STATE OF WISCONSIN
Department of Corrections

ADULT CORRECTIONS EXPENDITURES

A REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE

March 3, 2020

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Executive Summary

The Legislative Audit Bureau (LAB) completed their evaluation of adult corrections expenditures at the Department of Corrections (DOC) in May 2019. The DOC previously submitted a report on January 15, 2020 that summarized health care for adults in custody while highlighting expenditures that had increased over the prior fiscal year. This report to the Joint Legislative Audit Committee (JLAC) addresses all other aspects of the 2019 LAB audit.

The LAB Audit provided multiple recommendations on three categories within adult corrections: operating revenues and expenditures, managing inmate health care, and managing the inmate population. The recommendations, along with the steps DOC has taken to address the recommendations are summarized in this document.

Operating Revenues and Expenditures

1. *Consistently track expenditures, develop outcome measures, and routinely evaluate the effectiveness of each of its treatment and education programs.*

   In order to ensure that program and education opportunities provided to adults in custody are cost effective, the LAB identified that the DOC needs more detailed information on program and education expenditures and outcomes. At the time of the audit, DOC was unable to provide information on the cost of each of its treatment or education programs. Since the report's publication, DOC has created mechanisms that will allow non-salary expenditures for specific programs to be captured within its financial system and has plans to develop a system of assessment of its programs. However, the DOC has determined that tracking of actual salary and fringe expenditures for permanent staff who are administering programs will not be feasible. In order to complete analyses of treatment programs, the Department will use estimated average costs, in addition to the specific costs that the Department will be able to track on non-salary expenditures, to determine the total cost for each type of program the Department provides.

   Additionally, the DOC's analysis of treatment program effectiveness had not been updated in several years, and data on education program effectiveness was not complete. Therefore, starting in CY2020, the DOC will be updating this information annually. In order to track the effectiveness of education programs, DOC is currently developing new business processes and policies for how education data should be entered in our database. This will allow for evaluation of each separate education program. Once these changes have been made, the effectiveness of education programs will be evaluated similarly to treatment programs. It is important to note that while controlling the costs of programming is critical, even more so is the investment to reduce recidivism and support the positive transition of people returning to community. Therefore, the analysis conducted on program costs cannot be fully realized without accounting for the longer-term results of reducing the number of people who return to prison.

2. *Record hours worked by all contract staff and analyze costs.*

   At the time of the audit, the DOC could not identify all hours worked by contracted staff. Beginning in May 2019, a new nursing services contract (which includes medical staff such as Registered Nurses (RN), Licensed Practical Nurses (LPN), and Medical Program Assistants (MPA)) went into effect that covered all of these contracted staff under one vendor, allowing the Department to consolidate the tracking of contracted hours. This contract has greatly improved the monitoring of many contracted staff for the DOC. Previously, all of this information was either unavailable or required a great deal of effort in order to compile. The only remaining staff that DOC does not track thoroughly are advanced care practitioners (Physicians, Nurse Practitioners, Dentists, etc.). The DOC has attempted to create a similar contract with advanced care practitioners, but some providers were unable or unwilling to join under a single-vendor system.

   The DOC is required to analyze the cost of full-time employees (FTEs) compared to contracted staff whenever they enter into a contract for contracted staff exceeding $50,000. Additionally, if the Department is requesting staff in the biennial budget process, the Department frequently includes comparisons of the cost of FTEs versus contracted staff. However, as the LAB noted, there is no regular analysis being conducted that compares the costs of all contracted staff versus state FTEs. Since the LAB Audit, the Division of Adult Institutions (DAI) has established work processes to ensure that this analysis will be completed on an annual basis.

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

   The Department recognized several years ago that wages for its security employees were lagging behind counterparts in Department of Corrections' facilities in other states. In the 2015-17 Wisconsin State Compensation Plan, the Department was authorized to work with the Division of Personnel Management (DPM) at the Department of Administration (DOA) to implement a pay system for security positions. Given the budget constraints, the DOC was only able to implement a $0.80/hour across the board increase effective June 26, 2016. While the Department recognized it did not keep up with the labor market, DOC was able to increase the starting wage for Correctional Officers to $16.00/hour, indicating to employees there was a commitment to addressing their low wages.

   Starting in May 2016, at various stages and at various dollar amounts, the DOC implemented hourly add-ons and sign-on bonuses in an attempt to reduce increasing vacancy rates at its maximum-security institutions. All of these efforts were self-funded and initiated in an attempt to address higher-than-sustainable vacancy rates. Despite all of these efforts, the vacancy rates continued to rise.

   Utilizing the pilot add-on language in Section A of the Compensation Plan, the Department was approved to offer a $5.00 add-on to DAI employees at most of its maximum security

institutions making their starting rate at least $21.65/hour while in work status. While the critical vacancy pilot add-on program was met with some criticism, once the add-on went into the effect, the Department saw significant improvements in vacancy rates at most institutions and in pre-service class sizes.

In June 2019, the Joint Committee on Finance (JCF) approved the funding for an hourly salary increase in security staff at the DOC as well as the Department of Health Services (DHS) through several motions. After the January 2021 general wage adjustment (GWA), the starting wage for new Correctional Officers will be at least $19.00 per hour.

Managing Inmate Health Care

4. *Analyze and ensure the accuracy of data entered into its new electronic medical records system*.

   In February 2019, the LAB was completing their audit, while at the same time the DOC was finalizing the electronic medical records (EMR) rollout. Thus, the majority of LAB's analysis of DOC's health care system was based on its old paper records system. These paper records made it challenging to determine health information of the total population of adults in custody. In order to ensure the accuracy of data in the EMR system, the DOC is utilizing multiple data validation techniques as well as EMR-related user training.

   The DOC is still working to validate data extracted from the EMR, but it has the potential to improve DOC's management of chronic diseases such as diabetes, hypertension, asthma, and cancers. Data on clinic visits, lab results, medication adherence, and consultation referrals can be used to ensure patients are being seen in a timely manner for management of their chronic diseases and that standards of care are being followed by DOC providers. Further, data on preventative care such as vaccinations, cancer screenings, and routine annual physical exams can now be tracked in the EMR and used to provide robust data to health care decision makers.

5. *Work with DHS to develop a written agreement for administering the Wisconsin Resource Center.*

   At the time of the audit, LAB became aware that the DOC and the DHS had not updated their written agreement for the Wisconsin Resource Center (WRC) since CY1992 and some of the provisions were no longer accurate. As a result of the audit, staff at the DOC and the DHS worked together to update the Memorandum of Understanding (MOU) between the agencies for the operation of the WRC. The MOU delineates the referral and admissions process for adults in custody patients transferred from DOC institutions to WRC. The MOU further defines each agency's role in providing supervision and oversight of the correctional staff employed by DOC to meet the security needs of WRC. Both departments are currently working to finalize details and anticipate a completed agreement before the end of spring 2020.

6. *Increase the use of telemedicine appointments as a cost savings measure.*

   Telemedicine, the remote diagnosis and treatment of patients by means of telecommunications technology, is an especially useful tool for health care delivery in the DOC. The DOC has utilized telemedicine since FY08. Early telemedicine visits were similar to a Skype call with a medical professional, and were primarily limited to behavioral health appointments. The DOC now has seven new telemedicine machines that also have attached peripheral medical equipment, such as an electronic stethoscope, otoscopes for ear exams, and a high definition camera.

   The number of mental health telemedicine appointments increased by 25% from CY2016 to CY2018 before a very slight decline in CY2019. For medical, non-mental health treatment, the Department currently has telemedicine bridges with multiple provider groups across the state. The DOC's largest provider of telemedicine care is the University of Wisconsin Health (UW Health). Multiple specialties at the UW Health see DOC patients remotely. The number of total telemedicine appointments with UW Health decreased in CY2019 to 887.

   In order to rectify the recent decline in telemedicine appointments and expand the program, the Department is now in the early stages of formalizing a multistage program to systematically expand telemedicine usage across the state. This program will consist of three standardized and replicable stages, and will be accomplished by a specific team of stakeholders.

7. *Require all of its institutions to record and analyze non-emergency medical trip data, and implement a centralized transportation scheduling system.*

   The LAB audit identified that the Department could likely reduce expenditures on security staff, fuel, and vehicles if it were to implement a centralized transportation scheduling system for non-emergency medical appointments. The Department has operational complexities related to the security levels and medical needs of adults in custody that must be balanced with efficiencies. Public safety is a central priority for the DOC.As such, the security levels of those being transported impacts the resources necessary to complete a transport, and are considered when deciding whether additional adults in custody can be added to that transport. Moreover, the type of medical appointment can affect timing involving both anticipated and unanticipated medical issues that can arise during the appointment. These complexities will make it difficult to generate the level of savings the LAB estimated. Regardless, the Department will continue exploring other options that could help address the DOC's security concerns. After carefully analyzing this recommendation, the DOC does not believe that the savings from a centralized transportation scheduling system would be as high as LAB estimated. Notwithstanding, the DOC has taken steps to improve coordination of its non-emergency medical trips since the audit.

In May 2019, after the completion of the LAB audit, the DOC introduced an electronic program called OutSystems to track non-emergency medical trips. The new OutSystems program allows both medical staff and transportation security staff to access the application and enter information. The DOC is still working on adding and adjusting data entry fields to ensure that all needed information, as identified in the LAB Audit, is captured. Over the next year, the DOC plans to start analyzing the information it has been collecting and will collect on non-emergency medical transportation in OutSystems. Once the DOC has completed this analysis, it will determine how best to proceed with using OutSystems as a centralized transportation scheduling system and see where the DOC may be able to create efficiencies while still keeping staff, adults in custody, and the community safe during transports.

8. *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.*

   The LAB's report presented a proposal to release adults in custody who qualify for the Geriatric/Extraordinary Health Condition (EHC) release mechanism as an avenue to place adults in custody in a nursing home.

   The DOC continues to review this proposal and intends to continue to engage in planning with the Wisconsin DHS, as much of the effort to engage with a private provider and determine the details surrounding Medicaid falls under the authority of the DHS. Connecticut's approach to nursing home care required multiple legislative changes, and involved litigation with the local community that made it to their State Supreme Court. While the LAB's report suggested utilizing current release mechanisms for adults in custody, after a more thorough review of the proposal from Connecticut, the Department recommends that legislative changes be made in order to create a sustainable system of referrals to a privately managed nursing home.

Managing the Inmate Population

9. *Develop a plan for inmate placement and enter into contracts with all counties in which it places inmates.*

   The LAB's audit reported that the DOC placed adults in custody in at least eight county jails without written agreements. After reviewing this assertion, the Department contends there were agreements in place with some of those eight jails, and either a different interpretation or improper filing contributed to the count. Since the LAB's audit report, DOC has entered into new contracts and added a number of beds for adults in custody.

10. *Establish relationships with counties with which it does not currently contract to provide additional capacity if needed.*

    The DOC continues to connect with Sheriffs to find additional capacity. In CY2019, DOC officials attended the Badger State Sheriffs Conference and the Jail Administrators

Conference to network with counties that do not currently contract with the Department. Going forward, DOC will continue its efforts to connect with local governments. It should be noted, however, that counties can chose not to enter into a contract with the DOC, and therefore it is unlikely the Department will have an MOU with all counties despite having jail capacity to house adults in custody under DOC's care.

Recommendations

Operating Revenues and Expenditures

1. ***Consistently track expenditures, develop outcome measures, and routinely evaluate the effectiveness of each of its treatment and education programs.***

Background

Providing evidence-based treatment and education programs that reduce recidivism, enhance the well-being of the individuals under the care of the DOC, and afford pathways to success in the community are a priority for the Department. The DAI, within the DOC, provides adults in custody with educational and vocational opportunities, which enable individuals to either further their education and/or obtain and maintain employment in the community. DAI has an array of treatment programs offered at its locations that are cognitive behavioral in nature and focus on teaching skills to help individuals handle issues such as substance abuse and anger management.

The DAI currently has six primary treatment areas that are assigned to individuals at the time of classification at DAI intake sites: Anger Management, Cognitive Behavioral Treatment, Domestic Violence, Employment, Sex Offender Treatment and Substance Abuse. These treatment programs are primarily facilitated by DOC social workers, treatment specialists, and contracted staff. All of the programs are cognitive behavioral by design, as research shows this to be the most effective treatment modality. The treatment programs offered by each institution vary, which is shown in *Appendix 1*.

DAI also has a variety of educational programs across DAI facilities. Educational opportunities include: Adult Basic Education (ABE), General Equivalency Diploma (GED)/High School Equivalency Diploma (HSED) preparation and testing, English as a Second Language (ESL), career technical education credits, vocational programs, correspondence programs and Associate and Baccalaureate programs. The education programs offered by each institution vary, which are shown in *Appendix 2*.

Program and Education Expenditures

In order to ensure that program and education opportunities provided to adults in custody are cost effective, the LAB identified the need for more detailed information on program and education expenditures and outcomes. The information is needed to make effective management decisions concerning the allocation of resources and to assess program performance. The LAB made the following statement on DAI's program expenditure tracking at the time of the audit:

> *[W]e 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 … [and] 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. (*p. 28-29, 2019 LAB report*)

Program and education expenditures are tracked both by each individual institution and through the DAI Office of Management and Budget (OMB). At the time of the LAB Audit, the information used for the analysis of FY14 expenditures was pulled from WiSMART (a financial system no longer used by the State of Wisconsin). The way the Department captured expenditure data in the former financial system made accurate analysis difficult. Since FY16, expenditure information on programs has been captured and stored in STAR (the current financial system for the State of Wisconsin). STAR does not require users who enter financial information to specify which program the expense is being used on, and instead designates funding under an umbrella grouping of program types. The Department has the ability to create "codes" in STAR, which allow users to track expenditures for a specific purpose, or to provide a greater level of detail for certain expenditures that would typically be combined together under a larger grouping.

Moving forward, DAI has been creating additional codes in STAR to allow users to capture expenditures for specific programs, rather than continuing to capture program expenditures under umbrella groupings. Staff have been directed to enter program and education expenditures in codes that are specific to the program where the expenses are being generated. The Department plans to be able to track all program and education expenditures by July 1, 2020, which will provide the DOC with a full year of expenditure information at the completion of FY21. Once expenditures are tracked more consistently for each individual program, DOC will be able to include that data in its outcomes analysis to determine the cost-benefit of each treatment and education program. This process will require oversight by the DAI OMB, especially throughout FY21. This will ensure that institutions are coding expenditures to the correct programs. The ultimate goal would be to reduce the need to correct entries as institutions become familiar with the appropriate codes they should be using for the various programs offered at their location.

