

The Lack of Data Impedes Cost-Effective Health Care in Michigan Prisons

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- <https://crcmich.org/publications/lack-of-data-impedes-cost-effective-health-care-in-michigan-prisons> (Full Report)

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- Work Experience
 - '22 – present: Citizens Research Council
 - '18 – '22: LSB Research
- Policy Background
 - Health
 - Human Services
 - Education
 - Criminal Justice
- Education
 - Bachelor's, MPH, and JD from University of Michigan

The state must provide health care to
prisoners.

Obligation to Provide Care

- Constitutional prohibition on cruel and/or unusual punishment
 - Eighth Amendment, U.S. Constitution
 - Article I, Section 16, Michigan Constitution
- State laws, rules, and policies
 - Limited statutes and rules in Michigan
 - Appropriations boilerplate
 - Mostly established in MDOC policy and contract language
- Human rights and moral obligations

Obligation to the Public

- Duty to fulfil legal obligations
 - Failure to provide adequate health care to prisoners opens the state up to legal liability that could have consequences, both ethical and financial
- Duty to carry out public safety goals
 - Most prisoners will return to their communities
 - Public invested in former prisoners being healthy/productive and not reoffending
- Duty to meet obligations efficiently
 - Stewardship of public resources

Prison Health Care is Expensive

Chart 2

Total Prison Health Care Expenditures in Michigan, FY2001 to FY2021

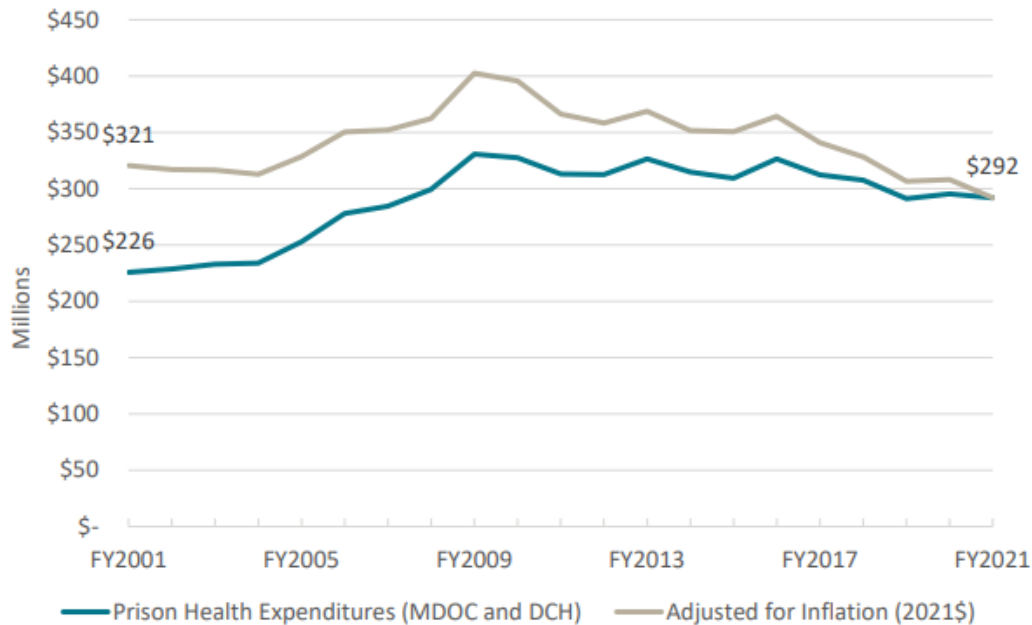
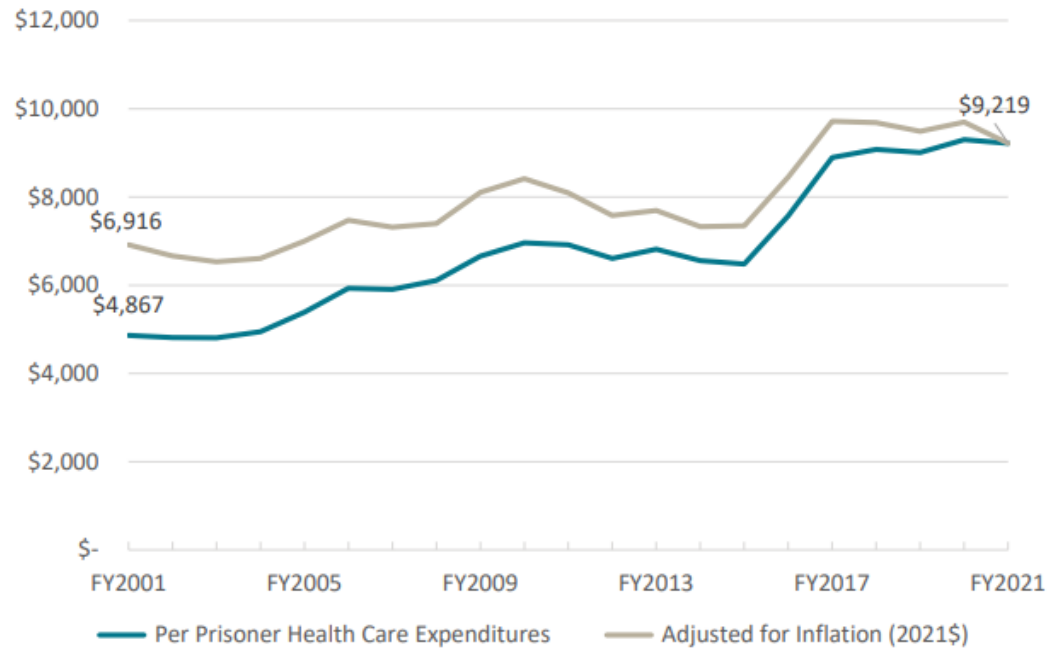


Chart 3

Per-Prisoner Health Care Expenditures in Michigan, FY2001 to FY2021



How well is the state meeting these obligations?

