



Monitoring Summary

April – June 2023

Milwaukee County Jail and Community Reintegration Center

MONITORING SUMMARY

This report details findings from site visits and remote monitoring conducted during the months of April, May, and June 2023.

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Exhibit 14



Milwaukee County Jail and Community Reintegration Center Monitoring Summary

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Milwaukee County Jail and Community Reintegration Center Monitoring Summary

SUMMARY FOR MILWAUKEE COUNTY JAIL AND COMMUNITY REINTEGRATION CENTER

James Voisard, BS, CCHP-A; Christopher Rosko, MD, MBA, CCHP; and Deborah Gross, PsyD, JD, CCHP-MH; conducted site visits during the second-quarter monitoring period of 2023.

In addition, Mr. Voisard, Dr. Rosko, and Dr. Gross conducted remote monitoring activities, and Loretta Reed, MBA, PMP, ACP, provided project management services throughout the review period.

Marci Mackenzie PhD, LCSW, CCHP, has been working on identification of operational and service-level data to be extracted from ERMA records, ERMA-generated CQI studies, and reported statistics, and then compiling, analyzing, and using them to monitor health care trends within the Milwaukee facilities.

Focus areas for this period

- NCCHC accreditation compliance
- Health care staffing levels
- Dental services
- Health record reviews

Discussions and correspondence

MCJ and CRC

Jail director – MCJ
Medical director – MCJ
Dentist – MCJ
Dental assistant – MCJ
HSA – MCJ
DON – MCJ
Lieutenants – CRC
Sergeant – CRC
Medical director – CRC
DON – CRC
Nurse practitioner supervisor – MCJ
Nurse practitioners – MCJ and CRC
Nurse educator – MCJ
Clinic nurses – MCJ and CRC
Correctional supervisors – CRC
Correctional officers – MCJ and CRC
Patients – CRC

NCCHC Resources

Dr. Deborah Gross
Dr. Christopher Rosko
Jim Voisard
Dr. Marci Mackenzie
Loretta Reed



Abbreviations Used in this Report	
CCHP	Certified Correctional Health Professional
CQI	continuous quality improvement
CRC	Community Reintegration Center
DON	director of nursing
ERMA	Wellpath's electronic health record
HSA	health services administrator
MAC	Medical Advisory Committee
MAT	medication-assisted treatment
MCJ	Milwaukee County Jail



SITE VISIT AND REMOTE MONITORING DISCUSSIONS, OBSERVATIONS, AND FINDINGS

National Commission on Correctional Health Care accreditation

The NCCHC Resources monitoring team is tasked with assessing ongoing compliance with accreditation standards as it relates to the contractual requirements in place. Mr. Voisard reviews all health care operational reports, CQI reviews, and pharmacy and therapeutics meeting summaries prior to each quarterly MAC/CQI and pharmacy and therapeutics meeting, and voices his observations, questions, and concerns either prior to or during those meetings. Mr. Voisard conducts site visits of both MCJ and CRC every other month.

During this monitoring period, we put additional emphasis on assessing the status of health care services at both facilities by using the NCCHC accreditation standards as compliance benchmarks. MCJ and CRC will be scheduling their reaccreditation surveys within the first quarter of 2024.

Jails, prisons, and reintegration and detention centers across the country have faced significant challenges during and after the COVID pandemic, which officially ran from January 2020 to May 2022 in the United States. The lingering impact on operations continues to significantly hamper recruitment and retention of correctional officers and health care professionals. While operational adjustments were made to deal with the pandemic, the provision of patient care remained an essential mission.

The NCCHC accreditation committee takes into consideration the historic challenges forced upon facilities by the pandemic. They are charged with determining whether the required standards of care were met during the 3-year accreditation cycle. They look at patient access to care, timely access to care deemed clinically necessary, and the continuity of care provided from the time the individuals arrive at the facilities until they are transferred or released.

We note that many dedicated correctional and health care professionals worked very hard throughout and beyond the pandemic. Their efforts have been commendable, and for that we recognize and applaud them. Numerous staff were working long hours during the 3-year accreditation period and doing the best they could with what resources they had. Many short-staffed days required them to make difficult prioritization decisions to get as much accomplished as possible during their shifts.

In addition to the ongoing nursing vacancies (primarily at MCJ) health staff turnover has been extensive during the past 12 months, and has included the HSA, MCJ medical director, DONs, psychiatrist, dentist, CRC NPs, CQI RN, mental health director and the infection control RN. The new HSA has effectively implemented a proactive and positive leadership approach to coordinating and overseeing the health care operations at both MCJ and CRC. She has also been receptive to our monitoring activities and constructive feedback.

Accounting for the above-mentioned challenges and qualifiers, we are tasked with assessing the readiness of the health care operations at both facilities against the established national standards. The accreditation survey teams will be reviewing the level of care that was delivered during the past 3 years. While it is not possible to go back in time to deal with any compliance issues that the survey teams may find during their upcoming visits, all compliance indicators of each applicable essential standard and 85% of compliance indicators for each applicable important standard must be met and maintained at that level going forward. It is apparent that not all indicators were met throughout the 3-year accreditation cycle, but everyone must understand that the accreditation committee puts additional



weight on whether issues were identified, corrected, and that there has since been consistency in carrying them out.

