Corrections spending proposals reflect major policy choices: *Examining the consequences*

Executive summary

Spending decisions are inevitably policy decisions. What gets cut, what gets preserved and the extent to which resources are shifted from one area to another reveal decision-makers' policy priorities. Efforts to at least contain, if not reduce, the $2 billion budget of the Michigan Department of Corrections have produced many such choices, ranging from staff reductions to new limits on prisoner food and clothing.

This paper examines five of the policy choices reflected in the budgets proposed for Corrections for FY 15 by the Executive, the House and the Senate.

1. **Housing MDOC prisoners in jail beds leased from counties**

   More than 300 low security prisoners are being housed in a dozen different county jails at a cost of $35 each per day. The actual cost savings for the MDOC are undetermined. Prisoners may spend as much as two years in high security facilities designed for much shorter stays. Jails are far more restrictive than a Level I prison and the people sent there have far less access to family, programs designed to improve chances for success after release, medical care, law libraries and personal property.

   The Executive budget proposal seeks increased funding for these beds. This choice runs counter to the commitment to rehabilitation and successful reentry, blurs the lines between county jails and state prisons, and could result in expensive litigation.

2. **Capping the number of MDOC beds**

   The MDOC currently houses 43,500 prisoners. Senate Bill 909 would limit the number of prisoners in MDOC facilities to 38,000. However, SB 909 would **not** limit the actual prisoner population. Any prisoners over 38,000 would have to be placed in other secure facilities, such as county jails, privately owned prisons or closed Michigan prisons leased for operation by a private company.

   SB 909 is fueling the debate about controlling corrections spending. But it provides no guidance to the MDOC about the steps it should take, sets no realistic deadlines and cannot guarantee any significant savings. Above all, it does not promote effective strategies for safely reducing the total prison population.

3. **Incarcerating parolees whose paroles have not been revoked**

   Parolees are constitutionally entitled to certain basic due process protections before they are taken out of the community for technical parole violations and re-incarcerated. The current residential reentry program, which places these alleged parole violators back into MDOC facilities for as much as four months without revoking their paroles, skirts these procedural requirements.

   The conditions of custody and the lack of programming indicate that what the MDOC calls a "reentry refresher" is, in actuality, a shorter version of parole revocation.

In addition, operating the former Ryan Correctional Facility, now called the Detroit Reentry Center, as a Level II prison while housing primarily people who are nominally parolees is both confusing and expensive. Among these "parolees" are people who have been granted parole but are not being released because they have been unable to complete a required program.

4. **Spending less on community-based programs, most notably prisoner re-entry**

   There is widespread concern about the extent to which prison beds are filled with parolees and probationers who have failed on community supervision. Nonetheless, spending on community-based programs for probationers and parolees has declined by more than a third since 2011.

   The largest portion of the decline is a 52 percent reduction in funding for prisoner reentry — even though reentry is given credit for much of the improvement in recidivism. Questions arise from the fact that over a five year period $26.8 million was transferred to other budget lines and $8.1 was allowed to lapse.

   In addition to the reduction in reentry funding, the budget reflects a shift in spending from local service providers to in-prison programs. Funding for community corrections, residential substance abuse treatment and other community programs have also been cut. These changes bear close examination. Effective delivery of these programs is critical to both public safety and reducing the prisoner population.

5. **Caring for high-cost, low-risk elderly and/or medically fragile prisoners**

   The legacy of decades of "tough on crime" sentencing and parole policies is a growing number of prisoners over 50. The greater medical needs of aging prisoners contribute substantially to corrections health care costs. People who are elderly, medically fragile or terminally ill are the lowest risk, most expensive prisoners to incarcerate. If paroled or otherwise cared for outside of a correctional facility, their costs of care may be covered by Medicaid or other benefit sources.

   Addressing the cost of medical care for prisoners who may have committed serious offenses presents complex policy issues. The options depend on the prisoner's health, his or her parole status, the availability of cost-effective and medically adequate alternatives, and the willingness of public officials to utilize those alternatives. The corrections budget proposed by the House includes savings from the option of transferring disabled prisoners to nursing homes in the community.

Policy choices like these raise numerous questions about the most appropriate and cost-effective use of prison beds. They also raise questions about how corrections functions and resources should be allocated between the MDOC and the counties.

The legislature should undertake careful examination of the corrections budget outside the fast-moving context of the appropriations process to ensure that spending decisions reflect the best possible corrections policies for the long-term.