COUNTY OF MILWAUKEE
INTEROFFICE COMMUNICATION

DATE: June 17, 2019

TO: Theodore Lipscomb, Sr., Chairman, and Milwaukee County Board of Supervisors;
Anthony Staskunas, Chair, Milwaukee County Board of Supervisors, Judiciary, Safety, and General Services Committee

FROM: Teig Whaley-Smith, Director, Department of Administrative Services
Prepared by Erin Schaffer, Manager – Contracts (Self-Operation Project Manager)

SUBJECT: July 2019 Position Report, CHCSO Project

REQUEST

Administration received a request from the Board to provide the Milwaukee County Board of Supervisors' Judiciary, Safety, and General Services Committee with an updated informational report on the status of the Correctional Health Care Self-Operation ("CHCSO") Project. This informational report is responsive to that request.

BACKGROUND

Background pertaining to the Christensen Consent Decree, Correctional Medical Services Contract, RFP for Correctional Medical Services, and Resolution authorizing and directing the County to provide a plan for self-operation of inmate medical care may be found in File #5 from the February 1, 2019 meeting of the Finance and Audit Committee, and in the October 18, 2018, November 16, 2018, and December 6, 2018 informational reports. Information from those reports is not included in this report.

Background pertaining to the CHCSO Project and Board Resolution 18-898 can be found in the December 6, 2018 informational report, January 22, 2019 informational reports, and March 19, 2019 report. Informational updates were also provided at the April 11, May 9, and June 6 meetings of the Judiciary, Safety, and General Services Committee. These updates were verbal and did not include written reports.

SUMMARY

The Correctional Health Care Self-Operation ("CHCSO") Project Team continues to evaluate and establish the parameters for the new Correctional Health Care Department ("CHCD"). As part of this effort, the CHCSO Project Team, with the help of correctional health care experts from NRI, identified and documented all required positions necessary to perform health care and operational functions related to self-operation efforts.

The recommendation in this report is based upon the team's understanding of pre-start-up requirements, including procurement of goods and services, establishment of the Departmental leadership, and preparations necessary for go-live. Assumptions are included separately in the assumptions section.

BACKGROUND INFORMATION

The CHCSO Project Team, along with experts from NRI, assessed the Christensen Consent Decree, recent RFP for Correctional Medical Services (RFP #98180020, issued July 20, 2018) and other similar correctional health care operations to determine the types and number of roles that would be required to support the County's self-operation efforts.

A current draft of the proposed Organizational Chart is provided as Addendum A: Draft Org Chart. Positions in blue are clinical roles. Positions in green are administrative roles reporting to the CHCD director. Positions in gray are support roles required in other divisions and departments to manage the additional workload in those areas represented by the addition of 130 clinical staff and other healthcare related operations.

Not included in the organization chart are any temporary staff required during the start-up period. The organization chart includes permanent roles only.

Clinical Roles

Because 128.8 clinical positions are required by the Court Monitor under the Christensen Consent Decree, these clinical positions were not modified and none were deleted. Three Wellness Coordinator positions were added at the request of the Project Team.

For purposes of this document, the required 128.8 clinical positions listed by RFP 98180020 were used as the basis for the requested clinical roles in the CHCD Organizational Chart. Please see Addendum B: Clinical Required Positions for additional detail regarding the 128.8 clinical positions.

Because our current correctional health care provider, Wellpath, operates under an “hours of care” model and not an FTE model, the CHCSO Project Team also needed to assess the needs for additional pool staff. These pool staff would supplement the 128.8 FTEs required to ensure that 100% of “clinical” hours are covered, as required by Wellpath’s contract and RFP #98180020. Almost all of the 128.8 positions have a clinical hours requirement. For some positions, such as the Medical Director or HSA, only one full-time staff member is hired for the role.

The County will need to utilize a substitution card and an appropriate succession plan to ensure 100% coverage of certain roles’ clinical hours. The substitution card indicates which roles are permitted to substitute for a particular role, based on licensure requirements. All substitutions must be licensed to provide the type of care typically provided by the role filled. A succession plan will be created based upon the substitution card, and higher level roles will be backfilled by the most experienced, appropriately credentialed staff. Pool staff will then be used to backfill roles currently substituting for higher level roles. For example, if the Director of Nursing role is backfilled by the Nurse Supervisor, the most senior RN will backfill the Nurse Supervisor role and a pool nurse will fill the RN’s role.

Following assessment by the Comptroller’s Office and the Office of Performance, Strategy, and Budget, a total pool of 13.09 additional clinical positions, including RNs, LPNs, ARNPs, and Psychiatric Social Workers was established to enable the County to ensure 100% coverage of clinical roles.

