

1 Supervisor Anthony Staskunas, Chairman,
2 By the Committee on Judiciary, Safety, and General Services reporting on:

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4 File No. 19-14
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6 A resolution by the Committee on Judiciary, Safety, and General Services, relating to an
7 informational report regarding a plan to provide inmate medical services directly by
8 Milwaukee County, by recommending adoption of the following:
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10 **A RESOLUTION**
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12 WHEREAS, on December 6, 2018, the Milwaukee County Board of Supervisors
13 (County Board) adopted File No.18-898, directing multiple Milwaukee County (the
14 County) departments and divisions to evaluate and provide a plan for the transition from
15 an outsourced model of medical care to a self-operated model of medical care for
16 County inmate-patients housed in the Milwaukee County Jail (MCJ) and the House of
17 Correction (HOC); and
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19 WHEREAS, on February 7, 2019, as part of the County's ongoing response to
20 the direction provided in adopted File No. 18-898, the Inmate Medical Services Self-
21 Operation (IMSSO) project was created; and
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23 WHEREAS, National Commission on Correctional Health Care (NCCHC)
24 Resources, Inc., National Resources, Incorporated (NRI), was engaged on or around
25 December 6, 2018, to provide self-operation evaluation and transition support; and
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27 WHEREAS, following the establishment of the project, NRI began to provide self-
28 operation evaluation assistance with the help of the technical subject matter expert and
29 strategic guidance areas from multiple departments; and
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31 WHEREAS, a specific definition of "self-operation" and a governance model is
32 needed to proceed with building the model for the IMSSO project; and
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34 WHEREAS, the provided definition of self-operation pursuant to File No. 19-14
35 is: *"Self-operation means the provision of inmate medical care, including dental and*
36 *mental health care, by the County through the conversion of the existing 128.8 full and*
37 *part-time roles, currently identified as required positions under the Christensen Consent*
38 *Decree and in Request for Proposals (RFP) #98180020: Correctional Medical Services*
39 *Section 11: Staffing Plan and Personnel Requirements and 12: Licensure,*
40 *Credentialing, and Qualifications (Exhibit A), from contracted staff positions provided*
41 *through the County's medical services vendor to permanent County employee roles*
42 *overseen by County authority. Self-operation shall be defined to permit the County the*
43 *flexibility to fill and/or backfill vacant or temporarily under-filled staff roles with pool,*
44 *agency, independent contractor, or locum tenens staff members or other temporary staff*
45 *in order to ensure required coverage of care hours as described in the*
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47 *RFP, Section 11. Locum tenens and independent contractor staff shall be eligible for*
48 *hire by the County. Under this definition, County employees are not expected to provide*
49 *any services currently provided by subcontractors or third-party entities otherwise*
50 *engaged in a business relationship with the medical services vendor (for example,*
51 *specialty care or pharmacy services), but oversight of any such needed contracts will be*
52 *the County's responsibility under self-operation. In addition, self-operation shall be*
53 *defined to include any additional positions required above and beyond the 128.8*
54 *positions required by the Christensen Consent Decree, including, but not limited to, the*
55 *staffing required to minimize overtime hours, backfill and pool staff required to meet the*
56 *'hours of care' requirement in RFP #98180020, administrative and compliance staff,*
57 *Human Resources support, Information Technology support, fiscal support, and/or other*
58 *positions necessary to support and ensure the success of the medical services mission.*
59 *It is the goal of hiring 128.8 positions as permanent County employees. If the project*
60 *team is unable to build a model with all positions as employees and finds an alternative*
61 *methodology to fulfill such job duties, a recommendation shall be returned to the County*
62 *Board for review and approval;" and*
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64 WHEREAS, for the purposes of modeling a plan for inmate medical self-
65 operations, the governance model is the creation of a new department, the Correctional
66 Health Care Department (CHCD) that would report directly to the County Executive; and
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68 WHEREAS, at the March 7, 2019, meeting of the Committee on Judiciary,
69 Safety, and General Services (JSGS), the Director, Department of Administrative
70 Services (DAS), provided a Self-Operation Initial Decision Paper (hereto attached to this
71 file) outlining the working definition of self-operation and the following potential self-
72 operation model alternatives:
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74 • **Option 1: County Executive– Direct Report**

75 The elected County Executive oversees numerous agency department heads
76 within the County and is in a position to provide effective administrative oversight.
77 The County Executive is well versed in the fiscal aspects of administration,
78 especially as these cross the lines of each department under the County
79 Executive's authority. The County Executive currently has direct oversight of
80 broad and diverse aspects of County government. A direct reporting will ensure
81 focus and attention to the complex mission of correctional health care.
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- **Option 2: County Executive– Report to the Superintendent of the HOC**

The HOC operates under the authority of the County Executive (via an appointed Superintendent) and has the overall mission of safe and secure housing of sentenced inmates with shorter sentences. Other inmates are housed at the HOC as authorized. Of the two correctional facilities in the County, the HOC holds the largest number of inmates; however, inmates with more acute clinical issues tend to be housed at the MCJ. The Option 2 model would most closely mirror the current structure of health services, although the administrative management of approximately 128 employees (or more, as needed) would now fall directly under the Superintendent through the new CHCD, rather than his current responsibility for contract oversight.

The Option 2 model may present cultural hurdles, as the HOC is overseen by the County Executive and the MCJ is overseen by the Sheriff. While health services are unified and currently provided under the contract with the HOC, the presence of HOC-employed personnel is masked by the fact that the health workers are contractors. It is unclear how a cadre of HOC employees working in the MCJ would be perceived by all sides. The Sheriff’s deputies working in the MCJ belong to a distinct law enforcement-derived culture that may not be readily compatible with the distinct culture of the HOC.

