

Michigan Department of Corrections Responses to Public Comments

Family Advisory Board Meeting October 15, 2024

Question/Concern: The visiting room at G. Robert Cotton Correctional Facility may not be fully utilizing the available space, as visits will show as “full” online, but routinely are not full in person.

Answer: Each facility has a set number of visiting tables that can be reserved for visits. This number differs by facility based on the size of the visiting room and fire code maximum occupancy. If individuals cancel their visit within 48 hours of occurring, or do not arrive for their visit, tables will be empty in the visiting room, as there is not time for new visits to be scheduled. The only time the MDOC would reserve a table in advance making it unavailable for a family visit is if a professional visitor (attorney, DHHS, clergy, etc.) has contacted the facility to request to meet with an individual at that time. All other tables are available in the visit scheduling system until they are filled by individuals/groups signing up for visits. It is important that if visitors schedule a visit, but realize they cannot attend, that they cancel the visit as soon as possible, as if it is done more than 48 hours from the visit, someone else will be able to utilize that visiting time. The MDOC is discussing potential enhancements to the current visiting system with the vendor who provides this service to determine if additional features can be added to reduce incidences of unused visiting slots.

Questions/concern: Concerns were raised about utilizing Prisoner Benefit Fund (PBF) funds to support the transportation pilot.

Answer: This feedback is acknowledged by the Family Advisory Board. The transportation project is a proposed pilot that is still being refined. One goal of the project is to support family connections for those that may not be able to afford to visit their loved one due to cost or transportation challenges, which is why it was suggested that a portion of the cost could potentially be supported by PBF's. This proposal has not been approved at this time but continues to be under discussion by the Board.

Question/Concern: Photos are continuing to disappear from JPay accounts, with no warning or reason. In some cases, it appears that when a family member sends electronic stamps to their incarcerated loved one, the stamps cannot be used.

Answer: There are intermittent issues with e-stamps not working for reply emails. It does not appear to be impacting all JPay users, but the issue has been brought to the attention of JPay with the request that it be fixed. The vendor has also identified potential issues with photos disappearing from accounts and is working on a fix, which is projected to be implemented the first week of February. The MDOC continues to monitor this problem and the prospective fix.

Question/Concern: Several concerns were voiced about the change in vending services and the impact it has had on prices, selection, quality, machines not being routinely filled, etc.

Answer: The MDOC is aware of the issues with vending during the transition period to the new contract. The Department continues to work with the vendor to address these challenges with the goal of improving service for the remainder of the contract. The vending contract is a statewide, multi-departmental contract that was entered into by the State covering MDOC and Department of Military and Veterans Affairs sites. The contract, which was competitively bid per state procurement rules, can be viewed at [Vending Contract](#). In most cases, increased item costs reflect nationwide cost increases for prepacked food. The Department has worked with the vendors to increase the frequency that machines are filled, including on weekends. The MDOC has also worked with the contractor to ensure non-food supplies are more readily available at the facilities. There are several other issues that the MDOC continues to address with the vendor.

Question/Concern: Information about Vending Charges Under the New Contract Where does the \$5 charge for the new vending card go?

Answer: The amount currently charged to obtain a vending card is being retained by the vending company. These funds do not go to the Prisoner Benefit Fund or MDOC. What commissions are charged under the vending contract and who receives those funds?
Response - Vending machines in visiting rooms or prisoner housing units (not applicable to all facilities) charge a 15% commission on all items. That commission is credited to that facility's Prisoner Benefit Fund, which is used for recreational equipment, cable, special fundraisers, and other leisure expenditures for the prisoner population. Vending machines in staff areas as well as the main lobbies charge a 15% commission on all items. This commission is credited to the facility's employee engagement club or if the facility lacks a club, directly to the facility for staff activities. Please note that certain facilities in the Upper Peninsula do not collect a commission on vending machine items.

Question/Concern: Photo Tickets - There are regular issues with the photo ticket machine at the Macomb Correctional Facility. Photo ticket prices have increased at several sites,

including Macomb. The Handlon Correctional Facility continues to charge for two photo tickets when other facilities only charge for one to receive two photos.