Administrative Roles

In addition to the required clinical roles, Administrative and Operational staff will be needed for the successful self-operation of a correctional health care function by the County. Presently, Wellpath provides corporate office support functions to Milwaukee County through its contract. These functions, such as billing, information technology management, risk management, licensure and training, and procedural and compliance management, represent additional positions hired by Wellpath as a corporation. These positions and their related costs are not represented in Wellpath’s proposal or price proposal as separate budget items because Wellpath is able to leverage economies of scale and split the cost for these centralized roles across many clients, thereby reducing the cost to each client for the service provided.
(https://investopedia.com/terms/e/economiesofscale.asp)

For example, a company like Wellpath might leverage a single in-house Information Technology (IT) department to manage its Electronic Health Record (EHR), telemedicine solution, medical training system and Learning Management System (LMS), employee time clock system, infrastructure, cybersecurity, and

other IT functions for all clients. The entity then breaks down the cost across its entire client base, and includes a portion of that cost in the proposed contract for each client. This ability to leverage economies of scale is a cost benefit to Milwaukee County derived from our contractual relationship with Wellpath. When the County moves to self-operation, the benefit of these economies of scale will be lost, and the County will need to self-perform the same functions in order to successfully operate the Correctional Health Care Department.

Because these roles and costs are not typically identified in a vendor's proposal, the County did not have any insight into the types of functions performed by Wellpath's corporate office staff. The CHCSO Project Team requested that NRI identify all functions traditionally performed by a correctional health care vendor's corporate office staff. Addendum C: Milwaukee County Project Deliverable #1 is the report which identifies services provided for Milwaukee County by our vendor's corporate office.

Addendum C's report was then provided to each subject area expert on the Project Team. Subject area experts were asked to review the functions, discuss with their team(s), and advise the Project Manager how many new roles would be required in their subject areas to support these added functions, should the County perform them.

All administrative positions requested in this report are based upon Addendum C and each Division or Department's expert recommendations for their area(s).

RECOMMENDATION

The CHCSO Project Team and expert consultant NRI have identified a total of 170.89 permanent positions and approximately 9 temporary positions necessary to provide correctional health care and related services. Those positions are broken down into the following categories:

- 128.8 positions are clinical roles required by the Court Monitor;
- 3 positions are the Wellness Coordinators, which act as patient ombudsmen and are quasi-custody (previously this function was performed by Sheriff's Deputies, and the function is now performed by Wellpath under their contract);
- 13.09 positions represent projections for needed pool staff, including:
    - An RN/LPN pool of 9.82 positions;
    - A Psych Social Worker pool of 1.42 positions; and
    - An ARNP pool of 1.85 positions.
- 26 positions are administrative, following the breakdown below:
    - 2 in the Director's Office, including the CHCD Director and his/her Executive Assistant;

    - 23 in the Operations area, including:
        - 1 Director of Operations;
        - 1 Administrative Assistant;
        - 1 Finance & Admin Manager reporting to the Director of Operations;
        - 4 Fiscal positions reporting to the Finance & Admin Manager;
        - 1 Compliance position reporting to the Finance & Admin Manager;
        - 1 User Experience Coordinator (technical trainer) reporting to the Finance & Admin Manager;
        - 2 Risk positions reporting to the Director of Risk Management;
        - 3 legal positions reporting to the Office of Corporation Counsel;
        - 2 positions reporting to the Director of Procurement;
        - 4 positions reporting to the HR Director; and
        - 4 positions reporting to the CIO (IMSD).
- 9 temporary positions required for start-up activities, including:
    - .5 Assistant Corporation Counsel and .5 Paralegal, reporting to the Office of Corporation Counsel and required for a minimum of 12 months from start-up;
    - 1 HR Business Partner, 1 HR Recruiter, and 1 HR Management Assistant, reporting to the Director of HR and required for 6-8 months prior to start-up;
    - 1 OEM Correctional Emergency Planner, reporting to the Director of OEM and required for 12 months prior to and through start-up;
    - 1 Project Manager, 1 Business Analyst, and 1 Data Conversion Analyst, reporting to DAS-IMSD's CIO and required for 8-12 months prior to and through start-up, depending upon IT decisions made by the CHCD Director; and
    - 1 Special Project Manager in DAS to support the self-operation project.

Roles which report to Directors other than the CHCD Director (Risk, OCC, Procurement, HR, and IMSD) were selected and recommended to the CHCSO Project Team by the reporting area's director. Each subject area then met with NRI's expert medical executive and the Project Manager during the week of June 10th to discuss the need for the requested positions. Based upon NRI's expert advice, modifications were made to each category to more accurately represent need. **Positions included in this report should be considered absolute requirements.** Addition of temporary staff roles for start-up activities was added due to the substantial workload expected following the creation of the Correctional Health Care Department.

