

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

3
4 File No. 19-14
5

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.

9
10 **A RESOLUTION**
11

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

18 WHEREAS, on February 7, 2019 as part of the County's ongoing response to the
19 direction provided in File No. 18-898, the Inmate Medical Services Self-Operation
20 (IMSSO) Project was created; and

21 WHEREAS, NCCHC Resources, Inc. (NRI) was engaged on or around
22 December 6, 2018 to provide self-operation evaluation and transition support; and

23 WHEREAS, following the establishment of the project, NRI began to provide self-
24 operation evaluation assistance with the help of the technical subject matter expert and
25 strategic guidance areas from multiple departments; and

26 WHEREAS, a specific definition of "self-operation" and governance model is
27 needed to proceed with building the model for Self-Operation of Inmate-Medical
28 Services; and

29 WHEREAS, the provided definition of self-operation pursuant to file No. 18-898
30 is: "*Self-operation means the provision of inmate medical care, including dental and
31 mental health care, by Milwaukee County through the conversion of the existing 128.8
32 full and part-time roles, currently identified as required positions under the Christensen
33 Consent Decree and in RFP 98180020: Correctional Medical Services Section 11:
34 Staffing Plan and Personnel Requirements and 12: Licensure, Credentialing, and
35 Qualifications (Exhibit A), from contracted staff positions provided through the County's
36 medical services vendor to permanent County employee roles overseen by County
37 authority. Self-operation shall be defined to permit the County the flexibility to fill and/or
38 backfill vacant or temporarily under-filled staff roles with pool, agency, or locum tenens
39 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*

56

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

61

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:

67

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.

76

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.
90

91 This model may present cultural hurdles, as the HOC is overseen by the CEX
92 and the MCJ is overseen by the Sheriff. While health services are unified and
93 currently provided under the contract with the HOC, the presence of HOC-
94 employed personnel is masked by the fact that the health workers are
95 contractors. It is unclear how a cadre of HOC employees working in the Jail
96 would be perceived by all sides. The Sheriff's deputies working in the Jail belong
97 to a distinct law enforcement-derived culture that may not be readily compatible
98 with the distinct culture of the HOC.
99

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

101 The Milwaukee County Department of Health and Human Services (DHHS) is a
102 large and dynamic public entity that plays a substantial role in the health of the
103 community. DHHS is a semiautonomous division reporting to the elected County
104 Executive and to the Milwaukee County Board of Supervisors. The CEX provides
105 oversight and administrative support to the Department. The County Board
106 provides legislative oversight through the enactment of ordinances and County
107 policies and approves the proposed Departmental budget on an annual basis.
108 DHHS and its various divisions have years of experience in direct and indirect
109 patient services, with an emphasis on behavioral health, all of which align with
110 correctional health care needs and support continuity of care within the broader
111 community.
112

113 It is understood that DHHS-BHD, the Behavioral Health Division, operates semi-
114 autonomously under the Director of DHHS. However, unlike DHHS generally,
115 BHD is overseen by an independent Board – the Mental Health Board – which
116 approves BHD's budget, spend, and provides legislative oversight through the
117 enactment of mental-health related policies. If the new Department were to report
118 through BHD, it is further understood that approval of contract items and spend
119 would fall to the Mental Health Board and not to the County Board of
120 Supervisors.
121

122 • **Option 4: Report to the Office of the Sheriff**

123 The MCJ falls under the authority of the elected Sheriff and currently provides
124 essentially all acute care services for incarcerated patients in the County. Health
125 staff at the Jail currently perform all intake screening for both MCJ and HOC
126 inmates, with the exception of facility transfer intake screenings at the HOC. MCJ
127 also houses the acute mental health unit for the treatment of inmates with mental
128 illness and Jail inmates under suicide prevention protocols. The HOC utilizes
129 isolation/segregation areas to provide treatment to HOC inmates under suicide
130 prevention protocols. Despite this experience with health care, the Sheriff does
131 not currently maintain oversight of the health care operation. As with the HOC-led
132 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.

135
136 ; and
137

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

141
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

145
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,

150
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:

154
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”*

176
177 ; and

178

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