A review of how institutions use FTEs to administer programming determined that the tracking of actual salary and fringe expenditures for permanent staff will not be feasible. Permanent staff providing programming to adults in custody are constantly changing the groups they are facilitating. For instance, a certain staff member may provide Anger Management programs one month, and then provide programming on Domestic Violence the next month. It would be too time-consuming to have treatment staff keep track of every hour they work, and what program(s) they are working on during that time. Consequently, DAI has been working to

gather estimates of the average number of staff hours needed to provide each type of program provided in DAI facilities. DAI will also determine the average hourly salary for each position classification that administers each program, and use that information to calculate an average salary/fringe cost for each program. The Department will use these estimated costs, in addition to the specific costs that the Department will be able to track on non-salary expenditures, to determine the total cost for each type of program the Department provides. This information will be used as part of future analyses of treatment and education programs.

Program Evaluation and Outcome Measures

DAI prioritizes the order individuals are placed into most of its programs by release date, classification, social worker recommendation, and eligibility for programs. Once individuals are enrolled in a program, program facilitators or educators enter all information related to enrollment, termination, or completion of the program into the Department's inmate and offender database - the Wisconsin Integrated Corrections System (WICS). Historically this data has been used (and is currently used) by the DOC to evaluate the effectiveness of its treatment programs by examining recidivism[1] and re-incarceration[2] rates for treatment program participants after they are released. This analysis has not been updated for several years. However starting in CY2020, the analysis will be updated on an annual basis. Additionally, within the next year DOC plans to begin using employment rates and re-arrest rates as two additional outcome measures for those adults in custody who complete treatment programs and are released into the community.

In the past, DOC has not evaluated the effectiveness of education programs due to the manner in which education program data has been recorded and stored. Education program data is entered into WICS; however, the type of education program has typically only been entered as a generic "vocational" or "educational" program. Data related to the specific program type is most often unavailable, making it difficult to determine which specific programs are effective. DOC is currently developing new business processes and policies for how education data should be entered in WICS, which will then allow for evaluation of each separate education program. Once these changes have been made, the effectiveness of education programs will be evaluated similarly to treatment programs. The outcome measures of recidivism, re-incarceration, re-arrest, and employment will be examined for those individuals who complete education programs and are released into the community.

In addition to examining outcomes for programs, the DAI will begin formalizing a process for assessing program fidelity during group sessions. The Department currently uses a Continuous Quality Improvement Group Observation Form to ensure program facilitators are following the program curriculum as it was designed. There is not currently a standard process in place for how often program fidelity should be assessed and the results of the form are not stored in a central location. In CY2020, the DAI will implement a process for group observation beginning with its substance abuse programs, and this data will be centrally stored and tracked by the

[1] defined as a new conviction and sentence to either prison or probation

[2] defined as a return to prison for a revocation or a new sentence

DAI's Office of Program Services (OPS). The data collected will be used to identify skill deficits among program facilitators, and to identify training needs the Department wants to offer in order to provide the best treatment programs in its facilities.

2. Record hours worked by all contract staff and analyze costs.

Background

At the time of the LAB Audit, the DAI had 7,649.90 FTEs (*See Appendix 3)*. The DAI relies on contracted staff, Limited Term Employees (LTEs), and overtime to fully meet its staffing needs and address vacancies. LTE hours and expenditures are consistently tracked in the State of Wisconsin's PeopleSoft system, which allowed the LAB to capture their FTE equivalency (*See Appendix 4*). Overtime hours and expenditures are also consistently tracked using a combination of the State of Wisconsin's PeopleSoft system, WorkLoud System, and DAI's Overtime System (OTS) with Security Overtime being reported biennially to the Legislature (*See Appendix 5)*. The LAB identified contracted staff as an area of improvement for the following reasons:

> *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.... If DOC recorded the number of hours worked by all contract staff, it could better analyze the cost effectiveness of this approach. (p. 35-36, 2019 LAB report)*

Record Hours Worked by Contract Staff

In its April 2019 response to the LAB Audit, the DOC noted that it had already taken steps to tighten the formal documentation process for contract staff. Beginning in May 2019, a new nursing services contract (which includes medical staff such as RNs, LPNs, and MPAs) went into effect that covered all of these contracted staff under one vendor, allowing the Department to consolidate the tracking of contracted hours. This new contract provides more detailed information than just the number of hours worked by contracted staff; it also has easily accessible information (provided electronically) on expenditures by site, overtime by contracted staff by site, job titles of each contractor, and the number and types of contractors currently working at each adult institution. This contract has resulted in a major improvement in monitoring of contracted staff for the DOC as all of this information was previously unavailable or required a great deal of effort in order to compile. In the past, most of the information was located on individual paper invoices the Department received from each vendor, and that information was then being manually entered into a spreadsheet for tracking purposes.

In CY2018 DOC attempted to consolidate all of the advanced care practitioners (Physicians, Nurse Practitioners, Dentists, etc.) to one vendor so that their services could be better tracked and managed. DOC entered into a contract with Medefis. Although many of the DOC providers did enter into agreements with Medefis for the management of their services at DOC, several of the DOC providers that were being used chose not to enter into an agreement with them. DOC was not in a position to terminate the contracts with the providers that chose not to do

business with Medefis, because to do so would have caused gaps in services. The DOC will continue to work with its advanced care practitioner providers to have them provide a full breakdown of hours for all contracted staff at adult institutions. The DOC expects that there will continue to be some detailed information that must be manually entered into a database for tracking purposes.

Analyze Costs

The DOC is required to analyze the cost of FTEs compared to contracted staff whenever it signs a contract for contracted staff that exceeds $50,000[3]. Additionally, if the Department is requesting staff in the biennial budget process, the Department frequently includes comparisons of the cost of FTEs versus contracted staff. However, as the LAB noted, there is no regular analysis being conducted that compares the costs of all contracted staff versus state FTEs. Since the LAB Audit, the DAI has established work processes to ensure that this analysis will be completed on an annual basis.

The Department typically must pay a higher hourly rate for a contractor than the hourly salary rate that it pays for an FTE. However, the Department does not pay a contractor this hourly rate for any vacation days or holidays taken, and the contractor's hourly rate includes any fringe benefits their agency is providing them. Since DOC does provide it's FTEs with paid vacation/holidays/fringe benefits, prior cost comparisons for most health care staff have shown contractors and permanent FTEs to have similar overall costs. For example, utilizing the State of Wisconsin's Cost Benefit Analysis form, the annual cost of a Nurse Clinician 2 (Registered Nurse) FTE is $127,300 while the annual cost of a contracted Registered Nurse is $126,700[4].

Since the cost of contracted healthcare staff and FTEs are frequently very similar, the DOC prefers to hire FTEs because they typically have a lower turnover rate which makes them more desirable for operational continuity. Research shows that nursing staff require several months to be fully acclimated to a position in the Department. Thus, the lower turnover of FTE means that they are more efficient and effective in the treatment of adults in custody.

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

Background

The LAB identified increasing turnover and vacancy rates for staff at adult institutions since at least FY14.

> *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*

[3] Wisconsin Statute s.16.705(2)(a)

[4] For purposes of this cost comparison, January 2020 average hourly salaries for Nurse Clinician 2 FTEs and average hourly rates for contracted Registered Nurse were used.

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. (p. 47, 2019 LAB report)

Further, the Audit found that the turnover and vacancy rates increased by security level, with FY18 turnover and vacancy rates at maximum-security institutions almost double the rates at minimum-security institutions. These increasing turnover and vacancy rates have resulted in increased overtime hours and overtime expenses as well as increased difficulty of operations for adult institutions.

During the last several years, the DOC has implemented multiple initiatives to improve the vacancy rates at adult institutions. In the sections below, per the recommendation of the LAB, the DOC evaluated the effectiveness of these initiatives.

Effectiveness of Pay Initiatives on Vacancy Rates and Pre-Service Classes

Vacancy rates for security positions[5] in the DAI started climbing in FY11; by FY16, vacancy rates were in the double digits, reaching the highest quarterly rate ever in April 2018. By July 2019, rates had reached 17% (*See Appendix 6 for more information*). The Department recognizes that factors outside of pay and benefits play a role in our vacancy numbers. The Department saw a dramatic rise in vacancy rates as a result of Act 10. As illustrated in *Appendix 6*, the Department was experiencing a 2.2% vacancy rate in July of 2010 and by July of 2011 was at 5.7%. Additionally, we have found vacancy rates have an inverse relationship to the unemployment rates in Wisconsin. When unemployment is low, the DOC's vacancy rates are high. For example, as illustrated in *Appendix 7*, in FY08 Wisconsin was experiencing unemployment rates near 5%. In that same timeframe, the Department's vacancy rates were less than 3%. In FY19, Wisconsin was experiencing unemployment rates under 3% while the Department's vacancies fluctuated between 14-16%.

While outside factors play a role in the vacancy rates, the Department recognized several years ago that wages for its security employees were lagging behind counterparts in Department of Corrections' facilities in other states. This is evidenced in *Appendix 8*, which shows the 2014 labor market data for surrounding states. In the 2015-17 Wisconsin State Compensation Plan, the Department was authorized to work with the DPM at the DOA to implement a pay system for security positions. Unfortunately, the Department was required to completely self-fund the initiative, which affected our ability to provide a wage increase competitive with counterpart agencies in other states. Self-funding further eliminated any possibility of implementing progression adjustments, which could help with retention.

[5] For purposes of this section, the term "security" when referring to vacancies, positions or classifications specifically refers to the classifications of Correctional Officer and Correctional Sergeant in the DAI.

Given budget constraints, the DOC was only able to implement a $0.80/hour across the board increase effective June 26, 2016. While this increase did not keep up with the labor market, it did increase the starting wage for Correctional Officers to $16.00/hour, showing employees the Department was committed to addressing their low wages. At the time the initiative was implemented, the projected cost to the Department was just under $10,000,000 over the biennium. To mitigate the expense of the initiative and ensure the DOC did not experience a budget shortfall in the biennium, it was necessary to implement a 120-calendar day hold on many positions. Any positions directly responsible for patient care and safety/security were automatically exempted from the hold, which made recouping salary savings much more difficult.

During the same time, the DOC determined that additional pay incentives should be focused on several maximum-security institutions due to consistently higher vacancy rates compared to their medium-security counterparts. It was especially crucial to fill vacancies at those locations before the busy summer and holiday seasons when vacation usage peaks. Specifically, effective May 29, 2016 until January 7, 2017, the DOC implemented a $0.50/hour add-on for Columbia Correctional Institution (CCI), Green Bay Correctional Institution (GBCI) and Waupun Correctional Institution (WCI) in the DAI.

In various stages throughout CY2018, the Department increased the hourly add-on to $1.00. The Department also added Dodge Correctional Institution (DCI) due to increasing vacancy rates at that location. Additionally, the DOC was granted authority to offer a $2,000 sign-on bonus for any new original Correctional Officer hires at CCI, DCI and WCI. All of these efforts were self-funded and initiated in an attempt to address higher-than-sustainable vacancy rates. Despite these efforts, the vacancy rates continued to rise at maximum-security facilities receiving the add-ons or bonuses, which is illustrated in the charts in *Appendix 9.*

In January 2019, Secretary Carr was appointed by Governor Evers to lead the DOC. Early in his tenure, the Secretary recognized the Department was experiencing unsustainable vacancy rates and tasked the Bureau of Human Resources (BHR) with gathering more recent labor market information. At the time, the starting wage for Correctional Officers was $16.32/hour due to a June 2018 GWA, and rose to $16.65/hour after the January 2019 GWA.

After gathering starting pay rates for surrounding states and comparing it to labor market data from 2014, it became apparent that the other state Departments of Corrections had all increased their starting rates more than Wisconsin had over the same time period, further increasing the existing pay disparity (*See Appendix 10 for 2018 wage data*). While Iowa did not respond to the survey, the Iowa Bureau of Labor Statistics listed their starting hourly wage at $19.51, resulting in an average wage of $19.62/hour in Illinois, Iowa, Michigan, Minnesota and Wisconsin. The average was $19.50/hour when removing the Illinois (high) and Wisconsin (low) outliers.

Governor Evers also addressed security wages in his biennial budget address by referencing a desired starting wage of at least $19.00/hour for Correctional Officers. Taking the labor market data and threshold set by the Governor into account, the DOC submitted a proposal to the

DPM, which included the concepts of a guaranteed base pay increase to security staff and a 15-year progression system to help with retention. Implementation of the plan was dependent upon funding approval and inclusion in the compensation plan, since the DOC would not be able to self-fund an initiative of this magnitude.

During spring 2019, vacancy rates continued to climb and reached 16.2% overall by April 2019 (*See Appendix 6*). The DOC was especially concerned about the historically high vacancy rates being experienced at the maximum-security facilities, some of which were approaching 25-30% for officers and sergeants. These vacancy rates created a significant safety and security concern just prior to the busy summer and holiday months. Utilizing the pilot add-on language in Section A of the Compensation Plan, the Department was approved to offer a $5.00 add-on to DAI employees at CCI, DCI, GBCI, WCI and Taycheedah Correctional Institution (TCI) making their starting rate at least $21.65/hour while in work status. The goal of the pilot was to increase wages for security staff at maximum institutions with historically higher vacancy rates by providing a monetary incentive to work at those facilities.

The combined vacancy chart referenced in *Appendix 11* shows the improvements to the five locations since pay period 11 of FY19 when the add-on went into effect. Additionally, *Appendix 12* includes a document summarizing the impact to pre-service class sizes, as well as vacancy rates pre- and post- $5.00 add-on as of the pay period ending December 21, 2019 (the final pay period of CY2019). Specifically, the DOC saw a reduction of 6.64% in vacancy rates at the five DAI facilities as of the December 21, 2019 pay period end date and an average increase of 67% for Madison pre-service classes and 29% for local pre-service classes, which are limited by space constraints. Although the Department realized initial improvements in vacancy rates at all facilities with the exception of WCI, some of the rates have been increasing since December with TCI, DCI, and CCI all over 20% and WCI over 30%. It is not surprising the rates increased between December and February because the Department often experiences turnover due to retirements and the pre-service academies are in hiatus during the holiday season. It should be noted GBCI's vacancy rates are still in single digits and have been since November 9, 2019. This is the first time this has occurred since January 2017. With the add-on scheduled to end June 20, 2020, the Department is concerned employees will begin moving out of the maximum facilities as the date approaches.