- **Option 3: Report to the Department of Health and Human Services**

The Department of Health and Human Services (DHHS) is a large and dynamic public entity that plays a substantial role in the health of the community. DHHS is a semi-autonomous division reporting to the elected County Executive and to the County Board. The County Executive provides oversight and administrative support to the department. The County Board provides legislative oversight through the enactment of ordinances and County policies and approves the proposed departmental budget on an annual basis. DHHS and its various divisions have years of experience in direct and indirect patient services, with an emphasis on behavioral health, all of which align with correctional health care needs and support continuity of care within the broader community.

It is understood that the Behavioral Health Division (BHD), DHHS, operates semi-autonomously under the Director, DHHS. However, unlike DHHS, generally, BHD is overseen by an independent Board – the Mental Health Board (MHB), which approves BHD’s budget, spending, and provides legislative oversight through the enactment of mental-health related policies. If the new CHCD were to report through BHD, it is further understood that approval of contract items and spending would fall to the MHB, and not to the County Board.

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- **Option 4: Report to the Office of the Sheriff**

The MCJ falls under the authority of the elected Sheriff and currently provides essentially all acute care services for incarcerated patients in the County. Health staff at the MCJ currently perform all intake screening for both MCJ and HOC inmates, with the exception of facility transfer intake screenings at the HOC. MCJ also houses the acute mental health unit for the treatment of inmates with mental illness and MCJ inmates under suicide prevention protocols. The HOC utilizes isolation/segregation areas to provide treatment to HOC inmates under suicide prevention protocols. Despite this experience with health care, the Sheriff does not currently maintain oversight of the health care operation. As with the HOC-led model above (Option 2), having Office of the Sheriff staff working in the HOC may create unforeseen cultural friction, resulting in distractions and inefficiencies in health care delivery.

; and

WHEREAS, at the March 7, 2019, meeting of the Committee on JSGS, it was suggested to create an additional potential governance model alternative, Option 5; and

WHEREAS, option 5 would require the HOC's operations to be transferred back to the Sheriff, who would then be responsible for the management of the health care staff; and

WHEREAS, after a lengthy discussion, the Committee on JSGS, at its meeting of March 19, 2019, endorsed the proposed definition of self-operation and selected Option 1 to serve as the preferred governance model alternative; and

WHEREAS, the Committee on JSGS, at its special meeting of March 19, 2019, recommended adoption of this final By the Committee resolution associated with File No. 19-14 (vote 4-0); now, therefore,

BE IT RESOLVED, the Milwaukee County Board of Supervisors (County Board) hereby approves the following definition of "self-operation" as proposed by the staff directed in adopted File No. 18-898 to pursue in-sourcing of inmate medical operations:

The provided definition of self-operation pursuant to File No. 19-14 is:
"Self-operation means the provision of inmate medical care, including dental and mental health care, by Milwaukee County (the County) through the conversion of the existing 128.8 full and part-time roles, currently identified as required positions under the Christensen Consent Decree and in RFP #98180020: Correctional Medical Services Section 11: Staffing Plan and Personnel Requirements and 12: Licensure, Credentialing, and Qualifications (Exhibit A), from contracted staff positions provided through the County's medical services vendor to permanent County employee roles overseen by County authority. Self-operation shall be defined to permit the County the flexibility to fill and/or backfill vacant or temporarily under-filled staff roles with pool, agency, independent contractor or locum tenens staff members or other temporary staff

172 *in order to ensure required coverage of care hours as described in the RFP, Section 11.*
173 *Locum tenens and independent contractor staff shall be eligible for hire by the County.*
174 *Under this definition, County employees are not expected to provide any services*
175 *currently provided by subcontractors or third-party entities otherwise engaged in a*
176 *business relationship with the medical services vendor (for example, specialty care or*
177 *pharmacy services), but oversight of any such needed contracts will be the County's*
178 *responsibility under self-operation. In addition, self-operation shall be defined to include*
179 *any additional positions required above and beyond the 128.8 positions required by the*
180 *Christensen Consent Decree, including, but not limited to, the staffing required to*
181 *minimize overtime hours, backfill and pool staff required to meet the 'hours of care'*
182 *requirement in RFP #98180020, administrative and compliance staff, Human Resources*
183 *support, Information Technology support, fiscal support, and/or other positions*
184 *necessary to support and ensure the success of the medical services mission. It is the*
185 *goal of hiring 128.8 positions as permanent County employees. If the project team is*
186 *unable to build a model with all positions as employees and finds an alternative*
187 *methodology to fulfill such job duties, a recommendation shall be returned to the County*
188 *Board for review and approval; and*
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190 BE IT FURTHER RESOLVED, the County Board hereby supports the adaption of
191 the proposed governance model Option 1, modified as follows:
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193 The elected County Executive oversees numerous agency department heads
194 within the County and is in a position to provide effective administrative oversight. The
195 County Executive is well versed in the fiscal aspects of administration, especially as
196 these cross the lines of each department under the County Executive's authority. The
197 County Executive currently has direct oversight of broad and diverse aspects of the
198 County government. A direct reporting will ensure focus and attention to the complex
199 mission of correctional health care. The County Executive provides oversight and
200 administrative support to the department. The County Board provides legislative
201 oversight through the enactment of ordinances and County policies and approves the
202 proposed departmental budget on an annual basis.
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