



Legislative Fiscal Bureau

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November 5, 2001

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: District Attorneys: Section 13.10 Request for Additional Prosecutor Positions --
Agenda Item IX

REQUEST

The Department of Administration (DOA) requests: (a) the transfer of \$31,400 GPR in 2001-02 from the Department of Corrections' (DOC) pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to the District Attorneys' (DA) salaries and fringe benefits appropriation (s. 20.475(1)(d)); (b) the transfer of \$356,500 GPR in 2001-02 from DOC's pharmacological treatment for certain child sex offenders appropriation to the Joint Committee on Finance's (JFC) general purpose revenue funds general program supplementation appropriation (s. 20.865(4)(a)); (c) the transfer of \$356,500 GPR on July 1, 2002, from JFC's general purpose revenue funds general program supplementation appropriation to the DAs' salaries and fringe benefits appropriation; (d) the transfer of \$400,000 GPR in 2002-03, on July 1, 2002, from DOC's pharmacological treatment for certain child sex offenders appropriation to the DAs' salaries and fringe benefits appropriation; and (e) the creation of 14.55 GPR assistant district attorney positions and 0.2 GPR district attorney position beginning in mid-June, 2002.

Under this request, the following counties would receive positions: Ashland (0.25), Brown (2.0), Chippewa (0.75), Columbia (1.0), Dane (1.85), Jefferson (0.5), Juneau (0.5), Kenosha (1.0), La Crosse (0.7), Manitowoc (1.0), Marathon (1.0), Outagamie (2.0), Pepin (0.2), Rock (0.25), Sauk (0.5) and Winnebago (1.25). For Pepin County, this would increase the position authority for the part-time elected district attorney from 0.6 to 0.8. Positions for the other counties would be assistant district attorneys.

BACKGROUND

District Attorneys

District Attorneys are currently authorized 375.65 GPR and 54.5 PR positions for a total of 430.15 prosecutor positions, including district attorneys (DAs), deputy district attorneys (DDAs) and assistant district attorneys (ADAs). This includes the following positions approved by JFC in October, 2001, under s. 16.505 of the statutes: (a) 3.0 PR ADA positions in Milwaukee County to deal with permanency status for minors and handle termination of parental rights (TPR) and children in need of protective services (CHIPS) actions and will be funded under Title IV-E of the Federal Social Security Act; and (b) 3.25 PR ADA positions for Brown (0.5), Columbia (0.5), Manitowoc (0.25), Marathon (0.5), Outagamie (0.5) and Winnebago (1.0) Counties to prosecute operating while intoxicated (OWI) cases, funded from the National Highway Traffic Safety Administration and the Federal Highway Administration of the U.S. Department of Transportation.

2001 Act 16 (the biennial budget act) provided: (a) 1.0 PR ADA position and associated funding annually in Milwaukee County to serve as a statewide authority and resource on the use of DNA evidence in the courtroom, funded from a portion of the existing \$5 crime lab and drug law enforcement assessment and the \$250 DNA surcharge imposed in certain criminal and forfeiture actions; and (b) 2.0 PR project ADA positions and associated funding annually to Milwaukee County and one other county to perform restorative justice services, funded from federal Byrne anti-drug enforcement program grant money and matching penalty assessment funds.

Chemical Castration

The pharmacological treatment program for persons convicted of serious child sex offenses (first- or second-degree sexual assault of a child, or engaging in repeated acts of sexual assault of the same child) with a victim under the age of 13 years, was created in 1997 Act 284. The program is commonly referred to as the "chemical castration" program. Under s. 304.06(1q), the Parole Commission or DOC may require as a condition of parole that a serious child sex offender undergo pharmacological treatment. The Department may also require pharmacological treatment as a condition of probation. Current law specifies that in deciding whether to grant a serious child sex offender release on parole, the Parole Commission may not consider, as a factor in making its decision, that the offender is a proper subject for pharmacological treatment or that the offender is willing to participate in pharmacological treatment. In addition, under s. 301.03(11), DOC is required to, by February 1, 2002, submit a report to the Legislature concerning the extent to which the Department has required chemical castration as a condition of probation or parole and the effectiveness of the treatment in the cases in which its use has been required.

The program became effective in January, 1999. Offender evaluation began in January, 2001, and the first offender began treatment under the program in May, 2001. During the intervening period, DOC promulgated rules for the program, developed policies and procedures, and hired and trained program staff. Funding for the program in the 1999-01 biennium was \$678,800 GPR in 1999-00 and \$681,400 GPR in 2000-01 with 1.0 GPR position annually and was intended to fund the treatment of up to 50 offenders. In 1999-00, the Committee transferred

\$653,500 GPR from the program to other uses for the Department. In that year the program had expenditures of \$23,300 related to limited-term employees and supplies and services, and lapsed \$0.65. In 2000-01, the program had expenditures of \$122,300 related to salaries, fringe benefits and supplies and services, and lapsed \$559,100.

Under 2001 Act 16, funding for the chemical castration program is \$676,000 GPR annually divided as follows: (a) \$30,000 for salaries; (b) \$11,400 for fringe benefits; and (c) \$634,600 for supplies and services.

ANALYSIS

District Attorneys

Under current law, counties retain 50% of state forfeitures, fines and penalties under Chapters 341 to 347, 349 and 351 (vehicle-related) and the remaining 50% is deposited to the common school fund. As approved by the Legislature, Enrolled Senate Bill 55 would have created, effective January 1, 2002, 14.75 PR prosecutor positions, funded by freezing each county's receipt of vehicle fines and forfeitures revenue at the amount of revenues the county received in 2000-01. Any additional revenue, excepting the 50% deposited to the common school fund, would have been deposited to a newly-created program revenue appropriation under District Attorneys to fund the 14.75 positions. The positions created under Enrolled SB 55 are identical to those before the Committee under this s. 13.10 request.

