Minimum Standards for the Michigan Prisoner ReEntry Initiative (MPRI):

Required by the Legislature pursuant to Section 406.1-2 in the FY2009 appropriations law

Introduction

The following is a status report on the development of minimum standards for the Michigan Prisoner ReEntry Initiative (MPRI) as required by the Fiscal Year 2009 appropriations law. These requirements from the Legislature pertaining to standards are found in Section 406.1 and 406.2 and state as follows:

Sec. 406 (1) By March 1, 2009, the department shall report to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, and the state budget director on the standards developed under 2007 PA 124, including all of the following:

- *(a) The acceptable range or ranges for administrative costs*
- *(b) How local program results are to be reported and quantified*
- *(c) The acceptable range or ranges for per-participant expenditures*
- *(d) Procedures for referral and follow up by the department on the status of referrals to substance abuse treatment, health care, and mental health treatment*
- *(e) Any other standards determined by the department to be consistent with good management practices and optimum program results*

(2) The report required under subsection (1) shall include information explaining how each standard is being implemented.

The Michigan Department of Corrections and our local partners continue to move MPRI from statewide status to "scale" in Fiscal Year 2010 so that no later than October 1, 2009 every prisoner who enters the system will have the benefit of the MPRI Model. Our goal is that by January 1, 2011 the Initiative will cease to exist as a project and will simply be the way we do business. In order for the Model to be fully implemented, MDOC has engaged in a process to interpret the Model for all of our policies, procedures, programs and funding streams and have a clear and productive line of communication from the top of our agency to the field where much of the work of prisoner re-entry takes place. Additionally, MDOC is currently dedicating significant resources with our partner departments (Department of Labor and Economic Growth, Department of Education, Department of Community Health, Department of Human Services) so that they too can become clear on how to use their resources, policies, and practices to take MPRI up-to-scale within their departments.

Our challenge is to simultaneously change the way we do business to achieve the mission of MPRI, while assuring that every new process is accountable and effective as required in the FY2008 appropriations law. As the Office of Offender ReEntry (OOR) and our partners work to take MPRI up-to-scale, we have engaged in a continual, stringent process of quality assurance. Because of our commitment to continual quality improvement, OOR regularly improves the policies, procedures, and standards of MPRI and makes modifications as necessary to increase its accountability and effectiveness.

MPRI Minimum Standards

Minimum standard for the acceptable range of administrative costs: 10-20% of the total cost of the contract.

Implementation of the Standard

As each contract is renewed during FY2009, the administrative fee is set at 10% for all re-entry related contracts. Exceptions to this standard are made if the contractor's justification is adequate and results in additional resources to enhance public safety.

Minimum standard for reporting program results: Local program results are reported and quantified monthly using an OMNI-compatible spreadsheet (Attachment A) that codes the MPRI-funded services delivered to each offender.

Implementation of the Standard
MDOC has continued to work with local partners to refine the quality of data captured in the MPRI Data Collection Spreadsheet. From the initial design of the spreadsheet, the intention of the spreadsheet was to be a preliminary mechanism to collect data until OMNI was web-enabled and local partners could use the OMNI interface as a case management tool, and managers and administrators could use the data collected to assess local program performance. MDOC has been working with the Department of Information Technology (MDIT) to web-enable OMNI for the last two years; however, barriers continue to persist to prevent the completion of this task. Once OMNI is web-enabled and partners are trained, the quality of data available to assess local program results will improve, and MPRI will become a data-driven system because it will possess the ability to "self-correct" as additional data is made available in real-time.

Minimum standards for the acceptable range of per-participant expenditures: Because services are delivered through a tailored plan based on the risk and needs for each individual offender, the minimum standard for the range of costs for services per participant is $0.00 - $20,000.

Implementation of the Standard
One way to track the costs of MPRI is by calculating the average cost per MPRI participant. Currently, the average cost for standard MPRI participants is approximately $2,000. For offenders with mental illness participating in the MPRI Mental Health Demonstration Project, the average cost per participant is approximately $7,000.

