

Community Access Resources Education Safety



House

C.A.R.E.S.

Task Force



FINAL REPORT

MICHIGAN HOUSE OF REPRESENTATIVES

House **C.A.R.E.S.** Task Force

Community Access Resources Education Safety

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MESSAGE FROM THE SPEAKER

When I was first elected Speaker of the House, I immediately set my priorities for the coming legislative term. Reforming our broken mental health system was at the top of that list. That is why this report exists today.

Throughout my career, I have seen firsthand the failings of our current mental health system and the consequences those failures have had on Michigan families. As a prosecutor in Genesee County, I witnessed broken families coping with the fallout of untreated issues at both crime scenes and court hearings. I watched people who knew they were troubled trying to seek help only to be turned away. And I have seen the immense burden put on every one of us in Michigan by a misdirected focus on our budget and state programs on treatment after the fact in our criminal justice system rather than on prevention and rehabilitation. This report and the legislation that will follow is our opportunity to begin realigning these priorities.

Every step in the current process can be improved, from our local delivery of services, to our understanding of developmental disabilities, to how we understand, treat and combat substance use disorders. Michiganders who are impacted by these challenges, including parents, crime victims, veterans and many others, deserve new options and smarter programs. They expect us to deliver them.

That is why I created the bipartisan House C.A.R.E.S. Task Force, focusing on Community, Access, Resources, Education, and Safety. This Task Force was committed to reviewing every single place in our local communities where vulnerable residents lacked care or resources. After five months of work, including meetings all over the state and public feedback over the web, the Task Force has proposed strong recommendations I believe will deliver real, tangible results for families in need.

Our goal, as policymakers, must be to create a state where every person feels safe, where opportunity exists for everyone, and where those struggling to cope with mental illness can get the treatment that will enable them to heal and thrive as productive members of their community. I look forward to putting the recommendations presented in this report into action so we can begin the long overdue conversation on how to best deliver help to our most vulnerable citizens.



Sincerely,

A handwritten signature in blue ink that reads "Tom Leonard". The signature is fluid and cursive, written over a white background.

State Representative Tom Leonard
Speaker of the Michigan House of Representatives

LETTER FROM THE CO-CHAIRS

Dear Michigan Residents:

We submit this report to serve as our recommendations and the conclusion of our findings through our work as co-chairs of the House C.A.R.E.S. Task Force. In developing these recommendations the Task Force members had the distinct honor to listen to people and stakeholders across communities in Michigan. From July to October, we held meetings and site visits across Michigan to learn how we can deliver meaningful solutions to change policy and eliminate barriers to address mental health in our state.

Our goal now is to craft these solutions that cross issue areas and address the many concerns we have heard these last few months. We believe this report serves as a strong foundation to start working toward supporting a better place for our citizens to live happier and healthier lives. Over the next several months it is our hope that we will continue to identify solutions that fit into the framework of this report, and we will work with the citizens of our state to provide resolution to barriers to access mental health care, enhance current services, and improve our current programs.

Whether through legislative means or policy changes, and with the help of the Task Force members and all of our legislative colleagues, it is our plan to work through each one of these recommendations. It is clear to the Task Force that there is a lot of work to be done, and it is our privilege to be in a position to help coordinate these efforts to make Michigan a place where any citizen can receive the best care and services they need to live full and normal lives.

It has been a pleasure to serve the citizens of Michigan as co-chairs of the House C.A.R.E.S. Task Force. It is our hope this bipartisan effort will produce significant results to make a difference for many generations to come. We know with the support of the Legislature and the people of Michigan, this is a possible achievement.

Finally, we want to thank Speaker Tom Leonard for his support and direction with our work, and we want to thank the members of the Task Force who have spent time gathering the quality information that it took to develop these recommendations. We also want to thank the many residents and participants who joined our meetings to educate us on how we can better serve our state's most vulnerable populations.

Respectfully yours,



A handwritten signature in blue ink that reads "Klint Kesto".

Representative Klint Kesto
Co-Chair of House C.A.R.E.S. Task Force



A handwritten signature in blue ink that reads "Hank Vaupel".