In Act 16, the 14.75 positions were vetoed by the Governor because of an objection to the positions' funding source. In his veto message, the Governor indicated that it was his intent that the need for additional prosecutor positions be addressed in a s. 13.10 meeting, which would "give the Joint Committee on Finance the opportunity to consider a more appropriate funding source for prosecutor positions." Subsequently, in response to a letter from the Committee Senate Co-Chair to the Governor asking that DOA be directed to identify a funding source and forward a recommendation to the Committee, the DOA Secretary, on September 4, 2001, recommended that the Committee consider using excess Department of Health and Family Services' 2000-01 GPR funding from the Milwaukee child welfare services aids appropriation to fund the prosecutor positions in 2001-03. In a letter dated September 5, 2001, the State Auditor indicated that encumbering 2000-01 funds for these positions in 2001-03 would be impermissible under the law. The Committee took no action on the DOA Secretary's recommendation. The current s. 13.10 request, submitted on October 5, 2001, recommends the use of 2001-03 funding from DOC's pharmacological treatment for certain child sex offenders appropriation to fund the 14.75 prosecutor positions that were vetoed by the Governor. The use of funding from this appropriation is discussed below.

Chemical Castration

Offenders enter the chemical castration program, either as a prisoner, as an alternative to the revocation of parole or probation or as a volunteer under community supervision. The process is as follows:

a. *Prisoner.* Twelve months before their mandatory release, statutorily eligible offenders are identified as part of the process used for evaluating potential sexually violent persons under Chapter 980. DOC confirms through file review that the victim was under the age of 13 at the time the offense was committed. During the next three months, DOC documents the offender's identified need for sex offender treatment, program participation and completion, if any. The offender's progression through the Chapter 980 process is also monitored and documented. Inmates who are referred to the Department of Justice for possible commitment under Chapter 980 are removed from the list of offenders eligible for the chemical castration program. Ineligibility is due to the possibility they will be committed to the Department of Health and Family Services, and/or the likelihood that they will ultimately be released with fewer than 30 days of incarceration remaining. According to DOC, 30 days is the recommended minimum amount of incarceration time needed to begin treatment and achieve stability on the medication before release.

Approximately four to six months prior to the inmate's release date, DOC provides the appropriate correctional institution with a list of inmates eligible to participate in the program. A packet of informational materials for the inmate's review is provided. The probation and parole agent of record is also notified of the offender's eligibility so that release planning can begin as appropriate.

A Department of Corrections program specialist regularly visits the institutions where eligible inmates are housed to meet with the offenders, explain the program and answer questions. According to the Department, this is strictly a voluntary process and no special consideration (for example, parole or reduced custody level) is granted in exchange for participation in the program. Possible side effects of the medication are also discussed. Inmates who are interested in participating in the program may sign an acknowledgement of interest or contact the program specialist at a later date to express their interest.

Upon receiving notice of an inmate's interest in the program, the program specialist contacts the institution's health services unit to request that they conduct a file review and medical screen of the inmate. Upon completion of the review, results are forwarded to the program psychiatrist for review. If any medical contraindications are noted, the inmate may be excluded from the program.

If an offender is determined to be medically appropriate, the inmate is transferred to one of the following institutions: (a) Columbia Correctional Institution (maximum custody inmates); (b) Racine Correctional Institution (minimum and medium custody inmates); or (c) Oshkosh Correctional Institution (sex offender treatment program participants).

Approximately 60 to 120 days before release, a psychiatric interview with the program psychiatrist is scheduled. The doctor begins the evaluation by ascertaining that the offender is willing to participate in the program. If the offender refuses to sign the appropriate form and/or cooperate with the evaluation, he is removed from the process. Once the offender consents to the evaluation, the evaluation includes a physical examination, lab work, a review of the offender's past medical and psychiatric history, family, social/vocational and other personal/psychosexual histories, and a face-to-face mental status examination. The doctor completes a report within seven calendar days. Treatment is then authorized based upon the doctor's evaluation and subsequent recommendation for inmates found to be medically suitable. Subsequent to the evaluation, the offender must agree to participate in the program and the program psychiatrist will forward a prescription to the Bureau of Health Services to begin injections.

Medical treatment begins no later than 30 days before release. DOC indicates that "As some research indicates a brief period of possible hypersexual behavior at the very beginning of treatment, the Department has elected to begin treatment while the offender is still incarcerated to facilitate closer monitoring. In addition, injections usually occur weekly until an acceptable level of testosterone is established. This level is monitored through blood tests." Once the offender is on a monthly injection schedule and has been released into the community, injections are ordered as prescribed by the doctor. The offender may be ordered to report to Columbia, Oshkosh, or Racine Correctional Institution to continue treatment. Necessary lab tests will be conducted as ordered by the doctor.

Throughout the selection and evaluation process, the program specialist works with the offender's probation and parole agent to prepare for the offender's release. Offenders in the program are required to participate in sex offender treatment with an approved provider in conjunction with the pharmacological treatment. DOC indicates that "Pharmacological treatment is not intended as a substitute for sex offender treatment in the community." Prior to release, the agent and program specialist attempt to identify a medical provider in the community who will continue to provide pharmacological treatment to the offender. Possible providers might include a public health department, mental health clinic, private clinic, private home-health care, or DOC staff. Selection of a provider depends on availability and location. DOC pays for costs related to the community treatment.

b. *Alternative to Revocation.* Pharmacological treatment is also available for use as a formal alternative to the revocation of parole or probation. As with prisoners, the offender must consent to participate in the medical evaluation and subsequent treatment and attendant requirements, and must meet all statutory, medical and administrative program requirements in order to be eligible. If the program appears to be appropriate, the program specialist meets with the agent and offender to discuss the program, including potential side effects. If the offender agrees to participate, the offender signs an acknowledgment and a medical screening is completed by the program specialist. If the offender appears medically suitable, arrangements are made to transfer the offender to the Racine Correctional Institution for further evaluation.

c. *Volunteers.* Offenders on probation or parole who are statutorily eligible and not in the custody of DOC or in violation or revocation status may also be referred to participate in the

program. If an offender volunteers to participate, the program specialist contacts the offender to discuss the appropriateness of the referral. Offenders are then referred for a medical exam to determine medical suitability. The offender is subject to the rules of the program, and must give his probation and parole agent adequate notice before terminating treatment, unless there is a medical emergency.

Termination from treatment is a part of each individual's participation in the program. According to the Department, an "offender should not be allowed to discharge from supervision while undergoing pharmacological treatment. Rather, a period of adjustment following PT [pharmacological treatment] termination should be factored in. An adjustment period of no less than three months should be planned for the offender. During this time, increased supervision is recommended since the frequency of sexual thoughts and urges may increase. This planning should also occur during the course of sex offender treatment and be made a part of any relapse prevention planning."

