



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #408

Wisconsin Resource Center Expansion (Health Services -- Care and Treatment Services)

[LFB 2019-21 Budget Summary: Page 213, #6]

CURRENT LAW

The Department of Health Services operates the Wisconsin Resource Center and Women's Wisconsin Resource Center (WRC/WWRC) to provide mental health and substance abuse treatment and behavioral management for male and female inmates referred by the Department of Corrections (DOC). The WRC/WWRC is located adjacent to the Winnebago Mental Health Institute, in Oshkosh.

The WRC/WWRC has a total of 385 staffed beds. The WRC has 14 units with 336 beds for men, while the WWRC has three units with 49 beds for women.

Commitments of individuals to WRC/WWRC are made on either a voluntary or involuntary basis, upon recommendation of a physician or psychologist at a DOC institution. Inmates are placed into a unit based on their treatment or management needs. The facilities have units designated for treatment of alcohol and drug addictions, in anticipation of release, units designed to provide psychiatric care for varying levels of mental illness, and units designed to manage behaviors in a more structured environment than is provided in prisons.

DHS is responsible for the facility and treatment costs of the WRC/WWRC, while DOC is responsible for providing perimeter security, other than overtime security, which is the responsibility of DHS. The DHS base budget for the principal operations of WRC/WWRC is \$51,086,500 GPR and 518.6 GPR positions.

GOVERNOR

Provide \$3,246,100 GPR in 2019-20 and \$3,249,800 GPR in 2020-21 and 34.8 positions, beginning in 2019-20, to expand capacity for substance abuse treatment at the Wisconsin Resource Center by 58 beds.

DISCUSSION POINTS

1. The administration argues that an expansion of WRC treatment capacity is necessary to meet the increasing demand for drug abuse treatment services among state prisoners. DHS indicates that the number of inmates admitted to state prison for an opioid offense increased from 280 in 2009 to 998 in 2016, while the number of new inmates admitted for an amphetamine offense increased from 69 to 429. Although having a prison sentence for a drug-related offense does not mean that the inmate has a substance abuse disorder, the increase in these offenses may be indicative of an overall increase in the need for drug treatments for inmates. In recent years, WRC typically has operated at full staffed capacity.

2. Substance abuse treatment programs for prisoners have been the subject of frequent evaluation, and many studies have shown that providing such treatment for prisoners prior to release can be effective in reducing recidivism. A recent systematic review of studies published in the journal *Epidemiologic Reviews* found that many, although not all, identified positive results. According to this review, the type and extent of treatment appears to matter in producing good outcomes. In particular, treatment programs for which inmates are separated from nonparticipating inmates were found to be most effective.

3. Beginning in July 2018, in response to a demand for more substance abuse treatment services for inmates, DHS and DOC began an initiative to expand alcohol and drug abuse treatment services at WRC. Using temporary training positions, DHS hired staff to open two new units at WRC, located in previously vacant space. Unlike other WRC operations, which are budgeted in DHS, DOC is funding the position and operations cost of the new units, through interagency charges. DOC is funding these costs from its general program operations budget. The budget initiative would provide permanent positions to continue the operation of these units, and provide the funding directly in the DHS budget.

4. The treatment provided in the new units is for minimum security prisoners and is typically provided just prior to release. This treatment differs from WRC's regular substance abuse treatment program, which is targeted for inmates with dual diagnosis of mental illness and substance use disorder.

5. The treatment program used in the new WRC units is similar to the treatment that might otherwise be provided in DOC institutions, but represents an increase in overall treatment capacity. DOC and DHS made the decision to utilize WRC for this treatment in order to physically separate inmates receiving the treatment from other inmates not participating in substance use treatment.

6. The funding provided by the bill consists of the following components: (a) \$2,030,300

GPR annually for salary and fringe benefits; (b) \$379,300 GPR for supplies and services related to the positions; (c) \$786,000 in 2019-20 and \$789,700 in 2020-21 for food and variable nonfood supplies (such as medical services and clothing); and (d) \$50,500 annually for DOC overtime costs associated with perimeter security.

7. The 34.8 positions include 23.0 psychiatric care technicians, 8.8 medical and treatment positions, and 3.0 supervisory staff. The number of additional staff is based on national standards for correctional health care facilities, and equals the number of temporary positions currently in place.

8. DOC indicates that a decision to fund the WRC substance abuse treatment positions from its general operations budget was in response to an immediate demonstrated need. Approval of the Governor's recommendation would provide ongoing positions and funding in the DHS budget, consistent with how the WRC operations are currently funded (Alternative 1).

9. Although the WRC is a correctional institution, it is funded as a part of the DHS budget in recognition that its primary purpose is to provide evidence-based mental health and substance abuse treatment and behavioral management. For this reason, it differs from DOC's general operations budget, which has the primary purpose is inmate confinement (as well as supporting DOC's administrative costs). Nevertheless, the transfer of inmates from a DOC institution to WRC reduces DOC's costs associated with the transferred inmates. Since the DOC institutional operations budget for food, nonfood, healthcare and other variable supplies is based only on the number of inmates housed at DOC correctional institutions, the WRC inmates are excluded from the budget calculation.

10. Since the total state inmate population exceeds capacity at state prisons, DOC contracts with county jails to house overflow population at a daily cost of \$51.46 per day. Although DOC's budget for contract beds excludes inmates in the currently-budgeted WRC beds, the bill does not make an adjustment to the contract bed budget for the 58-bed WRC expansion. If funding is approved for the WRC beds, the DOC budget for contract beds could be reduced to account for a reduction in contract bed costs. Based on current contract bed rates, the annual cost of the 58 transferred inmates would be \$1,089,400 (Alternative 2).

11. The Committee could determine that maintaining the operation of the new WRC units is not a priority. If this item is not approved, DHS would not have ongoing positions to maintain these units, and would have to utilize existing permanently staffed units for substance abuse treatment for DOC inmates (Alternative 3).

ALTERNATIVES

1. Approve the Governor's recommendation to provide \$3,246,100 GPR in 2019-20 and \$3,249,800 GPR in 2020-21 and 34.8 positions, beginning in 2019-20, to expand capacity for substance abuse treatment at the Wisconsin Resource Center by 58 beds.

ALT 1	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$6,495,900	34.80	\$0	0.00

2. Approve the Governor's recommendation to provide \$3,246,100 GPR in 2019-20 and \$3,249,800 GPR in 2020-21 and 34.8 positions, beginning in 2019-20, to expand capacity for substance abuse treatment at the Wisconsin Resource Center by 58 beds, but reduce the Department of Corrections' budget for contract beds by \$1,089,400 GPR annually to reflect a reduction in the need for contract beds due to the WRC expansion.

ALT 2	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$4,317,100	34.80	- \$2,178,800	0.00

3. Take no action.

ALT 3	Change to Base		Change to Bill	
	Funding	Positions	Funding	Positions
GPR	\$0	0.00	- \$6,495,900	- 34.80

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