Representative Hank Vaupel
Co-Chair of House C.A.R.E.S. Task Force

TASK FORCE MEETINGS

The House C.A.R.E.S. Task Force was announced by Speaker Leonard on July 12, 2017. The bipartisan Task Force included the following members:

Representative Klint Kesto (co-chair)

Representative David LaGrand

Representative Hank Vaupel (co-chair)

Representative Dave Pagel

Representative Edward Canfield

Representative Daire Rendon

Representative Fred Durhal III

Representative Sylvia Santana

Representative Vanessa Guerra

Representative Jason Wentworth

Representative Abdullah Hammoud

Representative Mary Whiteford

Representative Robert Kosowski

Representative Robert Wittenberg

The Task Force held a series of meetings over several months where people from the local communities were able to share their experiences. The Task Force also collected numerous written comments at each of its meetings, and many more comments were submitted through the Task Force website. The summaries of these meetings can be found at www.house.mi.gov/CARES/. The meetings were held at the following locations:

- *Livingston County's EMS Building in Howell on July 31*
- *Hope Network in Grand Rapids on August 17*
- *Oakland Community Health Network in Auburn Hills on August 29*
- *House Appropriations Room Capitol Building in Lansing on September 7*
- *Team Wellness Center in Detroit on September 11*
- *Mid-Michigan Community College in Clare on September 29*

Finally, members of the Task Force went on several site-visit tours to view services and programs firsthand. The tours included all of the following locations:

- *The Livingston County Jail in Howell*
- *St. Mary's Mercy Health Hospital in Grand Rapids*
- *The Michigan Center for Forensic Psychiatry in Saline*
- *Michigan Hawthorn Center in Northville*
- *University of Michigan Medical Center for Children and Adolescents in Ann Arbor*
- *Michigan Department of Corrections Vocational Village in Ionia*

TASK FORCE MEETINGS

The Task Force's priorities were centered on improving mental health services, ensuring public safety, smarter expenditure of resources, satisfying the needs of crime victims and other vulnerable populations, preparing those who are incarcerated to safely and productively re-enter society, breaking the cycle of crime, building our workforce, and encouraging coordination of state services. Furthermore, the Task Force focused on where coordination between community programs and other state governmental programs can be improved to enhance overall care to residents while reducing duplication of services. In other words, the Task Force explored ways to tap into our existing infrastructure and encourage services to assist in breaking down barriers to consistent care.

Through the course of the meetings, tours, and written comments, a number of issues repeatedly were identified. Many of these issues have also been identified by recent commissions and committees, and in those cases, we now echo their findings and add to the Legislature's support of addressing the issues. The issues are summarized below and are taken from multiple sources, but must not be considered an exhaustive list as we will continue to work toward identifying solutions.



A bipartisan group of House legislators comes together for a CARES Task Force meeting.

PROBLEMS IDENTIFIED AND RECOMMENDED SOLUTIONS

Community Access Resources Education Safety

OPPORTUNITIES TO IMPROVE CARE

CHILDREN

Give CMH Priority to Foster Children

Children entering the foster care system are highly vulnerable to traumatic events, increasing their likelihood to develop behavioral health issues. In order to curb long-term effects as much as possible, children assigned to foster care should be given a priority in the Community Mental Health (CMH) system. A psychological evaluation for each child entering the foster care system is a useful tool for determining the best treatment and services for the child. We should also encourage more complete reporting of the child's history.

Explore a Pilot for the Sobriety Treatment and Recovery Team for Parents (START) Program

START is a child protective services program found in other states for families with substance use and child maltreatment issues. START pairs child protective services (CPS) workers trained in family engagement with family mentors using a system-of-care and team decision-making approach with families, treatment providers, and the courts. We identify the START program as a useful program to help children and families and encourage its implementation.

Provide Mental Health Training to Teachers and Counselors

Teachers and counselors should be equipped to identify and address a mental health crisis that a child might be experiencing. While it is helpful to have social workers and psychological professionals in a school, for areas that cannot afford these professionals, mental health crisis and mental health first aid training for teachers and other school staff will better serve these students. We should explore offering such training to teachers and other school staff throughout the state.

Increase Number of Psychiatric Beds for Children

It is important that we identify and address mental illnesses in the earlier stages of life. We need to find ways to increase the availability of psychiatric beds in hospitals and facilities in certain areas of the state to address the shortage and waiting lists for individuals that need services, especially children.