In June 2019, the JCF approved the funding for an increase in security staff at the DOC as well as the DHS through several motions. The DPM used the parameters set forth in the approved JCF motion to finalize the pay increases and progression rates. On December 18, 2019, the 2019-2021 Compensation Plan was approved by the Joint Committee on Employment Relations (JCOER), and it included the security pay increases and progression system for DOC and DHS. The pay increase for security staff at non-$5.00 add-on facilities was implemented on January 19, 2020 while the remaining staff at the $5.00 add-on facilities will receive the increase upon the expiration date of the pilot add-on program in June 2020. The progression system will be implemented in December 2020, which will give considerable increases to many staff as they are placed at a progression point in accordance with their seniority. After the January 2021

GWA, the Governor's goal of reaching a starting wage of at least $19.00 per hour as a new Correctional Officer will be realized.

Increases to pay for security staff have been the primary compensation provisions initiated by the DOC in the last several biennia. While there have been Discretionary Equity or Retention Adjustments (DERA) and market/parity increases for a limited number of staff in other classifications (i.e. Psychiatry, seniority stratification for Schedules 02, 03, 05 & 06, etc.) in this most recent Compensation Plan, in addition to GWAs for all classifications, these have been primarily enterprise initiatives. Measuring the effectiveness of these other initiatives would require enterprise-level analysis and the initiatives have not been in place long enough to evaluate effectiveness at the time of this response. Furthermore, because Nurse Clinicians will be placed on a new pay structure in April 2020, evaluation of the structure's efficacy is also not possible at this time.

While the DOC cannot yet analyze the effectiveness of the base pay increases and progression system, the Department appreciates the support of the Governor's Office, the Legislature, and the DOA. The Department remains hopeful that the raised rates will help with both recruitment and retention. However, the Department remains concerned about the maximum-security facilities and the potential impact of the expiration of the $5.00 add-on. Despite some fluctuating improvements in vacancy rates at the add-on facilities, the Department suspects that employees will return to choosing medium-security institutions over maximum-security institutions absent additional pay incentives. The Department continues to study other approaches to addressing the vacancy rates at our maximum-security facilities.

Recruitment Initiatives

One of the Department's strategic initiatives is to address recruitment and retention concerns. In August 2019, the Department finalized a three-year plan with goals related to reducing vacancy rates both overall and in security classifications as well as increasing the diversity of our employees. *Appendix 13* shows the current demographic make-up of the DOC and the demographics of the entire state enterprise.

The DOC will continue to devote time and resources to recruiting and retaining quality staff and promoting an equitable and inclusive environment. One example of the increased recruiting efforts in CY2019 was attendance at career fairs, which LAB had also been mentioned in their recommendations. In CY2019, the DOC participated in 71 official career fairs put on by colleges, universities, communities, and other organizations. Including the local hiring events sponsored by DOC institutions, for CY2019, the Department participated in 114 employment events. This is an increase from 96 fairs and hiring events in CY2018 and 63 in CY2017. In CY2019, six fairs were specifically focused on either diversity or Veterans.

Other Department initiatives stemming from the recruitment and retention plan include the following: working on a re-branding campaign to help showcase the DOC as a premier employer; collaborating with leadership and employees throughout the organization to

establish new ways of improving climate and morale; and developing innovative recruitment methods to reach alternative candidates.

In summary, the Department hopes the increased efforts and focus on recruitment, as well as the pay initiatives put in place for our security employees will continue to improve recruitment and retention in the months and years to come. In order to maintain that improvement, however, we must also strive for a quality work environment and continue to remain competitive with respect to pay and benefits.

Managing Inmate Health Care

4. Analyze and ensure the accuracy of data entered into its new electronic medical records system.

Background

The DOC implemented a statewide EMR system across 36 locations in five rollouts between December 2017 and February 2019. Prior to the EMR system, the DOC utilized a paper records system. Operating under a paper records system made it challenging to determine health information about the total population of adults in custody. Additionally, the paper records were burdensome to transport when adults in custody were moved to different correctional facilities, or when they were released from their term of confinement.

The improved efficiency and effectiveness of medical care to adults in custody from the EMR system, compared to the prior system of maintaining paper medical records, will also provide a cost offset for the EMR system. The cost offset played a vital part in the DOC's decision to implement the EMR system. For example, the DOC Central Pharmacy is better able to track and send medications when they are low at facilities, resulting in less instances of the DOC facilities running out of stock of certain medications, and then purchasing them from local pharmacies. The DOC will be better able to track and treat chronic conditions in the EMR system, which should result in less complications and expenses from chronic conditions. These are just two examples of the improved efficiency and effectiveness of medical care to adults in custody from the EMR system, but there are many others throughout the DOC medical system.

The LAB was completing their audit at the same time that the DOC was finalizing rollout of EMR in February 2019. Thus, the majority of LAB's analysis of DOC's health care system was based on its old paper records system, including the following statement regarding the limitations of DOC's health information as a result of the paper records:

> *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….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. (p. 54, 2019 LAB report)

Electronic Medical Records System

Since the completion of the initial rollout of EMR in February 2019, numerous modifications to the EMR system have been completed in order to meet the DOC's unique healthcare and security workflows. Accordingly, substantial DOC staff time was spent introducing EMR across the DOC institution-based system and adapting the system as needs were identified.

Since EMR is a statewide system, DOC's EMR analytics team is able to centrally review and extract data entered into the system by healthcare staff to generate reports on inmate health as well as the overall effectiveness of the EMR system. These reports span from the health of individual patients to the health of the entire DOC population. Moreover, reports can now be tailored for institution-based health services managers –enabling them to run more efficiently on their health services unit. EMR also tailors reports for central office staff proving an agency-wide overview of health services across many sites. A few examples of DOC's new reporting capabilities are:

a. Appointment information: completed appointments by appointment type, number of completed offsite medical appointments, number of appointments marked as "No Show," and number of patients sent to the emergency room.
    a. These reports make it easier for health service managers to identify operational weaknesses in order to improve delivery of patient care.

b. System-wide statistics: patients diagnosed with chronic conditions by location, caseload by clinician, mental health codes by facility, and vaccine administration activity.
    a. These reports assist DOC's efforts to manage patient health in institutions and prevent outbreaks, control the cost of medications and medical procedures, and ensure positive outcomes among the patient population.

c. Pharmacy reports: reports that allow pharmacists to prioritize the prescriptions that they fill on any given day and any prescriptions that they can fill on a different day.
    a. This data provides the pharmacy with information to understand their staffing patterns and to control inventory. Additionally, this data allows the pharmacy to manage their workload over time and manage staff schedules over holidays and vacations.

These initial reports revealed some inconsistencies in data that are likely due to variations in data entry into the EMR system. Differences in provider usage of the EMR and the sheer complexities of all EMR systems in general are likely to be driving the data variance. The DOC

anticipates that data quality will improve as the Department continues to build reports and train staff on the utilization of EMR.

The DOC is exploring approaches to validate the data currently in its EMR system. Below is a general explanation of those methods:

a. Benchmark data exists regarding community prevalence of disease per age stratification. BHS plans to compare the current DAI population's prevalence of disease with their age matched community cohorts to look for variances. One flaw in this method is that patients in the DOC often suffer diseases earlier and more severely than their age matched community cohorts.

b. The DOC has a fairly robust pharmacy database separate from the EMR. The Department is developing a plan to compare pharmacy-based medication usage against disease reporting in the EMR to look for inconsistencies.

c. ACL labs in the Milwaukee metro area is the main vendor DOC uses for laboratory needs. As with medication usage, DOC is working to cross-reference reported lab results with disease reporting in EMR (e.g. high blood sugar results but no diagnosis of diabetes on a patient would constitute a variance). One flaw in this method is that abnormalities in a particular lab could be due to many causes and not just the underlying disease in question.

d. Skygen is the DOC's third party administrator (TPA) for tracking emergency room and hospital based billings. The DOC anticipates the ability to cross-reference Medicaid claims diagnosis made through the TPA with those in the EMR system for patients that have been hospitalized.

In addition to data validation techniques, the DOC plans to improve EMR-related user training. The EMR rollouts included a two-day training for advanced care providers and other healthcare staff. Now that the EMR rollouts are complete, the Department can focus on developing a comprehensive orientation for new healthcare staff and continuing education on topical items for existing staff. DOC anticipates that these trainings will include a mix of in-person and online training modules, with video clips and written job-aids that users can reference after the training sessions. DOC is also implementing live web-based training when new EMR workflows or other significant changes occur in the system, in an effort to ensure EMR users understand the impact of new software updates and features.

DOC recently created an EMR optimization committee that will serve to improve end user efficiency and accuracy by improving and streamlining EMR functionality and interface. This optimization committee will also identify ways to leverage the EMR analytical abilities to improve the quality of health care by standardizing care delivery, identifying areas of care deficiencies, and reducing redundancy in care and human error.

Data extracted from the EMR has the potential to improve DOC's management of chronic diseases such as diabetes, hypertension, asthma, and cancers. Data on clinic visits, lab results, medication adherence, and consultation referrals can be used to ensure patients are being seen in a timely manner for management of their chronic diseases, and that standards of care are being followed by DOC providers. Data on preventative cares such as vaccinations, cancer screenings, and routine annual physical exams, can easily be tracked in the EMR and used to provide data to decision makers.

The Department will always need to be mindful of the sensitive nature of the data available in EMR. A lot of the information entered into the system can only be directly accessed by providers, and Health Insurance Portability and Accountability Act (HIPAA) laws mandate what type of information can be shared with external parties. Non-DOC health staff interested in the Department's EMR data will only be able to review aggregate data, and even then, the information shared will need to be compliant with HIPAA laws.

5. Work with DHS to develop a written agreement for administering the Wisconsin Resource Center.

The WRC treats DOC adults in custody with specialized mental health needs. WRC is administered by the DHS, with the DOC providing security staff for the center. WRC had an average daily population of 368 male adults in custody and 43 female adults in custody in FY19 (*See Appendix 14 for WRC ADP from previous years*). The 2019 LAB report provided the following explanation:

> *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. (p. 62, 2019 LAB report)*

At the time of the audit, LAB became aware that DOC and DHS had not updated their written agreement for WRC since CY1992 and some of the provisions were no longer accurate. Because of the audit, the DOC's Purchasing Director has been working with the Warden at the Oshkosh Correctional Institution (OSCI) and the Director at the WRC to update the MOU between the DOC and the DHS for the operation of the WRC. The MOU delineates the referral and admissions process for patients in custody transferred from DOC institutions to WRC. The MOU also defines each agency's role in providing supervision and oversight of the correctional staff employed by DOC to meet the security needs of WRC. Both departments are actively finalizing details of the agreement, and anticipate a completed agreement before the end of spring 2020.

The LAB also identified that two substance use disorder units were established at WRC in September 2018. These units were created because of a shortage of correctional beds in DOC institutions. At the time of the audit, DOC funded these new units. As part of the 2019-21 biennial budget, the funding of these units was transferred to the DHS and these units are now completely funded and operated by the DHS.

6. Increase the use of telemedicine appointments as a cost savings measure.

Background

Telemedicine, the remote diagnosis and treatment of patients by means of telecommunications technology, is an especially useful tool for health care delivery in the DOC. The DOC has utilized telemedicine since FY08. Early telemedicine visits were similar to a Skype call with a medical professional, and were limited to behavioral health appointments. The DOC now has seven new telemedicine machines that also have attached peripheral medical equipment, such as an electronic stethoscope, otoscopes for ear exams, and a high definition camera. These peripheral devices can be used by a nurse on the patient at the institution with information collected by the equipment being immediately available to the outside consulting provider allowing for enhanced assessment of the patient. These new telemedicine machines expand the capabilities to see a wider diversity of patients remotely and thus can further reduce the need to transport adults in custody outside of the institution. The DOC currently has these new telemedicine machines at the following institutions: Fox Lake Correctional Institution (FLCI), WCI[6], CCI, Red Granite Correctional Institution (RGCI), GBCI, Wisconsin Secure Program Facility (WSPF), and Stanley Correctional Institution (SCI). As the number of institutions implementing telemedicine into their medical practice increased, it has become apparent that the Department needs to develop agency wide standards for administration, maintenance, operation, and partnership building.

Telemedicine fits into the strategic goals of the DOC because of its potential for both significant cost savings and improved access to patient care for specialty services. It reduces costs mainly by reducing transportation and security expenditures associated with any offsite visits because security staff must transport adults in custody to all hospital and clinic visits. Telemedicine also serves to increase public safety, as offenders remain housed in their correctional facility.

Telemedicine Usage

The LAB Audit report discussed telemedicine's potential for savings and DOC's difficulties with utilizing and tracking telemedicine visits.

> *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*

[6] Telemedicine machine was moved from DCI to WCI in late 2019.

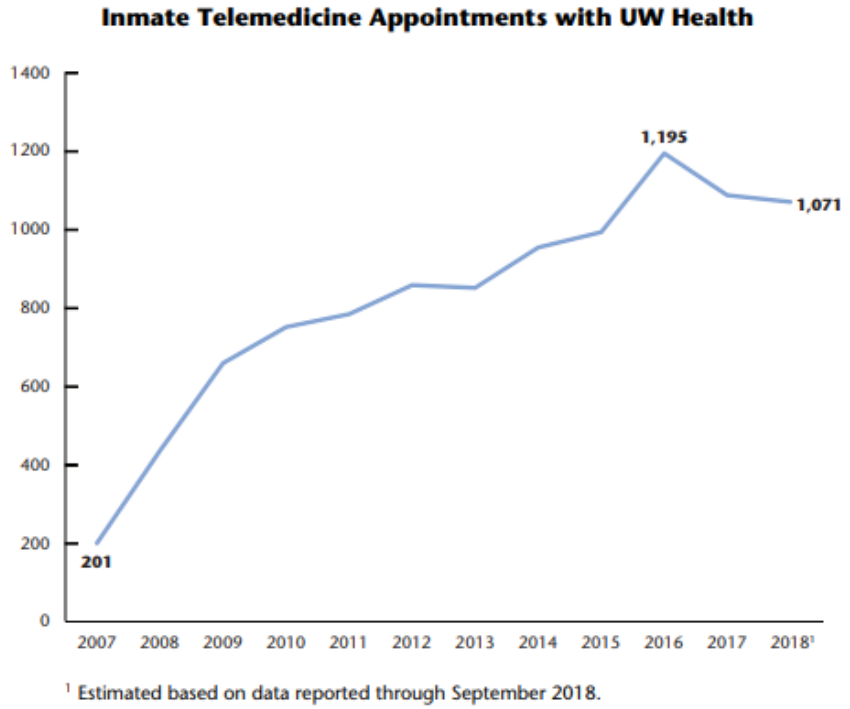
information on the telemedicine services provided to inmates. In response to our request for information, UW Health provided DOC with a summary of telemedicine appointments provided by UW Health from 2007 through September 2018. DOC estimates that UW Health accounts for approximately 90 percent of all inmates' telemedicine appointments. (p. 64-65, 2019 LAB report)

Telemedicine is most often utilized in the area of behavioral health or mental health treatment. Its benefits are most apparent in rural areas where it can be difficult to locate mental health care providers. The number of mental health telemedicine appointments, as seen below, increased by 25% from CY2016 to CY2018 before experiencing a slight decline in CY2019.

