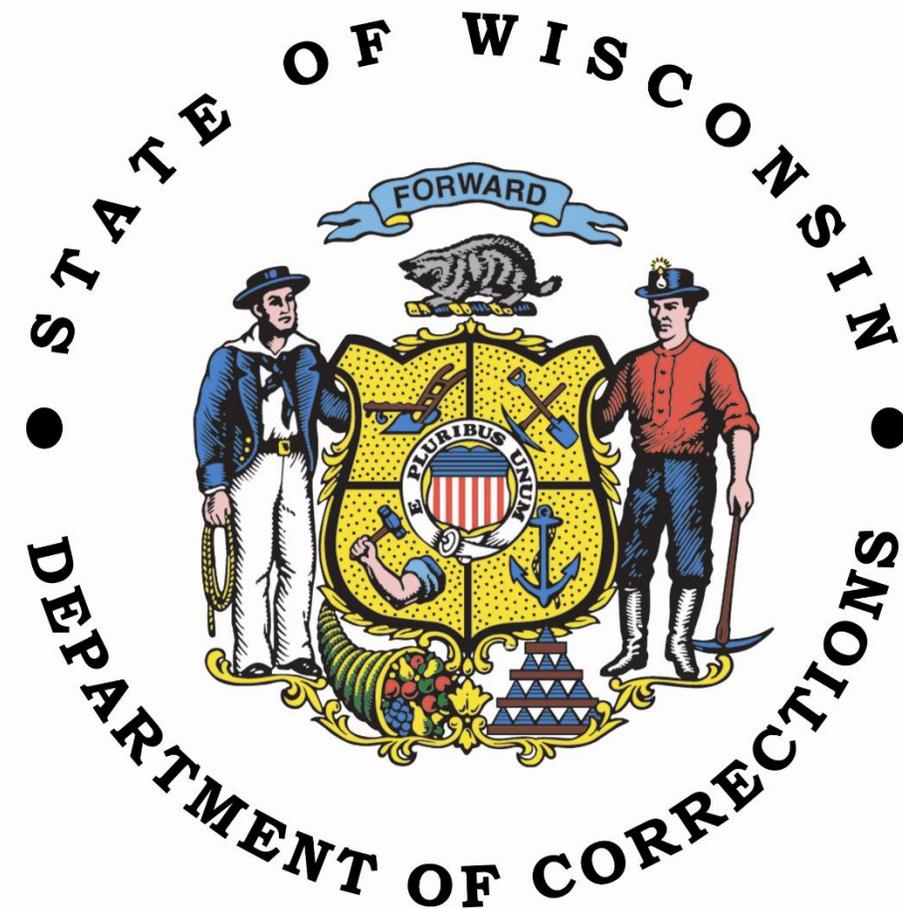


STATE OF WISCONSIN

Department of Corrections



ADULT CORRECTIONS EXPENDITURES

A REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE

January 15, 2020

I. Introduction

The Legislative Audit Bureau (LAB) completed their evaluation of adult corrections expenditures at the Department of Corrections (DOC) in May 2019. The LAB included several recommendations to help DOC manage adult corrections expenditures. All but one item is to be addressed in a report to the Joint Legislative Audit Committee (JLAC) on March 3, 2020. The remaining recommendation that is addressed in this report is the following:

Submit a report to the JLAC by January 15, 2020, that comprehensively summarizes inmate health care in all adult institutions while highlighting expenditures that have increased substantially over the prior fiscal year.

II. Executive Summary

The DOC has the difficult task of providing health care to approximately 24,000 adults in custody, while still maintaining fiscal responsibility. Further contributing to the challenge of health care in a corrections environment, the Department's health care administration is also facing a continually increasing average age of those in custody over the past three decades, and increasing incidences of mental health conditions in the overall population. The Department provides health care to adults in custody in all 36 of its adult correctional facilities including primary care, mental health care, dental care, optometric care, and certain specialty care. The DOC is responsible for securely transporting adults in custody to hospitals and clinics throughout the state to provide them with specialty care and hospitalizations as needed. The DOC is responsible for the costs incurred at hospitals or clinics unless an adult in custody is formally "admitted" (a stay that exceeds the two midnight rule where the person is not considered to be placed on "observation" status) by the health care facility, in which case the costs are typically covered by Medicaid. Medicaid has covered these expenses since April 2014, when the federal Affordable Care Act (ACA) allowed Wisconsin to expand Medicaid coverage to include hospitalizations of adults in custody.

The DOC has implemented recent initiatives to both reduce the cost and improve the quality of care for adults in custody. The DOC has built new and expanded existing Health Service Units (HSUs) at several prisons in order to reduce the number of people who have to be transported to an outside facility for their health care needs. In February 2019, the Department finished a transition to a single, universal Electronic Medical Records (EMR) system at all of its facilities, which replaced its previous reliance on paper health care records. Additionally, the DOC continues to work to address the increasing mental health needs of those in custody. This has included implementing and expanding programs such as its Certified Peer Specialist Program and Crisis Intervention Training.

While these recent initiatives have helped the DOC improve the quality of care to adults in custody and increase efficiencies, many challenges remain and health care needs will continue to increase for adults in custody. Two major challenges the Department faces, which are similar to other health care systems, are the large number of health care staff vacancies and the fact

that medical costs continue to increase faster than inflation, especially for pharmaceuticals. The Department's provision of treatment for Hepatitis C Virus (HCV) has been limited by budgetary constraints and medical provider vacancies. The DOC also has unique health care challenges it needs to manage such as providing sufficient mental health care for the adults in custody who have been diagnosed as Seriously Mentally Ill (SMI).

While health care costs have been rising for many years, and is projected to continue to rise, the DOC did experience a slight reduction in health care costs between FY18 and FY19. The reduction can mainly be attributed to two areas: HCV expenditures and hospitalization costs. First, HCV expenditures decreased because the cost of medication decreased, however the total number of individuals needing treatment did not change. Second, there was an overall reduction in hospitalization costs. Hospitalization costs vary significantly from patient to patient, with many factors affecting costs, including the diagnosis of the patient. Medicaid covers most inpatient hospitalizations; however, if an adult in custody is ineligible for Medicaid reimbursement, the Department will pay those hospitalization costs.

III. Background

The DOC is committed to its responsibility to ensure appropriate health care for incarcerated individuals. The DOC strives to provide the same standard of care that is delivered in the community, while still maintaining fiscal responsibility. The LAB accurately described the health care provided at DOC correctional facilities in the paragraph below:

DOC inmates have their health assessed during the intake process. Assessments are conducted by DOC at its two intake facilities where most inmates are initially assessed. Dodge Correctional Institution [DCI] is the intake institution for men and Taycheedah Correctional Institution [TCI] is the intake institution for women. The entire intake process takes approximately eight weeks to complete. When inmates are transferred to their prison placements after being assessed, employees at the receiving institutions are responsible for continuing to maintain information on inmate health (p. 53-54, 2018 LAB report).

The LAB also recognized DOC's increasingly complex medical needs because of its changing population. The Department's population of adults in custody (including individuals held in DOC institutions under Probation and Parole holds, and individuals placed in contracted facilities) has increased significantly over the past 20 years, including within the past decade when the population increased by almost 1,000 people. In FY99, the Average Daily Population (ADP) of adults in custody was 17,691; by FY09, the ADP had increased to 23,162; and by FY19, the ADP had increased to 24,116. Furthermore, the percentage of adults in custody age 50 or older has increased from 4.50% in 1990 to 9.50% in 2005 to 19.50% in 2018 (see Appendix 1). The aging population indicates an increased need for specialized health care services for older people who often have chronic medical conditions. The continued increase in medical needs is also due to the increase in the percentage of adults in custody the DOC determined to have a mental health need, which increased from 33.2% in 2009 to 41.3% in 2018 (see Appendix 2).

Along with the significant impact of an aging population and the increasing incidence of behavioral health diagnoses amongst DOC's patients, the population of adults in custody is often more ill than its age-matched community cohort because it is socially marginalized, vulnerable, and has experienced many health disparities, impacted by social determinants of health. Hypertension, cardiovascular disease (and its associated complications), diabetes, asthma, renal disease, cancer, autoimmune diseases, arthritis, mobility issues, as well as visual and hearing disabilities are all present in the DOC population at a higher rate than the general population. Infectious diseases and public health issues, such as hepatitis, are frequently seen in this population. Advanced health needs stem from the aforementioned issues, as well as from the incidences of dementia, neurological, and chronic disease found in adults in custody.

In order to manage all of the health care issues and be able to promote health education among its population of adults in custody, the DOC requires a sufficient number of competent qualified health care professionals. The Department uses a mixture of permanent state employees (FTE), limited term state employees (LTE), and contracted staff to provide health care to adults in custody.