Jim Voisard presented two virtual sessions during this monitoring period that were open to all County and Wellpath staff. During them, he presented an in-depth interpretation of the intent of each accreditation standard, a review of all compliance indicators, and helpful insights on how to best deliver the level of care required to achieve NCCHC reaccreditation. Our belief is that you can achieve and maintain compliance if you understand the intent of the standards and are fully aware of the compliance indicators.

A review of the health care provided from April to June 2023 is the focus of this report. We flagged a number of the applicable essential standards that would be subject to review during this second quarter. We have listed the compliance concerns in this section of the report while additional notations and clarifications will be detailed in the remaining sections of the report.

J-A-01 – Access to Care: We believe that all patients have access to care. While all emergent and urgent issues are dealt with in an appropriate and timely manner, occasional less-timely handling of some chronic and nonemergent patient issues can be attributed to the less-than-optimal staffing levels of both custody and health care.

J-A-04 – Administrative Meetings and Reports: Both facilities have consistently exceeded the compliance requirements for administrative-level meetings. The weekly multidisciplinary meetings chaired by the jail director and assistant superintendent at their respective facilities are examples of a best-practice approach to open and ongoing communication and teamwork. We have attended a number of the weekly meetings and found them to be purposeful and meaningful, and would like to encourage this excellent work.

Staff meetings are held by the various health care branches on a monthly basis and less-frequently scheduled all-staff meetings bring the various disciplines together for a more comprehensive teamwork approach to patient care. We encourage the HSA and mental health director to ensure that this critical, open exchange of ideas, issues, and solutions among these groups is formalized and held on no less than a monthly basis.

J-A-06 – Continuous Quality Improvement Program: Historically, a centralized CQI program has been in place and used to identify issues, draft corrective action, and then reassess issues to ensure that the corrective action has consistently ameliorated the concerns. There have also been site-specific reviews and findings shared and discussed at quarterly MAC/CQI meetings at both facilities.

A concern for the past couple of months has been that the CQI RN position has been vacant. Mr. Voisard noted that a CQI nurse was hired after aggressive recruitment efforts. However, the position is once again vacant after the new hire left within days of taking the position. Fortunately, another RN, who reportedly has solid experience in coordinating quality improvement processes, has been hired and is due to start full-time work in mid-July.

J-A-08 – Health Records: The current EHR is functional, yet lacks some of the streamlined navigational capabilities desired by health staff. A primary concern about the health record system is that staff have reported on a number of occasions that the system is down much too frequently. This downtime has a negative impact on the ability of health staff to efficiently access records during patient encounters and



thus raises the risk of documentation not being completed or not being as comprehensive and accurate as it should be. As an example, ERMA was down for approximately 3 hours during our June site visit.

The Wellpath IT support has also been much slower in recent months compared to the past couple of years. As an example, we requested remote access to ERMA for Dr. Rosko for an effective start date of April 1, 2023. After a number of requests and a significant amount of time spent on the phone by Dr. Rosko with the help desk, he was finally able to establish a remote access connection on May 28, 2023. This resulted in him being unable to complete 2 months' worth of remote health record reviews. Our consultants have had no other remote connection issues since May 28.

J-B-03 – Clinical Preventative Services: The standard requires that inmates receive periodic health assessments and dental evaluations. Wellpath policy has set the assessments and evaluations on an annual schedule. However, our health record reviews indicated that not all annual assessments and evaluations have been completed. A recent report showed a backlog of 35 dental evaluations. The HSA should assess the status of these required tasks and establish corrective action in order to achieve compliance with the standard.

J-B-09 – Staff Safety: The dental sharps inventory procedure at both facilities needs to be revamped. We have held discussions with the HSA and are confident that the required adjustments are forthcoming.

J-D-02 – Medication Services: The former CQI nurse noted a lack of active patient identification prior to administering medications. At the CRC the identification was problematic because the patients were reporting to the medication cart without the required arm bands. It is our understanding that this matter has been addressed and we will continue to monitor it to ensure consistent compliance.

J-D-06 – Patient Escort: As previously noted, both facilities have faced challenges when it comes to the timely escort of patients to the clinics. Both administrators are fully aware of these challenges and both have taken measures to improve the efficiency of patient movement. During our June site visit, the jail director reported a 36% vacancy rate in the officer staffing level. The County has had some success in filling that void using various creative and proactive recruitment techniques.

J-D-07 – Emergency Services and Response Plan: MCJ has not yet conducted mass disaster drills. We spoke with both the jail director and the captain about this compliance concern and plans are in place to get the necessary drills completed. The intent of this standard is to conduct a drill that challenges the capability of the staff to care for multiple victims at one time. The requirement is that all health staff have participated in a mass disaster drill at some point during the 3-year accreditation cycle. The drills must also be critiqued, and the critique shared with all staff in a verifiable manner.

Compliance with this standard was not assessed at CRC during our June site visit. We will address it during the August site visit.