Table 1. Mental Health Telemedicine Appointments

2016	2017	2018	2019
4,047	4,834	5,103	4,975

For medical non-mental health treatment, the Department currently has telemedicine bridges with multiple provider groups across the state. While the largest provider of telemedicine care to the DOC is the UW Health, in CY2019, the number of telemedicine appointments with UW Health decreased to 887 appointments. Historical data for visits with UW Health through 2018 can be seen in the graph below, and includes appointments utilizing both the enhanced telemedicine machines and the more traditional Skype-like technology (graph copied from p. 65 of 2019 LAB Audit):



Prior to the LAB Audit, the DOC had no formal ongoing program for expansion across the state, and after recognizing a decline in usage in 2019, the Department is prioritizing a more standardized approach to support the efforts of its institutions. Historically, administering

telemedicine has led by participating institutions' health services unit staff. This grassroots approach was mainly due to lack of discretionary central office resources for such efforts. This has led to a multitude of problems with the newest telemedicine equipment such as connectivity issues with DOC's IT infrastructure, lack of training for staff at correctional facilities in the operation of equipment, and a lack of communication with hospitals and clinics about correctional facilities' telemedicine capabilities.

Telemedicine Expansion and Maintenance Plan

In order to rectify the DOC's challenges with telemedicine and expand the program, the Department is now in the early stages of formalizing a multistage program to systematically expand telemedicine usage across the state. This program will consist of three standardized and replicable stages, and will be accomplished by a specific team of stakeholders.

Stage 1: Information acquisition, defining current state and program needs

Currently, the Department is in the process of assessing all aspects of our current telemedicine program as a means of identifying unused capacities and gaps in needed resources. The Department is querying the seven sites with enhanced technology capabilities regarding whom they currently use as their local community partners for face-to-face offsite care, and whether their institution is in the position to expand telemedicine services with these community partners. A letter has been generated to survey these institutions' community partners about their willingness and abilities to either start or expand telemedicine visits with DOC patients. This data will help us determine what types of services can be delivered via telemedicine and to what scope.

The DOC has historical data on face-to-face offsite specialty cares for its inmate patients. This data is broken down by the type of specialty care being delivered, and the offsite locations where the care was delivered. Analysis of this data will help the Department focus its efforts on expanding telemedicine in areas where the greatest impact will be recuperated.

In addition to the aforementioned efforts, the Department is evaluating current DOC deficiencies in hardware technology and information technology knowledge. For example, the Department is analyzing arrangements between IT staff and medical staff to ensure on-demand support is available in the future. Further, the DOC is working to ensure that there is input from all DOC staff involved in telemedicine from BHS leadership to procurement staff to IT staff.

Stage 2: Program Development Plan Implementation

Building an effective telemedicine care delivery portal requires the input of the multiple disciplines noted above. The timely coordination of these disciplines toward successful task completion requires significant resource commitment and these requirements should not be underestimated. The DOC will create a task force team comprised of stakeholders in each of these disciplines to allow for a streamlined and standardized replication of the process across all institutions.

This team will analyze all of the data collected in Stage 1 and create a plan that details the facets of the program and tasks that must occur in each facet. Tasks needed to build, expand, test, measure, troubleshoot, and monitor the program will have to be defined and assigned to specific members of the team. To assure ongoing quality improvement of the program, several metrics will be needed, such as hours of work required and a timeline for implementation. .

Stage 3: Ongoing metric assessment and optimization

Once a particular site is up and functioning, the metrics determined and measured in Stage 2 will need to be collected and brought back to the task force team. This data will be validated, analyzed, and used in a continuous quality improvement (CQI) program. Once a particular CQI process is in place, this will be applied equally to all sites to assure standardization is occurring statewide. DOC patients are frequently transferred from one site to another and staff may cross-cover other correctional facilities. Assuring standardization across all sites will result in improved efficiency and quality in the entire program.

Ongoing optimization of the program will change based on current state as well as internal and external forces. Constant monitoring and adaptation of the program will be needed and ongoing changes will need to be determined by the task force.

Lastly, as the DOC faces critical shortages of advanced care providers across the Department, utilization of telemedicine from one DOC site without a current provider to another site with provider coverage could also serve to create new avenues of patient access to care.

7. Require all of its institutions to record and analyze non-emergency medical trip data, and implement a centralized transportation scheduling system.

Background

The LAB audit identified that DOC could likely reduce expenditures on security staff, fuel, and vehicles if it were to implement a centralized transportation scheduling system for non-emergency medical appointments. The DOC frequently transports adults in custody off-site utilizing large vans that can accommodate multiple adults in custody and security staff for certain non-emergency medical care. The LAB identified DOC's issues with non-emergency medical transportation at the time of the audit in the paragraph below:

> *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…. (Further) DOC was only able to provide us with data on inmate transportation for the three institutions that maintain these data electronically. (p. 67-68, 2019 LAB report)*

The LAB did analyze information from the three institutions that provided data on non-emergency medical transportation, estimating that the total number of medical trips at these sites could have been reduced by 12.5% if there was a centralized transportation scheduling system providing inter-prison efficiencies. A CY1995 audit of adults in custody transportation had also recommended that DOC take steps to better manage the transportation of adults in custody in an effort to reduce costs. CY1995 audit recommendations included developing a system of adults in custody transportation that incorporated advanced trip scheduling and standardized routes. At that time, LAB estimated DOC could reduce expenses for medical trips by 21%.

The Department, as it stated in its April 2019 response to the LAB audit, has operational complexities related to security and inmate needs that must be balanced with efficiencies. These complexities will make it difficult to generate the level of savings LAB estimated, although the Department will continue exploring other options (including technology-related advancements) that could help address the DOC's security concerns.

Some examples of the complexities the Department faces in trying to create a centralized transportation scheduling system include: certain individuals cannot be in the same vicinity as other individuals and this is harder to identify and track when mixing adults in custody from multiple prisons; mixing of adults in custody from multiple security levels (maximum, medium, minimum) results in all adults in custody being treated like they are all at the highest security level; if adults in custody are not ready for pick up by the transport crew it could result in missed appointments for other adults in custody; an unexpected delay of an adult in custody returning from the medical trip (which can be hours or days) could impact all adults in custody on that medical trip; and adults in custody who have a wheelchair or certain other medical conditions cannot always safely travel with other adults in custody. Thus, the DOC is not likely to realize as high of savings from a centralized transportation scheduling system for non-emergency medical trips as LAB estimated.

While the DOC does not believe the savings from a centralized transportation scheduling system would be as high as LAB estimated, the below section explains the steps the DOC has taken to improve coordination of its non-emergency medical trips since the audit.

<u>Centralized Transportation Scheduling System</u>

In May 2019, after the completion of the LAB audit, the DOC introduced an electronic program called OutSystems to track non-emergency medical trips. This system replaced an electronic SharePoint system that had been introduced in CY2014 that medical staff at all sites were using (with varying degrees of accuracy by correctional facility) to schedule security staff for upcoming non-emergency medical transportation. The SharePoint system did not include security-related information such as leave time, return time, number of security staff, and if vehicles were shared by adults in custody. Some of this information, if available, was stored by each prison's security staff in an Excel or Word Document. Since security information was not included along with the medical information, it made analysis of non-emergency medical trip

data for all correctional facilities impossible. Prior to CY2014, the DOC utilized paper records to coordinate non-emergency medical transportation. Consequently, the DOC could not analyze any information on medical transportation without first completing a tremendous amount of data-entry work on individual trips.

The new OutSystems allows both medical staff and transportation security staff to access the application and enter information. The DOC is still working on adding and adjusting data entry fields to ensure that all necessary information, as identified in the LAB Audit, is captured. For example, the DOC did not include in its May 2019 rollout of OutSystems a field for vehicle number, making it impossible to determine if adults in custody with appointments at the same time or nearby times were sharing the same vehicle. The biggest issue DOC is currently working to address is ensuring that all security staff are utilizing OutSystems to capture all needed data.

Over the next year, the DOC plans to start analyzing the information it has been collecting and will collect on non-emergency medical transportation in OutSystems. Once the DOC has completed this analysis, it will determine how best to proceed with using OutSystems as a centralized transportation scheduling system and see where the DAI may be able to create efficiencies while still keeping staff, adults in custody, and the community safe during transports.

8. 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.

Background

The LAB's report presented a proposal to release adults in custody who qualify for the Geriatric/Extraordinary Health Condition (EHC) release mechanism as an avenue to place adults in custody in a nursing home to reduce the costs associated with DOC hospital visits and inpatient stays. The LAB cited the State of Connecticut as an example of this proposal in action.

Connecticut has been the only state to date to have been approved by the Federal government's Centers for Medicare & Medicaid Services (CMS), and therefore able to fully implement this recommendation under their state plan for Medicaid. The program in Connecticut completed planning, legislative changes, a formal bidding process, contract development, and allocated annual funding on a multi-year timeline. The contracted private facility in CT currently houses approximately 70 patients of which approximately 26% were referred from Connecticut DOC, and most of the remaining patients referred from the Connecticut Department of Mental Health and Addiction Services (DMHAS). The State of Michigan is another state working on a similar approach to health care for adults in custody. They recently passed a law to allow for a release mechanism under their DOC authority for extraordinary health conditions, and they are also in the process of applying for similar waiver as CT with CMS.

Overview of Release Mechanisms

Currently, there are two methods of early release due to medical conditions available to adults in custody depending on the type of sentence they are serving: EHC and the Parole Commission's Extraordinary Circumstances Consideration (a.k.a. compassionate release (CR)). The decision to allow for release under these release mechanisms are outside of the authority of the Department.

EHC is currently only available to adults who are serving a bifurcated sentence. The sentencing court has the authority to modify the sentence of a qualifying adult in custody who submits a request under EHC. Qualifying adults in custody cannot be incarcerated for either a Class A or B felony. An application for an adult in custody to qualify for EHC is available if one of the three conditions exists:

1. The individual is 65 years of age or older and has served at least five years of the term of confinement in prison portion of the bifurcated sentence. Adults in custody shall serve the specified time on each count.

2. The individual is 60 years of age or older and has served at least 10 years of the term of confinement in prison portion of the bifurcated sentence. Adults in custody shall serve the specified time on each count.

3. There are two medical affidavits from two physicians when an EHC is alleged.

The 2019 LAB report focuses on the third condition. It is important to note that EHC releases can only be authorized by a judge. Therefore, the planning that occurs by the adult in custody, their medical providers, their family, and the DOC for submission for an EHC request does not guarantee a release. The DOC is reviewing its EHC policies and practices to determine if a more efficient process and communication strategy will increase applications. See *Appendix 15* for an overview of the number of releases under EHC.

An additional release mechanism, which was not discussed in the 2019 LAB report, is through the Parole Commission. Adults in custody who are statutorily eligible for parole but have not reached their parole eligibility date may be considered for parole under CR if they meet the criteria that is defined as:

> *"…advanced age, infirmity or disability of the adult in custody, need for treatment or services not available within the correctional institution, a sentence to a term of imprisonment that is substantially disparate from the sentence usually imposed for a particular offense, or other circumstances warranting an early release which are made known to the sentencing court…"*

Like EHC, the Department does not have the authority to release adults in custody under CR. Therefore, the planning that occurs by the adult in custody, their medical providers, their family, and the DOC for submission for a CR request does not guarantee a release, and only

those that are parole eligible can apply to the Parole Commission for consideration of CR. *Appendix 15* provides information on the number of releases under CR.

Furthermore, there could be adults under supervision who may also qualify for nursing home care that could benefit from this proposal as well. Unfortunately, the Department currently does not have the structural capacity to track adults under supervision who could benefit from nursing home level care. However, the Division of Community Corrections (DCC) has struggled in the past to locate nursing home and assisted living care for adults under supervision, who tend to be denied placement due to their conviction. Having a contracted facility could provide additional support to those under supervision as well. However, data surrounding this avenue is not available.

Understanding the need for a separate release mechanism for their nursing home program, Connecticut passed legislation that authorizes their DOC Commissioner (a.k.a. Secretary) with discretionary authority to release an adult under certain parameters to a nursing home. CT's DMHAS contracts with the nursing home that agrees to accept these adults released under this law. After analyzing the limited release mechanisms that are currently available to the Department, the DOC would recommend considering similar legislation.

<u>Partnerships Required</u>

The Wisconsin DOC continues to review this proposal and intends to continue to engage in planning with interested providers and most importantly with Wisconsin DHS, as much of the effort to formally engage with a private provider and determine the details surrounding Medicaid falls under the authority of the DHS. Connecticut's approach to nursing home care required multiple legislative changes, and involved lengthy litigation that eventually landed in their State Supreme Court with the local community where the private facility is housed.

While this recommendation has merit and it is potentially feasible here in Wisconsin, similar efforts would require a new waiver submission to CMS. Led by DHS, this would need to be approved by the legislature and meet all the requirements of 2018 Act 370. In short, DHS cannot act on its own to implement this type of policy or practice change.

Managing the Inmate Population

9. Develop a plan for inmate placement and enter into contracts with all counties in which it places inmates.

Background

The 2019 LAB report found that, "… [m]ost 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 FY2017-18" (p. 74). It also reported that at current trends, the prison population is projected to continue to increase. The Department contends that many of the concerns reported in the 2019 LAB Report are directly affected by the problem of operating over its designed capacity. A growing number of states have faced similar issues and responded with legislative changes that reduced the prison population without sacrificing public safety. The Department will continue to seek safe and effective administrative changes to manage the overcapacity, like engaging with counties to house adults in custody. However, the most effective and safe approach to a sustainable reduction in the prison population will be when the State engages in legislative criminal justice reform.

The DOC is authorized to enter into agreements with other government entities to house adults in custody that are under the care of the Department. The DOC historically utilizes contract beds to manage insufficient capacity in state institutions. The LAB recommended the DOC develop written agreements with counties where adults in custody are being placed and no written agreement exists. Additionally, LAB recommended the DOC contact other counties where adults in custody are not being placed to try to obtain more agreements for placements. Alongside these recommendations, the LAB report also recommended developing a plan if county placement is not an option. The Department does have a plan in place detailing procedures in the event counties will no longer accept adults in custody from DOC. The Department continually monitors its bed capacity and holds regular bed management discussions to review proposals, numbers, and problem-solve in relation to capacity at all of the institutions.

