

## **Exhibit 1**

### **Collective Bargaining Agreement (CBA) at 1**

# **SECURITY UNIT AGREEMENT**

**Between**



**MICHIGAN  
CORRECTIONS ORGANIZATION  
SEIU LOCAL 526M, CTW**

**And**

**STATE OF MICHIGAN**



**January 1, 2016  
December 31, 2018**

## INTRODUCTION

### INTRODUCTION

This working Agreement is an expression of the mutual confidence and understanding existing between the Michigan Corrections Organization, Service Employees International Union, Local 526M, Change to Win (CTW), and the State of Michigan. It is a framework which defines the rules, rights, and obligations affecting the relationship of the parties in their daily association, one with the other. It recognizes the importance of the principle of honesty, purpose, and the dignity of the individual.

It should be studied carefully so that all who are affected by it know what is expected of the worker and what is expected of management. Cooperative attitudes and cooperative actions make for the kind of teamwork which is essential to the success of our Labor/Management partnership.

It is intended that both parties in signing this contract have each pledged their solemn effort to making it work and produce for the betterment of the interests of all concerned.

### ARTICLE 1

#### PREAMBLE AND PURPOSE

This Agreement is made and entered into by and between the State of Michigan and its principal Departments and Agencies (hereinafter referred to as the "Employer"), through the Office of the State Employer, and the Michigan Corrections Organization, Service Employees International Union, Local 526M, CTW, as exclusive representative of employees employed by the State of Michigan (as set forth specifically in the recognition clause) hereinafter referred to as the "Union".

It is the purpose and intent of the parties hereto that this Agreement:

1. Implements the provisions of the Civil Service Rules and Regulations, as explicitly waived, amended, or superseded by the Civil Service Commission or other appropriate authority;

## **Exhibit 2**

### **Civil Service Job Specification for Corrections Officer**

**MICHIGAN CIVIL SERVICE COMMISSION  
JOB SPECIFICATION**

**CORRECTIONS OFFICER**

**JOB DESCRIPTION**

Employees in this job oversee and participate in the custody, security, and treatment of prisoners or detainees in correctional facilities including major institutions, camps, and correction re-entry or detention centers.

There are two classifications in this job.

**Position Code Title - Corrections Officer-E**

**Corrections Officer 8**

This is the entry level. At the entry level, employees are required to successfully complete the approved training program designed to provide the knowledge and skills required to function as a corrections officer. Upon successful completion of the training and other departmental requirements, the officer will complete the probationary period at an assigned correctional facility. The employee participates in the custody, security, and treatment of prisoners or detainees while learning and developing the interpersonal skills required to perform a range of corrections officer assignments.

**Corrections Officer E9**

This is the experienced level. At the experienced level, the employee oversees and participates in the custody, security, and treatment of prisoners in assignments, which involve substantial face-to-face contact with prisoners or detainees. The employee uses independent judgment in making decisions requiring interpretation and application of departmental guidelines to specific situations.

**NOTE:** Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

**JOB DUTIES**

**NOTE:** The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

**Corrections Officer 8:**

On a post assignment in a learning and developing capacity.

Observes prisoners' or detainees' activities to detect unusual or prohibited behavior, which might be a threat to the security of the facility or the safety of prisoners, detainees, employees, or visitors.

Responds quickly to calls for assistance in other areas of the prison or facility as directed. Assists in controlling disturbances and isolating instigators.

Observes and appropriately responds to such "critical incidents" as assaults on employees, prisoners, or detainees, prisoner or detainee disturbances, or other situations threatening to the security of the facility and prepares written reports. Appropriate response may include the use of firearms.

Prepares written records and reports related to the work.

Performs related work as assigned.

**Corrections Officer E9:**

Observes prisoners' or detainees' activities to detect unusual or prohibited behavior, which might be a threat to the security of the facility or the safety of prisoners, detainees, employees, or visitors.

Counts prisoners or detainees under his/her jurisdiction several times during the shift and transmits count totals to the control officer.

Conducts thorough searches of prisoners, detainees, visitors, employees, mail, packages, cellblocks, and other structures for such prohibited items as critical tools, weapons, drugs, or other contraband.

Keeps prisoners or detainees moving and prevents loitering in yards or building entrances during periods of mass movement.

Attempts to obtain prisoners' or detainees' compliance with facility rules and regulations. Writes Disciplinary Actions (tickets) on prisoners for rule's infractions.

Responds quickly to calls for assistance in other areas of the prison as directed by the control center or shift supervisor. Assists in controlling disturbances and isolating instigators.

Attempts to modify prisoner or detainee attitudes and behaviors through one-to-one or group interaction.

Observes and appropriately responds to such "critical incidents" as assaults on employees, prisoners, or detainees, prisoner disturbances, or other situations threatening to the security of the facility and prepares written reports. Appropriate response may include use of firearms.

Transports prisoners via passenger vehicles ranging from busses to automobiles, to various locations outside the facility such as courts, medical centers, or other correctional facilities, ensuring that all security procedures are followed.

Works with Resident Unit Managers and Assistant Resident Unit Supervisors, in such areas as determination of prisoner security classifications and parole eligibility, disciplinary proceedings, and prisoner counseling.

Controls entry and exit from the facility; identifies employees, visitors and law enforcement personnel entering the facility; escorts and monitors visitors while in the facility.

Oversees prisoners on various work assignments.

Ensures that security systems, fire fighting equipment, fire detection systems, and other equipment in the facility are in operating condition.

Trains Corrections Officers assigned as on-the-job trainees.

Prepares written records and reports related to the work.

Assists in maintaining proper standards of personal care and hygiene of prisoners or detainees.

May take part in searches for escaped prisoners or detainees.

Works to maintain stable interpersonal dynamics with prisoners, detainees and staff.

May dispense prescribed medication as directed.

May operate computerized equipment.

May oversee construction areas within a facility to assist work crew leaders with general security and safety of the area.

May supervise prisoner work crews outside correctional facility.

Performs related work as assigned.

## **JOB QUALIFICATIONS**

### **Knowledge, Skills, and Abilities**

**NOTE:** Some knowledge is required at the entry level and considerable knowledge is required at the experienced level.

Knowledge of individual and group counseling techniques.

Knowledge of basic first-aid procedures.

Knowledge of accident prevention.

Knowledge of various prisoner sub-cultures.

Knowledge of prisoner and detainee behaviors and problems.

Knowledge of standards of hygiene and health care standards about contagious diseases.

Knowledge of security procedures and techniques.

Knowledge of departmental rules, regulations, policies, and procedures.

Knowledge of the techniques of self-defense, disturbance control, firearms, fire fighting, and detection of weapons and contraband.

Skill in the use of firearms and fire fighting equipment.

Ability to relate to prisoners or detainees and gain their respect and confidence.

Ability to oversee prisoners in the performance of various work functions.

Ability to read, learn, and apply facility and departmental policies, procedures, rules, regulations, and employee handbook.

Ability to successfully complete in-service education and training programs.

Ability to maintain composure during stressful situations.

Ability to observe critically, obtain accurate data, and prepare written records and reports.

Ability to divert violence or ease tension through persuasion and understanding, rather than use of force.

Ability to provide a positive role model to the prisoner and detainee population.

Ability to operate a motor vehicle.

Ability to qualify with, and use, various firearms.

Ability to learn and apply self-defense and other procedures for dealing with violent or abusive prisoners or detainees.

Ability to train and oversee recruits and trainees.

Ability to communicate effectively.

### **Working Conditions**

An employee may be assigned to work any day of the week, or on any shift or assignment.

The work is performed in an environment that is extremely uncomfortable and where the work involves a significant chance of incurring a disabling or life threatening injury.

Some jobs require an employee to work in high stress situations.

Some jobs require an employee to work under hazardous situations.

### **Physical Requirements**

The job duties require an employee to work in an environment with various degrees of discomfort.

The job duties require an employee to wear and operate respiratory protection devices.

The job duties require an employee to be absent of any physical limitation which would impair effective performance.

The job duties require an employee to have skill in the use of self-defense methods.

The job duties require an employee to meet the physical requirements of the work, which includes the performance of strenuous tasks requiring muscular strength and coordination, and cardiovascular endurance.

### **Education**

Completion of 15 semester (23 term) college credits in one or a combination of the following: correctional administration, criminal justice, criminology, psychology, social work, sociology, counseling and guidance, educational psychology, family relations, pastoral counseling, or law enforcement.

Employees have up to 18 months after date of hire to satisfy this requirement. Employees will not proceed to the E9-level until satisfactory completion of the education requirement. Completion of the education requirement is required in order to remain employed.

### **Experience**

#### **Corrections Officer 8**

No specific type or amount is required.

#### **Corrections Officer E9**

One year of experience equivalent to a Corrections Officer 8 or a Corrections Medical Officer 8.

### **Alternate Education and Experience**

#### **Corrections Officer 8**

Possession of 30 semester/45 term college credits leading toward a degree in any major (must be completed prior to date of hire).

OR

Completion of a recognized corrections training program in another state jurisdiction, federal jurisdiction, or private corrections institution housing state or federal prisoners, completion of at least two years of full-time corrections officer work experience, and currently employed satisfactorily in a corrections officer position, or have left corrections officer employment in satisfactory status.

OR

Completion of basic training and two years of military service, along with 15 semester/23 term college credits leading toward a degree in any major obtained through an accredited college or their Joint Services Transcript (JST). If the service member is no longer serving, they must present proof of being honorably discharged.

### **Special Requirements, Licenses, and Certifications**

Positions in this class are test-designated and subject to pre-appointment and random-selection drug and alcohol testing.

An applicant must finish an approved eight week corrections officer training program, followed by eight weeks of on the job training. Successful completion of the training program, annual training, and continuing certification as a Corrections Officer are required to remain employed.



The Department of Corrections may screen out job applicants who have been convicted of a felony in accordance with Public Act 191 of 2017. Applicants who have been convicted of a misdemeanor or felony are ineligible for employment with the Department of Corrections until satisfactory completion of any sentence imposed, including parole or probation.

The Department of Corrections will not hire individuals who are found unsuitable for employment as a Corrections Officer based on background investigation of the individual.

An applicant who has a pattern of misdemeanor convictions may be found unsuitable for employment by the Department of Corrections.

An applicant must be at least eighteen (18) years of age at time of employment as a Corrections Officer.

An applicant must pass a post-job-offer medical exam, drug screen, and physical fitness test.

**NOTE:** Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

**JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION**

**Job Code**

CORROFR

**Job Code Description**

CORRECTIONS OFFICER

**Position Title**

Corrections Officer-E

**Position Code**

CORROFRE

**Pay Schedule**

C12-001

AO

08/26/2018

**Exhibit 3**

**MICHIGAN PUBLIC RADIO NETWORK, "Michigan Prisons Searching  
More Guards," June 21, 2018**

[▶ Listen Live](#)

# Michigan Prisons Searching For More Guards

By CHEYNA ROTH • JUN 21, 2018

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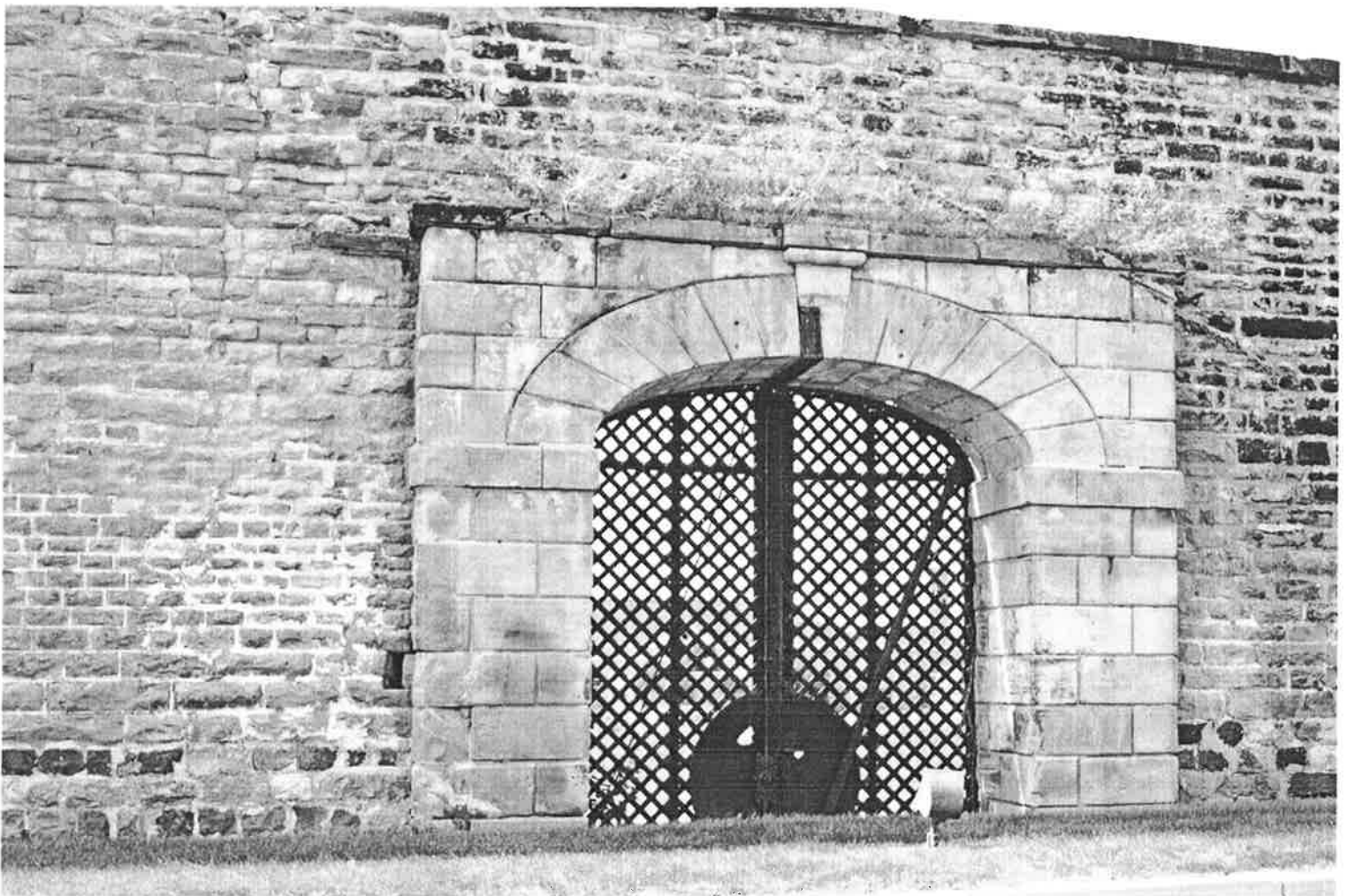
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CREDIT ANDREW JAMESON, WIKIMEDIA COMMONS

Michigan's prisons are in crisis: The state cannot find enough corrections officers to staff them. Older officers are retiring, others are quitting, and there are hundreds of officer positions waiting to be filled.

Listen

4:41

For corrections officers, like Lorraine Emery, that shortage means an exhausting, dangerous job is getting even tougher. Emery has been a corrections officer for about 17 years. She's currently at the Bellamy Creek Correctional Facility. When she gets home from her 8-hour shift, the first thing she does is change her clothes.

"I don't like to bring the prison stink into the house," she said.

Emery, a tall woman with a contagious laugh, talks about the time a fellow officer was assaulted while he was picking up inmates on a work crew. She said she knew before it happened that her job was dangerous – but this was something different.

"You see assaults" she said. "I myself have been assaulted. But this officer was stabbed with a pitchfork and had a pickax taken to him."

The officer almost died and Emery said that changed everything for her.

"And I remember thinking that, oh, wow. That could have been any of us," she said.

That danger is always in the back of Emery's mind. Emery said her prison is well-staffed, but everybody's gotta work mandatory overtime at least once a month. In the past it's been more – and even now, depending on when your turn is up, you can end up working 16 hours straight.

Chris Gautz is with the Michigan Department of Corrections. He said overtime is an issue that they're working on. Part of that is better recruiting – but it's not an easy job to recruit for because it's not a career path people typically consider.

"If you think about growing up as a kid, you played, cops and robbers," he said. "You didn't play convict and corrections officer."

When those extra hours and mandatory long shifts are combined with the stress of ensuring dangerous criminals are housed, fed, and kept safe, stress is almost inevitable.

More than a quarter of the officers meet the diagnostic criteria for PTSD, according to a recent study on Michigan corrections officers. Five percent of the officers who participated classify as a high risk for suicide. That risk to a corrections officer's mental health, is something that the department is conscious of.

"Even one officer suicide is too many and we've had far too many this year and the year before and it's the number we want to continue to bring down," Gautz said.

It's unclear exactly how many suicides are committed by corrections officers each year. According to the corrections officers' union, it was four of their members in 2017 and three in 2016, which is still about three times higher than the general public in those years, they said.

Gautz said, MDOC believes there were two suicides in 2016, seven in 2017 and one so far in 2018. Those are the number of suicides where the State of Michigan's Traumatic Incident Stress Management Program team was called in to help a fellow employee deal with the death.

This spring, 100 new recruits graduated from officer training and are on their way to starting jobs across the state. After the ceremony there's cake and coffee and lots of hugs and pictures. Joe Wilkins said he became a corrections officer because,

"I want to work with people and help them become the best people they can be and I thought this would provide me that opportunity."

Wilkins, who will be at the Central Michigan Correctional Facility, said the stress and overtime is a concern looming in the back of his mind. He has a plan – workout. Keep a level head. And try to leave the job at the job.

"But my wife is my rock and I'm sure that it'll always be that way and we'll just, we'll just get by with her being there," he said, tearing up.

State prison officials say officers like Wilkins are put on notice early on about how stressful the job is. The department created a wellness team a few weeks ago. The team will explore ways to help reduce stress, help officers deal with seeing a traumatic incident and make sure employees are comfortable asking for help.

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**Exhibit 4**

**IONIA SENTINAL-STANDARD, "Law Agencies Unite Against Shame  
Assaults In Prisons," January 18, 2017**

## IONIA SENTINEL-STANDARD

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### **Law agencies unite against shame assaults in prisons**

**By Lawrence Kimball Special to The Sentinel**

Posted Jan 18, 2017 at 6:55 PM

Updated Jan 18, 2017 at 8:42 PM

When the word “dignity” is used in relation to correctional facilities, it’s often in reference to inmates; but corrections officers may be overdue to be included in the conversation.

When the word “dignity” is used in relation to correctional facilities, it’s often in reference to inmates; but corrections officers may be overdue to be included in the conversation.

A recent coalition of Michigan law agencies developed the “Officer Dignity Initiative,” a campaign to raise awareness of the dehumanizing traumas experienced regularly by corrections officers. These assaults are in the form of indecent exposures and liquid assaults, in which correction officers are hit by an inmate’s bodily fluids.

“What we call ‘dressed out’ is when an inmate assaults an officer with feces, urine or spit,” said Anita Lloyd, communications director for the Michigan Corrections Organization, the labor union that hosted a recent screening of their new film, “Officer Dignity Initiative.” The event, held at Renucci’s Bar and Restaurant, was held for corrections officers and their families before being made public this week.

“For years, corrections officers have endured this kind of behavior,” said Tom Tylutki, president of MCO. “There really wasn’t a uniform practice from start to finish on evidence and on what the prosecutors need statewide.”

The lack of unified response to these assaults has culminated in an unusual partnership between several Michigan law agencies, including the Michigan Corrections Organization, the Michigan Department of Corrections, the Michigan State Police and the Prosecuting Attorneys Association of Michigan.

“From my experience, this collaboration is new,” said Kyle Butler, Ionia County Prosecuting Attorney, who also made an appearance in the short film. “This couldn’t be done without a collaboration. There is a cumulative effect these types of assaults have on not only the person that’s the victim, but then also corrections officers and correction employees as a whole. It affects moral.”

Echoing these sentiments was Lorraine Emery, of Ionia, who works as a corrections officer at Bellamy Creek Correctional Facility. “When you see these things happen, you are immediately offended, especially as a female officer. It affects you long-term, especially because there is

often no resolution to (these exposures and attacks).”

Ionia stands to be uniquely affected with 1,000-1,200 correction officers who live in the area, according to MCO. Many correction officers can have trouble expressing or sharing the negative effects of these dehumanizing assaults with others. This can be exasperated by the fact that these acts often go unpunished or lack proper recourse to keep them from happening again.

“The hope is that these agencies can work hand in hand when these kind of cases come in front of them and it can be an understanding between these agencies on how to handle these sort of situations with consistency across the board,” said Andy Potter, vice-president at MCO.

The coalition wants to increase the conviction rates of these assaults and strengthen sentencing, in the hopes it will deter future “dress outs” of correction officers.

Hope is exactly what this initiative brings to the many correction officers affected by these assaults.

“It’s hope,” Emery said, in reference to the Officer Dignity Initiative and the film screening. “It’s hope that things will be better.”

For more information on the Officer Dignity Initiative or to view the film, visit [www.mco-seiu.org](http://www.mco-seiu.org) and <https://vimeo.com/199317528> for a censored version of the film.



## **Exhibit 5**

**“Prevalence of Trauma-related Health Conditions in Correctional Officers: A Profile of Michigan Corrections Organization Members,”  
Desert Waters Correctional Outreach (Denhof & Spinaris, 2016)**



## DESERT WATERS CORRECTIONAL OUTREACH

DATA-DRIVEN WORKPLACE CULTURE ASSESSMENT AND IMPROVEMENT SERVICES



### **Prevalence of Trauma-related Health Conditions in Correctional Officers: A Profile of Michigan Corrections Organization Members**

Prepared by

Michael D. Denhof, PhD and Caterina G. Spinaris, PhD  
of **Michael D. Denhof LLC** and **Desert Waters Correctional Outreach**

## Executive Summary

A formal research inquiry was performed into the prevalence of various health status conditions among Michigan Corrections Organization (MCO) members, primarily white male Corrections Officers, working in prison environments. The relationship between magnitude of exposure to work-related events involving violence, injury and death (VID), and several health conditions was examined. Differences in rates based on Security Level, Gender, Military status, and Years Corrections Experience were also explored. Using established and psychometrically sound assessment instruments, rates of Post-traumatic Stress Disorder, Depression, Co-occurring Post-traumatic Stress Disorder and Depression, and Suicide Risk were estimated. Health condition rates were found to be substantially elevated relative to rates typical in the general population and for other public safety professions. Statistically significant relationships were found between level of work-related exposure to violence, injury, and death (VID) events and mental health condition scores. Security Level and Years of Corrections Experience were found to moderate health condition rates significantly, with more years of corrections experience and higher security levels being associated with higher mental health condition rates. Pre-corrections Military Experience and Gender demonstrated little to no effect upon mental health condition rates. These findings reinforce a growing perspective among researchers that Corrections Officers suffer health detriments due to high stress and potentially traumatic occupational experiences comparable to those more widely known to occur for police officers, firefighters, and combat military personnel.