Answer: The MDOC has determined that the vending contractor unilaterally raised the price of photo tickets at several sites, even though those prices are determined by the MDOC and not the vendor. The Department has implemented a standard photo ticket price of \$2.50 for all facilities. This new price will take effect in February and will cover two photo prints.

Question/Concern: Certain facilities (Macomb and Cooper Street were raised in public comments) consistently start visitor processing at the listed visiting time start, resulting in all groups being delayed in entering the visiting room. While the facilities will often try to honor the time based on when someone enters the visiting room, it is problematic if most groups do not start near the listed time, despite arriving on time to the facility.

Answer: The Correctional Facility's Administration spoke with all facilities, including the facilities mentioned in public comments to ensure that they start visitor processing with the goal of having initial groups enter at the scheduled visiting time. When visits do not start on time through no fault of the visiting parties, facilities will attempt to offer a full two-hour visit if operationally feasible. This will remain a focus for facilities and additional MDOC representatives will participate in future FAB monthly meetings to receive direct feedback on issues at specific facilities to follow-up on those concerns.

Question/Concern: The visiting experience remains inconsistent and unsupportive of family reunification. There is a lack of available visiting times at several facilities. Even if families "maximize" their visits under policy, their total visiting remains far lower than in 2019 (pre-COVID) when visits were not set at 2 hours for all visits. Rooms are not being filled compared to before, meaning fewer unique groups are allowed to visit at each time. The visiting experience is failing to provide adequate connections between incarcerated individuals and their loved ones.

Answer: All facilities have been directed to compare their current visiting schedule to their visiting schedule in 2019, as well as their visiting room maximum occupancies.

Adjustments will be made to visiting schedules at individual facilities to better match the 2019 visiting schedules. The MDOC is reviewing other changes to the visiting process that could allow for more efficient visiting operations and the potential for increased time between incarcerated loved ones and their families. Prior to COVID, visiting durations were longer, but there were other rules in place, such as limitations on weekend visits that allowed for visits to be spread more evenly throughout the week to limit incidences of visiting room overcrowding. Overcrowding still happened, however, resulting in families

who had traveled to the facilities having their visits cut short. The use of scheduled visits was designed to avoid this problem, while maximizing the number of individuals who could receive visits each week. The MDOC recognizes that this process should continue to be the subject of discussion to balance the opportunity for as many individuals to receive visits as possible with the quality of the visits that result.

Question/Concern: Families are concerned about the loss of personal property during transfers or placement in segregation, as the loss of property means more costs for families to support their loved ones. Existing processes through the State Administrative Board are ineffective for families and their loved ones, as the required documentation and processes result in most individuals not receiving reimbursement for lost or damaged property.

Answer: The MDOC is making the handling of property a focus to reduce incidences of lost or misplaced property. This is being reiterated for all facilities. The State Administrative Board process is established in state law, so while the MDOC plays a key role in reviewing claims made for lost property, the standards for these claims are not solely determined by the MDOC. It is important that individuals retain documentation, such as receipts, as evidence of loss is required for every claim made to the State Administrative Board.

Question/Concern: What constitutes a “mental health facility” within the MDOC?

Answer: The MDOC offers mental health services at several different levels of care. The most common is “outpatient”, which allows for individuals to live in general population, but receive mental health services and prescriptions. Many of the MDOC’s facilities carry the “outpatient” designation allowing for this level of care. Higher levels of care include the Residential Treatment Program (RTP), which has mental health staff located directly in the housing units and Adaptive Skills Residential Program (ASRP), which has mental health and other specialized staff in the unit. RTP level of care is available at Gus Harrison, Macomb, St. Louis, and Handlon Correctional Facilities, while ASRP is available at St. Louis and Handlon Correctional Facilities. Please note that these facilities have other units, including general population units. The Woodland Correctional Facility provides the highest level of care to those with significant mental health needs. This is a specialized facility with intensive mental health staffing. The Women’s Huron Valley Correctional Facility provides all levels of mental health care to those housed there.

Question/Concern: When will Body Cameras be in place at all facilities? Who will families contact if they believe video captured something showing policy is not being followed or staff have acted inappropriately?