Currently, parolees without health insurance are referred to public health agencies to access the healthcare resources that are available to all other indigent community members. While parole agents take the lead in making these referrals, MDOC does not currently provide specific, dedicated funding for returning prisoners to manage their healthcare needs, and often parolees are left to coordinate and fund their own care. MDOC will expand on this minimum standard so that parolees have greater access to healthcare to meet their often chronic medical needs.

Through the MPRI, MDOC has been piloting a re-entry healthcare program in partnership with the Muskegon Community Health Project (MCHP). The purpose of this pilot is to develop the referral and aftercare processes associated with establishing a medical care network for parolees with severe and chronic medical conditions through centralized administration in collaboration with local partners.

In August 2007, MDOC expanded this project to include a dozen medically fragile prisoners that were returning home to all parts of Michigan to examine the expansion of this preliminary system and test its statewide infrastructure. While the average per-participant cost is high (approximately $18,000/offender), the cost of community-based care is significantly less expensive than providing care during incarceration. This project will be expanded statewide in 2009 based on what was learned during the pilot project.

Minimum standard for referrals to substance abuse treatment: Access to MDOC funded residential substance abuse treatment programs is restricted to cases for which such treatment has been pre-approved by the Substance Abuse Services section (SAS). If SAS determines that residential substance abuse treatment is not justified, the offender is then referred to outpatient or other available alternatives.

Implementation of the Standard
Both the Field Operations Administration and the Office of Offender ReEntry have described this referral process in a memorandum that has been distributed statewide to ensure consistency. This memorandum is included as Attachment B.

Minimum standard for referrals to mental health treatment: The Parole Board refers prisoners with mental illness diagnoses into the MPRI Mental Health ReEntry Project. Once placed in the program, an extensive community-based aftercare plan is reviewed by the parole board and if approved, the prisoner is granted a parole.

Implementation of the Standard
Key steps in the referral process include the following:

- During the Parole Board interview, Board members determine that the prisoner with a mental illness diagnosis could be suitable for parole if the Board could be reasonably assured that the prisoner would receive the necessary treatment and supportive services. Board members can refer a prisoner to the Mental Health ReEntry Project by deferring a parole decision pending the development of a detailed Transition Accountability Plan (TAP) that describes the aftercare plans for the prisoner.

- The prisoner is then transferred to a designated correctional facility where the Transition Team, which includes members of his or her institutional treatment team and staff from Lifeways (the case management agency) develop the TAP including provisions for suitable residential placement, medication and other mental health treatment, and necessary supportive services.

- Upon completion, the TAP is forwarded to the Parole Board for its consideration. If the Board finds the Plan to be suitable, members may then vote to order a parole. If the Board is not satisfied with the Plan, members may vote to issue a continuance in which case the prisoner continues to serve his or her sentence in prison.

- If a parole is issued, then Lifeways continues to work with the prisoner and his or her community-based Transition Team, including the supervising parole agent, to ensure that provisions of the Plan are fully implemented immediately upon the prisoner's release to the community.

Minimum standard for referrals to healthcare for medically fragile offenders: As stated above (page 2), currently, the minimum standard for parolees without health insurance is to be referred to public health agencies to access the healthcare resources that are available to all other indigent community members.

Implementation of the Standard
As stated above, the purpose of the Medically Fragile ReEntry Project is to provide targeted case management services for medically fragile individuals upon their release into the community. In 2009, MDOC will issue an RFP to expand this project statewide. This program is intended to reduce the number of medically fragile prisoners past their earliest release dates (ERD) by establishing services allowing them to be safely released to the community where their healthcare needs and public safety restrictions can be addressed. Often when a prisoner is released with these healthcare needs, he or she is eligible for Medicaid which, coupled with funding for community health care under this project, forms the funding base for the Medically Fragile ReEntry Project.

ATTACHMENTS (2)

Attachment A: Local Data Collection Spreadsheet

The following describes the fields that are currently part of the MPRI Data Collection Spreadsheet that local sites use to report program results.

- **Offender Name:** Field is automatically populated with an offender's name when an MDOC # is entered.