As of October 12, 2001, there are three offenders currently receiving injections under the chemical castration program (one inmate and two offenders placed in the program as an alternative to revocation (ATR)). In addition, there are 12 other offenders currently in the earlier stages to the evaluation process: one ATR in evaluation, one ATR awaiting evaluation, two ATRs who have been deemed medically appropriate, seven inmates who have been deemed medically appropriate and one inmate awaiting transfer to the Racine Correctional Institution. Since evaluations for the program began, 431 inmate cases have been reviewed for statutory eligibility, with 173 inmates determined to be statutorily eligible. Given the voluntary nature of the program, it is not known how many of the statutorily eligible offenders will decide to participate in the program.

Based on five months of data, DOC estimates that, if funding is available, a total of 13 offenders would be undergoing treatment at the end of 2001-02 and 25 at the end of 2002-03. DOC also estimates that three offenders have medical, physical and psychiatric evaluations in a correctional institution for every one offender found to be medically appropriate. DOC indicates that since the program is "a medically-driven process, the key factor in determining the number of offenders who may undergo treatment is based on a decision of medical and psychiatric appropriateness." Based on the Department's assumptions, total program costs would be \$351,500 in 2001-02 and \$460,000 in 2002-03. As a result, total unutilized funds in the program are estimated to be \$354,500 GPR in 2001-02 and \$216,000 GPR in 2002-03.

The Committee should note that there are two s. 13.10 requests currently before the Committee that reduce funding for the chemical castration program: (a) the 5% state operations cuts proposed by the Department of Corrections (-\$200,000 GPR in 2001-02 and -\$1,900 in 2002-03); and (b) the transfer of funding for the additional district attorney positions proposed by the Department of Administration (-\$387,900 GPR in 2002-03 and -\$400,000 GPR in 2002-03). If both reductions are made, funding remaining to support the chemical castration program would be \$88,100 in 2001-02 and \$274,100 in 2002-03. According to DOC, expenditures and encumbrances to date are \$74,400. DOC indicates that at this reduced funding level, it would not be able to continue to operate the program in 2001-02 and would remove the three current participants from treatment. The Department indicates that it would need to restart the program in 2002-03.

DOA indicates that, in preparing the s. 13.10 request related to the DAs, DOC provided a cost estimate of the chemical castration program if it had nine offenders in 2001-02 and 13 offenders in 2002-03. Under this estimate, costs were estimated to be \$283,000 in 2001-02 and \$342,500 in 2002-03. DOA further indicates that it assumed that the \$200,000 reduction in 2001-02 contained in the 5% cost reduction request would not be made from the chemical castration appropriation but taken from another appropriation. [The 5% cost reduction issue is addressed in a separate s. 13.10 paper.] While DOA generally utilized DOC's lower cost estimate for 2001-02, the transfer of \$400,000 in 2002-03 from chemical castration under this request would result in total chemical castration program funding of \$274,100 GPR in 2002-03 (this includes the reduction of \$1,900 GPR in 2002-03 addressed in the 5% reduction paper). Total program support in 2002-03, therefore, would be \$68,400 less than identified by DOC as necessary to treat 13 offenders in the program.

The Committee should note that under DOA's request, \$356,500 GPR in 2001-02 would be transferred from DOC's chemical castration appropriation to the Committee's supplemental appropriation in 2001-02, and subsequently transferred to the District Attorneys' appropriation in 2002-03. No further review or approval by the Committee would be necessary. Under s. 13.101(4), the Committee has the authority to transfer funding between fiscal years in the same biennium. Therefore, transferring funding to the Committee's appropriation in 2001-02 is unnecessary and funding could be transferred directly to the District Attorneys' appropriation in 2002-03.

If the Committee wishes, the District Attorneys' request could be modified to allow for funding of DOC's chemical castration program at the level needed to support 13 offenders in 2002-03, by delaying the start of the prosecutor positions from mid-June, 2002, to mid-July, 2002. Under this alternative, \$387,900 GPR in 2001-02 could be transferred from the chemical castration appropriation to the District Attorneys' appropriation in 2002-03 and \$331,600 could be transferred from the chemical castration appropriation in 2002-03 to the District Attorneys' appropriation in 2002-03. Total funding for the District Attorneys would be \$719,500 GPR in 2002-03 with 14.75 GPR positions.

Permanent positions created under s. 13.10 would be included in the DAs' base budget for the 2003-05 biennium. Annualized costs of the positions would be \$756,500 GPR. DOA indicates that its intent is to utilize the transferred funding from DOC's chemical castration appropriation in 2002-03 on a one-time basis. As a result, base funding for the chemical castration program in the 2003-05 biennium would remain at \$676,000 GPR annually. If one-time utilization of chemical castration monies in 2002-03 is approved by the Committee, the annualized cost of the 14.75 prosecutor positions (\$756,500 GPR annually) would be an increase above 2002-03 costs in the 2003-05 biennium. If utilization of chemical castration dollars is made permanent, the increase in funding in the 2003-05 biennium for the 14.75 GPR prosecutor positions would be reduced by a corresponding amount.

Given that a statutorily-required report on the chemical castration program is due on February 1, 2002, and that DOA's request would not fund prosecutor positions until mid-June 2002, it could be argued that consideration of the funding of the additional positions and the utilization of

chemical castration funding could be delayed to the March, 2002, s. 13.10 meeting. By that time, the chemical castration program would have been in operation for more than a year and DOC's findings on frequency of use and effectiveness will be available.

ALTERNATIVES

1. Approve DOA's request to: (a) transfer \$31,400 GPR in 2001-02 from the Department of Corrections' (DOC) pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to the District Attorneys' (DA) salaries and fringe benefits appropriation (s. 20.475(1)(d)); (b) transfer \$356,500 GPR in 2001-02 from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to the Joint Committee on Finance's supplemental appropriation (s. 20.865(4)(a)); (c) transfer \$356,500 GPR in 2002-03, from the Committee's supplemental appropriation (s. 20.865(4)(a)) to the DAs' salaries and fringe benefits appropriation (s. 20.475(1)(d)) in 2002-03; (d) transfer \$400,000 GPR in 2002-03 on a one-time basis on July 1, 2002, from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to the DAs' salaries and fringe benefits appropriation (s. 20.475(1)(d)); and (e) create 14.55 GPR assistant district attorney positions and 0.2 GPR district attorney position beginning in mid-June, 2002.

