

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: May 30, 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 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 and requesting an extension of implementation date until October 1, 2012**

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 outsource this service as part of his 2012 Requested Budget, but concerns were raised and the direction was given to develop a transition plan. DHHS submitted informational reports to the County Board in February and March 2012 to outline the work group and the work plan for the group. A status report was offered in May 2012; this report is to update the Board on the activities since the May report and request an extension in the timeline for implementation.

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 have also developed.

In addition, previously reported research indicates that a partnership and high level of collaboration is needed to be successful. The ongoing meetings and discussions between DHHS and the Sheriff's Office are building the foundation of the relationship.

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, DHHS has been meeting with outside experts to learn from their experiences with correctional health. These meetings have included individuals who are currently, or in the past, health care leaders within correctional health settings. These meetings have been very helpful in the development of a draft Memoriam of Understanding.

Dr. Shansky, the medical monitor, coordinated with Disability Rights of Wisconsin to meet with community stakeholders related to mental health care and concerns related to inmates. Members of BHD staff attended to observe. A number of clinical and administrative concerns arose related to communication with community providers, medication protocols, and release planning. Some of the issues appeared to be system issues such as faxes being lost or agencies receiving multiple requests while others appear to require clinical investigation and decisions such as medications on the formulary in use in corrections.

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 were the key focus of the latest meetings. The issues include funding for a potentially different model for psychological support, human resource and fiscal oversight, management of unfunded positions, contracts, equipment and other administrative duties. Additional meeting with DAS have also occurred to review these issues.

Action Steps Taken in May

The Health Care Administrator position has been mentioned in previous reports as being a critical need for the smooth transition of services and the efficient operation of the service. This position has not been filled officially since 2004. A job description has been developed and approved by both the Office of the Sheriff and DHHS. This will be sent to Human Resources to begin the recruitment process.

As mentioned previously, in researching other municipalities where the health care is provided by an agency other than the Sheriff's department, an approach that seemed successful was to develop a Memorandum of Understanding between the two departments to outline responsibilities. A draft MOU has been developed and is being reviewed by both departments.

These discussions are occurring concurrent to the 2013 Budget preparation. DHHS will submit a request for the 2013 Budget, which includes the development of a psychology model of care. The Sheriff's department has been notified of the anticipated cross charge.

Next Steps

DHHS/BHD is moving forward with the transition planning. The original time frame of July 1, 2012 is not achievable and both departments request an extension until October 1, 2012. This will allow the completion of the transition planning and recruitment of critical leadership positions. Important next steps include:

- Recruitment and subsequent appointment of the Health Care Administrator position.
- The draft MOU must be modified and agreed upon by all parties.
- DHHS/BHD will meet with the Sheriff's office fiscal staff and DAS to continue 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.
- Additional study is needed to determine the fiscal impact of an extended pharmacy formulary. While it will be recommended that some drugs be added to the formulary, this cost may be off set by currently expensive brand drugs becoming available in generic form in the near future.
- In previous discussions, the Electronic Medical Record system at corrections was seen as another area needing attention. When the discussion regarding the selection of a vendor for BHD occurred, the correctional health was part of the discussion for some period of time until they moved in a different direction. This area should be reviewed to determine if operational improvements could be achieved by investing in an updated EMR.

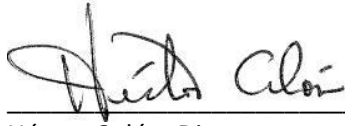
Recommendation

It is recommended that the time line for the transfer of care of inmates to DHHS be extended from July 1, 2012 to October 1, 2012 to allow for transition issue to be resolved and recruitment of leadership staff to occur.

Fiscal Impact

Extending the timeline for transfer will have no fiscal impact. By agreement between the fiscal staff of both departments, a fund transfer will be submitted at the time of service transfer to reconcile the accounts in both departments. A fiscal note form is attached.

Respectfully Submitted:



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