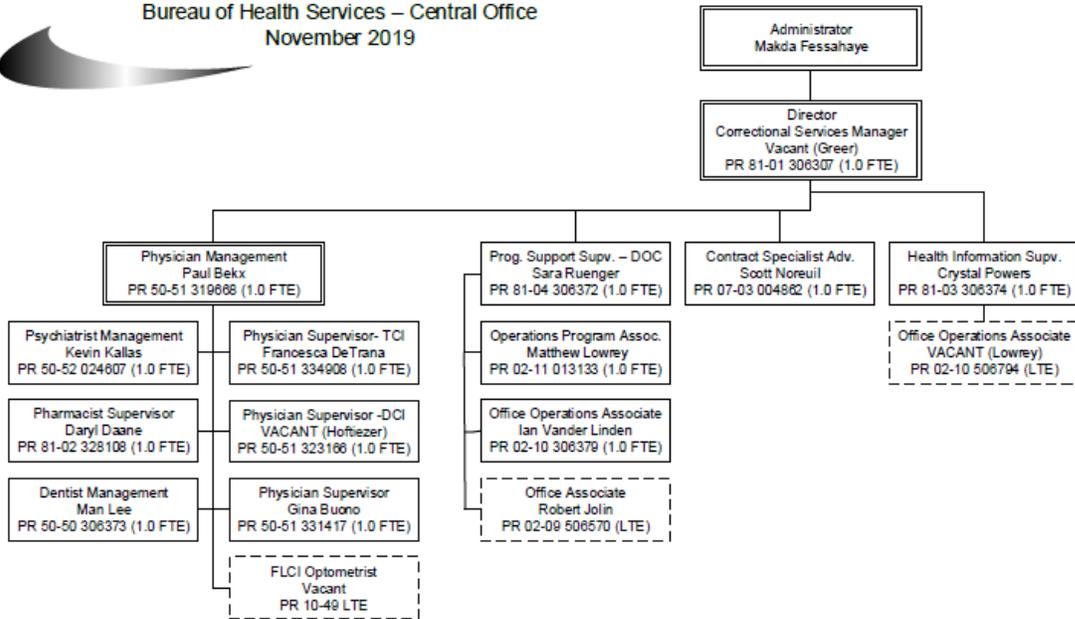
IV. Comprehensive Summary of Inmate Health Care in All Institutions

DOC Health Care Staffing

The Bureau of Health Services (BHS), located in DOC's Central Office, manages the DOC health care throughout the state. However, most health care staff are located at DOC correctional institutions where they report to a senior medical professional, who reports to the institution Warden for non-medical management and operating issues. BHS Central Office staff collaborate and support the health care staff in the institutions to ensure adherence to DOC policy, that best practices are being followed, and that a high quality of care is being provided. The two institutions directly managed by the BHS Central Office are the Milwaukee Secure Detention Facility (MSDF) and the Wisconsin Women's Correctional System (WWCS). MSDF's population turns over at a faster rate than most institutions, since close to 400 of its beds are utilized for Probation and Parole holds. During the mid-2000s, WWCS was reorganized to report to BHS Central Office. The Organizational Charts of BHS Central Office are on the following page. The first chart shows the organizational structure of Physician and Support Staff, while the second chart shows the structure of Nursing Staff:

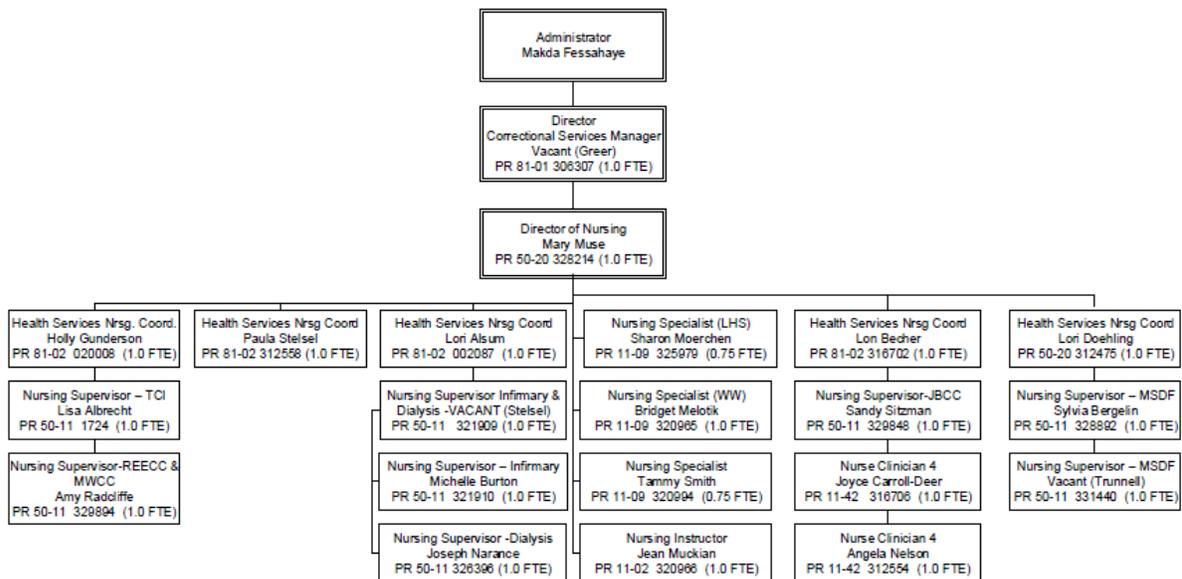
Division of Adult Institutions

Bureau of Health Services – Central Office
November 2019



Division of Adult Institutions

Division of Adult Institutions
Bureau of Health Services – Director of Nursing
November 2019



In addition to the management staff located at DOC’s Central Office in Madison, there are hundreds of staff located throughout DOC’s adult institutions. A summary of the Department’s permanent staff at each institution is below, with a detailed breakdown provided in *Appendix 3*.

Table 1. Health Care FTE by Correctional Facility (as of November 9, 2019)

Location	FTE
BHS Central Office	23.50
Columbia Correctional Institution (CCI)	26.30
Central Pharmacy	22.25
Chippewa Valley Correctional Treatment Facility (CVCTF)	9.65
Dodge Correctional Institution (DCI)	51.70
DCI Infirmary	36.45
Fox Lake Correctional Institution (FLCI)	18.10
Green Bay Correctional Institution (GBCI)	24.75
Wisconsin Correctional Center System (WCCS)	6.26
Jackson Correctional Institution (JCI)	17.10
Kettle Moraine Correctional Institution (KMCI)	17.90
Milwaukee Secure Detention Facility (MSDF)	30.70
Wisconsin Women’s Correctional System (WWCS)	109.75
New Lisbon Correctional Institution (NLCI)	16.40
Oakhill Correctional Institution (OCI)	13.10
Oshkosh Correctional Institution (OSCI)	67.60
Prairie du Chien Correctional Institution (PDCI)	7.00
Racine Correctional Institution (RCI)	35.00
Records Office	5.50
Redgranite Correctional Institution (RGCI)	17.10
Racine Youthful Offender Correctional Facility (RYOCF)	11.60
Stanley Correctional Institution (SCI)	26.75
Waupun Correctional Institution (WCI)	28.80
Wisconsin Secure Program Facility (WSPF)	16.50
Dialysis at DCI and FLCI	7.50
Chapter 980 Psychology	4.50
Grand Total	651.76

**See Appendix 3 for a complete breakdown of FTE staffing*

An additional 21.70 health care FTE will be added at RCI in April 2020 once construction of its new HSU is complete (these FTE are not included in the above table).

Each institution is staffed with a set number of health care FTEs based upon the needs of the population of adults in custody at the time the facility was first opened. Over the years, some institutions have received additional permanent employee positions through biennial budgets (typically, if there was an HSU expansion). However, other institutions have had little change to

their total permanent employee staffing numbers. This requires those institutions to enhance their permanent employee staff with contracted staff in order to meet the changing and increasing health care needs of the population at that particular location.

In addition to utilizing contracted health care staff to augment shortfalls in permanent employee staffing counts that may have been established 20+ years ago, the Department also uses contracted health care staff to alleviate staffing shortfalls caused by the high vacancy rate of FTE health care staff. The LAB identified DOC's difficulty in tracking hours worked by all contract staff (*p. 36, 2018 LAB report*). The DOC will address its use of contracted staff, including contracted health care staff, in its March 2020 report.

Primary Care

As the LAB identified in its audit, almost all adults in custody are admitted to the Department at DCI (males) and TCI (females). During intake, individuals go through a number of screening questionnaires and have a physical exam. The purpose of the screening and exam is to identify communicable diseases, medical conditions, suicide risk, determine if any preventative treatment is appropriate, and to determine any special health care needs that may need to be treated. Placement into subsequent institutions is based, in part, on each individual's health care needs.

Upon completion of the intake process, the primary care medical needs of DOC patients are met by the HSUs that are located at each DOC institution. Each HSU is operated by a team of health care professionals that includes some combination of the following: Physicians, Nurse Practitioners, Dentists, Optometrists, Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Physical Therapists (PTs), and other office staff as needed. It should be noted that DOC's 16 Correctional Centers (14 male and two female) have minimal health staffing due to the smaller size of these facilities.

Delivery of care is provided through both scheduled chronic care visits and acute care visits. Acute health care needs of patients are triaged through nursing staff by utilization of a number of nursing protocols developed to address common health care complaints.

Pharmaceuticals are provided at each correctional facility, with each location being primarily supplied by the DOC Central Pharmacy located in Waupun. The DOC is a member of the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP), which has members in nearly every state in the nation, which allows MMCAP volume buying power so that pharmaceuticals can be purchased at competitive rates. The DOC also purchases a small amount of pharmaceuticals at community pharmacies based on urgency of need.

Additionally, the DOC provides basic optometry services to adults in custody through contracted staff that regularly visit each prison. The Department works to ensure that adults in custody have the proper prescription glasses or contacts. The DOC also treats common eye conditions such as macular degeneration, cataracts, and glaucoma.