Under this alternative, the following counties would receive positions: Ashland (0.25), Brown (2.0), Chippewa (0.75), Columbia (1.0), Dane (1.85), Jefferson (0.5), Juneau (0.5), Kenosha (1.0), La Crosse (0.7), Manitowoc (1.0), Marathon (1.0), Outagamie (2.0), Pepin (0.2), Rock (0.25), Sauk (0.5) and Winnebago (1.25). All positions would be assistant district attorneys except for Pepin County, which would increase the position authority for the part-time elected district attorney from 0.6 to 0.8. This alternative would provide one-time funding from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to support the 14.75 prosecutor positions.

2. Modify DOA's request by delaying the start of the prosecutor positions identified in Alternative 1 from mid-June of 2002, to mid-July of 2002. As a result, this alternative would: (a) transfer \$387,900 GPR in 2001-02 from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to the Joint Committee on Finance's supplemental appropriation (s. 20.865(4)(a)); (b) transfer \$387,900 GPR in 2002-03, from the Committee's supplemental appropriation (s. 20.865(4)(a)) to the DAs' salaries and fringe benefits appropriation (s. 20.475(1)(d)) in 2002-03; (c) transfer \$331,600 GPR in 2002-03, from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to the DAs' salaries and fringe benefits appropriation (s. 20.475(1)(d)) in 2002-03; and (d) create 14.55 GPR assistant district attorney positions and 0.2 GPR district attorney position in 2002-03 beginning in mid-July, 2002. This alternative would provide one-time funding from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) to support the 14.75 prosecutor positions.

3. Modify Alternatives 1 or 2 by any or all of the following:

a. Transfer funding directly from DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) in 2001-02 to the DAs' salaries and fringe benefits appropriation (s. 20.475(1)(d)) in 2002-03. This alternative eliminates the intermediate step of having these funds flow through JFC's general purpose revenue funds general program supplementation appropriation (s. 20.865(4)(a)).

b. Specify that funding level changes made to DOC's pharmacological treatment for certain child sex offenders appropriation (s. 20.410(1)(bm)) in 2002-03 are permanent rather than one-time in nature. Under this alternative, base funding for the DOC program going into the 2003-05 budget would be \$342,500 rather than \$676,000.

4. Take no action at this time.

5. Deny the request.

Prepared by: Paul Onsager and Jere Bauer

Scott McCallum
Governor

Jon E. Litscher
Secretary



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State of Wisconsin Department of Corrections

DATE: November 29, 2001

TO: The Honorable Brian Burke, Co-Chair
Joint Committee on Finance
Room 317 East, State Capitol
Madison, WI 53702

The Honorable John Gard, Co-Chair
Joint Committee on Finance
Room 308 East, State Capitol
Madison, WI 53702

FROM: Jon E. Litscher, Secretary
Department of Corrections

SUBJECT: §13.10 Request – Milwaukee Secure Detention Facility Health Services Staffing

Request

The Department of Corrections (DOC) requests position authority for 30.50 GPR FTE in §20.410(1)(b), services for community corrections, to staff the Health Services Unit (HSU) in the Milwaukee Secure Detention Facility (MSDF).

Background:

2001 Wisconsin Act 16 fully funded the Milwaukee Secure Detention Facility. Included in this funding was \$1,963,000 in FY02 and \$3,405,000 for contracted healthcare at MSDF.

Analysis:

Contracted Healthcare

A Request for Proposals to provide comprehensive healthcare services at MSDF was issued on May 15, 2001. On June 29, 2001, bids were received from two contract vendors. The Department made some minor changes in the operational needs of the HSU (where offenders would be coming from, decreasing hours of intake from 24 to 12 hours per day and updating the population implementation plan). On July 18, 2001 the Department provided this change in scope to both vendors and offered them an opportunity to come in with their best and final offer based on this new information.

Through an evaluation process, Correctional Medical Services (CMS) was selected, based on their "best and final offer" dated July 23, 2001. This bid outlined the staffing that would be needed to operate the MSDF HSU. CMS was notified of the intent to award the healthcare

contract to them on August 9, 2001. Since that time, CMS and the Department have attempted to negotiate a contract.

The Milwaukee Secure Detention Facility opened on October 1, 2001. The Department held a scheduled orientation meeting with CMS staff on October 2, 2001. At this meeting it became apparent that CMS' estimation of the workload at this facility was in error and the staffing level they provided was not sufficient to take care of intake and distribution of medications. On October 25, 2001 CMS notified the Department that they had not yet signed the contract and asked to meet to discuss their concerns. The Department met with CMS on November 9, 2001. At this meeting, CMS advised that they were having trouble meeting the pharmaceutical needs of the offenders and in finding a vendor to provide specialty and inpatient hospital care. The Department has been in contact with CMS since that time attempting to negotiate a final contract. To date the Department has been unable to obtain final staffing and cost information from CMS or negotiate a final contract.

Quality and consistent healthcare is crucial to the operation of this facility. The Department no longer feels that it can continue to operate this facility with contracted healthcare and requests position authorization to run the MSDF health services unit with DOC staff. Preliminary cost estimates show that the Department will need no additional funding for the conversion of the HSU to state operations. The Department, therefore, is only requesting position authority for the HSU staff.

Since CMS has not agreed to a final contract or cost figure, it is not possible to compare DOC's projected costs with this contract. DOC's projected FY02 and FY03 costs are slightly lower than the amount bid by the other vendor on this contract.

Staffing

The Milwaukee Secure Detention Facility will provide 24-hour healthcare, 12-hour per day intake screening and distribution of medications by Licensed Practical Nurses. The Department's staffing request for this HSU includes the following:

Classification	FTE
Nursing Supervisor	1.00
Physician	1.00
Dentist	1.00
Psychiatrist	1.00
Physician Assistant	1.00
Program Assistant 2	1.00
Health Information Technician	2.50
Dental Hygienist	0.50
Dental Assistant	1.00
Nurse Clinician 2	8.75
Licensed Practical Nurse	8.75
Pharmacy Technician	3.00
Total	30.50

The HSU staffing pattern at MSDF is unique from other DOC institutions. Unlike other institutions where all intake is processed through the Dodge Correctional Institution, MSDF receives a large percent of its offenders from the Milwaukee House of Corrections. The intake

responsibilities combined with the relatively short stays make the staffing needs of this facility very unique. The high admission rate requires many more healthcare intake screenings, pharmaceutical orders and medical record transactions than is seen in most of DOC's institutions.

