

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: April 25, 2012

TO: Marina Dimitrijevic, Chairwoman - Milwaukee County Board of Supervisors

FROM: Héctor Colón, Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: **From the Director, Department of Health and Human Services, submitting an informational report regarding an update on the work group activities to study the transfer of management of inmate mental health and health care services to the Department of Health and Human Services**

Background

As part of the 2012 Budget, the County Board passed an amendment directing the Director of the Department of Health and Human Services (DHHS) to study and make recommendations related to the transfer of management of the physical and mental health services for inmates from the Office of the Sheriff to DHHS. The Sheriff had proposed to out-source this service as part of his 2012 Requested Budget, but concerns were raised and the direction was given develop a transition plan. DHHS submitted information reports to the County Board in February and March 2012 to outline the work group and the work plan for the group. This report is a status report of activities since March 2012.

Discussion

The physical and mental health care of inmates has been a point of discussion for many years. The Christiansen Consent Decree outlines the standards of care to which the Milwaukee County Sheriff is accountable. The method or agent to provide the services to achieve those standards is not defined and a number of potential alternatives exist.

Any change of this magnitude, and with the consideration of human lives at stake, requires a careful and thoughtful process to ensure the best outcomes are achieved. To achieve that, a work plan has been developed to manage the process and the objectives of the work group were also developed.

Work Group

The work group has been meeting on a regular basis. The membership includes representatives from the clinical and fiscal areas within DHHS/BHD, the medical, administration and fiscal areas of the Milwaukee County Sheriff's Office, Corporation Counsel, Department of Administrative Services, County Board staff and the Christensen Decree Medical Monitor.

Plan of Work

Based on the established plan of work, the meetings have followed a process of discovery and due diligence including data review, staffing patterns, and accreditation standards. The Sheriff's Office arranged an in-depth tour of both the downtown and south facilities. This tour allowed for discussion about the daily routine, emergency service plan and gave an appreciation of the relationship between

security and medical. The data indicated that of the nearly 33,000 inmates screened at booking, approximately 50% or 18,000 inmates are screened as having a medical or mental health issue requiring additional assessment and potential treatment. Information was shared about the most common medications administered and the volume of medication administered annually.

In addition, several meetings and conference have been held with the medical monitor, Dr. Shansky. His main recommendation is that the leadership positions need to be filled as soon as possible. There are four leadership positions: Health Care Administrator, Medical Director, Psychiatric Medical Director and Director of Nursing. As of this report, only the Director of Nursing position is filled. Inspector Schmidt was devoting half time to the health care administration activities until recently.

The Sheriff's Office has shared their recruitment efforts related to the Medical Director position but have no current candidates. DHHS has suggested consideration of an approach in which a medical group has a contract to provide medical direction. This may be a viable approach. Currently, the Sheriff's Office has two candidates for the Psychiatric Medical Director position and DHHS/BHD staff will be involved in the selection and hiring process.

Earlier, the Sheriff's Office announced that they were anticipating the release of an RFP for health services. That RFP has not been released at this time and the Sheriff's Office reports that no specific plans are in place to release that RFP.

Transition issues related to administrative and fiscal management arose in the latest meeting. The issues include funding for additional positions, human resource and fiscal oversight, management of unfunded positions, contracts, equipment and other administrative duties. An additional meeting with DAS is going to occur to review these issues.

Research

While working on this evaluation, we identified several other places in the country that use a similar model to the one being proposed. We contacted correctional health services programs in three different counties that have county departments of health providing inmate health services on behalf of the Sheriff to learn more about how they operate their programs. We spoke with representatives from Dallas County, King County (Seattle), and San Francisco County on the recommendation of the court appointed monitor for the Christensen consent decree, Dr. Shansky.

Each county has a governance model similar to that of Milwaukee County with an elected Sheriff, a board of supervisors, a county administrator or County Executive and a department director for the Department of Public Health or Health and Human Services to whom the correctional health services administrator reports. The average annual budget is \$27 million. (Milwaukee County current budget is 17 million). King and San Francisco counties have an average daily population of approximately 2,000. Dallas County has an average daily population of 6,000. King and San Francisco counties also staff the jails with union represented employees. All three facilities at some point in the past found themselves subject to a consent decree (similar to the Christensen consent decree currently in place for Milwaukee County) preceding the current configuration for administering correctional health services.

One characteristic common among the three counties, and distinct from Milwaukee County, is an extensive and well-developed existing medical program or health service offerings within the Department under which the division of correctional health services falls. San Francisco's Department of Public Health operates clinics throughout the San Francisco in addition to illness specific programs,

such as for mental health and AODA. Dallas County has Parkland Hospital, which is a taxing district hospital similar to what Milwaukee County once had with Doyne Hospital. King County' Department of Health and Human Services also administers other health services that helped to inform and support correctional health services.

The representatives with whom we spoke all stressed that a strong collaborative partnership with the Sheriff, built on a foundation of solid communication and mutual trust is crucial to the success of such a configuration. King and San Francisco also provided us with organizational charts for their divisions and a sample memorandum of understanding between the San Francisco Sheriff's Department and the Department of Public Health.

From these models a few common themes have arisen:

- 1) Most have added resources to the function when the health department took over care.
- 2) A positive, collegial relationship is needed at all levels of both organizations.
- 3) It must be recognized that the two departments have inherently different philosophies with the medical department dedicated to caring for patients while the security is dedicated to managing prisoners. Mutual respect for the mission of each other is essential for this to be successful.

Next Steps

DHHS/BHD is moving forward with the transition planning. The time line of July 1, 2012 remains the goal. Dependent on the action related to the steps listed below, additional time will be needed to complete the transfer if the steps below cannot be completed by June 1, 2012.

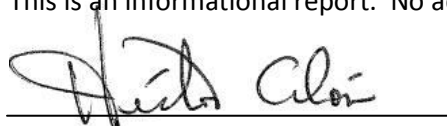
As mentioned above, recruitment and filling of the leadership positions is a critical next step. DHHS/BHD is working with the Sheriff's office and DHR to review the job description and job announcement for the Health Services administrator position. Recruitment and subsequent appointment of this key position is a critical step and must be accomplished before a transition can occur.

DHHS/BHD will meet with the Sheriff's office fiscal staff and DAS to discuss a plan for the transition of the administrative functions. The transition plan must address current, as well as future, resource and budget needs. Clearly, this plan must be agreed upon by all parties prior to any transfer occurring.

In our research, we have found some organizations use a Memoriam of Agreement approach to outline the formally the relationship between the two organizations. DHHS/BHD would like that approach to avoid any miscommunication and have clear lines of responsibility and authority established in this emerging model. DHHS/BHD is looking at samples and beginning to develop such an agreement. This agreement should be in place before a transition can take place.

Recommendation

This is an informational report. No action is necessary.



Héctor Colón, Director
Department of Health and Human Services

cc: County Executive Chris Abele
Amber Moreen, County Executive's Office
Tia Torhorst, County Executive's Office
Terry Cooley, County Board
Kelly Bablitch, County Board
Pat Farley, Director – DAS
Craig Kammholz – Fiscal & Budget Administrator - DAS
CJ Pahl, Assistant Fiscal and Budget Administrator – DAS
Antoinette Thomas-Bailey, Fiscal and Management Analyst – DAS
Rick Ceschin, County Board Staff
Jennifer Collins, County Board Staff
Jodi Mapp, County Board Staff
Inspector Richard Schmidt, Sheriff's Office
Jon Priebe, Sheriff's Office
Molly Pahl, Sheriff's Office