## INTRODUCTION

In the course of performing their work duties, corrections staff are often exposed, directly and indirectly, to incidents involving violence, injury or death (Bureau of Labor Statistics, 2015; Konda, Tiesman, Reichard, & Hartley, 2013; Schlosser, Safran, & Sbarratta, 2010; Spinaris, Denhof & Kellaway, 2012). Common examples include being physically assaulted, encountering dead or mutilated bodies, witnessing attempted or completed suicides, being threatened with physical harm or death, witnessing assaults, riots, or arson, or learning about, second hand, any of the above, on a fairly recurrent basis.

Direct exposure to events involving violence injury, or death (VID), as well as repetitive indirect exposure as part of one's job role, can have cumulative and deleterious effects upon the health and functioning of corrections workforce cultures and their staff member constituents (American Psychiatric Association, 2013; Bureau of Labor Statistics, 2015; Denhof & Spinaris, 2013; Denhof, Morton & Spinaris, 2014; Konda et al., 2013; Spinaris et al., 2012; Stadnyk, 2003).

While corrections work has not received the extent of research attention as other similar job roles, it remains the case that corrections staff are exposed to many of the same types of work-related traumatic events as are police officers (Perrin et al., 2007), firefighters (Corneil, Beaton, Murphy, Johnson, & Pike, 1999), combat military personnel (Fulton et al., 2015; Gates et al., 2012), and other law enforcement positions (Bureau of Labor Statistics, 2015).

For example, Spinaris et al. (2012) reported that United States corrections professionals experience an average of 28 exposures to VID events and involving events of five different types, on average. As another example, Bureau of Labor Statistics (2015), correctional officers and jailers, in 2014, sustained 53.5 work-related intentional injuries by another person per 10,000 FTEs<sup>a</sup>. This is much higher than the equivalent rate for all types of workers (2.9 per 10,000 FTEs), and even higher than that for police and sheriffs' patrol officers (42.5 per 10,000 FTEs).

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<sup>a</sup> An FTE represents the equivalent of hours worked by one full-time employee.

From 1999 to 2008, there were 113 confirmed work-related fatalities among corrections officers (COs)—a rate of 2.7 per 100,000 FTEs (Konda et al., 2013), 25% of which were found to be due to homicides. Of the non-fatal work-related injuries due to assaults and violent acts, 37% were found to occur while restraining or otherwise interacting with an inmate during an altercation.

Given the high levels of exposure to VID events suffered by corrections staff, it logically follows, and would seem plausible, that this population would also face similarly elevated rates of stress-related health conditions, such as post-traumatic stress disorder (PTSD) and/or depression. Several recent studies do, in fact, support a linkage between VID event exposure and corrections professionals' mental and physical health status of various types (Denhof & Spinaris, 2013; Spinaris et al., 2012; Stadnyk, 2003), such that more exposure is frequently associated with decreased health status.

This relationship has been found to hold particularly true for COs, who tend to play the most front line and high exposure work roles in corrections environments (Denhof & Spinaris, 2013; Obidoa, Reeves, Warren, & 2011; Spinaris et al., 2012; Stadnyk, 2003). To illustrate, researchers have discovered that, within a given correctional staff population, a substantial percentage of COs demonstrate moderate to severe levels of depression, stress, or anxiety disorder symptoms at a higher rate than corrections professionals with different job roles (Denhof & Spinaris, 2013).

In the most severe cases, full criteria for mental health conditions such as Major Depressive Disorder (Obidoa et al., 2011; Denhof & Spinaris, 2013; Samak, 2003), PTSD (Spinaris et al., 2012; Stadnyk, 2003), or comorbid (i.e., concurrent) conditions (Denhof & Spinaris, 2013) are potentially met. Evidence of deleterious effects of corrections work and VID event exposure upon physical health, such as high blood pressure, digestive disorders, sleep difficulties, and memory impairment, have been documented as well (Denhof & Spinaris, 2013; Morse, Dussetschleger, Warren, & Cherniack, 2011; Spinaris et al., 2012).

A noteworthy and recent development in the latest (fifth) iteration of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric

Association, 2013), is that the definition of what constitutes PTSD-related traumatic exposure was expanded to include not only direct exposure, but also cases of indirect exposure *that are repetitive or extreme, and occur as part of one's work role*. This expansion of the definition of traumatic exposure makes clear that the events COs are routinely exposed to, whether directly or indirectly, do, in fact, constitute potentially traumatic events.

While a variety of health-related consequences have been linked to traumatic exposure in corrections settings, Denhof and Spinaris (2013) have highlighted that the presence of comorbid depression and PTSD appears to be particularly consequential compared to either depression or PTSD. They showed that corrections staff with comorbid status demonstrated significantly worse scores on a spectrum of related negative health conditions and measures of life functioning than did corrections staff with either PTSD or depression<sup>b</sup> alone.

Related studies of military personnel, 9/11 clean-up crews, and other groups (Campbell et al., 2007; Cukor et al., 2011; Dobie et al., 2006; Erickson, Wolfe, King, King, & Sharkansky, 2001; Oquendo et al., 2005; Shalev et al., 1998) have estimated comorbidity levels ranging from 30-75%, depending on the population. These high rates are particularly important, as both PTSD and depression have been found to be independently associated with suicidal behavior, and their combination even more strongly associated with suicidal behavior (Davidson, Hughes, Blazer, & George, 1991; Freeman, Roca & Moore, 2000; Marshall et al., 2001; Oquendo et al., 2003; Sareen et al., 2005; Sareen et al., 2007).

The main purpose of the present study was to estimate the prevalence of PTSD, depression, PTSD and depression comorbidity, suicide risk, and levels of exposure to violence, injury and death (VID) events among members of the Michigan Corrections Organization (MCO), primarily COs, using psychometrically sound clinical assessment instruments. A secondary purpose of the study was to highlight the relationship between VID event exposure and mental health status, and to help demonstrate that the widely acknowledged relationship between trauma

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<sup>b</sup> "Depression" was operationally defined as cases of Moderate to Severe Depression Symptom Severity based DASS-21's Depression scale total scores of 14 and above (Henry & Crawford, 2005; Lovibond & Lovibond, 1995).

and disorder for combat military personnel, police officers, and other high stress occupations, applies similarly in corrections work. Additional comparisons were made based on demographic variables of Gender, Prior Military Status, and Years of Corrections Work.

## METHOD

A web-hosted clinical assessment battery was administered to MCO members, consisting of COs and Forensic Security Assistants, primarily white (84%) males (81.3%), working in a prison setting (95.5%). See Appendix A for full demographic and participant characteristic statistics. For the sake of simplicity, all participants will be referred to in this paper as COs.

Voluntary participation was advertised to members in multiple ways, including through an organization newsletter, facility bulletin board postings by Chapter presidents, and direct emails to approximately 3400 COs.

Using a provided password, participants accessed a set of self-administrable online assessment instruments by internet or smartphone. Participation was anonymous and did not require provision of identifying information. Anonymous participation was considered important as it has been the experience of this study's researchers that corrections staff populations tend to be particularly apprehensive about the possibility of their employer becoming privy to their assessment results. All participants were required to read and agree to an informed consent form that described the nature, details, and risks involved in participation.

Participation consisted of responding to lists of either statements or questions that comprise various psychometrically sound clinical assessment tools, including the Post-traumatic Checklist Version 5 (PCL-5, Weathers et al., 2013), the Patient Health Questionnaire (PHQ-9, Spitzer, Kroenke, & Williams, 1999; Kroenke, Spitzer & Williams, 2001), the Violence, Injury, and Death Exposure Scale (VIDES, Denhof & Spinaris, 2014), and the Depression Danger Scale (DDS, Denhof, 2014).

The format of responding required each participant to choose a best answer from among sets of multiple choice scaled-response options, such as: FALSE, SLIGHTLY TRUE, MOSTLY TRUE, VERY TRUE. Response options varied from instrument to instrument, but had a similar structure.

Among 1295 members who began the online survey, 304 discontinued prematurely and their incomplete data were discarded. Ultimately 991 members



participated fully, providing complete data and a substantial total sample size for analysis and representation of the MCO member population.

Analysis of data from the 991 participants' fully completed assessments provided the basis for estimating the prevalence of PTSD status (positive/negative), Depression status (positive/negative)<sup>c</sup>, different levels of exposure to VID events occurring in the corrections workplace, and elevated suicide risk. See Appendix B for supplemental information on the nature and psychometric properties of clinical assessment instruments used for estimation in this study.

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<sup>c</sup> Depression Positive was defined as a PHQ-9 total score falling into the Moderate Depression interpretive category, based on a PHQ-9 score of 10 or higher.

## RESULTS

### Violence, Injury, and Death Event Exposure for Corrections Staff

The level of exposure to violence, injury and death events among staff was assessed using the VIDES. Results indicated that a substantial percentage (68.7%) of participating COs are subject to Moderate to Extreme levels of exposure. The chart in Figure 1 indicates the percentage of COs who scored in four different categories of exposure magnitude.

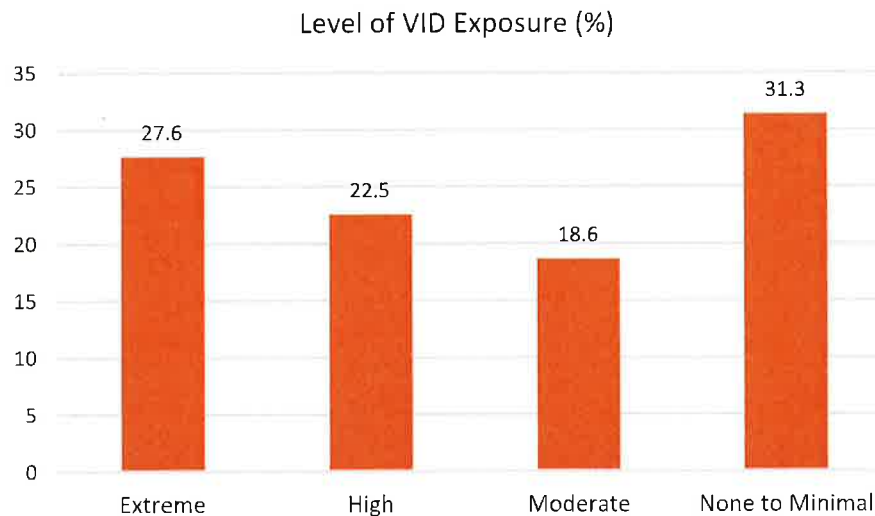


Figure 1. Percent VID Event Exposure Levels for Corrections Officers

The strength of relationships between traumatic exposure and various mental health conditions was assessed through Pearson correlations. Substantial and statistically significant correlations were found between the VIDES total score and total scores from the PHQ-9, DDS, PCL-5, and each of the PCL-5's individual symptom clusters. As illustrated in Figure 2, correlations with the VIDES total score ranged from  $r=.33$  to  $.45$ . All correlations were found to be statistically significant at  $p<.01$ ,  $N=991$ .

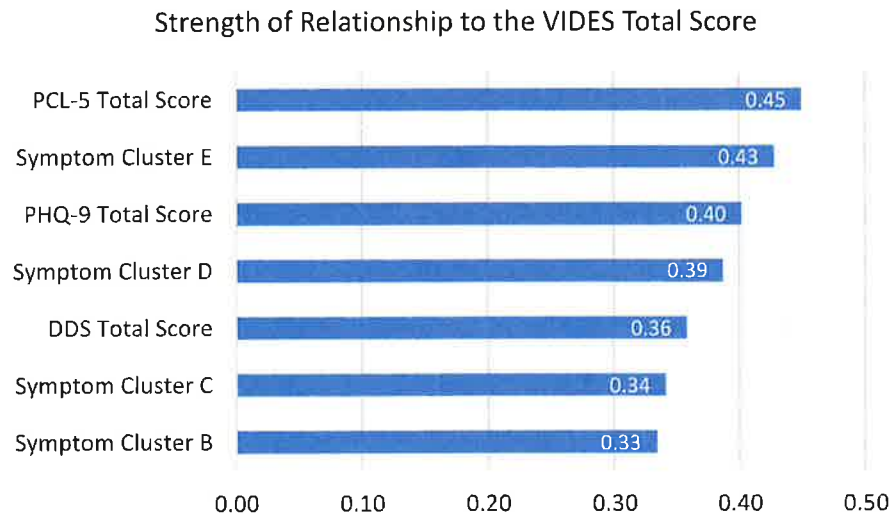


Figure 2. VIDES Correlations to Multiple Health Status Indicators

Note: PCL-5 Cluster E represents alterations in arousal and reactivity; PCL-5 Cluster D represents negative alterations in cognitions and mood; PCL-5 Cluster C represents avoidance (of distressing stimuli associated with a traumatic event); and PCL-5 Cluster B represents intrusion symptoms (i.e., involuntary and distressing re-experiencing of aspects of a traumatic event).

To assess the relationship between VID exposure and security level of participating CO work environments, mean VIDES total scores were plotted across four security levels<sup>d</sup>. The plot shown in Figure 3 reveals an upward trend, where higher security levels are accompanied by higher levels of VID exposure. The difference between security levels one and two, and between levels four and five, was relatively small compared to the difference between levels two and four.

Levels one and two, and levels four and five were collapsed to produce Low and High Security subgroups for remaining analyses. This was done for the benefit of simplifying illustrations and to permit calculation of relative risk ratios that require 2 x 2 contingency tables. The VIDES mean total scores for COs in High ( $M=4.28$ ,  $SD=1.43$ ) versus Low ( $M=3.51$ ,  $SD=1.49$ ) Security subgroups were confirmed to differ to a statistically significant degree ( $t=8.09$ ,  $df=947$ ,  $p<.000$ ).

<sup>d</sup> Note: Within the population sampled, there were 4 security levels: 1, 2, 4, and 5. No level 3 exists.

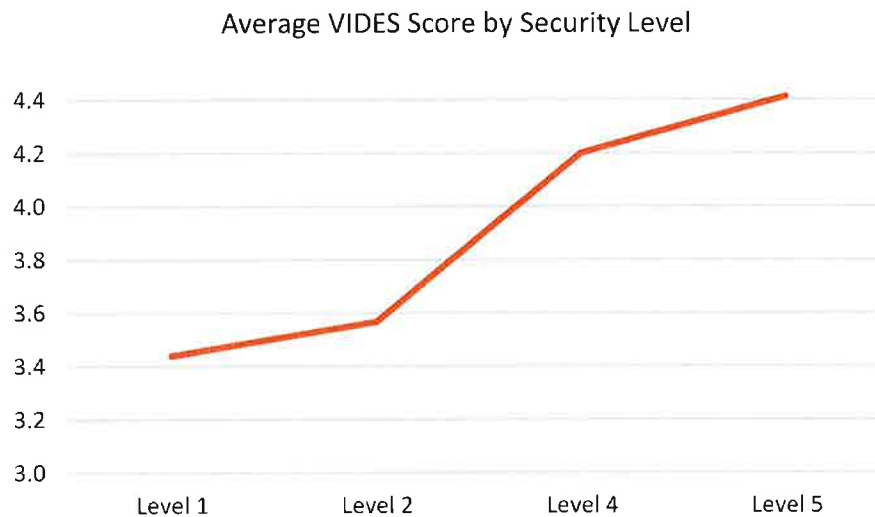


Figure 3. Average VIDES Exposure Levels for Corrections Officers by Security Level

### Mental Health Condition Prevalence Overall and by Low vs. High Security Levels

#### PTSD

The prevalence of PTSD within CO participants was estimated using the PCL-5 and the symptom cluster method, which aligns with the criteria for diagnosing PTSD as defined in the DSM-5. Under this method, individuals need to concurrently meet one or more Cluster B criteria, one or more Cluster C criteria, two or more Cluster D criteria, and two or more Cluster E criteria.

It was found that 33.7% of COs were estimated to be PTSD Positive, and 43-64% met criteria for individual diagnostic symptom clusters, as illustrated in Figure 4. Comparing estimated rates within High and Low Security subgroups revealed that COs working in high security areas met criteria for PTSD at a substantially higher rate than those working in low security areas. COs in the High Security subgroup showed a PTSD Positive rate of 39.3% while COs in the Low Security

subgroup showed a PTSD Positive rate of 28.8%. The difference in proportions of PTSD Positive to PTSD Negative cases, across security levels, was found to be statistically significant ( $X^2=11.65$ ,  $df=1$ ,  $p<.000$ ).

A relative risk ratio statistic was generated to convey the effect size. COs working in high security areas were found to be at 37% greater risk of PTSD Positive status than were COs working in low security areas,  $RR=1.37$ , 95% CI [1.14-1.63].

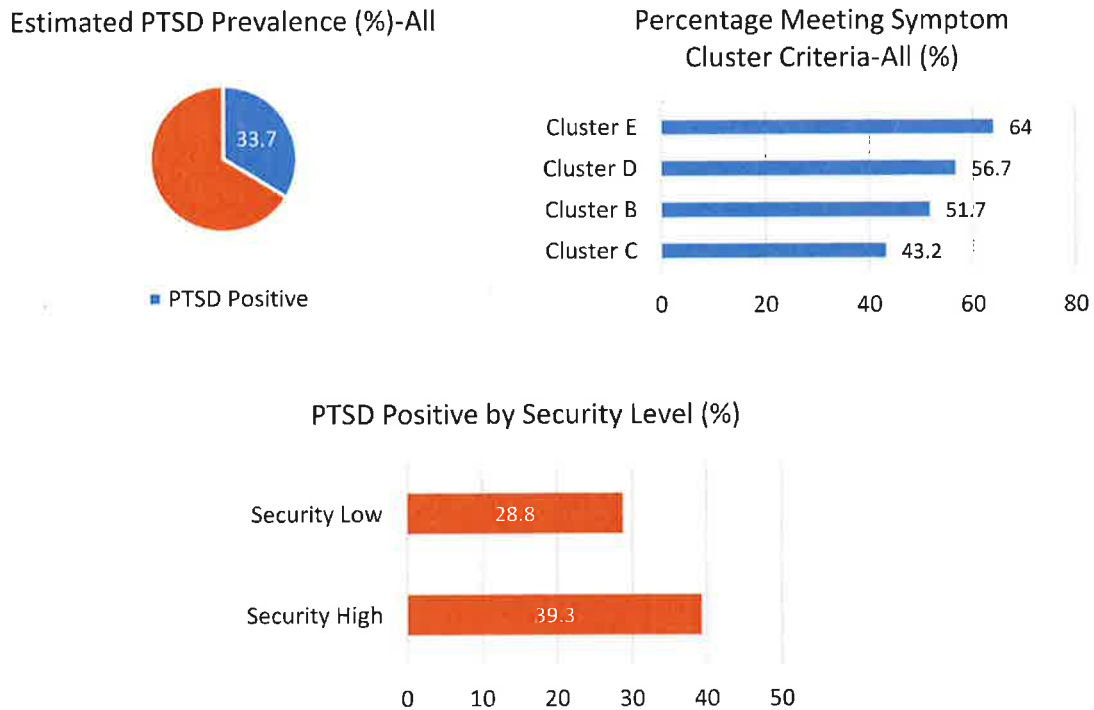


Figure 4. PTSD and Symptom Cluster Prevalence for All COs and Security Level Subgroups

## Depression

The prevalence of Depression was estimated by defining Depression Positive in terms of PHQ-9 scores falling in the Moderate Depression (or higher) range. Pie charts in Figure 5 indicate the percentage of COs falling into each of several PHQ-9

depression level categories, as well as the percentage estimated to be Depression Positive.

As indicated in Figure 5, the prevalence of Depression Positive cases for all COs was found to be 36.3%. The rates for High and Low Security subgroups were 41.8% and 31.5%, respectively, reflecting a statistically significant difference between groups ( $X^2=11.01$ ,  $df=1$ ,  $p=.001$ ). Calculation of relative risk indicated that COs in the High Security subgroup were at 33% greater risk of Depression Positive status than COs in the Low Security subgroup,  $RR=1.33$ ,  $CI [1.12-1.58]$ .

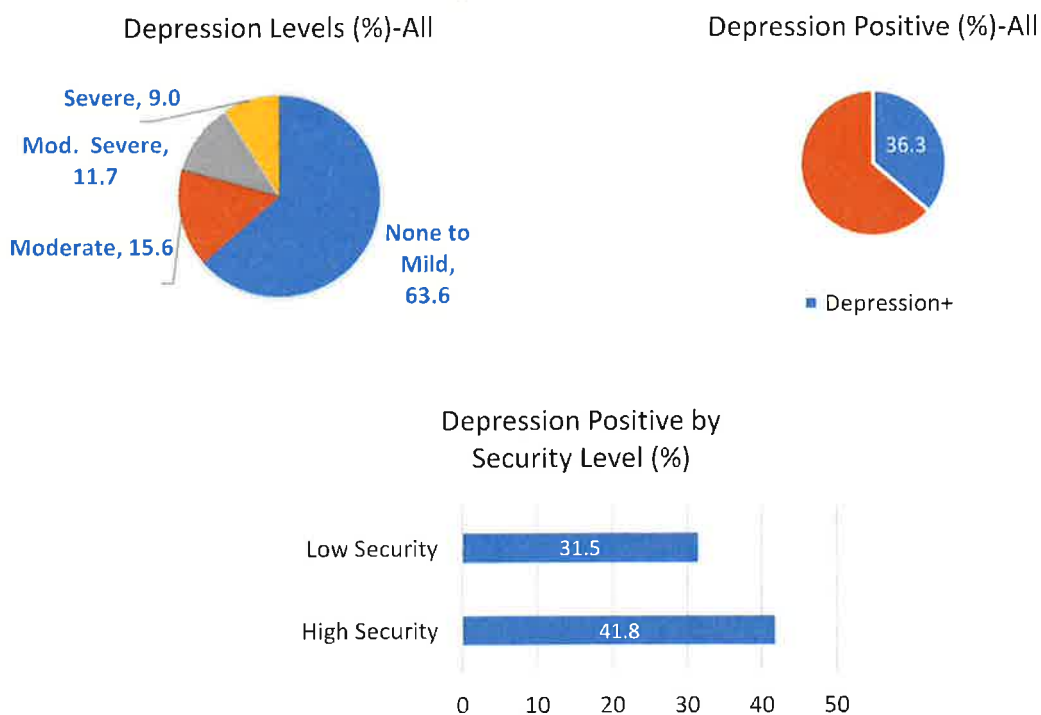


Figure 5. Depression Prevalence among All COs and Security Level Subgroups

### Comorbidity

Comorbid Positive status was defined as cases where a CO was estimated to be concurrently PTSD Positive and Depression Positive. The prevalence of COs who

met criteria for both PTSD Positive and Depression Positive was found to be 24.9%. The prevalence of Comorbid Positive status for COs in High and Low Security level subgroups was 30.7% and 19.3%, respectively. See Figure 6 for graphic illustrations.