Summary

DOC requests position authority for 30.50 GPR FTE in §20.410(1)(b), services for community corrections, to staff the Health Services Unit (HSU) in the Milwaukee Secure Detention Facility (MSDF).

cc: Robert Lang, Legislative Fiscal Bureau
George Lightbourn, Department of Administration

Prepared By: Lucie Widzinski-Pollock, Bureau of Budget and Facilities Development
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State of Wisconsin Department of Corrections

DATE: November 30, 2001

TO: The Honorable Brian Burke, Co-Chair
Joint Committee on Finance
Room 317 East, State Capitol
Madison, WI 53702

The Honorable John Gard, Co-Chair
Joint Committee on Finance
Room 308 East, State Capitol
Madison, WI 53702

FROM: Jon E. Litscher, Secretary
Department of Corrections

SUBJECT: §13.10 Notification – Department of Corrections 5% Reduction Plan

The Department of Corrections (DOC) requests that the Committee schedule the Department's 5% base reduction plan for review at the December 2001, §13.10 meeting. This plan was submitted to the Committee by the Department of Administration (DOA) for review at the November 2001 §13.10 meeting. The Committee deferred action on this plan at the November meeting.

Table 1 below outlines the reduction plan. It should be noted that the plan incorporates the recommendation by DOA to delete the \$200,000 GPR reduction in the pharmacological treatment for certain child sex offenders appropriation [§20.410(1)(bm)] and instead reduce the services for community corrections appropriation [§20.410(1)(b)] by an additional \$200,000 GPR in FY02. This action is necessitated by the funding of the additional district attorney positions at the November 2001 §13.10 meeting.

Table 1
5% Reduction Plan

Appropriations (All GPR)	Funding		Positions	
	FY02	FY03	FY02	FY03
(1)(a) General Program Operations	(\$529,200)	(\$772,200)	(0.00)	(0.00)
(1)(b) Services for Community Corrections	(\$988,900)	(\$788,900)	(20.75)	(20.75)
(1)(bm) Pharmacological Treatment for Certain Child Sex Offenders	(\$0)	(\$1,900)	(0.00)	(0.00)
(1)(f) Energy Costs	(\$32,000)	(\$37,800)	(0.00)	(0.00)
(1)(aa) Institutional Repair & Maintenance	(\$9,400)	(\$12,300)	(0.00)	(0.00)
(1)(ab) Corrections Contracts & Agreements	(\$194,600)	(\$140,600)	(0.00)	(0.00)
(3)(a) General Program Operations (DJC)	(\$2,200)	(\$2,600)	(0.00)	(0.00)
Total	(\$1,756,300)	(\$1,756,300)	(20.75)	(20.75)

cc: Robert Lang, Legislative Fiscal Bureau
George Lightbourn, Department of Administration

13.10 Meeting

December 18, 2001

Agenda Item IV

Issue: Corrections: Relating to the Milwaukee Secure Detention Facility Health Care Services Staffing

Staff Recommendation: Alt. 2 (can go with Alt. 1 if you're looking for a place to grab \$300,000 GPR & want to make DOC eat their mistake)

Comments:

Corrections contracted with a private vendor to provide contracted medical services at the Milwaukee Secure Detention Facility (MSDF). They sent out RFP's and only 2 vendors responded. The contract was awarded to Correctional Medical Services (CMS).

In October, when MSDF opened, Corrections had an introductory meeting with CMS and it was evident at that meeting that CMS was in over their head. In late October CMS had still not signed their contract, and in November, it was obvious there were not going to be able to fulfill their obligations in that regard, so Corrections recalled their offer.

CMS will continue to provide whatever services they are capable of until February, 2002. In the meantime, DOC now feels they can provide quality and consistent healthcare to this population in a more cost-efficient manner than an outside vendor.

DOC is requesting position authority for 30.5 GPR Health services positions, but is able to absorb the funding for these positions from the funding set aside for the CMS contract.

Final costs for the CMS contract have not yet been determined, but the difference between the amount DOC says they need and CMS originally agreed to is \$308,800. LFB points out on Page 5, that we could put this amount in unallotted reserve for release pending the final agreement.

Alternatives:

1. Approved the position authority for DOC to provide these services, but does not set any money aside to pay CMS.
2. Approves the position authority, and sets aside the \$308,800 aside to pay off CMS.
3. Denies the request.

Prepared by: Cindy



Legislative Fiscal Bureau

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December 18, 2001

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Corrections: Section 13.10 Request Related to the Milwaukee Secure Detention Facility Health Care Services Staffing -- Agenda Item IV

REQUEST

The Department of Corrections request the creation of 30.50 GPR positions annually in the services for community corrections appropriation (s. 20.410(1)(b)) to staff the health services unit at the Milwaukee Secure Detention Facility (MSDF).

BACKGROUND

On May 21, 1998, the Building Commission approved \$49.8 million in general fund supported borrowing for the construction of a 600-bed medium-security facility in Milwaukee to house: (a) probation and parole violators (400 beds); and (b) an alcohol and other drug abuse facility for state inmates (200 beds). On June 24, 1999, the Building Commission approved the release of \$19.95 million in general fund supported borrowing (pending approval of the 1999-2001 capital budget) for construction of two additional probation and parole hold floors and a transportation unit at the Milwaukee facility to take newly sentenced offenders from the Milwaukee area to the assessment and evaluation center at the Dodge Correctional Institution in Waupun. The facility opened in October, 2001.

According to the Department's program statement, the Milwaukee Secure Detention Facility is designed to:

"house offenders who need to be detained because they have violated conditions of their supervision or offenders who are awaiting transport to begin serving a sentenced

prison term. This population will include, but not be limited to, offenders with mental health problems, a history of absconding and/or violent/assaultive behaviors. It is assumed that most of the population will come from the southeastern part of the state, Milwaukee in particular, and will return to their home community upon release or be transferred to another facility. Average length of stay in the secure detention area of this facility is estimated to be approximately 30 days but individual stays can be much shorter or longer depending on the reason for the stay and the investigative process. Offenders awaiting transport to another facility will average stays of two or three days. The AODA program offenders will participate in ...programming with lengths of stay from 16 weeks up to nine months."

By its design, the nine-story MSDF has a high inmate turnover rate which is unique to Corrections, and more similar to a county jail. Once admitted to the facility, inmates remain in assigned housing units with limited or no movement. Total capacity of the facility is 1,048 beds: 140 AODA beds, 800 probation and parole hold beds, 38 transportation beds and 70 for the Milwaukee drug court project. The facility also contains a 50-bed segregation unit. Under 2001 Act 16, funding for the facility is \$20,391,200 GPR in 2001-02 and \$22,695,700 GPR in 2002-03 with 395.89 GPR positions annually. While the institution has a capacity of 1,048, based on the design of the facility and the estimated lengths of stay of offenders, it is estimated that approximately 10,300 individuals could be in the facility during a one-year period.