A Review of County Agreements

The LAB's audit reported that DOC placed inmates in at least eight county jails without written agreements. After further review, the Department found that this statement is incorrect. Since the Department's Procurement office organizes each contract *type* (not each individual contract) with a tracking number, it was discovered after the audit process was completed, that there were some contracts that were actually in place, but not accounted for during the audit process. In addition, Section II of the contract that the Department administers with counties reads, "[i]n the absence of the execution of a new or modified Agreement, the terms and costs of the current Agreement shall be automatically renewed for the next consecutive calendar year." This language keeps the contract active. Since the audit, the Department has been

engaging with counties to review, update, and maintain MOUS where appropriate, see *Appendix 16* for an updated listing.

Additionally, the LAB also reported that none of the written agreements addressed placement of adults in custody other than lack of capacity at DOC institutions. To clarify, lack of capacity is the primary reason that the DOC contracts with county jails, however the DOC will also place an adult in custody into a county facility for reentry planning and to assist the Wisconsin Correctional Center System (WCCS) (minimum-security facilities that may lack this secure space) with temporary lock-ups.

Since the 2019 LAB audit report, the Department reports the following:

- Eight new contracts administered
- 56 new beds added (Note: this does not include individual beds utilized on a case-by-case basis for 2017 Act 89[7] and Inmate Retention Program beds)

In addition, 12 counties were sent draft contracts, but have not yet responded to the request. One county chose not to enter into a contract with DOC due to the potential cost of medical care, and another county chose not to enter in to a contract due to current language regarding required hiring practices.

Statewide there are currently 17,986 approved jail beds. Consistent with current best practices endorsed by the DOC's Office of Detention Facilities (ODF), jails should not exceed 85% of their bed capacity in order to account for day-to-day population variation. As a result, the total number of available jail beds is adjusted to a total of 15,288 beds statewide. In CY2018, the jails reported an average daily population of 13,434 (includes some DOC inmates in a contracted bed). The difference of 1,854 is available for possible placement of DOC adults in custody to a county facility.

County governments and Sheriff Offices' have the authority not to contract with the DOC to place adults in custody in county jails. Some counties and/or Sheriff's offices may not want to agree to the specified staffing, compliance, and/or healthcare requirements due to local policy decisions or other practical concerns. Local jails have also reported that the current $51.46 daily reimbursement rate defined by statute is too low to cover the true cost of housing an adult in custody in one of their facilities. Some counties negotiate with each other to transfer inmates between facilities and may have a higher rate than what the state can provide and therefore will decline to contract with the Department. Moreover, the Federal reimbursement rate for the United States Marshal Service to house Federal adults in custody can also be significantly higher than the state rate. The Federal government also covers all outside medical costs associated with their placements in county jails, and the state does not.

[7] This Act permits inmates confined in county jails, county houses of correction, or tribal jails under a DOC contract with a local unit of government to leave the facility to participate in employment-related activities or any other activity that has been designated by DOC in its contract with the local unit of government.

The number of contract beds the DOC needs for adults in custody in the 2019-21 biennium is uncertain. While the 2019-21 biennial budget provided funding for 597 contract beds in FY20 and 959 contract beds in FY21, 500 beds were utilized on January 24, 2020. In FY20, through January 24, 2020, DOC averaged 504 contract bed placements and does not anticipate that this number will increase dramatically since the FY20 peak utilization on December 13, 2019 was 522 inmates, which is 75 individuals less than the budget anticipated.

10. Establish relationships with counties with which it does not currently contract to provide additional capacity if needed.

DOC continues to connect with Sheriffs to find additional capacity. In CY2019, DOC officials attended the Badger State Sheriffs Conference and the Jail Administrators Conference to network with counties that do not currently contract with the Department. Going forward, the DOC will continue its efforts to connect with local governments. However, as stated in the previous section, county governments may chose not to engage with the Department in a contract to house DOC adults in custody.

Appendices

Appendix 1
Treatment Programs Offered at Each DAI Institution[8]

Maximum Security- Male	**CCI**	**DCI**	**GBCI**	**WCI**	**WSPF**
Anger Management Treatment	√	√	√	√	√
Cognitive Behavioral Treatment	√	√	√	√	√
Domestic Violence Treatment			√	√	√
Employment Programs					
Sex Offender Treatment					
Substance Use Disorder Treatment	√				

Medium Security- Male	**FLCI**	**JCI**	**KMCI**	**MSDF**	**NLCI**	**OSCI**	**PDCI**	**RCI**	**RGCI**	**RYOCF**	**SCI**	**WRC**
Anger Management Treatment		√	√	√	√	√	√	√	√	√	√	√
Cognitive Behavioral Treatment	√	√	√	√	√	√	√	√	√	√	√	√
Domestic Violence Treatment	√	√	√	√	√	√	√	√	√	√	√	
Employment Programs	√	√	√	√	√	√	√	√	√		√	√
Sex Offender Treatment	√	√	√		√	√		√	√	√		
Substance Use Disorder Treatment		√	√	√		√	√	√				√

[8] See Appendix 2, page 35, for Acronym breakdown.

Appendix 1 (continued)

Minimum Security- Male	**BRCC**	**CVCTF**	**DACC**	**FCCC**	**FCC**	**GCC**	**JBCC**	**KCC**	**MCC**	**MSCC**	**OCC**	**OCI**	**SCCC**	**SPCC**	**STF**	**TCC**	**WCC**
Anger Management Treatment	√	√	√		√						√	√	√		√		
Cognitive Behavioral Treatment	√	√	√		√						√	√	√		√		
Domestic Violence Treatment			√														
Employment Programs	√	√	√		√							√			√		
Sex Offender Treatment																	
Substance Use Disorder Treatment	√	√	√		√						√	√	√				

Wisconsin Women's Correctional System	**TCI**	**REECC**	**MWCC**	**WWRC**
Anger Management Treatment	√	√	√	
Cognitive Behavioral Treatment	√	√	√	√
Domestic Violence Treatment	√	√		
Employment Programs		√	√	
Sex Offender Treatment	√			
Substance Use Disorder Treatment	√	√	√	

Appendix 2
Education Programs Offered at Each DAI Institution

Maximum Security- Male	**CCI**	**DCI**	**GBCI**	**WCI**	**WSPF**
Adult Basic Education	√		√	√	√
Career Technical Education	√		√	√	√
English as a Second Language	√		√		
PELL					
Special Education	√		√		√
Title 1	√		√	√	

Medium Security- Male	**FLCI**	**JCI**	**KMCI**	**MSDF**	**NLCI**	**OSCI**	**PDCI**	**RCI**	**RGCI**	**RYOCF**	**SCI**	**WRC**
Adult Basic Education	√	√	√	√	√	√	√	√	√	√	√	√
Career Technical Education	√	√	√		√	√	√	√	√	√	√	
English as a Second Language			√		√	√	√	√	√			
PELL	√	√	√	√	√	√	√	√	√	√	√	
Special Education		√	√							√		√
Title 1			√	√	√		√	√		√	√	

Minimum Security- Male	**BRCC**	**CVCTF**	**DACC**	**FCCC**	**FCC**	**GCC**	**JBCC**	**KCC**	**MCC**	**MSCC**	**OCC**	**OCI**	**SCCC**	**SPCC**	**STF**	**TCC**	**WCC**
Adult Basic Education	√	√	√	√	√	√	√				√	√	√		√	√	
Career Technical Education						√	√		√	√	√	√		√	√	√	
English as a Second Language																	
PELL	√	√	√		√							√			√		
Special Education																	
Title 1				√			√										

Appendix 2 (continued)

Wisconsin Women's Correctional System	TCI	REECC	MWCC	WWRC
Adult Basic Education	√	√	√	
Career Technical Education	√	√		
English as a Second Language	√			
PELL		√	√	
Special Education	√			√
Title 1	√			

***Acronyms:** Adult Institution Acronyms: Columbia Correctional Institution (CCI), Dodge Correctional Institution (DCI), Green Bay Correctional Institution (GBCI), Waupun Correctional Institution (WCI), Wisconsin Secure Program Facility (WSPF), Fox Lake Correctional Institution (FLCI), Jackson Correctional Institution (JCI), Kettle Moraine Correctional Institution (KMCI), Milwaukee Secure Detention Facility (MSDF), New Lisbon Correctional Institution (NLCI), Oshkosh Correctional Institution (OSCI), Prairie du Chien Correctional Institution (PDCI), Racine Correctional Institution (RCI), Redgranite Correctional Institution (RGCI), Racine Youthful Correctional Facility (RYOCF), Stanley Correctional Institution (SCI), Wisconsin Resource Center (WRC), Black River Correctional Center (BRCC), Chippewa Valley Correctional Treatment Facility (CVCTF), Drug Abuse Correctional Center (DACC), Felmers O. Chaney Correctional Center (FCCC), Flambeau Correctional Center (FCC), Gordon Correctional Center (GCC), John Burke Correctional Center (JBCC), Kenosha Correctional Center (KCC), McNaughton Correctional Center (MCC), Marshall E. Sherrer Correctional Center (MSCC), Oregon Correctional Center (OCC), Oakhill Correctional Institution (OCI), Sanger B. Powers Correctional Center (SPCC), St. Croix Correctional Center (SCCC), Sturtevant Transitional Facility (STF), Thompson Correctional Center (TCC), Winnebago Correctional Center (WCC), Taycheedah Correctional Institution (TCI), Robert E. Ellsworth Correctional Center (REECC), Milwaukee Women's Correctional Center (MWCC), Wisconsin Women's Resource Center (WWRC).

Appendix 3

(Copied from p. 33 of the 2019 LAB report)

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

Appendix 4

(Copied from p. 34 of the 2019 LAB report)

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.

Appendix 5
Adult Institutions Biennial Overtime Report

DIVISION OF ADULT INSTITUTIONS
Correctional Institutions Overtime Hours & Costs Fiscal Year 2018