Dr. Laura Hirshbein, University of Michigan professor of psychiatry and medical director of adult psychiatric inpatient unit, shares her experience and recommendations during a Task Force meeting held at the Capitol.



VETERANS

Increase Support for Michigan Veterans

The Michigan Veterans Affairs Agency (MVAA) is piloting a Veterans Reentry Search Service, which looks to identify veterans in prison, jails, and courts. Once a veteran is identified, the MVAA can work with the veteran to maximize available VA services. This pilot program should be continued and expanded in order to make sure our veterans found in these vulnerable situations are given the chance to maximize the services available to them.

The MVAA is also actively working to reach veterans who are suffering from mental illness. We should provide support for the anonymous mental health screening tool and increase awareness of the tool to help veterans in need of mental health services.

Finally, we need to find ways to support our veterans at the county level when they are seeking benefits and services. Supporting local County Veteran Affairs offices to provide referrals to veterans with mental health illnesses at this first step will connect them with treatment earlier.

Encourage Opportunities to Connect Veterans to Providers

We should continue to support our current programs in Michigan that aim to connect veterans with mental health care that is provided at a reduced or free cost from a network of volunteer professionals. We should also seek new opportunities and collaborations between the state and non-profits that might enhance mental health treatment to veterans and their families.

CRIME VICTIMS

Improve Services for Victims

Many times victims of crime are lost in the system and do not receive the support, services, or resources they need to take back control of their lives and begin the process of healing. We need to increase efforts to enforce the constitutional rights of crime victims and pursue ways to better serve these individuals and give them the treatment they deserve.

Encourage the Use of Crime Victim Advocates

Crime Victim Advocates provide an invaluable service in many prosecuting attorney offices throughout the state. They respond to the emotional and physical needs of crime victims, assist primary and secondary victims of crime to stabilize their lives after victimization, assist victims to understand and participate in the criminal justice system, and provide victims of crime with a measure of safety and security. We need to ensure that professionals like Victim Advocates receive the resources, training, and funding they need to continue serving crime victims in this state.

Support Canine Advocates for Victims

Michigan needs to think about new and improved methods to protect victims' rights. The criminal justice system can be extremely overwhelming, stressful, and terrifying for victims, especially when having to testify in court against a defendant who has caused them physical or emotional harm. More and more prosecutors' offices across the state are using Canine Advocates as an additional comfort for the most vulnerable crime victims, such as child sexual/physical abuse victims. Canine Advocates provide support to crime victims by being present at interviews and court proceedings.

SERVICES

Expand the Use of “Telehealth”

“Telehealth” or “telemedicine” refers to the use of electronic information and communications technologies to link patients with health care professionals in other locations. We should expand the use of telehealth services to include services for pre-screening on inpatient units, psychiatric inpatient screening, assessments by a non-physician, and ongoing psychiatric care.

Make Services More Efficient for Patients with Mild or Moderate Mental Health Needs

Persons suffering from mild to moderate mental illness are often the ones with the least amount of resources for help. One way to help expand services for this population is to exempt CMH systems from certain legal requirements in these cases. Such requirements include extensive data collection and reporting, full psycho-social assessments, and a full person centered plan. While these requirements may be appropriate for long-term intensive services, they are not necessarily appropriate for brief, focused, office-based psychotherapy. Fulfilling these requirements artificially increases the cost and time spent to serve those with mild to moderate mental illness. Reducing these requirements would allow the CMH further use of funds and flexibility to expand its services.

Capture More Funds for Substance Abuse Services and Programs

Many individuals who need services for substance use disorders (SUD) seek help at local CMH systems. With the growing opioid problem in our state, we need to ensure that CMHs have strong financial support from the state to provide more outpatient services. Providing such services to addicts early can potentially get their addiction under control and keep them out of the corrections system.

Simplify Dispute Resolutions for Consumers and Families by Adding Mediation

Currently, the Mental Health Code prevents the use of mediation to resolve disputes involving mental health consumers until after an investigative report is completed. The Mental Health Code should be amended to allow the use of mediation as a first step in dispute resolution.