The difference in Comorbid Positive rates between COs in different security level subgroups was determined to be statistically significant ( $X^2=16.59$ ,  $df=1$ ,  $p=.000$ ). Relative risk was calculated, indicating that COs in the High Security subgroup were at 59% greater risk of Comorbid Positive status than those in the Low Security subgroup,  $RR=1.59$ ,  $CI [1.27-2.00]$ .

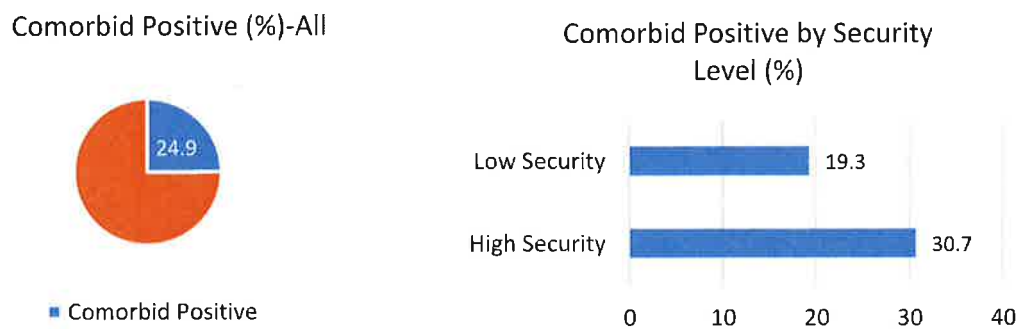


Figure 6. Prevalence of Comorbid PTSD and Depression among Corrections Officers

### Suicide Risk

The prevalence of suicide risk was estimated using the DDS. Scores falling in the High Risk range defined suicide risk as being substantially elevated. As indicated in Figure 7, 4.6% of COs scored in the High Risk interpretive category, among possible categories None, Slight, Moderate, and High.

Comparing the prevalence of High Risk scores for COs working in high versus low security areas revealed rates of 5.8% and 3.1%, respectively. This difference in proportions was determined to be statistically significant ( $X^2=4.05$ ,  $df=1$ ,  $p=.04$ ).

Calculation of relative risk indicated that the individuals in the High Security subgroup were found to be at 87% more likely to score in the High suicide risk category, compared to individuals in the Low Security subgroup,  $RR=1.87$ ,  $CI [1.01-3.46]$ .

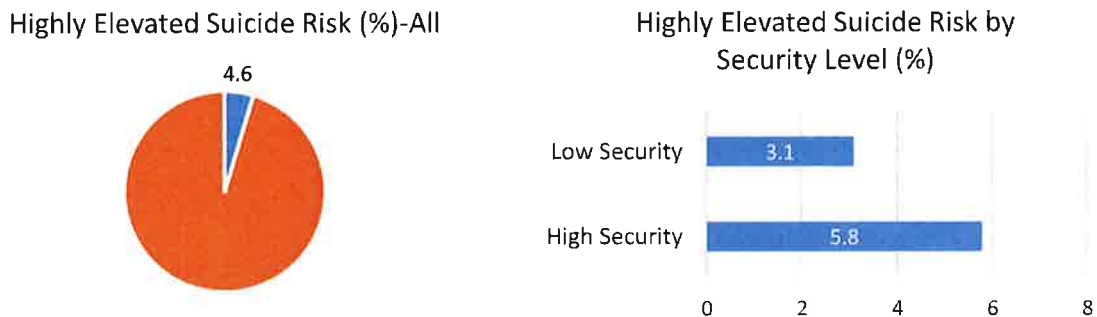


Figure 7. Estimated Percentage of Highly Elevated Corrections Officer Suicide Risk Cases

### Gender Differences for Corrections Staff

To illuminate the potential influence of gender on mental health condition prevalence, rates of PTSD Positive, Depression Positive, Comorbid Positive, and Highly Elevated suicide risk were plotted by gender subgroups. As can be seen in Figure 8, rates were fairly similar though male COs most often tended to score slightly higher than females, and with the largest differences occurring for suicide risk and PTSD status.

The proportion of positive versus negative cases was compared across Gender subgroups to determine whether differences were large enough to be statistically significant. Given multiple comparisons, a Bonferroni correction was implemented to reduce the chances of increased Type I error (i.e., false positives). Thus the default p-value of .05 was reduced to .0125 for each of multiple comparisons. Using this approach, no statistically significant differences were found, although the pre-corrected p-value for suicide risk did approach statistical significance ( $X^2=3.16$ ,  $df=1$ ,  $p=.075$ ).



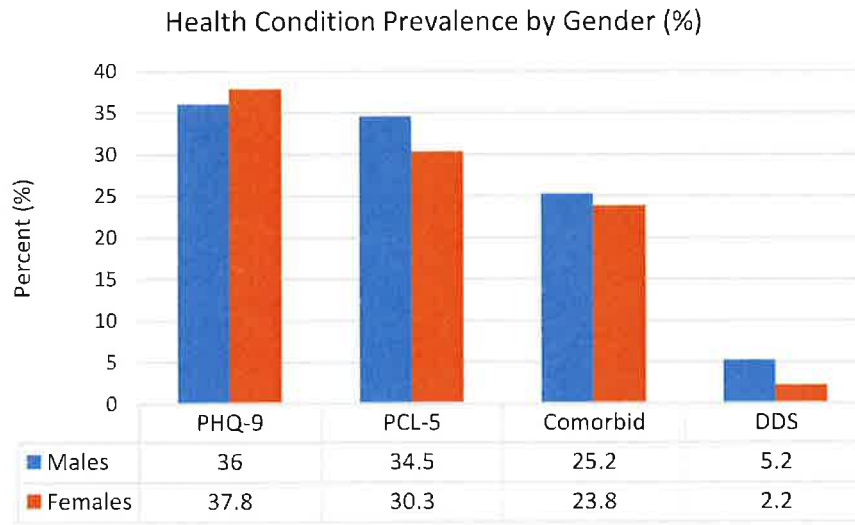


Figure 8. Health Condition Prevalence for Male and Female Corrections Officers

#### Prior Military Experience

To illuminate the potential influence of prior military experience, mental health condition rates were compared for subgroups of COs who reported having or not having prior military experience. As can be seen in Figure 9, health condition rates were quite close across subgroups, with the biggest difference occurring for cases of High Suicide Risk. Individuals who reported pre-corrections military service demonstrated a slightly higher rate of elevated suicide risk (6.5%), compared to non-military (4%).

The observed differences were assessed for potential statistical significance using a Bonferroni-corrected p-value (.0125) criterion. None of the differences were found to be statistically significant.

#### Years of Corrections Work Experience

To illuminate the potential influence of accrued years of corrections work, mental health condition rates were compared for subgroups of COs with less than

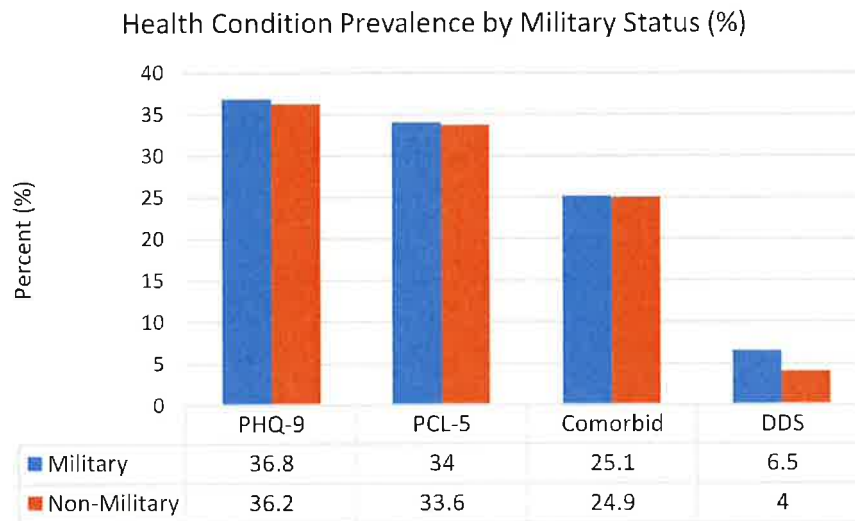


Figure 9. Health Condition Prevalence for Military and Non-Military Corrections Officers

or equal to 10 years' experience versus those with more than 10 years' experience. As shown in Figure 10, there was substantial variability in health condition rates according to the number of years spent working in corrections. Individuals with more than 10 years' experience demonstrated higher rates for all health condition measures.

Each health condition's prevalence, as reflected by status positive versus negative, was compared across the two Years' Experience subgroups. Using a Bonferroni-corrected p-value (.0125), two health condition rate differences were found to be statistically significant: the PTSD Positive rate ( $\chi^2=27.25$ ,  $df=1$ ,  $p=.000$ ) and the Comorbid Positive rate ( $\chi^2=7.38$ ,  $df=1$ ,  $p=.007$ ). Rates for Depression Positive and High Suicide Risk did not quite reach significance under the more conservative corrected p-value criterion. Both of these rates, however, were statistically significant with uncorrected p-values, at  $p=.03$  and  $p=.04$ , respectively.

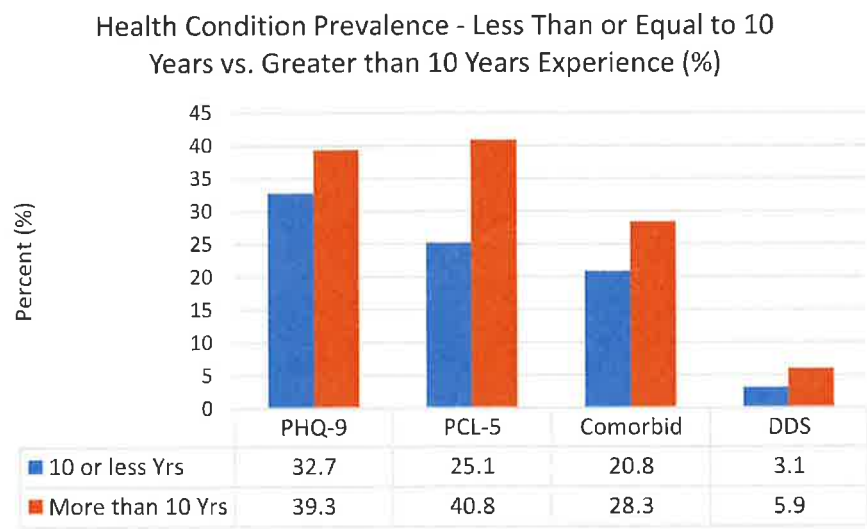


Figure 10. Health Condition Prevalence for Years' Experience Subgroups

## DISCUSSION

### Violence, Injury, and Death Exposure

The data collected in this study of MCO members' experiences, involving exposure to VID events, confirmed that a large proportion of MCO COs experience very substantial rates of VID exposure during the course of their job functions. Study participants completed the VIDES assessment, which measures overall exposure magnitude, based on combined information about types, frequency, and recency of both direct and indirect exposures to work-related events involving VID. Results indicated that more than 50% of staff had experienced high to extreme levels of exposure.

To assess the strength of relationship between VID exposure and various health status conditions, Pearson correlations were calculated between (1) VIDES total scores and (2) the PHQ-9 total score (measuring depression), the DDS total score (measuring suicide risk), the PCL-5 total score (measuring PTSD), and individual PCL-5 symptom cluster scores B, C, D, and E, which reflect different sets of PTSD symptoms.

The correlations between the VIDES total score and seven different health condition scores ranged from  $r=.33$  to  $.45$ . All correlations were found to be statistically significant, confirming the presence of substantive and real relationships. Not unexpectedly, and given the vast literature supporting the relationship between traumatic exposure and PTSD, the magnitude of the relationship between VID exposure as measured by the VIDES, and PTSD as measured by the PCL-5, was found to be strongest ( $r=.45$ ).

A comparison of mean VIDES score differences for COs working in Low Security and High Security subgroups was completed to discern an expected difference in average VID exposure levels. Means for COs working in High and Low Security areas were found to be significantly different, confirming the expectation that COs working in high security areas would experience a higher magnitude of VID events compared to those working in low security areas.

### Estimated Mental Health Condition Rates

Of primary interest in this study was estimation of mental health condition rates for COs, with the expectation, based on previous research, that they experience various health detriments, including especially PTSD and Depression, due to the high stress nature of the job—in a way similar to other public safety occupations that are more widely known for their health-related occupational hazards. Of secondary interest was demonstration of a moderating effect of VID exposure upon mental health condition rates for High versus Low Security COs.

#### PTSD

The prevalence of PTSD among MCO member participants was estimated using the latest iteration of the Post-traumatic Checklist (PCL-5)—a widely used PTSD assessment/screening tool—recently updated to align with the most recent diagnostic criteria published in the DSM-5. Results from the PCL-5 also confirmed the percentage of case in which criteria were met for particular PCL-5 symptom clusters.

The overall PTSD rate was estimated to be 33.7%, far exceeding the rate that is typical in the general population (Kessler et al., 2005), and also exceeding, but to a lesser degree, rates published for other public safety jobs involving high exposure to traumatic events, such as police officers, firefighters, and combat military (Corneil et al., 1999; Fulton et al., 2015; Gates et al., 2012; Perrin et al., 2007). The PTSD Positive rate found in this study is virtually identical to that reported for correctional security/custody staff (34.1%), in a large sample study (N=3,599) of corrections staff working in numerous states (Denhof and Spinaris, 2013).

The percentages of cases where criteria were met for specific diagnostic symptom clusters was substantial, ranging from 43.2% to 64% across the four clusters assessed by the PCL-5: B, C, D and E. Diagnostic cluster E was met at the highest rate, of 64%, suggesting that Cluster E symptoms, involving alterations in arousal and reactivity, are a primary issue of concern for COs. According to the DSM-5, Cluster E reflects increased behavioral tendencies in areas including irritable behavior, angry outbursts, reckless or self-destructive behavior,

hypervigilance, exaggerated startle response, problems with concentration, and sleep disturbance. Several of these characteristics, including especially issues of anger and sleep difficulty, have been documented previously for their prevalence among COs (Spinaris et al., 2012).

The second most frequently met symptom cluster criterion was cluster D (56.7%), which reflects alterations in cognition and mood. According to the DSM-5, Cluster D is exemplified by impaired recall of traumatic events, negatively skewed perspective and expectations, exaggerated sense of blame upon self or others for traumatic events or their consequences, trauma-related emotions such as fear, horror, anger, guilt, or shame; diminished interest in previously enjoyed activities; feelings of detachment or social isolation, and difficulty experiencing positive emotions.

As was the case with Cluster E, many of Cluster D's stand out attributes have been identified previously, including: memory impairment; depression, which includes aspects of negative outlook, diminished interest in activities previously enjoyed, and difficulty experiencing pleasure; and emotions of fear, horror, guilt, and shame (Spinaris et al., 2012). Thus, the symptom cluster results provided by MCO member participants in relation to PTSD is consistent with previous research profiling corrections staff populations.

The prevalence of PTSD was also estimated separately for MCO member participants working in high and low security environments. MCO participants in the High Security subgroup were confirmed for demonstrating significantly higher VID exposure magnitude, and therefore were expected to show respectively higher rates of negative health statuses. This expectation was supported, as COs working in high security environments showed a significantly higher rate of PTSD Positive (39.3%), compared to those working in low security environments (28.8%). While participants in both High and Low Security subgroups demonstrated substantial and concerning PTSD rates, high security COs were estimated to be at 37% greater risk for PTSD Positive, compared to low security COs.

## Depression

The prevalence of MCO member participants demonstrating a Moderate or higher level of depression, based on results from the PHQ-9 depression measure, were defined as Depression Positive. The percentage estimated to be Depression Positive was 36.3% for all MCO member participants. This rate is slightly higher than a previously estimated rate (31.0%) for COs nationwide (Denhof & Spinaris, 2013; Obidoa et al. 2011). The rate of 36.3% far exceeds what has been found typical in the general population, ranging from approximately 8 to 10% (United States Center for Disease Control and Prevention (US-CDC; 2010).

Notably, depression in the workplace has been found to be among the costliest of health conditions. According to the World Health Organization (2012), depression is the leading cause of disability worldwide in terms of total years lost due to disability. Depression has been associated with reduced productivity, increased disability claims, absenteeism (Kessler & Frank, 1997), and premature retirement (Wang, 2004).

The rate of Depression Positive in the current study was also estimated for MCO member participants working in low versus high security environments, which, as discussed, manifest significantly different levels of VID event exposure. As was found to be the case with PTSD rates, the estimated number of Depression Positive cases was found to be significantly higher for participants constituting the High Security subgroup (41.8%) compared to the Low Security subgroup (31.5%). Estimation of relative risk indicated that individuals working in high security areas were at 33% greater risk of being determined Depression Positive, compared to those working in low security areas.

## Comorbidity

The prevalence of Comorbid Depression Positive and PTSD Positive cases was estimated. The importance of this combination has been highlighted in previous research into the health profile characteristics of United States corrections professionals (Denhof & Spinaris, 2013). Denhof and Spinaris reported that,

compared to individuals meeting criteria for either PTSD alone or Depression alone, individuals meeting criteria for both conditions concurrently tended to also show significantly higher scores and effect sizes across a whole spectrum of related health status measures, including: measures of stress, anxiety, and life satisfaction; reported number of absences from work and doctor visits; substance use; total number of reported health conditions of various types; and reported levels of impaired functioning in relationship, leisure time, caregiver, and personal responsibility contexts.

The rate of Comorbidity among MCO members in the current study was estimated to be 24.9%. Not unexpectedly, the current study's estimated Comorbidity rate for high security COs (30.7%) was significantly higher than the rate for low security COs (19.3%). COs in the High Security subgroup were estimated to be at 59% greater risk of Comorbid Positive status than individuals in the Low Security subgroup. The prevalence of Comorbid Positive status in the current study is slightly higher and in the ballpark of Denhof and Spinaris' previous Comorbidity rate estimate of 21.9%, based on nationwide sample data from corrections security/custody staff (Denhof & Spinaris, 2013).

### Suicide Risk

The DDS was designed as a measure of both group-level and individual level suicide risk, and validated for use with corrections staff populations (Denhof, 2014). It consists of assessment items associated with severe depression and suicidal behavior. The DDS provides a useful approach to monitoring staff suicide risk within corrections workplace cultures, which is important, given the high rates of corrections staff suicide that have been documented (New Jersey Police Suicide Task Force Report, 2009; Stack and Tsoudis, 1997; Violanti, Robinson, & Shen, 2013).

Using the DDS, the percentage of MCO COs scoring in the High range of suicide risk was estimated to be 4.6%. While on the face of it, a percentage like this may seem small, when considering the seriousness and consequence of staff suicides, the importance of even small percentages of High risk becomes clear. Stated



another way, if an organization's workforce has a true rate of 4.6% COs in the highly elevated suicide risk category, this means that about 5 of every 100 staff are at a dangerous level of risk of death by suicide.

The percentage of individuals scoring in the High Suicide Risk interpretive category of the DDS was also calculated independently for COs working in high and low security environments. Individuals in the High Security subgroup demonstrated a significantly higher rate of High Suicide Risk (5.8%) and an 87% greater risk of scoring in the High Suicide Risk category, compared to individuals in the Low Security subgroup (3.1%).

#### Gender Differences for Corrections Staff

Gender differences are often reported in social science research, including studies of corrections staff populations, out of theoretical or pragmatic interest. Most often differences are reported in terms of statistically significant mean differences in scores on continuous quantitative variables. However, mean differences alone can be difficult to interpret for their practical implications—especially if interpreted without regard for whether or not clinical or diagnostic thresholds were exceeded.

One of the advantages of the current study is that virtually all results are presented in the form of individuals who either met or did not meet clinically meaningful thresholds or diagnostic criteria. This approach helps reduce ambiguity about gender differences that are just theoretically interesting versus those that have practical consequence. For example, if male versus female subgroups of COs were found to score, respectively, above and below, a diagnostic cut-point for a serious condition, that difference would obviously have clear practical implications since one group is considered disordered or manifesting a debilitating condition and the other group is not.

In the current study of MCO COs, Gender was not found to be a particularly important factor in relation to prevalence of deleterious mental health conditions. Both males and females demonstrated rates of conditions that far exceeded

estimates of what is typical in the general population and therefore to a “practically significant” extent within the corrections population. While female COs demonstrated a pattern of slightly lower rates on most conditions measured, the magnitudes of these differences were not statistically significant, and thus neither real or meaningful gender differences were supported.

The general finding of minimal differences between male and female COs on key health condition status rates, highlights how, when differences are constrained to clinically meaningful margins or thresholds, gender differences do not always appear. The implication here is that programs designed to address prevalent and problematic health conditions need not be structured much differently, if at all, for male versus female COs.

#### Prior Military Experience

Mental health condition rates for MCO member participants, with and without prior military experience, were nearly identical for PTSD Positive, Depression Positive, and Comorbidity Positive statuses, though rates tended to be slightly lower for COs not having served previously in the military. While the percentage of COs in the Past Military Experience subgroup did demonstrate a somewhat higher rate of scores falling in the High Suicide Risk category of DDS results, the difference was not found to be statistically significant.