			CORRECTIONAL OFFICER AND CORRECTIONAL SERGEANT OVERTIME												Other Institutional Coverage	Total
			Mutual Aide	Service Overtime	Pre Vac. Additional	Special Post	Shift Lieut.	Position Vacancy	Extension Project	Trips	Training	Personnel Emp Rel	Security Emergency	Miscellaneous		
Columbia	CCI	Hours	2,943	68	160	1,430	13,779	77,385	6,187	1,391	5,764	708	215	9,911	53,172	134,403
Correctional Institution	CCI	Cost	$ 79,388.82	$ 1,796.64	$ 4,208.37	$ 38,324.53	$ 435,512.93	$ 2,664,384.08	$ 167,077.65	$ 45,549.39	$ 156,250.43	$ 19,148.46	$ 3,796.81	$ 267,056.18	$ 331,072.36	$ 3,636,164.79
Chippewa Valley	CVCTF	Hours	322	4	1,381	-	8,511	1,963	90	219	258	8	-	286	1,859	14,616
Correctional Treatment Fa	CVCTF	Cost	$ 9,279.93	$ 103.39	$ 32,590.04	$ 0.00	$ 208,915.53	$ 55,481.36	$ 2,716.13	$ 6,445.90	$ 7,479.78	$ 7.00	$ 0.00	$ 8,459.10	$ 58,124.26	$ 433,598.07
Dodge	DCI	Hours	3,789	-	-	-	22,644	142,856	238	4,999	5,965	-	-	11,235	20,895	212,724
Correctional Institution	DCI	Cost	$ 109,694.35	$ 0.00	$ 0.00	$ 0.00	$ 638,340.90	$ 4,489,439.81	$ 6,914.10	$ 165,288.24	$ 174,289.29	$ 0.00	$ 0.00	$ 330,980.69	$ 583,370.17	$ 6,158,186.65
Fox Lake	FLCI	Hours	3,039	148	-	-	14,524	43,583	105	3,560	10,579	-	-	8,577	6,725	90,408
Correctional Institution	FLCI	Cost	$ 84,709.71	$ 4,177.57	$ 0.00	$ 0.00	$ 404,361.11	$ 1,215,728.37	$ 2,939.91	$ 99,414.39	$ 294,818.27	$ 0.00	$ 0.00	$ 236,379.35	$ 206,311.62	$ 2,538,581.13
Green Bay	GBCI	Hours	4,903	-	-	3,824	25,893	44,847	3,388	1,636	8,434	-	2,468	8,304	9,877	116,930
Correctional Institution	GBCI	Cost	$ 134,846.54	$ 0.00	$ 0.00	$ 108,800.54	$ 708,327.23	$ 1,231,870.47	$ 90,694.93	$ 44,568.65	$ 238,700.78	$ 0.00	$ 65,345.31	$ 228,190.44	$ 300,075.46	$ 3,226,620.34
Jackson	JCI	Hours	10,415	-	-	-	15,653	26,558	6	1,594	1,899	-	-	630	4,826	61,649
Correctional Institution	JCI	Cost	$ 289,207.32	$ 0.00	$ 0.00	$ 0.00	$ 456,905.97	$ 730,632.86	$ 155.48	$ 41,798.81	$ 59,304.09	$ 0.00	$ 0.00	$ 17,790.32	$ 147,105.26	$ 1,742,899.92
Kettle Morraine	KMCI	Hours	1,353	-	-	-	20,650	50,430	193	1,070	1,658	-	48	83	7,160	84,643
Correctional Institution	KMCI	Cost	$ 37,900.48	$ 0.00	$ 0.00	$ 0.00	$ 574,195.79	$ 1,456,736.31	$ 5,234.14	$ 29,913.43	$ 46,305.78	$ 0.00	$ 1,359.96	$ 2,202.02	$ 213,017.64	$ 2,366,865.95
Milwaukee Secure	MSDF	Hours	20,827	-	2	2,036	28,313	16,870	2,555	2,763	2,919	9	572	2,869	5,538	84,593
Detention Facility	MSDF	Cost	$ 541,440.35	$ 0.00	$ 58.60	$ 52,552.15	$ 794,950.88	$ 417,640.10	$ 64,685.99	$ 72,261.78	$ 75,416.50	$ 11.23	$ 14,316.94	$ 74,112.27	$ 156,436.57	$ 2,266,831.44
New Lisbon	NLCI	Hours	9,440	-	-	-	14,443	34,367	-	3,436	840	-	13	786	6,795	70,081
Correctional Institution	NLCI	Cost	$ 247,777.73	$ 0.00	$ 0.00	$ 0.00	$ 377,413.00	$ 895,896.70	$ 0.00	$ 89,681.88	$ 22,011.99	$ 0.00	$ 337.08	$ 20,669.95	$ 207,455.83	$ 1,861,181.75
Oakhill	OCI	Hours	7,192	1,451	-	-	11,598	26,840	-	1,125	1,888	195	18	9,574	5,651	65,112
Correctional Institution	OCI	Cost	$ 208,003.47	$ 42,158.32	$ 0.00	$ 0.00	$ 306,371.18	$ 770,129.03	$ 0.00	$ 32,648.45	$ 49,253.42	$ 5,851.37	$ 999.79	$ 271,348.16	$ 160,432.05	$ 1,846,445.55
Racine	RCI	Hours	16,111	-	-	-	-	36,066	20,057	-	381	2,788	-	2,134	8,648	86,089
Correctional Institution	RCI	Cost	$ 464,360.12	$ 0.00	$ 0.00	$ 0.00	$ 1,020,183.88	$ 994,520.81	$ 0.00	$ 7,999.58	$ 77,928.78	$ 0.00	$ 0.00	$ 61,272.65	$ 299,598.98	$ 2,926,065.77
Redgranite	RGCI	Hours	7,298	-	-	-	18,806	67,866	-	4,832	6,165	-	-	2,976	6,743	99,391
Correctional Institution	RGCI	Cost	$ 164,361.46	$ 0.00	$ 0.00	$ 0.00	$ 535,488.35	$ 1,866,792.05	$ 0.00	$ 137,209.59	$ 175,045.72	$ 0.00	$ 0.00	$ 73,584.99	$ 207,569.98	$ 3,561,196.35
Racine Youthful Offender	RYOCI	Hours	898	-	400	-	17,378	10,791	-	131	581	-	103	17,140	5,863	53,156
Correctional Facility	RYOCI	Cost	$ 23,279.91	$ 0.00	$ 10,397.23	$ 0.00	$ 450,877.07	$ 280,447.20	$ 0.00	$ 3,443.52	$ 15,571.68	$ 0.00	$ 2,670.20	$ 444,786.15	$ 169,873.88	$ 1,399,539.33
Stanley	SCI	Hours	9,687	-	494	67	27,133	15,998	11	7,223	1,682	2	2	2,422	6,016	72,695
Correctional Institution	SCI	Cost	$ 257,703.47	$ 0.00	$ 13,089.44	$ 1,768.78	$ 731,535.07	$ 425,858.04	$ 275.21	$ 191,930.79	$ 42,962.71	$ 54.31	$ 53.60	$ 64,462.78	$ 160,738.92	$ 1,890,386.12
Taycheedah	TCI	Hours	10,062	60	304	17,896	31,958	34,754	239	1,326	3,052	260	352	4,052	10,083	106,303
Correctional Institution	TCI	Cost	$ 283,725.77	$ 1,663.57	$ 8,056.60	$ 500,321.24	$ 813,341.59	$ 973,695.05	$ 6,676.54	$ 37,031.54	$ 85,865.18	$ 7,305.27	$ 9,458.80	$ 112,882.89	$ 296,161.44	$ 2,594,337.27
Wisconsin Correctional	WCCS	Hours	611	189	1,865	-	10,663	31,458	-	2,389	2,680	266	16	7,704	5,966	53,757
Center System	WCCS	Cost	$ 19,864.51	$ 6,098.76	$ 60,666.23	$ 0.00	$ 345,833.17	$ 896,375.58	$ 0.00	$ 74,096.09	$ 87,247.64	$ 9,059.05	$ 525.43	$ 249,930.86	$ 168,372.50	$ 1,918,269.82
Waupun	WCI	Hours	1,997	-	-	-	7,645	133,216	581	1,832	3,673	-	8	3,384	15,665	171,959
Correctional Institution	WCI	Cost	$ 59,856.55	$ 0.00	$ 0.00	$ 0.00	$ 304,818.30	$ 3,646,186.34	$ 16,709.25	$ 90,566.97	$ 154,394.23	$ 0.00	$ 214.96	$ 146,827.34	$ 595,316.04	$ 4,779,084.96
Wisconsin	WRC	Hours	803	-	-	-	5,399	6,435	-	488	703	-	-	280	1,367	15,801
Resource Center	WRC	Cost	$ 24,195.12	$ 0.00	$ 0.00	$ 0.00	$ 158,699.67	$ 187,486.79	$ 0.00	$ 14,280.95	$ 22,397.83	$ 0.00	$ 0.00	$ 8,297.75	$ 47,351.77	$ 462,709.88
Wisconsin Secure	WSPF	Hours	1,612	-	-	336	13,563	21,648	13	1,355	2,160	-	547	838	5,683	47,976
Program Facility	WSPF	Cost	$ 47,815.79	$ 0.00	$ 0.00	$ 10,662.12	$ 398,439.66	$ 630,593.17	$ 310.46	$ 39,825.27	$ 59,302.88	$ 0.00	$ 14,416.15	$ 21,443.99	$ 167,871.75	$ 1,390,681.24
Summary		Hours	121,361	1,920	4,336	25,691	384,471	844,195	34,269	53,338	72,548	1,994	4,614	106,626	161,433	1,869,196
Correctional Institutions		Cost	$ 3,340,867.52	$ 69,993.55	$ 174,564.79	$ 961,956.97	$ 10,794,643.69	$ 23,364,879.16	$ 383,347.63	$ 1,496,306.23	$ 2,027,445.18	$ 82,446.66	$ 124,686.44	$ 2,961,341.29	$ 4,529,449.64	$ 50,662,784.35

Appendix 6

# of DAI* Correctional Officers & Sergeants per Personnel Management Information System (PMIS) data and Wisconsin's Unemployment Rate (FY02 thru FY20)

	FY02	FY03	FY04	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
# of vacant FTE																			
July	433.95	510.28	203.44	293.74	214.00	160.00	122.75	124.75	88.00	105.10	267.10	278.10	329.50	315.00	507.00	563.00	450.00	649.25	786.25
October	423.73	415.44	604.09	236.00	243.00	167.00	100.75	85.75	135.50	108.10	283.10	329.10	325.50	342.00	484.00	521.00	481.00	691.25	769.00
February	590.93	279.44	525.27	228.00	179.00	138.00	123.75	97.75	118.50	182.10	209.10	312.00	285.50	314.00	511.00	494.00	639.75	733.50	
April	544.78	242.44	481.28	218.00	206.00	146.00	122.75	81.00	96.50	215.10	270.10	290.00	278.00	377.00	529.00	481.00	656.75	750.25	
# of FTE																			
July	3,860.95	4,281.28	4,180.44	4,554.74	4,549.00	4,534.00	4,536.75	4,589.75	4,591.00	4,700.10	4,701.10	4,699.10	4,689.00	4,676.00	4,675.00	4,617.00	4,611.00	4,622.25	4,627.25
October	4,012.73	4,180.44	4,595.09	4,552.00	4,549.00	4,534.00	4,538.75	4,589.75	4,668.50	4,701.10	4,699.10	4,695.10	4,683.00	4,675.00	4,618.00	4,617.00	4,611.00	4,621.25	4,638.00
February	4,275.93	4,180.44	4,564.27	4,552.00	4,499.00	4,535.00	4,589.75	4,590.75	4,682.50	4,701.10	4,700.10	4,689.00	4,679.00	4,674.00	4,617.00	4,611.00	4,622.75	4,626.50	
April	4,281.78	4,180.44	4,563.28	4,549.00	4,538.00	4,536.00	4,589.75	4,591.00	4,682.50	4,701.10	4,700.10	4,689.00	4,679.00	4,676.00	4,617.00	4,611.00	4,622.75	4,626.25	
% of FTE vacant																			
July	11.2%	11.9%	4.9%	6.4%	4.7%	3.5%	2.7%	2.7%	1.9%	2.2%	5.7%	5.9%	7.0%	6.7%	10.8%	12.2%	9.8%	14.0%	17.0%
October	10.6%	9.9%	13.1%	5.2%	5.3%	3.7%	2.2%	1.9%	2.9%	2.3%	6.0%	7.0%	7.0%	7.3%	10.5%	11.3%	10.4%	15.0%	16.6%
February	13.8%	6.7%	11.5%	5.0%	4.0%	3.0%	2.7%	2.1%	2.5%	3.9%	4.4%	6.7%	6.1%	6.7%	11.1%	10.7%	13.8%	15.9%	
April	12.7%	5.8%	10.5%	4.8%	4.5%	3.2%	2.7%	1.8%	2.1%	4.6%	5.7%	6.2%	5.9%	8.1%	11.5%	10.4%	14.2%	16.2%	
# of Training Center* Filled Pool Codes																			
July	128.00	38.00	49.00	34.00	5.00	18.00	148.00	160.00	165.00	83.00	54.00	41.00	104.00	103.00	72.00	172.00	103.00	93.00	120.00
October	255.00	92.00	88.00	62.00	42.00	69.00	212.00	162.00	187.00	90.00	119.00	3.00	2.00	73.00	9.00	128.00	48.00	43.00	111.00
February	155.00	81.00	260.00	49.00	52.00	121.00	147.00	113.00	107.00	43.00	4.00	58.00	102.00	61.00	124.00	108.00	90.00	74.00	
April	139.00	96.00	146.00	49.00	64.00	130.00	163.00	128.00	85.00	69.00	24.00	59.00	53.00	56.00	171.00	122.00	124.00	67.00	
% of FTE vacant, less Filled Pool Codes																			
July	7.9%	11.0%	3.7%	5.7%	4.6%	3.1%	-0.6%	-0.8%	-1.7%	0.5%	4.5%	5.0%	4.8%	4.5%	9.3%	8.5%	7.5%	12.0%	14.4%
October	4.2%	7.7%	11.2%	3.8%	4.4%	2.2%	-2.5%	-1.7%	-1.1%	0.4%	3.5%	6.9%	6.9%	5.8%	10.3%	8.5%	9.4%	14.0%	14.2%
February	10.2%	4.7%	5.8%	3.9%	2.8%	0.4%	-0.5%	-0.3%	0.2%	3.0%	4.4%	5.4%	3.9%	5.4%	8.4%	8.4%	11.9%	14.3%	
April	9.5%	3.5%	7.3%	3.7%	3.1%	0.4%	-0.9%	-1.0%	0.2%	3.1%	5.2%	4.9%	4.8%	6.9%	7.8%	7.8%	11.5%	14.8%	
Wisconsin's seasonally-adjusted unemployment rate from the Bureau of Labor Statistics (http://data.bls.gov) (as of 3/27/19)																			
July	4.5%	5.3%	5.8%	5.0%	4.7%	4.7%	5.0%	4.7%	8.9%	8.5%	7.8%	7.1%	6.7%	5.3%	4.5%	4.0%	3.3%	3.0%	3.0%
October	4.9%	5.4%	5.6%	4.9%	4.8%	4.8%	5.0%	5.5%	9.1%	8.3%	7.5%	6.9%	6.5%	5.0%	4.3%	3.9%	3.1%	3.0%	3.3%
February	5.4%	5.7%	5.3%	4.7%	4.7%	4.8%	4.4%	7.6%	9.2%	8.0%	7.1%	7.0%	5.9%	4.8%	4.2%	3.5%	2.9%	2.9%	
April	5.4%	5.8%	5.1%	4.7%	4.7%	4.9%	4.3%	8.4%	8.9%	7.9%	7.1%	6.9%	5.7%	4.7%	4.1%	3.3%	3.0%	2.8%	
Average	*5.1%*	*5.6%*	*5.5%*	*4.8%*	*4.7%*	*4.8%*	*4.7%*	*6.6%*	*9.0%*	*8.2%*	*7.4%*	*7.0%*	*6.2%*	*5.0%*	*4.3%*	*3.7%*	*3.1%*	*2.9%*	*3.2%*

Notes:

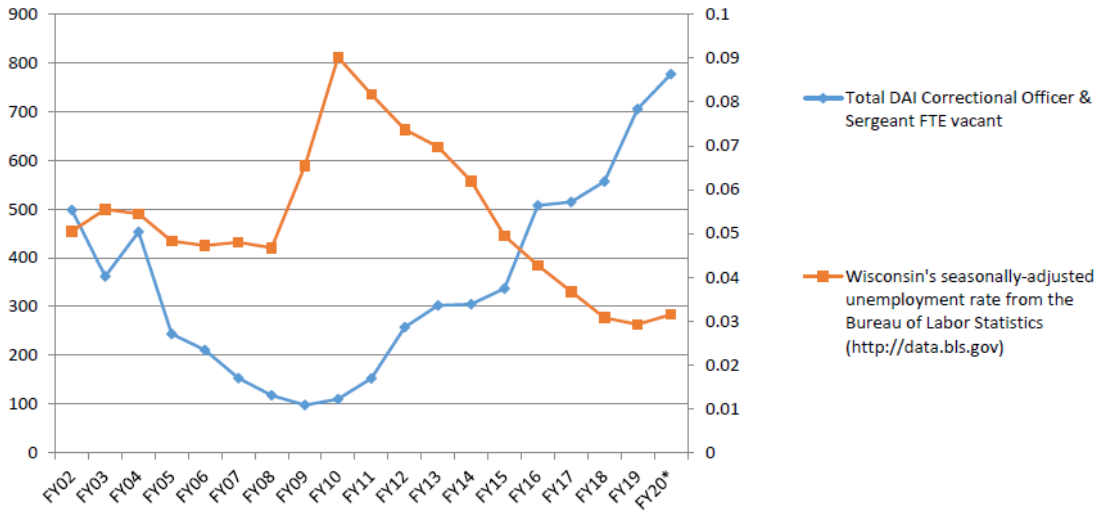
60 Officer & Sergeant pool codes were created in December 2006 to serve as "permanent" positions at 8 institutions. In February 2008, these were reduced to 44 pool coded-positions at 5 institutions.
The last of these pool coded-positions were deleted in March 2010. These pool-coded positions *are* included in the filled training center pool code totals above.
(PMIS reports for February FY07 (CY07 PP04) through February FY10 (CY10 PP04) had additional Officers & Sergeants as a result of these pool codes).

In FY02, the WCCS was still part of DCC. To account for this, the FTE totals above for FY02 include Correctional Center Officer and Sergeant positions, despite them technically being in the Division of Community Corrections (DCC) at the time (in 50-30 and 50-31).

PDCCI transitioned over time from a contract Division of Juvenile Corrections (DJC) facility that housed adult inmates to a DAI facility. To account for this, Officers and Sergeants technically in the DJC are included in the FTE totals above through FY04 July (CY03 PP15).