Require CMHs to Prioritize

Each CMH system should determine what constitutes the most severe forms of mental illness and emotional disorder, and based upon those determinations, the CMHs should have an established priority of services for individuals presenting with mental illnesses.



Rep. Clint Kesto, Task Force co-chair, speaks with meeting attendees at a CARES meeting.

FIRST RESPONDERS

Provide Crisis Intervention Training and Resources to Law Enforcement

We should increase access for law enforcement officers to participate in crisis intervention training (CIT), especially in service training for sheriff departments and local police departments. This can be through additional funding for the Michigan Commission on Law Enforcement Standards (MCOLES) to provide grants, or through mandating the training at the state level. At a minimum, CIT training should include information on signs and symptoms of mental illnesses, mental health treatment, co-occurring substance use disorders, and de-escalation techniques.

In addition to increasing safety in police encounters and diverting appropriate people with mental illness from the criminal justice system to mental health treatment, we need to provide the proper resources to adequately address these situations. Law enforcement professionals often spend significant time transporting or processing these cases. This added capacity pulls them off the road and away from addressing other public safety concerns. Expanded use of telehealth may also help alleviate this burden.



West Bloomfield Police Chief Michael Patton speaks to the Task Force during its Lansing meeting in the Capitol.

Encourage EMT Training to Identify and Respond to Signs and Symptoms of Mental Illness

Much like crisis intervention training, emergency medical technicians (EMT) and paramedics should have training to identify and respond appropriately to a person dealing with a mental illness. We need to find ways to encourage training for these professionals across the state.

Continue to Fund 911 Registration Programs

We should continue to support voluntary programs to allow local residents to pre-notify the police when there is a person in the residence with a special need. This allows law enforcement to be aware that there may be a person with a mental health disability on the premises when the officers respond to a call for help.

PROVIDERS OF SERVICES

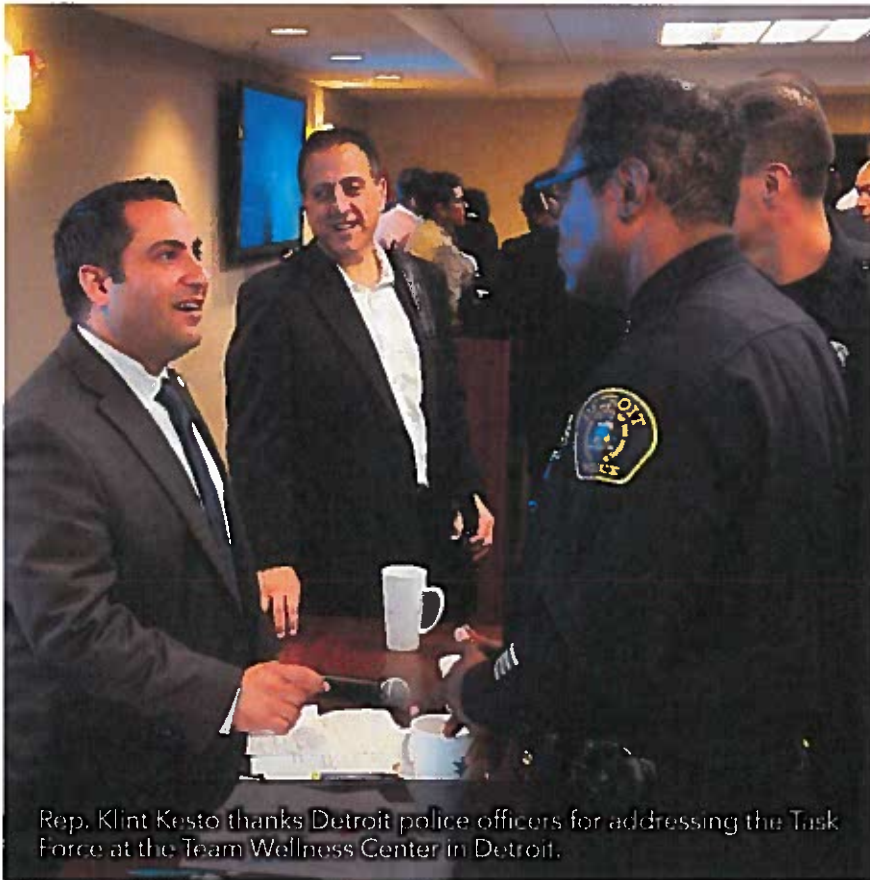
Address the Shortage of Case Managers and Social Workers

We need to find ways to address the shortage of case managers and social workers in our state. If we can increase the number of these providers, we can get more services in places where there is a need, such as schools and jails.