Previous research has documented relatively small but significantly different rates for individuals with pre-corrections military experience, where those with pre-corrections military activity showed an approximately 5% higher rate of Depression Positive and a 7% higher rate of PTSD Positive cases (Denhof and Spinaris, 2013). This prior research utilized similar but not identical estimation instruments, however, including an older version of the Post-traumatic Checklist (PCL-C) and the DASS-21 Depression scale (Henry, & Crawford, 2005; Lovibond & Lovibond, 1995).

While all mental health condition rate differences between COs with and without pre-corrections military service were found to be statistically insignificant, the pattern of slightly lower mental health condition rates for non-military COs is

consistent with previous findings and likely due to lifetime cumulative exposure to VID events. It is plausible to expect that the observed differences would have been substantively larger had the pre-corrections military service group been defined more narrowly to include only individuals who actually *engaged in* combat during their military service.

### Years of Corrections Experience

While demographic variables of Gender and Pre-corrections Military Service demonstrated little to no effect upon the various mental health conditions assessed, one demographic variable did show a larger impact—Years Experience in the field of corrections. Large and statistically significant differences in health condition rates were observed for COs having 10 or less years’ experience compared to those having greater than 10 years’ experience.

Individuals with more than 10 years’ experience showed rates of Depression Positive, PTSD Positive, Comorbid Positive, and High Suicide Risk level that exceeded less experienced COs’ rates by 6.6, 15.7, 7.5, and 2.8 percentage points, respectively. Two of the four rate comparisons were found to be statistically significant after applying a more conservative Bonferonni-corrected p-value criterion—namely, the difference in rates for PTSD Positive and Comorbid Positive. Notably, all of the various health status comparisons across Years’ Experience subgroups were statistically significant using a standard significance criterion of  $p < .05$ .

The observed effect of Years’ Experience on health condition rates is plausibly due, at least to some extent, to the impact of cumulative exposure to VID events in the corrections setting. It has been hypothesized previously (Spinaris et al., 2012), that corrections staff, and COs especially, may suffer an even greater toll from VID exposure than other individuals working other law enforcement positions or combat military roles, given the more repetitive and sustained course of exposures COs face in their day to day routines. COs exposure to VID events take place within a

confined space and involving regular contact with often volatile offender populations.

### Study Limitations, Generalizability, and Implications

Generalization of results from studies utilizing convenience samples and volunteer participation, including the current study, is always recommended with caution. The results from the present study, however, are quite consistent with prior and similar investigations into mental health condition rates for United States corrections professionals (Spinaris et al., 2012; Denhof and Spinaris, 2013; Obidoa et al. 2011).

It is prudent to highlight that the study's design incorporated the use of self-report-based assessment instruments, which, it can be argued, are more vulnerable to biased responding than other assessment methods, such as structured or semi-structured interviews. However, highly structured questionnaire-based assessment tools have the advantage of respectively high reliability and consistency, and they are less vulnerable to variability in clinical judgments that may take place during interview-based assessment. Thus, the assessment approach utilized can be seen as on par with alternative approaches, given the reality that all approaches include some combination of strengths and weaknesses in terms of their structure, form of administration, and psychometric properties.

An important fact is that all of the assessment instruments utilized in the current study have been confirmed for having strong and replicable psychometric properties across independent samples, including features of high reliability and multiple forms of validity support, despite utilization of self-report. In addition, all of the assessment tools used in this study have proved useful and effective for clinical and research applications. They continue to be widely used for estimating exposure, risk level, and health conditions rates, and are considered especially useful under circumstances in which large groups require evaluation.

The results from this study, therefore, can be considered defensible estimates of exposure levels, condition rates, and risk levels. This study's results provide a

useful starting point and guide for understanding key facets of the health profile of MCO COs. The identified health and risk statuses can be seen as a justification for resources and programming that target the reduction of symptoms and risks within the workforce, and that increase resilience and wellness.

Due to the chronic nature of VID exposure in corrections settings, and high security settings in particular, corrections staff health maintenance is best seen as an ongoing process of assessing and monitoring the status of corrections workforce health. When problems are detected or movement in problematic directions discovered, administrations can intervene as needed with trainings and education focused on understanding the nature of trauma, its effects upon health and functioning, and techniques for promoting resilience and wellness on both individual and workplace culture levels. Results from this study reinforce the potential benefits of staff rotations by security level as a means of “padding” the intensity of VID exposure that accrues for COs over time on the job.

A suggestion for future research focused on the influence of pre-corrections military status, given its bearing on level of prior VID exposure, is to make the further distinction between COs who actually engaged in military combat versus those who did not. This adjustment is likely to reveal at least somewhat higher rates of mental health conditions for the subgroup that engaged in combat military activity prior to their corrections work.

## REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5) (Fifth Ed.)*. Washington D.C.: American Psychiatric Association.
- Bureau of Labor Statistics (2015). News Release. Nonfatal occupational injuries and illnesses requiring days away from work. Table 14. Retrieved from <http://www.bls.gov/news.release/pdf/osh2.pdf>.
- Campbell, D.G., Felker, B.L., Liu, C-F, Yano, E.M., Kirchner, J.E., Chan, D., Rubenstein, L.V., & Chaney, E.F. (2007). Prevalence of Depression-PTSD Comorbidity: Implications for Clinical Practice Guidelines and Primary Care-based Interventions. *Journal of General Internal Medicine*, 22, 711-718. doi: 10.1007/s11606-006-0101-4.
- Corneil, W., Beaton, R., Murphy, S., Johnson, C., & Pike, K. (1999). Exposure to Traumatic Incidents and Prevalence of Posttraumatic Stress Symptomatology in Urban Firefighters in Two Countries. *Journal of Occupational Health Psychology*, 4, 131-141.
- Cukor, J., Wyka, K., Jayasinghe, N., Weathers, F., Giosan, C., Leck, P., Roberts, J., Spielman, L., Crane, M., & Difede, J. (2011). Prevalence And Predictors Of Posttraumatic Stress Symptoms In Utility Workers Deployed To The World Trade Center Following The Attacks Of September 11, 2001. *Depression and Anxiety*, 28, 210-217.
- Davidson, J.R., Hughes, D., Blazer, D.G., George, L.K. (1991). Post-traumatic stress disorder in the community: An epidemiological study. *Psychological Medicine*, 21, 713-721.
- Denhof, M.D. (2014). The Depression Danger Scale (DDS). Retrieved from [http://desertwaters.com/wp-content/uploads/2014/01/DDS\\_Data\\_Sheet.pdf](http://desertwaters.com/wp-content/uploads/2014/01/DDS_Data_Sheet.pdf).
- Denhof, M.D., & Spinaris, C.G. (2013). Depression, PTSD, and Comorbidity in United States Corrections Professionals: Impact on Health and Functioning. Retrieved from [http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity\\_Study\\_09-03-131.pdf](http://desertwaters.com/wp-content/uploads/2013/09/Comorbidity_Study_09-03-131.pdf).
- Denhof, M.D., & Spinaris, C.G. (2014). The Violence Injury and Death Exposure Scale (VIDES). Retrieved from [http://desertwaters.com/wp-content/uploads/2014/01/VIDES\\_Data\\_Sheet.pdf](http://desertwaters.com/wp-content/uploads/2014/01/VIDES_Data_Sheet.pdf).
- Denhof, M.D., Spinaris, C.G., & Morton, G.R. (2014). Occupational Stressors in Corrections Organizations: Types, Effects and Solutions. Retrieved from <http://nicic.gov/library/028299>.

- Dobie, D.J., Maynard, C., Kivlahan, D.R., Johnson, K.M., Simpson, T., David, A.C., & Bradley, K. (2006). Posttraumatic Stress Disorder Screening Status is Associated with Increased VA Medical and Surgical Utilization in Women. *Journal of General Internal Medicine*, 21, S58-S64. doi: 10.1111/j.1525-1497.2006.00376.x.
- Erickson, D.J., Wolfe, J., King, D.W., King, L.A., & Sharkansky, E.J. (2001). Posttraumatic stress disorder and depression symptomatology in a sample of Gulf War Veterans: A prospective analysis. *Journal of Consulting and Clinical Psychology*, 69, 41-49.
- Freeman, T.W., Roca, V., Moore, W.M. (2000). A comparison of chronic combat-related posttraumatic stress disorder (PTSD) patients with and without a history of suicide attempt. *Journal of Nervous and Mental Disease*, 188, 460-463.
- Fulton, J.J., Calhoun, P.S., Wagner, H.R., Schry, A.R., Haira, L.P, Feeling, N., Elbogen, E., & Beckham, J.C. The prevalence of posttraumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans: A meta-analysis. *Journal of Anxiety Disorders*, 31, 98-107.
- Gates, M.A., Holowka, D. W., Vasterling, J. J., Keane, T. M., Marx, B. P., & Rosen, R. C. (2012). Posttraumatic Stress Disorder in Veterans and Military Personnel: Epidemiology, Screening, and Case Recognition. *Psychological Services*: 9, 361-382.
- Henry, J.D., & Crawford, J.R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44, 227-239.
- Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627.
- Kessler, R.C., Frank, R.G. The impact of psychiatric disorders on work loss days. (1997). *Psychological Medicine* 27, 861-873.
- Konda, S., Tiesman, H., Reichard, A., & Hartley, D. (2013). Research note: U.S. correctional officers killed or injured on the job. Washington, D.C.: National Institute of Occupational Safety and Health. *Corrections Today*, November/December 2013, 122-125.
- Kroenke K., Spitzer R. L., & Williams J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606-613.
- Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.

- Marshall, R.D., Olfson, M., Hellman, F., Blanco, C., Guardino, M., & Struening, E.L. (2001). Comorbidity, Impairment, and Suicidality in Subthreshold PTSD. *American Journal of Psychiatry*, 158, 1467-1473.
- Morse, T., Dussetschleger, J., Warren, N., & Cherniack, M. (2011). Talking About Health: Correction Employees' Assessments of Obstacles to Healthy Living. *Journal of Occupational and Environmental Medicine*, 53, 1037-1045.
- New Jersey Police Suicide Task Force Report. (2009). Retrieved from [http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final\(r2.3.09\).pdf](http://www.state.nj.us/lps/library/NJPoliceSuicideTaskForceReport-January-30-2009-Final(r2.3.09).pdf).
- Obidoa, C., Reeves, D., Warren, N., Reisine, S., & Cherniack, M. (2011). Depression and Work- Family Conflict Among Corrections Officers. *Journal of Occupational and Environmental Medicine*, 53, 1294-1301.
- Oquendo, M., Brent, D.A., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., Zelazny, J., Burke, A.K., Firinciogullari, S., Ellis, S.P., Mann, J. (2005). Posttraumatic Stress Disorder Comorbid with Major Depression: Factors Mediating the Association with Suicidal Behavior. *American Journal of Psychiatry*, 162, 560-566.
- Oquendo, M.A., Friend, J.M., Halberstam, B., Brodsky, B.S., Burke, A.K., Grunebaum, M.F., Malone, K.M., Mann, J.J. (2003). Association of comorbid posttraumatic stress disorder and major depression with greater risk for suicidal behavior. *American Journal of Psychiatry*, 160, 580-582.
- Perrin, M.A., DiGrande, L., Wheeler, K., Thorpe, L., Farfel, M. & Brackbill, R. (2007). Differences in PTSD prevalence and associated risk factors among World Trade Center disaster rescue and recovery professionals. *American Journal of Psychiatry*, 164, 1385-1394.
- Samak, Q. (2003). Correctional Officers of CSC and their working conditions: a questionnaire-based study. Retrieved from <http://www.ucco-sacc.csn.qc.ca/Documents/UCCO-SACC/National/documents/Research/Correctional%20Officers%20and%20their%20working%20conditions.pdf>
- Sareen, J., Cox, B. J., Stein, M. B., Afifi, T. O., Fleet, C., & Asmundson, G. J. G. (2007). Physical and Mental Comorbidity, Disability, and Suicidal Behavior Associated with Posttraumatic Stress Disorder in a Large Community Sample. *Psychosomatic Medicine*, 69, 242-248.
- Sareen, J., Houlihan, T., Cox, B., & Asmundson, G. J. G. (2005). Anxiety Disorders Associated With Suicidal Ideation and Suicide Attempts in the National Comorbidity Survey. *Journal of Nervous and Mental Disease*. 193, 450-454.



- Schlosser, L.Z., Safran, D.A., & Sbaratta, C.A. (2010). Reasons for choosing a correction officer career. *Psychological Services*, 7, 34-43.
- Shalev, A.Y., Freedman, S., Perry, T., Brandes, D., Sahar, T., Orr, S.P., Pitman, R.K. (1998). Prospective study of posttraumatic stress disorder and depression following trauma. *American Journal of Psychiatry*, 155, 630-637.
- Stadnyk, B. (2003). *PTSD in corrections employees in Saskatchewan*. Retrieved from <http://www.rpnas.com/wp-content/uploads/PTSDInCorrections.pdf>
- Spitzer R.L., Kroenke K., & Williams, J.B. (1999). Validation and utility of a self-report version of the prime-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *Journal of the American Medical Association*, 282, 1737-1744.
- Spinaris, C.G., Denhof, M.D., & Kellaway, J.A. (2012). Posttraumatic Stress Disorder in United States Corrections Professionals: Prevalence and Impact on Health and Functioning. Retrieved from [http://desertwaters.com/wp-content/uploads/2013/09/PTSD\\_Prev\\_in\\_Corrections\\_09-03-131.pdf](http://desertwaters.com/wp-content/uploads/2013/09/PTSD_Prev_in_Corrections_09-03-131.pdf).
- Stack, S.J., & Tsoudis, O. (1997). Suicide Risk among Correctional Officers: A Logistic Regression Analysis. *Archives of Suicide Research*, 3, 183-186.
- United States Centers for Disease Control and Prevention (US-CDC). (2010). Current Depression Among Adults—United States, 2006 and 2008 Morbidity and Mortality Weekly Report, October 1, 2010 Erratum. Retrieved from [http://www.cdc.gov/features/dsdepression/revised\\_table\\_estimates\\_for\\_depression\\_mmwr\\_erratum\\_feb-2011.pdf](http://www.cdc.gov/features/dsdepression/revised_table_estimates_for_depression_mmwr_erratum_feb-2011.pdf).
- Violanti, J.M., Robinson, C.F., Shen, R. (2013). Law Enforcement Suicide: A National Analysis. *International Journal of Emergency Mental Health and Human Resilience*, 15, 289-298.
- Wang, J. (2004). Perceived work stress and major depressive episodes in a population of employed Canadians over 18 years old. *Journal of Nervous and Mental Disorders*, 192, 160-163.
- Weathers, F. W., Litz, B. T., Herman, D.S, Huska, J. A., & Keane, T. M. (1994). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Meeting of International Society for Traumatic Stress Studies, San Antonio, TX, October, 1993.
- Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at [www.ptsd.va.gov](http://www.ptsd.va.gov).

(Continued)

World Health Organization. Retrieved from

[http://www.who.int/mental\\_health/management/depression/wfmh\\_paper\\_depression\\_wmhd\\_2012.pdf](http://www.who.int/mental_health/management/depression/wfmh_paper_depression_wmhd_2012.pdf).

## Appendix A

## Participant Characteristics

Gender		(%)	Job Title	(%)
	Males	81.3	Corrections Medical Officer 8	2.3
	Females	18.7	Corrections Medical Officer E9	13.0
			Corrections Med. Unit Officer E10	.2
Ethnicity			Corrections Officer 8	10.4
	Asian	.1	Corrections Officer E9	69.2
	Black	8.3	Corrections Resident Rep. E10	.8
	Latino/a	2.0	Corrections Security Rep. E10	.3
	Mixed	2.3	Corrections Transport. Officer E10	.8
	Native Amer.	3.3	Forensic Security Assistant 8	.2
	White	84	Forensic Security Assistant 9	.3
			Forensic Security Assistant E10	1.6
Age			Special Alternative Incarc. Officer 9	.8
	18-29	15.5		
	30-41	30.3	Primary	
	42-53	43.5	Work	
	54-65	10.6	Setting	
	66+	.1		
			Corr. Military Facility	.3
			Corr. Psychiatric Facility	2.8
			Jail/Detention Center	.9
			Prison	95.5
Years				
Corrections	<6 mo.	3.7	Past	
Employment	6 mo. – 5 yrs.	30.5	Military	Yes 24.9
	>5 yrs.	10.9	Experience	
	>10 yrs.	8.0		
	>15 yrs.	23.2		
	>20 yrs.	23.7		

## Appendix B

### Assessment Instrument Psychometric Property Overviews

***The Depression Danger Scale*** (DDS; Denhof, 2014): The DDS is a psychometrically sound self-report-based assessment instrument that estimates level of suicide risk for individuals and groups. It is based on 13 items associated with severe depression and suicidal ideation. Psychometric properties were assessed using corrections staff populations. The DDS demonstrates a high level of internal consistency reliability ( $\alpha = .93$ ). Concurrent validity of the DDS has been demonstrated through statistically significant and substantial correlations with other conceptually and theoretically related measures. Correlations with the DASS-21 Depression Scale = .83; PCL-C = .70; CFSA-v5 = .55; SWLS = -.35. DDS total scores of 39 and above indicate highly elevated risk. Detailed psychometric property information on this instrument is available at [http://desertwaters.com/wp-content/uploads/2014/01/DDS\\_Data\\_Sheet.pdf](http://desertwaters.com/wp-content/uploads/2014/01/DDS_Data_Sheet.pdf).

***The Patient Health Questionnaire Depression Scale*** (PHQ-9): The PHQ-9 is a psychometrically sound self-report-based assessment instrument that utilizes a Likert-type rating scale for each item. Respondents indicate the extent of depression symptoms experienced over the past 2 weeks along a continuum spanning from 0 ("Not at all") to 4 ("Nearly every day"). The recommended screening cut-point for the PHQ-9 is a score of 10 or higher, which begins the Moderate Depression interpretive category. This cut-point has a sensitivity for major depressive disorder of 88%, a specificity of 88%, and a positive likelihood ratio of 7.1, meaning that individuals suffering from major depressive disorder are seven times more likely to have a PHQ-9 score of 10 or greater than patients without major depressive disorder. The operating characteristics of the PHQ-9 compare favorably to nine other case-finding instruments for depression in primary care (Kroenke and Spitzer, 2002).

***The Posttraumatic Stress Disorder Checklist-Civilian Version*** (PCL-C): The quality of measurement characteristics of the PCL-C (Orsillo, 2001; Ruggiero, Del Ben, Scotti, & Rabalais, 2003) and its diagnostic utility (Bertelson, Brasel, & deRoos, 2011; Gardner, Knittel-Keren, & Gomez, 2012; Keen) are well

substantiated. Results from the PCL-C have been found to compare favorably with clinician-performed diagnostic approaches, such as the Clinician Administered PTSD Scale (CAPS). The PCL-C is particularly amenable to screening of large populations, due to its self-administrable format. Internal consistency reliability for the entire scale has been estimated at .96, and from .89 to .91 for individual symptom clusters (Weathers et al., 1994). Evidence of convergent validity with the Minnesota Multiphasic Personality Inventory PTSD scale has been documented (Weathers et al., 1994). Many assessments of the PCL-C's psychometric properties have been found to replicate across multiple samples (Blanchard et al., 1996; Ruggiero et al., 2003).

**The PTSD Checklist for DSM-5 (PCL-5):** The PCL-5 is the latest iteration of the PCL-C (described above) and rests upon the foundation of psychometric property information from the PCL-C. The PCL-5 uses either of two alternate methods for predicting PTSD status: (1) a total score cut-off method (with total symptom severity score ranging from 0-80), where a summation of all item scores greater than or equal to 34 defines someone as PTSD-positive, or (2) a symptom cluster method, where DSM-5 criteria for PTSD are met following the DSM-5 diagnostic rule which requires several concurrently met criteria: 1 symptom cluster B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), and 2 E items (questions 15-20), and by treating each item rated as 2 (i.e., "Moderately") or higher on the response scale as a symptom endorsed.

**The Violence, Injury, and Death Exposure Scale (VIDES):** The VIDES was designed to provide a quantitative index of individuals' or groups' magnitude of exposure to events involving violence, injury, or death. Magnitude is a function of the number, range of both direct and indirect types of exposure, and recency of VID events experienced. The VIDES serves as an effective tool for estimating average exposure magnitudes for corrections workforces, and it was developed with corrections staff populations. The VIDES is psychometrically sound and demonstrates excellent measurement characteristics (Denhof & Spinaris, 2014). Internal consistency reliability has been estimated to be .92, based on Crobach's Alpha ( $\alpha$ ). The VIDES total score has been found to correlate substantially and

significantly with conceptually related clinical measures, including the Post-traumatic Checklist-Civilian version's (PCL-C) total score ( $r=.41$ ), the DASS-21 Depression Scale's total score ( $r=.33$ ), and the Corrections Fatigue Status Assessment's (CFSA-v5) global score ( $r=.31$ ). Additional VIDES psychometric property information is available at: [http://desertwaters.com/wp-content/uploads/2014/01/VIDES\\_Data\\_Sheet.pdf](http://desertwaters.com/wp-content/uploads/2014/01/VIDES_Data_Sheet.pdf).

## **Exhibit 6**

**Michigan News “Michigan Prisons short 740 corrections officers,  
paying \$70 million in OT”. March 2, 2018**

# Michigan prisons short 740 corrections officers, paying \$70M in OT

Updated Mar 2, 2018; Posted Mar 2, 2018

By **Brad Devereaux**  
[bdeverea@mlive.com](mailto:bdeverea@mlive.com)

As the inmate population drops in the state's prisons, along with the number of guards, Gov. Rick Snyder says the Michigan Department of Corrections needs more money for staffing.

There are about 740 vacancies for corrections officers, and about 50 officers are leaving each month, MDOC spokesman Chris Gautz said in February.

The state currently employs 6,500 corrections officers, so more than 10 percent of the guard positions allocated by Department of Corrections are vacant.

That's part of the reason the department spent 11 percent more on overtime in the past year, paying nearly \$70 million in the 2017 fiscal year that ended last October.