Appendix 7

Relationship Between DAI Officer/Sergeant Vacancy Rates & Unemployment



FY02 through FY19 vacant FTE totals were derived from averaging vacant FTE in PMIS reports from July, October, February, and April of each fiscal year. The FY20 vacant FTE total was derived from averaging the vacant FTE in July and October 2019.

FY02 through FY19 unemployment rates were derived from averaging the monthly unemployment rates in July, October, February and April of each fiscal year. The FY20 unemployment rate reflects the average of the monthly rates for July and October 2019.

Appendix 8

Corrections Non-supervisory State Pay Comparisons
Hourly pay rates as of October 2014

	Officer Min	Officer Median	Officer Max	Sergeant Min	Sergeant Median	Sergeant Max
Wisconsin	15.194	17.90	26.59	15.954	21.40	29.196
Iowa	18.02	25.62	26.70	19.62	29.35	29.35
Illinois* **	20.32	30.49	30.99	26.28	35.28	35.79
Michigan*	16.32	25.00	25.00	no comparable Michigan class		
Minnesota*	16.34	21.70	25.77	20.54	28.78	29.59

*IL, MI and MN have an entry officer level preceding the regular officer level. The pay ranges shown in this table are the minimum of the entry level and the maximum of the regular level, thereby showing the career low pay and top pay without advancing to the "Sergeant" level.

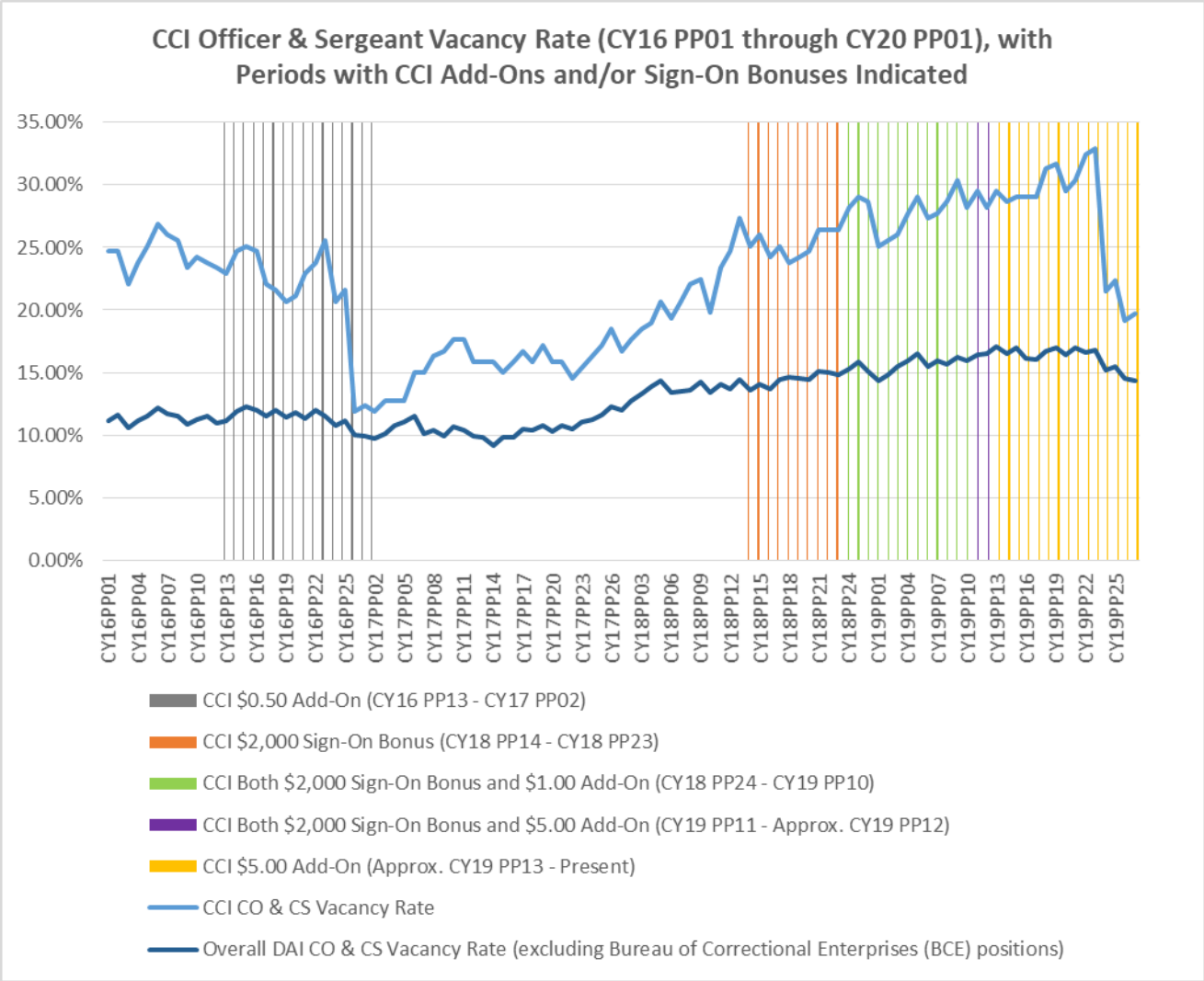
Note. The median rate shown for Minnesota is for the full-performance Corrections Officer 2. The entry-level Corrections Officer 1 median is equal to the minimum rate of $16.34.

Note. The median rate shown for Illinois is for the full-performance Correctional Officer. The Correctional Officer Trainee median is equal to the minimum rate of $20.32.

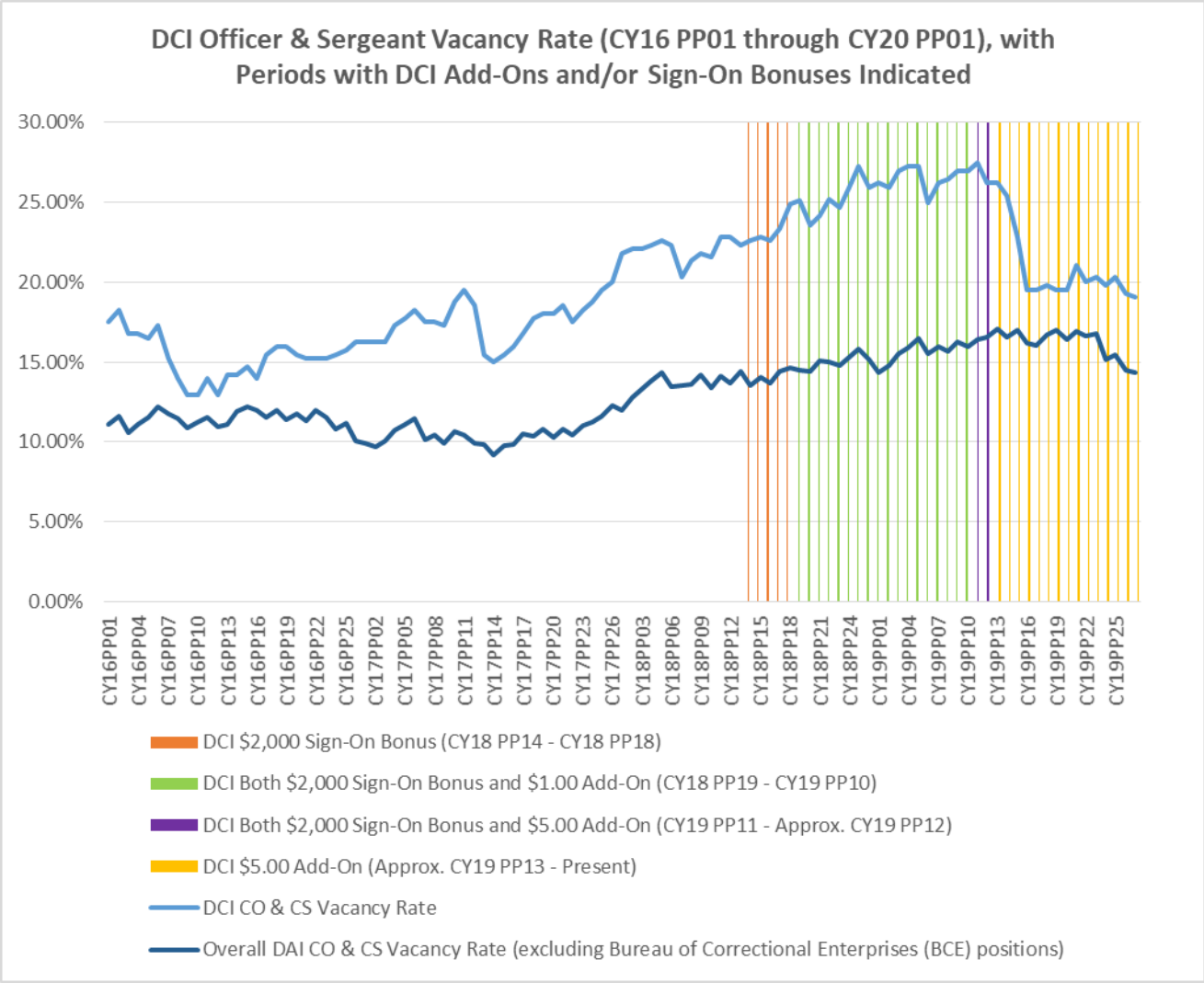
Note. The median rate shown for Michigan is for the Entry and Experienced levels combined.

**All standard workweeks are 40 hours, except that for Illinois a Correctional Officer has a standard workweek of 38.75 hours, while for a Trainee and Sergeant it is 37.5 hours. To equitably compare actual base earnings between states over a week, month, or year, the official monthly IL pay rates have been converted to hourly on the basis of 40 hours per week. Therefore, multiplying any hourly rate by 40 will reflect one week of actual earnings.

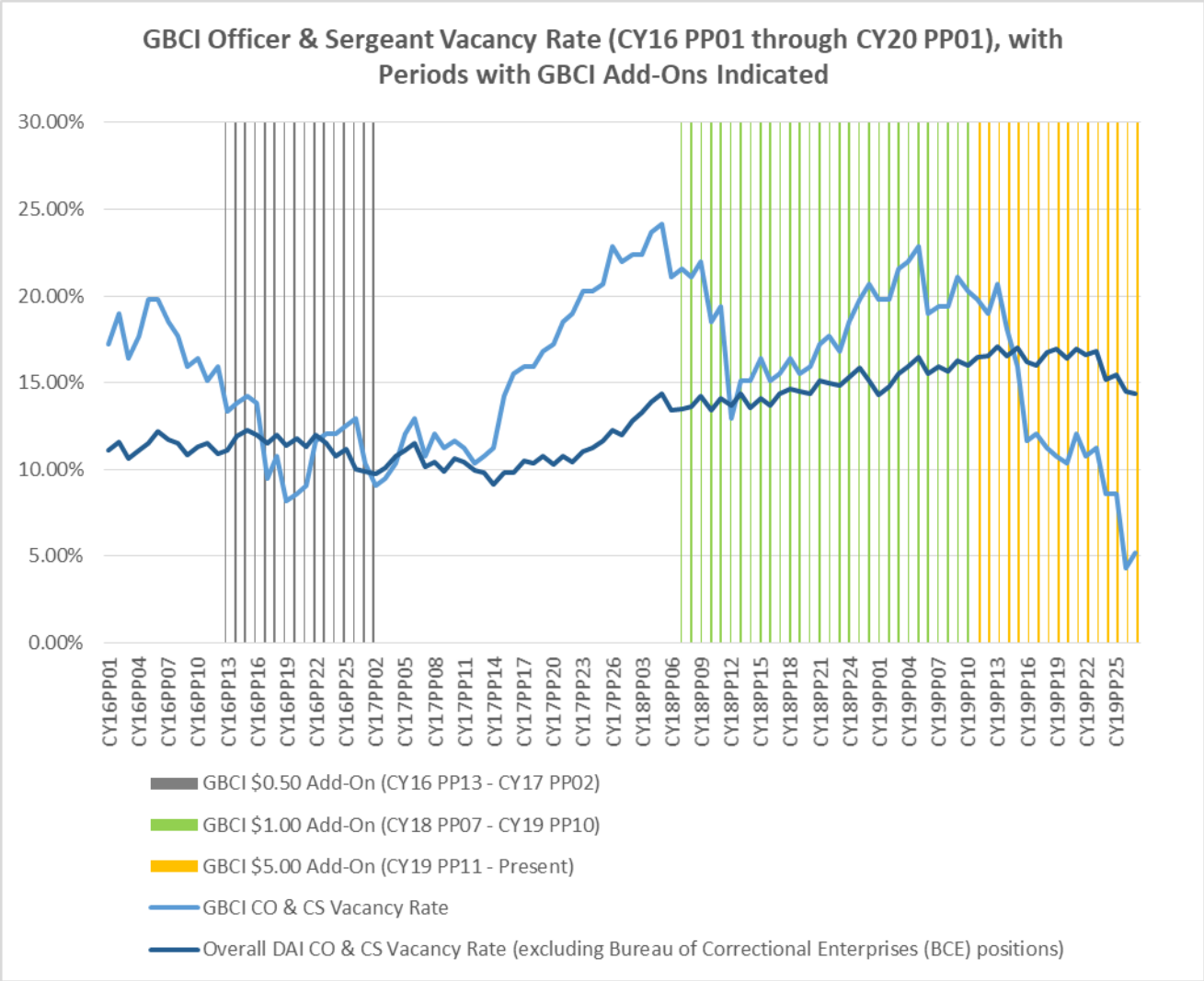
Appendix 9


CCI Officer & Sergeant Vacancy Rate (CY16 PP01 through CY20 PP01), with Periods with CCI Add-Ons and/or Sign-On Bonuses Indicated
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
CY16PP01
CY16PP04
CY16PP07
CY16PP10
CY16PP13
CY16PP16
CY16PP19
CY16PP22
CY16PP25
CY17PP02
CY17PP05
CY17PP08
CY17PP11
CY17PP14
CY17PP17
CY17PP20
CY17PP23
CY17PP26
CY18PP03
CY18PP06
CY18PP09
CY18PP12
CY18PP15
CY18PP18
CY18PP21
CY18PP24
CY19PP01
CY19PP04
CY19PP07
CY19PP10
CY19PP13
CY19PP16
CY19PP19
CY19PP22
CY19PP25
CCI $0.50 Add-On (CY16 PP13 - CY17 PP02)
CCI $2,000 Sign-On Bonus (CY18 PP14 - CY18 PP23)
CCI Both $2,000 Sign-On Bonus and $1.00 Add-On (CY18 PP24 - CY19 PP10)
CCI Both $2,000 Sign-On Bonus and $5.00 Add-On (CY19 PP11 - Approx. CY19 PP12)
CCI $5.00 Add-On (Approx. CY19 PP13 - Present)
CCI CO & CS Vacancy Rate
Overall DAI CO & CS Vacancy Rate (excluding Bureau of Correctional Enterprises (BCE) positions)