Provide Incentives for Mental Health Professionals to Work in Michigan

There is a limited number of mental health professionals in Michigan. Increasing the number of residencies in our state for these professionals will subsequently increase the number of providers. We should encourage GME programs in our hospitals, especially in communities where there is a shortage of providers. Additionally, we can provide incentives, such as student loan repayment programs, to mental health professionals who work in underserved areas.

In addition, civil service rules for hiring psychiatrists in state facilities have limited the Department of Health and Human Services' ability to hire and retain psychiatrists. We should revise these rules to give DHHS more latitude in recruiting and retaining these needed professionals.



Rep. Clint Kesto thanks Detroit police officers for addressing the Task Force at the Team Wellness Center in Detroit.

Implement Universal Credentialing

In Michigan, physicians must be credentialed with each Medicaid Health Plan. We have heard that implementing universal credentialing at the state level for all the health plans will ease the process for providers and make it easier for them to accept Medicaid patients throughout the state.

Streamline Recipient Rights Officers

Mental health services providers are required to have a "recipient rights officer" to ensure that patients' rights are not violated. Yet it is often inefficient and unnecessary to have a recipient rights officer at every single provider. By streamlining these officers into a regional system, we could save money without cutting into services.

LOCATION OF SERVICES

Provide Wrap-Around Services and Peer Support

We have repeatedly heard about the need for continuity of care. It is not enough to solely provide treatment or care. An individual suffering from a mental illness or SUD can hardly focus on staying healthy if they do not have proper transportation, housing, or employment. We need to remove barriers in all instances where these wrap-around services are not available, and provide affordable options for these vulnerable populations.

Additionally, we should explore other opportunities such as support services for people seeking SUD treatment. Peer recovery coaches and activity engagement can lead a person suffering with addiction toward a successful sober life. It is important that we look for ways to increase community service options, not just psychiatric beds or institutional care.

Offer More Options for Mental Health or Regional Crisis Stabilization Units

Feedback from multiple parties - including law enforcement, patients and caretakers - expressed frustration with the lack of options for persons presenting with a mental health episode, but who have not committed a crime and are ineligible for hospitalization. Mental health stabilization units or regional crisis stabilization units should be supported to provide more options for crisis intervention and stabilization for persons suffering from a mental health episode.



Rep. Hank Vaupel shakes hands with a concerned individual after a Task Force meeting in Oakland County.

Seek Collaborative Efforts to Increase Access

We should explore opportunities and collaborative efforts to develop psychiatric wards or crisis centers to house mentally ill populations in underserved areas.

Encourage Providers to Have Additional Beds for Mental Health

There is near unanimous agreement among key stakeholders about the shortage of psychiatric beds across the state (previously noted). In order to address this shortage, we need to find ways to incentivize and encourage providers to create or expand psychiatric wards. This includes the statewide need for acute care beds for psychiatric emergencies. The absence of beds increases the probability of police officers using jails as substitute mental health facilities.

Create a Database for Available Mental Health Services

Many times, when an individual has a mental health crisis or is brought to the hospital by law enforcement, there are not enough psychiatric beds available to place the individual. We should work toward developing a state database that contains information about the number and locations of available beds, and make this database accessible to facilities, providers, and law enforcement.

Create the Michigan CARES Hotline

In addition to fulfilling the need for a database, the state should have a crisis hotline for individuals who do not know where to turn for help. This hotline can refer the individual to local services or a health facility that has available providers to address their concerns.

Create Opportunities for Intermediate and Long-Term Care

Creating more opportunities for intermediate or long-term care will ensure individuals are getting the services they need. Residential options that offer treatment short of full hospitalization should be explored. Currently, many facilities that provide adult psychiatric residential services are licensed individually as adult foster care homes. The license does not fully recognize the services received by residents and limits the opportunity for private insurance coverage.