MDOC supports Gov. Rick Snyder's recommendation for one-time funding of \$9.2 million to allow MDOC to hire and train about 359 correctional officers in the next fiscal year that starts Oct. 1, Gautz said.

State Sen. John Proos, R-St. Joseph, who chairs the appropriations subcommittee on corrections, said Snyder's recommendation "will require a deeper dive into the number of staff necessary, while taking into consideration the significant open beds that exist in the MDOC today."

"The fact that we have open beds today is because we have a decreasing or shrinking population," Proos said. "That's a benefit to everybody in Michigan, and certainly the bottom line, and staff are to be commended for ensuring that success."

Deciding the funding level is a matter of balancing the needs of the MDOC with the current rates of departures, he said. Proos declined to comment specifically on the governor's recommendations.



The 18-bill package, spearheaded by Sen. John Proos (R-St. Joseph), aims to stop recidivism and updates parole and probation policies.

Proos said he is encouraged by the success of the criminal justice reform package passed last year, and MDOC staff should be praised for reducing recidivism and helping to increase rates of success in the prison system and in communities.

MDOC's inmate population dropped below 40,000 for the first time in more than 20 years, the department said in January while announcing plans to close West Shoreline Correctional Facility in Muskegon, which housed more than 1,200 inmates and employed close to 175 people.

The prison houses more than 1,200 inmates.

Michigan's prison inmate population peaked in March 2007 at 51,554. The state's recidivism rate has remained near historic lows and is one of the lowest in the country at 29.8 percent, MDOC said.

"I look forward to looking into numbers and balancing that for the benefit of taxpayers and the success of the prison system itself," Proos said. "It is obvious that staff are critical to success of department overall, so we have to be careful in balancing that equation."

He noted that the entirety of the MDOC's annual \$2 billion budget comes from state taxpayers.

The corrections department does not need as many employees as it once did, Gautz said, like in the 1980s when the state was building prisons as fast as increased prison populations came in.

But to stay "mostly even" with departures of corrections officers, MDOC will have to hire additional staff, he said, and shifts can't be left unstaffed.

"These aren't nine-to-five jobs," he said, noting facilities have to maintain certain staffing levels 24 hours a day and that officers can't leave unless the next scheduled employee is there.

The agency will always pay some overtime because of the constant staffing needed, Gautz said, but he expects additional staff would reduce the number of hours.

While some people like getting paid overtime, he said the uncertainty of not knowing if they can go home at the end of their scheduled shift creates problems for guards.

"Many officers are moms, dads, coaches, and they have things to go to," he said.

When corrections officers are tired, mistakes can happen, he said.

The presence of officers can reduce violence or the likelihood of violence, Michigan Corrections Organization Communications Director Anita Lloyd said.

"It's a big safety issue when you don't have enough corrections officers," she said.

Proper staffing levels are like a foundation that has to be built before building up rehabilitation and other programs, Lloyd said.

"We think there has to be that basic expectation of safety and calm and security and a lot can be built on top of that," she said. "If we did have more staffing, it could have a greater impact on those bigger ideas and aspirations."

MDOC has done some hiring in recent years, she said, but a retention issue is adding to the problem.

"As new people are hired they seem to be wanting to be moving onto other careers quickly or promote quickly or something like that," she said.

She believes part of the retention program stems from the legislature voting in 1997 to remove pensions for MDOC employees.

A negative environment and potentially dangerous working conditions also contribute to staff departures, she said, noting the threat of inmates with homemade weapons.

She said she believes a change from 2013 to 2015, when MDOC outsourced academy training and asked recruits to pay for training, was an obstacle for new employees entering MDOC. The department has since changed back to doing trainings in house and no longer charges recruits for training, she said.

"Unemployment is low and the working conditions are dangerous and stressful and there's a lot of mandatory overtime because of the shortage. It creates a burden on families' and officers' mental health," she said.

"Naturally, if you're at the end of a 16-hour workday, you're not going to be as alert as the first or second hour of work, so that's a concern too."

The governor's recommended budget comes on the heels of \$4.36M in one-time spending was approved for the current year's budget, enough to hire 177 officers, Gautz said.

The budget debate will continue in the coming months, and MDOC will be working to make a case for the bill during discussions, he said. Meanwhile, MDOC expects to continue to see a huge number of officers leaving, Gautz said.

"It's going to get worse if we don't have the money," he said.

## **Exhibit 7**

**Mitch Bean Affidavit and Attachment Exhibits A – E**

AFFIDAVIT OF MITCHELL E. BEAN

STATE OF MICHIGAN     )  
  ) ss.  
COUNTY OF INGHAM     )

MITCHELL E. BEAN, having been duly sworn, deposes and states as follows:

1. I make this affidavit from personal knowledge and I am competent to testify to the matters stated herein if called upon to do so.
2. I am a founding principal of Great Lakes Economic Consulting, an economic research and consulting firm. I have been retained by the Michigan Corrections Organization, SEIU Local 526M ("MCO") to provide an independent analysis of the current and projected economic condition of the State of Michigan and the projected fiscal condition of the State government through fiscal year 2020. Other than as a consultant, I have never had any business or other relationship with MCO and I have never been a member of MCO. I have been asked to render an expert opinion as to whether the projected state budget and state revenue through fiscal year 2020 can reasonably be expected to be sufficient to fund the MCO's economic proposals, in particular its wage and benefit proposals, submitted to the impasse panel.
3. I am familiar with MCO's economic proposal, which consists of one modest wage increase, retention of the current health care plans, and a retention and professionalism pilot. For the reasons explained in detail below, it is my opinion that there will be sufficient revenue through fiscal year 2020 to support this proposal.

**BACKGROUND, CREDENTIALS AND EXPERIENCE**

4. A copy of my resume is attached as *Exhibit A: Resume with background and list of publications*.
5. I have extensive experience forecasting Michigan's tax revenue and developing state budget projections. I served as Director of the House Fiscal Agency (HFA) from June 1999 until my retirement in July 2011. The House Fiscal Agency is a nonpartisan agency within the Michigan House of Representatives, which provides research, information and analysis on fiscal matters to the House Appropriations Committee and other members of the House. The HFA assists with preparation of the state budget, reviews and assists with appropriations bills, develops fiscal impact statements on proposed legislation, and provides economic research and reports to legislators. Prior to my appointment as HFA Director, I was the HFA's Chief Economist. I served in that position from December 1993 until I hired a Senior Economist to replace me in the spring of 2000.
6. The Consensus Revenue Estimating Conference (Conference) establishes the official

economic forecast that serves as the basis for the Michigan state budget. The Conference issues its forecast each January and May, and may do so at other times as well. Under Michigan law, the HFA Director, along with the State Treasurer and the State Budget Director, are the three voting members of the Conference. I have participated in the Conference since January, 1994 until my retirement in June, 2011, either as the HFA's Chief Economist or as HFA Director since June 1999. I have participated in at least 36 Conferences.

7. I have extensive experience developing state budget proposals. Since 1994, I have worked with six state Budget Directors, two Senate Fiscal Agency Directors, and their staff preparing reports, analysis and forecasts for budget target meetings. I personally participated in budget target meetings from 1999 until my retirement. I served as Senior Budget Advisor to the Speaker of the House and the Chair of the House Appropriations Committee. As Director of HFA I supervised the preparation of numerous budget proposals for the Michigan House of Representatives, including the two omnibus budget bills that were enacted into law in June, 2011.

8. I served as a statutorily-appointed Commissioner on Michigan's Legislative Commission on Government Efficiency and as the Staff Chair of the National Conference of State Legislatures Budgets and Revenue Committee for 2009-2010. I was a member of the National Conference of State Legislatures' Deficit Reduction Task Force, which was created to consult with the newly created National Commission on Fiscal Responsibility and Reform; and I served as Overall Staff Vice Chair of the National Conference of State Legislatures Standing Committees for 2010-2011.

9. From the mid nineteen-nineties through the mid two-thousands I was a regular participant in the Federal Reserve Bank of Chicago's Midwest Economic Roundtable. On April 4<sup>th</sup>, 2013, I spoke to the Chicago FED Research group about the causes and contributing factors of Michigan's 10-year recession.

10. My educational background and list of publications is set forth in my resume, **Exhibit A**.

## **MICHIGAN'S PROJECTED ECONOMIC OUTLOOK**

11. The state of Michigan's annual budget is heavily dependent on the condition of Michigan's economy. Therefore, in order to reliably predict the budget, an understanding of projected economic conditions is necessary.

12. State and national economic conditions in the years after the end of the great recession can be characterized as steady and stable. The state economy and consequently state tax revenue collections are significantly impacted by the national economy. Michigan manufactures many automobiles and other goods, as well as agricultural commodities that are exported to other states and nations.

13. During the bi-annual Consensus Revenue Estimating Conference process (CREC) defined by MCL 18.1367b, conference members produce what are referred to as baseline forecasts which estimate revenue growth that assume no change in tax policy. These baseline forecasts are adjusted to reflect the impact of recently enacted tax policy that impacts state revenue collections to produce a forecast of net available resources. Consensus forecasts are revised each time the CREC meets until final audited numbers are available. The most recent meeting was in May 2018. **[Exhibit B.]**

14. As a result of continued state and national economic growth, state tax revenue collections that resulted from economic growth (typically called baseline revenue growth) have been steady and stable as well. Net state tax revenues, (available tax revenue net of tax cuts), has grown as well; however, net revenue growth has not been as steady because of enacted tax cuts.

15. **Michigan has already received significantly more revenue than anticipated in the May 2018 CREC estimate and more available resources in the current and in future years are the most likely outcome.** Through August – just three months after the May 2018 Consensus Revenue Estimating Conference (CREC), fiscal agencies have reported that FY 2018 General Fund – General Purpose (GF/GP) revenue collections are between \$366.3 (September HFA estimate) and \$382.6 (September SFA estimate) million above expectations.

Estimates through August are significantly higher than estimates through July, which were \$231.0 million and \$217.1 million above consensus respectively. This is a clear indication that the gap between May 2018 CREC GF/GP estimates and actual GF/GP collections is increasing. **[Exhibits C and D.]**

16. Addition available resources reflect a stronger than expected economy. Real U.S. GDP increased about 4.2 percent in Q2 is expected to exceed 3% again in Q4. COMERICA recently reported that they expect MI real GDP to show a significant (3.1 percent increase) in Q2 as well.<sup>1</sup> This demonstrates that the state and U.S. economy are growing faster than previously anticipated.

17. Additional resources in FY 2018 mean that more money is available for FY 2019 and that May 2018 CREC estimates will likely be revised higher at the January 2019 CREC. Estimates for FY 19, FY 20, and beyond can be expected to increase because, even if future growth rates were to remain the same as current forecasts indicate, the growth would be based off a larger FY 2018 base.

18. Realistically, the state and U.S. economy seem to be growing faster than current CREC forecasts indicate which adds an upward bias to the forecast and increases the likelihood January 2019 CREC estimates will be even higher than May 2018 CREC forecasts.

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<sup>1</sup> <https://www.comerica.com/insights/economic-commentaries/state-outlooks/michigan2018/august2018mieconomicoutlook.html>

19. Recent Court Decisions: In addition to more resources likely to be available because the state is experiencing stronger growth, recent court decisions will increase available state resources. [*South Dakota v Wayfair, Inc*, 585 US \_\_\_\_ (2018) (Case No 17-494).] Not included in current forecasts, are the expected impact of the Supreme Court's decision that allows states to collect tax on online sales, and the decision to allow online and sports betting. [*Murphy v National Collegiate Athletic Ass'n*, 584 US \_\_\_\_ (2018) (Case No 16-476)].

20. Estimates vary, but state tax collections from online sales are likely to be \$200 to \$300 million per year in the next couple of years.<sup>2</sup> Additional gaming revenue is expected to be much lower, perhaps \$10 million, but together the revenue impact will be substantial. In my judgment, after the January 2019 CREC, the state could easily have an additional \$400 to \$500 million to work with for FY 2019, FY 2020 and beyond from the effects of a stronger state economy and recent court decisions on resources. That estimate is probably too conservative.

**21. If Michigan's actual GF revenue collections for FY 18 is revised \$400 million higher in the January 2019 CREC and baseline GF growth forecasts remain the same in FY 19 and FY 20 – which is too conservative in my opinion – additional available GF resources in FY19 and FY 20 will exceed \$400 million each year as well.**

22. Because the May 2018 CREC baseline GF forecast is expected to increase 1.4% in FY 19, and 2.8% in FY 20 [**Exhibit B**], the \$400 million in additional baseline GF resources would increase by 1.4% in FY 19 to \$405.6 million in FY 19 and by 2.8% to 416.9 million in FY 20. That means that baseline GF revenues over the period from 2018 to 2020 would be about \$1.2 billion higher than currently anticipated. An important caveat is that anticipated and future tax policy changes, and legislative decisions to use additional resources to meet other budgetary needs, can significantly impact available resources.

23. In addition to base GF/GP collections that are already running \$366.3 to \$382.6 million higher than expected, as discussed in (15.), one-time GF/GP budget lapse will be available as an additional beginning balance for FY 2018-19 or for expenditure in FY 2017-18. The actual FY 2017-18 GF/GP budget lapse will not be determined until book-closing which generally occurs in December; however, as shown in the attached history of GF/GP budget lapses which I prepared [**Exhibit E** (citing sources)], the average yearly GF/GP budget lapse has exceeded \$130 million since FY 1999-2000. Whatever the final amount is, it will be available for one-time expenditures as well.

24. However, even under conservative assumptions, there are clearly enough additional resources available for state employee wage increases, bonuses, recruitment incentives or

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<sup>2</sup> <https://www.detroitnews.com/story/business/2018/08/13/michigan-enforce-sales-tax-online-out-state-retailers/978376002/>



retention payments – on the order of at least \$400 million per year more than presently estimated in the May 2018 CREC.

FURTHER AFFIANT SAYETH NOT.

Mitchell E Bean  
MITCHELL E. BEAN

Subscribed and sworn to before me  
this 5 day of October, 2018.

Stephanie Short, Notary Public  
County of Eaton, State of Michigan  
Acting in the County of Ingham  
My Commission Expires: 10-8-19

STEPHANIE L. SHORT  
Notary Public, State of Michigan  
County of Eaton  
My Commission Expires 10-08-2019  
Acting in the County of Ingham

## **EXHIBIT A**

### **Resume of Mitchell E. Bean**

## **Mitchell E. Bean**

11889 Plains Road, Eaton Rapids, MI 48827

Email: beanmitch@gmail.com

### **PROFESSIONAL EXPERIENCE**

**Great Lakes Economic Consulting LLC (GLEC): July 2011 to present.** Started GLEC with Robert Kleine, State Treasurer (retired). GLEC is a non-partisan firm that conducts fact based analysis and provides studies on public policy issues and strategic advice to local governments, school districts, trade associations, lobbying firms, non-profit associations, and other organizations interested in public policy issues.

#### *Major Studies:*

- Uncompensated Cost of MSU to City of East Lansing's Public Safety and DPW Budgets. Completed October 2016.
- Michigan's Great Disinvestment; How State Policies Have forced Our Communities Into Fiscal Crisis: April 2016.
- A Cost/Benefit Analysis of Proposed Michigan School Readiness Tax Credits (SRTC): November: 2014
- A Cost/Benefit Comparison of Defined Benefit and Defined Contribution Retirement Plans: May 2014
- Potential State and Local Revenues Generated by Eight New Privately Owned Casinos in Michigan: July 2012
- The Socio-Economic Benefits and Associated State Budget Savings of Community Based Programs for Juvenile Offenders: 2012

#### *Major Consulting Assignments:*

- Wayne County Executive Office: Current fiscal conditions affecting State/Local relations and the County. Recommendations to County Executive for moving the County forward: 2016-17.
- Commonwealth of Puerto Rico: Analyze revenue forecasts and deficit reduction plan. Recommend ways to improve forecasting process (subcontractor): March–February 2015.
- Impact of New Emergency Manager (EM) law and Detroit Bankruptcy: Advised numerous investment firms on the potential impact of the new EM law enacted in 2013 on a City bankruptcy and the potential impact of Detroit bankruptcy on debt instruments: March 2012-13.

**Economic Correspondent, Michigan Information and Research Service (MIRSNEWS): July 2011 to present.**

- Write monthly articles reporting on State revenue collections and occasional articles on current budget and tax proposals.
- Serve as a resource to explain complicated budget issues and provide commentary for MIRS reporters

**Director, House Fiscal Agency, Michigan House of Representatives: 1999 to 2011**

Directed nonpartisan, professional, confidential staff of 30 providing the House Appropriations Committee, and other House members, with information and analysis of revenue, expenditure, and budget matters; led and/or anticipated in biyearly Consensus Revenue Estimating Conference process; worked closely with leadership of Republican and Democratic parties, and with Senate and Executive branches; anticipated policy and legislative needs/requirements.

*Key Contributions/Achievements:* Expanded and standardized Fiscal Agency publications program; created appropriation process training sessions for new House members and staff; initiated program of economic and budget presentations (14 in 2008; over 40 in 2010) for House members, policy staff, and professional and citizen groups; addressed the full House during session to update members on economic and revenue problems; served seven different Speakers (Michigan House of Representatives) and nine House Appropriation Committee Chairs.

**Senior Economist, House Fiscal Agency, Michigan House of Representatives: 1993 to 1999**

Analyzed/forecasted national/State economy and State revenue, determined fiscal impact of proposed legislation with potential to affect State revenue, served as economic and technical resource for Agency staff and members of the House of Representatives.

**Economist, Office of Revenue and Tax Analysis, Michigan Department of Treasury: 1992 to 1993**

Analyzed Single Business Tax and tax expenditure issues; worked with team developing school finance and property tax reform proposals.

**Instructor, Department of Economics, Michigan State University: 1992**

Intermediate Microeconomics.

**ASSOCIATIONS**

**National Conference of State Legislatures (NCSL)**

Deficit Reduction Task Force, 2010 to 2011: Reviewed NCSL policy, interacted with congressional committees, reported recommendations to NCSL Executive Committee.

Staff Vice-Chair for Standing Committees, 2010 to 2011: Reviewed pending policy resolutions, identified emerging state/federal issues, coordinated outreach to legislators and staff.

Budgets and Revenue Committee, 2008 to 2011: Intermediate Past Staff Chair, Staff Vice Chair, Moderator (Build America Bonds), Panelist (Lessons on Crafting Tax Policy), Panelist (State Unemployment Funds: Going for Broke?), Speaker (Impact of Tax Expenditures on Budget Shortfalls).

**The Pew Charitable Trusts** — Featured speaker at November 2009 briefing following release of The Pew Center report (Beyond California, States in Fiscal Peril).

**MacNeil/Lehrer Productions** — Participant in November 2009 documentary, (By the People—Hard Times, Hard Choices), Panelist (Spending Cuts and Taxes).

**Federal Reserve Bank of Chicago** — Regular participant in Midwest Economic Roundtable.

**National Tax Association** — Member, 1990 to 2011

**EDUCATION**

Master of Arts in Economics, Michigan State University, East Lansing, Michigan

Bachelor of Arts in Economics (Cum Laude, Phi Beta Kappa), Washington State University, Pullman, Washington

**PUBLICATIONS**

Bean, Mitch, "Budget and Fiscal Policy in Michigan," Ch. 13 in Klemanski, John S. and David A. Dulio, eds., *Michigan Government, Politics, and Policy*. Ann Arbor, MI: University of Michigan Press, pp. 293-315. (Forthcoming, August 2017)

"Budget Areas Synopses FY 2010-11," with Kyle I. Jen, November 2010.

"State Unemployment Funds: Implications for Michigan's Budget," National Conference of State Legislatures, July 28, 2010.

"Standard Principles and Practice in Public Finance," National Conference of State Legislatures, July 25, 2010.

"Civil Service Salary and Benefit Comparisons," with Viola Bay Wild and Jim Stansell, November 2008.

"Medicaid's Impact on the State Budget," with Bill Fairgrieve, Fiscal Forum, January 2004.

*Revenue Review*, with Rebecca Ross, quarterly, 2000 through 2011.

"The Income Tax," with Kyle I. Jen, April 1999.

"Michigan Economic and Industrial Trends," with Steve Marasco, *Fiscal Focus*, November 1998.

"Michigan and Internet Taxation," with Marjorie Bilyeu, *Fiscal Focus*, February 1998.

"Toward Deregulation of Michigan's Electric Utility Industry: What Should We Expect?," with Marjorie Bilyeu, *Fiscal Focus*, February 1998.

"Internet Taxation in Michigan," with Marjorie Bilyeu, *State and Local Taxes Weekly*, February 1, 1998.

"Recent Legislative Changes to Michigan's Limited Liability Company Act," with Marjorie Bilyeu; Kemp, Klein, Umphrey, & Endleman, P.C. Quarterly Commentator, Winter 1997/1998; *Fiscal Forum*, October 1997; *Michigan Tax Lawyer*, Volume XXIII, Issue 3, Third Quarter 1997.

"Michigan's Short Statute of Limitations Applying to Tax Laws: A Constitutional Controversy," with Marjorie Bilyeu, *Fiscal Forum*, October 1997; *State and Local Taxes Weekly*, October 6, 1997.

"Mail Order Sales: Is Michigan Getting Its Fair Share of Sales and Use Taxes?," with Marjorie Bilyeu, *Fiscal Forum*, September 1997.

"State Cash Flow and Borrowing Costs," *Fiscal Focus*, June 1997.

"Dynamic Revenue Estimating, Will It Work For Michigan?," with Jay Wortley, Senate Fiscal Agency, and Mark P. Haas, Michigan Department of Treasury; March 1997.

"Revenue Performance and Economic Conditions in Michigan," National Tax Association Proceedings. 90th Annual Conference, Chicago, Illinois, 1997.

"Michigan Economic Outlook and Revenue Estimates," with Steve Marasco; Fiscal Years 1997-98 and 1998-99, 1998-99 and 1999-2000, 1999-2000 and 2000-01.

"Pupil and Taxpayer Equity in Michigan: Initial Analysis of School Finance Reform," with Hank Prince, National Conference of State Legislatures National Seminar on Property Tax Reform, Atlanta, Georgia, October 19, 1995.

"Trade Sanctions and Economic Welfare," with Michael Ahmad, *Fiscal Forum*, June 1995.