HIRING PLAN

Once the Project Team established the total number of positions required, members assessed the hiring requirements and timeline to establish a basic hiring plan for all

roles. The hiring plan is broken down into 5 waves, and is spread out across 5 quarters from January of 2020 to April of 2021. This plan allows the County to strategically onboard staff in a manner that will help build institutional knowledge and ensure that Director level positions have time to establish appropriate policies and procedures prior to go-live of the self-operation function. It also provides as much time as possible to account for potential hiring difficulties for harder-to-fill roles.

When provided, costs for hiring each role will be pro-rated for the year of hire based on the quarter in which the role was onboarded. Roles onboarded later in the year will represent a lower cost than roles onboarded early in the year. For 2022, the full cost of each role will be represented. The Project Team expects these costs to be available in its September report.

The hiring plan is proposed as follows:

Quarter 1, 2020 (January – March)

Position Title	**# of FTEs**
Administrative Assistant, Executive	1.0
Correctional Health Care Director	1.0
HR Business Partner – Permanent	1.0
HR Business Partner – Temporary (6-8 months)	1.0
HR Management Assistant – Permanent	1.0
HR Management Assistant – Temporary (6-8 months)	1.0
HR Manager	1.0
HR Recruiter - Permanent	1.0
HR Recruiter – Temporary (6-8 months)	1.0
Special Project Manager - Temporary (hired in 2019)	1.0
Total Permanent:	6.0
Total Temporary:	4.0
TOTAL:	**10.0**

Quarter 2, 2020 (April - June)

Position Title	**# of FTEs**
Chief Psychiatrist	1.0
Director of Clinical Services	1.0
Director of Mental Health Services	1.0
Director of Operations	1.0
Health Services Administrator	1.0
TOTAL:	**5.0**

Quarter 3, 2020 (July -September)

Position Title	**# of FTEs**
Administrative Assistant (Operations)	1.0
Admin & Finance Manager	1.0
Compliance & Policy Analyst	1.0
Dentist	1.0
Director of Nursing	2.0
IMSD BI Analyst / Report Writer	1.0
IMSD Business Analyst	1.0
IMSD Desktop Support	1.0
IMSD Technical Analyst	1.0
IMSD Business Analyst – Temporary (8-12 months)	1.0
IMSD Data Conversion Analyst – Temporary (8-12 months)	1.0
IMSD Project Manager – Temporary (8-12 months)	1.0
Medical Records Supervisor	1.0
Total Permanent:	11.0
Total Temporary	3.0
TOTAL:	**14.0**

Quarter 4, 2020 (October – December)

Position Title	**# of FTEs**
Accountant	1.0
Policy & Budget Analyst	1.0
DAS PROC Manager - Contracts	1.0
Nurse Supervisor	6.5
Physician	1.5
Psychiatric Social Worker Supervisor	2.0
Psychiatrist	0.2
Psychologist	1.0
RN – Infection Control	1.0
RN – Mental Health	2.0
RN – CQI (Quality Assurance)	1.0
RN – Staff Development (Nurse Educator)	2.0
User Experience Coordinator (Technology Trainer)	1.0
TOTAL	**21.2**

Quarter 1, 2021 (January – March)

Position Title	**# of FTEs**
ARNP	10.0
Administrative Assistant (Clinical)	2.0
Billing Specialist	2.0
Case Manager	3.0
CMA	6.0
DAS PROC Buyer II (Inventory & Equipment)	1.0
DAS RISK Claims Specialist	1.0
DAS RISK Safety Specialist	1.0
Dental Assistant	1.0
LPN	26.0
Medical Records Clerk	5.6
OCC Asst. Corp Counsel – Permanent	2.0
OCC Asst. Corp Counsel – Temporary	0.5
OCC Paralegal – Permanent	1.0
OCC Paralegal – Temporary	0.5
OEM Correctional Emergency Planner – Temporary (12 months)	1.0
Pool Staff (RN/LPN, Psych Social Worker, ARNP)	13.09
Psych ARNP	4.0
Psychiatric Social Worker	10.0
RN	31.0
Unit Clerk	5.0
Wellness Coordinator	3.0
Total Permanent:	127.69
Total Temporary:	2.0
TOTAL:	**129.69**

ASSUMPTIONS

The following assumptions were made in providing the recommendation in this document:

1. **It is assumed that the County must transition to a self-operated model of correctional health care on or before April 1, 2021.**

   This assumption is based upon Resolution 18-898 and the current Wellpath contract, as the project team understands those documents and their related timelines. The project team is comfortable with delaying timeframes, but believes guidance and direction from the Board is necessary to ensure any delay is

agreed on by all parties and is in the best interests of the County. Any delay of start-up would change the proposed 2020 position requests.

2. **It is assumed that the Christensen Consent Decree will remain in force in 2020 and 2021. It is further assumed that the Court Monitor's matrix (Addendum B: Clinical Required Positions) governs position titles and number of FTEs required for medical roles.**

   This assumption is based upon the team's understanding of the position of the County, information provided by Corporation Counsel, and conversations with NRI and Wellpath. Dr. Shansky's first 2019 report became available in late May, and was not taken into consideration when making recommendations in this report. Any change to the Consent Decree status or modification to the 128.8 positions in Addendum B would impact the proposed position request and materially modify the parameters of this project.