ANALYSIS

In Act 16, \$1,963,000 GPR in 2001-02 and \$3,405,100 GPR in 2002-03 was provided to support contracted medical services at MSDF. Corrections had begun the request for proposal (RFP) process in May, 2001, and notified the successful bidder (Correctional Medical Services (CMS)) on August 9, 2001, of its intent to award the contract. A chronology of the process and events to date follows:

- May 15, 2001, the RFP related to medical services at the Milwaukee Secure Detention Facility was issued.
- June 29, 2001, two contractors (CMS and Prison Health Services (PHS)) submitted bids.
- July 18, 2001, Corrections provided changes in the scope of the contract to both bidders. These modifications included information on where the offenders would be arriving from, decreasing the number of inmate intake hours from 24 hours to 12 hours and updating the population implementation plan based on the facility's opening date. The vendors were offered the opportunity to submit their "best and final offer" based on the revised information.

- August 9, 2001, Corrections notified CMS of its intent to award the contract based on CMS's July 23, 2001, "best and final offer." Corrections and CMS began negotiating a contract.
- October 1, 2001, MSDF opened.
- October 2, 2001, Corrections and CMS held an orientation meeting for CMS staff. According to Corrections: "At this meeting it became apparent that CMS' estimation of the workload at this facility was in error and the staffing level they provided was not sufficient to take care of intake and distribution of medications."
- October 25, 2001, CMS notified Corrections that it had not yet signed the contract and requested a meeting to discuss concerns.
- November 9, 2001, Corrections and CMS met at which time "CMS advised that they were having trouble meeting the pharmaceutical needs of the offenders and in finding a vendor to provide specialty and inpatient hospital care."
- November 16, 2001, the Secretary of the Department of Corrections sent a letter which stated:

"As you are aware, negotiations continue between the Department and Correctional Medical Services for a contract acceptable to both parties. Because we believed that we had obtained a meeting of the minds on all issues I signed contracts that I believed incorporated terms acceptable to both parties.

Since we do not have a mutual agreement on all terms, I request that you return the signed contracts."

- November 28, 2001, the Secretary of the Department of Corrections sent a follow up letter which stated:

"By letter dated November 16, 2001 I requested that you return the contract I had signed on behalf of the Department of Corrections, because there was no agreement between the Department of Corrections and Correctional Medical Services on the terms of the contract.

No agreement has been obtained since that time and the contract has not been returned. The Department is obligated by law to provide the services that are the subject of the proposed agreement and further delay jeopardizes the well-being of inmates at the Milwaukee Secure Detention Facility.

Accordingly, please be advised that the Department of Corrections will obtain the services from another source and the Department will not contract with Correctional Medical Services."

According to the Department, it has notified CMS that it will cease using CMS services as of February, 2002.

In order to provide medical care for offenders at MSDF, Corrections has requested that the Committee authorize 30.5 GPR health services positions annually. According to the Department: "Quality and consistent healthcare is crucial to the operation of this facility. The Department no longer feels that it can continue to operate this facility with contracted healthcare... Preliminary cost estimates show that the Department will need no additional funding for the conversion of the HSU [health services unit] to state operations. The Department, therefore, is only requesting position authority for the HSU staff."

The Department's request includes the following positions: (a) 1.0 nursing supervisor to serve as the administrator for the unit; (b) 1.0 physician and 1.0 physician assistant to provide medical services; (c) 1.0 dentist, 0.5 dental hygienist and 1.0 dental assistant to provide dental services; (d) 1.0 psychiatrist to provide mental health services; (e) 8.75 nurse clinicians and 8.75 licensed practical nurses for inmate intake and medical services; (f) 2.5 health information technicians (1.5 at MSDF and 1.0 in Corrections' central medical records) for medical records processing; (g) 3.0 pharmacy technicians in the Department's central pharmacy to assist in the processing of medications for inmates at MSDF; and (h) 1.0 program assistant for administrative activities in the health services unit.

Under Corrections' request, two nurse clinicians would staff the inmate intake area seven days per week on one shift (days). Other medical services in the facility, including the delivery of medications to inmates, would be conducted by one nurse clinician and two licensed practical nurses, seven days per week on two shifts (days and evenings), and by one nurse clinician and two licensed practical nurse seven days per week on one shift (nights). Based on the number of offenders estimated to be admitted to the facility and using average time requirements to fill prescriptions, Corrections requests 3.0 pharmacy technicians to process an increased number of inmate prescriptions. The request also includes 1.5 health information technicians at MSDF and 1.0 in central medical records to: (a) process inmate health care records related to admissions; (b) review health care records with inmates; (c) process medical information releases; (d) gather and analyze inmate medical data; and (e) conduct health care chart tracking.

A comparison between the proposed health services unit staffing at MSDF and staffing at other correctional facilities is difficult given: (a) the unique mission of MSDF (generally short-term inmate stays pending the revocation of probation or parole, transportation to another state facility or alcohol and drug abuse treatment of approximately nine months) compared to other correctional facilities (longer-term incarceration and treatment); (b) the physical design of the facility (an urban, multiple-story facility with all inmate and staff movement using a series of central elevators)

compared to other state correctional facilities (generally multiple one- and two-story buildings, in a larger, more open environment); and (c) that MSDF has direct intake of offenders being held for probation and parole violations while at most other correctional facilities (other than the central intake unit at the Dodge Correctional Institution), inmates have already gone through a medical intake process prior to arrival. Further, Corrections indicates that, unlike other correctional facilities, nursing staff at MSDF will deliver medications to inmates rather than having security staff perform this function.

Given the differences with other institutions, however, the Committee should note that the proposed staffing for MSDF is relatively similar to that authorized in Act 16 associated with the 1,500 bed Stanley Correctional Facility. The nursing staff at both facilities is virtually identical, with Stanley having a higher proportion of nurse clinicians, while MSDF would have more LPNs. Each facility would have a physician, dentist, nursing supervisor, dental assistant (1.0 at MSDF and 2.0 at Stanley), dental hygienist and program assistant (1.0 at MSDF and 2.0 at Stanley). At MSDF, the facility would have a physician assistant compared to Stanley's nurse practitioner, and MSDF would have a psychiatrist on staff rather than a contracted psychiatrist. The MSDF request includes pharmacy technicians and health information technician positions, but given the high volume of inmates that MSDF will process, these positions appear to be appropriate.

