

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

3
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.
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10 **A RESOLUTION**
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12 WHEREAS, on December 6, 2018 the Milwaukee County Board of Supervisors
13 approved Resolution File No.18-898, directing multiple County Departments and
14 Divisions to evaluate and provide a plan for the transition from an outsourced model of
15 medical care to a self-operated model of medical care for Milwaukee County inmate-
16 patients housed in the Milwaukee County Jail (MCJ) and House of Correction (HOC);
17 and
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19 WHEREAS, on February 7, 2019 as part of the County's ongoing response to the
20 direction provided in File No. 18-898, the Inmate Medical Services Self-Operation
21 (IMSSO) Project was created; and
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23 WHEREAS, NCCHC Resources, Inc. (NRI) was engaged on or around
24 December 6, 2018 to provide self-operation evaluation and transition support; and
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26 WHEREAS, following the establishment of the project, NRI began to provide self-
27 operation evaluation assistance with the help of the technical subject matter expert and
28 strategic guidance areas from multiple departments; and
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30 WHEREAS, a specific definition of "self-operation" and governance model is
31 needed to proceed with building the model for Self-Operation of Inmate-Medical
32 Services; and
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34 WHEREAS, the provided definition of self-operation pursuant to file No. 18-898
35 is: *"Self-operation means the provision of inmate medical care, including dental and*
36 *mental health care, by Milwaukee County through the conversion of the existing 128.8*
37 *full and part-time roles, currently identified as required positions under the Christensen*
38 *Consent Decree and in RFP 98180020: Correctional Medical Services Section 11:*
39 *Staffing Plan and Personnel Requirements and 12: Licensure, Credentialing, and*
40 *Qualifications (Exhibit A), from contracted staff positions provided through the County's*
41 *medical services vendor to permanent County employee roles overseen by County*
42 *authority. Self-operation shall be defined to permit the County the flexibility to fill and/or*
43 *backfill vacant or temporarily under-filled staff roles with pool, agency, or locum tenens*
44 *staff members or other temporary staff in order to ensure required coverage of care*

45 *hours as described in the RFP, Section 11. Under this definition, County employees are*
46 *not expected to provide any services currently provided by subcontractors or third-party*
47 *entities otherwise engaged in a business relationship with the medical services vendor*
48 *(for example, specialty care or pharmacy services), but oversight of any such needed*
49 *contracts will be the County’s responsibility under self-operation. In addition, self-*
50 *operation shall be defined to include any additional positions required above and*
51 *beyond the 128.8 positions required by the Consent Decree, including, but not limited*
52 *to, backfill and pool staff required to meet the ‘hours of care’ requirement in RFP*
53 *98180020, administrative and compliance staff, HR support, IT support, fiscal support,*
54 *and/or other positions necessary to support and ensure the success of the medical*
55 *services mission;” and*

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57 WHEREAS, for the purposes of modeling a plan for inmate medical self-
58 operations, the governance model is the creation of a new department, the Correctional
59 Health Care Department (CHCD), that would report directly to the County Executive;
60 and

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62 WHEREAS, at the March 7, 2019 meeting of the Committee on Judiciary, Safety
63 and General Services, the Director, Department of Administrative Services (DAS) was
64 provided a Self-Operation Initial Decision Paper (hereto attached to this file) from the
65 Director of Administrative Services outlining the working definition of self-operation and
66 the following potential self-operation model alternatives:

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68 • **Option 1: County Executive – Direct Report**

69 The elected County Executive (CEX) oversees numerous agency department
70 heads within the County and is in a position to provide effective administrative
71 oversight. The CEX is well versed in the fiscal aspects of administration,
72 especially as these cross the lines of each department under the CEX’s authority.
73 The CEX currently has direct oversight of broad and diverse aspects of the
74 County government. A direct reporting will ensure focus and attention to the
75 complex mission of correctional health care.