- **MDOC #:** Field for an offender's 6-digit identification number.

- **Date of Birth:** Optional field provided to sites.

- **Parole Date:** Optional field provided to sites.

- **Service Group:** Field consists of a drop down menu in which to specify an offender's service group. Choices are as follows: CRP, IRU, Max Out, MPRI, Parolee Increased Risk, TRV/IDRP

- **County**: Refers to the County in which the offender is being supervised.

- **Program Name:** Name of the service provider. Provider Names are presented in a drop down menu format. Providers are linked to the county selected in the prior field.

- **Program Type:** Refers to the area of service. Program Types are presented in a drop down menu format and are linked to specific program names. Examples: Employment, Shelter/Residential, Mental Health/Counseling, Substance Abuse Treatment, etc.

- **Service Type:** Describes the type of service being provided. Service Types are presented in a drop down menu format and are linked to Program Type. I.e., Program Type of Shelter/Residential – Service Types would include: Transitional Housing, Supportive Housing, Commercial Placement, Housing Assistance/Payment, etc.

- **Referral Date:** Initial date when an offender was referred to a provider.

- **Enrollment Date:** Date when a service began and/or was received.

- **Termination Date:** Date when a service was completed and/or terminated.

- **Termination Reason:** Field that contains a drop down menu of possible termination reasons. I.e., Absconded From Program, Absconded From Supervision, Death, Discharged from Supervision, Medically Ineligible, Poor Attendance, Refused to Participate, Successful Completion, etc.

- **Other:** Open field provided to sites for miscellaneous notes

ATTACHMENT B

Number: **2009-32**
Effective Date: **01/01/08**

FOA MEMORANDUM

TO: **All Field Staff**

FROM: **John S. Rubitschun, Deputy Director**
Field Operations Administration

SUBJECT: **Referrals to Residential Substance Abuse Treatment and Transitional Housing**

Supercedes: ***FOA Memorandum 2005-01 (Effective 11/21/07)***

Access to MDOC funded residential substance abuse treatment programs is restricted to those cases for which such treatment has been pre-approved by the Substance Abuse Section (SAS). If SAS determines that residential substance abuse treatment is not justified, the offender shall be referred to outpatient or other available alternatives.

Residential substance abuse treatment programs that receive Office of Community Corrections (OCC) funding will not be managed under this system. Field agents should continue to access OCC programs as established by local guidelines.

Referrals to MDOC funded residential substance abuse treatment, Domiciliary Intensive Outpatient Program (DIOP) OR SAS Transitional Housing shall be documented in case notes and in the Transition Accountability Plan (TAP). Referrals are completed as follows:

- The supervising or referring agent shall complete the CFJ-306 in OMNI within Reports/Offender Booking Reports and then direct an e-mail to MDOC-OSAS@michigan.gov as notification of the referral. The subject line of the e-mail shall be "Referral" followed by the offender's name and MDOC number. Due to confidentiality laws, it is imperative that the referring agent forwards the CFJ-306 to the appropriate e-mail address as identified above.

  Note: The CFJ-306 must be completed in OMNI before a referral is made. If e-mail is unavailable, the supervising agent shall fax notification of the referral to SAS at (517) 241-8490, using the subject information as noted above.

- SAS is responsible for screening all referrals to MDOC funded residential substance abuse treatment programs while reviewing the CFJ-306 and offender case notes in OMNI. For those offenders who carry the MPRI designation, SAS will review the goals and tasks in the TAP. To be eligible for services the TAP must include goal and a task for housing or residential treatment.

Note: In order to guarantee availability of accurate screening data, the supervising agent shall ensure that offender information recorded in OMNI (e.g., case notes, SA test results, employment, residence, previous treatment, etc.) and the TAP is complete and up-to-date. This includes but is not limited to all tabs within Assessment/Case Planning, Offender Details and the Needs and Goals contained within the TAP.