*Key Economic Indicators Update*, Bi-monthly, 1995 through 1999.

"Overview of the Headlee Limit on State Revenues," *Fiscal Forum*, June 1994.

"Fiscal Effects of Tax Increment Financing," 1994.

"Analysis of the Michigan Single Business Tax," Office of Revenue and Tax Analysis, Michigan Department of Treasury, 1993.

"Tax Expenditure Appendix to the Executive Budget," Office of Revenue and Tax Analysis, Michigan Department of Treasury, 1993.

"The Economic Impact of Michigan State University to the State of Michigan," with Ronald Fisher, John Goddeeris, and Margie Tieslau, A Report to the Vice President for Research and Graduate Studies, Michigan State University, 1992.

### **SELECTED ECONOMIC AND BUDGET PRESENTATIONS**

November 2010: Michigan Library Association; New Members of the Michigan House of Representatives.

October 2010: Oakland University; Rotary Club of Portage, Michigan; UAW Region 1-C, Annual Cap Conference; MSU Institute for Public Policy and Social Research, State Tax and Budget Round Table; Michigan Future, Inc.; Grand Valley Metro Council.

September 2010: Governmental Consultants Services, Inc. and Ottawa County.

August 2010: Michigan Judges' Association.

May 2010: Michigan Municipal League; Michigan Association of School Nurses; Town Hall Meeting With State Representative Corriveau; Town Hall Meeting With State Representative Segal; Business Leaders for Michigan; National Association for Business Economics.

April 2010: Town Hall Meeting With State Representative Stamas; Macomb Intermediate School District; Allegan County Local Officials; Town Hall Meeting With State Representative Nathan; Town Hall Meeting With State Representative Roberts.

March 2010: Michigan Association of Counties; Michigan County Medical Care Facilities Council; Architects and Engineers; Town Hall Meeting With State Representative Kurtz; State Bar of Michigan; State Farm Insurance.

February 2010: MSU Institute for Public Policy and Social Research, Michigan Political Leadership Program; Central Michigan University; Michigan Society of Association Executives; MSU Institute for Public Policy and Social Research, Michigan Policy Forum Series; Town Hall Meeting With State Representative Jones.

January 2010: Michigan Office of Services to the Aging; Michigan Association of Health Plans; Lansing State Journal; Town Hall Meeting With State Representative Barnett; Town Hall Meeting With State Representative Bauer; The Economist (Interview); U.S. Representative Hoekstra; University of Michigan, Flint Campus.

December 2009: Detroit Free Press; Fight Crime: Invest in Kids; Michigan League for Human Services; Michigan Utilities Directors Association; University of Michigan, Ann Arbor Campus.

November 2009: MacNeil/Leher Productions "By the People;" Town Hall Meeting With State Representative Byrnes; Town Hall Meeting With State Representative Opsommer; Public Affairs Associates; The Pew Center; Tri-County Office on Aging Advisory Council.

October 2009: Association of Businesses Advocating Tariff Equity; Presidents Council, State Universities of Michigan; UAW Region 1-C, Annual CAP Conference.

September 2009: Black Caucus Foundation Institute; Michigan Farm Bureau.

August 2009: Town Hall Meeting With State Representative Bauer.

July 2009: City, County, and Village Officials in City of Kalamazoo and Van Buren County; Michigan Municipal League.

May 2009: Allegan County Local Officials; Medical Care Advisory Council; Michigan Community College Association; Michigan Long Term Care Support and Service Advisory Commission; Michigan Professional Fire Fighters Union; The Capitol Club; Western Michigan University.

March 2009: Michigan Bankers Association; Architects and Engineers.

February 2009: Michigan Association of Counties; Michigan Association of Public Employees Retirement System; MSU Institute for Public Policy and Social Research, Michigan Political Leadership Program; Cable Television Show With State Representative Anger.

January 2009: Early Childhood Investment Corporation, Great Start Parent Liaison Institute; Michigan School Business Officials.

## **EXHIBIT B**

**Consensus Revenue Agreement - May 2018**

MEMORANDUM



**DATE:** May 17, 2018  
**TO:** Members of the Michigan House of Representatives  
**FROM:** Mary Ann Cleary, Director *MAC*  
**RE:** Consensus Revenue Agreement – May 16, 2018

Pursuant to the Management and Budget Act Sections 367(a) through 367(f), the Consensus Revenue Estimating Conference establishes an official economic forecast of major variables of the national and state economies and establishes a forecast of anticipated state General Fund/General Purpose (GF/GP) and School Aid Fund (SAF) revenue.

The conference principals at the May 2018 meeting were the Director of the House Fiscal Agency, the Director of the Senate Fiscal Agency, and the State Treasurer. The Director of the House Fiscal Agency is the 2018 Conference Chairperson.

The attached tables provide a summation of the agreements reached at the May 2018 conference. These consensus estimates will be reviewed and updated at the January 2019 conference.

**Table 1: Consensus Economic Forecast**

Provides estimates of various state and national economic variables. Real gross domestic product (GDP) is predicted to increase 2.7% in both calendar year (CY) 2018 and CY 2019 before dropping back to 1.9% in CY 2020. Michigan personal income is forecast to increase 4.1% in CY 2018, 4.4% in CY 2019, and 4.3% in CY 2020.

**Table 2: Consensus Estimates of GF/GP and SAF**

Provides the final FY 2016-17 revenue and revised revenue estimates for FY 2017-18 through FY 2019-20. Relative to FY 2016-17, total net GF/GP and SAF revenue is estimated to increase \$827.0 million or 3.6% in FY 2017-18, \$278.4 million or 1.2% in FY 2018-19, and \$433.5 million or 1.8% in FY 2019-20.

**Table 3: Consensus Estimate—Budget and Economic Stabilization Fund (BSF) Calculation**

There is no pay-in or pay-out calculated for FY 2017-18, although a \$150.0 million appropriation has been made. The calculated pay-ins for FY 2018-19 and FY 2019-20 are \$13.6 million and \$47.9 million, respectively. It should be noted that the deposits to the BSF are not automatic, and that they require an appropriation. No pay-outs are expected for any of these years. Pay-ins and pay-outs from the BSF are based on growth in real adjusted personal income (Management and Budget Act, 1984 PA 431, Section 352).

**Table 4: Consensus Estimate—Constitutional Revenue Limit Calculation**

Reports calculations of the amounts that revenue exceed or do not exceed the constitutional state revenue limit established in Article IX, Section 26 of the Constitution of the State of Michigan. Total state revenue subject to the limit is estimated to be \$8.62 billion below the limit in FY 2016-17, \$8.69 billion below in FY 2017-18, \$9.02 billion below in FY 2018-19, and \$9.83 billion below the limit in FY 2019-20.



**Table 5: Long Term Revenue Trend**

The long term revenue trend for combined GF/GP and SAF revenue is 1.9% growth for FY 2020-21 and 3.1% growth for FY 2021-22.

**Table 6 and Table 7:**

**Consensus Estimate—School Aid Revenue Adjustment Factor  
and Pupil Membership Adjustment Factor**

Reports consensus estimates of revenue adjustment factor and pupil membership for FY 2018-19 and FY 2019-20. The revenue adjustment factor is multiplied by the pupil membership adjustment factor to determine the index, the statutorily recommended increase or decrease in the per pupil foundation allowance. The School Aid Index for FY 2018-19 is 1.0359 and FY 2019-20 is 1.0278. The index would equal a 3.6% increase in the foundation allowance in FY 2018-19 and 2.8% in FY 2019-20.

**Table 8: Consensus Estimate—Child Development and Care (CDC) Program Caseload Costs**

Reports consensus estimates CDC caseload costs for FY 2017-18 through FY 2019-20. The CDC cost is estimated at \$177.0 million for FY 2017-18 and \$187.0 million for FYs 2018-19 and 2019-20.

**Table 9: Consensus Estimate—Human Services and Medicaid Expenditures**

Reviews consensus Gross and GF/GP expenditure estimates for Human Services caseload programs and Medicaid programs. Human Services caseload program GF/GP expenditures are estimated to increase \$12.0 million in FY 2017-18 and to decline \$19.1 million. Medicaid GF/GP expenditures are estimated to decline \$81.1 million in FY 2017-18 appropriated levels and to decline \$109.8 million in FY 2018-19.

**Table 10: Consensus Estimate—Department of Corrections Projections of Prisoner  
Population and Number of Available Beds**

Reports consensus estimates of projected prisoner population and number of available beds for FY 2018-19. The estimated prisoner population for FY 2018-19 is 38,815, and the estimated number of available beds is 932.

If you have any questions regarding this information, please do not hesitate to call.

Attachments

**Table 1**  
**Consensus Economic Forecast**  
**May 2018**

	<b>Calendar 2017 Actual</b>	<b>% Change from Prior Year</b>	<b>Calendar 2018 Forecast</b>	<b>% Change from Prior Year</b>	<b>Calendar 2019 Forecast</b>	<b>% Change from Prior Year</b>	<b>Calendar 2020 Forecast</b>	<b>% Change from Prior Year</b>
<b><u>United States</u></b>								
Real Gross Domestic Product (Billions of Chained 2009 Dollars)	\$17,096	2.3%	\$17,558	2.7%	\$18,032	2.7%	\$18,375	1.9%
Implicit Price Deflator GDP (2009 = 100)	113.5	1.8%	115.8	2.0%	118.3	2.2%	121.0	2.3%
Consumer Price Index (1982-84 = 100)	245.120	2.1%	250.891	2.4%	255.920	2.0%	261.692	2.3%
Consumer Price Index – Fiscal Year (1982-84 = 100)	243.841	2.1%	249.103	2.2%	254.003	2.0%	259.528	2.2%
Personal Consumption Deflator (2009 = 100)	112.7	1.7%	115.0	2.0%	117.1	1.8%	119.4	2.0%
3-month Treasury Bills Interest Rate (Percent)	0.9%		2.0%		2.8%		3.5%	
Unemployment Rate - Civilian (Percent)	4.4%		4.0%		3.7%		3.7%	
Wage and Salary Employment (Millions)	146.624	1.6%	148.970	1.6%	150.910	1.3%	152.420	1.0%
Housing Starts (Millions of Starts)	1.203	2.5%	1.300	8.1%	1.330	2.3%	1.340	0.8%
Light Vehicle Sales (Millions of Units)	17.1	-2.1%	16.9	-1.2%	16.8	-0.6%	16.7	-0.6%
Passenger Car Sales (Millions of Units)	6.1	-11.6%	5.3	-13.1%	4.9	-7.5%	4.7	-4.1%
Light Truck Sales (Millions of Units)	11.0	4.1%	11.6	5.5%	11.9	2.6%	12.0	0.8%
Big 3 Share of Light Vehicles (Percent)	42.0%		41.5%		41.0%		40.5%	
<b><u>Michigan</u></b>								
Wage and Salary Employment (Thousands)	4,371	1.2%	4,419	1.1%	4,459	0.9%	4,495	0.8%
Unemployment Rate (Percent)	4.6%		4.5%		4.4%		4.3%	
Personal Income (Millions of Dollars)	\$450,847	2.6%	\$469,332	4.1%	\$489,982	4.4%	\$511,052	4.3%
Real Personal Income (Millions of 1982-84 Dollars)	\$198,702	0.5%	\$202,261	1.8%	\$207,176	2.4%	\$211,399	2.0%
Wages and Salaries (Millions of Dollars)	\$229,335	2.9%	\$239,655	4.5%	\$250,199	4.4%	\$260,708	4.2%
Detroit Consumer Price Index (1982-84 = 100)	226.896	2.1%	232.043	2.3%	236.505	1.9%	241.747	2.2%
Detroit CPI – Fiscal Year (1982-84 = 100)	225.517	2.0%	231.046	2.5%	235.426	1.9%	240.524	2.2%

NOTE: Percentages may not calculate exactly due to rounding.

**Table 2**  
**May 2018: Revenue Comparison and Consensus Estimates of GF/GP and SAF**  
**(Millions of Dollars)**

	FY 2017-18		FY 2018-19		FY 2019-20	
	May 2018 Consensus	Change From FY 2016-17	May 2018 Consensus	Change From FY 2017-18	May 2018 Consensus	Change From FY 2018-19
FY 2016-17 Final	Change From FY 2015-16					
<b>General Fund/ General Purpose</b>						
Baseline	\$11,063.4		\$11,710.9	\$647.5	5.9%	
Tax Adjustments	(\$867.9)		(\$1,247.3)	(\$379.4)		
Net GF/GP Revenue	\$10,195.5	1.8%	\$10,463.6	\$268.1	2.6%	
<b>School Aid Fund Revenue</b>						
Baseline	\$12,732.1		\$13,250.2	\$518.1	4.1%	
Tax Adjustments	(\$47.0)		(\$6.2)	\$40.8		
Net SAF Revenue	\$12,685.1	4.7%	\$13,244.0	\$558.9	4.4%	
<b>Total GF/GP and SAF</b>						
Baseline	\$23,795.5		\$24,961.1	\$1,165.6	4.9%	
Tax Adjustments	(\$914.9)		(\$1,253.5)	(\$338.6)		
Net GF/GP and SAF	\$22,880.6	3.4%	\$23,707.6	\$827.0	3.6%	

**Numbers may not calculate exactly due to rounding.**

**Table 3**  
**May 2018: Consensus Estimate for Budget and Economic Stabilization Fund Calculation**  
**(Millions of Dollars)**

	FY 2017-18 Pay-In / FY 2016-17 Pay-Out Calculation		FY 2018-19 Pay-In / FY 2017-18 Pay-Out Calculation		FY 2019-20 Pay-In / FY 2018-19 Pay-Out Calculation		FY 2019-20 Pay-In / Pay-Out Calculation	
	CY 2016	CY 2017	CY 2017	CY 2018	CY 2018	CY 2019	CY 2019	CY 2020
Michigan Personal Income <sup>(1)</sup>	\$439,361	\$450,847	\$450,847	\$469,332	\$469,332	\$489,982	\$489,982	\$499,068
Less Transfer Payments <sup>(1)</sup>	\$93,520	\$94,836	\$94,836	\$97,871	\$97,871	\$101,966	\$101,966	\$108,827
Income Net of Transfers	\$345,841	\$356,011	\$356,011	\$371,461	\$371,461	\$388,016	\$388,016	\$390,241
Detroit CPI <sup>(2)</sup> for 12 months ending (June 2016)	2.202	2.249 (June 2017)	2.249 (June 2017)	2.297 (June 2018)	2.297 (June 2018)	2.342 (June 2019)	2.342 (June 2019)	2.336 (June 2020)
Real Adjusted Michigan Personal Income	\$157,066	\$158,331	\$158,331	\$161,706	\$161,706	\$165,686	\$165,686	\$167,065
Change in Real Adjusted Personal Income		0.8%		2.1%		2.5%		0.8%
Amount Under 0% Between 0% and 2% Excess Over 2%		N/A 0.8% N/A		N/A 2.0% 0.1%		N/A 2.0% 0.5%		N/A 0.8% N/A
GF/GP Revenue	FY 2016-17	\$10,195.4	FY 2017-18	\$10,463.6	FY 2018-19	\$10,411.6	FY 2019-20	\$10,518.7
<b>BSF PAY-IN<sup>(3)</sup></b>	<b>FY 2017-18</b>	<b>No Pay-In</b>	<b>FY 2018-19</b>	<b>\$13.6</b>	<b>FY 2019-20</b>	<b>\$47.9</b>	<b>FY 2019-20</b>	<b>No Pay-Out</b>
<b>BSF PAY-OUT<sup>(3)</sup></b>			<b>FY 2017-18</b>	<b>No Pay-Out</b>	<b>FY 2018-19</b>	<b>No Pay-Out</b>	<b>FY 2019-20</b>	<b>No Pay-Out</b>

**Notes:**

1. Personal Income and Transfer Payments: CY 2016 and CY 2017 are from the U.S. Bureau of Economic Analysis. Subsequent years are May 2018 consensus estimates.
2. Detroit Consumer Price Index, CY 2016 and CY 2017 are calculated based on values reported by U.S. Bureau of Labor Statistics for the July through June period. Subsequent years are May 2018 consensus estimates.
3. Calculation done per MCL 18.1352.

**Table 4**  
**May 2018 Consensus Estimate**  
**Constitutional Revenue Limit Calculation**  
(Millions of Dollars)

	<u>FY 2016-17</u> <u>Consensus</u> <u>May 2018</u>	<u>FY 2017-18</u> <u>Consensus</u> <u>May 2018</u>	<u>FY 2018-19</u> <u>Consensus</u> <u>May 2018</u>	<u>FY 2019-20</u> <u>Consensus</u> <u>May 2018</u>
<b><u>Revenue Subject to Limit</u></b>				
Consensus				
Net General Fund General Purpose	\$10,195.5	\$10,463.6	\$10,411.6	\$10,518.7
Constitutional Revenue Sharing	\$796.2	\$816.2	\$836.0	\$860.5
Net School Aid Fund	\$12,685.1	\$13,244.0	\$13,574.4	\$13,900.8
Transportation	\$2,719.1	\$2,950.2	\$3,137.6	\$3,333.6
Other Restricted Revenue	\$5,305.5	\$5,544.2	\$5,821.4	\$6,112.5
Less: GF/GP Federal Aid	\$8.6	\$13.3	\$13.3	\$13.3
<b>Total Revenue Subject to Limit</b>	<b>\$31,692.7</b>	<b>\$33,004.9</b>	<b>\$33,767.7</b>	<b>\$34,712.7</b>
<b><u>Revenue Limit</u></b>				
Personal Income	<u>CY 2015</u>	<u>CY 2016</u>	<u>CY 2017</u>	<u>CY 2018</u>
Ratio	\$424,807 9.49%	\$439,361 9.49%	\$450,847 9.49%	\$469,332 9.49%
<b>Revenue Limit</b>	<b>\$40,314.2</b>	<b>\$41,695.4</b>	<b>\$42,785.4</b>	<b>\$44,539.6</b>
<b>Total Revenue Subject to Limit</b>	<b>\$31,692.7</b>	<b>\$33,004.9</b>	<b>\$33,767.7</b>	<b>\$34,712.7</b>
<b>Amount Under (Over) Limit</b>	<b>\$8,621.5</b>	<b>\$8,690.5</b>	<b>\$9,017.7</b>	<b>\$9,826.9</b>

Numbers may not calculate exactly due to rounding.

Note: CY 2014 Personal Income is used for the FY 2016 revenue limit calculation, CY 2015 for FY 2017, CY 2016 for FY 2018, CY 2017 for FY 2019, and CY 2018 for FY 2020.

**Table 5**  
**Long Term Revenue Trend**  
**(Millions of Dollars)**

	<u><b>FY 2020-21</b></u>	<u><b>FY 2021-22</b></u>
<b>Net GF/GP Revenue</b>	<b>\$10,591.3</b>	<b>\$10,961.0</b>
Growth	0.7%	3.5%
<b>Net SAF Revenue</b>	<b>\$14,289.9</b>	<b>\$14,690.6</b>
Growth	2.8%	2.8%
<b>Combined GF/GP and SAF</b>	<b>\$24,881.2</b>	<b>\$25,651.6</b>
Growth	1.9%	3.1%

**Table 6**  
**May 2018 Consensus Estimate**  
**Revenue Adjustment Factor and Pupil Membership Adjustment Factor**  
**for FY 2018-19**

<b><u>Revenue Adjustment Factor (Millions of \$)</u></b>			
	<b><u>FY 2016-17</u></b>	<b><u>FY 2017-18</u></b>	<b><u>FY 2018-19</u></b>
Baseline SAF Revenue	\$12,732.1	\$13,250.2	\$13,575.0
Balance Sheet Adjustments	(\$47.0)	(\$6.2)	(\$0.6)
Net SAF Estimate	\$12,685.1	\$13,244.0	\$13,574.4
Subtotal Adjustments to FY 2018-19 Base	\$46.4	\$5.6	\$0.0
Baseline Revenue on an FY 2018-19 Base	\$12,731.5	\$13,249.9	\$13,574.4
Percent Change		4.07%	2.45%
SAF Revenue Adjustment Calculation for FY 2018-19:			
Sum of FY 2016-17 and FY 2017-18	\$12,731.5 +	\$13,249.6 =	\$25,981.1
Sum of FY 2017-18 and FY 2018-19	\$13,249.6 +	\$13,574.4 =	\$26,824.0
<b>FY 2018-19 Revenue Adjustment Factor</b>			<b>1.0324</b>
<i>Note: Factor is calculated off a FY 2019 base year.</i>			
	<b><u>January 2018</u></b>	<b><u>May 2018</u></b>	
	<b><u>Consensus</u></b>	<b><u>Consensus</u></b>	
	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Change</u></b>
<b><u>Pupil Membership Adjustment Factor</u></b>			
<b>FY 2017-18</b>			
Local Districts	1,336,900	1,337,800	900
Public School Academies	146,600	147,200	600
<b>Total</b>	<b>1,483,500</b>	<b>1,485,000</b>	<b>1,500</b>
<b>FY 2018-19</b>			
Local Districts	1,331,900	1,331,500	(400)
Public School Academies	146,600	148,500	1,900
<b>Total</b>	<b>1,478,500</b>	<b>1,480,000</b>	<b>1,500</b>
	<b><u>FY 2017-18</u></b>	<b><u>FY 2018-19</u></b>	
Consensus Estimate of Pupil Membership	1,485,000	1,480,000	
Pupil Membership Adjustment Factor for FY 2018-19:			
<u>FY 2017-18 Pupil Membership</u>	=	1,485,000	
<u>FY 2018-19 Pupil Membership</u>	=	1,480,000	
<b>FY 2018-19 Pupil Membership Adjustment Factor</b>			<b>1.0034</b>
<b>FY 2018-19 School Aid Index</b>			<b>1.0359</b>

**Table 7**  
**May 2018 Consensus Estimate**  
**Revenue Adjustment Factor and Pupil Membership Adjustment Factor**  
**for FY 2019-20**