Mental Health Care

Mental health treatment for adults in custody in the DOC is provided primarily by psychology staff and psychiatry staff (either in-person or via telemedicine). Psychology staff conduct individual and group therapy, clinical monitoring, crisis intervention, psychological testing, restrictive housing rounds, consultation to institution staff, sex offender treatment programming, and specialized assessments. Psychiatry staff conduct psychiatric evaluations, and when indicated, prescribe and manage psychotropic medications.

At the point of intake, all adults in custody receive a screening assessment from nursing staff to identify any immediate mental health needs. If a person is on psychotropic medication, the medication is continued and an appointment is scheduled with a psychiatrist. Psychology staff conduct a screening assessment for all adults in custody within two working days of intake that determines, in more detail, what mental health needs are present and whether or not that individual will need treatment services and/or monitoring. All healthcare assessments and treatment activities are now recorded and maintained in the EMR system.

Adults in custody who are vulnerable or who are assessed as having a SMI may be placed in special management units within DOC facilities that provide greater structure and treatment opportunities. Adults in custody with the greatest mental health and behavioral needs are generally referred to the Wisconsin Resource Center (WRC), if the person is an appropriate candidate. The LAB described the services provided at WRC to adults in custody in their report (*p. 61, 2018 LAB report*):

Services provided by the Center include psychological evaluations, specialized learning programs, and therapeutic services to treat acute mental health issues, such as suicidal or self-injurious behavior, severe trauma, and substance abuse. Inmates are placed in housing units that specialize in service areas most appropriate for their needs. For example, three housing units focus on treating inmates with the most severe mental health symptoms, and six units focus on treating inmates with substance use disorders.

The LAB identified suicide prevention for adults in custody as a major component of mental health care for the DOC. From 2009 through 2018, 42 adults committed suicide while in DOC custody (*See Appendix 4 for a breakdown of inmate suicides by year*).

As part of the programming for suicide prevention for adults in custody, The DOC provides two hours of suicide prevention training prior to employment and annually thereafter to institution staff who interact daily with this population. Depending on the year, training is delivered either in a classroom or in online format. The online format includes interviews with adults in custody who have attempted suicide in the past and offers a firsthand account of their experience. The classroom format includes video simulations of adults in custody who are in crisis so that staff can practice the training they receive on problem-solving approaches. Both formats include

recognition of suicide risk factors and warning signs as well as first-responder philosophy. In addition, the Department retrospectively reviews all suicides of adults in custody in a formal process to identify whether there are any correctable issues and to determine whether changes are needed to DOC policies and/or practices.

Dental Care

The DOC provides dental services to the population under its care at its correctional facilities that include dental extractions, dental fillings, root canals, dental cleanings, and dental prosthetics (such as dentures). The dental services that the Department provides are mainly to restore mastication function. Due to a lack of dental services and dental health education in various Wisconsin communities, many adults in custody receive their first dental services upon entry to a DOC facility. The DOC estimates that only 5% of the population of adults in custody received private dental care in the community prior to their incarceration.

Additionally, the DOC is experiencing an increased need for dental services due to the increased use of narcotics and methamphetamines in the community. The epidemic of this type of drug use contributes to the increasing population of adults in custody with extremely poor oral hygiene, consequently increasing the need for dental attention to restore their mastication function. Furthermore, as the population of adults in custody ages, the need for prosthetic services increases as well. From July 2018 to June 2019, the DOC treated the following:

- 2,175 urgent dental patients
- 8,460 essential dental patients
- 5,070 routine dental patients
- 8,819 hygiene dental patients
- 712 denture patients

Two recent projects exemplify the DOC's efforts to continually work to improve dental care in its facilities while maintaining fiscal responsibility. First, the DOC partners with Waukesha County Technical College (WCTC) to have their dental hygiene students practice at MSDF and will be expanding that program to include Robert E. Ellsworth Correctional Center (REECC) in 2020. Second, the DOC is implementing digital X-rays in FY20. The DOC anticipates this system will reduce expenses for storage of hard film X-ray, chemical developer, and films as well as improve the diagnosis quality.

Specialty Care

In many instances, providing certain specialty care at DOC facilities is cost effective because it reduces the need for additional security staff, which is required for transporting an adult in custody to an offsite location for health care treatment. Security staff transport adults in custody to all hospital and clinic visits. Additionally, security staff must provide 24/7 supervision when an adult in custody requires an overnight stay at a hospital. An example of specialty care includes dialysis care available at DCI and FLCI. Dialysis treatment removes excess water,

solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally. The DOC provides approximately 3,000 dialysis treatments per year between these two units.

The DOC operates two infirmaries at DCI (male) and TCI (female). A prison infirmary treats a mix of patients that can include those that require long-term care, hospice care, skilled care services, and temporary rehabilitation services. The DCI Infirmary has an ADP of approximately 50 adults in custody, while the TCI Infirmary, which opened in early 2018, provides 25 beds.

The DOC houses geriatric patients and patients with extraordinary health conditions in its own infirmaries, and the LAB recommended the following:

We recommend the Wisconsin Department of Corrections work with the Department of Health Services to determine whether Wisconsin would be eligible to use Medical Assistance funds to provide a nursing-home level of care to inmates with extraordinary health conditions who are placed on extended supervision, and if so: pursue the goal of entering into agreements with one or more providers to accept eligible inmates; and report to the Joint Legislative Audit Committee by March 3, 2020 on the status of its efforts. (p. 72, 2018 LAB Report)

This recommendation originated from the state of Connecticut implementing this type of model¹. Moreover, in its last budget, the state of Michigan began work on this type of care for geriatric adults in custody². The DOC will address its efforts to utilize this model of care in its March 2020 response.

The DOC also provides basic radiology services at all of its adult facilities by contracting with an on-call outside vendor. Basic radiology exams, such as X-rays, allow the DOC to diagnose injuries and diseases as well as determine if treatment can be completed in a DOC facility.

The Department has two permanent Registered Dietitians on staff that are responsible for meal planning and nutrition consultation for the Division of Adult Institution's (DAI) facilities. With the Department's aging population, and the high prevalence of obesity, morbid obesity, and comorbidities, the need for Registered Dietician consults is expected to continue to increase.

Finally, the DOC utilizes the following types of specialty care at one or multiple sites as specific needs of patients arise:

1. Orthopedics
2. Pain management
3. Physical therapy

¹ <http://c-hit.org/2017/04/25/model-nursing-home-for-paroled-inmates-to-get-federal-funds/>

² <https://www.michiganradio.org/post/some-seriously-ill-elderly-inmates-could-be-paroled-and-placed-hospitals-nursing-homes>

4. Nephrology coverage of FLCI and DCI dialysis units
5. Occasional neuropsychology testing
6. Gender dysphoria care via telemedicine
7. Respiratory care specialists

Community Health Care

While the DOC has some contracted specialists to deliver specialty care at its correctional facilities, the majority of specialty care and all hospitalizations are delivered in community health care facilities. While the DOC utilizes hospitals throughout the state, the largest community service providers are UW Health and SSM Agnesian Health System (St Agnes Hospital in Fond du Lac and Waupun Memorial Hospital). Altogether, these two community service providers account for almost 65% of expenditures. The DOC utilizes UW Health because it is the state's largest hospital and it provides the greatest variety of specialty care such as Human Immunodeficiency Virus (HIV) treatment, HCV treatment, transplants, and diabetic care. Both UW Health and SSM Agnesian Health Care's Waupun Memorial Hospital also have locked units to securely house adults in custody for inpatient care and clinical services. Secure units at a private care facility provide more efficient use of security staff who must provide 24/7 supervision while an adult in custody is under inpatient or clinical care.

The LAB identified the possibility of using a centralized transportation for non-emergency medical trips as a possible cost saving initiative (*p. 71, 2018 LAB report*). The DOC will address this item in its March 2020 response.

Recent Program Developments

Infrastructure:

A number of institutions have recently opened new or expanded HSUs to meet the increasing demand for health care, and other institution HSUs are in various phases of planning or construction. The Department also received funding for a geriatric facility in the 2017-19 biennial budget (2017 Act 59). The following institutions have recently built, or are in the process of building, new or expanded HSUs or geriatric facilities:

- 2017 Act 59 provided staffing and funding for a new infirmary at TCI in *January 2018*.
- 2017 Act 59 provided staffing and funding for a new HSU at CCI in *November 2018*.
- 2017 Act 59 provided staffing and funding for a HSU expansion and long-term care addition at OSCI in *January 2019*.
- 2017 Act 59 provided \$7,000,000 in Capital Budget General Fund Supported Borrowing (GFSB) for the construction of a new geriatric facility at OCI. This building is projected to open during the *2021-23 biennium*.
- 2019 Act 9 (the 2019-21 biennial budget) provided staffing and funding for a new HSU at RCI that is projected to open in *April 2020*.

- 2019 Act 9 provided \$10,633,000 in GFSB to start the construction of a new HSU at SCI that is projected to be completed *late in CY2022*.

The DOC has also had recent infrastructure changes to provide additional mental health treatment and programming:

- 2017 Act 59 provided staffing and funding to convert an existing 86-bed housing unit for adults in custody that include a secured 75-bed residential treatment unit, and an 11-bed diversion unit for adults with SMI.
- 2019 Act 9 provided staffing and funding for a new WSPF Programs Building that provides space for programming, education, and religious services, as well as a gymnasium so that it can operate similarly to all other maximum security prisons.