COURTS AND DIVERSION PROGRAMS

Support and Expand Michigan's Problem-Solving Courts

Michigan's problem-solving courts have been extremely successful in helping offenders get access to treatment and other support needed to address substance abuse or mental health issues. According to the State Court Administrative Office, graduates of the state's 185 drug, sobriety, mental health, and veterans courts are 2-3 times less likely to reoffend, and such programs have reduced participant unemployment by 74 percent.

We need to make sure that as many courts and judges as possible have the necessary resources and funding to ensure continued success with specialty courts. The Legislature recently passed legislation expanding the eligibility for such courts and allowing a case to be transferred to another county's court to allow for a defendant's participation in a state-certified treatment court if certain criteria are met. However, the state should continue efforts to expand participant eligibility and consider providing additional funding to counties that create new mental health, veterans, or drug specialty courts.

Expand Diversion and Deferral Programs for Veterans and Individuals with Mental Health or Substance Abuse Issues

Michigan already has problem-solving courts and diversion/deferral programs that address substance and alcohol abuse, domestic violence issues, and veterans' issues. It is essential, however, that we continue to support these options, expand defendant eligibility, encourage the development of new programs and expand program authorization. This is the best method to ensure individuals get the treatment they need while they are navigating the court systems.

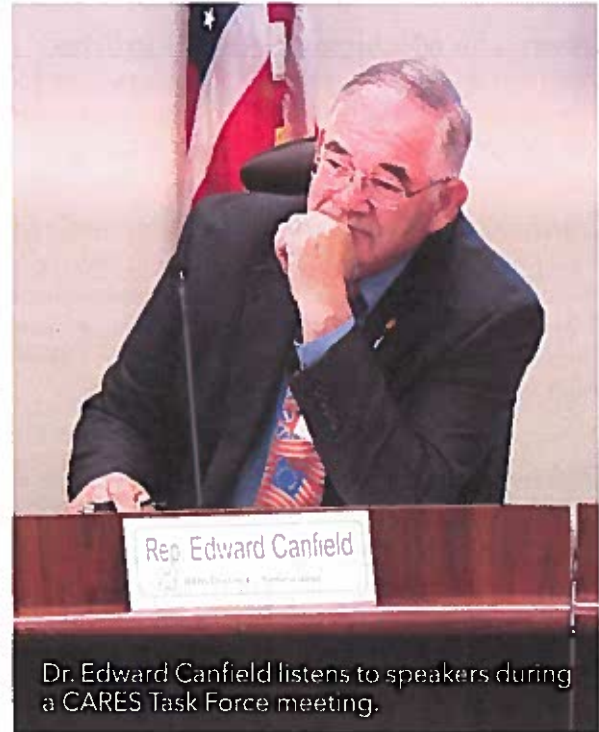


Seema Sadanandan shares her experience as managing director of state campaigns for Alliance for Safety and Justice during the Task Force's Oakland County meeting.

Authorize Prosecutorial “Restitution and Diversion” Programs

If the interest of justice can be served outside formal court proceedings, individuals should be allowed to be successfully rehabilitated through a diversion program. Several prosecuting attorneys’ offices offer diversion programs that allow offenders to bypass the usual criminal process and avoid a conviction if they abide by a set of conditions, which often includes restitution and some type of treatment. These programs increase the efficiency of the criminal justice system by reducing court caseloads, reducing jail overcrowding and by increasing the potential for collection of restitution to victims by offering offenders the opportunity to avoid a criminal record.

The Legislature should authorize and encourage these “Restitution and Diversion” programs. This will allow prosecuting attorneys to seek an alternative resolution working with victims, community corrections, parole and probation officers, community based mental health and substance abuse treatment providers and the courts to produce a disposition outside the jail or prison.



Dr. Edward Canfield listens to speakers during a CARES Task Force meeting.