J-E-02 – Receiving Screening: We will conduct a more detailed review of the receiving process at both facilities during our August site visit. It will involve a review of the timeliness of the prescreening, receiving screening, documentation, and referral processes.

We have concerns about stipulations in the Wellpath receiving screening policy and procedure to investigate. As written, the policy and procedure are not in compliance and if the stipulations are carried



out in actual practice, this essential standard is not being met. We have discussed this matter with the HSA and she has initiated a review.

The bottom line is that a full receiving screening must be completed every time an individual is booked into either facility. This includes those who are booked in on weekends and those booked in again after having been recently released.

J-E-04 – Initial Health Assessment: An unusually high number of individuals are still refusing health assessments at MCJ. The June refusal rate at MCJ was an unacceptably high 27%. Refusal to participate in completion of a health assessment should be an infrequent occurrence and only accepted after sufficient counseling and additional attempts. This issue has been brought to Wellpath’s attention twice in the past and unfortunately remains an issue. Refusal rates of this magnitude are often a result of poor training, the way that the assessment is offered, and/or staff who consider it less work to be done when a patient refuses the assessment. We will conduct a more detailed review of this process during the next monitoring period.

J-E-06 – Oral Care: While all emergent and urgent dental issues are taken care of in a timely manner, a backlog of dental patients is still awaiting initial and annual dental exams and routine dental care. Part-time or locum dentists have been sourced to cover some additional dental hours in preparation for the resignation of the dentist on July 20, 2023.

J-E-07 – Nonemergency Health Care Requests and Services: This standard will be a primary focus during our August site visit and as part of our monthly remote health record review process. The standard requires that a health care professional review and prioritize each health care service request, and if the request contains a clinical component, a health care professional must conduct a face-to-face triage within 24 hours of request receipt. Further health care intervention can be scheduled in accordance with the triage findings as required. This triage requirement applies to all medical, mental health, and dental service requests. Based on initial reviews, this appears to be more of an issue at MCJ.

J-E-09 – Continuity, Coordination, and Quality of Care During Incarceration: We noted some concerns with compliance in the areas of diagnostic tests being reviewed by providers in a timely manner, treatment plans being modified based on status and condition of the patient, and the sharing of diagnostic test results and treatment plan modifications with patients. Compliance with this standard will be a primary review topic during our August site visit and monthly remote health record reviews.

J-F-01 – Patients with Chronic Disease and Other Special Needs: Our review of both records, and statements made during interviews with staff, indicates a backlog of patients waiting to be seen for chronic care visits. Some of the backlog has been attributed to patient escort challenges at both facilities and two NP position vacancies at CRC. As mentioned previously, the escort issues are being addressed at both MCJ and CRC. The two NP vacancies at CRC have been filled, which is expected to clear up the backlog in short order and contribute to compliance going forward.

Jim Voisard would like to thank LT Tartiff and CPT Sullivan for their assistance in facilitating the staff and resident interview process at CRC and for ensuring Dr. Rosko was able to obtain his facility security credentials.



During his next site visit, Mr. Voisard will focus on the following NCCHC Standards:

- J-B-09 – Staff Safety
- J-C-02 – Clinical Performance Enhancement
- J-C-04 – Health Training for Correctional Officers
- J-C-09 – Orientation for Health Staff
- J-E-02 – Receiving Screening
- J-E-04 – Initial Health Assessment
- J-E-07 – Nonemergency Health Care Requests and Services



MEDICAL RECORD REVIEW AND SITE VISIT

SUMMARY OF FINDINGS

As this is Dr. Rosko's first quarterly review of clinical services, the data for analysis is somewhat limited due to both the lengthy delay experienced in gaining login credentials for remote access to ERMA, and the report-generating features of ERMA. During his two site visits during this quarter (April and June), he was able to meet administrative and supervisory staff at both MCJ and CRC and initiate a working relationship. Dr. Rosko's summary of findings is based upon his site visit on June 28 and 29.

Interviews

Dr. Rosko conducted interviews with the following individuals:

MCJ – facility director, HSA, DON, medical director, and nurse educator

CRC – HSA, DON, medical director, dentist, dental assistant, NPs (3), and RNs (2)

We noted some improvement in the functioning of the clinical services operations at both facilities. Efforts have been made to improve RN and provider staffing levels, and we encountered few staff complaints about the working environment. The new members of the leadership team (medical director, DON, and dentist at MCJ), and the onboarding DON, NPs and dentist at CRC are learning their respective roles and have begun actively participating in the day-to-day provision of clinical services.

However, the CQI nurse position has remained unfilled for a while, and staffing changes will soon be made in the infectious disease RN and nurse educator positions. These specialized positions need to be staffed to ensure continued smooth functioning of the clinical services at both facilities. Staff at both sites have indicated that progress has been made in completing essential health care functions (chronic care, sick call, initial health assessments, and medication administration), and they indicate satisfaction with pharmacy, medical supplies, and off-site emergency and inpatient services.

ERMA functionality continues to be a source of frustration for health staff at all levels. Of primary concern is the lack of planning for and attention to the CQI process, which was confirmed by medical leadership at both sites. The HSA assured us that efforts are ongoing for the recruitment of a qualified and experienced CQI nurse.