Answer: Body worn cameras are now in use by all staff in at several facilities and supervisory staff at other facilities that are in the roll out process. Facilities are making the necessary data upgrades and beginning to take delivery of devices based on the roll out plan. The MDOC is currently projecting that cameras will be deployed to all facilities by the summer of 2025. Incarcerated individuals who believe that video may have captured a violation of MDOC policy should immediately notify supervisory staff at the facility by completing and submitting form CSJ-881 (CSJ-881 PRISONER REPORT OF INCIDENT REQUIRING BODY WORN CAMERA FOOTAGE). Members of the public may call the facility to request that video be retained. Passively recorded video, when the camera is on but hasn't been activated to record a qualifying event is retained for only a limited period of time, so it is important that notification of a possible violation be made immediately (same day) to the facility.

Question/Concern: How has the Michigan Department of Corrections utilized Opioid Settlement Funds?

Answer: The Department has focused on utilizing settlement funds on direct services to those impacted by the opioid crisis. Specifically, funding has been directed toward Medication Assisted Treatment, with Naltrexone available at all MDOC prisons and Buprenorphine available at half of the MDOC's facilities currently. MAT services will continue to expand in the future. The Department currently receives roughly \$2.5m per year in Opioid Settlement Funds to support this work, as well as a larger direct appropriation for MAT that was previously secured through negotiations with the Legislature. In the community, the MDOC has worked with several community partners who have tried to secure Opioid Settlement Funds. The MDOC continues to prioritize direct support for impacted populations, including the use of MAT and peer recovery supports.

Question/Concern: How does the MDOC ensure that its healthcare contractor is actively working to fill positions?

Answer: The MDOC regularly meets with the healthcare contractor to discuss staffing. The contract must provide a monthly report to the MDOC covering all staffing vacancies. Depending on the position type, the contractor must credit the MDOC for the cost of the vacant position (reducing the final payment from the State to the contractor) based on the contract terms. This creates a direct financial disincentive for the contractor to not fill positions, as they pay a financial penalty for vacancies, rather than simply reducing their costs.

Question/Concern: The responses to the April meeting took too long for the MDOC to produce and were not substantive enough. Responses via the FAB process have been inconsistent.

Answer: The MDOC acknowledges that the initial responses to the April meeting took too long to publicly release and has strived to release answers to the October meeting more promptly. This is a new process for the MDOC and the MDOC takes this feedback seriously, which requires time for internal discussion, information gathering, and the preparation of a response. Efforts have been made to streamline responses. The Family Advisory Board is also working to provide more prompt responses to concerns raised by members of the public between meetings. Please note, however, that the Advisory Board's role is focused on a limited number of topics as prescribed by the law, so not all concerns raised with the Board can be addressed by the body. The Board's enabling legislation can be found at Family Advisory Board Law.

Question/Concern: Some families continue to feel that visitor restrictions should not be used in response to substance abuse misconducts. While the policy is being updated, why isn't the use of visiting restrictions being ended for all substance abuse misconducts?

Answer: The Department has reviewed this issue and determined that updates to the visiting restriction policy were warranted but does not agree that the use of visiting restrictions should be ended for all substance abuse misconducts. The visiting policy, including when visiting restrictions will and will not be utilized, was updated in December. Most individuals in MDOC facilities would like to reside in a drug free environment. As a result, there must be clear standards and consequences for those that introduce, sell, or use illicit substances in prison. For those caught introducing drugs, whether visitors, staff, or others, the MDOC will seek criminal prosecution. For those found selling or using drugs in prison, the Department will utilize available programming and responses, including visiting restrictions that reinforce that the introduction and use of drugs in the facilities will not be allowed. The Department updated the visiting policy to clarify that substance abuse misconducts related to alcohol will no longer result in visiting restrictions. In addition, if a person receives two or more other substance abuse misconducts in a three-year period, which will result in a visiting restriction, the restriction will now impact only in-person visits and will not impact video visits, so families can maintain a visual connection with their loved one. In most cases, an individual subject to a visiting restriction for substance use will be able to have their visits restored after 12 months.