Is the state doing a good job carrying out this essential function?

Key Oversight Questions

- Is the state providing adequate care?
- Is the state providing care efficiently?
 - What is driving increased per-prisoner costs?
- What policy changes might be necessary to improve care and/or efficiency?

CRC's Attempt to Analyze Prison Health Care

- Reviewed public reporting from MDOC
 - Data in public reports is insufficient to answer these questions
- Contacted MDOC for additional data
 - MDOC asked for detailed set of questions, but did not provide data in response
 - MDOC later demonstrated willingness to provide information, but became clear MDOC does not have sufficient data to answer questions

The lack of data is an impediment to
cost-effective care.

More Data is Needed to Conduct Oversight

- To understand if the state is meeting its obligations, legislature needs measures of the adequacy of health care received by prisoners and how efficiently that care is delivered.
- This requires more data on:
 - Health outcomes – *How healthy are prisoners when they arrive and how does their health change while in prison?*
 - Cost of care – *What care do prisoners receive and how much does it cost?*

Data on Health Outcomes

- Health outcome data is needed to understand adequacy of care and to determine if resources are being spent efficiently
- What data you have on health outcomes is limited:
 - Solid demographic data
 - Age, sex, race/ethnicity
 - Educational level and socioeconomic status indicators would be useful
 - High-level talking points in presentations to legislature
 - Total mental health, substance abuse figures
 - Aging population
 - Pregnancy, cancer, Hep-C
 - Medication usage
 - Inferences from national survey data

Data on Health Outcomes

- What data you need on health outcomes (both upon entry and throughout time in custody):
 - Percentage of prisoners with mental health issues broken down by severity and type/diagnosis
 - Percentage of prisoners with substance abuse issues
 - Percentage of prisoners with a chronic health condition (not just Hepatitis C) broken down by severity and type/diagnosis
 - Percentage of prisoners considered over-weight/obese

Data on Cost-Drivers

- Data is needed to understand what the state is spending on these different components of health care and how they have changed over time
- Data is limited on proposed cost-drivers:
 - General increases in health sector costs
 - Mental Health
 - Substance Abuse
 - Infectious Disease
 - Preventative Care/Wellness
 - General Demand for Health Care
 - Specialty Care/In-Patient Care
 - Prescription Drugs
 - Aging Prison Population
 - Staff Shortages

Data on Cost-Drivers

Cost-Driver	Data You Have	Data You Need
General health care costs	-	<ul style="list-style-type: none"> • Analysis of cost of supplies, tests, services
Mental Health	<ul style="list-style-type: none"> • % of prisoners with mental health condition • Total spending on mental health services 	<ul style="list-style-type: none"> • Breakdown of mental health conditions upon entry and over time • Spending on mental health services by acuity/condition
Substance Abuse	-	<ul style="list-style-type: none"> • Breakdown of substance abuse conditions upon entry and over time • Spending on substance abuse services by type

Data on Cost-Drivers

Cost-Driver	Data You Have	Data You Need
Infectious Disease	<ul style="list-style-type: none">Prevalence of Hep-C	<ul style="list-style-type: none">Breakdown of prevalence of different infectious diseasesSpending on treatment of infectious disease by type
Preventative Care/Wellness	-	<ul style="list-style-type: none">Spending on preventative careWellness exams and primary care visits per year
General Demand for Health Care	-	<ul style="list-style-type: none">Overall metrics on the visits and services received across all categories (not just spending)

Data on Cost-Drivers

Cost-Driver	Data You Have	Data You Need
Specialty Care/In-Patient Care	<ul style="list-style-type: none"> • Outpatient visits • In-patient hospital days • ER visits 	<ul style="list-style-type: none"> • Reasons for visits • Total and per-visit costs • % of prisoners utilizing these services
Prescription Drugs	-	<ul style="list-style-type: none"> • Number of prisoners prescribed medication • Total and per-unit costs
Aging Prisoners	<ul style="list-style-type: none"> • Age breakdown of prisoners 	<ul style="list-style-type: none"> • Health care costs associated with each age group • Service breakdown by age group
Staff Shortages	<ul style="list-style-type: none"> • Shortages by type of health professional 	<ul style="list-style-type: none"> • Impact of shortages, such as delays in care

The legislature should mandate more data collection and reporting.

Existing Data is Lacking

- Presently, policymakers and the public do not have the information necessary to evaluate whether the existing prisoner health care system is fulfilling its responsibility to those both in and out of prison to be good stewards of public money and create high-functioning institutions that serve society.
- The state invests a very significant amount in health care in prisons and there is a limited ability for anyone to measure the return on that investment, both in human and financial terms.

Permanent Requirement is Needed

- Policymakers, the public, and MDOC need more data to properly evaluate health care in Michigan prisons.
- Establishing an ongoing requirement through statute will ensure consistent tracking and reporting over time.
- MDOC's history of changing software and contract providers makes this more necessary, as the potential to lose access to old data is real concern.

Citizens Research Council of Michigan

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