FINDINGS FROM THE MCJ

Mr. Voisard conducted an extensive interview with the HSA during his June visit, and as noted above, Dr. Rosko interviewed the medical director, DON, nurse educator, and RN staff. What follows is a discussion of what these interviews revealed.

Medical leadership

The new medical director has been very visible and active in working with staff to establish clinical direction through leadership and support. While she is new to the correctional field and Wellpath, she has been able to foster a collaborative environment, especially with the mental health team, and is working on setting up regular meetings with provider and RN staff.

We discussed clinical issues found in our health record review with the medical director. The need for proactive attention to and involvement in the CQI program was also discussed. It appears the backlog of patients who need to be seen for chronic care issues is decreasing, and the addition of a new, full-time dentist will help with the backlog of dental patients who need care. The way the sick call process



functions is a source of frustration for the medical director, and the issues she is concerned with are slated for discussion by the leadership team during scheduled administrative-level meetings.

Per the DON, RN staffing levels have improved, and we learned NPs will be used to cover the part-time MD's hours following their departure. The consensus was that the MAT program appears to be functioning well with no reported problems, though our audit related to receiving showed some issues with MAT medication verification which will be discussed later in the report.

The medical director also expressed some frustration with a lack of proper onboarding and training by corporate staff following her acceptance of the position and has indicated a lack of senior-level physician support for her as she continues to learn and carry out her daily tasks. She indicated that she still has not received a job description for her position. Dr. Rosko spoke to the HSA about the medical director's concerns and requested that they be addressed.

Provider sick call

This area is improving per staff report, but efforts are underway to develop a better approach for the handling of nonemergent sick call requests.

Chronic care

As per staff report, this area is improving (see metrics below), but patient flow to the clinic is still sometimes inefficient due to the shortage of correctional staff.

Dental services

The recent hiring of a full-time dentist is a promising start, but the delivery of dental services will need to be monitored to ensure that the backlog of dental patients is dealt with and the timeliness of services meets NCCHC standards going forward.

Initial health assessments

These have improved, according to staff. See metrics below.

Pharmacy services

Staff reported no problems.

Returns from off-site referrals, emergency room visits, and inpatient care

Staff appear to be providing appropriate care. The medical director described the ongoing implementation of a plan to closely monitor the referral process. The required clinical evaluations appear to be consistently completed upon return of patients to the facility.

Medication-assisted treatment

While no problems were reported to us regarding the partnership with the community methadone program and the provision of treatment within the facility, the CQI review data indicates issues exist that need to be addressed.

Clinical data reports

Note that the numbers in this section are from Dr. Rosko's review of data available in the ERMA Reports Center, which spanned only 1 month due to access issues. In addition, Dr. Rosko's random sample will



be different in composition from those of other consultants, as each consultant pulls a different set of random results.

MCJ Chronic Care Analysis			
		Number	Percent
All Categories of Patients	Patients	269	100.0%
	Compliant and On Time	200	74.4%
	Compliant, but Scheduled Post-Due Date	24	8.9%
	Noncompliant	45	16.7%
Circulatory Patients	Patients	94	100.0%
	Compliant and On Time	78	83.0%
	Compliant, but Scheduled Post-Due Date	7	7.4%
	Noncompliant	9	9.6%
Endocrine Patients	Patients	38	100.0%
	Compliant and On Time	35	92.1%
	Compliant, but Scheduled Post-Due Date	0	0.0%
	Noncompliant	3	7.9%
Initial Health Assessments	Patients	155	100.0%
	Completed On Time	133	85.8%
	Completed Beyond 14 Days or Incomplete	22	14.2%
Dental Patients	No data in system for review		

FINDINGS FROM THE CRC

Interviews with HSA, DON, medical director, NPs, dentist, and RN staff revealed improvement in the clinical services operation and a notable stabilization of staffing at the site. The medical director indicates that the addition of two new NPs and a dentist will greatly facilitate progress in the handling of sick call, chronic care visits, and dental services, and will allow him to focus on the training of the newly onboarded NPs as well as his active participation in the CQI program.

The current DON is scheduled to transfer to a clinic supervisor position and the DON position will be filled by a person who was in her first day of orientation at the time of Dr. Rosko’s site visit. The new DON has correctional experience, and her transition is expected to be made easier by the fact that the current DON will be available to support the new DON even once she has taken on the clinic supervisor role.

The clinic staff noted an improved flow of patients to the clinic for care and that the improved staffing levels will help with patient management. There was a sense of greater job satisfaction among staff that was most likely related to fewer staff vacancies, ongoing administrative leadership, and the availability of support staff.

The medical director continues to voice frustration with the inefficient navigational flow of the EHR and the frequency of system downtime. Dr. Rosko found that ERMA Report Center data indicates poor compliance with the provision of timely chronic care services and advised that this issue will need to be investigated and corrective action taken.

Nursing and provider sick call

No reported problems.