3. **It is assumed that once hired, the new Correctional Health Care Department's Director will not change or modify positions in the organizational chart.**

   This assumption was used only to allow the County to provide a basic number of employees and to establish a baseline cost to be supplied to the County Board in September. Should the new Director add, abolish, or modify positions, those changes may have a material impact on this report and the overall project costs.

4. **It is assumed that once hired, individuals will require additional on-site County space and access to equipment and office supplies.**

   This assumption is based upon the fact that Wellpath presently occupies all clinical space, as well as on the fact that certain roles will be dual-filled (Wellpath and County will each have a Medical Director in Q2 of 2020, for example) during start-up. Costs of on-site County space will be included in the September report. If staff are not hired, work remotely, or share existing clinic space, those changes would impact budget requirements.

5. **It is assumed that all positions requested by non-CHC departments (IT, finance, Risk, OEM, HR, etc.) are required as requested and are vital roles. It is further assumed that any reduction in these requested roles will have material impact on the County's ability to perform the correctional health care function.**

   This assumption is based on a project-wide acknowledgement of each Departmental area as its own subject matter expert, and meetings between each

Departmental area's team leader, NRI experts, and the Project Manager to discuss position needs and ensure appropriate scaling of requests. Additional third-party assessment of these needs was not performed.

6. **It is assumed that all roles which report to a Director or Department other than the CHCD (IT, HR, Risk, OCC, and Procurement) will be funded through that Department's budget and that any questions regarding the necessity of other Departmental positions will be answered by the requesting Department.**

   This assumption is based on the acknowledgment by the CHCSO Project Team that we are not experts in any divisional or departmental area's functions. While the CHCD cost provided to the Board in September will include these roles, the team's understanding is that roles not reporting to the CHCD director will not be paid for through the CHCD's budget. These costs should still be considered. The CHCSO Project Team will rely on the Department or Director to provide answers to any specific or technical questions related to position requirements for a particular area other than the CHCD.

7. **It is assumed that start-up efforts will require additional staff time and may require temporary staff or other contracted roles to complete successfully.**

   This assumption is reflected in the additional requested positions from HR, OEM, and OCC, which account for the increased workload of start-up efforts.

8. **It is assumed that the County will purchase an "out of the box" corrections-based Electronic Health Record (EHR) system that does not require advanced technical configuration, integrations, or ongoing support. It is further assumed that should the County opt to purchase an EHR solution requiring these kinds of configuration and support, an increase in IMSD staff will be required.**

   This assumption is based upon research performed by Procurement with input from NRI, BHD, and IMSD regarding the type of EHR system required to appropriately serve our population. It is further based upon the understanding that highly configurable systems require substantial staff time and may not produce operational efficiencies in the area of correctional health care. Additional information will be provided in future reports regarding technology planning and purchases. This report focuses on a limited number of IMSD staff required to support existing County systems and processes as well as to support approximately 130 new medical professionals. More IMSD staff may be required if the County adopts a highly customizable EHR system, such as those used in a hospital setting.

9. **It is assumed that the County will self-perform third party administration, utilization management, and billing functions.**

   This assumption is based upon the current capabilities of our correctional health care provider's Electronic Health Record (EHR) system. Should the County opt to purchase an EHR system that provides third party administration, utilization management, and/or billing services, or should the County contract with an entity that provides these services, one or both of the Billing Specialists may no longer be required.

10. **It is assumed that the model utilized by Milwaukee County prior to insourcing care was not adequate, and that changes are necessary to that model to ensure appropriate provision of care.**

    This assumption is based upon reports from staff and the Court Monitor regarding struggles the County faced pre-2013. As a result of this assumption, the Project Team has not materially relied upon any model, process, or procedure when building the new CHCD. Instead, the Project Team focused on current state needs and requirements to establish the necessary number of positions required to successfully provide an appropriate level of patient care and perform other health care related operations.

11. **It is assumed that technology systems, continuous quality improvement, and other data-driven metrics will be gathered once the County self-operates the correctional health care function. It is further assumed that the positions in this request are not static, and may change in response to improved technology, CQI measures, and other metrics.**

    This assumption is based upon the knowledge that well-functioning technology systems and processes can create operational efficiencies which may, over time, reduce operational costs and staff requirements. However, in this proposal, it was not assumed that these systems would exist immediately upon go-live. Therefore, the number and title of positions within the department may change as the department grows, improves, and establishes a mission, vision, and goals through its Director that impact its function and focus.

Approved by

Teig Whaley-Smith

Teig Whaley-Smith, Director
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