PRE-TRIAL AND TRIAL PRACTICES

Reduce Pre-Trial Incarceration of Low-Risk Individuals with Substance Abuse and Mental Health Issues

In order to reform our pre-trial system to reduce pre-trial incarceration of low-risk individuals who suffer from either substance use disorders or mental illnesses, we should encourage the use of an evidence-based risk assessment tool to assess defendants and the risk of pre-trial release. This should also assess defendants to determine whether the person has a serious mental illness, co-occurring substance use disorder, or a developmental disability, and would therefore benefit from a problem-solving court, mental health services, and/or additional support in accordance with local jail diversion agreements.

Address the Backlog of Cases at State Forensic Center

Currently, there is a huge backlog of cases at the state forensic center, due in part to a shortage of available forensic staff to provide evaluations and/or treatment. Clearly, we need to adopt policies to reduce employee turnover, and hire and retain qualified staff. These efforts will ensure that those in the system are being evaluated on a timely basis, and therefore will receive the services and treatment they need.

Increase Judicial Discretion in Sentencing for Veterans

Post-Traumatic Stress Disorder (PTSD) affects many of our veterans and their daily lives. Courts should have the ability to take a veteran’s PTSD into consideration while sentencing in all cases. Additionally, the use of veteran specialty courts should be expanded in our state.

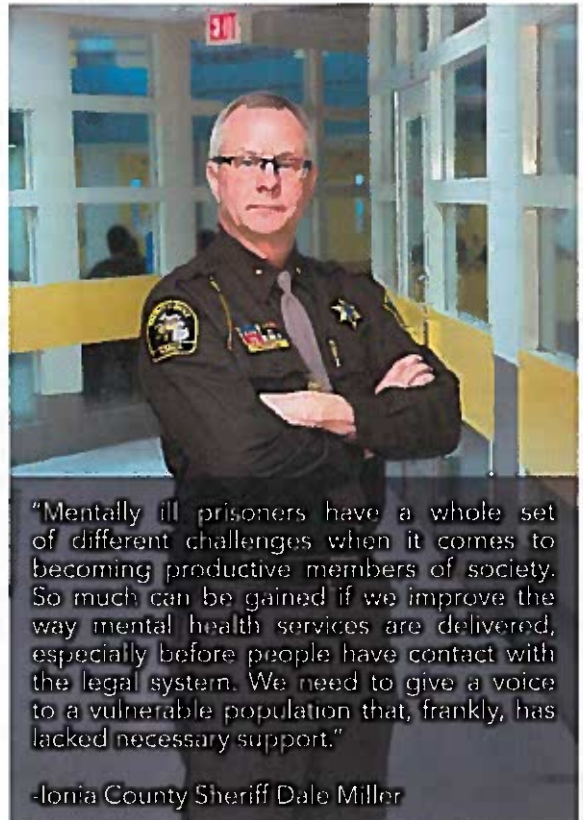
OPPORTUNITIES TO ENHANCE CARE

Promote Early Intervention in Our Mental Health System

Considering the shortage of psychiatric beds in hospitals and facilities across our state, increased efforts need to be made to promote early intervention in our mental health system. For far too many, our mental health system is outdated and ineffective. Untreated mental illness often results in homelessness, incarceration, and poverty. Taking care of mental illness early could save money, reduce hospitalization costs, and reduce incarceration costs.

Assisted Outpatient Treatment (AOT) refers to community services provided under court order for adults with severe mental illness who need ongoing psychiatric treatment to prevent relapse, incarceration, re-hospitalization, homelessness, or dangerous behavior. AOT is an early intervention strategy that has been effective in promoting recovery, increasing medication adherence, and reducing inpatient hospitalization and incarceration.

Michigan's AOT law, "Kevin's Law," has been in existence since 2005. While the Legislature recently expanded the use of AOT, additional changes are necessary to simplify the AOT court process and to promote greater use of outpatient treatment. For example, two witnesses are required to testify with an AOT petition. This requirement can be difficult to satisfy, especially in rural counties. The law should be amended to require only one licensed psychiatrist or psychologist to testify when a clinical certificate is provided for AOT only. We should also revise current law to allow guardians to consent to mental health treatment, which will allow for early intervention and outpatient treatment before a serious mental health crisis occurs.



"Mentally ill prisoners have a whole set of different challenges when it comes to becoming productive members of society. So much can be gained if we improve the way mental health services are delivered, especially before people have contact with the legal system. We need to give a voice to a vulnerable population that, frankly, has lacked necessary support."