Chronic care

As noted above, the delivery of care to patients with chronic conditions has been less than optimal and not in compliance with NCCHC standards (see metrics below). This area of care has recently shown some improvement since the onboarding of two NPs. The medical director reported some difficulties in entering the completed chronic care visits into ERMA, which are most likely a result of software glitches and system downtime. These issues need to be investigated and evaluated by both site and corporate staff as a priority, because they reduce the availability of patient health records and the timely and accurate entry of patient encounters.

Dental services

These are expected to improve with the recent hire of a full-time dentist.

Initial health assessments

While no problems were reported to us regarding initial health assessments, the CQI review data indicates issues exist that need to be addressed.

Pharmacy services

No reported problems.

Returns from off-site referrals, emergency room visits, and inpatient care

Health record reviews indicate that staff are handling off-site care situations appropriately. The medical director stated that he has a plan to monitor this aspect of the operation more closely. Clinical evaluations upon return of patients to the facility are being consistently completed.

Medication-assisted treatment

While no problems were reported to us regarding the partnership with the community methadone program and the provision of treatment within the facility, the CQI review data indicates issues exist that need to be addressed.

Clinical data reports

Note that the numbers in this section are from Dr. Rosko's review of data available in the ERMA Reports Center, which spanned only 1 month due to access issues. In addition, Dr. Rosko's random sample will be different in composition from those of other consultants, as each consultant pulls a different set of random results.



CRC Chronic Care Analysis			
		Number	Percent
All Categories of Patients	Patients	218	100.0%
	Compliant and On Time	106	48.6%
	Compliant, but Scheduled Post-Due Date	7	3.2%
	Noncompliant	105	48.2%
Circulatory Patients	Patients	61	100.0%
	Compliant and On Time	27	44.3%
	Compliant, but Scheduled Post-Due Date	3	4.9%
	Noncompliant	31	50.8%
Endocrine Patients	Patients	20	100.0%
	Compliant and On Time	12	60.0
	Compliant, but Scheduled Post-Due Date	1	5.0%
	Noncompliant	7	35.0%
Initial Health Assessments	Patients	320	100.0%
	Completed On Time	195	60.9%
	Unable to Complete	120	37.5%
	Completed Beyond 14 Days or Incomplete	5	1.6%
Dental Patients	No data in system for review		



MENTAL HEALTH RECORD REVIEW AND SITE VISITS

NOTE: Clinically significant incidental findings are forwarded to the mental health staff and/or HSA for review, discussion with clinical staff, and follow-up action, when indicated, following each monthly health record review process. This approach allows timely addressing of any significant clinical findings.

Introduction and overview

Dr. Deborah Gross reviewed the health records of 19 patients randomly selected from the electronic health record for the Milwaukee County Jail and Community Reintegration Center. The purpose of the record review was to determine the degree to which mental health professionals and psychiatric providers remain compliant with relevant NCCHC Standards, Milwaukee County policies and procedures, and Wellpath protocols. The primary focus of this review was the completion of documentation regarding suicide watches.

The records included patients who had been on suicide watch, had returned from an outside facility, or were placed on the special needs list due to symptoms and/or behaviors.

Summary of health records for the Milwaukee County Jail

Patient 2Q-A was booked on February 24, 2023. This patient is flagged as mental health chronic care. He was seen by a psychiatrist on March 13, 2023 and is receiving medication, but not an antipsychotic. He does not have a treatment plan as he is not listed as mental health special needs. Staff interactions have focused on basic issues such as receiving a notebook and how to request puzzles rather than any focused treatment effort. This patient was not seen by mental health staff in May or June 2023.

Patient 2Q-B has multiple chronic health issues. He was admitted to jail on February 21, 2023, and initially denied receiving mental health services in the community. He did report stressors related to his legal situation and with personal life issues outside of the facility. This patient has requested a journal, reentry worksheets, and business resources. He is not currently prescribed medications for mental health treatment, so mental health staff are following up as needed. The patient is listed as mental health chronic care but is not on the special needs list. We recommend an individualized treatment plan or handouts focusing on coping skills.

Patient 2Q-C was booked June 28, 2023, and an urgent mental health referral was made that same day. The patient was seen by MAT mental health staff June 29 and July 13. A MAT mental health progress note from June 29 does not reference the urgent referral.

Patient 2Q-D was initially booked on May 9, 2021. He returned from a state hospital on April 5, 2022. His record shows flags for chronic psychiatric diagnosis mental disorder, not otherwise specified. Psychiatry sees the patient monthly since his return from hospital. He is not currently on a mental health treatment plan, and mental health is only following up with him through the nonemergency sick call request process.

Patient 2Q-E was booked into jail on August 20, 2022. He returned from the state hospital on April 23, 2023. He was added to mental health special needs list on that same day, and also seen the same day for a suicide watch initial assessment. This patient was seen for follow-up every day between April 24 and 30, and discharged from suicide watch status on April 30. He was seen again on June 24 for a suicide watch assessment after being placed on a watch. He was reassessed and discharged from suicide watch



on June 27. Mental health staff completed follow-up encounters with the patient in accordance with policy.

