-site at three MDOC facilities.
- Pharmacy services are provided by contract through a mail order process and one onsite pharmacy. Medications are distributed by healthcare staff at all MDOC prisons.

Health Care Staffing Challenges

- Recruitment and Retention of healthcare professionals:
 - Vacancies
 - Registered Nurse 86 FTEs (22.3%)
Licensed Practical Nurses 44 FTES (23%)
 - Result in staff burnout and increase overtime costs.
 - The MDOC is not immune to the national shortage of healthcare professionals.
 - The MDOC is exploring ways to be more competitive with hospitals and other healthcare providers when it comes to staff attraction and retention.

Health Care Challenges

- Prior to incarceration, most prisoners did not receive regular medical, mental health, optometry, or dental care.
- When their health status is considered, prisoners are 10 years older than their chronological age.
- Nation wide spending on correctional healthcare is putting serious pressure on state budgets.
- Management of prisoner health care impacts:
 - Health and economic development of our communities, public safety, state litigation risk and taxpayer dollars.

Mental Health System Overview

- 24% (9,533) of prison population is being treated for mental health issues:
 - 10% (3,992) have Serious Mental Illnesses such as schizophrenia, bipolar disorder, major depressive disorder, psychosis.
 - 14% (5,641) have less serious mental health needs that still require treatment.
- Mental Health care is provided at 20 prison facilities by civil servant staff at several facilities. A team is composed of a psychiatrist (contractor), qualified mental health professionals (state employee social workers and psychologists), and clerical support.
- Prisoners requiring mental healthcare are not placed at a MDOC facility where it is not offered.

Mental Health Continuum of Care

- Reception: All prisoners receive screening, appraisal and if appropriate, a full mental health assessment.
- Mental Health Inpatient – 220 beds (Woodland Correctional Facility)
 - Crisis Stabilization, Acute Care, Rehabilitative Treatment Services
- Residential Treatment Programs (RTP) - 770 beds (Various Sites)
- Adaptive Skills Residential Program- 250 beds (SLF and MTU)
- Outpatient - 8,289 prisoners
 - Prison based ambulatory assessment, counseling and psychiatric services.
- START program is a new program that provides programming to high security prisoners with mental health issues as an alternative to administrative segregation– (ICF, ECF, MBP)

Additional Mental Healthcare Services

- Substance Abuse Services are provided utilizing multiple contracts for outpatient and residential services in prison and in the community.
- Sex Offender Treatment services are provided by MDOC staff at five facilities. Services are provided in a treatment community environment. The MDOC provides additional sex offender programming in the community utilizing contractors.
- Contract with Professional Consulting Services for re-entry services for prisoners with mental health issues being released into the community.
- Opioid Epidemic Projects
 - MI- Rep
 - Vivitrol

Aging Prisoner Population

- MDOC is faced with a rapidly expanding older prisoner population with all the challenges involved in caring for a frail medical or frail elderly prisoner.
- Older prisoners (age 50 +) have earlier onset and higher prevalence of chronic medical conditions than non-institutionalized adults of the same age.
- Many prisoners have issues with Activities of Daily Living (ADL), dementia, and wheelchair bound. These present unique challenges within the prison setting.
- These prisoners have chronic medical conditions that result in necessary off-site treatment for acute events related to their chronic illnesses, which results in increased costs for the MDOC.

Aging Prisoner Population

- In 2013, there were 8,663 prisoners 50 and older, roughly 19% of the prison population.
- Currently, there are 9,288 prisoners in that age category, which equates to roughly 25% of the prison population.
- This population will continue to grow as 59% of the 50 and older prisoner subpopulation has not reached their Parole Eligibility Date (5,461) and an additional 28% are serving a life sentence (2,579).
- There are approximately 800 prisoners that have been identified as having life limiting medical issues.
- End of life services are available to ensure no prisoner dies alone. Similar to Hospice, currently there are 172 prisoner enrolled in the program

Hepatitis C

- Hepatitis C is more prevalent in the prison population than the public due to high-risk lifestyle choices prior to incarceration.
- The MDOC screens and tests all prisoners at intake for Hepatitis C and places them into a registry based on the advancement of the disease.
- There are 3,089 prisoners in custody with Hep C. Of those, 940 have received treatment with the direct acting antiviral therapy with a 95+% cure rate. On average there are 100 prisoners in treatment at any time. The average 8 to 12 week treatment cost is \$17,745.
- On average 9 prisoners per month are diagnosed at intake with Hepatitis C.

Pregnant Prisoner Initiatives

- Pregnant Prisoners
 - A Doula program has been launched with an outside partner to provide support to pregnant prisoners before, during and after birth.
 - Average of 9-12 pregnant prisoners at any time.
 - Prisoners receive regular prenatal care.
 - The health of pregnant women at intake varies, as many are dealing with active addictions.
 - Improved care for prisoners:
 - Family notification of birth.
 - Visit with child caregiver prior to return to prison.
 - Collaborative care consultations during pregnancy with community hospital, onsite OB/GYN, and prison healthcare team.

Infectious Disease Challenges

- Prison environments present challenges in managing outbreaks of infectious disease. Close-contact living environments increase the incidents of outbreak in prison.
- Two confirmed cases represent an outbreak and require reporting to the state health department.
- Protocols and guidelines are available at all facilities that provide guidance for staff in managing and reporting outbreaks. Outbreaks may result in restricted movement, a limit on prisoner transfers, and the temporary cancellation of public visiting.
- MDOC has an Infectious Disease Nurse that tracks the outbreaks and provides assistance to staff.
- Types of outbreaks include; influenza, scabies, gastrointestinal outbreaks, norovirus, food borne illness, lice, chicken pox, shingles, MRSA, and Hepatitis A.

Improved Efficiencies

- Pharmaceutical Management:
 - 51.6% prisoners at least one medication.
 - Formulary medications represent 94.5% of prescriptions.
 - Generic medications represent 93.4% of all orders filled.
- Secure Units:
 - MDOC operates two secure units (34 beds) within community hospitals in Jackson and Lansing for prisoners requiring inpatient services. Average length of stay in community hospitals is 5.5 days.
- Oncology Services:
 - 12 chair chemotherapy clinic began in 2018 at DWHC to provide outpatient chemo treatment on-site. Currently there are 225 active oncology patients.

Medicaid Related Projects

- Targeted Case Management Benefit:
 - Working with DHHS to establish a Medicaid benefit for returning citizens that will provide case management services to develop a care plan and service network to help offenders transition for successful reentry to the community.
- Substance Abuse Treatment Services:
 - Working with DHHS and the Prepaid Inpatient Health Plan (PIHP) to provide substance abuse services to returning citizens in accordance with Medicaid standards.
- Healthy Michigan:
 - Continue to apply for Medicaid benefits for all returning citizens. 95% are eligible.
 - Apply for Medicaid benefits for all prisoners that go inpatient as this is the only covered benefit for prisoners.

Questions?



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