Electronic Medical Records (EMR):

As of February 2019, the DOC is utilizing a single, universal EMR system at all of its facilities. This system replaced the DOC's old paper medical records system. The DOC is currently in the process of upgrading its current EMR system to the latest version of the software, and the Department is continuously developing end user enhancements in an effort to improve quality of care and streamline care.

The DOC is in the process of creating and authenticating reports to be utilized by medical staff. Initial reports available involve general information at this time, and include regular reporting of caseload numbers, overall mental health codes, summaries of submitted documentation, and types of appointments by facility. These reports are generated on a regular schedule and are utilized by HSU managers to assist in the management of their daily operations. The EMR and BHS teams are also working to develop more robust reports involving HIPAA protected medical information, with the goal of supporting patient care monitoring and follow-up. Data is currently being validated and the team hopes to have the next level of reporting available before the end of summer 2020. None of this data or the opportunity for this level of analysis was available to the DOC under the paper system. Full analysis of data captured in the EMR may help with future resource allocation and quality of care through implementation of population-based health delivery models.

The LAB provided two recommendations regarding EMR to ensure accuracy and comprehensive analysis of health care data (*p. 55, 2018 LAB report*). Those recommendations will be addressed in the March 2020 report.

Hepatitis C Virus Treatment:

In 2018, the Wisconsin DOC reported 8% of all new HCV cases in Wisconsin. Across the Country, rates of HCV in correctional institutions are much higher than the general U.S. population mainly due to the use of intravenous drugs by people prior to incarceration. As a result, the

DOC offers HCV testing to people who enter prison with an identified risk factor and to people born between 1945 and 1965.³

The LAB described DOC's treatment policy and expenditures for HCV in its report:

DOC spent the most on pharmaceuticals used in the treatment of Hepatitis C, which accounted for \$8.6 million (25.5 percent) of the total. We found that expenditures for Hepatitis C pharmaceuticals increased from \$2.3 million in FY 2013-14 to a high of \$13.4 million in FY 2016-17. Although the cost of Hepatitis C pharmaceuticals has decreased in recent years, overall expenditures for Hepatitis C treatment have increased because the number of inmates treated for the disease has increased. For example, the number of inmates treated for Hepatitis C increased from 72 in FY 2015-16 to 300 in FY 2016-17, or by 316.7 percent. ...DOC indicated that, due to the costs of treatment, its current practice is to treat only those inmates who experience liver damage above a certain threshold established by DOC. DOC's practice is not consistent with guidelines established by the Infectious Diseases Society of America and the World Health Organization, which generally recommend treating all adults who are infected with Hepatitis C (p. 22, 2018 LAB report).

The community standard of care for HCV, as well as the Medicaid standard, is to treat everyone infected with HCV. In late 2019, the DOC was able to expand its HCV treatments to additional adults in custody as a result of a combination of a health care budget increase that was included in 2019 Act 9, and a substantial reduction in the price of HCV medications. HCV medication has been a significant expense for the DOC since 2015, when a new, more effective HCV medication was released that had a treatment price of \$87,000 to \$189,000 per person. Due to competition from other HCV medications, the current treatment costs have reduced greatly, and is now an average of \$15,300 per person. The DOC treated an average of 19.4 adults per month between FY18 and FY19. With the budget expansion provided in 2019 Act 9, the Department expects to be able to treat 75 or more adults per month.

The treatment paradigm of HCV has changed significantly over the past decade. With the advent of new curative antiviral therapies and with the emergence of new evidence based medicine showing reduced morbidity and mortality with treatment of all levels of disease, guidelines have shifted toward recommending curative treatment for all. In late 2019, the DOC updated its HCV patient care plan to match these community recommendations. The draft plan is currently being finalized and will screen all patients for HCV on intake and if lab testing shows they have chronic HCV infection, will offer curative treatment unless there are contraindications to treatment.

³ "Hepatitis C in Wisconsin," 2018 report by DHS. <https://www.dhs.wisconsin.gov/publications/p00440-2018.pdf>

Telemedicine:

Telemedicine can be an especially useful tool for the DOC because it saves the costs of transporting adults in custody to receive health services outside of the institutions. This savings includes vehicle-related costs and the costs to provide security staff during transport and at the off-site appointment.

The DOC has utilized telemedicine since FY08. The telemedicine services provided at that time were similar to a Skype call with a medical professional, and they were primarily limited to behavioral health appointments. The DOC's newest telemedicine machines have attached medical equipment that is administered by a nurse on the patient at the prison. The diagnostic medical information collected by the equipment is immediately viewable by the medical professional, located at their remote location, for assessment of the patient. These new telemedicine machines further reduce the need to utilize transportation and additional security staff. With the addition of diagnostic equipment, these new telemedicine machines can be utilized for various types of medical appointments. The DOC currently has these new telemedicine machines at the following seven institutions: FLCI, DCI, CCI, RGCI, GBCI, WSPF, and SCI.

The LAB identified the use of telemedicine as a possible cost-savings measure (*p. 66, 2018 LAB report*) and the DOC will provide information on its efforts to expand telemedicine in its March 2020 submittal to the JLAC.

Certified Peer Specialist Program:

The DOC's Certified Peer Specialist Program enrolls selected adults in custody into a Peer Specialist training, where they can become eligible for Wisconsin Certification as a Peer Specialist. In this program, Certified Peer Specialists at a DOC facility can mentor other adults in custody to help increase their coping skills and defuse problematic situations. In 2019, the Program added specialists at four DOC facilities, and now operates at a total of eight locations (WSPF, DCI, OSCI, WRC, CCI, WCI, GBCI, and TCI). The DOC would like to roll out this program to all major DOC facilities by end of 2021. During the first half of the calendar year 2020, The DOC will be focusing on program development in the existing eight facilities. Specifically, CCI, WCI, GBCI, and TCI are still coming on board and will gradually ramp up services in the first half of 2020. Additional resources will be necessary to expand the program.

Crisis Intervention Training:

The Crisis Intervention Partners (CIP) program trains correctional staff in crisis intervention techniques to assist adults facing mental health issues. The two-day training includes classroom sessions as well as a "hearing voices" exercise and role-play scenarios that involve professional actors. In FY19, this training was provided to 516 correctional staff at 12 facilities. The DOC plans to train approximately 500 officers per year. Locations are rotated based upon need and Warden request. Because of staff turnover, there will always be a need for new officers to receive training.

Dialectical Behavior Therapy Training:

Dialectical Behavior Therapy (DBT) is a specific type of cognitive-behavioral therapy designed to treat adults with severe personality disorders. The DOC utilizes a psychologist (who is a board-certified DBT clinician) to assist facilities in developing DBT programs and DBT-informed treatment on a case-by-case basis through a psychologist's referral. This includes training psychology staff in conducting therapy and correctional officers in providing skills coaching. The DOC is planning to conduct a statewide status survey to receive a more accurate and up-to-date picture of DBT programming at our facilities.

Challenges Facing DOC Health Care

Vacancies:

As is the case in local communities and at correctional facilities across the Country, the DOC is facing a shortage of quality primary care providers across all health care specialties. BHS had an average vacancy rate in FY19 of 17.1%, with RNs at 18.0% and Physicians at 20.1%. As the general population of the country ages, this "provider gap" is projected to worsen for the entire medical field. The DOC is at a particular disadvantage given the fact that salaries for health care providers working for the DOC have not kept up with market rates and the added difficulty of recruiting medical professionals to work in a correctional setting. Resulting staff shortages in BHS are typically filled with contracted providers that frequently have higher turnover. The high vacancy rate and utilization of contracted staff has led to a constant cycle of hiring, training, and onboarding of these medical personnel with a low percentage of staff gaining full proficiency. See Section V. Expenditure Information, "Salary, Limited Term, and Fringe" for more information regarding this topic.

Rising Health Care Costs:

Health care costs across the nation are typically rising faster than inflation, and the situation for the DOC is no different. The aging population of adults in custody is also necessitating more access to care and at a higher cost. Pharmaceutical expenditures are one of the DOC's largest expenses each fiscal year. The DOC pharmacy director is implementing a number of cost containing measures through modalities such as formulary design. However, overall costs continue to rise primarily because of the rising cost of specialty pharmaceuticals, which cannot be purchased at discount rates through MMCAP. As these specialty pharmaceuticals increasingly become the standard of care, costs will likely continue to increase.

Treatment of Seriously Mentally Ill Adults in Custody in Restrictive Housing Units:

Additional staff and programming space are needed to effectively provide adults with a SMI in RH (see Appendix 5 for description of mental health classification guide, SMI inmates have MH2 or ID classification) with out-of-cell treatment and programming. As shown in the table below, the DOC had 156 adults in custody with a SMI in RH as of April 30, 2019:

Table 2. Restrictive Housing Population by Mental Health Code

Date	Unknown	MH-0	MH-1	MH-2A	MH-2B	TOTAL
4/30/2017	1	452	536	105	27	1,121
4/30/2018	35	390	509	97	24	1,055
4/30/2019	5	361	525	86	70	1,047

*includes adults in Administrative Confinement

Females in custody at TCI with serious mental health needs, who are in either Special Management Units (SMU) or RH, are provided with at least 10 hours per week of structured, out-of-cell, therapeutic activities as well as 10 hours per week of unstructured out-of-cell recreation (also known as the “10/10 model”). In order to provide the same level of services and programming for males in custody at the other institutions, additional staffing and funding would need to be authorized.

The DOC has taken efforts to reduce the number of SMI males in RH and to provide treatment and programming outside of the cell for people in RH. The DOC received funding and positions for the following items in recent biennia to improve the level of treatment provided to males in custody with a SMI in RH:

- 2017 Act 59 provided staffing and funding to convert an existing 86-bed housing unit at OSCI into: (a) a secured 75-bed residential treatment unit for adults in custody with SMI; and (b) an 11-bed diversion unit for adults in custody with SMI.
- 2017 Act 59 provided staffing and funding to increase programming for SMI adults in custody in RH at three maximum security institutions (CCI, GBCI, and WCI), representing an incremental step towards implementing the “10/10 model” for adults at those facilities.

Lack of Permanent Medical Staff (FTE) for the Wisconsin Correctional Center System:

The DOC has 6.26 FTE medical staff for all of the WCCS, which has 14 locations, and had an ADP of 2,004 adults in custody in FY19. As a result, the WCCS relies almost entirely on contracted health care staff to meet the medical needs of their residents.

The WCCS has few permanent medical staff because it was designed (and staffed) for young, healthy men who were nearing release and had minimal health issues. Due to the increasing average age of adults under our care over the past thirty years, the DOC no longer has the ability to house only young, healthy men at WCCS, and thus the medical needs of adults in WCCS have greatly increased.

V. Expenditure Information

Per the recommendation of the LAB, the DOC completed an analysis of health care expenditures in FY18 and FY19. From FY15 through FY18, the Department had seen health care expenditures increase each year (*see Appendix 6 and Appendix 7*). However, the DOC actually had a slight *reduction* in health care expenses for adults in custody from FY18 to FY19. This section of the report identifies major health care expenditure areas for adults in custody and analyzes the reason(s) for the increase or decrease in spending between FY18 and FY19.

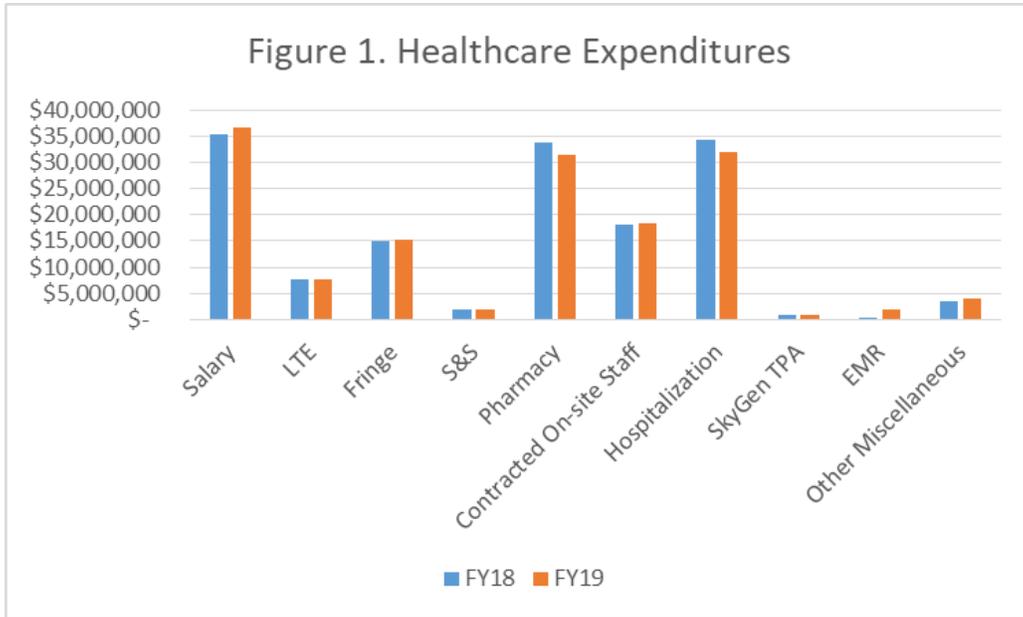


Table 3. Health Care Expenditures

	FY18	FY19
Salary	\$ 35,264,852	\$ 36,713,020
Limited Term Employee	\$ 7,554,666	\$ 7,552,930
Fringe	\$ 15,027,867	\$ 15,151,066
Supplies & Services	\$ 2,042,063	\$ 1,825,450
Pharmacy	\$ 33,796,346	\$ 31,292,366
Contracted On-site Staff	\$ 18,127,202	\$ 18,468,004
Hospitalization	\$ 34,225,387	\$ 32,044,408
SkyGen TPA	\$ 799,870	\$ 806,575
EMR	\$ 394,045	\$ 1,835,590
Other Miscellaneous	\$ 3,613,777	\$ 3,963,510
TOTAL	\$ 151,645,945	\$ 149,652,919

Salary, Limited Term Employee and Fringe:

The expenditures in these three categories are used to pay salary and fringe benefits for state employees providing medical care to adults in custody within DOC facilities. The health care staff includes all nurses, doctors, dentists, pharmacists, medical assistants, health care managers, and other medical staff. The medical staff expenditures exclude psychologists and other treatment staff who provide mental health and programming services (however, Psychiatrist costs are included). The State of Wisconsin's 2017-19 Compensation Plan and the Department of Administration's Division of Personnel Management provided guidance for spending in these three categories.

The DOC experienced a slight increase in salary and fringe expenses from FY18 to FY19 due in part to a 2% General Wage Adjustment that occurred in January 2019. Additionally, equity adjustments (DERA) were given to a small number of medical staff in 2019, and after several retirements and other departures it was necessary in many instances to hire replacement staff at a higher rate than previous incumbents due to external market factors. As a result, the increased expenditures occurred even though the average vacancy rate in the BHS increased from 14.4% in FY18 to 17.1% in FY19.

Expenses are expected to increase more in coming years due to the approval of much-needed increases to nursing staff (specifically Nurse Clinician 2), as well as small market adjustments for Dental Hygienists, which were provided in the 2019-2020 Compensation Plan. Although this is expected to go a long way toward making it easier to recruit and retain nursing staff, a recent labor market survey indicates that DOC staff are still significantly below market rates with respect to Dental Hygienists (despite the recent increase), Nurse Practitioners/Nurse Prescribers, Psychologists, and Dental and Medical Assistants. The latter two classifications had starting wages that were still below \$15/hour prior to the January 5, 2020 General Wage Adjustment.

Supplies and Services:

Expenditures in this category include staff travel, office supplies, minor equipment, and continuing education. The DOC experienced a slight decrease in this expense category due to small reductions in travel and the purchase of minor cost health care equipment.

Pharmacy:

The DOC provides prescribed medications to adults in custody within its facilities. Medications provided at the facilities are included in this expenditure category; however, medications provided to those in custody while they are at a hospital are not included in this category.

There was a reduction of approximately \$2.5 million in pharmacy costs between FY18 and FY19. The primary reason for the reduction was a decrease in the number of treatments provided to adults in custody with HCV. The DOC treated 274 HCV patients at an average cost of \$29,691 per patient during FY18. The DOC treated 192 HCV patients at an average cost of \$20,078 per patient during FY19. Overall, HCV-related pharmaceutical expenditures decreased \$4,700,000

from FY18 to FY19. The overall HCV costs were decreased due to the reduction costs for HCV medication.

The DOC also was able to reduce pharmacy expenditures from FY18 to FY19 because of the enhanced prescription refill management process that was implemented as part of the EMR system that went live throughout DOC in FY19. As a result of the enhanced prescription refill management process, there was a 5% (39,421) reduction in the number of prescriptions dispensed by the DOC's Central Pharmacy in FY19, and the DOC projects a further 3% reduction in FY20.

While the DOC has experienced an overall reduction in certain pharmaceuticals costs, it has experienced increased expenditures in the areas of biologics and specialty pharmaceuticals. Biologics are pharmaceuticals that contain components of living organisms (examples include insulin and Humira). DOC's biologics expenditures have risen 19% from FY16 to FY19. From FY18 to FY19 alone, the cost increased from \$5,727,000 to \$6,225,500. Specialty pharmaceuticals are an emerging area of cost concern for all health care entities. Specialty products are primarily used on a very limited number of patients to treat cancer or other medical conditions such as multiple sclerosis or cystic fibrosis where traditional treatment alternatives have failed. In FY19, the DOC purchased 210 specialty pharmaceuticals at a cost of \$1,759,600. This equates to an average cost of \$8,379 per prescription.

The DOC is continually working to reduce its pharmacy expenditures. The DOC is currently participating in the Wisconsin Pharmacy Cost Study Committee. The State of Wisconsin received a National Governors Association technical assistance grant focused on leveraging statewide pharmaceutical purchasing opportunities. One of the priorities of this committee is to explore the possibility of utilizing 340B pricing for adults in custody. The 340B Drug Pricing Program is a federal program that was created in 1992 as part of the Public Health Service Act that requires drug manufactures to provide outpatient drugs to eligible health care organizations at reduced prices. A potential benefit of this program is that it could greatly reduce DOC expenditures on HIV medications.

Contracted On Site Staff:

The DOC utilizes contracted health care staff in order to meet health care needs within DOC facilities. Expenditures for contracted on site staff increased by \$340,800 from FY18 to FY19, which represented an increase of 1.88%. The increased cost of contracted medical staff is attributed to the increased average vacancy rate in the Bureau of Health Services (BHS), which rose from 14.4% in FY18 to 17.1% in FY19.

As recognized by the LAB, the DOC is unable to track all contracted medical staff hours worked (*p. 35, 2018 LAB report*). Stated in the DOC's April 2019 response to the LAB's report, the DOC has already taken steps to tighten the formal documentation process for contracted staff. Beginning in May 2019, a new nursing services contract went into effect that covered all contracted nurses under one vendor, allowing the DOC to consolidate the tracking of contracted nursing hours.

Hospitalization:

Hospitalization expenses include all expenses for adults in custody while they are in the hospital, excluding expenses covered by Medicaid. The DOC utilizes hospitals throughout the state, and hospitalization costs will vary from patient to patient. Many factors can affect costs, including the diagnosis of the patient and what treatments are being provided. The DOC expenses for hospitalization decreased by almost \$2.2 million from FY18 to FY19. The DOC generally pays its hospital bills on a weekly basis through its Third Party Administrator (see section below). However, due to delays in receiving these bills, the DOC paid 55 hospitalization invoices in FY18, while in FY19 the DOC paid 49 invoices.

With the passage of the ACA, Wisconsin expanded Medicaid coverage in April 2014 to include adults in custody as long as they meet Medicaid criteria (*p. 55, 2019 LAB report*). These criteria include requirements that the adult in custody must be a citizen, be income-eligible, and be “admitted” to the hospital. Medicaid paid \$12,811,000 in FY18 and \$13,622,900 in FY19, saving the DOC from paying for these hospitalization expenses.

SkyGen Third Party Administrator (TPA):

The DOC utilizes SkyGen (previously named Vestica) as a TPA to manage hospital billing from hospitalizations of adults under the DOC’s care throughout the state (see Hospitalization expense category above). The amounts listed in Table 3 are the annual cost of the management service and they exclude the cost of hospitalizations of adults in custody. Costs increased slightly between FY18 and FY19.

EMR:

The expenditures indicated in Table 3 include the DAI’s portion of EMR expenses. Most of the cost of EMR is covered by \$3M in annual funding that was initially added to DOC’s budget in 2017 Act 9. When EMR expenses for a particular fiscal year exceed budget, the Department’s program divisions are proportionally charged. In FY18, DAI’s portion of these expenses were \$394,000 and in FY19, these expenses were \$1,834,600. While the Department did activate EMR at some sites in FY18, EMR was activated at many more correctional facilities in FY19 that contributed to the increases in costs that were seen in FY19.

Other Miscellaneous:

These expenses include equipment purchases such as dental, medical, and optical supplies as well as maintenance and repair of the equipment. The slight increase in expenditures occurred due to a small increase in dental supply expenditures.

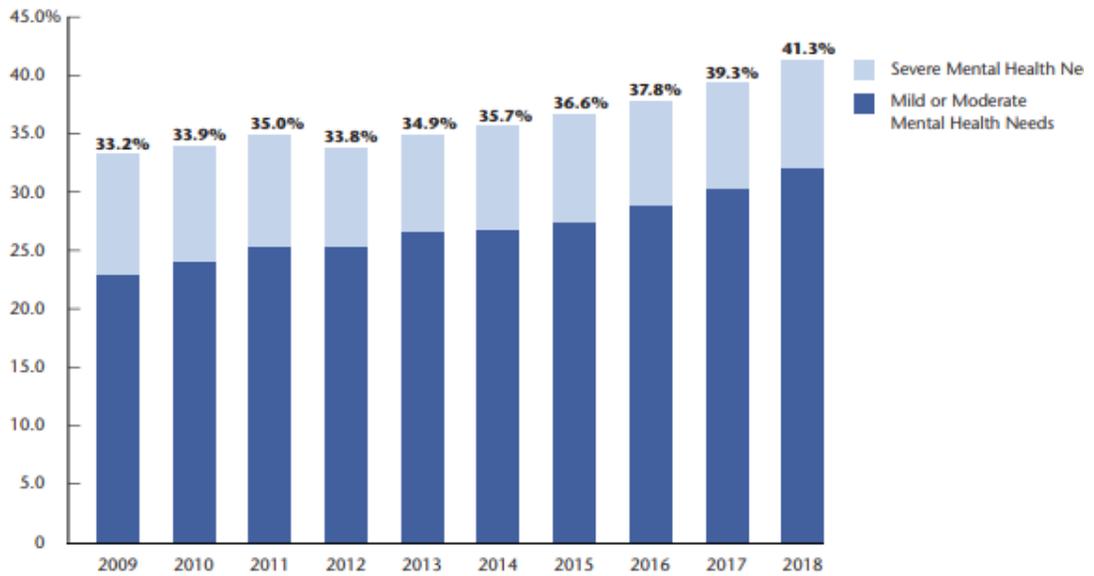
**Appendix 1
Percent of Inmates Age 50 and Over**

	50-54	55-59	60-64	65+
1990	1.90%	1.20%	0.80%	0.60%
1995	2.20%	1.30%	0.60%	0.60%
2000	3.30%	1.50%	0.90%	0.70%
2005	5.00%	2.30%	1.20%	1.00%
2010	7.10%	3.70%	1.80%	1.00%
2015	8.40%	5.40%	2.60%	2.30%
2017	8.00%	5.60%	3.00%	2.50%
2018	7.50%	5.80%	3.40%	2.80%

Appendix 2
(copied from page 58 of the LAB Report)

Figure 9

Percentage of Inmates with Identified Mental Health Needs
As of June 30



**Appendix 3
Health Care FTE by Classification**

Location	Health Care FTE
BHS Central Office	
BHS Central Office	23.50
CONTRACTS SPECIALIST-ADVANCED	1.00
CORRECTIONAL SERVICES MANAGER	1.00
CORRECTIONS ADMINISTRATIVE SPECIALIST	1.00
DENTIST MANAGEMENT	1.00
DIRECTOR OF NURSING	1.00
HEALTH SERVICES NURSING COORDINATOR	5.00
NURSING INSTRUCTOR	1.00
NURSING SPECIALIST	2.50
OFFICE OPERATIONS ASSOCIATE	1.00
OPERATIONS PROGRAM ASSOCIATE	1.00
PHYSICIAN	2.00
PHYSICIAN MANAGEMENT	1.00
PROGRAM SUPPORT SUPERVISOR-DOC	1.00
PSYCHIATRIST MANAGEMENT	2.00
PSYCHOLOGIST CHIEF	1.00
PSYCHOLOGIST MANAGER	1.00
Columbia Correctional Institution (CCI)	
CCI	26.30
ADVANCED PRACTICE NURSE-PRESCRIBER	1.00
DENTAL HYGIENIST	1.00
DENTIST	1.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	8.00
NURSE CLINICIAN 2-WEEKEND	1.80
NURSING SUPERVISOR	2.00
PHYSICIAN SUPERVISOR	1.00
PSYCHOLOGICAL ASSOCIATE	5.00
PSYCHOLOGIST-LICENSED	3.50
PSYCHOLOGIST SUPERVISOR	1.00
Central Pharmacy	
Central Pharmacy	22.25
OPERATIONS PROGRAM ASSOCIATE	1.00
PHARMACIST	8.50
PHARMACIST SUPERVISOR	2.00
PHARMACY TECHNICIAN SUPERVISOR	1.00

PHARMACY TECHNICIAN-OBJECTIVE	9.75
Chippewa Valley Correctional Treatment Facility (CVCTF)	
CVCTF	9.65
DENTAL ASSISTANT	1.00
DENTIST	0.95
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	3.70
NURSING SUPERVISOR	1.00
PSYCHOLOGIST-LICENSED	1.00
PSYCHOLOGIST SUPERVISOR	1.00
Dodge Correctional Institution (DCI)	
DCI	51.70
ADVANCED PRACTICE NURSE-PRESCRIBER	3.50
DENTAL ASSISTANT	5.10
DENTIST	3.00
LICENSED PRACTICAL NURSE	4.50
MEDICAL ASSISTANT 2	6.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	3.00
MEDICAL PROGRAM ASSISTANT-SENIOR	1.00
NURSE CLINICIAN 2	7.00
NURSE CLINICIAN 2-WEEKEND	1.20
NURSE CLINICIAN 4	0.80
NURSING SUPERVISOR	1.00
OFFICE OPERATIONS ASSOCIATE	1.50
OPHTHALMIC ASSISTANT	1.00
PHYSICIAN	2.60
PSYCHOLOGICAL ASSOCIATE	6.50
PSYCHOLOGICAL SERVICES ASSISTANT	1.00
PSYCHOLOGIST-LICENSED	2.00
PSYCHOLOGIST SUPERVISOR	1.00
DCI Infirmery	
DCI Infirmery	36.45
ADVANCED PRACTICE NURSE-PRESCRIBER	1.00
LICENSED PRACTICAL NURSE	10.50
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.50
NURSE CLINICIAN 3	9.30
NURSE CLINICIAN 3-WEEKEND	1.20
NURSING ASSISTANT 3	9.95
NURSING SUPERVISOR	2.00
SOCIAL WORKER-CORRECTIONS-SENIOR	1.00
Fox Lake Correctional Institution (FLCI)	

FLCI	18.10
ADVANCED PRACTICE NURSE-PRESCRIBER	0.60
DENTAL ASSISTANT	1.00
DENTIST	1.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	4.80
NURSE CLINICIAN 2-WEEKEND	1.20
NURSE CLINICIAN 4	1.00
NURSING SUPERVISOR	1.00
PHYSICIAN	1.00
PSYCHOLOGICAL ASSOCIATE	2.50
PSYCHOLOGICAL SERVICES ASSISTANT	1.00
PSYCHOLOGIST-LICENSED	1.00
PSYCHOLOGIST-SUPERVISOR	1.00
Green Bay Correctional Institution (GBCI)	
GBCI	24.75
ADVANCED PRACTICE NURSE-PRESCRIBER	0.60
DENTAL ASSISTANT	1.00
DENTAL HYGIENIST	0.80
DENTIST	1.00
DENTIST SUPERVISOR	1.00
LICENSED PRACTICAL NURSE	1.60
MEDICAL PROGRAM ASSISTANT	0.75
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	4.20
NURSE CLINICIAN 2-WEEKEND	0.70
NURSING SUPERVISOR	2.00
PHYSICIAN SUPERVISOR	1.00
PSYCHOLOGICAL ASSOCIATE	6.75
PSYCHOLOGIST-LICENSED	1.35
PSYCHOLOGIST-SUPERVISOR	1.00
Wisconsin Correctional Center System (WCCS)	
John Burke Correctional Center (JBCC)	4.26
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	0.76
NURSE CLINICIAN 2	2.50
NURSING SUPERVISOR	1.00
WCCS	2.00
NURSE CLINICIAN 4	2.00
Jackson Correctional Institution (JCI)	
JCI	17.10
ADVANCED PRACTICE NURSE-PRESCRIBER	0.50

DENTAL ASSISTANT	1.00
DENTAL HYGIENIST	1.00
DENTIST	1.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	5.00
NURSE CLINICIAN 4	1.00
NURSING SUPERVISOR	1.00
PHYSICIAN	0.60
PSYCHOLOGICAL ASSOCIATE	4.00
PSYCHOLOGIST SUPERVISOR	1.00
Kettle Moraine Correctional Institution (KMCI)	
KMCI	17.90
ADVANCED PRACTICE NURSE-PRESCRIBER	0.60
DENTAL ASSISTANT	1.00
DENTAL HYGIENIST	0.60
DENTIST	1.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	6.80
NURSING SUPERVISOR	1.00
PHYSICIAN	0.90
PSYCHOLOGICAL ASSOCIATE	4.00
PSYCHOLOGIST SUPERVISOR	1.00
Milwaukee Secure Detention Facility (MSDF)	
MSDF	30.70
ADVANCED PRACTICE NURSE-PRESCRIBER	1.00
DENTAL ASSISTANT	1.00
DENTIST	0.90
LICENSED PRACTICAL NURSE	3.60
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	2.00
NURSE CLINICIAN 2	13.00
NURSE CLINICIAN 2-WEEKEND	1.20
NURSING SUPERVISOR	2.00
PHYSICIAN SUPERVISOR	1.00
PSYCHOLOGICAL ASSOCIATE	3.00
PSYCHOLOGIST-LICENSED	1.00
PSYCHOLOGIST-SUPERVISOR	1.00
Wisconsin Women's Correctional System (WWCS)	
Milwaukee Women's Correctional Center (MWCC)	1.00
PSYCHOLOGICAL ASSOCIATE	1.00
Robert E. Ellsworth Correctional Center (REECC)	14.15
ADVANCED PRACTICE NURSE-PRESCRIBER	0.60

DENTAL HYGIENIST	0.75
DENTIST	0.60
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	6.60
NURSING SUPERVISOR	1.00
PHYSICIAN	0.60
PSYCHOLOGICAL ASSOCIATE	2.50
PSYCHOLOGIST SUPERVISOR	0.50
Taycheedah Correctional Institution (TCI)	94.60
ADVANCED PRACTICE NURSE-PRESCRIBER	2.40
DENTAL ASSISTANT	1.00
HEALTH INFORMATION TECHNICIAN 1	0.60
LICENSED PRACTICAL NURSE	17.30
MEDICAL ASSISTANT 2	2.60
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	6.50
NURSE CLINICIAN 2	19.90
NURSE CLINICIAN 2-WEEKEND	2.40
NURSE CLINICIAN 3	4.00
NURSE CLINICIAN 3-WEEKEND	1.20
NURSING ASSISTANT 3	9.00
NURSING SUPERVISOR	4.00
OFFICE OPERATIONS ASSOCIATE	0.75
PHYSICIAN	0.60
PHYSICIAN SUPERVISOR	1.00
PROGRAM SUPPORT SUPERVISOR-DOC	1.00
PSYCHOLOGICAL ASSOCIATE	11.75
PSYCHIATRIST SUPERVISOR	1.00
PSYCHOLOGIST-LICENSED	5.00
PSYCHOLOGIST SUPERVISOR	1.00
PSYCHOLOGIST SUPERVISOR-MANAGEMENT	1.00
SOCIAL WORKER-CORRECTIONS-SENIOR	0.60
New Lisbon Correctional Institution (NLCI)	
NLCI	16.40
DENTAL ASSISTANT	1.00
DENTIST	0.75
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	5.75
NURSE CLINICIAN 4	1.00
NURSING SUPERVISOR	1.00
PHYSICIAN	0.90
PSYCHOLOGICAL ASSOCIATE	3.00

PSYCHOLOGIST-LICENSED	1.00
PSYCHOLOGIST SUPERVISOR	1.00
Oakhill Correctional Institution (OCI)	
OCI	13.10
DENTAL ASSISTANT	1.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	5.50
NURSING SUPERVISOR	1.00
PHYSICIAN	1.60
PSYCHOLOGIST-LICENSED	2.00
PSYCHOLOGIST SUPERVISOR	1.00
Oshkosh Correctional Institution (OSCI)	
OSCI	67.60
ADVANCED PRACTICE NURSE-PRESCRIBER	1.60
DENTAL ASSISTANT	2.00
DENTAL HYGIENIST	1.00
DENTIST	2.00
LICENSED PRACTICAL NURSE	5.80
MEDICAL ASSISTANT 2	1.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	5.00
NURSE CLINICIAN 2	8.45
NURSE CLINICIAN 2-WEEKEND	2.40
NURSE CLINICIAN 3	6.80
NURSE CLINICIAN 4	1.00
NURSING ASSISTANT 3	9.40
NURSING SUPERVISOR	2.00
PHYSICIAN	1.80
PSYCHOLOGICAL ASSOCIATE	9.35
PSYCHOLOGIST-LICENSED	6.00
PSYCHOLOGIST SUPERVISOR	2.00
Prairie du Chien Correctional Institution (PDCI)	
PDCI	7.00
DENTAL ASSISTANT	0.50
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	3.50
NURSING SUPERVISOR	1.00
PSYCHOLOGICAL ASSOCIATE	1.00
Racine Correctional Institution (RCI)	
RCI	35.00
ADVANCED PRACTICE NURSE-PRESCRIBER	1.00
DENTAL ASSISTANT	1.60

DENTAL HYGIENIST	0.80
DENTIST	1.00
LICENSED PRACTICAL NURSE	1.00
MEDICAL PROGRAM ASSISTANT	0.50
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	2.50
NURSE CLINICIAN 2	10.00
NURSE CLINICIAN 4	1.00
NURSING SUPERVISOR	2.00
PHYSICIAN	1.60
PSYCHOLOGICAL ASSOCIATE	6.00
PSYCHOLOGIST-LICENSED	4.00
PSYCHOLOGIST SUPERVISOR	2.00
Records	
Records	5.50
HEALTH INFORMATION SUPERVISOR	1.00
HEALTH INFORMATION TECHNICIAN 1	3.50
HEALTH INFORMATION TECHNICIAN 2	1.00
Redgranite Correctional Institution (RGCI)	
RGCI	17.10
ADVANCED PRACTICE NURSE-PRESCRIBER	0.60
DENTAL ASSISTANT	0.75
DENTIST	0.75
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	5.00
NURSE CLINICIAN 4	1.00
NURSING SUPERVISOR	1.00
OFFICE OPERATIONS ASSOCIATE	1.00
PHYSICIAN	1.00
PSYCHOLOGICAL ASSOCIATE	3.00
PSYCHOLOGIST-LICENSED	1.00
PSYCHOLOGIST SUPERVISOR	1.00
Racine Youthful Offender Correctional Facility (RYOCF)	
RYOCF	11.60
ADVANCED PRACTICE NURSE-PRESCRIBER	0.60
DENTAL ASSISTANT	0.50
DENTIST	0.50
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	4.00
NURSING SUPERVISOR	1.00
PSYCHOLOGICAL ASSOCIATE	1.00
PSYCHOLOGIST-LICENSED	2.00

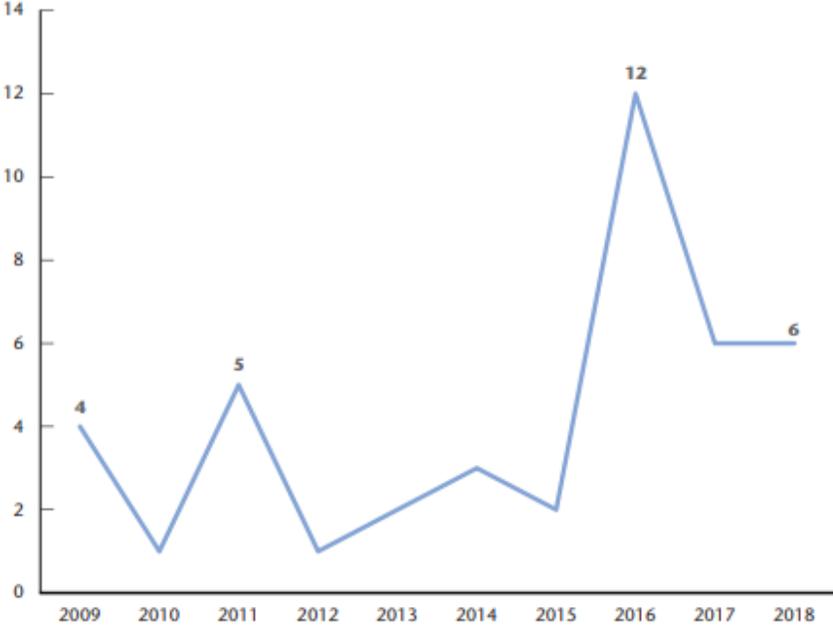
PSYCHOLOGIST SUPERVISOR	1.00
Stanley Correctional Institution (SCI)	
SCI	26.75
ADVANCED PRACTICE NURSE-PRESCRIBER	1.00
DENTAL ASSISTANT	1.00
DENTAL HYGIENIST	0.65
DENTIST	0.90
DENTIST SUPERVISOR	1.00
LICENSED PRACTICAL NURSE	3.00
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	2.00
NURSE CLINICIAN 2	7.60
NURSE CLINICIAN 2-WEEKEND	0.60
NURSE CLINICIAN 4	1.00
NURSING SUPERVISOR	1.00
PHYSICIAN	1.00
PSYCHOLOGICAL ASSOCIATE	5.00
PSYCHOLOGIST SUPERVISOR	1.00
Waupun Correctional Institution (WCI)	
WCI	28.80
ADVANCED PRACTICE NURSE-PRESCRIBER	1.00
DENTAL ASSISTANT	1.00
DENTAL HYGIENIST	0.70
DENTIST	1.00
LICENSED PRACTICAL NURSE	1.50
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	6.55
NURSE CLINICIAN 2-WEEKEND	1.20
NURSE CLINICIAN 4	0.75
NURSING SUPERVISOR	1.00
PHYSICIAN	1.00
PSYCHOLOGICAL ASSOCIATE	9.10
PSYCHOLOGIST-LICENSED	2.00
PSYCHOLOGIST SUPERVISOR	1.00
Wisconsin Secure Program Facility (WSPF)	
WSPF	16.50
DENTAL ASSISTANT	0.60
DENTIST	0.90
MEDICAL PROGRAM ASSISTANT-ASSOCIATE	1.00
NURSE CLINICIAN 2	4.00
NURSE CLINICIAN 2-WEEKEND	2.00
NURSING SUPERVISOR	2.00

PHYSICIAN	1.00
PSYCHOLOGICAL ASSOCIATE	3.50
PSYCHOLOGIST-LICENSED	0.50
PSYCHOLOGIST SUPERVISOR	1.00
Dialysis at DCI and FLCI	
Dialysis at DCI and FLCI	7.50
HEMODIALYSIS TECHNICIAN	2.50
NURSE CLINICIAN 3	3.25
NURSE CLINICIAN 4	0.75
NURSING SUPERVISOR	1.00
Chapter 980 Psychology	
Chapter 980 Psychology	4.50
PSYCHOLOGIST LICENSED-CHAPTER 980	3.50
PSYCHOLOGIST SUPERVISOR-CHAPTER 980	1.00
Grand Total	651.76

Appendix 4
(copied from p. 59 of the LAB report)

Figure 10

Inmate Suicides



APPENDIX 5: MENTAL HEALTH CLASSIFICATION CODES

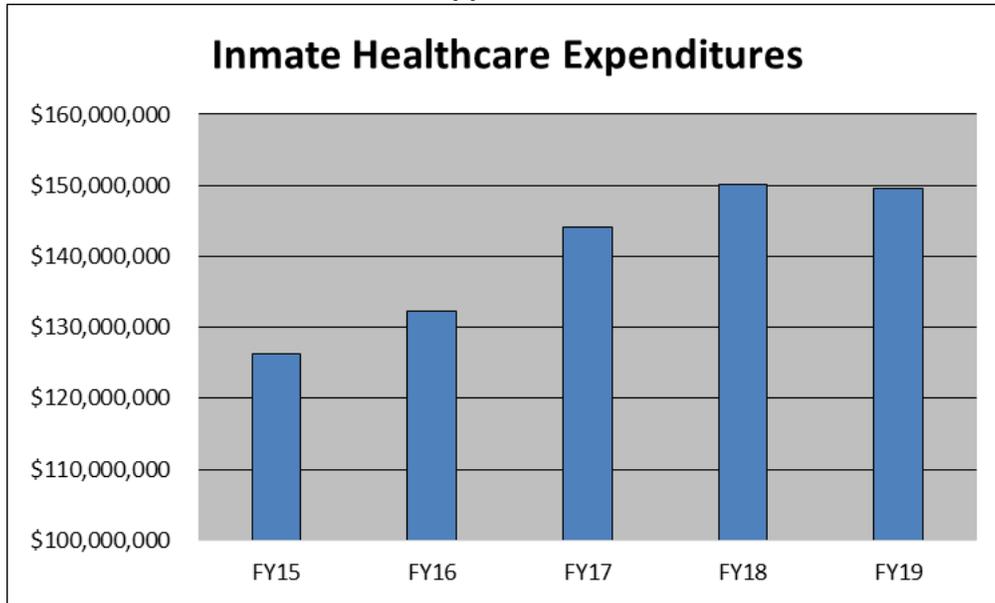
- MH-0** There is no current mental health need. An inmate does not need a scheduled follow-up visit with Psychological Services and is not seeing the Psychiatrist for any reason.
- MH-1** The inmate is receiving mental health services but does not suffer from a serious mental illness. This code is not appropriate for inmates who are receiving only program services, such as substance abuse or sex offender treatment, and have no other mental health needs.
- MH-2A** Inmates with serious mental illness:
- A. Inmates with a current diagnosis of, or are in remission from, the following conditions:
 - Schizophrenia (all sub types)
 - Delusional disorder
 - Schizophreniform disorder
 - Schizoaffective disorder
 - Psychosis NOS
 - Major depressive disorders
 - Bipolar disorder 1 & 2
 - B. Inmates with current or recent symptoms of the following conditions:
 - Brief psychotic disorder
 - Substance induced psychotic disorder
 - C. Inmates with head injury or other neurologic impairments that result in behavioral or emotional dyscontrol.
 - D. Inmates with chronic and persistent mood or anxiety disorders or other conditions that lead to significant functional disability.
- MH-2B** Inmates with a primary personality disorder that is severe, accompanied by significant functional impairment, and subject to periodic decompensation; i.e., psychosis, depression, or suicidality. If an inmate has stable behavior for two years, the code may be reassessed. Excluded from MH-2B classification are inmates who have a primary diagnosis of Antisocial Personality Disorder and whose behavior is primarily the result of targeted goals rather than impairment from diagnosed mental illness.

Note: Those who qualify for both MH-2A and MH-2B will be coded MH-2A.

SPECIAL CLASSIFICATION CODES

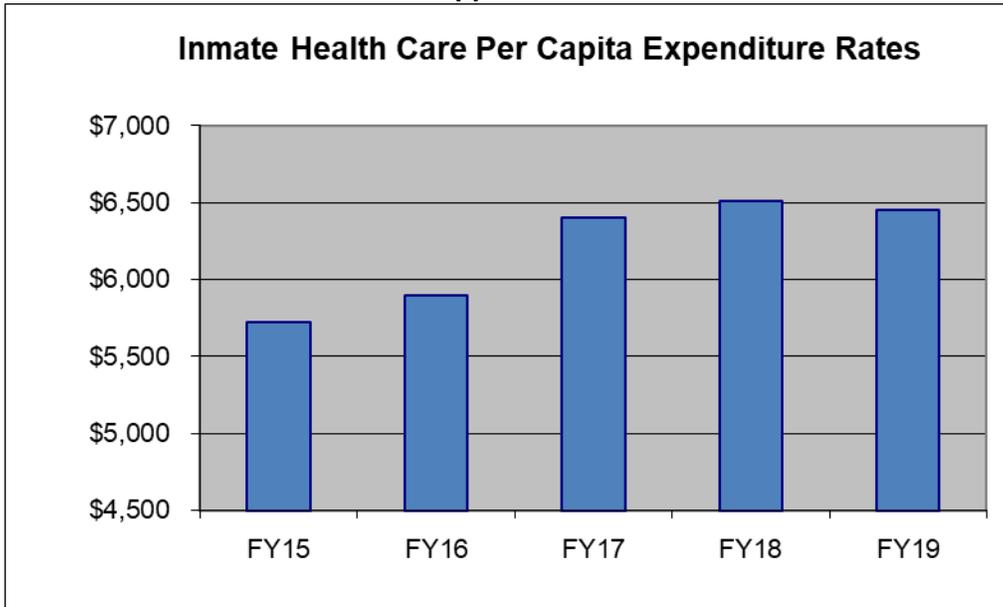
ID Intellectually Disabled. An IQ of approximately 70 or below with concurrent impairments in present adaptive functioning and age of onset before 18 years.

Appendix 6



*The amount above excludes expenditures covered by Medicaid

Appendix 7



*The amount above excludes expenditures covered by Medicaid