Corrections' request would reallocate \$1,654,200 GPR in 2001-02 and \$3,405,100 GPR in 2002-03 within the community corrections appropriation (s. 20.410(1)(b)) from the medical contracts to: (a) staffing and operations costs, \$1,021,500 GPR in 2001-02 and \$1,861,400 GPR in 2002-03; and (b) inmate health care variable costs, \$632,700 GPR in 2001-02 and \$1,543,700 GPR in 2002-03. Positions would be funded for six months in 2001-02. The inmate health care variable cost per offender for pharmaceuticals, medical health care contracts and other medical costs, is unchanged from Act 16.

Corrections' proposed staffing would cost \$308,800 GPR less than is currently budgeted for the CMS contract in 2001-02. However, the Department has indicated that it is currently in negotiations with CMS regarding the discontinuation of services at MSDF and does not know the final cost for services that CMS has provided. Since the final CMS costs have not been determined, the Committee may wish to direct that \$308,800 GPR in 2001-02 be placed in unallotted reserve for release by DOA pending a final agreement. In 2002-03, Corrections' staffing and operational costs would be \$27,800 higher than is budgeted for contracted medical services and would be addressed within the Department's existing resources.

At the November 5, 2001, s. 13.10 meeting, the Department of Health and Family Services, in conjunction with its 5% cost reallocation request, indicated that it had terminated a health services contract at the Sand Ridge Secure Treatment Center because: (a) the health care needs of the patients at Sand Ridge were greater than the vendor had anticipated; (b) the vendor did not have experience working in a noncorrectional environment, which made it difficult for the vendor to adapt its policies and practices to this facility; and (c) the vendor had not been able to provide a number of services that are required under the contract. In order to address this issue, DHFS

requested that 16.0 positions that otherwise would have been eliminated instead be retained and that \$834,900 GPR annually be transferred from contract costs to staffing costs. The Committee adopted DHFS' request.

In soliciting bids to provide medical services at MSDF, only two providers submitted proposals, CMS and PHS. The PHS proposal (\$3.0 million in 2001-02 and \$3.8 million in 2002-03) was substantially more expensive than the CMS proposal (\$2.4 million in 2001-02 and \$2.9 million in 2002-03). Based on the cost proposals and the Department's inability to finalize a contract with CMS, Corrections has determined that it can provide the services more appropriately using state staff. The Department indicates that does not have alternative proposals if the request is not approved.

ALTERNATIVES

1. Approve the Department's request to create 30.50 GPR positions annually in the services for community corrections appropriation (s. 20.410(1)(b)) to staff the health services unit at the Milwaukee Secure Detention Facility.

2. In addition to Alternative 1, direct that \$308,800 GPR in 2001-02 be placed in unallotted reserve for release by DOA pending a determination of the final costs of medical services provided by Correctional Medical Services.

3. Deny the request.

MO# Alt 2

Prepared by: Jere Bauer

BURKE	Y	N	A
DECKER	Y	N	A
MOORE	Y	N	A
BAUMGART	Y	N	A
PLACHE	Y	N	A
WIRCH	Y	N	A
DARLING	Y	N	A
FITZGERALD	Y	N	A
2 GARD	Y	N	A
KAUFERT	Y	N	A
ALBERS	Y	N	A
DUFF	Y	N	A
WARD	Y	N	A
HUEBSCH	Y	N	A
HUBER	Y	N	A
COGGS	Y	N	A

AYE 10 NO 0 ABS _____

IV. Department of Corrections – Jon Litscher, Secretary

The department requests position authority for 30.50 FTE GPR in the department's services for community corrections appropriation under s. 20.410(1)(b) to staff the health services unit in the Milwaukee Secure Detention Facility.

Governor's Recommendation

Approve the request.



**WISCONSIN DEPARTMENT OF
ADMINISTRATION**

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Date: December 7, 2001

To: Members, Joint Committee on Finance

From: George Lightbourn, Secretary
Department of Administration

Subject: Section 13.10 request from the Department of Corrections for position authority for the Milwaukee Secure Detention Facility Health Services Unit.

Request

The department requests position authority for 30.50 FTE GPR in the department's services for community corrections appropriation under s. 20.410(1)(b) to staff the health services unit in the Milwaukee Secure Detention Facility.

Background

2001 Wisconsin Act 16 fully funded the Milwaukee Secure Detention Facility (MSDF). Included in this funding was \$1,963,000 in fiscal year 2001-02 and \$3,405,100 in fiscal year 2002-03 for contracted healthcare at MSDF.

Analysis

On May 15, 2001, the Department of Corrections (DOC) issued a request for proposals to provide comprehensive healthcare services at MSDF. On June 29, 2001, bids were received from two vendors. The department subsequently revised the operational needs of the health services unit (HSU) including decreasing intake from 24 to 12 hours per day because Milwaukee County will provide some intake services. On July 18, 2001, DOC provided this change to both vendors and offered them an opportunity to present new bids. On August 9, 2001, Correctional Medical Services (CMS) was notified of the intent to award the healthcare contract to them.

The Milwaukee Secure Detention Facility opened on October 1, 2001. On October 2, 2001, DOC held an orientation meeting with CMS staff. At this meeting DOC found that the contractor's workload estimation was in error and the staffing level was not sufficient to handle intake and medication distribution.

On October 25, 2001, CMS notified DOC that they had not yet signed the contract and asked to discuss their concerns. DOC met with CMS on November 9, 2001, and CMS advised DOC that they were having trouble meeting the pharmaceutical needs of the offenders and finding a vendor to provide specialty and inpatient hospital care. DOC has been unable to obtain final staffing and cost information from CMS or negotiate a final contract.

The Department of Corrections believes quality and consistent healthcare is crucial to the operation of the facility and no longer feels able to continue to operate this facility with contracted healthcare. DOC requests position authority to run the MSDF health services unit with DOC staff. Preliminary cost estimates show DOC will not need additional funding for the conversion of the HSU to state operations. Therefore, DOC is only requesting position authority for the staff.