-Ionia County Sheriff Dale Miller

INCARCERATION PRACTICES

Ask Congress to Allow Medicaid Coverage During Incarceration

Numerous local county jails reported the difficulties that arise when Medicaid services are cut off for those in jail. This includes lack of resources for care, delay of care upon release from jail, and inconsistencies between care given in jail and upon release. We should call upon Congress to change current law to allow Medicaid services during incarceration or to allow states to seek a federal waiver to the law.

Require the Use of a Mental Health Screening in All Jails at Intake

Although all jails provide some level of observational and question-based screening for mental health problems by jail staff, the process varies from county to county. An empirically validated mental health screening measure should be utilized during the booking process to detect serious mental health issues. We should also consider an increased emphasis on identifying substance use disorders, as individuals with serious mental illness and co-occurring substance use disorders are more likely to go to jail and return multiple times.

Expand Custody Options for Prisoners with Severe Mental Illness and Increase Options of Care for Parolees who Suffer from Mental Illness

Prisoners who suffer from mental illness and developmental disabilities receive a myriad of care while incarcerated, from short-term mild care to long-term serious and intense long-term care. Unfortunately, prisoners suffering from severe and irreversible conditions, such as dementia, require heightened care and are at an increased vulnerability for abuse among the prison population. Options should be explored to house these prisoners in a more effective and safe environment.

For parolees suffering from mental illness, greater options are needed to transfer them to long-term care living arrangements. It is common for a prisoner who has reached parole to remain in prison for up to two years while waiting for a proper treatment setting to become available. In these cases, prison can be the least effective and safe place for mental health treatment.

Similarly, prisoners who suffer from severe and irreversible physical illness are a major drain on the corrections system. These prisoners would receive better and more cost-effective care if they are released to a supervised health care facility.



State Rep. Mary Whiteford listens to feedback from a Task Force attendee.



Megan Noland, director of government affairs for the Oakland County Sheriff's Office, speaks to the Task Force during a meeting at the Oakland Community Health Network in Auburn Hills.

Increase Meaningful Rehabilitation Efforts in Prison

Increasingly, prisons are focusing on training and activities that increase a prisoner's educational opportunities and vocational training. The goal is to increase the chances that prisoners will successfully reintegrate into society after release, and decrease the chances that they will end up back in prison. In light of this trend, we should incentivize prisoners who are eligible for parole to complete educational courses, vocational training, and counseling activities.

Expand the Vivitrol Program

In order to provide proper treatment to parolees with substance use disorders, we should continue to support and expand the vivitrol pilot program that is currently offered through the Department of Corrections, and add support services for parolees who participate in the program.

POST-INCARCERATION

Increase Continuity from Incarceration to the Community

One of the most vulnerable times for a new parolee are the first few days and weeks of re-entry. This is especially so for those who suffer from a mental illness where it is critical to avoid any lapse in treatment. Programs should be supported and expanded to help get a parolee connected with a federally qualified health center (FQHC) or other providers. Opportunities should also be explored to increase the access of prescription medicine upon his or her release. Most parolees are given about a two weeks supply of their needed prescription drugs as they leave. Unfortunately, many parolees – especially parolees suffering from mental illness – do not take the steps necessary to receive additional medication after this supply runs out. Often, this is because navigating the Medicaid system and finding a new provider can be difficult for a parolee readjusting to society.

Eliminate Barriers to Work

Successfully getting and keeping a job is key to ensuring a person does not end up back in the criminal justice system. While prohibiting persons with criminal records from obtaining certain jobs can protect potential victims, often these prohibitions exceed their intended scope and prevent rehabilitated persons from gaining employment.

Therefore, the law should be amended to eliminate certain employment restrictions for people with a criminal record, decriminalize minor offenses that create long-term employment repercussions, and expand expunction eligibility for those with diagnosed mental illness and for veterans who go through veterans treatment court. This also includes eliminating automatic suspension of driver's licenses for drug offenses.



State Rep. Edward Canfield, D.O. (right) speaks with Cara Poland, M.D., addiction medicine specialist at Spectrum Health (left) and Phil Weaver, CEO of Hope Network where the Grand Rapids Task Force meeting was held.

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