<b><u>Revenue Adjustment Factor (Millions of \$)</u></b>			
	<b><u>FY 2017-18</u></b>	<b><u>FY 2018-19</u></b>	<b><u>FY 2019-20</u></b>
Baseline SAF Revenue	\$13,250.2	\$13,575.0	\$13,919.8
Balance Sheet Adjustments	(\$6.2)	(\$0.6)	(\$19.0)
Net SAF Estimate	\$13,244.0	\$13,574.4	\$13,900.8
Subtotal Adjustments to FY 2019-20 Base	(\$12.8)	(\$18.4)	\$0.0
Baseline Revenue on an FY 2019-20 Base	\$13,231.2	\$13,556.0	\$13,900.8
Percent Change		2.45%	2.54%
SAF Revenue Adjustment Calculation for FY 2019-20:			
Sum of FY 2017-18 and FY 2018-19	\$13,231.2 +	\$13,556.0 =	\$26,787.2
Sum of FY 2018-19 and FY 2019-20	\$13,556.0 +	\$13,900.8 =	\$27,456.8
<b>FY 2019-20 Revenue Adjustment Factor</b>			<b>1.0250</b>
<i>Note: Factor is calculated off a FY 2020 base year.</i>			
	<b><u>January 2018</u></b>	<b><u>May 2018</u></b>	
	<b><u>Consensus</u></b>	<b><u>Consensus</u></b>	
	<b><u>Estimate</u></b>	<b><u>Estimate</u></b>	<b><u>Change</u></b>
<b><u>Pupil Membership Adjustment Factor</u></b>			
<b>FY 2018-19</b>			
Local Districts	1,331,900	1,331,500	(400)
Public School Academies	146,600	148,500	1,900
<b>Total</b>	<b>1,478,500</b>	<b>1,480,000</b>	<b>1,500</b>
<b>FY 2019-20</b>			
Local Districts	1,328,000	1,326,000	(2,000)
Public School Academies	147,000	150,000	3,000
<b>Total</b>	<b>1,475,000</b>	<b>1,476,000</b>	<b>1,000</b>
	<b><u>FY 2018-19</u></b>	<b><u>FY 2019-20</u></b>	
Consensus Estimate of Pupil Membership	1,480,000	1,476,000	
Pupil Membership Adjustment Factor for FY 2019-20:			
<u>FY 2018-19 Pupil Membership</u>	=	<u>1,480,000</u>	
<u>FY 2019-20 Pupil Membership</u>	=	<u>1,476,000</u>	
<b>FY 2019-20 Pupil Membership Adjustment Factor</b>			<b>1.0027</b>
<b>FY 2019-20 School Aid Index</b>			<b>1.0278</b>



**Table 8**  
**May 2018 Consensus Estimate**  
**Department of Education**  
**Estimate for Child Development and Care**  
**FY 2017-18 Through FY 2019-20**

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	<u><b>Current Law</b></u>	<u><b>May 2018 Consensus Estimate</b></u>	<u><b>Difference from Current Law</b></u>
<b>Fiscal Year 2018 Total</b>	\$162,396,100	\$177,000,000	\$14,603,900
<b>Fiscal Year 2019 Total</b>		\$187,000,000	\$24,603,900
<b>Fiscal Year 2020 Total</b>		\$187,000,000	\$24,603,900

**Table 9**  
**May 2018 Consensus Expenditure Estimate**  
**Department of Health and Human Services**  
**FY 2017-18 Through FY 2019-20**

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	<b>Gross Change to Originally Proposed/Enacted <u>Appropriation</u></b>	<b>GF/GP Change to Originally Proposed/Enacted <u>Appropriation</u></b>
<b><u>Health Services</u></b>		
<b>FY 2017-18</b>	(\$347,536,300)	(\$81,110,800)
<b>FY 2018-19</b>	(\$555,647,500)	(\$109,784,900)
<b>FY 2019-20</b>	(\$555,647,500)	(\$109,784,900)
 <b><u>Human Services</u></b>		
<b>FY 2017-18</b>	\$17,945,200	\$11,998,600
<b>FY 2018-19</b>	(\$26,251,700)	(\$19,055,200)
<b>FY 2019-20</b>	(\$28,487,900)	(\$20,958,700)
 <b><u>Total for Department of Health and Human Services</u></b>		
<b>FY 2017-18</b>	(\$329,591,100)	(\$69,112,200)
<b>FY 2018-19</b>	(\$581,899,200)	(\$128,840,100)
<b>FY 2019-20</b>	(\$584,135,400)	(\$130,743,600)

**Table 10**  
**May 2018 Consensus Estimate**  
**Department of Corrections**  
**Proposed Projections of Prisoner Population and**  
**Number of Available Beds**

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	<u><b>FY 2018-19</b></u>
<b>Projected Prisoner Population</b>	<b>38,815</b>
<b>Net Operating Capacity</b>	<b>39,747</b>
<b>Projected Number of Available Beds</b>	<b>932</b>

## **EXHIBIT C**

### **Monthly Revenue Report - August 2018**



# MONTHLY REVENUE REPORT

## AUGUST 2018

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Revenue from Michigan's General Fund and School Aid Fund earmarked taxes totaled \$2.3 billion in August 2018, a 15.5% increase from August 2017 and \$252.5 million above the level expected in the Senate Fiscal Agency's estimate for the month, based on the consensus revenue estimates adopted in May 2018. In August, the State received approximately \$57.9 million in Federal reimbursements for Home Heating Credit refunds, which accounted for \$56.6 million of the amount by which revenue exceeded the forecast. Among other revenue sources, below-forecast collections from individual income tax withholding were more than offset by above-forecast collections from sales and use taxes, the State Education Tax (SET), the Michigan Business Tax (MBT), and the Corporate Income Tax (CIT). Timing issues dominated the majority of the circumstances under which tax revenue exceeded forecast.

Collections earmarked to the General Fund were \$165.6 million above the expected level for August 2018, and School Aid Fund tax collections were \$84.1 million above the forecasted level. The remaining \$2.8 million in less-than-expected collections was directed to other funds, most notably constitutional revenue sharing. Through August 2018, fiscal year-to-date General Fund collections were \$382.6 million above, and School Aid Fund collections \$55.9 million above, the level expected based on the May 2018 consensus revenue estimates.

Net income tax revenue totaled \$770.3 million in August 2018, up 9.6% from August 2017. Withholding payments (which represented the majority of gross income tax revenue) were 1.5% above the year-ago level, but \$29.0 million below the predicted level. The growth in individual income tax revenue reflected the Federal reimbursement for the Home Heating Credit. As a result of the reimbursement, individual income tax refunds for the month were a positive \$10.7 million, representing a net gain in revenue. Fiscal year-to-date net individual income tax collections in August 2018 were up 7.9% from August 2017 and \$20.7 million above the forecasted level.

Sales tax receipts totaled \$735.3 million in August 2018, up 9.2% from August 2017 and \$14.4 million above the forecast for the month. Use tax collections in August 2018 were 30.8% above the August 2017 level, and \$40.2 million above the forecasted level, partially due to new rules on how businesses with both a traditional storefront and online sales should report sales and new rules adopted subsequent to the U.S. Supreme Court's recent *Wayfair* decision, which concerned the ability of states to require out-of-state sellers to remit sales and use taxes.

Combined business tax collections from the Single Business Tax, MBT, and CIT totaled \$44.1 million in August 2018, \$79.1 million above the expected level. Reflecting the volatile nature of corporate income taxes, August 2018 CIT collections were 79.5% above the August 2017 level and \$39.0 million above the forecasted level. MBT collections were \$40.0 million above the forecasted level. Most taxpayers who still file the MBT do so to collect refundable tax credits. When these refunds are processed significantly affects the accuracy of monthly MBT estimates.

State Education Tax (SET) collections in August 2018 were 40.6% above the August 2017 level, and \$51.3 million above the expected level for the month. The timing of SET collections is influenced by when counties remit payments to the State, and the majority of collections are received in September and October.

The table on the back of this report identifies the major taxes included in the report, and provides their respective revenue levels and growth rates for August 2018. Also presented are the revised consensus revenue estimates for fiscal year 2017-18, which were adopted at the May 2018 Consensus Revenue Estimating Conference.



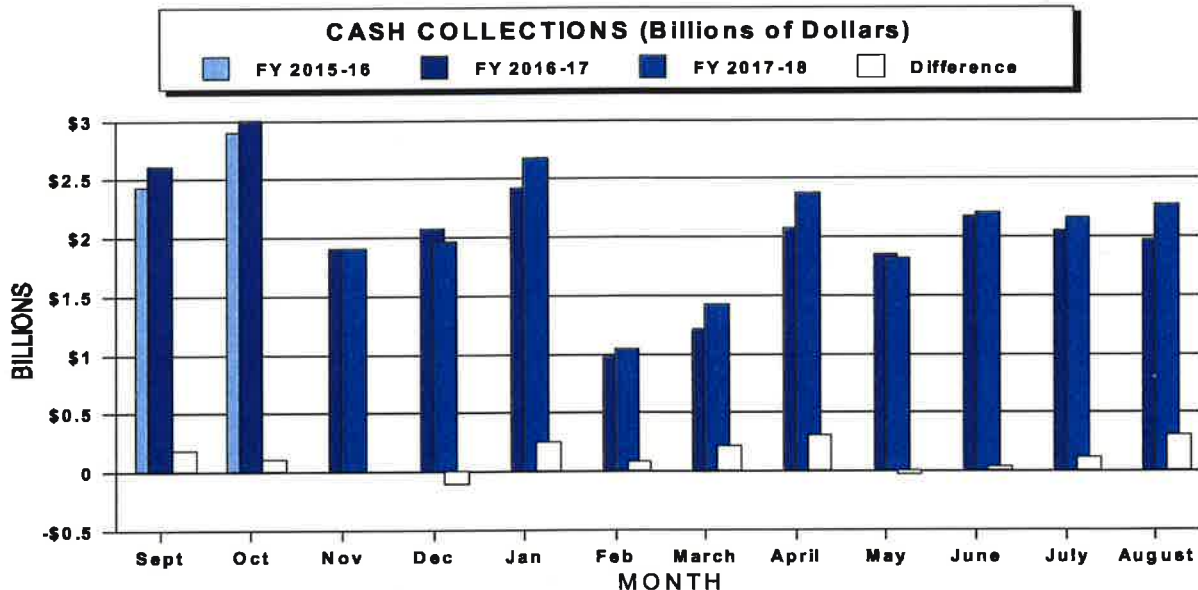
# MONTHLY REVENUE REPORT

AUGUST 2018

MICHIGAN REVENUE UPDATE (dollars in millions)						
Type of Revenue	August Collections		FY 2017-18 to Date <sup>2</sup>		FY 2017-18 CREC Estimate <sup>3,4)</sup>	
	Total <sup>1)</sup>	% Change From Year Ago	Total <sup>1)</sup>	% Change From Year Ago	Total	% Change From FY 2016-17
Gross Individual Income Tax	\$759.7	2.1%	\$10,187.1	6.2%	\$12,205.8	7.0%
Refunds	10.7	(125.9)	(1,810.3)	(1.0)	(\$1,999.3)	2.2
Net Income Tax	770.3	9.6	8,376.8	7.9	\$10,206.5	8.0
Sales Tax	735.3	9.2	6,614.9	2.4	8,041.8	3.1
Motor Vehicles	96.4	(0.8)	853.9	4.0	---	---
All Other Sales Tax	638.9	10.9	5,761.0	2.2	---	---
Use Tax <sup>5)</sup>	167.6	30.8	1,531.4	22.5	1,622.0	10.5
Tobacco Taxes	90.1	5.4	755.1	(3.0)	930.5	(1.6)
Corporate Income Tax	51.0	79.5	746.9	(13.0)	859.8	(22.2)
Michigan Business Tax	(7.1)	---	(620.5)	---	(787.9)	11.8
Insurance Tax	5.4	31.4	300.9	12.5	398.1	7.4
Essential Services Assessment	76.8	16.2	96.7	---	91.1	8.5
State Education Property Tax	204.8	40.6	557.4	3.6	2,039.1	3.8
Real Estate Transfer Tax	34.1	11.3	268.6	5.7	331.1	4.4
Casino Wagering Tax <sup>6)</sup>	9.8	8.1	97.0	2.0	114.0	0.7
Oil & Gas Severance Tax	2.0	(10.5)	22.6	16.3	25.0	6.4
Other Taxes <sup>7)</sup>	39.0	19.3	269.3	9.9	316.6	1.5
<b>Total Taxes</b>	<b>\$2,179.2</b>	<b>15.9%</b>	<b>\$19,017.0</b>	<b>6.4%</b>	<b>\$24,187.7</b>	<b>4.0%</b>
Lottery, Net to School Aid Fund <sup>6)</sup>	90.0	7.0	860.9	(0.9)	944.4	2.2
<b>Total</b>	<b>\$2,269.2</b>	<b>15.5%</b>	<b>\$19,878.0</b>	<b>6.1%</b>	<b>\$25,132.1</b>	<b>4.0%</b>

1) Total collections are unadjusted cash collections unless otherwise noted.  
2) FY 2017-18 year-to-date collections begin with November 2017 collections to reflect accrual accounting.  
3) Year-to-date figures represent cash collections only, while the fiscal year estimate also includes accruals.  
4) Consensus revenue estimates adopted at the May 16, 2018, Consensus Revenue Estimating Conference.  
5) Includes both the State share and the local share (Local Community Stabilization Authority).  
6) Lottery and casino revenue is not accrued, so FY 2017-18 collections will include October 2017 to September 2018.  
7) Other Taxes include beer, wine, liquor, single business tax, industrial facilities, utility property, estate taxes, and tax penalties and interest.

## Actual Revenue Collections for Major State Taxes\* September 2016 to August 2018



\* Comparison of actual collections. Major taxes include the beer, casino wagering, estate, income, industrial facilities, insurance retaliatory, liquor, MBT, oil & gas severance, real estate transfer, sales, SBT, State education property, tobacco (cigarette & other tobacco products), use, utility property, wine taxes, the essential services assessment, net lottery revenue to the school aid fund, and tax penalties & interest revenue.

## **EXHIBIT D**

**Monthly Revenue Update - September 2018**



**Mary Ann Cleary, Director**

**Jim Stansell, Senior Economist**

## **August 2018 Revenue Update**

### **Major Taxes**

Cash collections from Michigan major taxes, penalties and interest, and lottery transfers totaled \$2,216.5 million in August 2018, \$269.5 million more than in August 2017. For the fiscal year-to-date, collections in FY 2017-18 are \$967.5 million (or 5.2%) higher than during FY 2016-17.

Net income tax revenue totaled \$770.3 million in August 2018, and for FY 2017-18 collections through August are \$615.6 million (or 7.9%) higher than the same period during FY 2016-17. Year-to-date gross income tax collections in FY 2017-18 are \$596.9 million higher than one year ago as all three components exceed FY 2016-17 levels. Although refunds totaled \$47.2 million, a transfer of \$57.9 million to reimburse income tax collections for refunds resulting from the home heating credit (HHC) boosted net income tax revenue more than the reduction from refunds.

Net business taxes are composed of the single business tax (SBT), the Michigan business tax (MBT), the corporate income tax (CIT), and insurance company taxes. Because of their inherent volatility, monthly collections of business taxes can often display significant fluctuations that diverge from historical trends. On a fiscal year-to-date basis, net business taxes are \$30.5 million higher through August 2018 than a year ago, and although MBT collections are \$110.9 million ahead of last year, CIT revenue through August 2018 is \$110.7 million below last year's collections.

Revenue from consumption taxes, which consist of the sales tax, the use tax, beer and wine taxes, liquor taxes, and tobacco taxes, totaled \$983.2 million in August 2018, and are collectively \$236.0 million higher than in FY 2016-17 on a year-to-date basis. Year-to-date sales tax revenue remains above FY 2016-17 levels, although the individual growth rate is still below the May 2018 consensus projection. In contrast, use tax revenue is almost certain to exceed the consensus estimate. Although liquor tax collections appear to be lagging last year's amounts, it can likely be attributed to timing issues in recording collections as opposed to reflecting a persistent decline.

Revenues from the state education tax (SET) and the real estate transfer tax (RET) in August 2018 were \$204.8 million and \$34.1 million, respectively. Transfers from the lottery to the School Aid Fund were \$70.0 million in August 2018, and are \$3.5 million higher than FY 2016-17 on a year-to-date basis.

### **General Fund/General Purpose (GF/GP) Tax Revenue**

General Fund/General Purpose revenue from Michigan's major taxes is estimated<sup>1</sup> to be \$964.5 million in August 2018, about \$135.3 million above the projection established at the May 2018 consensus revenue estimating conference (CREC). Much of the monthly difference can be attributed to strong business and use tax collections as well as the HHC reimbursement.

Year-to-date GF/GP tax revenue for FY 2017-18 is about \$366.3 million above the projected amount on the strength of higher than expected individual income tax, business taxes, and use tax revenues.

### **School Aid Fund (SAF) Revenue**

School Aid Fund revenue from Michigan's major taxes is estimated<sup>1</sup> to be \$1,133.4 million in August 2018, about \$61.8 million above the amount established at the May 2018 consensus revenue estimating conference, primarily because of higher than anticipated sales tax, use tax, and SET collections.

Year-to-date SAF revenue for FY 2017-18 is \$6.3 million above the consensus revenue projections as higher than expected use tax and SET collections offset lagging lottery transfers and liquor tax revenue.

<sup>1</sup> Because of accruals and undistributed revenue, monthly fund splits are estimated.



# FY 2017-18 August Revenue Collections

Millions of Dollars

	FY 2017-18 August	Year-to-Date Collections FY 2016-17	FY 2017-18	Change from FY 2016-17 Year-to-Date Dollar	% Change	FY 2017-18 Estimates (May 2018 CREC) Dollar	% Change
<b>Major Taxes</b>							
Individual Income Tax	\$718.9	\$7,867.2	\$8,088.2	\$221.1	2.8%	\$9,844.6	5.5%
Withholding	22.4	901.2	1,187.7	286.5	31.8%	1,423.6	19.2%
Quarterly Income Tax	18.4	821.9	911.2	89.3	10.9%	937.6	6.5%
Annual Income Tax	759.7	9,590.2	10,187.1	596.9	6.2%	12,205.8	7.0%
Gross Income Tax	(10.7)	1,829.1	1,810.3	(18.8)	(1.0%)	1,999.3	2.2%
Less: Income Tax Refunds	770.3	7,761.2	8,376.8	615.6	7.9%	10,206.5	8.0%
Net Income Tax							
Business Taxes							
Single Business Tax	0.1	9.3	6.2	(3.1)		7.0	
Michigan Business Tax	(7.1)	(731.4)	(620.5)	110.9		(787.9)	
Corporate Income Tax	51.0	857.7	746.9	(110.7)	(12.9%)	859.8	(22.2%)
Insurance Company Taxes	5.4	267.5	300.9	33.5	12.5%	398.1	7.4%
Subtotal	49.5	403.0	433.6	30.5	7.6%	477.0	(39.7%)
Consumption Taxes							
Sales Tax	735.3	6,458.8	6,614.9	156.1	2.4%	8,041.8	3.1%
Use Tax	133.4	1,065.9	1,189.3	123.5	11.6%	1,211.2	11.5%
Beer and Wine Taxes	4.7	41.8	43.3	1.6	3.8%	53.0	3.7%
Liquor Excise Tax	19.7	100.5	78.8	(21.7)	(21.6%)	111.6	2.4%
Tobacco Taxes	90.1	778.4	755.1	(23.4)	(3.0%)	930.5	(1.6%)
Subtotal	983.2	8,445.4	8,681.5	236.0	2.8%	10,348.1	3.6%
Other Miscellaneous Taxes							
State Education Tax	204.8	538.0	557.4	19.4	3.6%	2,039.1	3.8%
Real Estate Transfer Tax	34.1	254.1	268.6	14.5	5.7%	331.1	4.4%
Essential Services Assessment	76.8	83.1	96.7	13.6	16.3%	91.1	8.5%
Industrial & Commercial Facilities Taxes	4.7	25.7	26.3	0.6	2.2%	38.0	5.6%
Casino Wagering Tax	9.8	95.0	97.0	1.9	2.0%	114.0	0.7%
Gas and Oil Severance Tax	2.0	19.4	22.6	3.2	16.3%	25.0	6.4%
Telephone and Telegraph Tax	1.4	34.7	34.2	(0.5)	(1.4%)	35.0	(1.7%)
Penalties and Interest	9.8	86.0	115.2	29.3	34.0%	127.6	13.1%
Lottery Transfer to School Aid Fund	70.0	762.0	765.5	3.5	0.5%	944.4	2.2%
Subtotal	413.4	1,898.0	1,983.4	85.3	4.5%	3,745.3	3.3%
<b>TOTAL</b>	<b>\$2,216.5</b>	<b>\$18,507.6</b>	<b>\$19,475.2</b>	<b>\$967.5</b>	<b>5.2%</b>	<b>\$24,776.9</b>	<b>3.9%</b>

Note: Numbers may not add due to rounding.

## **EXHIBIT E**

### **General Fund Budget Lapse - History**

<u>GF Lapse in \$millions</u>	
FY 1999-00	\$126.50
FY 2000-01	\$25.30
FY 2001-02	\$65.70
FY 2002-03	\$94.90
FY 2003-04	\$87.70
FY 2004-05	\$55.10
FY 2005-06	\$76.70
FY 2006-07	\$136.10
FY 2007-08	\$157.90
FY 2008-09	\$112.70
FY 2009-10	\$83.40
FY 2010-11	\$207.40
FY 2011-12	\$94.90
FY 2012-13	\$168.30
FY 2013-14	\$244.40
FY 2014-15	\$188.80
FY 2015-16	\$198.10
FY 2016-17	<u>\$280.70</u>
Average	\$133.59

Source: Comprehensive Annual Financial Reports (SOMCAFER), DTMB, and House Fiscal Agency

## **Exhibit 8**

### **Women's Huron Valley Correction Officer Survey Questions and Attachment Answers A – E**



# Michigan Corrections Organization

## Service Employees International Union Local 526M

421 W. Kalamazoo Street, Lansing, MI 48933

Phone (517) 485-3310 Fax (517) 485-3319

[www.mco-seiu.org](http://www.mco-seiu.org)



### MCO Legal Department

[legal@mco-seiu.org](mailto:legal@mco-seiu.org)

*Jeff Foldie, Legal Director ~ Shawn Davis, Legal Associate*

*Tangee Laza, Member Engagement Director ~ Stephanie Short, Grievance Coordinator*

Greetings,

The MCO Legal Team has been assigned to investigate potential legal strategies to bring relief to the membership as it relates to the excessive mandatory overtime. We have generated a list of questions to help us focus on areas that may be relevant to litigation strategy. We are asking that you take a moment to answer the below questions, by e-mail, and then forward to the MCO Legal Team. You cannot answer these questions on worktime, or a State e-mail. Please forward the responses to: [legal@mco-seiu.org](mailto:legal@mco-seiu.org)

1. Name – How long with MDOC – How long at WHV?
2. How many times per pay period, on average, are you mandated over to another shift (estimate as accurately as possible)?
3. How many consecutive days are you mandated, on average, per pay period (estimate as accurately as possible)?
4. How often in a pay period are you mandated past 16 hours (estimate as accurately as possible)?
5. Please indicate the physical effects, if any, that you have experienced as a result of being mandated for overtime.
6. Please indicate if you have any diagnosed medical condition, known to the employer, which is affected by the mandatory overtime.
7. Have you ever not received a lunch break? If so, how often in a pay period, on average, has this occurred (estimate as accurately as possible)?
8. Have you ever not received a rest break? If so, how often in a pay period, on average, has this occurred (estimate as accurately as possible)?
9. Has the mandatory overtime ever caused you to be disciplined (if so, please explain the circumstances)?
10. Have you ever been relieved for lunch or your break by a supervisor?
11. How long does it take you to travel, round trip, from your home to work?
12. Please indicate the city in which you live.
13. Do you have any additional information in which you would like to add?