Staffing

The Milwaukee Secure Detention Facility will provide 24-hour healthcare, 12-hour intake screening and medication distribution by licensed practical nurses. The staffing request for the facility is as follows:

Classification	FTE
Nursing Supervisor	1.00
Physician	1.00
Psychiatrist	1.00
Physician Assistant	1.00
Nurse Clinician 2	8.75
Licensed Practical Nurse	8.75
Dental Hygienist	0.50
Dental Assistant	1.00
Dentist	1.00
Pharmacy Technician	3.00
Health Information Technician	2.50
Program Assistant 2	1.00
Total	30.50

Intake responsibilities combined with relatively short stays make the staffing needs of this facility very unique. Unlike other institutions where all intake is processed through Dodge Correctional Institution, MSDF receives a large percent of its offenders directly from the Milwaukee House of Corrections. The high admission rate directly from the community requires staff to complete more healthcare intake screenings, pharmaceutical orders and medical record transactions than is seen in most DOC institutions.

Members, Joint Committee on Finance
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The Department of Corrections requests position authority for 30.50 FTE GPR in the department's services for community corrections appropriation under s. 20.410(1)(b) to staff the health services unit in the Milwaukee Secure Detention Facility.

DOC received \$1,337,000 in fiscal year 2001-02 and \$2,779,100 in fiscal year 2002-03 to fund the healthcare contract. An additional \$626,000 annually was budgeted for pharmaceuticals and medical services based on projected per capita inmate health care costs of \$1,416.99 in fiscal year 2001-02 and \$1,472.96 in fiscal year 2002-03. The department anticipates that its cost to operate the HSU with permanent staff beginning in January 2002 will be \$1,654,200 in fiscal year 2001-02 and \$3,432,900 in fiscal year 2002-03. The department anticipates being able to absorb the \$27,800 in unbudgeted costs in fiscal year 2002-03.

Recommendation

Approve the request.

Prepared by: Jana D. Steinmetz
266-2213

Scott McCallum
Governor

Jon E. Litscher
Secretary



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State of Wisconsin
Department of Corrections

DATE: November 29, 2001

TO: The Honorable Brian Burke, Co-Chair
Joint Committee on Finance
Room 317 East, State Capitol
Madison, WI 53702

The Honorable John Gard, Co-Chair
Joint Committee on Finance
Room 308 East, State Capitol
Madison, WI 53702

FROM: Jon E. Litscher, Secretary
Department of Corrections

SUBJECT: §13.10 Request – Milwaukee Secure Detention Facility Health Services Staffing

Request

The Department of Corrections (DOC) requests position authority for 30.50 GPR FTE in §20.410(1)(b), services for community corrections, to staff the Health Services Unit (HSU) in the Milwaukee Secure Detention Facility (MSDF).

Background:

2001 Wisconsin Act 16 fully funded the Milwaukee Secure Detention Facility. Included in this funding was \$1,963,00 in FY02 and \$3,405,000 for contracted healthcare at MSDF.

Analysis:

Contracted Healthcare

A Request for Proposals to provide comprehensive healthcare services at MSDF was issued on May 15, 2001. On June 29, 2001, bids were received from two contract vendors. The Department made some minor changes in the operational needs of the HSU (where offenders would be coming from, decreasing hours of intake from 24 to 12 hours per day and updating the population implementation plan). On July 18, 2001 the Department provided this change in scope to both vendors and offered them an opportunity to come in with their best and final offer based on this new information.

Through an evaluation process, Correctional Medical Services (CMS) was selected, based on their "best and final offer" dated July 23, 2001. This bid outlined the staffing that would be needed to operate the MSDF HSU. CMS was notified of the intent to award the healthcare

contract to them on August 9, 2001. Since that time, CMS and the Department have attempted to negotiate a contract.

The Milwaukee Secure Detention Facility opened on October 1, 2001. The Department held a scheduled orientation meeting with CMS staff on October 2, 2001. At this meeting it became apparent that CMS' estimation of the workload at this facility was in error and the staffing level they provided was not sufficient to take care of intake and distribution of medications. On October 25, 2001 CMS notified the Department that they had not yet signed the contract and asked to meet to discuss their concerns. The Department met with CMS on November 9, 2001. At this meeting, CMS advised that they were having trouble meeting the pharmaceutical needs of the offenders and in finding a vendor to provide specialty and inpatient hospital care. The Department has been in contact with CMS since that time attempting to negotiate a final contract. To date the Department has been unable to obtain final staffing and cost information from CMS or negotiate a final contract.

Quality and consistent healthcare is crucial to the operation of this facility. The Department no longer feels that it can continue to operate this facility with contracted healthcare and requests position authorization to run the MSDF health services unit with DOC staff. Preliminary cost estimates show that the Department will need no additional funding for the conversion of the HSU to state operations. The Department, therefore, is only requesting position authority for the HSU staff.

Since CMS has not agreed to a final contract or cost figure, it is not possible to compare DOC's projected costs with this contract. DOC's projected FY02 and FY03 costs are slightly lower than the amount bid by the other vendor on this contract.

Staffing

The Milwaukee Secure Detention Facility will provide 24-hour healthcare, 12-hour per day intake screening and distribution of medications by Licensed Practical Nurses. The Department's staffing request for this HSU includes the following:

Classification	FTE
Nursing Supervisor	1.00
Physician	1.00
Dentist	1.00
Psychiatrist	1.00
Physician Assistant	1.00
Program Assistant 2	1.00
Health Information Technician	2.50
Dental Hygienist	0.50
Dental Assistant	1.00
Nurse Clinician 2	8.75
Licensed Practical Nurse	8.75
Pharmacy Technician	3.00
Total	30.50

The HSU staffing pattern at MSDF is unique from other DOC institutions. Unlike other institutions where all intake is processed through the Dodge Correctional Institution, MSDF receives a large percent of its offenders from the Milwaukee House of Corrections. The intake

responsibilities combined with the relatively short stays make the staffing needs of this facility very unique. The high admission rate requires many more healthcare intake screenings, pharmaceutical orders and medical record transactions than is seen in most of DOC's institutions.

Summary

DOC requests position authority for 30.50 GPR FTE in §20.410(1)(b), services for community corrections, to staff the Health Services Unit (HSU) in the Milwaukee Secure Detention Facility (MSDF).

cc: Robert Lang, Legislative Fiscal Bureau
George Lightbourn, Department of Administration

Prepared By: Lucie Widzinski-Pollock, Bureau of Budget and Facilities Development
240-5416

Sue Loniello, Bureau of Budget and Facilities Development
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