

COUNTY OF MILWAUKEE
Inter-Office Communication

Date: April 21, 2022

To: Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors

From: Chantell Jewell, Superintendent

Subject: House of Correction 2021 Annual Report

File Type: Informational Report

This informational report provides a report on how the House of Correction set and achieved its 2021 goals.

POLICY

This report aligns to Chapter 108: Achieving Racial Equity & Health.

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| Milwaukee County Code of General Ordinances: | <u>Chapter 108: Achieving Racial Equity & Health</u> |
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BACKGROUND

File 22-104 amends Chapter 108 to require that “annually, by April 30 of each year or sooner, each Milwaukee County department leader and/or their designee(s) shall provide a written and oral report outlining their year-end results to a Milwaukee County Board of Supervisors committee. The reports shall, at a minimum:

- (a) Indicate the year-end goals the department set in the prior year
- (b) Share the rationale and relevance of the department’s performance metrics (i.e. explaining why they are “SMART” goals (specific, measurable, achievable, realistic, timely, and extending) and how they align to the county’s racial equity strategy, if applicable)
- (c) Report the department’s year-end results relating to the goals it had set, and
- (d) Provide a thorough analysis clearly articulating why goals were significantly exceeded, met, or not met.
- (e) Explain the department’s progress in creating a departmental-level strategic plan that aligns to the countywide strategic plan and provide an update about future plans to revise and enhance the departmental-level plan in the year ahead.”

ALIGNMENT TO STRATEGIC PLAN

- 1A: Reflect the full diversity of the County at every level of County government
- 1B: Create and nurture an inclusive culture across County government
- 1C: Increase the number of County contracts awarded to minority and women-owned businesses
- 2A: Determine what, where, and how we deliver services to advance health equity
- 2B: Break down silos across County government to maximize access to and quality of services offered
- 2C: Apply a racial equity lens to all decisions
- 3A: Invest “upstream” to address root causes of health disparities
- 3B: Enhance the County’s fiscal health and sustainability
- 3C: Dismantle barriers to diverse and inclusive communities

Alignment to the above strategic objectives is articulated in response to the questions below.

BODY

1. What were the top 3 goals of your department/office 2021? Please explain why they are “SMARTIE” goals (specific, measurable, achievable, realistic, timely, inclusive, and equitable) and how they align to the county’s racial equity strategy.
 - **Goal 1: Create a safe space for residents with health needs.**
 - By the end of 2021, HOC will minimize restrictive housing for residents with mental health needs by creating a safe space that is staffed by mental health professionals and specially trained officers. At HOC, over 60% of residents have a mental health diagnosis and 18% have a need for medication. Creating this safe space and specialized care will create stability to prepare them for their transition back into the community. Since most of the HOC residents are people of color and those from low socioeconomic backgrounds, this provides a resource that might not have otherwise been available in their community.
 - **Goal 2: Minimize COVID outbreaks throughout 2021.**
 - The more we were able to minimize the spread of COVID-19 (as defined by 10 or more cases of HOC residents) the greater accessibility residents had to programs (e.g., Huber, group therapy) that would support their transition back into the community. Minimizing the spread of COVID-19 throughout our facility (defined as 10 or more positive cases among residents) allows staff to provide greater accessibility to programs (e.g., Huber, group therapy, etc.) that support transition back into the community and decreases recidivism.

- **Goal 3: Receive accreditation by the end of 2021 from the National Commission on Correctional Healthcare.**
 - NCCHC accreditation includes a rigorous on-site survey where an experienced physician and other experts in correctional health care survey the facility for compliance with standards on safety, personnel and training, health care services and support, patient care and treatment, health promotion, special needs and services, health records and legal issues. Receiving accreditation signifies HOC's commitment to achieving and maintaining compliance with nation's premier standards on correctional health care.

2. To what extent were these goals accomplished in 2021? Please explain.

- a. Goal 1: Created a Resident Support Team comprised of specialty trained security staff, mental health professionals and a case manager. Opened a specialty housing unit to accommodate the needs of residents who struggled in general population due to a mental health condition. This response has led to overall fewer or shorter stays in restrictive housing due to uncontrollable behavioral or safety issues.
- b. Goal 2: Maintained stringent COVID procedures (e.g., transfer protocols, quarantine procedures, mask policies) which included 93% of all staff being fully vaccinated. At one point, 71% of the resident population was also fully vaccinated. Consequently, there were only 2 months in 2021 where the COVID-19 positive infections were above 12 for our resident population. Our ability to manage the spread of COVID-19 subsequently led to the reopening Huber and other programming.
- c. Goal 3: HOC was awarded accreditation on April 30, 2021. We were found to be in full compliance at 100% for both applicable essential standards and important standards. The HOC is one of only a few institutions nationally that received the accreditation on the first audit.

3. What factors *enabled* progress toward accomplishing these goals?

- Good relationship with healthcare vendor, Wellpath. Open lines of communication and weekly meetings to be briefed on healthcare statuses.
- Engaged staff throughout the process of executing these goals.
- Clearly defined vision from the CEX and County Board for us to set the direction for our

- team.
- Additional resources, administrative orders, alternative care facility, risk recognition pay, maintenance improvements, and easily accessible testing all contributed to the ability of HOC to mitigate COVID exposure risks.
 - Access to Public Health Consultant and Credible Messenger Communication Firm
4. What factors *hindered* progress toward accomplishing these goals?
- Staffing issues inhibit growing the RST program. Wellpath also has staff issues that hinder the RST growth.
 - Outside factors contributed to increase in COVID cases. Inability to maintain a closed facility.
5. What is the status of your department/office in developing its strategic plan?

We are in the process of solidifying goals and objectives for 2022 which align with the CEX and County Board, but also bringing us back to the original purpose of HOC which is rehabilitation.

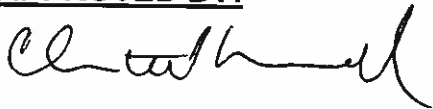
FISCAL EFFECT

The report is informational only and there is no fiscal impact.

PREPARED BY:

Chantell Jewell, Superintendent

APPROVED BY:



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