In brotherhood,

J. Martin Foldie, Esq.

MCO Legal Director

*Proudly representing correctional and forensic officers*

**Attachment 8 – A**  
**Officer E. Davidson Answers**

## Tara Nichol

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**From:** e davidson <davidson2278@yahoo.com>  
**Sent:** Thursday, July 19, 2018 9:35 PM  
**To:** Legal  
**Subject:** MDOC Survey

1. **Enika Davidson**, I've been with MDOC for 1 year and 9 months. I've spent 1 year and 7 months at WHV.
2. I am mandated over to another shift 12 times per pay period.
3. I am mandated 12 consecutive days per pay period.
4. I am mandated past 16 hours at least 6-7 times per pay period.
5. The physical effects that I have experienced as an result of my excessive mandates are: extreme fatigue, back pain, joint pain, migraines, anxiety, depression, chronic insomnia, night terrors, and dizziness.
6. I have been diagnosed with chronic migraines.
7. Yes, I have gone double shifts without an lunch break. This happens 4-5 times in a pay period.
8. We do not receive rest breaks. We are only allowed one 30 minute lunch break. And we do not receive those everyday. I have gone 4-5 times without a lunch break per pay period.
9. No, I haven't been disciplined for mandatory overtime.
10. I've been relieved 1 time by a supervisor for a lunch break.
11. It takes me 25-30 minute to get to work.
12. I live in Westland.
13. In addition I am concerned with the fairness of assignment rotation. The fact that the same hand full of employees are being placed in critical housing units every time they are scheduled to work doesn't seem fair. We have employees that have not worked in a critical housing unit and they do not hold bid positions. Personally, I have been on three shifts and every shift I have moved to I am assigned to a critical housing unit 10-12 times per pay period.

Sent from Yahoo Mail for iPhone

**Attachment 8 – B**  
**Officer M. East Answers**



## Tara Nichol

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**From:** melissa <melissa.1104@hotmail.com>  
**Sent:** Wednesday, July 18, 2018 9:00 PM  
**To:** Legal  
**Subject:** WHV

### Melissa East CO E-9

1. Four years with MDOC; all at WHV.
2. 8-9
3. 4
4. 2-3 however I have a ccw and those are usually the reason why I get held over. (Due to being off grounds on assignment)
5. Falling asleep while driving home, migraines, weight gain due to inability to eat properly or exercise.
6. N/A
7. Yes, 1-2 that's mes a pay period.
8. I have no idea what a rest break is.
9. Not yet.
10. Yes
11. One hour and twenty minutes
12. Lincoln Park
13. It's very difficult to go 5 days without seeing my child. I depend on friends and family to take care of him due to the fact I am so absent. I spend my first rdo usually sleeping for about 12 hours and then resting and laundry. My second rdo is cleaning, meal prepping for the week because I won't be able to cook during my work week, paying bills and any other errands that need to be ran. I miss appointments all the time and can't reschedule because I'm in prison during business hours. I can't go to my kids games. It just sucks.

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**Attachment 8 – C**  
**Officer W. Gonzales Answers**

Greetings,

The MCO Legal Team has been assigned to investigate potential legal strategies to bring relief to the membership as it relates to the excessive mandatory overtime. We have generated a list of questions to help us focus on areas that may be relevant to litigation strategy. We are asking that you take a moment to answer the below questions, by e-mail, and then forward to the MCO Legal Team. **You cannot answer these questions on worktime or via a State e-mail.** Please forward the responses to: [legal@mco-seiu.org](mailto:legal@mco-seiu.org)

1. Name – How long with MDOC – How long at WHV?
  - a. W. Gonzales, 2.5 years at MDOC/WHV
2. How many times per pay period, on average, are you mandated over to another shift (estimate as accurately as possible)?
  - a. I work midnights, so every night that decide to show up to work I know I am getting mandated.
3. How many consecutive days are you mandated, on average, per pay period (estimate as accurately as possible)?
  - a. Every day that I come to work.
4. How often in a pay period are you mandated past 16 hours (estimate as accurately as possible)?
  - a. Every day/time that I get mandated, unless I am on the yard or a rover.
5. Please indicate the physical effects, if any, that you have experienced as a result of being mandated for overtime.
  - a. Sleep deprivation, swollen/stiff joints, reduced range of motion, neck and back pain, eyelid myokymia, bruxism, fatigue, mood swings and anxiety.
6. Please indicate if you have any diagnosed medical condition, known to the employer, which is affected by the mandatory overtime.
  - a. Arthritis caused by knee issues
7. Have you ever not received a lunch break? If so, how often in a pay period, on average, has this occurred (estimate as accurately as possible)?
  - a. Yes, I have not received lunch breaks. I have some specific dates such as: February 11<sup>th</sup>, 12<sup>th</sup>, April 27<sup>th</sup>, May 5<sup>th</sup>, and June 14<sup>th</sup>.
8. Have you ever not received a rest break? If so, how often in a pay period, on average, has this occurred (estimate as accurately as possible)?
  - a. We don't have rest breaks at WHV.
9. Has mandatory overtime ever caused you to be disciplined (if so, please explain the circumstances)?
  - a. No.
10. Have you ever been relieved for lunch or your break by a supervisor?
  - a. No, not for a chow relief but I have been relieved by shift command (lieutenant) of an assignment.

11. How long does it take you to travel, round trip, from your home to work?
  - a. Round trip 70 minutes.
12. Please indicate the city in which you live.
  - a. Taylor.
13. Do you have any additional information in which you would like to add?
  - a. When staff has been on duty for 17 hours or more "they" (meaning supervisors/ shift command) expect staff to be back on their regular schedule shift on time and we are supposed to have an 8 hour window period before our next assigned shift.
  - b. They are keeping staff members that used FMLA for a mandate an additional 2 plus hours until a relief comes on shift.
  - c. They are not allowing staff to utilize their FMLA for their mandate or explain that they are sick and need to go home.
  - d. They are back filling assignments instead of letting mandates go home.
  - e. They are running critical units without the proper amount of staff members.
  - f. HR and supervisors take more than 2 months to fix payroll corrections.
  - g. If we work multiple mandates in a row and we come upon our 4<sup>th</sup> or 5<sup>th</sup> mandate in a row and we are unable to work that mandate, we are forced to either use FMLA or say that we are going home sick, in which they tell us we have to bring in documentation.
  - h. They are writing staff up without even giving verbal warnings first.
  - i. Those staff members who have their CCW stay 18 plus hours on a med-run are told that they cannot use administration leave to cover their 8 hour window for their next schedule shift, that they have to use their own annual or comp time.
  - j. CCW staff members are staying at the hospital for 18 plus hours and are sometimes forgotten about.
  - k. They are telling staff to have diagnosis and prognosis on sick documentation or it will not be accepted.
  - l. They are pulling Bid officers from their assignments to cover different assignments.
  - m. We are so understaffed that staff is being forced to get food out of the vending machine with no nutritional value.

In brotherhood,

J. Martin Foldie, Esq.  
MCO Legal Director

**Attachment 8 – D**  
**Officer T. Paige Answers**

## Response to Questions

### WHV

1. **Tiayra Paige**. I've been with the MDOC for 18 years. I was originally at Western Wayne Correctional Facility. However, WCF shut down in December of 2004, and moved to WHV. I have been there ever since.
2. On an average I get mandated twice a week. That is only because I had to get FMLA for my mental stability. Before then, I was getting mandated every day.
3. Without my FMLA, I get called every single day for a mandate. And this is with 18 years of seniority.
4. Almost every time that I am mandated, I have to call 3 or 4 supervisors to get relieved from my assignment. I work 6-2 shift, get mandated to 2-10 shift and then spend 45 minutes to an hour trying to get a relief on the midnight shift. They used to try to get the mandated senior officers out by 2100 hours, but that rarely happens even more either. Then the midnight supervisors ignore your call over the radio or give you a nasty attitude because you're calling to go home after 16+ hours.
5. I have been getting mandated my entire career. When I finally got enough time in to be on the "top" half of the mandate list, the "top" half became part of the entire mandate list. I started this job at 20 years old. I originally liked my job and now I have grown to hate it. Now at 38, I look back and see how this job has affected me internally and externally. Mentally and physically. I have no children and have been having extreme difficulty trying to conceive child. My doctor says that I'm too stressed, I don't eat properly and I definitely lack sufficient rest. This job has

consumed my life. I've given this job so many dedicated years only to be mistreated and wrote up for every little thing.

6. Yes, part of my FMLA is for depression and stress. I've given this job half of my life and we get treated worse than the inmates. We are nothing but a number. Just a body to fill a position. I'm depressed a lot, cry and have a lot of regret for staying in this position for so long. Hoping that things would get better. Yet, staying because I almost feel stuck after 18 years of service. I got really sick about a year ago. I wish in a lot of pain, but still being dedicated to my job and going to work, even when I could barely walk. By the time I was admitted to the hospital, I was in a very bad state. I was off work for a month. My 2<sup>nd</sup> day back to work, I was given a write up by Sgt. D. Lee.

7. Yes, there are times when I have not received a lunch break. I do not know specific dates, but it has been bad at WHV. No one even available to go to vending machine for us. They have been pushing chow reliefs lately for staff since MCO came down about 2 weeks ago. Prior to then, staff chow reliefs was not a priority. Yet they made sure that staff was available for the inmates to get breakfast, lunch and dinner every day. The only thing that's bad about chow reliefs now is, for example, I'm mandated, 2<sup>nd</sup> or 3<sup>rd</sup> day in the row to 2<sup>nd</sup> shift. A midnight officer comes in early. She can relieve me. However, they make her do all of the chow reliefs first, before I can go home.

8. A rest break?? Not for sure what you mean by that. We are on go,go,go all day with the inmates at WHV. Count time used to be a small break time, but at WHV the inmates are allowed to go to the restroom, they call units to chow and they clear count really fast. There is never a peace of mind time unless you physically leave and go to an area where there are no inmates. On single man assignments, it is even difficult to go to the restroom in peace. The phone is ringing,

the inmates are all over the place and they keep asking "Where is the officer?" I'll hate to see what happens the day that a fight or worst breaks out and the officer is in the restroom. Back when we had rovers, they could cover the unit while you used the restroom in peace.

9. Yes, I got wrote up a few months ago for punching in at 0601, 0604, 0602, etc. etc. This was so ridiculous to me, because at least I was coming to work after being mandated for 16+ hours. Furthermore, I was being wrote up for late punches but no one was being wrote up not getting me relieved until 2230 -2300hours the previous night. The write up was really wrong because one of the late days was my off day! The Lt. eventually removed it from my file after I talked to her about it. She tore up the write up but still gave me a verbal warning. Yet, I'm still calling around for a relief every time I'm mandated to work 16 hours.

10. Yes, recently Sgt. White did my chow relief in Filmore A unit. Supervisors have now started to help out with chow reliefs (Within the last 2 weeks) since MCO came down. Prior to then, they would just sign the log book and keep moving.

11. It takes about 40 minutes to get to work on a good day. I have to get on 3 freeways to get there, so traffic determines my commute time.

12. Farmington Hills, MI.

13. Yes, the conditions at WHV are horrible. I have experienced a lot since 2000 but this is the worst it has ever been. We are in a State of Emergency. Staff are suffering. I've seen so many officers quit because of the working conditions. We are losing good officers and the new ones coming in have no understanding as to what is going on. They are not being trained properly and the prisoners are running the institution. Staff get wrote up, suspended, investigated and/or fired for every little mistake. As if we are not human or not working 16 hour shifts regularly. It's too



much. I never thought that I would be looking for a new job 18 years later. I am mentally broken. I don't even know where to tell you to start to revive this place. I've seen the good but that was before they decided to merge WHV and Scott's together. It has been downhill since then. Nothing but bad. I have nothing nice to say about WHV except you get a check, and lately, that hasn't been right either. I thank you all for finally showing some interest in what's going on at WHV but all I can really say is.... Good Luck with that.

**Attachment 8 – E**  
**Officer A. Thayer Answers**

# Michigan Corrections Organization

## Service Employees International union Local 526M

Dear J Martin Foldie,

My name is Angela Thayer and I have been a corrections officer since May of 2013. I have been mandated nonstop since December of December of 2013. Within that time I have learned that I needed to partake of FMLA because of the steady decline of my mental health as well as physical health. I did not do this until 2.5 years into my employment as I was written up for falling asleep on the job on a 16 hour shift as well as driving down I-94 on Christmas eve with my oldest granddaughter and almost falling asleep on the road taking her to her mom's house for Christmas in Mason Michigan. I decided at that point it wasn't worth it at that point and I needed to take control of my life. It was a very frightening experience. Last year I started to have severe panic anxiety attacks and would get shaky from the anxiety issues and had to take a couple months leave without pay. I came to the midnight shift and things got worse because we didn't have as many officers working at night as there is less movement and we'd get mandated every day for first shift so I figured out that I needed to volunteer on second shift every day in order to stay at the bottom of the mandate list. It's really like mental torment having to think about this on a daily basis and can affect the quality of our work that we do on a daily basis. We are still held at the same standards expected of all the rest of the prisons with a stressed and strained facility. As of right now I am continuing my FMLA as I need this to protect myself from further mental health stresses. I am currently seeing a therapist to help me to deal with the work stress and also regular life outside the facility, and I also have to take medication to help control my anxiety. I have been lucky enough to on drive 30 minutes to work every day as I live in the Plymouth Canton area and I am very thankful for that. I have worked 40 hours at times in only 3-4 days and it is difficult because of the constant fear of falling asleep. I would also like to mention that I have a thyroid issue that is now out of control because of the stress and lack of sleep that I get every week. I know that I and many other people are going through hell with this constant unreasonable expectations of us with this issue. Thank you for taking time out to visit us and to take on this issue, we really need your help!

Best Regards

Angela Thayer

Corrections Officer E-9

**Exhibit 9**

**DETROIT FREE PRESS, "Union: Forced Overtime at Michigan  
Women's Prison Is a Safety Threat", August 10, 2018**



## Union: Forced overtime at Michigan women's prison is a safety threat

Paul Egan, Detroit Free Press

Published 6:00 a.m. ET Aug. 10, 2018 | Updated 7:01 a.m. ET Aug. 10, 2018



(Photo: Paul Egan/Detroit Free Press)

LANSING — Most days, Amber Dotson gets up at 4:30 a.m. so she can get to the Women's Huron Valley Correctional Facility near Ypsilanti 10 minutes before the start of her 6 a.m. shift.

Not long after Dotson, a corrections officer, starts making her rounds, a list is posted of who will be required, because of staffing shortages, to keep working beyond the end of the shift, at 2 p.m.

Most days, Dotson's name is on that list.

"These last few weeks, there was only one time I got out before 9 p.m.," Dotson, 46, told the Free Press in an interview.

By the time Dotson gets home and is settled, it's often 10:30 p.m.. She hopes she can sleep — which she often can't — because she has to be up at 4:30 the next morning to do it all again.

It sometimes happens six days in a row, in a facility where Dotson and her overworked colleagues are surrounded by inmates who include career criminals and convicted killers.

"It's very stressful; very tiring — physically, mentally," Dotson said. "It really wears you out."

The double shifts — a long-standing problem — have cost the Michigan Department of Corrections \$12.4 in overtime in the last two years, plus [an ongoing lawsuit from the U.S. Justice Department](#). ([/story/news/local/michigan/2017/12/15/womens-prison-huron-valley-lawsuit/955458001/](#)) alleging gender discrimination.

Now, as the department continues to struggle to fill vacant positions, Dotson's union is threatening to go to arbitration — and possibly to court — claiming the excessive forced overtime threatens officer safety.

### More on Freep.com:

[State investigating itchy rash afflicting women held in state prison](#) ([/story/news/local/michigan/2018/03/14/state-investigating-itchy-rash-afflicting-women-held-state-prison/419726002/](#))

[Ex-officer says Michigan's only prison for women is crowded, dangerous](#) ([/story/news/local/michigan/2016/07/25/ex-officer-says-michigans-only-prison-women-crowded-dangerous/87074454/](#))

Though the Corrections Department faces officer shortages around the state, the situation is aggravated at the women's prison because only female officers can work in the housing units because of concerns about sexual abuse.

Union officials say the constant forced overtime has become a serious safety issue, both inside the prison — where officers must tend to fights and other emergencies — and on the surrounding freeways as exhausted women officers try to drive home.

"This is a prison. ... This isn't a Kohl's," said Jeff Foldie, director of legal affairs for the Michigan Corrections Organization.

"We literally have a Department of Corrections that has a facility that is overworking their people to the point of exhaustion where they can't do their job, let alone function in life.

"If this were the State Police ... the taxpayers would be livid."

The Free Press has previously interviewed [officers who quit because they couldn't stand the constant forced overtime](https://www.detroitfreepress.com/story/news/local/michigan/2016/07/25/ex-officer-says-michigans-only-prison-women-crowded-dangerous/87074454/) ([/story/news/local/michigan/2016/07/25/ex-officer-says-michigans-only-prison-women-crowded-dangerous/87074454/](https://www.detroitfreepress.com/story/news/local/michigan/2016/07/25/ex-officer-says-michigans-only-prison-women-crowded-dangerous/87074454/)). Dotson is the first officer to go on the record while still on the job.

Chris Gautz, the department spokesman, said the agency is doing all it can to address the shortage of female officers, actively recruiting and holding regular training academies. But the situation is aggravated by a wave of retirements by officers brought in during a 1980s hiring push and a low unemployment rate that gives qualified potential hires other choices.

Women's Huron Valley, the state's only prison for women, houses about 2,200 female inmates who cover the full range of criminal records and security levels. Inmates complain the prison is overcrowded, with storage areas and day rooms converted to cells.

Buy Photo



The Women's Huron Valley Correctional Facility in May 2016 in Ypsilanti. (Photo: Salwan Georges, Detroit Free Press)

The prison is allocated the equivalent of 364 full-time officer positions. But of those, 52 are vacant, 29 are on leaves of absence, three are on military leave, and 139 are on Family and Medical Leave Act intermittent leave, Gautz said.

The federal Family and Medical Leave Act allows eligible employees — such as pregnant women with morning sickness or those with chronic conditions such as diabetes or epilepsy — up to 12 weeks of unpaid leave a year, with no threat of job loss.

Over the last two years, the women's prison lost 59,294 hours to officers taking intermittent leave under the law. That's equivalent to 28 full-time officers being away for the entire two-year period.

"I hear anecdotally that people go out on FMLA because they're tired of the overtime," Gautz said. "That only exacerbates the issue for the people who are left."

Byron Osborn, the union president, said some supervisors have suggested officers are abusing the FMLA, and "it offends me," he said. The constant forced overtime means officers are "pushed into a corner," and when coming to and from work, "they're driving around the freeways and city streets like zombies."

Gautz said he isn't accusing anyone of fraudulently claiming FMLA leave, which he said would be difficult to prove.

"It's certainly not a good situation to have people that are working those kinds of hours," he said.

What to do about it?

10/6/2018

Union: Forced OT at Michigan women's prison a safety threat

Osborn said the administration hasn't embraced any of its recommendations, which include giving new recruits more time to obtain required college credits while on the job; moving to a 12-hour shift, which Osborn believes would attract female officers from other Michigan prisons because of the shorter workweek; making sure prison jobs that can be staffed by men or women are staffed only by men; giving incentives to women who work more voluntary overtime, and allowing new recruits to start working overtime sooner.

Cuts over the years to state worker benefits mean that even newly trained and hired officers often don't stay on the job long, Osborn said. A good state pension was phased out for new hires long ago, workers pay more for their health insurance coverage, and new hires no longer receive post-retirement health care, he said.

Gautz said the prison is studying the union's proposals. But he said 12-hour shifts, which are used as an experiment in a few Michigan prisons, don't work unless a prison is fully staffed, which Women's Huron Valley is not.

"We're bringing new folks in all the time," Gautz said.

"Law enforcement nationwide has seen shortages. Corrections isn't for everybody."

Dotson said her children are grown, but the situation is even worse for officers with young children, who miss out on extracurricular activities and other key aspects of home life.

She said she has seen officers struggling to keep their eyes open and knows of vehicular accidents on the way home from the prison. Though the prison knows about all the overtime and, in fact, requires it, "if an emergency happens, you have to be ready," she said. If she's not, "they're going to come down on me."

In what little free time she has, Dotson said she is taking online university courses in the hopes of getting a promotion to a corrections job without forced overtime.

Dotson's base salary is \$52,000, but she said she'd already grossed \$44,000 by July of this year. The extra money is of little value, because there is no time to enjoy it, she said.

"By the time we get an off day, we're just too tired to do anything, whether it's personal life or family," she said. "We're just too tired. It's basically our day to catch up on sleep and rest."

Contact Paul Egan: 517-372-8660 or [pegan@freepress.com](mailto:pegan@freepress.com). Follow him on Twitter @paulegan4

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