Patient 2Q-F was booked into jail on May 4, 2023. The patient is currently prescribed an antipsychotic medication. An RN made an emergent referral on May 4 when the patient returned from Mendota Mental Health Institute, and they were seen by mental health the same day. However, an initial mental health assessment does not appear to have been completed for this booking. The patient was placed on the special needs list, the special needs flag was set in the EHR, and they were scheduled for follow-up. This resulted in the patient being seen for special needs appointments on May 16, and June 14, 21, and 27. A nonacute patient treatment plan was initiated June 21.

Patient 2Q-G was booked on May 4, 2023 after being transferred from a state mental health hospital that same day, and medications were ordered on his return. His initial psychiatric assessment was completed May 9, 2023, and he was noted as compliant with treatment. The patient's mental health treatment plan completed on May 19 fails to identify problems or goals. The patient's initial mental health assessment was completed on May 25, but it is unclear why the initial mental health assessment was completed after the treatment plan.

Summary of health records for the Community Reintegration Center

Patient 2Q-H was booked on June 9, 2023, and assessed for suicide watch on June 10. The required suicide watch documentation was completed. This patient was seen for follow-up on June 11, as noted in a mental health special needs progress note. Mental health followed up with them on both June 17 (marked as the day 6 follow-up) and June 24 (day 13 follow-up), both noted in mental health special need progress notes.

Patient 2Q-I was booked and assessed for suicide watch on May 29, 2023, and discharged from watch on May 30. Following her discharge from suicide watch, the mental health staff completed follow-up encounters that included mental health special needs progress notes on May 31 and June 12.

Patient 2Q-J was booked on June 5, 2023. This patient's name was already on a suicide watch list due to a suicide watch placement during a previous incarceration. Their health record is also flagged as this being the patient's "first incarceration/arrest." This flag is a conflict because the record also indicated that this is the patient's fifth booking. An initial mental health assessment was completed on June 19, 2023. The patient was placed in the residential housing unit on June 15 and also seen during rounds that same day.

Patient 2Q-K was booked on May 5, 2023. He was placed on suicide watch May 21, and discharged from watch on May 22. This patient was released from custody on May 25. All documentation appeared to have been completed in an appropriate manner.

Patient 2Q-L was booked on June 9, 2023, and assessed for suicide watch on June 26. The patient was discharged from the watch status on June 28, and seen by mental health staff for a post-release follow-up on June 29. This patient has since been released from custody.

Patient 2Q-M was placed on suicide watch June 23, 2023 and discharged from watch on June 26. The patient was seen for post-watch follow-up on June 27, and July 2 and 18.

Patient 2Q-N had a mental health initial assessment completed on May 31, 2023. The record notes that this patient had prior suicide attempts during incarceration.



Patient 2Q-O was assessed for suicide watch placement on April 30, 2023. He was discharged from suicide watch status on May 2 and seen for post-watch follow-up on May 3 and 4. The clinical assessments led to a decision to document that no further mental health services were required, barring any new developments. Dr. Gross believes this clinical decision was appropriate.

Patient 2Q-P was booked on May 16, 2023, placed on a suicide watch status, and referred to mental health. The patient was assessed by mental health that same day and discharged from the suicide watch status on May 17. He was seen by mental health staff for post-suicide watch follow up on May 18, 23, and 30. Mental health staff documented that they provided a Spanish language set of discharge planning materials to be used by the patient following release from custody.

Patient 2Q-R was booked on February 1, 2023. A mental health assessment was completed the same day and he denied current suicidal ideation. However, he did acknowledge a previous attempt 2 years prior. This patient was seen by mental health on April 21, at which time a structured progress note was entered into the record. The record also reveals that the patient engaged in self-injurious behavior on May 10. He was referred to a psychiatric provider for immediate assessment of the reported self-harm and was seen by the provider on the same day as the referral. A psychiatric NP completed the GAD-7 and PHQ-9 Depression Score Sheet the same day, and the patient was started on an antidepressant medication.

Policy HCD-100_F-03 requires that a treatment plan be drafted for all patients who are enrolled in the mental health special needs program. The policy specifically includes patients on antipsychotic medication. This patient is on an antidepressant, yet we found no treatment plan in his health record.

Observations and recommendations

Observation 1

The mental health structured progress note is often used for suicide watch follow-up appointments. When the appropriate box is checked, the form identifies the number of days since the patient was discharged from suicide watch. Mental health staff often complete a single progress note documenting multiple appointments.

Recommendation 1

If a separate mental health structured progress note was used at the time of all post-suicide watch follow-up encounters, it would be much easier to confirm that encounters were occurring at the required frequency.

Observation 2

HCD-100_B-05 Suicide Prevention and Intervention Program – Milwaukee MCJ and CRC, Section 6.56 identifies the frequency for follow-up encounters with patients following discharge from suicide watch status. The policy is significantly more exacting than compliance indicators 4 and 5 of the NCCHC Standard J-B-05, Suicide Prevention and Intervention. Compliance indicator 4 requires the development of a treatment plan addressing suicidal ideation and its reoccurrence. Compliance indicator 5 requires that patient follow-up occurs as clinically indicated. The required treatment plan should be drafted and entered into the record prior to a patient's discharge from suicide watch.