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77 • **Option 2: County Executive – Report to the Superintendent of the House of**
78 **Correction**

79 The Milwaukee County HOC operates under the authority of the County
80 Executive (via an appointed Superintendent) and has the overall mission of safe
81 and secure housing of sentenced inmates with short sentences. Other inmates
82 are housed at the HOC as authorized. Of the two correctional facilities in
83 Milwaukee County, the HOC holds the largest number of inmates; however,
84 inmates with more acute clinical issues tend to be housed at the Jail. The Option
85 2 model would most closely mirror the current structure of health services,
86 although the administrative management of approximately 128 employees (or
87 more, as needed) would now fall directly under the Superintendent through the
88 new Correctional Health Care Division, rather than his current responsibility for

89 contract oversight.

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This model may present cultural hurdles, as the HOC is overseen by the CEX 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 Jail would be perceived by all sides. The Sheriff's deputies working in the Jail belong to a distinct law enforcement-derived culture that may not be readily compatible with the distinct culture of the HOC.

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

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The Milwaukee County 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 semiautonomous division reporting to the elected County Executive and to the Milwaukee County Board of Supervisors. The CEX 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.

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

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

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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 Jail 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 Jail 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 Sheriff staff work in the HOC may create

133 unforeseen cultural friction, resulting in distractions and inefficiencies in health
134 care delivery.

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136 ; and

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138 WHEREAS, at the March 7, 2019 meeting of the the Committee on Judiciary,
139 Safety and General Services, it was suggested to create an additional potential
140 governance model alternative option 5; and

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142 WHEREAS, option 5 would require the House of Corrections operations to be
143 transferred back to the Office of the Sheriff who would be responsible for the
144 management of the healthcare staff; and

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146 WHEREAS, after lengthy discussion at its meeting on March 19, 2019 the
147 Committee on Judiciary, Safety and General Services decided to endorse the proposed
148 definition of self-operation and selected model **XX** to serve as the preferred governance
149 model alternative; now, therefore,

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151 BE IT RESOLVED, that the Milwaukee County Board of Supervisors hereby
152 approves the following definition of “self-operation” as proposed by the staff directed in
153 File No. 18-898 to pursue in-sourcing of inmate medical operations:

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155 *“Self-operation means the provision of inmate medical care, including dental and*
156 *mental health care, by Milwaukee County through the conversion of the existing 128.8*
157 *full and part-time roles, currently identified as required positions under the Christensen*
158 *Consent Decree and in RFP 98180020: Correctional Medical Services Section 11:*
159 *Staffing Plan and Personnel Requirements and 12: Licensure, Credentialing, and*
160 *Qualifications (Exhibit A), from contracted staff positions provided through the County’s*
161 *medical services vendor to permanent County employee roles overseen by County*
162 *authority. Self-operation shall be defined to permit the County the flexibility to fill and/or*
163 *backfill vacant or temporarily under-filled staff roles with pool, agency, or locum tenens*
164 *staff members or other temporary staff in order to ensure required coverage of care*
165 *hours as described in the RFP, Section 11. Under this definition, County employees are*
166 *not expected to provide any services currently provided by subcontractors or third-party*
167 *entities otherwise engaged in a business relationship with the medical services vendor*
168 *(for example, specialty care or pharmacy services), but oversight of any such needed*
169 *contracts will be the County’s responsibility under self-operation. In addition, self-*
170 *operation shall be defined to include any additional positions required above and*
171 *beyond the 128.8 positions required by the Consent Decree, including, but not limited*
172 *to, backfill and pool staff required to meet the ‘hours of care’ requirement in RFP*
173 *98180020, administrative and compliance staff, HR support, IT support, fiscal support,*
174 *and/or other positions necessary to support and ensure the success of the medical*
175 *services mission”*

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BE IT FURTHER RESOLVED, the Milwaukee County Board of Supervisors hereby supports the adaption of the proposed governance model ~~XX~~ which states: