

**Report 19-4
May 2019**

Adult Corrections Expenditures

STATE OF WISCONSIN



Legislative Audit Bureau ■

Adult Corrections Expenditures

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CONTENTS

Letter of Transmittal	1
Report Highlights	3
Introduction	9
Institution Security Levels and Locations	9
Inmate Population	12
Operating Revenues and Expenditures	17
Adult Corrections Funding	17
Operating Expenditures	18
Pharmaceutical Expenditures	22
Average Daily Inmate Expenditures	23
Assessing Treatment and Educational Programs	28
Staffing	31
Staffing Levels	31
Meeting Staffing Needs	34
Overtime	37
Extra Time	42
Turnover and Vacancy Rates	43
Inmate Assaults on DOC Personnel	49
Addressing Staffing Issues	50
Managing Inmate Health Care	53
Collection and Analysis of Health Care Information	53
Medical Assistance Coverage for Inpatient Hospital Care	55
Mental Health Needs	57
Wisconsin Resource Center	60
DOC Initiatives to Reduce Health Care Expenditures	63
Other Approaches for Reducing Health Care-Related Expenditures	67
Reducing Medical Transportation Expenditures	67
Health Care Initiatives in Other States	71

Managing the Inmate Population	73
Capacities of Institutions	73
Placement of Inmates with Other Jurisdictions	75
Contracting with Counties	76
Contracting with Other States and the Federal Government	81
Revocations of Extended Supervision, Parole, and Probation	82
Reducing the Inmate Population	86
DOC Initiatives	87
Initiatives to Reduce Inmate Populations in Other States	89

Appendices

Appendix 1—Primary Treatment and Educational Programs	
Appendix 2—Adult Correctional Institutions Operated by the Department of Corrections	

Response

Response from the Department of Corrections	
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STATE OF WISCONSIN | Legislative Audit Bureau

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Joe Chrisman
State Auditor

May 3, 2019

Senator Robert Cowles and
Representative Samantha Kerkman, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Dear Senator Cowles and Representative Kerkman:

We have completed our evaluation of adult corrections expenditures for the Department of Corrections (DOC), as requested by the Joint Legislative Audit Committee. DOC operates 36 adult institutions; places inmates needing specialized mental health treatment at the Wisconsin Resource Center, which is operated by the Department of Health Services; and places inmates in county jails when space is unavailable in its institutions.

From fiscal year (FY) 2013-14 through FY 2017-18, operating expenditures for adult corrections increased from an estimated \$909.3 million to \$933.9 million (2.7 percent). The largest areas of expenditure growth were pharmaceuticals and medical supplies, which increased by \$15.0 million (71.3 percent); and professional services, which increased by \$12.8 million (29.8 percent), largely due to increased expenditures for contracted medical services. Over 93 percent of all expenditures were funded by general purpose revenue.

The average daily operating expenditures per inmate varied substantially among adult institutions. We determined that over 60 percent of the variation is explained by the number of full-time equivalent (FTE) security personnel per inmate at each institution. In FY 2017-18, 7,650 FTE positions supported the operation of adult institutions, of which 60.4 percent were security personnel. From FY 2013-14 to FY 2017-18, the total number of paid overtime hours increased from 1.2 million to 1.9 million (50.7 percent). During this period, turnover rates for correctional officers increased from 17.8 percent to 26.1 percent, and the vacancy rate for all security positions more than doubled, growing from 6.7 percent to 14.0 percent.

We include several recommendations to help DOC manage adult corrections expenditures, including by improving the collection and analysis of inmate health services data, increasing the use of telemedicine appointments, consolidating inmate trips to external medical appointments, and enhancing efforts to assess treatment and educational programs. We also describe the experience of three states that report reducing corrections expenditures by reducing the inmate population.

We appreciate the courtesy and cooperation extended to us by DOC and the other individuals and organizations we contacted in completing this evaluation. DOC's response follows the appendices.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Joe Chrisman'.

Joe Chrisman
State Auditor

JC/PS/ss

Report Highlights ■

The adult inmate population grew from 21,941 in 2011 to 23,675 in 2018, or by 7.9 percent.

Pharmaceuticals and medical supplies accounted for the largest expenditure increase.

We found 60 percent of the variation in per inmate expenditures was explained by the number of security personnel per inmate at each institution.

Some states have reduced their corrections costs by exploring actions to reduce the inmate population.

The total number of overtime hours increased by 50.7 percent from FY 2013-14 to FY 2017-18.

In FY 2017-18, adult institutions were at an average of 133.8 percent of their design capacities.

The Department of Corrections (DOC) operates 36 adult institutions, including 20 prisons and 16 minimum-security correctional centers, and it has entered into a formal written agreement with the Department of Health Services (DHS) to provide security for the Wisconsin Resource Center, which serves inmates needing specialized mental health treatment. In addition, DOC places inmates in county jails when space is unavailable in its institutions. In fiscal year (FY) 2017-18, DOC spent an estimated \$933.9 million to operate its adult institutions and provide beds in county facilities.

Questions have been raised about the increasing costs of operating DOC's adult institutions, in part, because of the need to transfer from \$5.4 million to \$11.1 million to its general program operations each year between FY 2013-14 and FY 2017-18 to address an anticipated shortfall resulting from high inmate health care costs. At the direction of the Joint Legislative Audit Committee, we:

- analyzed trends in revenues, expenditures, and adult inmate populations;
- categorized expenditures and determined how each type of expenditure contributed to trends in adult corrections expenditures;
- determined how various factors, such as staffing levels, affect variation in per inmate expenditures among adult institutions;

- evaluated the process DOC used to contract for additional beds and its effect on expenditures; and
- assessed strategies to manage corrections expenditures.

Inmate Population

The total adult inmate population declined from 22,672 in 2009 to 21,941 in 2011, but the population has grown since then. The inmate population grew from 21,941 in 2011 to 23,675 in 2018, or by 7.9 percent. When compared with six other midwestern states, only Wisconsin experienced an increase in its inmate population from 2009 to 2018.

Operating Expenditures

Total operating expenditures for adult correctional institutions increased from an estimated \$909.3 million in FY 2013-14 to \$933.9 million in FY 2017-18, or by 2.7 percent. We found that general purpose revenue (GPR) funded more than 93 percent of total expenditures in both years. The largest areas of expenditure growth included pharmaceuticals and medical supplies, professional services, information technology, and contract beds in county jails.

To determine the extent to which operating expenditures vary among adult correctional institutions, we analyzed the average daily expenditures per inmate made by each institution. We found that these expenditures were generally the highest for maximum-security institutions and generally the lowest for correctional centers. The overall average expenditure per inmate decreased from \$105.79 in FY 2013-14 to \$101.16 in FY 2017-18. We found that over 60 percent of the variation in per inmate expenditures was explained by the number of full-time equivalent (FTE) security personnel per inmate at each institution.

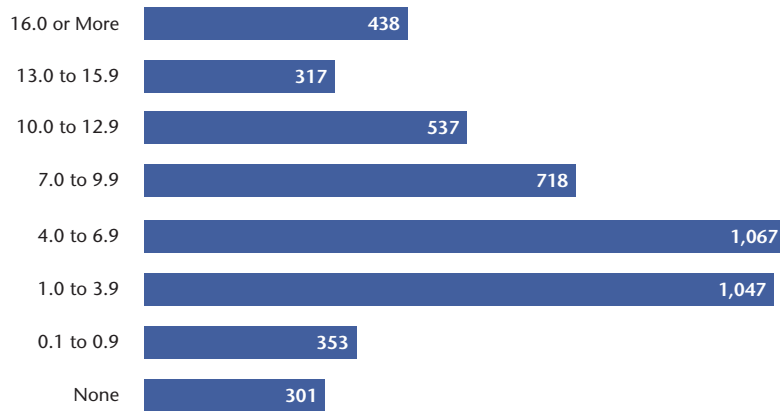
Staffing

To help meet its staffing needs, DOC has increasingly relied on overtime. The number of paid overtime hours worked by DOC employees associated with adult correctional institutions increased from 1.2 million in FY 2013-14 to 1.9 million in FY 2017-18, or by 50.7 percent. The total overtime worked in FY 2017-18 was the equivalent of 894 FTE employees.

Of the \$397.5 million spent on wages in FY 2017-18, \$52.9 million (13.3 percent) was for overtime hours, which were primarily worked by security personnel. We found that 438 security personnel worked an average of 16.0 or more overtime hours each week in FY 2017-18, as shown in Figure 1.

Figure 1

Average Paid Overtime Hours Worked per Week by Security Personnel¹
 FY 2017-18



¹ Includes correctional officers and correctional sergeants at adult institutions.

The 10 employees with the most paid overtime hours in FY 2017-18 worked from 69.0 hours to 93.2 hours per week, and their total earnings averaged \$117,500, of which \$71,000 (60.4 percent) was overtime pay.

We found that employee turnover for adult corrections increased from 18.6 percent in FY 2013-14 to 24.0 percent in FY 2017-18. The turnover rate for correctional officers increased the most, growing from 17.8 percent to 26.1 percent and varied substantially among institutions. We also found that four institutions had vacancy rates for their security positions of more than 20.0 percent in June 2018.

Managing Inmate Health Care

Since September 2014, DOC has required its institutions to complete monthly health services reports. The reports are intended to provide DOC with information on important health care indicators, such as the number of inmates with chronic health care conditions.

However, we identified problems with both the completeness and accuracy of these reports that prevented a meaningful analysis. DOC's use of its new electronic medical records system would enable DOC to improve management of inmate health care and potentially reduce future expenditures.

2013 Wisconsin Act 20 authorized the Wisconsin Medical Assistance program to take advantage of a change in federal law allowing eligible inmates to have their inpatient medical care covered under the program. We estimate that inmate participation in the program saved the State approximately \$40.8 million from April 2014 through July 2018.

To address increasing health care expenditures, DOC has taken steps to reduce health care costs, such as purchasing pharmaceuticals, medical supplies, and dental supplies through a multi-state compact to negotiate lower prices, and operating dialysis units at two of its institutions. However, it has not taken advantage of other opportunities to reduce costs, such as consolidating inmate transportation to medical appointments, and exploring the potential use of Medical Assistance funds to provide a nursing-home level of care to certain inmates.

Managing the Inmate Population

The inmate populations at most adult institutions have exceeded their design capacities for many years. The number of inmates housed in DOC's adult institutions was at an average of 133.8 percent of capacity in FY 2017-18. The adult inmate population is projected to increase by an average of approximately 2.0 percent during each of the next two years, growing to an average of 24,659 inmates in FY 2020-21.

To help address capacity issues, DOC increased the number of available contracted beds in county jails from 500 in May 2017 to 578 in June 2018. We found DOC has not entered into written agreements with all counties in whose jails it placed inmates, and we recommend that it do so.

A February 2014 report indicated that the largest, and potentially the most sustainable, reductions in corrections costs nationally have resulted from reductions to prison populations. In FY 2017-18, 62.8 percent of Wisconsin's total adult correctional expenditures were for personnel. However, the extent to which the number of inmates in DOC's institutions currently exceed their design capacities makes the objective of reducing personnel costs more challenging.

Recommendations

We recommend DOC report to the Joint Legislative Audit Committee by March 3, 2020, on its efforts to:

- ☑ consistently track expenditures, develop outcome measures, and routinely evaluate the effectiveness of each of its treatment and educational programs (*p. 29*);
- ☑ record hours worked by all contract staff and analyze costs (*p. 36*);
- ☑ evaluate the effectiveness of salary add-ons, signing bonuses, training academies, job fairs, and a potential new pay progression system(*p. 52*);
- ☑ analyze and ensure the accuracy of data entered into its new electronic medical records system(*p. 55*);
- ☑ submit a comprehensive report by January 15, 2020, to the Joint Legislative Audit Committee on inmate health care (*p. 55*);
- ☑ work with DHS to develop a written agreement for administering the Wisconsin Resource Center (*p. 63*);
- ☑ increase the use of telemedicine appointments as a cost savings measure (*p. 66*);
- ☑ require all of its institutions to record and analyze non-emergency medical trip data (*p. 71*);
- ☑ implement a centralized transportation scheduling system (*p. 71*);
- ☑ work with DHS 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 (*p. 72*);
- ☑ develop a plan for inmate placement and enter into contracts with all counties in which it places inmates (*p. 80*); and
- ☑ establish relationships with counties with which it does not currently contract to provide additional capacity if needed (*p. 81*).

Introduction ■

The number of adult institutions operated by DOC increased from 7 prisons and 8 minimum-security correctional centers in 1985 to 20 prisons and 16 minimum-security correctional centers in 2004. The number of each has remained unchanged since 2004. The inmate population in Wisconsin grew from 21,941 in 2011 to 23,675 in 2018, or by 7.9 percent. In contrast, the inmate population nationally and in surrounding midwestern states declined during this period.

Institution Security Levels and Locations

DOC uses three security levels for its institutions: maximum-security, medium-security, and minimum-security.

DOC uses three security levels in classifying its institutions: maximum-security, medium-security, and minimum-security. Maximum-security institutions have the highest level of security. These institutions may have features such as fortified walls, double-perimeter fencing, lethal stun fences, guard towers, and perimeter vehicle patrols. In most instances, inmate housing in maximum-security institutions consists of multiple- and single-occupant cells. Maximum-security institutions have the highest staff-to-inmate ratios, and inmate movement is closely supervised. The opening and closing of cells is controlled by security personnel.

Medium-security institutions have fewer security features than maximum-security institutions. Most have perimeter fencing and perimeter vehicle patrols, and some also have guard towers. In most instances, inmate housing consists of multiple-occupant cells along with secure barracks units. Security personnel provide direct

supervision of the inmates. However, the movement of inmates within medium-security institutions is less restrictive than in maximum-security institutions, and most inmates are able to open and close their own cells.

Minimum-security institutions have the least restrictive security features and requirements. None have guard towers or perimeter vehicle patrols. Although none of DOC’s 16 correctional centers have perimeter fencing, its three minimum-security prisons have single-perimeter fencing. Inmate housing consists of single- and multiple-occupant cells as well as secure barracks units. Minimum-security institutions allow more freedom of inmate movement. Inmates also typically have more privileges and responsibilities than they would at medium- or maximum-security institutions. In addition, some inmates at minimum-security institutions have job placements with employers or participate in community-based work assignments.

Of 36 adult institutions, one prison and two correctional centers are for women and the remainder are for men.

As shown in Table 1, of the 36 adult institutions that DOC operates, one prison and two correctional centers are for women and the remainder are for men, including all 11 medium-security institutions.

Table 1

Adult Correctional Institutions¹
2018

Type of Institution	Number of Institutions for Men	Number of Institutions for Women	Total
Prisons			
Maximum-Security Institutions	5	1	6
Medium-Security Institutions	11	–	11
Minimum-Security Institutions	3	–	3
Subtotal	19	1	20
Correctional Centers²	14	2	16
Total	33	3	36

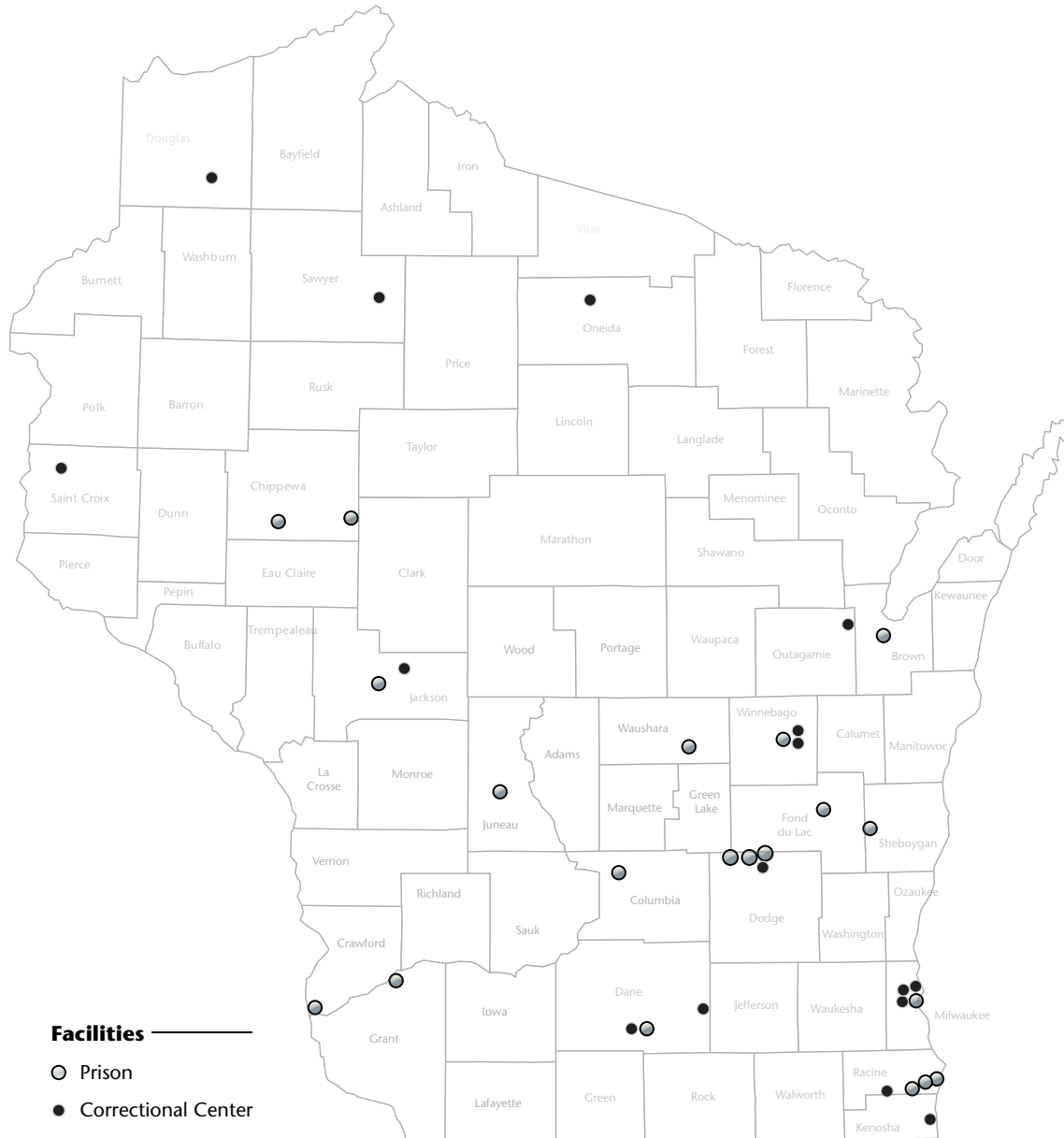
¹ Excludes the Wisconsin Resource Center, which is operated by DHS to provide specialized mental health treatment for inmates.

² All correctional centers are minimum-security institutions.

Figure 2 shows the location of all 36 adult institutions operated by DOC.

Figure 2

Location of Adult Correctional Institutions¹



¹An interactive map of Wisconsin’s adult correctional institutions is available on our website.

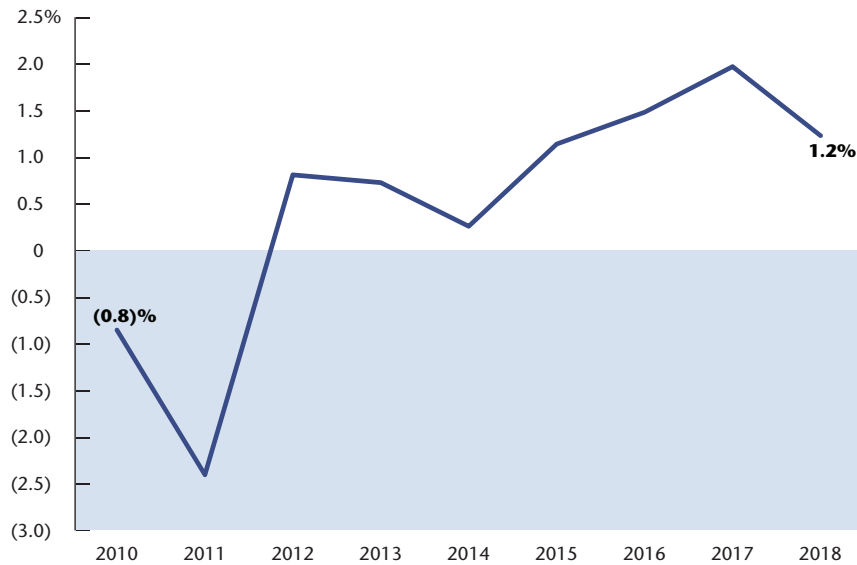
Inmate Population

The inmate population declined from 22,672 in 2009 to 21,941 in 2011, but the population has grown since then.

Most adult inmates are housed in DOC institutions, but some are also housed in county jails, prisons in other states, and in federal prisons. The inmate population declined from 22,672 in 2009 to 21,941 in 2011, but the population has grown since then. The inmate population grew from 21,941 in 2011 to 23,675 in 2018, or by 7.9 percent. Figure 3 shows the annual percentage change in the number of inmates from 2010 through 2018.

Figure 3

Percentage Change in the Number of Inmates in Adult Institutions
As of June 30



When compared with six other Midwestern states, only Wisconsin experienced an increase in its prison population from 2009 to 2018.

Nationwide, the adult prison population decreased from 1,615,500 in 2009 to 1,489,600 in 2017, or by 7.8 percent. When compared with six other Midwestern states, only Wisconsin experienced an increase in its prison population from 2009 to 2018, as shown in Table 2. Staff of Michigan’s Department of Corrections indicated that its prison population declined the most over this period, in part, due to efforts to improve administration of education and training programs and divert individuals to treatment and other community-based programs.

Table 2

Adult Prison Population Changes in Midwestern States

	2009 ¹	2018 ²	Percentage Change
Illinois	45,161	40,872	(9.5)%
Indiana	28,808	26,260	(8.8)
Iowa	8,813	8,419	(4.5)
Michigan	45,478	38,854	(14.6)
Minnesota	9,986	9,849	(1.4)
Ohio	51,606	49,379	(4.3)
Wisconsin	22,672	23,675	4.4

¹ Based on data reported by United States Department of Justice, except for Wisconsin.

² Based on data reported on the websites of each respective state, except for Wisconsin.

A total of 12,979 inmates (54.8 percent) were serving time based on convictions for more than one offense.

To determine the demographic composition of Wisconsin's inmate population, we reviewed information maintained by DOC. Of the 23,675 inmates in June 2018, 93.3 percent were men, 53.1 percent were white, and 60.5 percent were under 40 years old, as shown in Table 3. A total of 12,979 inmates (54.8 percent) were serving time based on convictions for more than one offense, including one inmate who was convicted of 10 offenses.

Table 3

Adult Inmates¹
As of June 30, 2018

Gender	Number	Percentage of Total
Male	22,082	93.3%
Female	1,593	6.7
Total	23,675	100.0%

Race ²	Number	Percentage of Total
White	12,568	53.1%
African American	9,867	41.7
American Indian/Alaskan Native	946	4.0
Asian/Pacific Islander	274	1.2
Unknown ³	20	<0.1
Total	23,675	100.0%

Age	Number	Percentage of Total
18 or Younger	98	0.4%
19-29	6,675	28.2
30-39	7,559	31.9
40-49	4,791	20.3
50-59	3,153	13.3
60-69	1,120	4.7
70-79	246	1.0
80-89	31	0.1
90 or Older	2	<0.1
Total	23,675	100.0%

Educational Attainment	Number	Percentage of Total
Less than 9 th Grade	912	3.9%
9 th through 12 th but Not Graduating High School	6,010	25.4
High School Graduate or Equivalent	10,992	46.4
Some Post-High School Education	4,289	18.1
Associate Degree	710	3.0
Bachelor's Degree	422	1.8
Master's Degree or PhD	111	0.4
Unknown ³	229	1.0
Total	23,675	100.0%

Most Serious Offense	Number ⁴	Percentage of Total
Violent Offense ⁵	15,481	65.4%
Property Offense	3,244	13.7
Drug Offense	2,764	11.7
Public Order Offense	2,151	9.1
Unknown ³	35	0.1
Total	23,675	100.0%

Active Conviction for a Sex Offense	Number	Percentage of Total
No	17,956	75.8%
Yes	5,719	24.2
Total	23,675	100.0%

¹ Includes DOC inmates placed in county facilities and at the Wisconsin Resource Center.

² In addition to race, DOC allows inmates to identify an ethnicity, such as Hispanic or Latino. We did not include this information because over half of all inmates did not identify an ethnicity.

³ Information on some inmates was absent in the database used for this analysis.

⁴ Of the 23,675 inmates, 12,979 (54.8 percent) were convicted of more than one offense.

⁵ Includes crimes such as murder, manslaughter, rape, robbery, kidnapping, assault, and cruelty toward a child or spouse.

From 2009 to 2018, the percentage of inmates age 50 or older increased from 12.9 percent to 19.2 percent.

From 2009 to 2018, the average age of inmates increased from 36.3 years to 38.6 years, and the percentage of inmates age 50 or older increased from 12.9 percent to 19.2 percent. We also found that the percentage of inmates entering the adult correctional system whose most serious crime was a violent offense, such as murder, manslaughter, rape, robbery, kidnapping, or assault fluctuated over this period and ranged from a low of 39.6 percent in FY 2009-10 to a high of 42.7 percent in FY 2016-17. However, the percentage of all inmates incarcerated for being convicted of at least one violent offense increased from 61.5 percent in 2009 to 65.4 percent in 2018.

In addition, we found that the length of inmates' prison sentences increased from 2009 through 2018. As shown in Table 4, the percentage of inmates with prison sentences of five or fewer years decreased while the percentage of inmates with sentences of more than five years increased. As of June 30, 2018, 47.4 percent of inmates had sentences of five years or less and 52.6 percent had sentences of more than five years.

Table 4

Length of Inmate Prison Sentences
As of June 30

Year	Percentage with Sentences of up to 5 Years	Percentage with Sentences More than 5 Years up to 10 Years	Percentage with Sentences More than 10 Years
2009	56.4%	16.0%	27.6%
2010	55.1	16.4	28.5
2011	53.7	16.5	29.8
2012	53.6	16.1	30.3
2013	53.6	15.8	30.6
2014	53.5	15.5	31.0
2015	53.1	15.6	31.3
2016	52.5	16.1	31.4
2017	51.8	16.5	31.7
2018	47.4	18.4	34.2

We also reviewed data on the amount of time inmates had left to serve on their sentences. As of June 30, 2018, 23.9 percent of inmates had less than one year left to serve and 26.4 percent had five or more years left to serve, as shown in Table 5.

Table 5

Time Left to Serve
As of June 30, 2018

Time Left to Serve	Number of Inmates	Percentage of Total
Less than 1.0 year	5,652	23.9%
1.0 to 1.9 years	3,492	14.7
2.0 to 2.9 years	2,480	10.5
3.0 to 3.9 years	1,683	7.1
4.0 to 4.9 years	1,140	4.8
5.0 or more years	6,243	26.4
Life with Possibility of Parole	955	4.0
Life without Possibility of Parole	239	1.0
Unknown ¹	1,791	7.6
Total	23,675	100.0%

¹ Information on some inmates was absent in the database used for this analysis.



Operating Revenues and Expenditures ■

We analyzed trends in estimated revenues and expenditures for adult institutions and found that expenditures made to support the operation of adult correctional institutions grew from \$909.3 million in FY 2013-14 to \$933.9 million in FY 2017-18 (2.7 percent). The largest areas of growth included pharmaceuticals and medical supplies, contracted on-site medical services, information technology, contract beds for inmates in county jails, and insurance. We found that the average daily operating expenditures per inmate varied substantially among institutions and were largely the result of the number of security personnel per inmate, even among institutions having the same security level, such as maximum-security institutions. We also found that DOC institutions did not separately identify all expenditures associated with particular treatment and education programs. We recommend DOC maintain detailed information on program expenditures and outcomes in order to make effective management decisions concerning the allocation of resources and to assess program performance.

Adult Corrections Funding

GPR accounted for more than 93 percent of total revenues in both FY 2013-14 and FY 2017-18.

Estimated revenues used to fund the operations of adult correctional institutions increased from \$914.0 million in FY 2013-14 to \$949.1 million in FY 2017-18, or by 3.8 percent. As shown in Table 6, general purpose revenue (GPR) was the largest source of revenue, and it represented more than 93 percent of total revenues in both

years. The next largest source was program revenue, consisting primarily of revenue generated by DOC’s Bureau of Correctional Enterprises, which provides jobs and training for inmates through the production of a variety of goods and services, such as license plates, furniture, textiles, and laundry. In FY 2013-14, DOC received \$255,500 in segregated revenue through the Bureau of Correctional Enterprises as part of a computer recycling initiative.

Table 6

Estimated Revenues for Adult Correctional Institutions

Source	FY 2013-14	FY 2017-18	Percentage Change
General Purpose Revenue	\$855,002,300	\$890,242,700	4.1%
Program Revenue	57,487,400	58,764,000	2.2
Federal Revenue	1,271,100	140,000	(89.0)
Segregated Revenue	255,500	–	(100.0)
Total	\$914,016,300	\$949,146,700	3.8

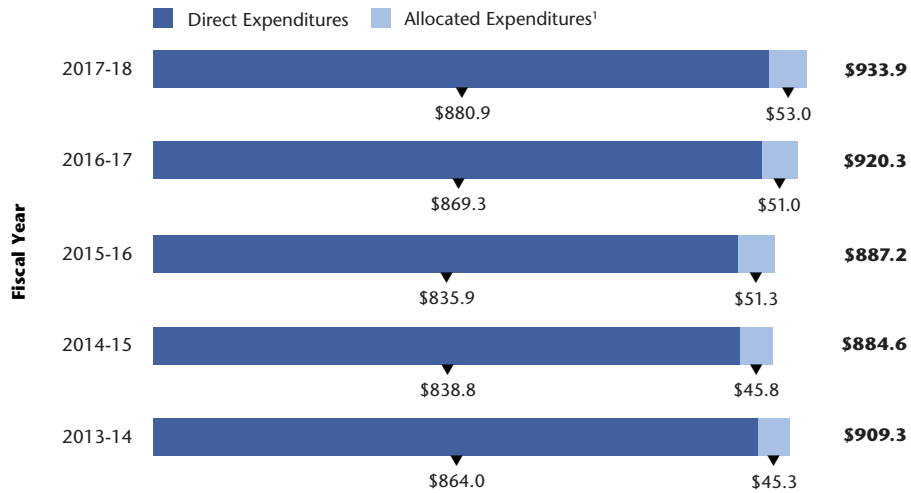
Operating Expenditures

Total estimated operating expenditures increased from \$909.3 million in FY 2013-14 to \$933.9 million in FY 2017-18.

As shown in Figure 4, total estimated operating expenditures for adult correctional institutions increased from \$909.3 million in FY 2013-14 to \$933.9 million in FY 2017-18, or by 2.7 percent. Although direct expenditures made by the Division of Adult Institutions increased by \$16.9 million (2.0 percent), department-wide costs allocated to the operation of adult correctional institutions increased by \$7.7 million (17.0 percent). The increase in allocated expenditures over this period was primarily the result of allocating the cost of implementing DOC’s electronic medical records system. These costs include \$4.4 million allocated to the Division of Adult Institutions.

Figure 4

Operating Expenditures for Adult Correctional Institutions
(in millions)



¹ Estimated.

GPR funded more than 93 percent of total expenditures in both FY 2013-14 and FY 2017-18.

To further analyze operating expenditures, we reviewed expenditures by funding source and expenditure type. We found that GPR funded more than 93 percent of total expenditures in both FY 2013-14 and FY 2017-18. As shown in Table 7, expenditures funded by GPR increased 3.8 percent, from \$853.3 million in FY 2013-14 to \$886.2 million in FY 2017-18. The \$6.9 million (12.6 percent) decrease in program revenue expenditures was largely the result of DOC transferring expenditures for institutional operations that had previously been funded with program revenue to its GPR appropriations. In addition, DOC indicated that the reduction in federal expenditures was the result of the delayed receipt of funding for the State Criminal Alien Assistance Program, which provides federal funds to states that incurred correctional officer salary costs for incarcerating undocumented individuals.

Table 7

Operating Expenditures, by Funding Source

	FY 2013-14	FY 2017-18	Percentage Change
General Purpose Revenue	\$853,338,500	\$886,161,100	3.8%
Program Revenue	54,508,100	47,650,300	(12.6)
Federal Revenue	1,367,900	67,000	(95.1)
Segregated Revenue	91,600	–	(100.0)
Total	\$909,306,100	\$933,878,400	2.7

Personnel expenditures accounted for over 62 percent of total expenditures.

As shown in Table 8, personnel expenditures represented the largest share of operating expenditures and accounted for over 62 percent of the total in both FY 2013-14 and FY 2017-18. The areas of largest expenditure growth over this period included:

- pharmaceuticals and medical supplies, which increased by \$15.0 million (71.3 percent), in part due to an increase of \$6.3 million to provide Hepatitis C treatments to inmates diagnosed with the disease;
- professional services, which increased by \$12.8 million (29.8 percent), largely due to increased expenditures for contracted medical services, such as on-site nurses, physicians, and psychiatric services;
- information technology, which increased \$8.6 million (47.8 percent) in part as the result of an electronic medical records system that was fully implemented in February 2019;
- contract beds, which increased \$7.3 million (1,841.7 percent) due to an increase in the number of inmates housed in county jails; and
- insurance, which increased \$4.0 million (65.8 percent) largely as a result of increases of \$2.8 million for worker's compensation insurance and \$1.0 million for liability insurance. The Department of Administration (DOA) attributed the increase in worker's compensation insurance to the rising cost of medical care and attributed the increase in liability insurance to an increase in the number of claims and the payment of several large settlements.

In contrast, vehicle expenditures declined by \$880,800 (53.6 percent) over this period because DOC purchased fewer passenger vehicles in FY 2017-18.

Table 8

Operating Expenditures, by Type¹

Expenditure Type	FY 2013-14	FY 2017-18	Percentage Change
Personnel			
FTE Salaries and Wages	\$376,633,000	\$386,306,500	2.6%
Fringe Benefits	195,785,800	189,885,400	(3.0)
Limited-Term Employee Wages	10,773,100	10,558,100	(2.0)
Subtotal	583,191,900	586,750,000	0.6
Supplies and Services			
Professional Services ²	42,966,700	55,762,800	29.8
Pharmaceuticals and Medical Supplies	21,037,300	36,047,100	71.3
Utilities	33,113,100	30,664,800	(7.4)
Food	27,704,100	28,202,500	1.8
Information Technology	18,050,700	26,684,000	47.8
Maintenance	9,947,000	11,911,400	19.7
Insurance	6,066,400	10,056,600	65.8
Contract Beds	396,800	7,704,700	1,841.7
Wages Paid to Inmates	6,797,300	6,787,100	(0.2)
Rental/Lease of Space and Equipment	4,839,900	5,718,900	18.2
Inmate Clothing and Bedding	5,006,500	5,204,500	4.0
Aids to Individuals and Organizations ³	4,571,500	4,545,200	(0.6)
Travel	3,018,600	3,256,800	7.9
Telecommunication Services	1,456,400	1,900,100	30.5
Vehicle Expenses	1,644,300	763,500	(53.6)
Other Supplies and Services ⁴	44,368,100	44,213,700	(0.3)
Subtotal	230,984,700	279,423,700	21.0
Debt Service	95,129,500	67,704,700	(28.8)
Total	\$909,306,100	\$933,878,400	2.7

¹ Includes all DOC expenditures that support its adult correctional institutions.

² Primarily consists of medical services.

³ Includes payments made directly to providers for treatment, educational, and other services on behalf of inmates.

⁴ Primarily consists of nonspecific expenditure categories such as "Miscellaneous Services," "Materials & Supplies-Other," "Procurement Card Purchases," and unspecified raw materials used for the production of furniture and other goods by DOC's Bureau of Correctional Enterprises.

Pharmaceutical Expenditures

Pharmaceuticals and medical supplies accounted for the largest expenditure increase.

Because pharmaceuticals and medical supplies accounted for the largest expenditure increase, we analyzed these expenditures more closely. As shown in Table 9, 10 types of pharmaceuticals accounted for \$25.8 million (76.6 percent) of all pharmaceutical expenditures in FY 2017-18.

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 has not adopted a formal written policy for treating inmates with Hepatitis C. 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.

Table 9

Expenditures for Pharmaceuticals¹
FY 2017-18

Pharmaceutical Type or Condition Being Treated	Expenditures	Percentage
Hepatitis C Treatment	\$ 8,578,000	25.5%
Arthritis Treatment	5,186,600	15.4
Human Immunodeficiency Virus (HIV) Treatment	3,971,600	11.8
Asthma and Other Pulmonary Disorders Treatment	2,340,700	7.0
Insulin	1,532,200	4.6
Antipsychotics	1,163,300	3.4
Anticonvulsants	1,067,700	3.2
Anti-Neoplastic Agents ²	706,100	2.1
Antimuscarinics and Antispasmodics ³	615,400	1.8
Antidepressants	594,700	1.8
Subtotal	25,756,300	76.6
Other Pharmaceuticals	7,856,600	23.4
Total	\$33,612,900	100.0%

¹ Includes both prescription and non-prescription medication.

² Used to prevent or inhibit the development of tumors.

³ Primarily used to treat incontinence and muscle spasms.

Average Daily Inmate Expenditures

Each adult institution is different when considering factors such as facility design, security level, and staffing needs. To determine the extent to which operating expenditures vary among adult correctional institutions, we analyzed the average daily expenditures per inmate made by each institution. We calculated average daily expenditures by dividing the operating expenditures made directly by each institution by the average daily inmate population for each respective institution, or group of institutions. However, we could not separately determine average daily expenditures for every institution because DOC did not separately record many expenditures associated with its three institutions for women: Taycheedah Correctional Institution, Milwaukee Women’s Correctional Center, and Robert E. Ellsworth Correctional Center. In addition, DOC did not separately record many expenditures for:

- Racine Correctional Institution, which is a medium-security prison, and Sturtevant

Transitional Facility, which is a minimum-security prison; and

- its 14 correctional centers for male inmates.

Maximum-security institutions generally had the highest average daily expenditures per inmate and correctional centers generally had the lowest.

Table 10 shows the average daily operating expenditures per inmate for DOC's adult institutions. We found that average daily expenditures for maximum-security institutions were generally the highest and average daily expenditures for correctional centers were generally the lowest. The overall average institutional expenditures per inmate decreased from \$77.74 in FY 2013-14 to \$73.59 in FY 2017-18, or by 5.3 percent, in part, because the inmate population increased by 6.0 percent from FY 2013-14 to FY 2017-18. When all expenditures for the Division of Adult Institutions that are not allocated to the institutions are included, the average per inmate expenditure decreased from \$105.79 to \$101.16, or by 4.4 percent over this period. These additional expenditures include costs associated with areas such as the Division's Bureau of Health Services and Bureau of Correctional Enterprises, as well as debt service.

Over 60 percent of the variation in average daily expenditures was explained by the number of FTE security personnel per inmate at each institution.

We analyzed the variation in average daily operating expenditures among institutions and determined that over 60 percent of the variation in these expenditures in both FY 2013-14 and FY 2017-18 was explained by the number of FTE security personnel per inmate at each institution. Those institutions with higher per inmate daily operating expenditures generally had more FTE security personnel per inmate. We found this to be the case not only between institutions of different security levels, such as maximum-security and medium-security institutions, but also among institutions within the same security level. For example, the Wisconsin Secure Program Facility, which is a maximum-security institution, had average daily operating expenditures in FY 2017-18 that were 38.2 percent higher than the average for the five maximum-security institutions for which discrete expenditure information was available, and it also had 28.7 percent more FTE security personnel per inmate than the average number for these five maximum-security institutions.

Similarly, Racine Youthful Offender Correctional Facility, which is a medium-security institution, had the highest average daily expenditures among the 10 medium-security institutions for which discrete information was available, in part, because it had more FTE security personnel per inmate than any other medium-security institution. Specifically, it had average daily operating expenditures in FY 2017-18 that were 54.1 percent higher than the average for the 10 medium-security institutions for which discrete expenditure information was available, and it also had 43.4 percent more FTE security personnel per inmate than the average number for these 10 medium-security institutions.

Table 10

Average Daily Operating Expenditures per Inmate, by Adult Institution

	FY 2013-14	FY 2017-18	Percentage Change
Maximum-Security Prisons			
Wisconsin Secure Program Facility	\$112.12	\$118.34	5.5%
Columbia Correctional Institution	93.89	90.90	(3.2)
Waupun Correctional Institution	93.03	86.34	(7.2)
Dodge Correctional Institution	86.54	78.72	(9.0)
Green Bay Correctional Institution	81.72	77.40	(5.3)
Average for Maximum-Security Prisons	90.57	85.64	(5.4)
Medium-Security Prisons			
Racine Youthful Offender Correctional Facility	105.58	106.19	0.6
Prairie du Chien Correctional Institution	86.99	88.09	1.3
Milwaukee Secure Detention Facility	96.44	85.42	(11.4)
Jackson Correctional Institution	71.53	70.64	(1.2)
New Lisbon Correctional Institution	66.66	67.95	1.9
Kettle Moraine Correctional Institution	69.82	66.69	(4.5)
Redgranite Correctional Institution	68.61	64.85	(5.5)
Fox Lake Correctional Institution	68.39	63.90	(6.6)
Oshkosh Correctional Institution	62.18	61.91	(0.4)
Stanley Correctional Institution	57.07	57.86	1.4
Average for Medium-Security Prisons	70.68	68.90	(2.5)
Minimum-Security Prisons			
Chippewa Valley Correctional Treatment Facility	89.64	86.61	(3.4)
Oakhill Correctional Institution	89.43	83.82	(6.3)
Average for Minimum-Security Prisons	89.51	84.95	(5.1)
All Institutions for Women¹	103.20	83.78	(18.8)
Racine Correctional Institution and Sturtevant Transitional Facility²	66.77	64.47	(3.4)
Correctional Centers for Men³	70.34	61.26	(12.9)
Average Institutional Expenditures per Inmate	77.74	73.59	(5.3)
Average Total Expenditures per Inmate⁴	105.79	101.16	(4.4)

¹ DOC does not separately track many expenditures for its three institutions for women: Taycheedah Correctional Institution, Milwaukee Women’s Correctional Center, and Robert E. Ellsworth Correctional Center.

² DOC does not separately track many expenditures for Racine Correctional Institution, which is a medium-security prison, and Sturtevant Transitional Facility, which is a minimum-security prison.

³ Represents the average expenditures for the 14 correctional centers for men.

⁴ Includes all institutional expenditures and all direct expenditures that are allocated to the Division but not individual institutions, such as expenditures for the Bureau of Health Services, the Bureau of Correctional Enterprises, and debt service.

Other factors that contributed to Racine Youthful Offender Correctional Facility's higher average daily expenditures include higher food and educational costs per inmate. It uses a separate, more expensive food provider, the Kenosha Achievement Center, which is a work center that employs developmentally disabled adults. In addition, the institution is restricted by s. 301.16 (1r), Wis. Stats, to housing inmates no older than 24 years of age, many of whom receive educational assistance in obtaining high school equivalency diplomas. As a result, Racine Youthful Offender Correctional Facility employs more teachers per inmate than any other adult correctional institution.

The ability to make meaningful comparisons among states is limited by several factors.

We also analyzed available information on the average daily expenditures per inmate made in other states. The ability to make meaningful comparisons among states is limited, in part, because data reported by states on per inmate costs may not always be consistent and some states house at least some inmates in private facilities. In addition, differences in inmate population size, methods of incarceration, the level of supervision, and the services provided to inmates cannot all be easily quantified. This makes it difficult to determine the extent to which the variation in per inmate expenditures among states is due to factors such as the amount and type of services provided by correctional institutions to their inmates.

Among the 45 states that reported per inmate expenditures, Wisconsin ranked 31 in FY 2014-15.

The information we analyzed on the expenditures of other states was collected and reported by the Vera Institute of Justice, a national nonprofit research and policy organization that focuses on working with governments to build and improve justice systems. We selected the most recent information available for our analysis, which was for FY 2014-15. As shown in Table 11, the average daily expenditures per inmate ranged from a low of \$40.49 in Alabama to a high of \$190.01 in New York. With average daily per inmate expenditures of \$105.87, Wisconsin ranked 31 out of the 45 states that reported data. These data include expenditures for private prisons for those states that use them.

Table 11

Average Daily Expenditures per Inmate, by State¹
 FY 2014-15

Rank	State	Average Daily Expenditures per Inmate	Rank	State	Average Daily Expenditures per Inmate
1	Alabama	\$40.49	24	Illinois	\$ 91.80
2	Louisiana	44.52	25	Montana	91.99
3	Oklahoma	45.20	26	Michigan	98.11
4	Kentucky	45.70	27	New Mexico	100.91
5	Nevada	48.91	28	Washington	103.67
6	Indiana	49.49	29	Iowa	103.86
7	Florida	52.24	30	North Dakota	105.76
8	Georgia	54.73	31	Wisconsin	105.87
9	South Carolina	54.94	32	Delaware	107.07
10	South Dakota	56.84	33	Colorado	107.68
11	Arkansas	57.30	34	Minnesota	113.33
12	Virginia	58.35	35	Pennsylvania	117.06
13	Texas	60.31	36	Oregon	120.61
14	Utah	60.60	37	Maryland	122.19
15	Idaho	60.77	38	Alaska	144.20
16	Missouri	60.79	39	Massachusetts	151.15
17	Tennessee	64.30	40	Vermont	157.85
18	Kansas	67.15	41	Rhode Island	160.45
19	Arizona	69.58	42	New Jersey	168.78
20	Ohio	72.63	43	Connecticut	170.30
21	West Virginia	75.23	44	California	177.10
22	Hawaii	80.62	45	New York	190.01
23	North Carolina	82.68			

¹ Five states did not report data: Maine, Mississippi, Nebraska, New Hampshire, and Wyoming.

Source: Calculated from data published by the Vera Institute of Justice.

Because the total size of the inmate population can affect expenditures, we compared average daily per inmate expenditures for the four states with inmate populations that were within 10.0 percent of Wisconsin’s inmate population. As shown in Table 12, two states spent more and two states spent less per inmate than Wisconsin in FY 2014-15. Although this analysis controls for the size of the inmate population, it is important to note that there may

still be significant differences in the amount of supervision and the amount and type of services provided to inmates in these states.

Table 12

Average Daily Expenditures per Inmate for Corrections Systems with Inmate Population Sizes Similar to Wisconsin¹
 FY 2014-15

State	Average Daily Population	Average Daily Expenditures
Kentucky ²	21,062	\$ 45.70
South Carolina	21,773	54.94
Wisconsin	22,461	105.87
Maryland	24,028	122.19
New Jersey	21,992	168.78

¹ Includes states with average daily inmate populations within 10.0 percent of Wisconsin’s inmate population.

² Reported boarding payments to local jails and private prisons that exceeded 15 percent of total prison spending.

Source: Calculated from data published by the Vera Institute of Justice.

Assessing Treatment and Educational Programs

DOC provides several treatment and educational programs for inmates.

Another operating cost for DOC is providing treatment and educational programming for inmates, including primary treatment services, such as anger management, sex offender treatment, and substance use disorder treatment; general education services, such as adult basic education and assistance in obtaining a high school equivalency diploma; and career and technical education programs to provide inmates with job skills. The programs offered by each institution vary and are shown in Appendix 1.

It is important that the programs are evaluated to ensure they are cost-effective. If successful in assisting inmates in obtaining employment and reintegrating into society, these programs can serve as an important tool in reducing recidivism and decreasing future DOC expenditures. However, we found that DOC does not maintain the complete and consistent information on expenditures and outcomes needed to measure the effectiveness of all of its treatment and educational programs. For example, DOC was unable

to analyze employment outcomes for inmates participating in its technical education programs because employment information was not consistently recorded by its institutions.

DOC did not separately identify all expenditures associated with particular programs.

In addition, we found that DOC institutions did not separately identify all expenditures associated with particular programs, and even when expenditures were separately identified, the level of detail at which expenditures were recorded varies substantially. For example, Stanley Correctional Institution reported spending at least \$1.0 million on educational programs in FY 2017-18, but it did not report the amount spent for any specific education program. In contrast, Fox Lake Correctional Institution reported spending at least \$2.0 million on educational programs in FY 2017-18 and reported the amounts spent in more than 10 categories, such as automobile mechanics, cabinet making, and masonry.

Detailed information on program expenditures and outcomes is needed to make effective management decisions concerning the allocation of resources and to assess program performance.

☑ Recommendation

We recommend the Department of Corrections:

- *consistently track expenditures for each of its treatment and educational programs;*
- *develop outcome measures for each of its treatment and educational programs;*
- *routinely evaluate the effectiveness of each of its treatment and educational programs by analyzing data on expenditures and outcomes, including the recidivism and employment rates of former program participants; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

■ ■ ■ ■

Staffing ■

In FY 2017-18, DOC funded 7,650 authorized positions that supported the operation of its adult institutions, of which 60.4 percent were security positions. From FY 2013-14 through FY 2017-18, the number of total overtime hours increased by 50.7 percent. During this period, the turnover rate for correctional officers increased from 17.8 percent to 26.1 percent, and the vacancy rate for all security positions more than doubled, growing from 6.7 percent to 14.0 percent. We also found that turnover rates and vacancy rates varied substantially among DOC's institutions. We recommend that DOC track the hours worked by all contract staff and analyze the costs associated with these staff. We also recommend that DOC evaluate the effectiveness of salary add-ons, signing bonuses, training academies, and job fairs to determine if they should be maintained, modified, expanded, or eliminated.

Staffing Levels

From FY 2013-14 to FY 2017-18, the number of authorized FTE positions increased by 9.0 FTE positions (0.1 percent).

The \$586.8 million in personnel expenditures that supported the operation of adult institutions in FY 2017-18 funded both permanent and limited-term employees (LTEs). As shown in Table 13, the number of permanent FTE positions that were authorized to DOC for adult corrections increased by 9.0 FTE positions (0.1 percent) from FY 2013-14 to FY 2017-18. The largest changes include:

- 52.7 fewer FTE security positions, resulting, in part, from a decrease of 60.0 FTE positions in 2015 Wisconsin Act 55 by reducing third-shift staffing in guard towers;

- 43.0 more FTE counselors and treatment specialists, resulting from DOC's decision to create additional counselor and treatment specialist positions by using some of the additional 113.2 FTE positions authorized by 2017 Wisconsin Act 59 and by converting unfilled social worker positions;
- 23.1 more FTE psychologists, based on additional funding provided by 2017 Wisconsin Act 59 for mental health services; and
- 20.0 more FTE correctional administration staff, based on the need to oversee the additional positions created from FY 2013-14 to FY 2017-18, including additional counselors, treatment specialists, and psychologists.

Table 13

Authorized FTE Positions for Adult Corrections

	FY 2013-14	FY 2017-18	Percentage Change
Security Positions			
Correctional Officers	3,008.0	3,037.0	1.0%
Correctional Sergeants	1,667.0	1,585.3	(4.9)
Subtotal	4,675.0	4,622.3	(1.1)
Administrative and Supervisory Positions			
Security Supervisors and Directors	328.0	327.0	(0.3)
Correctional Administration	231.0	251.0	8.7
Clerical and Administrative Support	240.7	227.0	(5.7)
Finance and Budget	171.5	164.5	(4.1)
Health and Social Services Administration	133.4	131.8	(1.2)
Records Management	107.0	110.5	3.3
Human Resources	66.4	68.2	2.7
Subtotal	1,278.0	1,280.0	0.2
Health and Social Services Positions			
Social Workers	286.6	289.0	0.8
Nurses	235.5	245.4	4.2
Psychologists	99.8	122.9	23.1
Counselors and Treatment Specialists	29.0	72.0	148.3
Medical and Dental Assistants/Hygienists/Technicians	38.8	39.3	1.3
Certified Nursing Assistants	12.0	20.0	66.7
Dentists	18.3	18.2	(0.5)
Physicians	17.8	18.1	1.7
Other	29.5	22.1	(25.1)
Subtotal	767.3	847.0	10.4
Other Positions			
Facilities Maintenance	287.5	285.5	(0.7)
Education	278.0	269.8	(2.9)
Food Service	182.0	181.2	(0.4)
Correctional Enterprises	82.0	74.0	(9.8)
Recreation	39.5	38.0	(3.8)
Chaplains	27.0	26.5	(1.9)
Complaint Examiners	24.6	25.6	4.1
Subtotal	920.6	900.6	(2.2)
Total	7,640.9	7,649.9	0.1

DOC has used few LTE security personnel.

In addition to permanent positions, DOC employed LTEs to help administer the adult correctional system. To help facilitate an understanding of the hours worked by LTEs, we converted LTE work hours into FTE positions. As shown in Table 14, the number of FTE positions that LTE work hours represented stayed relatively constant, increasing from 111.9 FTE positions in FY 2013-14 to 115.8 FTE positions in FY 2017-18. However, the LTE work effort by health and social services personnel decreased by 15.3 FTE positions (28.4 percent) while the LTE work effort by administrative and supervisory personnel increased by 9.2 FTE positions (21.6 percent). Although the number of LTE security positions more than doubled over our review period, DOC used few LTE security personnel in either year.

Table 14

Adult Corrections LTE Work Effort Represented in FTE Positions

Position Type	FY 2013-14	FY 2017-18	Percentage Change
Security ¹	6.7	15.7	134.3%
Administrative and Supervisory	42.6	51.8	21.6
Health and Social Services	53.8	38.5	(28.4)
Other ²	8.8	9.8	11.4
Total	111.9	115.8	3.5

¹ Includes correctional officers and correctional sergeants.

² Includes positions such as food service workers and educational assistants.

Meeting Staffing Needs

In addition to LTEs to help meet its staffing needs and to address turnover, DOC relied on three primary staffing strategies:

- overtime worked by full- and part-time employees, many of whom were paid at higher rates for hours in excess of 40 hours per week;
- extra time worked by part-time employees, who received their regular rates of pay for working up to 40 hours per week; and

- contract staff who provided support for DOC's health and social services functions.

DOC employs contract staff, such as nurses and pharmacists, through private agencies to supplement its staffing resources when needed. DOC attempts to limit its use of contract staff because they are more costly than its own employees. Some part-time employees work extra time and may even work full-time schedules, earning additional leave time, including vacation and sick leave, proportionate to the amount of extra time worked. However, part-time employees do not earn additional personal holiday time for working extra time beyond their part-time schedules. Employees who work more than 40 hours per week generally earn overtime paid at 1.5 times the regular rate of pay.

Of the \$397.5 million spent on wages in FY 2017-18, \$52.9 million (13.3 percent) was for overtime hours.

Table 15 shows the distribution of wage expenditures in FY 2017-18. Of the \$397.5 million spent on wages, \$52.9 million (13.3 percent) was for overtime hours, which were primarily worked by security personnel. Overtime hours accounted for \$45.8 million (21.0 percent) of the \$218.7 million paid to security personnel. The additional overtime and extra time worked in FY 2017-18 was the equivalent of 912 FTE employees. We could not determine the FTE work effort associated with contract staff, because DOC was unable to provide the number of hours associated with \$5.9 million of the \$17.8 million paid for contract staff.

Table 15

Employee Wages and Contract Staff Expenditures¹
FY 2017-18

Position Type	Regular Time	Additional Time			Total
		Overtime	Extra Time ²	Contract Staff	
Security ³	\$172,879,400	\$45,825,600	–	–	\$218,705,000
Administrative and Supervisory ⁴	70,212,500	3,390,000	\$ 61,700	–	73,664,200
Health and Social Services	46,520,800	2,874,500	871,800	\$17,803,800	68,070,900
Other ⁵	36,183,500	849,100	53,700	–	37,086,300
Total	\$325,796,200	\$52,939,200	\$987,200	\$17,803,800	\$397,526,400
Hours Worked	11,563,994	1,860,595	36,718	Unavailable ⁶	13,461,307
FTE Positions Based on Hours Worked ⁷	5,560	894	18	Unavailable ⁶	6,472

¹ Includes wages paid to employees of DOC's Division of Adult Institutions and contract payments made to private employment agencies that provide some of the Division's health and social services staff. Does not include expenditures for employee fringe benefits.

² Represents time worked by part-time employees who receive their regular rates of pay for working up to 40 hours per week.

³ Includes correctional officers and correctional sergeants.

⁴ Many administrative and supervisory employees are exempt from overtime pay requirements.

⁵ Includes positions such as food service workers and educational assistants.

⁶ DOC was unable to provide the number of hours associated with \$5.9 million of the \$17.8 million paid for contract staff.

⁷ Based on 2,080 hours of work per year per FTE.

If DOC recorded the number of hours worked by all contract staff, it could better analyze the cost effectiveness of this approach.

Recommendation

We recommend the Department of Corrections:

- *record the number of hours worked by all contract staff;*
- *regularly analyze the cost of using various types of contract staff compared to the cost of hiring its own employees; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

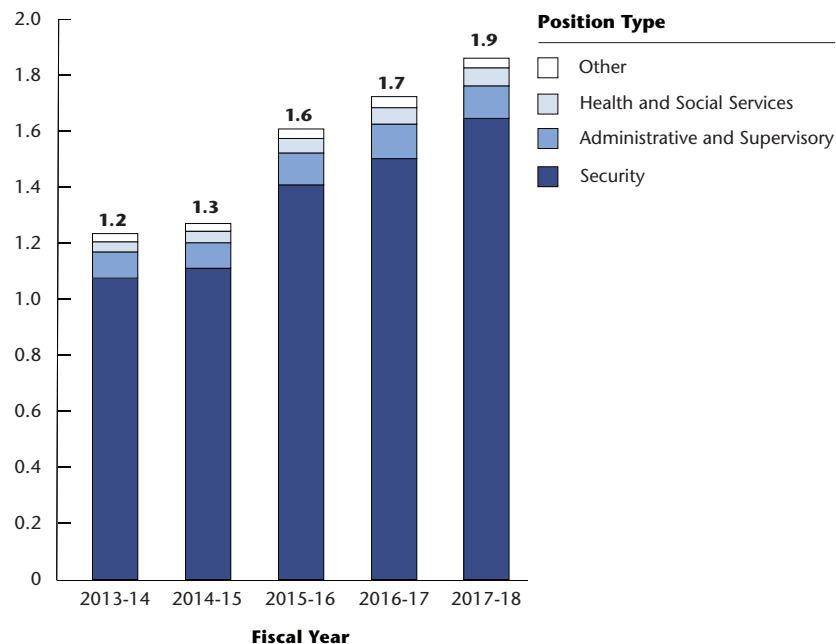
Overtime

The total number of overtime hours increased by 50.7 percent from FY 2013-14 to FY 2017-18.

As shown in Figure 5, the total number of paid overtime hours worked by DOC employees related to the administration of its adult institutions increased from 1.2 million in FY 2013-14 to 1.9 million in FY 2017-18, or by 50.7 percent. The percentage of all overtime hours worked by security personnel increased from 87.1 percent in FY 2013-14 to 88.4 percent in FY 2017-18. In addition, the percentage of all hours worked by security personnel that were overtime hours increased from 12.5 percent in FY 2013-14 to 19.4 percent in FY 2017-18.

Figure 5

Total Paid Overtime Hours Associated with the Administration of Adult Institutions (in millions)



We found that 452 employees (5.5 percent) worked an average of 16.0 or more paid hours of overtime each week in FY 2017-18.

We reviewed paid overtime hours worked by adult corrections employees and found that 452 employees (5.5 percent) worked an average of 16.0 or more paid hours of overtime each week, as shown in Table 16. We also found that 2,026 employees associated with adult corrections worked no paid overtime hours. Most of these employees are exempt from the federal Fair Labor Standards Act and therefore are not compensated for additional hours worked

beyond 40 per week. However, we also found that 301 security personnel, none of whom are exempt from the Fair Labor Standards Act, worked no overtime in FY 2017-18. Of the 301 security personnel, 124 were older employees within six months of their departure dates, 109 were newly hired employees who were within six months of their hire dates, and an additional 68 worked no overtime for other reasons.

Table 16

**Average Paid Overtime Hours Worked per Week
Associated with the Administration of Adult Institutions
FY 2017-18**

Average Number of Overtime Hours Worked per Week	Number of Security Personnel ¹	Number of Administrative and Supervisory Personnel	Number of Health and Social Services Personnel	Number of Other Personnel ²	Total	Percentage of Total
16.0 or More	438	5	8	1	452	5.5%
13.0 to 15.9	317	12	6	4	339	4.1
10.0 to 12.9	537	24	12	2	575	6.9
7.0 to 9.9	718	72	31	9	830	10.0
4.0 to 6.9	1,067	149	65	40	1,321	16.0
1.0 to 3.9	1,047	193	171	155	1,566	18.9
0.1 to 0.9	353	297	222	298	1,170	14.1
None ³	301	740	506	479	2,026	24.5
Total	4,778	1,492	1,021	988	8,279	100.0%

¹ Includes correctional officers and correctional sergeants.

² Includes positions such as food service workers and educational assistants.

³ Most employees who worked no paid overtime hours are exempt from the federal Fair Labor Standards Act and therefore are not compensated for additional hours worked beyond 40 per week.

Security personnel comprised 57.7 percent of all employees associated with the administration of adult institutions but accounted for 71.6 percent of those with paid overtime hours. The 14 employees who worked the most overtime but were not security personnel included:

- 6 nurses;
- 5 supervising officers, who are responsible for overseeing security personnel but who do not directly supervise inmates;

- 2 physicians; and
- 1 teacher.

We reviewed time records for the 10 employees with the most paid overtime hours worked in FY 2017-18. All 10 employees were security personnel. As shown in Table 17, the average number of hours worked by these 10 employees in FY 2017-18 ranged from 69.0 hours per week to 93.2 hours per week. Total earnings for these 10 employees averaged \$117,500, of which \$71,000 (60.4 percent) was overtime pay. The most overtime wages were paid to a correctional sergeant at Dodge Correctional Institution who earned a total of \$180,000 in FY 2017-18, of which \$119,200 (66.2 percent) was overtime pay.

Table 17

DOC Employees of Adult Institutions Who Worked the Most Paid Overtime
FY 2017-18

	DOC Correctional Institution	Employee Tenure at DOC (in years)	Average Number of Hours Worked per Week	Number of Instances of Working 16 or More Consecutive Hours
Correctional Officer A	Columbia	14.4	93.2	11
Correctional Sergeant	Dodge	28.0	92.2	4
Correctional Officer B	Oshkosh	14.3	84.9	11
Correctional Officer C	Fox Lake	5.3	83.0	4
Correctional Officer D	Stanley	11.1	78.3	108
Correctional Officer/Sergeant ¹	Redgranite	4.5	75.8	179
Correctional Officer E	Dodge	30.0	74.7	–
Correctional Officer F	Stanley	10.5	73.9	122
Correctional Officer G	Oshkosh	22.0	70.2	139
Correctional Officer H	Redgranite/Dodge ²	26.3	69.0	150

¹ This employee was promoted from correctional officer to correctional sergeant in January 2018.

² This employee moved from Redgranite Correctional Institution to Dodge Correctional Institution in March 2018.

**Two correctional
officers each worked
21.3 consecutive hours
in FY 2017-18.**

We also found that the number of instances in which these 10 individuals worked 16 or more consecutive hours ranged widely. Although one of the 10 employees never worked 16 or more consecutive hours in FY 2017-18, five worked 16 or more consecutive hours on more than 100 occasions during that year. In addition, we

found that two correctional officers each worked 21.3 consecutive hours.

As shown in Table 18, of the 6,253 employees associated with the administration of adult institutions who received overtime pay in FY 2017-18, 5,111 employees (81.7 percent) earned less than \$15,000 in overtime pay. The median amount of overtime pay earned by those who made less than \$15,000 was \$4,165. A total of 53 employees (0.8 percent) earned \$45,000 or more in overtime pay, including four who earned \$75,000 or more.

Table 18

**Overtime Earnings for Employees Associated with the Administration of Adult Institutions
FY 2017-18**

Amount	Number of Security Personnel ¹	Number of Administrative and Supervisory Personnel	Number of Health and Social Services Personnel	Number of Other Personnel ²	Total	Percentage of Total
\$75,000 or More	3	–	1	–	4	0.1%
\$60,000 to \$74,999	13	–	1	–	14	0.2
\$45,000 to \$59,999	29	1	5	–	35	0.6
\$30,000 to \$44,999	140	4	9	–	153	2.4
\$15,000 to \$29,999	861	37	34	4	936	15.0
Up to \$14,999 ³	3,431	710	465	505	5,111	81.7
Total	4,477	752	515	509	6,253	100.0%

¹ Includes correctional officers and correctional sergeants.

² Includes positions such as food service workers and educational assistants.

³ The median overtime earnings for employees in this category was \$4,165.

We estimate the cost of overtime for security positions in FY 2017-18 was \$3.7 million more than hiring and retaining staff.

There are many factors to consider when comparing the cost of overtime with the cost of hiring additional employees, including hourly wage rates, the number of hours required to meet staffing needs, and fringe benefit costs. We estimate the cost of overtime for security positions in FY 2017-18 was \$3.7 million more than it would have cost had DOC been able to hire and retain additional security staff, as shown in Table 19.

Table 19

Overtime and Position Cost Comparison for Security Personnel at Adult Institutions
FY 2017-18

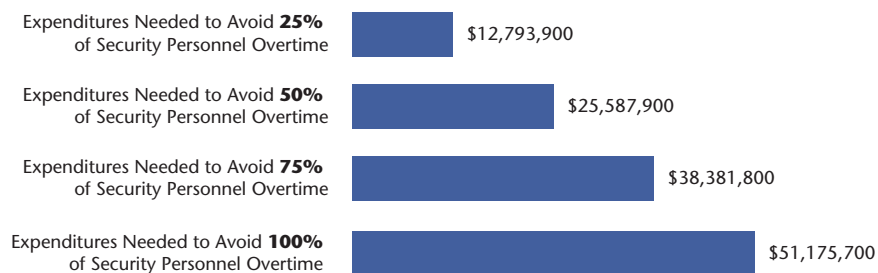
	Overtime Cost	New Staff Cost ¹	Difference
Correctional Officers	\$35,223,000	\$34,147,900	\$1,075,100
Correctional Sergeants	19,653,100	17,027,800	2,625,300
Total	\$54,876,100	\$51,175,700	\$3,700,400

¹ Estimated cost of additional staff that would be needed to avoid 1.1 million correctional officer overtime hours and 530,600 correctional sergeant overtime hours. Excludes certain wage adjustments some staff may earn, including additional pay received for working nights and weekends, as well as costs associated with training new security staff.

Although it would have cost an estimated \$51.2 million in additional staff costs to avoid all overtime worked by security personnel in FY 2017-18, it would have cost proportionately less if only a portion of the overtime had been avoided, as shown in Figure 6.

Figure 6

Expenditures for New Security Personnel Needed to Avoid Overtime for Security Personnel at Adult Institutions
FY 2017-18



Working extended hours can negatively affect job performance and raise safety concerns.

There may also be indirect costs associated with extensive overtime, such as the potential for negative effects on morale. In addition, studies have shown that working extended hours can negatively affect job performance, lead to fatigue-related errors, and raise safety concerns. For example, correctional officers are likely to become tired when working for extended periods and may not be as observant of, or respond as quickly to, security issues. In addition, security personnel are also responsible for functions that if performed improperly could directly affect inmate safety, such as dispensing medication. Frequently working extended hours can also

lead to negative long-term health problems for employees, such as obesity, cardiovascular disease, and sleep disorders.

Extra Time

From FY 2013-14 to FY 2017-18, the number of extra time hours worked by part-time employees decreased by 6.9 percent.

From FY 2013-14 to FY 2017-18, the total number of extra time hours that were worked by part-time employees decreased by 2,721 hours (6.9 percent), as shown in Table 20. The number of extra time hours decreased because more part-time employees had appointments closer to 1.0 FTE position, resulting in more part-time employees earning overtime rather than exclusively earning extra time.

Table 20

Extra Time Hours Worked by Part-Time Employees Associated with the Administration of Adult Institutions

Position Type	FY 2013-14	FY 2017-18	Percentage Change
Security ¹	438	–	(100.0)%
Health and Social Services	30,920	30,517	(1.3)
Administrative and Supervisory	5,296	4,076	(23.0)
Other ²	2,785	2,125	(23.7)
Total	39,439	36,718	(6.9)

¹ Includes correctional officers and correctional sergeants.

² Includes positions such as food service workers and educational assistants.

Because more than 78 percent of all extra hours were worked by health and social services personnel in both FY 2013-14 and FY 2017-18, we analyzed their hours more closely. Of the 30,517 extra hours worked by health and social services personnel in FY 2017-18:

- 23,949 hours (78.5 percent) were worked by nurses;
- 3,755 hours (12.3 percent) were worked by medical and dental assistants or hygienists;
- 1,316 hours (4.3 percent) were worked by certified nursing assistants; and

- 1,497 hours (4.9 percent) were worked by a variety of other health and social services employees, such as dentists, psychologists, and social workers.

Turnover and Vacancy Rates

We also analyzed turnover and vacancy rates for adult corrections personnel. When turnover considers only those employees in DOC's Division of Adult Institutions who left the Division, we found that turnover increased from 13.0 percent in FY 2013-14 to 17.9 percent in FY 2017-18. However, because institutional operations can be disrupted when employees leave one institution to go to another, we chose to include in our detailed turnover analyses both those employees who left the Division as well as those employees who left one adult institution and were hired by another adult institution within DOC.

The turnover rate for correctional officers increased from 17.8 percent in FY 2013-14 to 26.1 percent in FY 2017-18.

As shown in Table 21, the largest increase in turnover rates was for correctional officers, whose turnover rate increased from 17.8 percent in FY 2013-14 to 26.1 percent in FY 2017-18. However, health and social services personnel had the highest turnover rate in both years at 24.4 percent and 31.7 percent, respectively. We found that the highest turnover rates among health and social services personnel included positions such as registered nurses, who had a turnover rate of 58.8 percent, and social workers, who had a turnover rate of 54.2 percent. DOC attributes these high turnover rates to a competitive labor market for these positions.

Table 21

Turnover Rates for Employees Associated with the Administration of Adult Institutions¹

Position Type	FY 2013-14	FY 2017-18	Percentage Point Change
Security			
Correctional Officers	17.8%	26.1%	8.3
Correctional Sergeants	16.3	19.9	3.6
Security Average	17.3	24.0	6.7
Health and Social Services	24.4	31.7	7.3
Administrative and Supervisory	20.6	19.6	(1.0)
Other ²	18.6	24.9	6.3
Overall Average	18.6	24.0	5.4

¹ Turnover includes employees who left DOC's Division of Adult Institutions, as well as employees who left one adult institution and were hired by another adult institution.

² Includes positions such as food service workers and educational assistants.

We found that turnover among security personnel varied substantially among institutions.

We also found that turnover among security personnel varied substantially among institutions. As shown in Table 22, the change in the turnover rate among security personnel from FY 2013-14 to FY 2017-18 ranged from a decrease of 17.6 percentage points for DOC's Bureau of Correctional Enterprises to an increase of 24.5 percentage points for Columbia Correctional Institution, which also had the highest turnover rate at 37.2 percent in FY 2017-18. DOC attributes Columbia's turnover issues to a high vacancy rate, which necessitates more overtime. Overall, turnover was highest among maximum-security prisons and lowest among minimum-security prisons.

The median tenure of security personnel at DOC's minimum-security institutions was at least six years more than that of its higher-security institutions.

The effect of substantial turnover among security personnel can be seen in an analysis of tenure. As shown in Table 23, the tenure at DOC's adult institutions in June 2018 varied markedly by security level. The median tenure of security personnel at DOC's three minimum-security prisons and its 16 minimum-security correctional centers was, on average, at least six years more than the median tenure of security personnel at DOC's maximum- and medium-security prisons. This is likely because minimum-security institutions are considered safer, less stressful work environments. However, we found substantial variation in the tenure of security personnel among both maximum- and medium-security institutions. For example, the tenure of security personnel at maximum-security institutions ranged from a low of 3.1 years at Columbia Correctional Institution to a high of 13.0 years at Dodge Correctional Institution. DOC attributes this wide variation to security personnel with the most tenure being able to select their preferred institution in which to work.

Table 22

Turnover Rates for Security Personnel, by Adult Institution¹

	FY 2013-14	FY 2017-18	Percentage Point Change
Maximum-Security Prisons			
Columbia Correctional Institution	12.7%	37.2%	24.5
Green Bay Correctional Institution	21.2	35.9	14.7
Waupun Correctional Institution	19.1	34.3	15.2
Dodge Correctional Institution	18.8	22.5	3.7
Wisconsin Secure Program Facility	26.1	21.0	(5.1)
Taycheedah Correctional Institution	20.7	19.6	(1.1)
Maximum-Security Average	19.2	28.3	9.1
Medium-Security Prisons			
Racine Youthful Offender Correctional Facility	25.2	37.0	11.8
Kettle Moraine Correctional Institution	14.7	29.6	14.9
Oshkosh Correctional Institution	12.6	29.5	16.9
Redgranite Correctional Institution	18.4	26.5	8.1
Milwaukee Secure Detention Facility	17.9	26.2	8.3
New Lisbon Correctional Institution	15.4	23.0	7.6
Stanley Correctional Institution	21.1	18.9	(2.2)
Fox Lake Correctional Institution	16.3	18.6	2.3
Racine Correctional Institution	12.1	18.0	5.9
Jackson Correctional Institution	12.6	16.3	3.7
Prairie du Chien Correctional Institution	18.6	9.5	(9.1)
Medium-Security Average	16.1	23.0	6.9
Minimum-Security Prisons			
Sturtevant Transitional Facility	30.9	29.7	(1.2)
Chippewa Valley Correctional Treatment Facility	20.2	14.7	(5.5)
Oakhill Correctional Institution	12.4	13.7	1.3
Minimum-Security Average	17.3	16.3	(1.0)
Other			
Correctional Centers ²	16.6	21.9	5.3
Correctional Enterprises ³	25.1	7.5	(17.6)
Wisconsin Resource Center	15.5	24.4	8.9
Overall Average	17.3	24.0	6.7

¹ Security personnel include correctional officers and correctional sergeants. Correctional officers who were promoted to sergeants and stayed employed at the same institution were not counted in determining turnover percentages.

² Represents the combined turnover rate for all 16 correctional centers.

³ Some security personnel are employed by DOC's Bureau of Correctional Enterprises rather than one of its institutions. In June 2018, the Bureau had 14 FTE authorized security personnel.

Table 23

Median Tenure of Security Personnel¹
June 2018

	Median Tenure at DOC (in years)
Maximum-Security Prisons	
Dodge Correctional Institution	13.0
Taycheedah Correctional Institution	11.4
Wisconsin Secure Program Facility	6.1
Waupun Correctional Institution	5.5
Green Bay Correctional Institution	3.6
Columbia Correctional Institution	3.1
Median Tenure for Maximum-Security Prisons	6.8
Medium-Security Prisons	
Prairie du Chien Correctional Institution	15.7
Jackson Correctional Institution	14.3
Redgranite Correctional Institution	12.0
Fox Lake Correctional Institution	11.7
Racine Correctional Institution	11.1
New Lisbon Correctional Institution	8.5
Stanley Correctional Institution	6.1
Oshkosh Correctional Institution	5.8
Milwaukee Secure Detention Facility	4.9
Kettle Moraine Correctional Institution	4.2
Racine Youthful Offender Correctional Facility	3.8
Median Tenure for Medium-Security Prisons	9.8
Minimum-Security Prisons	
Chippewa Valley Correctional Treatment Facility	15.7
Sturtevant Transitional Facility	14.7
Oakhill Correctional Institution	11.1
Median Tenure for Minimum-Security Prisons	14.4
Other	
Correctional Centers ²	17.2
Correctional Enterprises ³	20.0
Wisconsin Resource Center	15.7
Median Tenure Overall	10.7

¹ Includes correctional officers and correctional sergeants.

² Represents the median tenure for security personnel at all 16 correctional centers.

³ Some security personnel are employed by DOC's Bureau of Correctional Enterprises rather than one of its institutions. In June 2018, the Bureau had 14.0 FTE authorized security personnel.

The vacancy rate for all adult corrections positions increased from 7.7 percent in FY 2013-14 to 13.0 percent in FY 2017-18.

We calculated vacancy rates by dividing the number of unfilled positions by the number of authorized positions at the end of June for each fiscal year. As shown in Table 24, the vacancy rate for all adult corrections positions increased from 7.7 percent in FY 2013-14 to 13.0 percent in FY 2017-18. The largest increase in position vacancies was for security positions, which more than doubled, increasing from 6.7 percent to 14.0 percent over this period. DOC attributes the high vacancy rate for security positions primarily to low unemployment, making it difficult for DOC to compete for workers, and to an increasing need for overtime, which results in greater turnover due to decreased job satisfaction.

Table 24

Vacancy Rates for Employees Associated with the Administration of Adult Institutions, by Position Type

Position Type	Percentage Vacant June 2014	Percentage Vacant June 2018	Percentage Change
Security ¹	6.7%	14.0%	109.0%
Administrative and Supervisory	7.6	6.9	(9.2)
Health and Social Services	11.4	19.0	66.7
Other ²	9.6	11.0	14.6
All Positions	7.7	13.0	68.8

¹ Includes correctional officers and correctional sergeants.

² Includes positions such as food service workers and educational assistants.

We reviewed the vacancy rates for security positions at each adult institution at the end of June for each fiscal year and found significant variation. As shown in Table 25, four institutions had vacancy rates for their security positions of more than 20.0 percent in June 2018. Three of the four are maximum-security institutions, including Columbia Correctional Institution where the vacancy rate for security positions increased from 5.2 percent in June 2014 to 26.0 percent in June 2018. Only three institutions and DOC's Bureau of Correctional Enterprises experienced a decline in vacancy rates for security positions during this period.

Table 25

Vacancy Rates for Security Positions,¹ by Adult Institution

	June 2014	June 2018	Percentage Point Change
Maximum-Security Prisons			
Columbia Correctional Institution	5.2%	26.0%	20.8
Waupun Correctional Institution	8.5	23.7	15.2
Dodge Correctional Institution	8.3	22.8	14.5
Green Bay Correctional Institution	4.6	16.4	11.8
Taycheedah Correctional Institution	4.9	14.9	10.0
Wisconsin Secure Program Facility	14.7	6.9	(7.8)
Average for Maximum-Security Prisons	7.5	19.8	12.3
Medium-Security Prisons			
Redgranite Correctional Institution	8.5	18.4	9.9
Oshkosh Correctional Institution	7.0	18.3	11.3
Racine Youthful Offender Correctional Facility	8.8	15.3	6.5
Fox Lake Correctional Institution	7.3	12.6	5.3
Kettle Moraine Correctional Institution	5.1	11.5	6.4
Jackson Correctional Institution	5.9	10.3	4.4
Milwaukee Secure Detention Facility	5.2	10.1	4.9
New Lisbon Correctional Institution	5.7	9.8	4.1
Stanley Correctional Institution	8.3	8.0	(0.3)
Racine Correctional Institution	2.5	7.9	5.4
Prairie du Chien Correctional Institution	9.1	0.9	(8.2)
Average for Medium-Security Prisons	6.4	11.6	5.2
Minimum-Security Prisons			
Sturtevant Transitional Facility	2.3	20.5	18.2
Oakhill Correctional Institution	5.1	9.7	4.6
Chippewa Valley Correctional Treatment Facility	1.2	4.9	3.7
Average for Minimum-Security Prisons	3.6	10.0	6.4
Other			
Correctional Centers ²	9.4	11.1	1.7
Correctional Enterprises ³	14.3	7.1	(7.2)
Wisconsin Resource Center	1.0	7.8	6.8
Overall Average	6.7	14.0	7.3

¹ Includes correctional officers and correctional sergeants.

² Represents the combined vacancy rate for security positions at all 16 correctional centers.

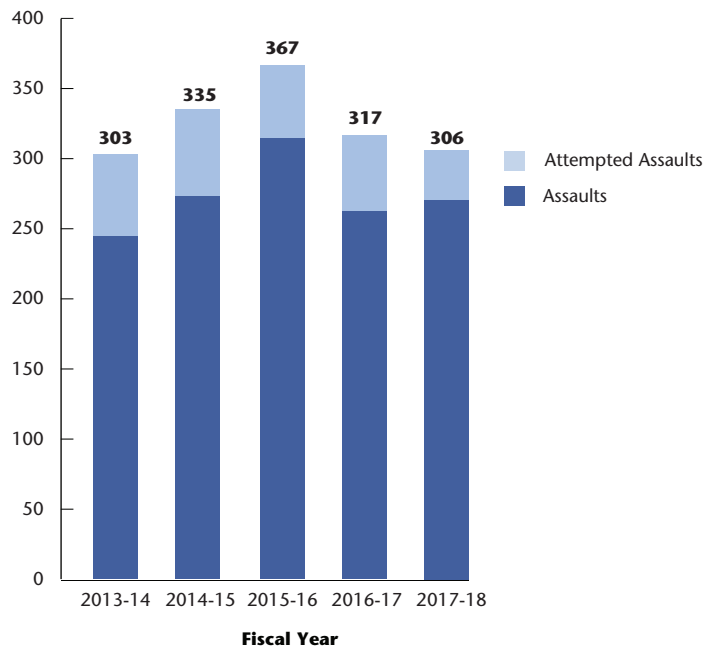
³ Some security personnel are employed by DOC's Bureau of Correctional Enterprises rather than one of its institutions. In June 2018, the Bureau had 14 FTE authorized security personnel.

Inmate Assaults on DOC Personnel

One factor that may affect job tenure is employee safety. As part of their job duties, DOC employees, especially security personnel, have regular contact with inmates who have the potential to affect employee safety. As shown in Figure 7, the total number of assaults and attempted assaults of DOC employees by inmates increased from 303 in FY 2013-14 to 367 in FY 2015-16 but declined in each of the subsequent two years.

Figure 7

Number of Assaults and Attempted Assaults of DOC Employees by Inmates at Adult Institutions

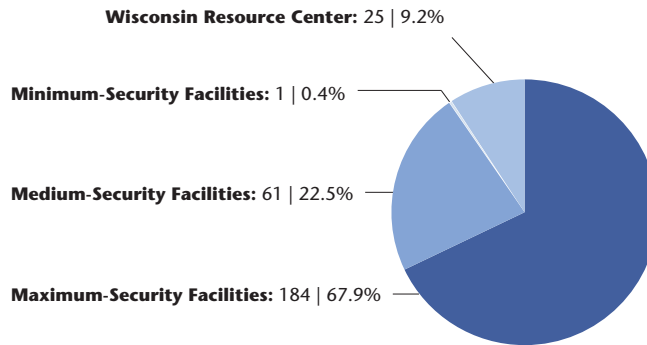


In FY 2017-18, there were more than 25 assaults of DOC employees at each of five maximum-security institutions.

In FY 2017-18 there were 271 assaults in DOC institutions, including more than 25 assaults of DOC employees at each of five maximum-security institutions. In contrast, no assaults were committed at any of DOC's 16 correctional centers. As shown in Figure 8, 184 assaults (67.9 percent) occurred at maximum-security institutions. In addition, 25 assaults (9.2 percent) occurred at the Wisconsin Resource Center, which is operated by DHS. Of the 271 assaults committed in FY 2017-18, 126 resulted in worker's compensation claims. DOC indicated that all 126 claims were paid through a centralized risk management pool administered by DOA.

Figure 8

**Location of Assaults of DOC Employees by Inmates at Adult Institutions
FY 2017-18**



Addressing Staffing Issues

Wisconsin had the second-lowest entry-level wage for correctional officers among the seven midwestern states we reviewed.

To better understand the staffing challenges, we analyzed and compared wages with other states and reviewed recruitment and retention efforts by DOC. As shown in Table 26, the entry-level wages of correctional officers in seven midwestern states we reviewed ranged from a low of \$16.00 per hour in Indiana to a high of \$23.28 per hour in Illinois. Wisconsin had the second-lowest entry-level wage at \$16.32 per hour. However, because of the difficulty in filling correctional officer positions at certain maximum-security institutions, newly hired correctional officers at Dodge Correctional Institution, Green Bay Correctional Institution, and Waupun Correctional Institution received an add-on of \$1.00 to their starting wages, increasing them to \$17.32 per hour. Illinois paid the highest starting wage to correctional officers, with a starting wage \$4.93 (26.9 percent) above the average for the seven midwestern states.

As of January 2019, DOC also offered signing bonuses of \$2,000 for newly hired correctional officers at Columbia Correctional Institution, Dodge Correctional Institution, and Waupun Correctional Institution, provided the individuals hired were new to state service or had not held a state position during the past five years.

Table 26

**Comparison of Hourly Entry-Level Wages for
Correctional Officers in Midwestern States**

August 2018

State	Entry-Level Hourly Wage ¹	Amount Over/(Under) Average Hourly Wage
Indiana	\$16.00	\$(2.35)
Wisconsin	16.32²	(2.03)
Michigan	17.32	(1.03)
Minnesota	17.90	(0.45)
Ohio	18.09	(0.26)
Iowa	19.51	1.16
Illinois	23.28	4.93
Average	18.35	–

¹ Represents the lowest wage listed for an entry-level employee's salary when the wage was listed as a range.

² The entry-level hourly wages for correctional officers at Dodge Correctional Institution, Green Bay Correctional Institution, and Waupun Correctional Institution were \$17.32 in August 2018 because of the difficulty in filling correctional officer positions at these institutions. In addition, sign-on bonuses of \$2,000 were available for those hired by Columbia Correctional Institution, Dodge Correctional Institution, and Waupun Correctional Institution, provided the individuals hired were new to state service or had not held a state position during the past five years.

The Governor's 2019-2021 biennial budget proposal requests \$23.8 million in GPR over the biennium to implement a pay progression system for correctional officers, correctional sergeants, psychiatric care technicians, and youth counselors within DOC and DHS. The new pay system would increase the starting hourly wage for correctional officers, as well as reduce pay compression issues and the amount of overtime worked by correctional officers. However, no amounts were specified.

We estimated the effect on FY 2017-18 expenditures if all security personnel in Wisconsin had had their wages increased by 9.7 percent, which is the difference between the starting wage for a correctional officer in Wisconsin, which is \$16.32, and the median starting wage for correctional officers in surrounding states, which is \$17.90. Raising the salaries of all security personnel by 9.7 percent in FY 2017-18 would have increased total expenditures by an estimated \$30.3 million.

To enhance its recruitment efforts, DOC implemented on-site training academies at six of its institutions beginning in 2016. For example, in 2018, Green Bay Correctional Institution held its first training academy for correctional officer applicants at its institution

with the hope that training alongside correctional officers and recruiting area residents would improve retention outcomes. DOC staff indicated that in May 2018, 41 officers graduated from the Green Bay training academy of which 21 were employed at Green Bay Correctional Institution and 20 were employed at other state correctional institutions. As of November 2018, DOC indicated that 11 of the 21 officers remained employed at Green Bay Correctional Institution, as well as 12 of the 20 officers hired by other correctional institutions.

DOC has also recently expanded the number of job fairs hosted by its institutions. For example, each of its 20 adult prisons held at least one job fair in 2018, and three held 10 or more, including Columbia Correctional Institution, New Lisbon Correctional Institution, and Redgranite Correctional Institution.

Recommendation

We recommend the Department of Corrections:

- *evaluate the effectiveness of wage add-ons and signing bonuses to determine if these financial incentives should be maintained, modified, expanded to additional institutions, or eliminated;*
- *evaluate the effectiveness of institution-based training academies and job fairs to determine if they should be maintained, modified, expanded to additional institutions, or eliminated;*
- *if included as part of the 2019-2021 Biennial Budget Act, evaluate the effectiveness of the new pay progression system for correctional officers; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

■ ■ ■ ■

Managing Inmate Health Care ■

We determined the percentage of inmates age 50 or older increased from 12.9 percent to 19.2 percent, which indicates an increased need for specialized health care services for older inmates with chronic medical conditions. For mental health care, the percentage of inmates DOC determined to have mental health needs increased from 33.2 percent in 2009 to 41.3 percent in 2018, which also indicates an increased need for care. Although health care related expenditures increased significantly over the audit period, a lack of data prevented us from analyzing overall health care trends of adult inmates over the same period. To improve management of inmate health care and reduce costs, we recommend that DOC comprehensively collect and analyze inmate medical information, enter into a new written agreement with DHS for the administration of the Wisconsin Resource Center, increase use of telemedicine appointments, consolidate inmate trips to external medical appointments, and explore the potential use of Medical Assistance funding to provide nursing-home level of care to certain inmates.

Collection and Analysis of Health Care Information

DOC policies require each of its adult institutions to complete three health services reports each month.

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 is the intake institution for men and Taycheedah Correctional Institution 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. DOC attempts to centrally monitor health care information through health services reports completed by each institution. DOC policies require each of its adult institutions to complete three health services reports each month. These reports are intended to provide DOC with information on important health care indicators, such as the number of inmates receiving prescription medications, the number of visits to DOC health care professionals, and the number of inmates with chronic and other health care conditions.

To better understand and control rising inmate health care costs in federal prisons, the United States Government Accountability Office made numerous recommendations to the Federal Bureau of Prisons in a June 2017 report. These recommendations included conducting an analysis to identify the best method to efficiently collect health care data, conducting an analysis of health care expenditures, and evaluating cost-control initiatives that have been implemented. The report emphasizes the importance of collecting comprehensive health care data as a starting point in conducting analyses to limit future health care expenditures.

We attempted to analyze monthly reports and summarize overall health care trends of adult inmates since September 2014, which is when they were first required to be completed. However, we identified problems with both the completeness and accuracy of these reports.

Because of known errors in its health services reports, DOC does not use them for assessing inmate health conditions.

DOC's Bureau of Health Services identified challenges in collecting accurate information, including a high volume of inmate turnover and a largely paper-based medical records system requiring manual data entry. DOC believes these challenges result in data entry errors that make it difficult to track the medical conditions of inmates, many of whom move frequently among DOC's institutions. Consequently, DOC employees indicated they do not use the health services reports for assessing inmate health conditions.

In February 2019, DOC fully implemented an electronic medical records system for all of its adult institutions.

In February 2019, DOC fully implemented an electronic medical records system for all of its adult institutions. DOC staff indicated they believe this will address issues of completeness and accuracy with monthly health services information. Although collecting this information is a necessary step, it will be important for DOC to use its new electronic medical records system to develop specific processes to comprehensively track and monitor inmate health among all adult institutions, rather than to simply rely on it as an electronic storage system for discrete inmate medical files. Use of electronic medical records as an analytical tool would enable DOC to improve the management of inmate health care and reduce future expenditures through improved disease management and health

education, and by reducing the amount of time spent by employees locating and accessing inmate health care information.

Recommendation

We recommend the Department of Corrections:

- *ensure the data entered into its new electronic medical records system are complete, consistent, and accurate;*
- *develop a plan for compiling the data it collects in its electronic medical records system to comprehensively analyze and identify inmates' health care needs, areas for service improvement, and areas of potential cost savings;*
- *by January 15, 2020, submit a report to the Joint Legislative Audit Committee that comprehensively summarizes inmate health care in all adult institutions while highlighting expenditures that have increased substantially over the prior fiscal year; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on its efforts in this area.*

Medical Assistance Coverage for Inpatient Hospital Care

Since April 2014, some inpatient medical care for inmates has been covered by the Medical Assistance program.

As a result of changes implemented under the Affordable Care Act, beginning in January 2014, inmates who are admitted to off-site hospitals or other qualifying facilities for inpatient care lasting at least 24 hours, and who would otherwise be eligible for the Medical Assistance program if they were not incarcerated, may have their inpatient services covered by the Medical Assistance program. 2013 Wisconsin Act 20, the 2013-15 Biennial Budget Act, authorized the Wisconsin Medical Assistance program to take advantage of this provision in federal law and, beginning in April 2014, to enroll eligible inmates in the program.

DOC coordinates the submission of application materials to DHS on behalf of inmates. Eligibility for Medical Assistance coverage begins on the date an inmate is admitted to a hospital and ends on the date of discharge. Emergency room services are a covered cost under the Medical Assistance program only when inmates are admitted to a

hospital directly from the emergency room. The Medical Assistance program does not cover any outpatient hospital services for inmates.

From April 2014 through July 2018, a total of 2,162 inmates received \$71.2 million in services paid by the Medical Assistance program.

We analyzed the care provided to inmates from April 2014 through July 2018, which was the most recent period for which this information was available at the time of our fieldwork, and found that a total of 2,162 adult inmates received \$71.2 million in services paid by the Medical Assistance program. Based on the codes health care providers use to bill the Medical Assistance program, the top ten types of health issues or procedures for which care was provided accounted for \$37.2 million (52.2 percent) of the payments made to providers, as shown in Table 27. Heart issues, such as heart failure, coronary bypass surgery, and cardiac valve procedures, accounted for the largest amount and totaled \$8.5 million (12.0 percent) of total Medical Assistance provider payments.

Table 27

**Inpatient Care Provided to Adult Inmates
Covered Under the Medical Assistance Program**
April 2014 through July 2018

Health Issue or Procedure ¹	Amount	Percentage of Total
Heart Issues	\$ 8,533,100	12.0%
Gastrointestinal Tract Issues	7,775,100	10.9
Respiratory Issues	4,480,700	6.3
Septicemia or Severe Sepsis ²	3,850,500	5.4
Kidney and Urinary Tract Issues	3,095,500	4.4
Replacement or Reattachment of Hip, Knee, or Ankle Joint	2,701,200	3.8
Craniotomy ³	1,884,200	2.6
Spinal Fusion	1,737,800	2.4
Infectious and Parasitic Diseases	1,709,100	2.4
Liver Issues	1,422,600	2.0
Subtotal	37,189,800	52.2
Other ⁴	34,009,100	47.8
Total	\$71,198,900	100.0%

¹ Based on the codes health care providers use to bill the Medical Assistance program.

² Includes bacterial infection of the bloodstream and extreme inflammatory response to infection.

³ Involves removing a portion of the skull to treat conditions such as blood clots, aneurysms, swelling of the brain, infections, and brain tumors.

⁴ Includes \$3.7 million for professional services, such as laboratory services, physician services, radiological services, and durable medical equipment.

Of the \$71.2 million in expenditures for the inpatient care provided to adult inmates from April 2014 through July 2018, we estimate that \$41.6 million (58.5 percent) was paid with federal revenue and \$29.6 million (41.5 percent) was paid with GPR. Before inmate inpatient care became eligible for Medical Assistance coverage, DOC indicated that it paid an average of approximately 40 percent of providers’ usual and customary charges related to inpatient services. These payments were made entirely with GPR. Based on the total amount that health care providers billed to the Medical Assistance program for inpatient care provided to adult inmates from April 2014 through July 2018, we estimate that inmate participation in the Medical Assistance program saved the State approximately \$40.8 million over this period, or approximately \$9.4 million annually.

Mental Health Needs

Inmate mental health screenings are usually conducted soon after incarceration.

Like physical health needs, mental health needs are identified through inmate screenings conducted by DOC during the intake process. Mental health screenings are usually conducted within the first several days of incarceration at DOC’s two intake facilities.

DOC classifies inmates based on their mental health needs and the severity of their illnesses. Table 28 shows the four codes that DOC uses to describe the mental health needs of inmates.

Table 28

Mental Health Classification Codes Used by DOC

Code	Classification	Common Diagnoses
MH-0	No Identified Mental Health Need	None
MH-1 ¹	Identified Mental Health Need but Not Seriously Mentally Ill	Impulse Control Disorder, Adjustment Disorder, Depression (mild or moderate), Personality Disorder (mild or moderate)
MH-2a	Seriously Mentally Ill Inmates without a Severe Primary Personality Disorder	Psychotic Disorders, Major Depression, Bipolar Disorder, Dementia
MH-2b	Seriously Mentally Ill Inmates with a Severe Primary Personality Disorder	Borderline Personality Disorder (severe)

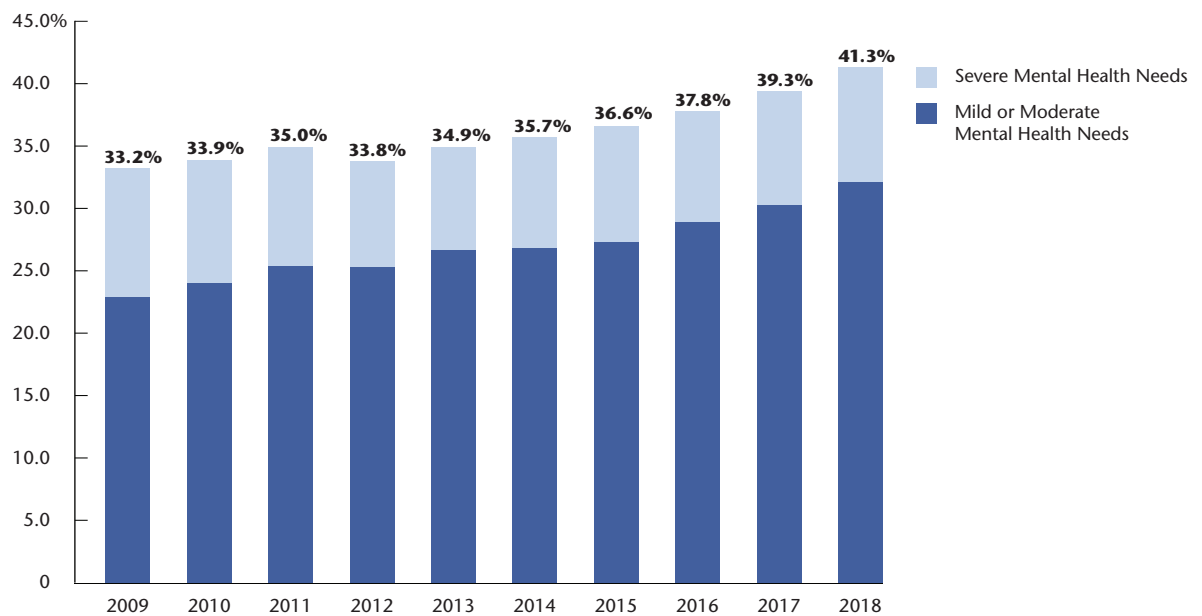
¹ Used to identify inmates whose identified mental health needs are short-term or who do not meet the criteria for a formal diagnosis, as well as those with diagnosed mental illnesses that are less severe than those categorized as serious mental illnesses. Excludes inmates who are receiving program services exclusively, such as substance abuse treatment or sex offender treatment, and who have no other identified mental health needs.

The percentage of inmates classified as having a mental health need increased from 33.2 percent in 2009 to 41.3 percent in 2018.

As shown in Figure 9, the percentage of inmates classified as having a mental health need, which are those classified as MH-1, MH-2a, and MH-2b, increased from 33.2 percent in 2009 to 41.3 percent in 2018. Although the percentage of inmates with severe mental health needs (MH-2a and MH-2b) was stable over this period, the percentage with mild or moderate mental health needs (MH-1) increased from 22.9 percent in 2009 to 32.1 percent in 2018.

Figure 9

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



The incidence of mental health needs increased for both men and women over this period. The percentage of male inmates with a mental health need increased from 30.9 percent in 2009 to 38.4 percent in 2018. For female inmates, the percentage increased from 69.9 percent in 2009 to 81.4 percent in 2018. Inmates with mental health needs are often more expensive to incarcerate because they may require additional medication, treatment, counseling, and other program services.

In addition to mental health needs, DOC determined that 0.6 percent of its inmates had an intellectual disability in 2018. DOC defines inmates with intellectual disabilities as those with an intelligence

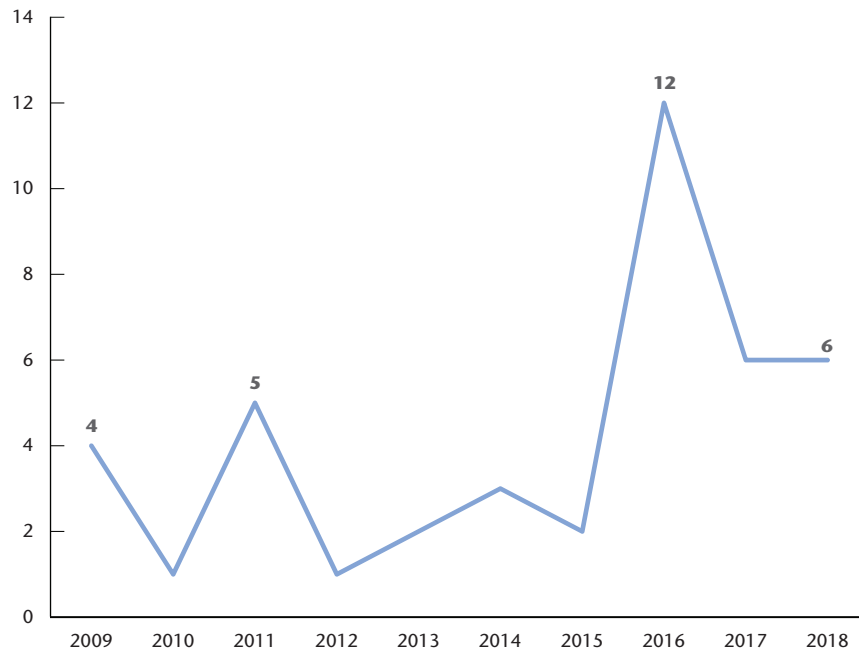
quotient (IQ) of approximately 70 or below who also have impairments in functioning.

From 2009 through 2018, 42 inmates committed suicide while in DOC custody.

From 2009 through 2018, 42 inmates committed suicide while in DOC custody. As shown in Figure 10, the number of inmate suicides was generally small through 2015. In 2016 it increased to 12 and there were six suicides in each of the subsequent two years.

Figure 10

Inmate Suicides



As shown in Table 29, eight institutions experienced more than one suicide from 2009 through 2018, and two of the suicides of DOC inmates occurred while they were held in county jails.

Table 29

Inmate Suicides by Adult Institution
2009 through 2018

Location	Number	Institution Security Level	Average Daily Inmate Population in FY 2017-18
Green Bay Correctional Institution	10	Maximum	1,094
Columbia Correctional Institution	6	Maximum	834
Waupun Correctional Institution	6	Maximum	1,258
Dodge Correctional Institution	4	Maximum	1,683
Milwaukee Secure Detention Facility	3	Medium	1,079
Wisconsin Resource Center ¹	3	–	373
Fox Lake Correctional Institution	2	Medium	1,341
Stanley Correctional Institution	2	Medium	1,575
DOC Inmates Held in County Jails ²	2	–	–
Other DOC Institutions ³	4	–	–
Total	42		

¹ Operated by DHS to serve inmates needing specialized mental health treatment.

² Dodge County Jail and Langlade County Jail each had one inmate suicide.

³ Four institutions each had one inmate suicide: New Lisbon Correctional Institution, Oakhill Correctional Institution, Robert E. Ellsworth Correctional Center, and Taycheedah Correctional Institution.

Wisconsin Resource Center

DHS administers the Wisconsin Resource Center to treat DOC inmates with specialized mental health needs.

Inmates with the greatest mental health and behavioral needs are generally referred to the Wisconsin Resource Center. As required by s. 46.056 (1), Wis. Stats., DHS administers the Wisconsin Resource Center, which is currently operated exclusively as an institution for DOC inmates with specialized mental health needs. The Center is located on the grounds of the Winnebago Mental Health Institute near Oshkosh.

Under s. 302.055, Wis. Stats., DOC may transfer an inmate to the Center if DOC believes the inmate is in need of specialized mental health care. Prior to inmate transfer, DOC personnel conduct a medical assessment to identify any medical issues or concerns, and DHS personnel at the Center review the referral and medical information to determine whether placement at the Center is appropriate. If the inmate is accepted by the Center, DHS personnel work with the inmate to develop appropriate treatment goals and identify services to help the inmate to meet them. Approximately every two months a multidisciplinary team at the Center makes a

determination on whether the inmate should remain at the Center for additional treatment or be returned to a DOC correctional institution, either because treatment has been completed or because no further progress in treating the inmate is expected.

In our report on inmate mental health care released in March 2009 (report 09-04), we recommended DOC develop written policies that:

- outline steps in the transfer application process;
- specify the criteria that will be used to assess inmates for transfer to the Center;
- require documentation of inmate transfer applications and decisions; and
- ensure the timely identification and transfer of inmates as they complete their treatment at the Center.

We found that DOC had developed written policies and procedures that address each of our recommendations.

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.

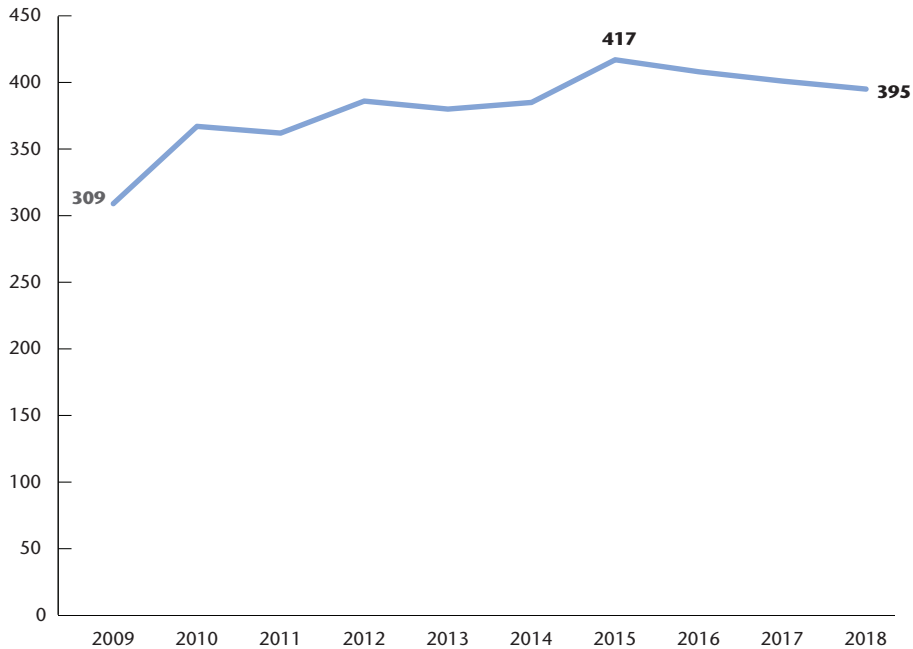
In September 2018, 58 beds were added to treat male inmates with substance use disorders.

In September 2011, 41 beds were added to the Center to treat female inmates with specialized mental health needs, and in September 2018 two units with a total of 58 beds were added to treat male inmates with substance use disorders. This brought the Center's total design capacity to 443 beds.

As shown in Figure 11, the number of inmates housed at the Center increased from 309 in 2009 to 417 in 2015 before decreasing to 395 in 2018. In FY 2017-18, the average cost totaled approximately \$450 per inmate per day.

Figure 11

Wisconsin Resource Center Population
As of June 30



DOC and DHS first entered into a formal written agreement outlining the responsibilities of each agency with respect to the Wisconsin Resource Center in January 1992. Under the agreement, DOC is responsible for providing correctional officers, including all recruiting, hiring, and pre-service training. DOC pays the wages and most benefits for correctional officers up to 40 hours in a week, while DHS pays overtime costs, worker’s compensation, unemployment insurance, and duty disability benefits for these officers. In FY 2017-18, DHS paid \$429,300 for overtime costs incurred by DOC correctional officers at the Center. In FY 2017-18, DOC provided 110.0 authorized FTE correctional officers at a cost of \$7.6 million, and DHS provided 559.4 authorized FTE staff members and spent \$58.6 million in total operating costs.

We found that DOC and DHS have not updated their January 1992 agreement for operation of the Wisconsin Resource Center.

We found that DOC and DHS have not updated their agreement since the original agreement was signed in January 1992, and some provisions are no longer accurate or relevant. For example, the agreement specifies that DOC will provide 45 correctional officers to meet the security needs of the Center, but the number of correctional officers has increased since then and, as noted, DOC provided 110.0 FTE correctional officers in FY 2017-18.

At the direction of DOA, the two substance use disorder units established in September 2018 have been the fiscal and managerial responsibility of DOC rather than DHS. The Center indicated this is because DOA determined these units were established as a result of a shortage of correctional beds in DOC institutions that are dedicated for the treatment of substance use disorders. DHS officials indicated that they would like to have authority over the management of these new units, as they do with the other units at the Center. The Governor's 2019-21 biennial budget proposal would shift responsibility for these units to DHS and recommends 34.8 FTE positions and \$3.2 million annually in GPR for DHS to operate them.

Recommendation

We recommend the Department of Corrections:

- *work with the Department of Health Services to develop a new written agreement that outlines the roles and responsibilities of each agency in administering the Wisconsin Resource Center;*
- *regularly review and update the agreement to ensure it remains reflective of current needs and agency practices; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

DOC Initiatives to Reduce Health Care Expenditures

To reduce medical expenditures, DOC has worked to provide more services within its institutions.

To address increasing health care expenditures, DOC has taken steps to reduce health care costs. In order to reduce expenditures associated with visits to health care providers, DOC has worked to provide more services within its institutions. This has helped to limit expenditures for inmate transportation and the cost of security personnel who are needed to accompany inmates who are taken off-site.

In recent years, DOC indicated it has worked to directly provide a wider variety of health care services. For example:

- since FY 2006-07, DOC has operated dialysis units at Dodge Correctional Institution and Fox Lake Correctional Institution for which DOC did not estimate cost savings but which it believes to be substantial based on the frequency with which

these services are needed and the number of clinic visits that are avoided;

- since FY 2007-08, DOC has provided telemedicine services at its institutions, which it estimated saved \$2.6 million in 2018;
- since FY 2007-08, DOC has provided a mobile mammography machine for use at its three institutions serving female inmates for which DOC did not estimate cost savings;
- since FY 2008-09, DOC has provided physical therapy and occupational therapy services for inmates at 24 of its institutions, which it estimates saves approximately \$500,000 annually;
- since FY 2008-09, DOC has provided mobile devices capable of providing x-ray, electrocardiogram, and ultrasound services at 24 of its institutions, which it estimates saves approximately \$325,000 annually;
- since FY 2010-11, DOC has provided a mobile device used for eye and heart exams at 24 of its institutions for which DOC estimated savings of \$282,600 for the 752 exams performed using the mobile devices in 2017;
- since FY 2014-15, DOC indicated it has reduced the estimated cost of inmate sleep studies from \$1,500 per test to \$500 per test by conducting the tests inside its own institutions rather than at the Wisconsin Sleep Clinic in Madison; and
- since FY 2016-17, DOC has provided a mobile fibroscan machine that is used for inmate liver exams at 24 of its institutions for which DOC did not estimate cost savings.

Through 2018, DOC did not collect or analyze comprehensive information on the telemedicine services provided to inmates.

A July 2014 report from the Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation identified telemedicine as a primary cost-containment strategy for state prisons. Through 2018, DOC did not collect or analyze comprehensive information on the telemedicine services provided to inmates. In response to our request for information, UW Health provided DOC with a summary of telemedicine appointments provided by UW Health from 2007 through September 2018. DOC estimates that UW Health

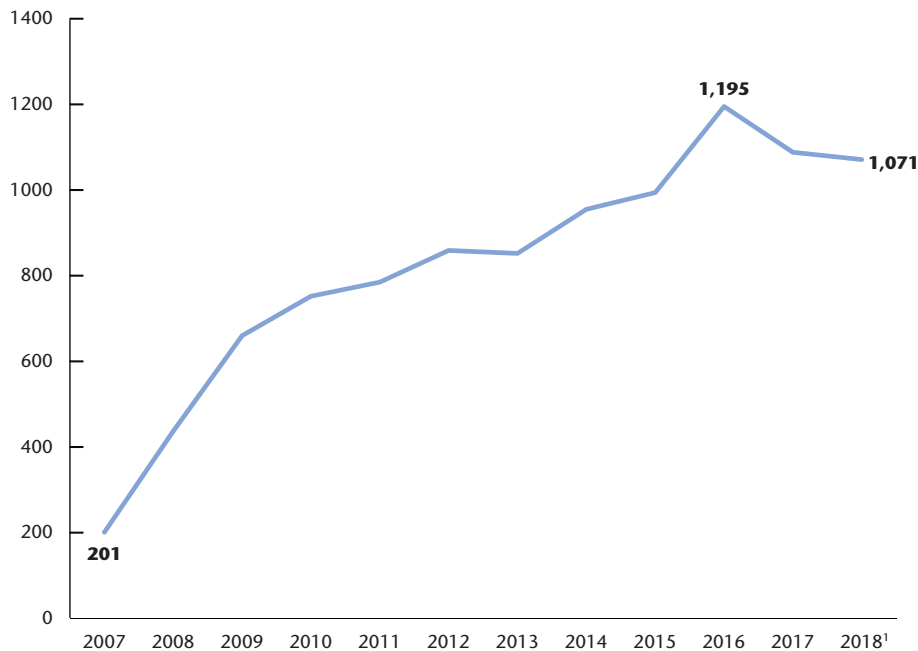
accounts for approximately 90 percent of all inmates’ telemedicine appointments.

Gastroenterology accounted for 53.0 percent of telemedicine appointments.

As shown in Figure 12, the number of telemedicine appointments with UW Health increased from 201 in 2007 to an estimated 1,071 in 2018. The number of telemedicine appointments peaked at 1,195 in 2016 and decreased in both 2017 and 2018. DOC attributes the decline, in part, to an increase in DOC nursing staff, which reduced its reliance on UW Health for some medical care. From 2007 through 2018, the five most commonly addressed medical issues—gastroenterology, nephrology, infectious diseases, urology, and rheumatology—accounted for 8,398 of the 9,581 appointments (87.7 percent). Moreover, gastroenterology alone accounted for 5,075 appointments, or 53.0 percent of the total.

Figure 12

Inmate Telemedicine Appointments with UW Health



¹ Estimated based on data reported through September 2018.

The use of telemedicine is important in assisting DOC to reduce transportation costs associated with the provision of inmate medical care. These costs include not only fuel and other vehicle-related expenditures, but also expenditures related to the security staff needed to transport inmates, including overtime expenditures.

☑ Recommendation

We recommend the Department of Corrections:

- *take steps to increase the use of telemedicine appointments as a cost-savings measure; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

Two recent biennial budget acts have provided DOC with funding for additional health services at three institutions.

2013 Wisconsin Act 20, the 2013-2015 Biennial Budget Act, provided DOC with \$18.7 million to expand health services units at Oshkosh Correctional Institution and Columbia Correctional Institution and to replace the old health services unit at Taycheedah Correctional Institution. Further, 2017 Wisconsin Act 59, the 2017-19 Biennial Budget Act, provided \$1.1 million and 29.6 FTE positions in FY 2017-18 and \$4.0 million and 63.5 FTE positions in FY 2018-19 to staff and operate these three units.

The expanded health services unit at Oshkosh Correctional Institution opened in November 2018. It includes more space for medical exams, clinical procedures, mental health appointments, x-rays, and physical therapy. The new unit also includes a long-term care addition that can accommodate 34 beds. DOC estimated annual savings of \$273,600 as a result of providing care within the institution rather than using local health care facilities.

Columbia Correctional Institution opened its expanded health services unit in October 2018. The expanded unit includes a secure waiting area, examination rooms, offices for medical and psychiatry health care professionals, a dental suite, therapy rooms, and a radiology room. The unit operates 24 hours per day, seven days per week. DOC reported that savings will be realized because the expanded facility will reduce hospital trips and their associated security costs, but it did not provide an estimate of these savings.

DOC indicates that the new health services unit at Taycheedah Correctional Institution, which opened in June 2018, provides better treatment for chronic conditions such as diabetes and high cholesterol. DOC estimated annual savings of \$347,700 resulting from the new unit, primarily due to a decrease in hospital visits as a result of improved care for inmates.

DOC has undertaken other initiatives to manage its health care costs.

DOC has also undertaken other initiatives to manage its health care costs. For example:

- since FY 2005-06, DOC has used a third-party administrator to process all medical and hospital

claims, which it indicates has reduced provider payments from 100 percent of billed charges to approximately 33 percent; and

- since at least FY 1999-2000, DOC has purchased pharmaceuticals, medical supplies, and dental supplies through a multi-state compact that uses its bargaining power to negotiate lower prices, including the reduction of Hepatitis C treatments from \$93,000 per inmate to \$23,000 per inmate.

Other Approaches for Reducing Health Care-Related Expenditures

In addition to initiatives DOC has already implemented to reduce health care expenditures, further opportunities exist. These opportunities include improving the management of inmate medical transportation and looking at initiatives implemented in other states, such as the establishment of nursing home care for inmates with extraordinary health conditions.

Reducing Medical Transportation Expenditures

Adult institutions frequently transport inmates off-site to receive certain non-emergency medical care that they do not provide, such as chemotherapy and non-emergency surgery. Inmate transportation is generally provided in large vans that can accommodate several inmates, as well as security personnel.

DOC institutions do not generally attempt to coordinate off-site medical trips to reduce transportation and personnel costs.

DOC was unable to provide an estimate on the number of inmate medical trips made each year. In addition, we found that institutions do not generally attempt to coordinate the scheduling of off-site medical trips for their own inmates to reduce transportation and personnel costs, nor do institutions located in close proximity to each other generally coordinate non-emergency medical transportation by transporting inmates going to the same or nearby locations in the same vehicles to reduce costs. A lack of coordination necessitates the use of multiple vehicles and drivers, which increases overall transportation costs.

As part of an October 1995 audit of inmate transportation (report 95-21), we recommended that DOC take steps to better manage inmate transportation in order to reduce costs, including by developing a system of inmate transportation that incorporates advanced trip scheduling and standardized routes. In that report, we estimated that DOC could reduce inmate transportation costs by at least 34 percent for

inter-facility trips and at least 21 percent for medical trips, or by approximately \$455,000 annually at that time, while maintaining safety levels.

In 2013, DOC again assessed options to increase efficiencies for medical transportation by considering three options for providing inmate trips to the University of Wisconsin Hospital:

- contract with a vendor to provide transportation services;
- create a route and hub system based out of Oakhill Correctional Institution; or
- make moderate changes to the existing system in an effort to reduce costs.

DOC did not implement changes recommended in a 2013 report to coordinate inmate transportation.

DOC's 2013 report recommended the route and hub system, noting that this option would provide the best opportunity to generate savings, and it would allow for better management of resources and consistency in scheduling and operations. The report did not specifically quantify savings, but indicated that savings would be achieved primarily by decreasing staffing, vehicle maintenance, and vehicle replacement costs, as well as by reducing the number of meal reimbursements paid to security personnel involved in transporting inmates. DOC indicated it did not implement the route and hub system because Oakhill Correctional Institution, which is a minimum-security institution, was not able to address the security needs of all inmates who would have been held there.

DOC maintains little electronic information on inmate transportation.

As part of our current audit, we attempted to analyze transportation data to again identify opportunities for cost savings. However, DOC was only able to provide us with data on inmate transportation for the three institutions that maintain these data electronically. Using the data provided by the three institutions—Chippewa Valley Correctional Treatment Facility, Dodge Correctional Institution, and Stanley Correctional Institution—we analyzed the extent to which trips may have been able to have been shared within each institution and between Chippewa Valley Correctional Treatment Facility and Stanley Correctional Institution, which are located approximately 21 miles apart and often send inmates to the same hospitals to receive medical care.

First, we reviewed non-emergency medical trips provided to inmates residing within each of the three correctional institutions during FY 2017-18. We analyzed data for days in which two or more trips were made by a correctional institution to the same medical facilities during a single day. In determining the number of trips that

could have been consolidated, we limited the number of inmates being transported at one time to four to ensure all vehicles generally used to transport inmates could accommodate both inmates and security personnel and to facilitate the process of scheduling appointments with health care providers. However, some of the vehicles used to transport inmates at these institutions can transport up to five inmates at Stanley Correctional Institution, six inmates at Chippewa Valley Correctional Treatment Facility, and nine inmates at Dodge Correctional Institution, in addition to the required security personnel.

We estimate that the total number of medical trips for inmates at three institutions could have been likely reduced by 12.5 percent.

We estimate that the total number of medical trips for inmates at these institutions could have been likely reduced from 2,268 trips to 1,984 trips, or by 12.5 percent, with most of the reduction occurring at Dodge Correctional Institution. Specifically, we estimate that had no more than four inmates been transported together in a single vehicle to the same medical facilities in FY 2017-18:

- the number of trips that Dodge Correctional Institution provided could have been reduced from 999 trips to 766 trips (or by 23.3 percent);
- the number of trips that Stanley Correctional Institution provided could have been reduced from 866 trips to 830 trips (or by 4.2 percent); and
- the number of trips that Chippewa Valley Correctional Treatment Facility provided could have been reduced from 403 trips to 388 trips (or by 3.7 percent).

We also identified an additional 1,079 non-emergency medical trips provided to 1,583 inmates by these three correctional institutions during FY 2017-18 where trip consolidation could have likely occurred. Rather than occurring on the same days, these 1,079 trips occurred within a four-day period of at least one other appointment, but it appears likely that some of these trips could have been consolidated had each institution taken additional efforts to attempt to schedule appointments on the same days for those inmates being transported to the same medical facilities.

Second, we analyzed the number of instances in which Chippewa Valley Correctional Treatment Facility and Stanley Correctional Institution separately transported inmates on the same day to the same medical facility during FY 2017-18. To avoid excessive wait times for inmates, we considered it feasible to consolidate inmate trips only when an inmate's medical appointment at one institution

was within two hours of the appointment time for an inmate at the other institution.

We identified 68 instances during FY 2017-18 in which inmates at two institutions could have been transported in the same vehicle.

As shown in Table 30, we identified 68 instances during FY 2017-18 in which an inmate at Chippewa Valley Correctional Treatment Facility and an inmate at Stanley Correctional Institution could have been transported in the same vehicle for a non-emergency medical appointment, including 7 instances (10.3 percent) in which the inmates’ medical appointments were scheduled to begin at the same time.

Table 30

**Potential for Consolidation of Non-Emergency Medical Trips for Inmates at Chippewa Valley Correctional Treatment Facility and Stanley Correctional Institution
FY 2017-18**

Time Between Inmates’ Appointments	Number ¹	Percentage of Total
Scheduled to Begin at the Same Time	7	10.3%
Less than One Hour	39	57.4
Between One and Two Hours	22	32.3
Total	68	100.0%

¹ Represents the number of separate trips taken to transport inmates at each institution that could have been combined.

It is likely that many more trips could have been shared among institutions, but a lack of electronic data prevented us from making this determination. In addition, we identified numerous instances in which inmates at Chippewa Valley Correctional Treatment Facility and Stanley Correctional Institution had appointments on the same day at nearby clinics. These appointments were excluded from our analysis because of the added logistical issues these cases may present. However, such instances may provide additional opportunities to consolidate inmate transportation.

The consolidation of inmate transportation could reduce DOC’s costs for security personnel, fuel, and vehicle maintenance.

The consolidation of inmate transportation could reduce DOC’s costs for security personnel, fuel, and vehicle maintenance. However, DOC does not currently encourage its institutions to consolidate inmate transportation and it does not maintain the type of comprehensive and consistent electronic information needed to best take advantage of such cost-saving opportunities. For example, Chippewa Valley Correctional Treatment Facility and Stanley Correctional Institution used inconsistent labels for the same clinics,

and Dodge Correctional Institution does not record the times of inmates' medical appointments. Having all institutions record information on inmate transportation using a standard template that includes appointment times and consistent destination names would facilitate DOC's ability to consolidate transportation provided to inmates both within and among its institutions.

Recommendation

We recommend the Department of Corrections:

- *require all of its institutions to record non-emergency medical trip data in a standardized electronic format that it prescribes for their use;*
- *regularly collect and analyze the information submitted;*
- *implement a centralized transportation scheduling system in order to increase the frequency with which multiple inmates can be transported together to reduce the number of trips and the costs associated with these trips; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

Health Care Initiatives in Other States

A July 2018 report by the Pew Charitable Trusts highlighted three areas for states to consider in reducing hospital costs.

In July 2018, the Pew Charitable Trusts released a report on the delivery of hospital care for inmates. The report highlighted three areas for states to consider in reducing the costs associated with hospital visits and inpatient stays: telemedicine; mobile technology, such as mobile mammogram devices; and palliative care, hospice care, and compassionate release programs to address inmates nearing the end of their lives.

DOC has taken advantage of these strategies to varying extents. For example, DOC has provided palliative care at Dodge Correctional Institution since 2007. In FY 2017-18, palliative care was provided to 28 inmates at this institution, and by summer 2019 DOC plans to open a 34-bed long-term care unit at Oshkosh Correctional Institution that will include 3 beds specializing in providing palliative care. In addition, DOC plans to construct a 65-bed barracks unit at Oakhill Correctional Institution to help address the growing number of inmates requiring increased access to medical resources.

DOC has not consistently released inmates with extraordinary health conditions because of a lack of suitable placements.

Section 302.112 (9g), Wis. Stats., establishes a process for the release of inmates with extraordinary health conditions to extended supervision. Extraordinary conditions include circumstances such as advanced age, infirmity, or disability. However, DOC indicated that it has not consistently been able to release inmates with extraordinary health conditions to extended supervision because of the difficulty in locating suitable placements in the community that are able and willing to provide a nursing-home level of care to these individuals. DOC entered into preliminary discussions with a provider in Waupun in 2017 regarding the provision of nursing-home care to inmates, but the discussions did not result in an agreement.

One state, Connecticut, has contracted with a private facility to serve the needs of inmates requiring a nursing-home level of care. The facility provides 95 beds and serves inmates on nursing-home release parole who are suffering from terminal diseases or conditions and have been determined to be physically incapable of presenting a danger to society. Consequently, Connecticut does not need to employ guards for the facility.

Connecticut's nursing facility is the first in the country to be approved by the federal government to receive Medical Assistance funds for the care provided to paroled inmates. Connecticut estimates that it will save \$5.0 million annually based on the use of Medical Assistance funds to cover a portion of the health care provided to individuals placed at the facility.

Other states have explored similar arrangements. Michigan is considering a plan to move medically frail inmates to private nursing facilities and hospice care centers. Michigan estimates that its plan could save between \$1.2 million and \$3.0 million annually.

Recommendation

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.*

Managing the Inmate Population ■

In June 2018, the inmate population at all of DOC's adult institutions exceeded the intended capacities of these institutions by 5,717 inmates, which is 1,226 inmates more than the combined capacities of all six of DOC's maximum-security institutions. In addition, the number of inmates DOC places in county jails is expected to increase substantially in the near future. We found DOC had not entered into written agreements with all counties in which it placed inmates. We recommend that it do so and that it also develop a formal plan that details the procedures to be followed if counties are unable or unwilling to accept additional inmates. We also found some states have reduced their corrections costs by exploring options to reduce the inmate population, including three states that reported significant savings from the initiatives they implemented.

Capacities of Institutions

DOC's 20 prisons have a design capacity of 15,326 beds and its 16 correctional centers have a design capacity of 1,570 beds. The design capacity is the intended or planned capacity of an institution when it is constructed, based on industry standards, plus any modifications and expansions made to the institution over time to expand inmate capacity. The design capacity excludes beds that were added to accommodate additional inmates in excess of an institution's intended capacity, such as adding beds to existing cells.

In FY 2017-18, adult institutions were at an average of 133.8 percent of their design capacities.

Most adult institutions have exceeded their design capacities for many years. Overall, the number of inmates housed in adult institutions was at an average of 133.8 percent of the institutions' capacities in FY 2017-18, as shown in Table 31. Institutions for women exceeded their design capacities more than institutions for men with inmate population as a percentage of design capacity at 163.8 percent for women and 132.1 percent for men. In addition, correctional centers exceeded their design capacities more than prisons. Correctional centers for women had populations at an average of 216.9 percent of their design capacities, and correctional centers for men had populations at an average of 150.7 percent of their design capacities.

Table 31

Extent to Which DOC Institutions Exceeded Their Design Capacities
FY 2017-18

	Design Capacity	Average Annual Inmate Population	Average Inmate Population as a Percentage of Design Capacity
Men			
Maximum-Security Prisons	3,838	5,339	139.1%
Medium-Security Prisons	9,891 ¹	12,447	125.8
Minimum-Security Prisons	944	1,356	143.6
Correctional Centers ²	1,298 ³	1,956	150.7
Subtotal	15,971	21,098	132.1
Women			
Maximum-Security Prison	653	925	141.7
Correctional Centers ²	272	590	216.9
Subtotal	925	1,515	163.8
Total	16,896	22,613	133.8

¹ One bed at Milwaukee Secure Detention Facility is reserved for a woman.

² All correctional centers are minimum-security institutions.

³ Twelve beds at St. Croix Correctional Center are reserved for women.

In FY 2017-18, Milwaukee Women’s Correctional Center exceeded its design capacity by an average of 252.4 percent.

On average, 33 of the 36 adult institutions (91.7 percent) exceeded their design capacities in FY 2017-18. The three that did not exceed their design capacities, on average, were Felmers O. Chaney Correctional Center (92.0 percent of capacity), Wisconsin Secure Program Facility (93.8 percent of capacity), and Sturtevant Transitional Facility (98.0 percent of capacity). The extent to which design capacity was exceeded, on average, by the other 33 institutions ranged from a low of 103.4 percent of capacity for Redgranite Correctional Institution to a high of 252.4 percent of capacity for Milwaukee Women’s Correctional Center. Information for each institution, including the year it opened, its design capacity, its average inmate population in FY 2017-18, and the extent to which it exceeded, or was below, its design capacity is presented in Appendix 2.

The Governor’s 2019-21 biennial budget proposal projects that the adult inmate population will increase by an average of approximately 2.0 percent in both FY 2019-20 and FY 2020-21, growing from 23,680 inmates on March 15, 2019, to an average of 24,659 inmates during FY 2020-21. To help address capacity issues, the Governor recommends providing \$6.1 million and 72.0 FTE positions in FY 2020-21 for the operation of two barracks units with a total of 288 beds located at Jackson Correctional Institution and one barracks unit with 144 beds located at Taycheedah Correctional Institution. The \$15.0 million in funding to construct the barracks units that was included in the Governor’s 2019-2021 capital budget proposal was not approved by the State Building Commission in March 2019.

2017 Wisconsin Act 185 requires DOC to establish new juvenile correctional facilities by January 1, 2021. The Act also authorizes DOC to convert its two secure juvenile correctional facilities—Lincoln Hills School and Copper Lake School—into a correctional institution for adults. The proposed \$10.3 million to establish the Lincoln County Correctional Institution, a 600-bed minimum-security correctional institution for adult men, was not approved by the State Building Commission in March 2019.

Placement of Inmates with Other Jurisdictions

DOC enters into agreements with the federal government, other states, and Wisconsin counties to house inmates.

DOC enters into agreements with the federal government, other states, and Wisconsin counties to house inmates. Historically, most inmates not housed in state institutions because of insufficient space in DOC’s institutions have been placed in county jails. In addition, DOC contracts with other states and the federal government to house inmates who may be in danger or pose a security risk if they were housed in DOC’s institutions.

Contracting with Counties

DOC may contract with local units of government to temporarily house inmates in local jails.

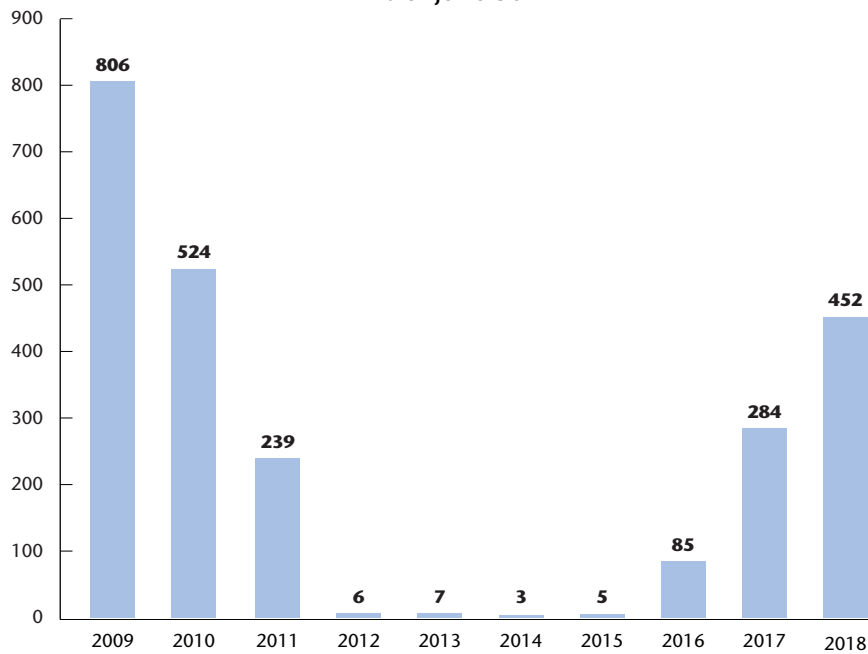
Under s. 302.27 (1), Wis. Stats., DOC may contract with local units of government to temporarily house inmates in local jails. DOC primarily places inmates in county jails when insufficient space is available in DOC institutions and the inmates have no serious medical or behavioral concerns. Under the written agreements that DOC enters into with counties, inmates may not generally be held in county jails for more than one year without mutual agreement by DOC and the county.

As shown in Figure 13, the number of DOC inmates housed in county jails decreased from 806 on June 30, 2009, to 3 on June 30, 2014. Since then, the number of inmates housed in county jails has grown each year and totaled 452 on June 30, 2018.

Figure 13

DOC Inmates Placed in County Jails

As of June 30



DOC greatly decreased its use of county jails based on an anticipated decrease in the inmate population that did not occur.

DOC officials indicated the number of inmates they placed in county jails decreased and stayed small through 2015 because of a projected reduction to the State's inmate population resulting from implementation of 2009 Wisconsin Act 28. Specifically, Act 28 expanded recidivism reduction programs and increased funding for services and treatment for those subject to community supervision. In anticipation of the projected inmate reduction, DOC moved inmates from county jails to DOC correctional institutions. In doing so, it placed inmates in beds intended to be used during emergencies, such as in the case of inmate disturbances or physical plant failures.

DOC indicated that the inmate population did not decrease as projected because 2011 Wisconsin Act 38 repealed most of the changes introduced by 2009 Wisconsin Act 28. Beginning in 2016, the number of county placements increased because most of the emergency beds in DOC's institutions had been filled.

In FY 2017-18, DOC paid 14 counties \$7.7 million for housing inmates.

Section 302.27 (1), Wis. Stats., limits the amount DOC may pay to house inmates in county jails to \$60.00 per inmate per day. In FY 2017-18, DOC made payments totaling \$7.7 million to 14 counties for inmate placements in county jails. Of these 14 counties, DOC paid \$51.46 per inmate per day to 12 counties, and it paid Douglas and St. Croix counties \$60.00 per inmate per day. DOC indicated that the extent to which various counties are used to house inmates is based largely on a county's interest in receiving DOC placements. For example, some county jails have more vacant beds and a greater interest in generating revenue by housing DOC inmates. As shown in Table 32, DOC paid 24 counties a total of \$50.9 million to house inmates in county jails from FY 2008-09 through FY 2017-18. Over this period, the five counties with the most DOC placements accounted for \$26.8 million (52.6 percent) of total placement expenditures.

Table 32

DOC Inmate Placements and Expenditures, by County
FY 2008-09 through FY 2017-18

County	Number of Inmate Placement Days	Expenditures	Percentage of Total Expenditures
Oneida	145,701	\$ 7,497,800	14.7%
Fond du Lac	110,011	5,661,200	11.1
Sauk	93,622	4,817,800	9.5
Waushara	90,787	4,671,900	9.2
Racine	80,859	4,161,000	8.2
Douglas	63,840	3,830,400	7.5
Milwaukee	64,753	3,332,200	6.5
Vilas	46,417	2,388,600	4.7
Ozaukee	44,408	2,285,200	4.5
Juneau	39,713	2,043,600	4.0
Langlade	30,289	1,558,700	3.1
Sheboygan	21,180	1,089,900	2.1
Manitowoc	19,077	981,700	1.9
Columbia	19,293	964,700	1.9
Forest	16,665	857,600	1.7
Winnebago	16,265	837,000	1.6
Outagamie	15,656	805,600	1.6
Vernon	15,343	789,600	1.6
St. Croix	13,032	781,900	1.5
Bayfield	11,005	566,300	1.1
Jefferson	8,473	436,000	0.9
Door	6,011	309,300	0.6
Florence	3,527	181,500	0.4
Brown	1,411	72,600	0.1
Total	977,338	\$50,922,100	100.0%

DOC has not entered into written agreements with all counties in whose jails it placed inmates.

DOC has not entered into written agreements with all counties in whose jails it placed inmates. We found that from July 2014 through June 2018, DOC placed inmates in at least eight counties with which it had not entered into a written agreement at the time of inmate placement. For example, DOC did not have a written agreement with Vernon County in which it had placed 24 inmates as of June 30, 2017, or 8.5 percent of the total number of inmates placed in county jails at that time. In addition, none of its written agreements

have addressed inmates placed in county jails for reasons other than a lack of capacity in DOC institutions. For example, a small number of inmates are held in county jails for less than one year to complete their sentences rather than being transported to a DOC institution.

Entering into written agreements is important because these agreements clearly delineate the roles and responsibilities of each party. For example, the agreements stipulate the circumstances under which a county must contact DOC to inform it of serious incidents, such as deaths and escapes, and the records the county is required to maintain, such as inmate health records and disciplinary actions. In addition, the agreements stipulate that the county is responsible for providing:

- all inmate transportation once an inmate is housed in the county jail;
- programming and services, such as library and telephone access;
- clothing and hygiene items, such as toothbrushes, toothpaste, and shampoo; and
- health services, including all necessary pharmaceuticals.

These provisions help to ensure that inmates in county jails are safe and receive appropriate services.

As noted, DOC paid counties \$7.7 million for housing inmates in FY 2017-18. The Governor's 2019-21 biennial budget proposal includes \$15.7 million in FY 2019-20 and \$23.6 million in FY 2020-21 for placement of inmates in county jails because of a projected increase in the inmate population. Specifically, compared to FY 2017-18, DOC is projecting an increase to 834 contracted beds per day in FY 2019-20 and an increase to 1,257 contracted beds per day in FY 2020-21.

To address the projected increase, DOC increased the number of available contracted beds in county jails from 500 in May 2017 to 578 in June 2018, or by 15.6 percent. As shown in Table 33, DOC had filled 514 of its 578 contracted beds (88.9 percent) as of March 2019.

Table 33

DOC County Contract Bed Utilization
As of March 1, 2019

County	Number of Inmates Placed	Total Number of Contracted Beds	Percentage of Contracted Beds Filled
Racine	113	130	86.9%
Milwaukee	100	120	83.3
Oneida	100	100	100.0
Vernon	45	50	90.0
Ozaukee	33	35	94.3
Sauk	30	35	85.7
Jefferson	28	28	100.0
Fond du Lac	24	25	96.0
Juneau	20	30	66.7
Vilas	19	25	76.0
Douglas ¹	1	0	–
Langlade ¹	1	0	–
Total	514	578	88.9

¹ As of March 2019, DOC had not entered into written agreements with Douglas and Langlade County for contracted beds.

DOC officials indicated that if county jails cannot meet the capacity needs for DOC inmates, DOC may attempt to increase the utilization of emergency beds in its correctional institutions. However, this is not a preferred option because it would create security challenges and make it more difficult for the institutions to respond to emergency situations. Alternatively, DOC officials said they may consider contracting with other states to house inmates. However, s. 302.26, Wis. Stats., requires legislative approval if DOC plans to house more than 10 inmates during a fiscal year in any one state.

Recommendation

We recommend the Department of Corrections:

- *ensure that it enters into contracts with all counties in which it places inmates;*
- *assess whether there is a significant risk of counties being unable or unwilling to accept the additional number of inmates projected;*

- *develop a formal plan that details the procedures to be followed if it determines that there is a significant risk of counties being unable or unwilling to accept the additional inmates;*
- *establish relationships with counties with which it does not currently contract to provide additional capacity if needed; and*
- *report to the Joint Legislative Audit Committee by March 3, 2020, on the status of its efforts.*

Contracting with Other States and the Federal Government

DOC contracts with other states and the federal government to house inmates who may pose a security risk if they were housed in DOC institutions.

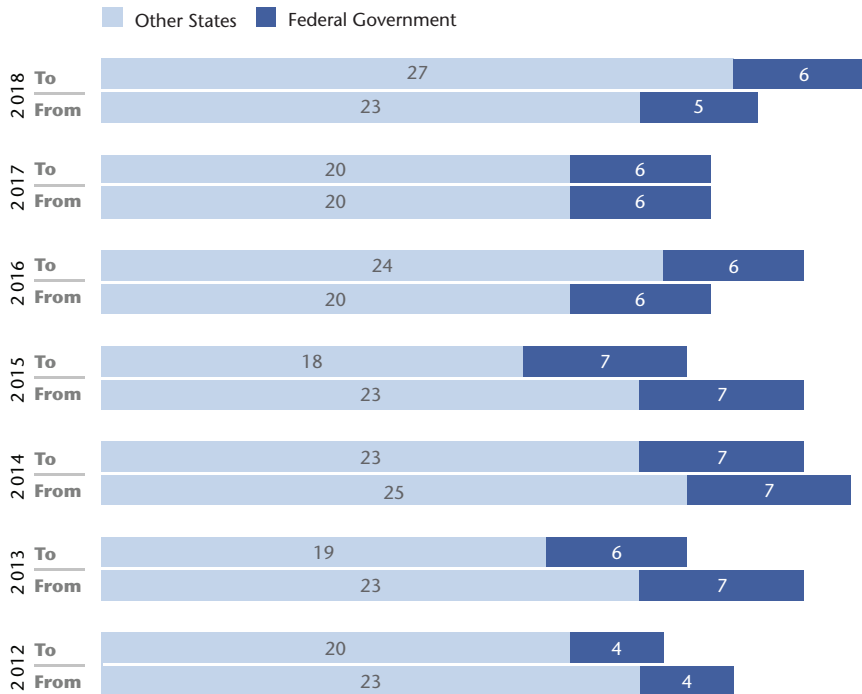
DOC contracts with 20 other state governments under s. 302.25, Wis. Stats., and the federal government under s. 301.07, Wis. Stats., to house inmates who may be in danger or pose a security risk if they are housed in DOC institutions, such as gang members, former law enforcement personnel, and former DOC personnel. These inmates are generally exchanged, at no cost, with inmates from other states and with federal prisoners who pose similar risks in their respective jurisdictions.

States are required to compensate the federal government if they transfer more inmates to federal prisons than they have received from the federal government at a rate equal to the cost per inmate per day of the federal institution at which the inmate is housed. From FY 2008-09 through FY 2017-18, DOC paid the federal government a total of \$257,900 to house Wisconsin inmates in federal prisons. However, only \$1,900 of this amount was paid since FY 2013-14.

As shown in Figure 14, DOC generally housed a similar number of inmates from other jurisdictions as it had DOC inmates placed with other jurisdictions. Of the 28 inmates in DOC institutions in June 2018 that came from other jurisdictions, 23 were from other states and 5 were from the federal government; and of the 33 DOC inmates placed in other jurisdictions, 27 were in other states' prisons and 6 were in federal prisons. An analysis conducted by DOC indicates that from November 2011 through December 2018, it provided 57,777 fewer bed days to inmates transferred into DOC's institutions than the number of bed days provided to DOC inmates who were transferred to other state and federal jurisdictions.

Figure 14

Inmate Placements Involving Other Jurisdictions
As of June 30



Revocations of Extended Supervision, Parole, and Probation

The inmate population is also affected by the extent to which those on extended supervision and parole are incarcerated when their supervision is revoked due to criminal conduct or violations of program rules. When inmates complete their periods of incarceration they are generally placed under the supervision of DOC’s Division of Community Corrections for either the remainder of their sentences or for a set period of time as prescribed by the courts. While under supervision, individuals are required to meet regularly with their probation and parole agents and comply with the rules imposed on them as part of the conditions of their supervised release.

Revocation proceedings can be initiated when a former inmate has violated the rules of community supervision.

When an agent believes that an individual has violated the rules of community supervision, which may include actions such as substance use, driving violations, or new criminal activity, the agent can initiate revocation proceedings. Individuals may be placed in custody by DOC during the revocation proceedings, which typically take approximately two months but can take longer. The final

decision on whether an individual should be returned to prison is made by an administrative law judge in DOA's Division of Hearings and Appeals. There are two primary processes by which individuals are returned to correctional institutions while under the supervision of the Division of Community Corrections:

- revocation with a new sentence, in which an individual commits a crime while under community supervision that results in a new sentence; and
- revocation without a new sentence, in which an individual commits a crime or violates the rules of supervision but is not given a new sentence.

Some have raised questions about the extent to which individuals are re-incarcerated because they have broken minor rules after their release rather than because they have committed new crimes. We used data supplied by DOC to analyze all revocations of extended supervision and parole from FY 2013-14 through FY 2017-18 that DOC initiated without a new sentence being imposed at the time of revocation. However, in some instances the behavior that led to the revocations may have resulted in a new sentence being imposed at a later date. We found that 86.5 percent of revocations that occurred without a new sentence being imposed had new criminal behavior associated with the revocation.

We found that 4.8 percent of revocations without a new sentence were for a "violation of other rules of supervision," rather than for more serious offenses.

As shown in Table 34, from FY 2013-14 through FY 2017-18, 4.8 percent of the revocations were for a "violation of other rules of supervision," rather than for typically more serious offenses, such as criminal or drug-related conduct, absconding, or violating sex offender rules. During this period, revocations based on violations of other rules of supervision decreased from 7.5 percent of revocations to 3.0 percent of revocations. Violations of other rules of supervision resulted in the shortest length of additional incarceration because violations in this category are often less serious than those in other categories. However, DOC officials indicated that violations of other rules of supervision are, at times, not the sole reason for proceeding with revocation because some cases include additional violations.

Table 34

Revocations without a New Sentence¹
FY 2013-14 through FY 2017-18

Violation Type	Revocations ²	Percentage	Estimated Average Time Since Last Incarceration (in days)	Estimated Average Length of New Incarceration (in days)
Violent Conduct	2,912	33.1%	620.8	603.7
Drug-Related Conduct	1,708	19.4	615.9	426.9
Sex Offenses	942	10.7	634.1	699.0
Property Offenses	890	10.1	634.9	469.0
Criminal Traffic Offenses	621	7.0	719.6	485.8
Violation of Sex Offender Rules	572	6.5	445.2	592.8
Other Criminal Conduct	523	5.9	640.1	418.4
Violation of Other Rules of Supervision	420	4.8	386.1	398.8
Absconding	219	2.5	808.3	414.1
Total	8,807	100.0%	613.0	531.3

¹ In some instances the behavior that led to revocation may have resulted in a new sentence for the individual at a later date.

² Excludes 239 revocations for which data were not readily available.

Of all revocations without a new sentence from FY 2013-14 through FY 2017-18, approximately 40 percent occurred within one year of an individual's last release from incarceration, and approximately 86 percent occurred within three years of an individual's last release from incarceration.

We further analyzed the 420 revocations made based on violations of other rules of supervision. As shown in Table 35, approximately one half were for either violating the rules of the Alternative to Revocation program, which often requires offenders to receive counseling or treatment services, or for consuming alcohol.

Table 35

Violations of Other Rules of Supervision
FY 2013-14 through FY 2017-18

	Number	Percentage of Total
Violating Alternative to Revocation Program Rules	107	25.5%
Consuming Alcohol	104	24.8
Violating No-Contact Rules	54	12.9
Failing to Attend Required Treatment	24	5.7
Violating Halfway House or Transitional Living Program Rules	21	5.0
Violating Electronic Monitoring Requirements	17	4.1
Violating Jail Rules	16	3.8
Non-Criminal Traffic Offenses	11	2.6
Missing Appointments	9	2.1
Leaving the State Without Permission	9	2.1
Changing Residence Without Permission	3	0.7
Failing to Pay Financial Obligations	1	0.2
Other	44	10.5
Total	420	100.0%

In addition, we found similar results when we analyzed instances in which individuals on probation had their probation status revoked without a new sentence being imposed at the time of revocation. From FY 2013-14 through FY 2017-18, 5,588 individuals violated their probation and were incarcerated without having a new sentence imposed. We analyzed 5,315 probation revocations for which data were available, and 293 of these revocations (5.5 percent) were based on violations of other rules of supervision. Overall, 88.0 percent of the probation revocations that occurred without a new sentence being imposed had new criminal behavior associated with the revocations.

Reducing the Inmate Population

A February 2014 report indicates the largest, and potentially the most sustainable, reductions in corrections costs nationally have resulted from reductions to prison populations.

In February 2014, the National Conference of State Legislatures reported that the largest, and potentially the most sustainable, reductions in corrections costs nationally have resulted from reductions to prison populations. In FY 2017-18, 62.8 percent of Wisconsin's total adult correctional costs were for personnel. Therefore, the most effective way for Wisconsin to achieve significant cost savings would likely be to close an institution or reduce the inmate population sufficiently to safely allow for a reduction in the number of authorized positions. However, DOC is currently planning on establishing a new minimum-security prison in Lincoln County to address an anticipated increase in the inmate population, as noted. In addition, the extent to which the number of inmates in DOC's institutions currently exceed their design capacities makes the objective of reducing personnel costs more challenging. For example, the inmate populations in all adult institutions exceeded their design capacities by 5,717 inmates in June 2018. That is 1,226 more inmates than the combined design capacities of all six of DOC's maximum-security institutions.

Some have suggested that Green Bay Correctional Institution is the best candidate for closure because it was opened in 1898, may require substantial capital improvements if it is to continue long-term operations, and because some believe the antiquated facility design is not conducive to the efficient operations of a modern prison. In April 2018, the Allouez Village Board unanimously supported the distribution of a petition supporting the decommissioning of Green Bay Correctional Institution.

In December 2018, a private contractor completed a draft master facilities plan study that reviewed replacement options for six aging DOC institutions. However, the study noted that options for only three of the six institutions were considered for potential enumeration during the 2019-21 biennium. The three included inmate housing replacement at Fox Lake Correctional Institution, which is a medium-security facility that opened in 1962, and facility replacement of either Green Bay Correctional Institution or Waupun Correctional Institution, which are maximum-security institutions that opened in 1898 and 1851, respectively. The study indicates that Green Bay Correctional Institution should be considered a higher priority for replacement than Waupun Correctional Institution based on investments made to Waupun's infrastructure and because Waupun has a slightly better operational layout.

In 2018, Green Bay Correctional Institution housed approximately 1,100 inmates and Waupun Correctional Institution housed approximately 1,300 inmates. The closure of one of these institutions

would require either the construction of a new maximum-security facility or the implementation of broad strategies to reduce the number of adults who are incarcerated, which could include legislative consideration of modifications to sentencing guidelines and revocation procedures, as well as the provision of additional resources to former inmates to help prevent recidivism. Some states have reduced prison populations by adopting policies that divert individuals from prison; expanding the use of community-based sanctions, such as fines or short jail stays; reducing the length of prison sentences; increasing opportunities to gain early release; and providing more resources for individuals reentering the community.

DOC Initiatives

DOC offers several programs that assist inmates in their transition back into the community.

As noted, DOC currently offers several programs that assist inmates in their transition back into the community. Such programs may decrease recidivism and thereby limit the rise in the prison population. Four of these programs were provided additional funding or staffing by 2017 Wisconsin Act 59, the 2017-2019 Biennial Budget Act.

First, Act 59 provided DOC with an additional \$250,000 in GPR during each year of the biennium to expand its Windows to Work program. Expenditures for the program increased from \$1.0 million in FY 2016-17 to \$1.6 million in FY 2017-18, or by 60.0 percent. The program is provided in partnership with the Department of Workforce Development and provides inmates at some DOC institutions with classroom training in areas such as job seeking, general work skills, and financial literacy to help prepare them for employment upon release. Upon release, inmates are provided with assistance for approximately one year. The assistance includes job search and job retention services, as well as assistance with obtaining food, shelter, clothing, and transportation.

Additional funding provided by Act 59 for the Windows to Work program allowed DOC to provide services to 216 additional inmates.

The additional funding provided by Act 59 for the Windows to Work program was used to provide services to 216 additional inmates and to expand the program from 15 to 18 institutions, which included 13 DOC institutions and 5 county jails located in Adams, Douglas, Rock, Waukesha, and Wood counties. The funding was also used to fund certain program costs, such as participant transportation, driver's licenses, and work supplies. The number of inmates enrolled in the program increased from 291 in FY 2016-17 to 507 in FY 2017-18, and the number of inmates who obtained post-release employment through the program increased from 151 in FY 2016-17 to 255 in FY 2017-18, or by 68.9 percent. However, DOC conducted an analysis in October 2018 that found inmates who completed the program from July 2013 through June 2016 did not

have significantly lower recidivism rates. The Governor's 2019-21 biennial budget proposal recommends providing the Windows to Work program with an additional \$250,000 in GPR during each year of the biennium in order to expand the program to every medium-security institution in the state.

DOC provides the Vocational Training Program in partnership with the Wisconsin Technical College System.

Second, Act 59 provided DOC with an additional \$750,000 in GPR during each year of the biennium to expand its Vocational Training Program. However, we found that expenditures for the program increased from \$3.6 million in FY 2016-17 to \$3.7 million in FY 2017-18, or by 2.8 percent. The Vocational Training Program is provided in partnership with the Wisconsin Technical College System and prepares inmates at some of its correctional centers for future employment in fields such as auto detailing, barbering/cosmetology, braille transcription, cabinet making, commercial baking, masonry, horticulture, and welding.

With the additional funding, DOC expanded vocational training opportunities at 9 of the 17 DOC correctional institutions that provide vocational training opportunities. As a result, the number of inmates participating in the program increased from 2,126 in FY 2016-17 to 2,628 in FY 2017-18, and the number of inmates completing the program increased from 72 in FY 2016-17 to 133 in FY 2017-18, or by 84.7 percent. The number of inmates who obtained post-release employment increased from 40 in FY 2016-17 to 56 in FY 2017-18, or by 40.0 percent. The Governor's 2019-21 biennial budget proposal recommends providing the Vocational Training program with an additional \$440,000 in GPR during each year of the biennium to better meet industry demands and to expand programs at Jackson Correctional Institution, Kettle Moraine Correctional Institution, New Lisbon Correctional Institution, and Taycheedah Correctional Institution.

Third, Act 59 provided DOC with an additional \$330,400 in GPR during each year of the biennium to expand its Opening Avenues to Reentry Success program. However, we found that expenditures for the program decreased from \$2.7 million in FY 2016-17 to \$2.6 million in FY 2017-18, or by 3.7 percent. DOC attributes the decrease to delayed program expansion resulting from the late passage of Act 59.

The Opening Avenues to Reentry Success program attempts to reduce recidivism among offenders with serious mental illnesses.

The Opening Avenues to Reentry Success program, which began in 2011 and is available at all DOC institutions, attempts to reduce recidivism among offenders with serious mental illnesses. Although expenditures for the program decreased, the number of inmates participating in the program increased from 254 in FY 2016-17 to 306 in FY 2017-2018, or by 20.5 percent. DOC conducted an analysis in October 2018 that found inmates who completed the program from

July 2013 to June 2016 had slightly lower recidivism rates. The reduction was found to be statistically significant for one of the three time periods analyzed by DOC. The Governor's 2019-21 biennial budget proposal recommends providing the Opening Avenues to Reentry Success program with an additional \$3.9 million in GPR during each year of the biennium.

Fourth, Act 59 provided DOC with an additional \$1.0 million in GPR in FY 2017-18 and \$1.2 million in GPR in FY 2018-19 to fund an additional 21.25 FTEs for DOC's Earned Release Program. The program provides eligible inmates the possibility of early release after they successfully complete a substance use disorder treatment program. Despite increased funding for the program, we found that the number of inmates participating in the program decreased slightly from 2,497 in FY 2016-17 to 2,470 in FY 2017-18, or by 1.1 percent. DOC indicated expansion of the Earned Release Program has been hampered by the difficulty in finding treatment specialists and social workers.

The extent to which these enhanced program efforts may help to slow the anticipated growth in Wisconsin's inmate population remains to be seen.

Initiatives to Reduce Inmate Populations in Other States

In contrast to Wisconsin, the prison population in other midwestern states and the total population nationwide has been decreasing, as noted. This is due, in part, to initiatives other states have taken to reduce their prison populations, including those of three states that have reported significant savings from initiatives they have implemented. Implementing some of these changes in Wisconsin would require changes to Wisconsin's sentencing statutes.

Michigan

In 2018, the Michigan Department of Corrections reported its inmate population was at a 20-year low.

In 2018, the Michigan Department of Corrections reported its inmate population was at a 20-year low. Its inmate population decreased from 43,636 inmates in December 2012 to 39,666 inmates in December 2017, or by 9.1 percent. This has allowed Michigan to close 11 prisons and 12 minimum-security camps from 2005 through 2018, resulting in over \$400 million in projected annual savings. For example, in September 2016 it closed the Pugsley Correctional Facility, which held over 1,342 inmates, for projected annual savings of \$22.9 million. Additionally, Michigan closed the West Shoreline Correctional Facility in March 2018, which held 1,280 inmates, and the Ojibway Correctional Facility in December 2018, which held

1,180 inmates, resulting in projected annual savings of \$18.9 million and \$22.0 million, respectively.

Michigan attributes the decline in its prison population to numerous factors, including:

- improved administration of educational and training programs for inmates, which allowed more inmates to complete required programs sooner and facilitated their parole at or near their earliest eligible release dates;
- the implementation of prison diversion programs, including one that directs individuals on probation to custodial program centers for substance abuse treatment rather than prison;
- the use of current research that studies the effects of prisoner and parolee programming in parole decisions to help ensure parolees participate in effective community programs when they leave prison; and
- court decisions that have reformed sentencing guidelines, such as ruling state mandatory prison terms are only to be used in an advisory capacity.

South Carolina

Legislation passed in South Carolina in 2010 is estimated to have saved the state \$491 million over a six-year period.

In 2010, South Carolina passed the Omnibus Crime Reduction and Sentencing Reform Act, which was estimated to have saved the state \$491 million over a six-year period. Prior to passage of the Act, South Carolina had projected an increase in its prison population of approximately 3,200 inmates over this period, which would have required an estimated \$174 million in additional operating costs and additional capital expenditures of \$317 million for additional prison space.

The Act focused on reducing the inmate population, improving supervision of individuals on probation and parole, reducing recidivism, providing fair and effective sentencing options, and improving public safety. Specifically, the Act:

- revised sentencing guidelines in order to divert nonviolent offenders from prison;
- implemented the use of evidence-based sentencing to better assess the criminal risk of

individuals who are under community supervision;

- established the use of administrative sanctions that could be used instead of revocation to prison for individuals violating the rules of their supervision; and
- offered individuals the opportunity to earn credits for meeting the conditions of their community supervision, which shortens the time period they are under supervision.

A 2016 report by the South Carolina Department of Corrections indicated that it had eliminated budget deficits and closed six institutions since 2012. In addition, from FY 2009-10 to FY 2015-16, South Carolina reported:

- a 14 percent decrease in the average daily inmate population, with 2014 inmate populations 25 percent below what they were projected to be prior to implementation of the Act;
- a 35 percent decrease in the number of admissions of nonviolent offenders;
- a 35 percent decrease in the number of offender revocations for parole and probation violations; and
- a 39 percent increase in the use of administrative sanctions, such as verbal or written reprimands, mandated community service, and additional home visits.

Louisiana

In June 2017, Louisiana enacted a series of 10 criminal justice reform laws. The legislation had four priorities: prioritizing prison space for offenders who pose the greatest threat to public safety, strengthening community supervision, eliminating barriers to reentry, and reinvesting savings into programs to reduce recidivism. These new laws include procedures to:

- expand probation, broaden eligibility for substance abuse services, and increase the use of drug courts;

- reduce maximum sentences for certain drug possession offenses, create a tiered penalty system for the sale and manufacture of certain drugs, reduce mandatory minimum sentences for minor offenses, and eliminate the possibility of a life sentence for a fourth nonviolent conviction;
- allow consideration of parole for those who were convicted of a violent offense, those who have served 65 percent of their sentence, and those who have no prior violent offense convictions; and
- expand parole eligibility to those who were convicted of nonviolent offenses and have served 25 percent of their sentences.

Over ten years, Louisiana projects it will save an estimated \$262 million through reductions in its inmate and community supervision populations.

Over 10 years, these reforms are projected to save an estimated \$262 million by reducing the inmate population by 10 percent and the number of individuals under community supervision by 12 percent.

■ ■ ■ ■

Appendices ■

Primary Treatment and Educational Programs

Treatment Programs

Anger Management

This program assists inmates who have displayed a history of impulsive and violent behavior. In groups of 8 to 15, inmates learn to recognize situations that trigger their anger and develop skills to manage their emotions and responses in these situations.

Cognitive Behavioral Programming

This program assists inmates in developing strategies to better control their thinking in order to avoid criminal behavior. The program is generally administered by a variety of trained DOC staff two to three times per week to groups of 8 to 15 inmates.

Domestic Violence Treatment

This program assists inmates who have displayed a pattern of abuse toward their partners. It helps inmates change the thoughts and beliefs they use to justify their abuse and teaches alternative responses to abusive situations. Some women receive specialized treatment to identify types of domestic abuse, societal factors that contribute to domestic abuse, and the effect of domestic abuse on the family.

Sex Offender Treatment

DOC offers several sex offender treatment programs based on the needs of inmates. These programs help inmates identify errors in their thinking, manage risk factors for their behavior, and teach healthier approaches to sexuality. Inmates also develop a prevention plan to minimize their risk of recidivism.

Substance Use Disorder Treatment

This program addresses risky behaviors that could lead to substance abuse or criminal behavior. It is administered by certified substance abuse counselors to groups of 8 to 15 inmates and is overseen by a clinical supervisor. The Earned Release Program is a specific substance use disorder treatment program that offers early release to eligible, nonviolent inmates who have successfully completed the program.

General Education Programs

Academic Refresher Courses

This program instructs inmates in basic functional skills like reading, writing, and math, in part to prepare them for other primary education programs administered by DOC.

Adult Basic Education and High School Equivalency

This program offers inmates instruction in reading, writing, math, and life skills. The education is intended to assist inmates in obtaining high school equivalency certificates and diplomas. Inmates develop skills to help them find and retain employment and set career goals.

College Correspondence Courses

This program offers inmates courses for college credit through several University of Wisconsin System campuses.

English as a Second Language

This program helps inmates improve their competency in English comprehension, reading, and writing so they can participate in treatment and education programs.

Second Chance Pell Pilot Program

This program allows inmates with financial need and records of good conduct to enroll in certain post-secondary education courses at the Milwaukee Area Technical College.

Special Education

This program offers high school education to inmates under the age of 22 who have educational disabilities.

Title I

This program offers instruction to inmates under the age of 21 who need additional assistance to supplement their Adult Basic Education courses.

Wisconsin Institutions Literacy Council

This program offers tutoring to inmates in areas where they need additional assistance, such as reading and writing. Inmates may also be trained as paid tutors to assist other inmates.

Career and Technical Education Programs

Bureau of Correctional Enterprises

This program provides jobs and training to eligible inmates in a variety of fields including agriculture, wood fabrication, and commercial printing. Inmates earn money in these jobs to pay financial obligations and to retain upon release. The program also assists inmates in preparing their resume and finding employment opportunities upon release. DOC reports on average approximately 800 inmates participate in the program annually.

Reentry Career and Technical Education Academies

Through this program, DOC collaborates with the Wisconsin Technical College System to provide accelerated training opportunities for inmates in program areas such as construction, welding, and industrial maintenance.

Vocational Education

This program offers technical education and training courses in affiliation with the Wisconsin Technical College System. The courses provide basic skills in a variety of occupations, and inmates receive certificates, Career Technical Education diplomas, or credit towards an associate's degree. This program also includes general coursework in fields like communications, math, and business development.

Windows to Work

DOC contracts with each of Wisconsin's eleven Workforce Development Boards to provide this pre- and post-release program that provides assistance with job acquisition and retention for medium- to high-risk individuals returning to the community. Participation begins approximately three to nine months prior to release from incarceration and continues approximately twelve months after release.

Primary Treatment and Educational Programs¹

As of December 2018

Treatment		General Education	Career and Technical Education
Maximum-Security Prisons			
Columbia Correctional Institution	Anger Management Cognitive Behavioral Programming Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency English as a Second Language Special Education	Bureau of Correctional Enterprises: Printing Vocational Education: <ul style="list-style-type: none"> ▪ Bakery ▪ Building, Maintenance, and Construction ▪ Custodial Services
Dodge Correctional Institution	Anger Management Cognitive Behavioral Programming	–	–
Green Bay Correctional Institution	Anger Management Cognitive Behavioral Programming Domestic Violence Treatment	Academic Refresher Courses Adult Basic Education and High School Equivalency College Correspondence Courses English as a Second Language Special Education Title I Wisconsin Institutions Literacy Council Program	Bureau of Correctional Enterprises: <ul style="list-style-type: none"> ▪ Embroidery ▪ Textiles Vocational Education: <ul style="list-style-type: none"> ▪ Barbering/Cosmetology ▪ Cabinet Making ▪ Masonry ▪ Office Assistant/Aide
Taycheedah Correctional Institution	Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency English as a Second Language Special Education Title I	Bureau of Correctional Enterprises: Canteen Vocational Education: <ul style="list-style-type: none"> ▪ Barbering/Cosmetology ▪ Building, Maintenance, and Construction ▪ Computer Skills ▪ Institution Food Preparation ▪ Office Software Applications ▪ Windows to Work
Waupun Correctional Institution	Anger Management Cognitive Behavioral Programming Domestic Violence Treatment	Adult Basic Education and High School Equivalency College Correspondence Courses Trinity College—Bachelor of Arts, Biblical Studies	Bureau of Correctional Enterprises: Metal Fabrication and Stamping Vocational Education: <ul style="list-style-type: none"> ▪ Building, Maintenance, and Construction ▪ Computer Literacy
Wisconsin Secure Program Facility	Anger Management Cognitive Behavioral Programming Domestic Violence Treatment	Adult Basic Education and High School Equivalency Special Education	Vocational Education: Barbering/Cosmetology

Treatment	General Education	Career and Technical Education
<p>Medium-Security Prisons</p> <p>Fox Lake Correctional Institution</p> <p>Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment</p>	<p>Adult Basic Education and High School Equivalency Second Chance Pell Grant Title I</p>	<p>Bureau of Correctional Enterprises: Wood Furniture Vocational Education:</p> <ul style="list-style-type: none"> ▪ Auto Maintenance ▪ Cabinet Making ▪ Computer Assisted Drafting ▪ Computer Numerical Control ▪ Custodial Service ▪ Food Service Production Culinary Assistant ▪ Horticulture ▪ Marine, Motorcycle, and Outdoor Power Products ▪ Masonry ▪ Welding <p>Windows to Work</p>
<p>Jackson Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment Substance Use Disorder Treatment</p>	<p>Academic Refresher Courses Adult Basic Education and High School Equivalency Second Chance Pell Grant</p>	<p>Vocational Education: Food Service/Culinary Arts Windows to Work</p>
<p>Kettle Moraine Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment Substance Use Disorder Treatment</p>	<p>Adult Basic Education and High School Equivalency English as a Second Language Second Chance Pell Grant Special Education</p>	<p>Vocational Education:</p> <ul style="list-style-type: none"> ▪ Auto Maintenance ▪ Cabinet Making ▪ Computer Assisted Drafting ▪ Custodial Service ▪ Masonry ▪ Welding <p>Windows to Work</p>
<p>Milwaukee Secure Detention Facility</p> <p>Anger Management Cognitive Behavioral Programming Substance Use Disorder Treatment</p>	<p>Adult Basic Education and High School Equivalency</p>	<p>Vocational Education:</p> <ul style="list-style-type: none"> ▪ Automated External Defibrillators, Cardiopulmonary Resuscitation, and First Aid Certification ▪ Constructive Trades Pre-Apprenticeship ▪ Occupational Safety and Health Association 10 Certification ▪ Food Safety Certification ▪ Welding <p>Windows to Work</p>
<p>New Lisbon Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment</p>	<p>Adult Basic Education and High School Equivalency College Correspondence Courses Second Chance Pell Grant</p>	<p>Bureau of Correctional Enterprises: Sign Hydro-stripping Vocational Education:</p> <ul style="list-style-type: none"> ▪ Bakery ▪ Computer Literacy ▪ Math and Business Applications ▪ Woodworking <p>Windows to Work</p>

Treatment	General Education	Career and Technical Education
<p>Oshkosh Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment Substance Use Disorder Treatment</p>	<p>Adult Basic Education and High School Equivalency English as a Second Language Second Chance Pell Grant</p>	<p>Bureau of Correctional Enterprises: Laundry Operation Vocational Education:</p> <ul style="list-style-type: none"> ▪ Braille Transcription ▪ Building, Maintenance, and Construction ▪ Dog Training and Grooming ▪ Food Service/Culinary Arts ▪ Horticulture ▪ Institution Food Production ▪ Multi-Occupational Aide ▪ Office Software Applications ▪ Practical Computer Skills <p>Windows to Work</p>
<p>Prairie du Chien Correctional Institution</p> <p>Cognitive Behavioral Programming Domestic Violence Treatment Substance Use Disorder Treatment</p>	<p>Adult Basic Education and High School Equivalency English as a Second Language Second Chance Pell Grant Title I</p>	<p>Vocational Education:</p> <ul style="list-style-type: none"> ▪ Building, Maintenance, and Construction ▪ Computer Literacy ▪ Masonry ▪ Office Software Applications <p>Windows to Work</p>
<p>Racine Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment Substance Use Disorder Treatment</p>	<p>Adult Basic Education and High School Equivalency English as a Second Language</p>	<p>Vocational Education:</p> <ul style="list-style-type: none"> ▪ Computer Numerical Control ▪ Custodial Services ▪ Food Service/Culinary Arts <p>Windows to Work</p>
<p>Racine Youthful Offender Correctional Facility</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment Substance Use Disorder Treatment</p>	<p>Adult Basic Education and High School Equivalency Special Education Title I</p>	<p>Vocational Education:</p> <ul style="list-style-type: none"> ▪ Computer Help Desk ▪ Computer Numerical Control ▪ Masonry
<p>Redgranite Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Sex Offender Treatment</p>	<p>Adult Basic Education and High School Equivalency Second Chance Pell Grant Special Education</p>	<p>Bureau of Correctional Enterprises: Durable Medical Equipment Refurbishing Vocational Education:</p> <ul style="list-style-type: none"> ▪ Baking ▪ Industrial Maintenance Mechanic <p>Windows to Work</p>
<p>Stanley Correctional Institution</p> <p>Anger Management Cognitive Behavioral Programming Domestic Violence Treatment</p>	<p>Adult Basic Education and High School Equivalency English as a Second Language Second Chance Pell Grant Special Education</p>	<p>Bureau of Correctional Enterprises: Custom Signs Vocational Education:</p> <ul style="list-style-type: none"> ▪ Computer Assisted Drafting ▪ Custodial Services ▪ Office Assistant/Aide ▪ Welding <p>Windows to Work</p>

	Treatment	General Education	Career and Technical Education
Minimum-Security Prisons			
Chippewa Valley Correctional Treatment Facility	Anger Management Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency	Windows to Work
Oakhill Correctional Institution	Anger Management Cognitive Behavioral Programming Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency College Correspondence Courses Second Chance Pell Grant University of Wisconsin Humanities Enrichment Courses	Bureau of Correctional Enterprises: <ul style="list-style-type: none"> ▪ Oregon State Farms ▪ Upholstery Operation Department of Workforce Development Job Center Vocational Education: <ul style="list-style-type: none"> ▪ Building, Maintenance, and Construction ▪ Department of Workforce Development Certified Apprenticeship ▪ Food Safety Certification ▪ Horticulture ▪ Occupational Safety and Health Association 10 Certification ▪ Pesticide Application Certification Windows to Work Vocational Education: Food Safety Certification
Sturtevant Transitional Facility	Anger Management Cognitive Behavioral Programming	Adult Basic Education and High School Equivalency	Vocational Education: Food Safety Certification
Correctional Centers²			
Black River	Cognitive Behavioral Programming Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency	–
Drug Abuse	Substance Use Disorder Treatment	– ³	–
Felmers O. Chaney	–	Adult Basic Education and High School Equivalency	Reentry Career and Technical Education Academies
Flambeau	Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency	–
Gordon	–	Adult Basic Education and High School Equivalency	Reentry Career and Technical Education Academies Vocational Education: Food Safety Certification
John C. Burke	–	Adult Basic Education and High School Equivalency	Bureau of Correctional Enterprises: Badger State Logistics Reentry Career and Technical Education Academies Vocational Education: <ul style="list-style-type: none"> ▪ Food Safety Certification ▪ Prep Cook Apprenticeship
Kenosha	–	– ³	–
Marshall E. Sherrer	–	– ³	Reentry Career and Technical Education Academies

Treatment		General Education	Career and Technical Education
McNaughton	–	–	Reentry Career and Technical Education Academies
Milwaukee Women's	Cognitive Behavioral Programming Substance Use Disorder Treatment	College Correspondence Courses ³	–
Oregon	Cognitive Behavioral Programming Substance Use Disorder Treatment	– ³	Reentry Career and Technical Education Academies
Robert E. Ellsworth	Anger Management Cognitive Behavioral Programming Domestic Violence Treatment Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency Second Chance Pell Grant Special Education	Vocational Education: <ul style="list-style-type: none"> ▪ Computer Numerical Controls ▪ Office Software Applications
Sanger B. Powers	–	–	Reentry Career and Technical Education Academies
St. Croix	Anger Management Cognitive Behavioral Programming Substance Use Disorder Treatment	Adult Basic Education and High School Equivalency	–
Thompson	–	Adult Basic Education and High School Equivalency	Reentry Career and Technical Education Academies
Winnebago	–	–	–

¹ All institutions provide pre-release and reentry support services, such as resources related to education, employment, financial literacy, and other areas of personal development. In addition, all institutions provide other services such as drivers education and community service projects that are not captured in the primary program categories we have described.

² All correctional centers are minimum-security institutions.

³ The institution does not provide adult basic education, but high school equivalency testing is provided to inmates.

Appendix 2

Adult Correctional Institutions Operated by the Department of Corrections¹

	County	Year Opened	Design Capacity	Average Daily Inmate Population in FY 2017-18	Inmate Population as a Percentage of Design Capacity
Maximum-Security Prisons					
Columbia Correctional Institution	Columbia	1986	541	834	154.2%
Dodge Correctional Institution	Dodge	1978	1,165	1,683	144.5
Green Bay Correctional Institution	Brown	1898	749	1,094	146.1
Taycheedah Correctional Institution (<i>for women</i>)	Fond du Lac	1921	653	925	141.7
Waupun Correctional Institution	Dodge	1851	882	1,258	142.6
Wisconsin Secure Program Facility	Grant	1999	501	470	93.8
Medium-Security Prisons					
Fox Lake Correctional Institution	Dodge	1962	979	1,341	137.0
Jackson Correctional Institution	Jackson	1996	837	984	117.6
Kettle Moraine Correctional Institution	Sheboygan	1962	783	1,179	150.6
Milwaukee Secure Detention Facility	Milwaukee	2001	461	614 ²	133.2
New Lisbon Correctional Institution	Juneau	2004	950	1,040	109.5
Oshkosh Correctional Institution	Winnebago	1986	1,494	2,044	136.8
Prairie du Chien Correctional Institution	Crawford	1997	326	513	157.4
Racine Correctional Institution	Racine	1991	1,171	1,683	143.7
Racine Youthful Offender Correctional Facility	Racine	1998	400	450	112.5
Redgranite Correctional Institution	Waushara	2001	990	1,024	103.4
Stanley Correctional Institution	Chippewa	2003	1,500	1,575	105.0

	County	Year Opened	Design Capacity	Average Daily Inmate Population in FY 2017-18	Inmate Population as a Percentage of Design Capacity
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Minimum-Security Prisons

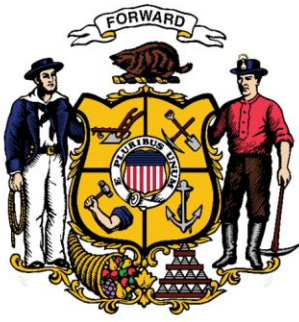
Chippewa Valley Correctional Treatment Facility	Chippewa	2004	450	489	108.7%
Oakhill Correctional Institution	Dane	1976	344	720	209.3
Sturtevant Transitional Facility	Racine	2003	150	147	98.0

Correctional Centers³

Black River	Jackson	1962	66	121	183.3
Drug Abuse	Winnebago	1977	125	284	227.2
Felmers O. Chaney	Milwaukee	2000	100	92	92.0
Flambeau	Sawyer	1954	50	95	190.0
Gordon	Douglas	1950	52	90	173.1
John C. Burke	Dodge	1990	186	247	132.8
Kenosha	Kenosha	1990	60	117	195.0
Marshall E. Sherrer	Milwaukee	1981	32	58	181.3
McNaughton	Oneida	1956	55	106	192.7
Milwaukee Women's	Milwaukee	2003	42	106	252.4
Oregon	Dane	1992	78	117	150.0
Robert E. Ellsworth (for women)	Racine	1989	230	484	210.4
Sanger B. Powers	Outagamie	1982	60	119	198.3
St. Croix	St. Croix	1991	106	114	107.5
Thompson	Dane	1993	118	129	109.3
Winnebago	Winnebago	1974	210	267	127.1

¹ An interactive map of Wisconsin's Adult Correctional Institutions is available on our website.
² Includes an average of 177 inmates who are under the supervision of DOC's Division of Community Corrections.
³ All correctional centers are minimum-security institutions.

Response ■



Wisconsin Department of Corrections

Governor Tony Evers | Secretary Kevin A. Carr

April 30, 2019

Mr. Joe Chrisman
State Auditor
Legislative Audit Bureau
22 East Mifflin Street, Suite 500
Madison, WI 53703

Dear Mr. Chrisman,

Thank you for the opportunity to respond to the Legislative Audit Bureau's (LAB) evaluation of the adult corrections system that is under the responsibility of the Division of Adult Institutions (DAI) for the Department of Corrections (DOC), as was requested by the Joint Legislative Audit Committee. As you are aware, LAB's audit began in July 3, 2018.

The DOC is facing many challenges including an increasing inmate population, an aging inmate population, increasing health care costs, and a high staff vacancy rate. Other states have faced similar challenges. States like Texas and Minnesota have been able to implement comprehensive criminal justice reforms that have reduced overall cost without sacrificing public safety. I believe Wisconsin can be successful in overcoming these challenges, just as other states have, by creating bi-partisan solutions.

DOC looks forward to providing the Joint Legislative Audit Committee with our follow-up in January and March 2020.

Sincerely,

Kevin A. Carr, Secretary-designee

April 30, 2019

DOC Response to LAB's Conclusions and Recommendations

Operating Revenues and Expenditures

LAB Recommendation: Consistently track expenditures, develop outcome measures, and routinely evaluate the effectiveness of each of its treatment and educational programs.

The DOC is committed to utilizing evidence-based decision-making practices. There are a number of processes, evaluations, and metrics that are already collected and reviewed regularly to ensure the DOC is a good steward of taxpayer dollars. Existing effectiveness measures include tracking recidivism and incarceration rates by program. Over the past year, the DOC has also been working to develop processes that will ensure more consistent and accurate employment data related to incarcerated individuals who participate in educational programs. The DOC looks forward to sharing progress on these efforts in March 2020.

Staffing

LAB Recommendation: Record hours worked by all contract staff and analyze costs.

The DOC has faced significant staffing challenges for several years in nearly all employee classifications. Security and health-related categories continue to see significant vacancy rates that impact the DOC's ability to provide quality services to incarcerated individuals. In the Bureau of Health Services (BHS), low wages and a demanding work environment has made recruitment and retention extremely challenging. To offset BHS vacancies, the DOC contracts medical providers.

The DOC has already begun steps to tighten the formal documentation process for contract staff. Beginning in May 2019, a new nursing services contract will go into effect that will cover all contracted nurses under one vendor, allowing us to consolidate the tracking of contracted nursing hours. A similar approach is being considered for physician contractors.

The DOC looks forward to sharing its improved processes, as well as its analysis of contracting staffing versus the cost of hiring permanent staff in March 2020.

LAB Recommendation: Evaluate the effectiveness of salary add-ons, signing bonuses, training, academies, job fairs, and a potential new pay progression system.

To address significant vacancy rates, the DOC continues to try new and innovative ways to recruit and retain employees. DOC leaders are already actively developing a three year strategic recruitment and retention plan that is anticipated to begin operationalization in the near future.

DOC employees are deeply committed to the tremendous responsibility they have for public safety and the safety of those in our care. Until the vacancy rates of our institutions are

April 30, 2019

DOC Response to LAB's Conclusions and Recommendations

decreased, overtime will continue to be the reality for many employees. Safety cannot be sacrificed.

Managing Inmate Health Care

LAB Recommendation: Submit a comprehensive report by January 15, 2020, to the Joint Legislative Audit Committee on inmate healthcare.

Ensuring quality and timely services for incarcerated individuals is the DOC's legal responsibility. The DOC supports the LAB's recommendation and looks forward to sharing an analysis of healthcare costs, as well as the significant health challenges facing incarcerated individuals, in January 2020.

LAB Recommendation: Analyze and ensure the accuracy of data entered into its new electronic medical records system (EMR).

As the report highlights, DOC completed a significant milestone in February 2019 when the EMR system was implemented across all adult institutions. This large scale conversion from paper to electronic documentation was initiated in July 2016, moving the entire department and all its facilities from a cumbersome decentralized paper-based system to a secure automated and accessible collection of medical reports for assessing health conditions for those under our care. The DOC appreciates the opportunity to report to the Audit Committee regarding additional processes that may allow the DOC to not only provide informed treatment and healthcare, but also highlight opportunities for service improvement, efficiency and cost savings.

LAB Recommendation: Work with the Department of Health Services (DHS) to develop a written agreement for administering the Wisconsin Resource Center (WRC).

The DOC agrees with this recommendation and will work with DHS to update the agreement to better reflect current roles and responsibilities.

LAB Recommendation: Increase the use of Telemedicine appointments as a cost savings measure.

DOC is committed to exploring opportunities for the expanded application of telemedicine as a viable strategy to control costs. The DOC has already experienced telemedicine's effectiveness in specialty areas of treatment such as HIV, Hepatitis C, diabetes, and post-op surgical appointments. However, as with any healthcare services, a balance must be struck between face-to-face and distance care modalities. Additionally, rapidly changing IT equipment and the statewide nature of the DOC makes local internet connectivity a challenge for consistent

April 30, 2019

DOC Response to LAB's Conclusions and Recommendations

application across all facilities. The DOC appreciates the opportunity to share with the Audit Committee how and where telemedicine may have the ability to play a more active, but balanced, role in inmate healthcare.

Managing Inmate Population

LAB Recommendation: Require all of its institutions to record and analyze non-emergency medical trip data. Implement a centralized transportation scheduling system.

The DOC is committed to identifying and implementing areas of operational efficiencies, including inmate transportation. The DOC has operational complexities related to security and inmate needs that must be balanced with efficiencies. These complexities include working with local medical providers to coordinate and prioritize appointment scheduling.

In March 2020, the DOC looks forward to sharing the DOC's analysis of the challenges and opportunities related to implementing LAB's proposed centralized scheduling system.

LAB Recommendation: Work with DHS to determine whether Wisconsin would be eligible to use Medical Assistance funds to provide nursing home level of care to inmates with extraordinary health conditions.

The DOC will engage the DHS to fully explore this recommendation.

LAB Recommendation: Develop a plan for inmate placement and enter into contracts with all counties in which it places inmates. Establish relationships with counties with which it does not currently contract to provide additional capacity, if needed.

As shown in Table 32, DOC relies on its county partners to provide relief from the growing number inmates being placed in state DOC facilities. Inmates are placed at county facilities, under the Inmate Retention Program (IRP), or the Temporary Lock-up (TLU). DOC leaders are aware that not all counties wish to enter into a contractual agreement with DOC because of issues related to space consideration, and Federal compliance requirements that are applied to state facilities. As recommended by the LAB and as a best practice, the DOC intends to implement a more consistent MOU process for all counties that are actively used for placement of DOC inmates.