- SAS staff will contact the supervising and/or referring agent once the screening is complete and will advise whether residential substance abuse treatment, DIOP, or SAS Transitional Housing is approved. If approved, SAS will provide the program referral information including treatment location, contact person, date and time of entry via e-mail. If residential substance abuse treatment, DIOP or SAS Transitional Housing is denied, SAS will provide the reason(s) for denial to the supervising and referring agent if applicable.

- As part of the MPRI process to address gaps in service capacity for parolees in need of residential treatment and/or transitional housing, Program Services Unit (PSU) staff within SAS will review referrals that were denied due to lack of existing financial resources. Referrals that were denied will be considered for placement with a provider (residential or transitional housing) only for those parolees designated to obtain MPRI services. Placements will only occur for those MPRI parolees who have a completed TAP which identifies the Need and a requested Task.

- The supervising agent shall document the SAS response in case notes and in the TAP within the Task field area ensuring the offender is either instructed to enter residential substance abuse treatment, transitional housing (as provided in the SAS program referral information) or referred for outpatient or other available alternatives. This includes processing the request to the Parole Board for added special conditions as needed. Supervising agents shall coordinate transportation to residential and transitional housing locations.

- Immediately upon receiving SAS approval for placement in residential substance abuse treatment, the supervising agent shall record the referral in the OMNI Offender Referral tab of Contract Management/Offender Referral Maintenance and create the CFJ-140 in OMNI within the Reports/Program Assignment Report. Agents shall also update the TAP within the Task field area.

SAS will assess for residential treatment placement and prioritize those placements based on established risk factors. Offenders that pose a significant risk to the public shall receive priority for residential treatment placement. Priority for the residential placement is based on the following criteria in identifying significant risk:

1. Offender type (i.e., prisoner, parolee or probationer)
2. The nature of the offense for which the offender is currently serving.
3. MDOC assault risk factors or COMPAS scores
4. Type of drug abused (e.g. alcohol, heroine)
5. Substance use or abuse that is indicative of the need of substance abuse treatment in a residential setting in order to stabilize the offender (e.g., the offender is unable to maintain employment, has been evicted from their home placement or has been arrested regarding alleged criminal activity)
6. Prior residential treatment failures
7. Documented Need within TAP is required on all cases but will be applied only for those referrals initially denied but meet criteria above

Examples of offenders that could receive priority:

1. Parolees serving for identified sex offenses
2. Parolees convicted of OUIL 3rd
3. Parolees with a MDOC assault screen of very high or high
4. Parolees with a COMPAS score of 8 to 10 on the violence and recidivism scales
5. Parolees with significant mental health history
6. Pregnant women
7. CRP prisoners

For offenders in need of emergency placement (i.e., an offender needing same-day placement due to medical needs or local detention limitations, etc.), the supervising agent or referring agent, when applicable; shall complete the CFJ-306 in OMNI within Reports/Offender Booking Reports and then telephone SAS at (866) 672-3800 to advise of the emergency referral. The remainder of the referral process shall be completed as indicated above. Note: If the need for emergency placement occurs when the agent does not have access to OMNI, SAS staff will complete the CFJ-306 in OMNI based on information provided during the telephone referral.

Once an offender is admitted into residential treatment, SAS staff will monitor the offender's treatment. While an offender is in residential treatment, the supervising agent shall establish the offender's appropriate supervision level at "CRP - Residential Drug Treatment" or "Parole Minimum Administrative" or "Probation Minimum Administrative".

SAS will make every attempt to advise the supervising agent/supervisor of the offender's estimated discharge date no later than two weeks prior to that date. The supervising agent shall ensure appropriate placement for offender success is arranged for all parolees but by coordinating with representatives from the MPRI Transition Team for all MPRI parolees. Supervising agents shall also ensure that reporting instructions are provided to the offender prior to release from treatment and documented in case notes.

Upon discharge or termination from residential treatment or transitional housing, the supervising agent shall immediately terminate the program referral in the OMNI Referral Termination tab in Contract Management/Offender Referral Maintenance as well as update the TAP within the Task area while also establishing the offender's appropriate supervision level.

DKS/TLC/CT:11/07