Additionally, Wellpath Policy contains an algorithm based on clinical risk factors to determine the minimum follow-up requirements after a suicide watch. The schedule for the most acute patients is 1, 3, and 5 days post-watch; for others with fewer risk factors, the schedule is 3 and 5 days post-watch. The



records selected for this review indicate that patients were assessed on a frequency of 1, 6, and 13 days post-watch.

Recommendation 2

The algorithm with separate schedules for each watch level appears to be dysfunctional in a system already stressed by understaffing and a substantial workload. Moving all suicide watch follow-ups to a 1, 3, and 5 days post-watch schedule will initially increase the workload. As the schedules fuse, however, the post-suicide watch interactions will meet the criteria set in policy.



CONTINUOUS QUALITY IMPROVEMENT

NOTE: Dr. Marci Mackenzie discusses all CQI findings with the Wellpath CQI nurse to ensure that compliance issues can be addressed in a timely manner. Please note that patient identifiers are not consistent from one analysis to another; that is, patient 2 in one data set will be a different person than patient 2 from another data set. We will identify specific patients to the CQI nurse and HSA upon request.

Timeliness of chronic care visits

NCCHC Standard J-F-01 requires that patients with chronic diseases be identified, and their diseases managed throughout their incarceration, including “determining the frequency of follow-up for medical evaluation based on disease control.” According to Milwaukee’s policy, patients with chronic diseases must have a medical evaluation “at least every 90 days” during their time in custody (HCD-100_F-01 Patients with Chronic Disease and Other Special Needs).

We ran Wellpath’s Chronic Care Clinic Compliance Registry report for endocrine and infectious disease compliance between April 1 and April 30, 2023. We note that this audit only reviewed whether chronic care visits were done and completed in a timely fashion. It is not an outcome-driven study intended to review the progress of disease control within patient groups.

The results of timeliness are based on the due dates noted in the registry for endocrine and infectious disease chronic care patients as information for medical leadership. Therefore, we did not determine a threshold of acceptable compliance. The compliance rates for those receiving a clinically indicated endocrine evaluation were 75.0% at CRC and 54.5% at MCJ. The compliance rates for those receiving a clinically indicated infectious disease evaluation were 33.3% at CRC and 75.0% at MCJ.

The results for MCJ and CRC are noted in the table below.

Timeliness of Endocrine and Infectious Disease Chronic Care				
		Number Due	Number Compliant	Compliance Percentage
MCJ	Endocrine	8	6	75.0%
	Infectious disease	3	1	33.3%
	Total	11	7	63.6%
CRC	Endocrine	11	6	54.5%
	Infectious disease	4	3	75.0%
	Total	15	9	60.0%

Matters of concern

- For patient 2, no chronic care visits were documented despite being scheduled for one on April 20, 2023.
- In the case of patient 4, no chronic care visits for type 2 diabetes were noted. This patient also takes lisinopril, carvedilol, and atorvastatin, but had not been placed into the hypertension chronic care clinic.
- Patient 10 has a type 1 diabetes diagnosis but did not have an initial focused chronic care evaluation.
- The appointment for patient 12 was scheduled after its due date.
- In the case of patient 18, their appointment was scheduled after its due date, but the patient refused anyway.



- Further analysis revealed that CRC was 66.6% compliant with both initial evaluations and follow-up evaluations. At MCJ, 50.0% of the initial evaluations were completed on or prior to the due date, while 83.3% of the follow-ups were on or just prior to the due date.
- Patient 23 was due for an initial visit on April 16, 2023. Although he had returned to jail on March 17, 2023, he had refused his last three chronic care visits since August 2022.

Recommendations

- Based on the ERMA report, it appears that initial chronic care medical evaluations are due within 30 days of disease identification, while follow-up evaluations are due within 90 days of the last chronic care visit. We recommend that these time frames be added to policy.
- A CQI study should be initiated to identify the probable causes for patients either not being seen or being seen late for their chronic care appointments and develop corrective actions.

Audit of MCJ services at receiving (intake)

NCCHC standard J-E-02 requires that receiving screening is completed as soon as possible upon an inmate's admission to the facility to ensure that any urgent and emergent health needs are identified and addressed.

NCCHC Standard J-E-04 requires the completion of a health assessment within 14 days of admission. At a minimum, a qualified health professional must complete a medical history, record vital signs, perform a physical examination, and complete designated testing for infectious diseases (e.g., tuberculosis, COVID-19). In addition, NCCHC Standard J-E-05 requires the completion of a mental health screening within 14 days of admission. This screening should include questions about, but need not be limited to, psychiatric hospitalizations, substance abuse hospitalizations, detoxification and outpatient treatment, suicidal ideation, past suicide attempts, violent behaviors, sexual abuse or offenses, status of psychotropic medications, orientation to person, place, and time, and emotional response to incarceration.

Finally, NCCHC Standard J-E-06 requires an oral health screening as soon as possible, but no later than 14 calendar days from admission.

We ran a report of active patients required to undergo these screenings. ERMA produced a list of 788 patients who were required to have the receiving screening, oral cavity screening, and initial health assessment within the designated time frame. Of the identified 788 records, a total of 317 patients had admission dates on or between April 1, 2023 and June 30, 2023. We randomly selected 40 of these health records for review.

The report listed admission dates and times. Previously, since these admission dates and times were questionable, a project was developed to capture the exact times of admission which were used in prior audits. However, we do not know if this process is still in effect. Thus, the findings below are based on the admission times noted in Wellpath's report, which were not verified for accuracy. We will review the receiving process during our next site visit in August, and modify our audit methodology if required. With the above information in mind, results are reported below. Overall, the audit findings were positive.



MCJ Receiving Services Audit		
Metric	Required Minimum Compliance	Compliance between April and June
Receiving screenings completed	90.0%	97.5%
Receiving screenings completed within 4 hours of arrival	90.0%	87.2%
Newly admitted individuals received a mental health screening.	90.0%	92.0%
Newly admitted individuals received a mental health screening within 14 days of their booking date.	90.0%	91.2%
Newly admitted individuals received an oral cavity screening.	90.0%	97.5%

Matters of concern

- Patient 18 received a routine referral to mental health but was not seen.
- A receiving screening form was not completed for patient 19, but the initial health and mental health assessments were completed in a timely fashion.
- Patient 29 was a juvenile who reportedly arrived on April 22, 2023, but their initial mental health assessment was completed 12 days late.
- Receiving made a routine referral to mental health for patient 30, but they were not seen. Correctional staff subsequently also referred them to mental health and they were finally seen on June 6, 2023.
- Patient 32’s initial mental health assessment was 10 days late.
- Patient 33’s prebooking screening was completed 2 days after their receiving screening, and their initial mental health assessment was 18 days late.
- The receiving screening forms for patients 34 and 39 were not signed.

Recommendations

- The HSA should remind the nurses completing receiving screenings to sign all documents that they complete.
- Mental health staff should review all referrals daily and see patients in a timely manner.

Continuation of MAT on admission

The ninth compliance indicator of NCCHC standard J-D-02, Medication Services, requires that “inmates entering the facility on verifiable prescription medication continue to receive the medication in a timely fashion, or justification for an alternate treatment plan is documented.”

We pulled a list from ERMA’s reports entitled “Patients Placed on a MAT Continuation from Intake for all inmates who arrived at the Milwaukee County Jail.” This list contained 33 inmates and we reviewed all of their cases. We then created an audit tool which looked at three compliance indicators:

- Was the MAT medication verified upon the patient’s self-report?
- Was the MAT medication prescribed by the provider?
- Did the patient receive MAT medication after admission?



The findings for each indicator are listed below.

MCJ	Required Minimum Compliance	May 2023 Compliance
MAT medications were verified upon patient’s self-report.	95.0%	80.6%
MAT medications were prescribed by the jail provider.	95.0%	68.0%
The patient received MAT medication after admission.	95.0%	68.4%

Discussion

Since continuation of medication-assisted treatment for opioid addiction is a new practice at MCJ and CRC, the audit revealed that a system is in place for verifying, prescribing, and administering buprenorphine and methadone upon admission for patients with existing prescriptions from community providers. Since most medication-related studies the vendor is responsible for have a threshold of 95.0%, the same threshold was applied to this new study.

The results show that 25 of the 31 cases (80.6%) who reported being on MAT medication had those medications verified by nursing staff upon admission. Of patients with verified medications, 68.0% were prescribed medications while incarcerated, and 68.4% received them prior to release.

Matters of concern

A few cases are worth mentioning for administration to review, including:

- Patient 1 did not remember the name of his MAT program although he reported he was taking suboxone. The provider did not check the prescription drug monitoring program for an existing order for this patient.
- For patient 2, their methadone prescription was verified after their release.
- Patient 7 had been on methadone for 15 years, but their prescription was not continued since their community provider is not a program approved by MCJ.
- Patient 9 did not have MAT prescribed since their clinic is not approved by MCJ.
- Patient 17 had their MAT verified, but still was not prescribed MAT at MCJ.

Recommendations

- Providers can assist in the verification process by checking the prescription drug monitoring program.
- Expand the number of MAT clinics that MCJ uses for both verification purposes and continuity of care for inmates being released.



FISCAL MONITORING

Staffing analysis

As of this writing, we have not received the reports for June. The staffing penalties for April and May were \$116,981 and \$87,759, respectively. The penalty for May was the lowest monthly penalty in 2 years. April and May were the first months in 2 years for which there were no penalties for RNs. The director of mental health position was open in April and May. ARNPs account for 40% of the April and May penalty, followed by psychiatric social workers at 28% and psychiatric ARNPs at 17%.

Off-site analysis

We have reviewed the off-site and medical cost cap reports for April and May. Through May, the total spent for off-site services is \$67,774 with another \$36,553 expected to be billed for the period. During this 2-month period, Wellpath has paid an additional \$66,919 for services performed in the prior year. The total for the prior year is still below the \$800,000 cap.

Pharmacy analysis

The total pharmacy cost for April through June is \$411,662 which is below the \$750,000 cap and therefore the responsibility of Milwaukee County.

CONTACT US

1145 W. Diversey Parkway • Chicago, Illinois 60614
773-880-1460 • info@ncchcresources.org • <http://ncchcresources.org>