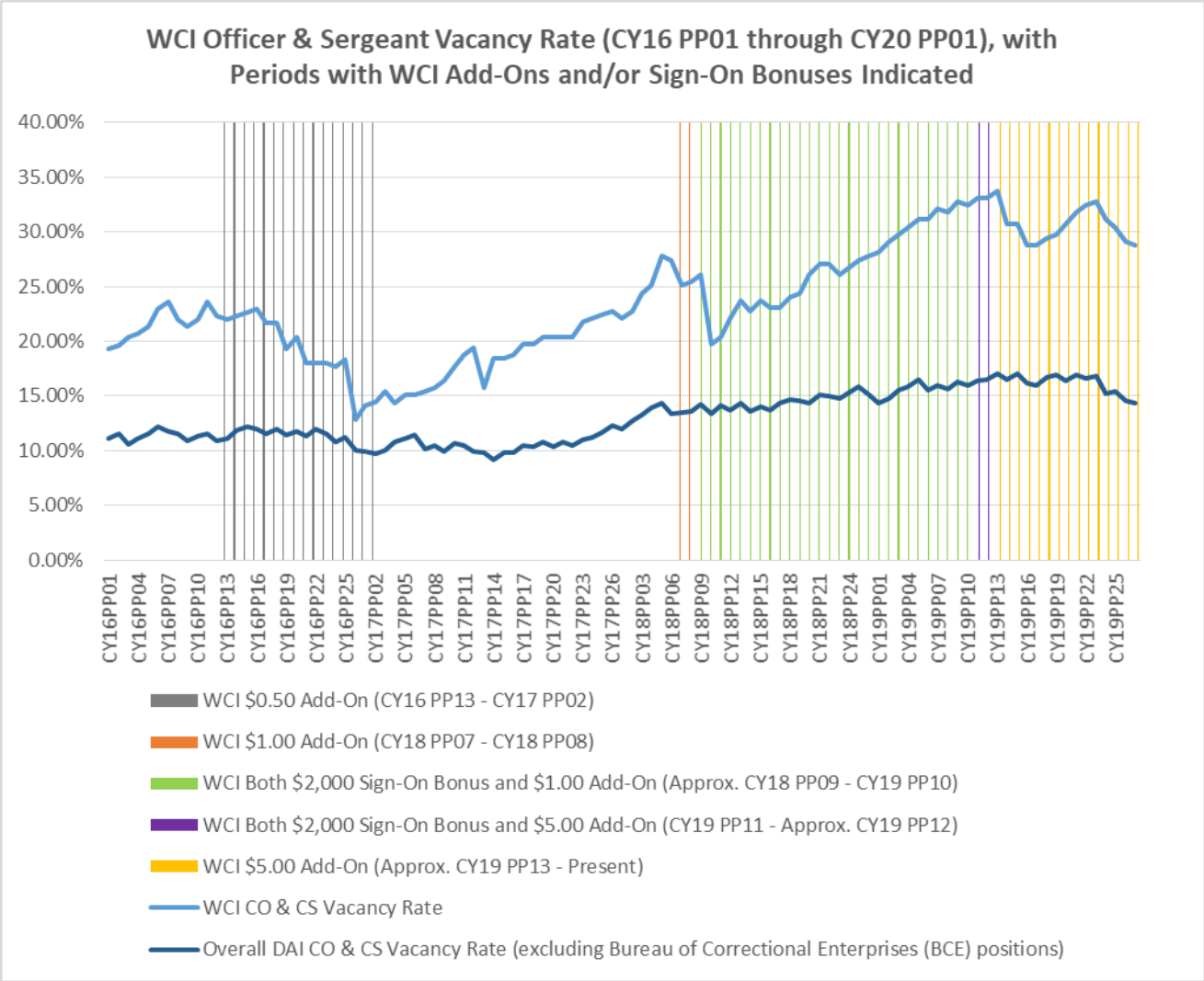
Appendix 9 (continued)



Appendix 9 (continued)



Appendix 9 (continued)



Appendix 10

Results of Association of State Correctional Administrators (ASCA) Survey of State Corrections Departments' Pay Range Minimums

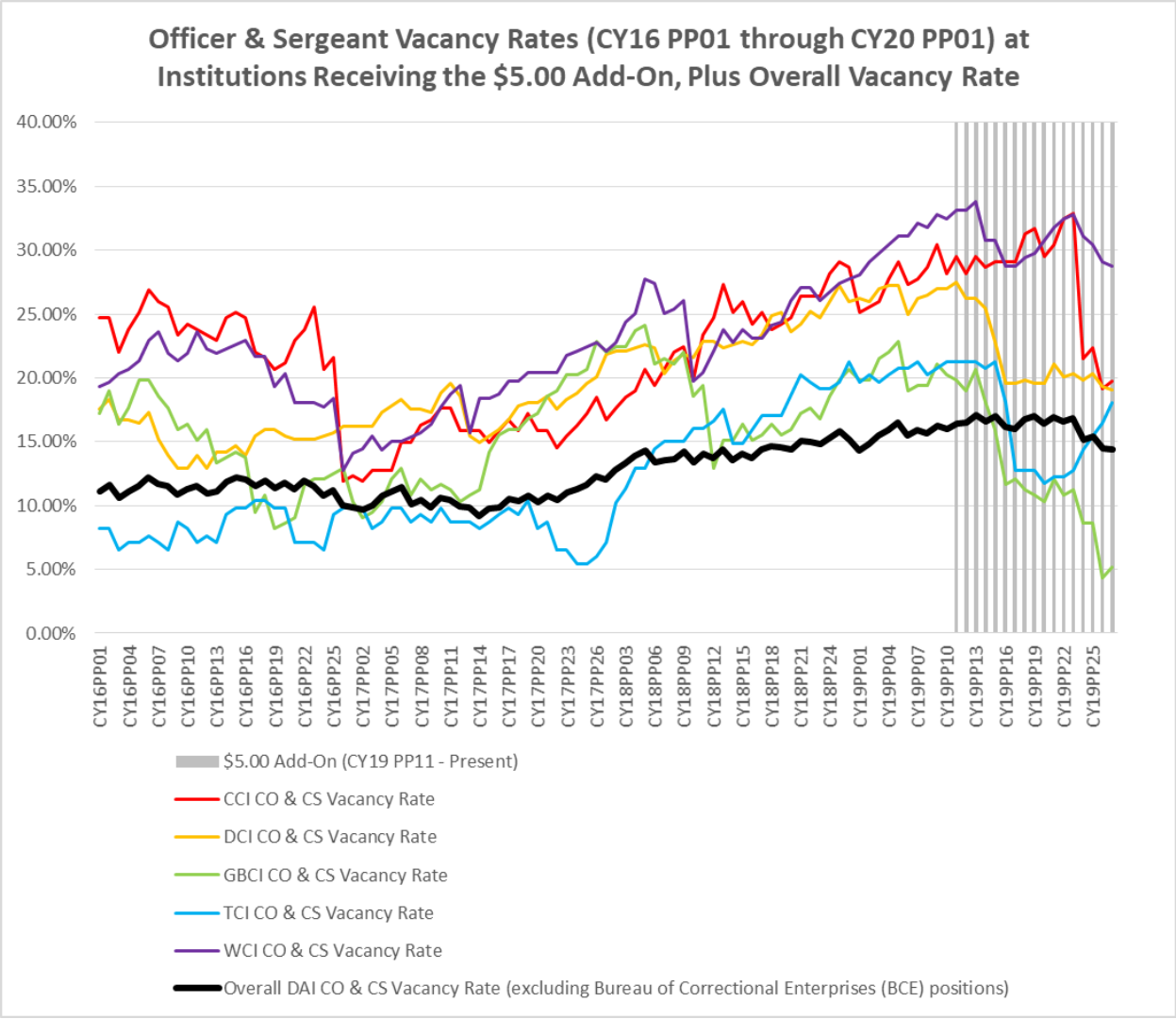
Data Compiled December 2018

State	Count	Officers (yearly)	Officers (hourly)	Sergeants (yearly)	Sergeants (hourly)	% Diff from WI
Massachusetts	2,407	$56,396	$27.11	$62,500	$30.05	66.1%
Rhode Island	844	$51,372	$24.70			51.3%
New York	18,092	$48,889	$23.50	$57,348	$27.57	44.0%
Illinois	10,032	$48,432	$23.28	$54,876	$26.38	42.7%
Connecticut	3,481	$45,396	$21.83			33.7%
Minnesota	2,000	$44,370	$21.33	$47,001	$22.60	30.7%
California	23,025	$43,296	$20.82	$79,092	$38.03	27.5%
Oregon	1,940	$42,756	$20.56	$48,852	$23.49	26.0%
Colorado	2,400	$42,204	$20.29	$46,512	$22.36	24.3%
Washington	3,600	$41,088	$19.75	$46,248	$22.23	21.0%
Philadelphia	1,719	$40,918	$19.67			20.5%
New Hampshire	479	$40,518	$19.48	$47,424	$22.80	19.4%
Pennsylvania	7,781	$38,661	$18.59	$43,940	$21.13	13.9%
Ohio	6,980	$37,627	$18.09	$39,624	$19.05	10.8%
Michigan	5,621	$36,754	$17.67	$44,034	$21.17	8.3%
Wyoming	665	$34,382	$16.53	$46,342	$22.28	1.3%
Wisconsin	2,572	$33,946	$16.32	$35,568	$17.10	0.0%
Arizona	6,655	$32,916	$15.83	$44,500	$21.39	-3.0%
Kansas	1,245	$32,760	$15.75	$33,613	$16.16	-3.5%
South Carolina	2,083	$32,263	$15.51	$36,670	$17.63	-5.0%
Alabama	1,525	$30,852	$14.83	$34,080	$16.38	-9.1%
Kentucky	1,433	$30,000	$14.42	$31,800	$15.29	-11.6%
Louisiana	3,169	$29,058	$13.97	$31,096	$14.95	-14.4%
Arkansas	2,424	$29,046	$13.96	$36,155	$17.38	-14.4%
Tennessee	1,994	$26,028	$12.51	$30,132	$14.49	-23.3%

Notes:

Survey results include mixed information with both "sworn" and "unsworn" officers (WI Officers are unsworn)
UT, FL, OK, and ID also responded, but only provided average wages
Sorted in descending order by Officers columns
Wage data was reported in annual figures. Hourly rates were obtained by dividing annual rates by 2080
% Diff from WI column is only relative to Officers columns
Highlighted states include WI and border states that provided responses

Appendix 11


Officer & Sergeant Vacancy Rates (CY16 PP01 through CY20 PP01) at Institutions Receiving the $5.00 Add-On, Plus Overall Vacancy Rate
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
CY16PP01
CY16PP04
CY16PP07
CY16PP10
CY16PP13
CY16PP16
CY16PP19
CY16PP22
CY16PP25
CY17PP02
CY17PP05
CY17PP08
CY17PP11
CY17PP14
CY17PP17
CY17PP20
CY17PP23
CY17PP26
CY18PP03
CY18PP06
CY18PP09
CY18PP12
CY18PP15
CY18PP18
CY18PP21
CY18PP24
CY19PP01
CY19PP04
CY19PP07
CY19PP10
CY19PP13
CY19PP16
CY19PP19
CY19PP22
CY19PP25
$5.00 Add-On (CY19 PP11 - Present)
CCI CO & CS Vacancy Rate
DCI CO & CS Vacancy Rate
GBCI CO & CS Vacancy Rate
TCI CO & CS Vacancy Rate
WCI CO & CS Vacancy Rate
Overall DAI CO & CS Vacancy Rate (excluding Bureau of Correctional Enterprises (BCE) positions)

Appendix 12

DAI $5.00 Add-On Impact – Recruitment Numbers & Vacancy Rates

1. Open Recruitment:

Pre-Service Classes:

5/28/19 class	70 graduates
6/11/19 local class	34 graduates
7/23/19 class	65 graduates
08/20/19 local class	38 graduates
9/17/19 class	98 graduates
10/15/19 class	69 graduates
10/29/19 class*	47 graduates

*The 10/29/19 class was added as an "extra" based on increased recruitment numbers at the end of the calendar year.

Note: Madison pre-service class numbers were averaging approximately 48 students from January 2017 until April 2019. The local classes averaged approximately 28 students for the same time period. Since the $5.00 add-on, the averages are at 70 for Madison classes and 36 for local classes.

2. Transfer Data:
   - 66 Officers and Sergeants transferred to the $5.00 facilities between 5/12/19 and the pay period ending 12/22/19
   - 167 pre-service candidates assigned to the $5.00 facilities have graduated and entered the assigned institution's work force from 5/12/19 to the pay period ending 12/22/19

3. Vacancy Changes:
   - Decreased overall vacancy rates at WCI ,GBCI, CCI and DCI
   - Decreased vacancy rates considerably for Sergeants at WCI, GBCI, and CCI

		Pre-$5.00	12/22/19
Institution	Classification Title	Vacancy %	Vacancy %
WCI	CORRECTIONAL OFFICER	31.20%	30.34%
	CORRECTIONAL SERGEANT	33.85%	23.08%
		31.77%	29.78%
GBCI	CORRECTIONAL OFFICER	17.68%	4.42%
	CORRECTIONAL SERGEANT	25.49%	7.84%
		19.40%	5.17%
CCI	CORRECTIONAL OFFICER	24.24%	18.74%
	CORRECTIONAL SERGEANT	40.32%	22.58%
		28.63%	19.75%
DCI	CORRECTIONAL OFFICER	29.56%	19.41%
	CORRECTIONAL SERGEANT	19.33%	18.18%
		26.46%	19.04%
TCI	CORRECTIONAL OFFICER	20.44%	21.17%
	CORRECTIONAL SERGEANT	11.77%	9.80%
		18.09%	18.09%

Note: TCI's overall vacancy rate dropped to 11.7% in September of 2019, but has risen in recent pay periods.

Appendix 13

Department of Corrections
Workforce Analysis - Demographic Summary

Time Frame: End of 2019 Q1

EMPLOYEES BY TYPE

Employee Type	# of Employees	Percent
Permanent	8983	99.8%
Project - Project	4	0.0%
Unclassified	14	0.2%
Grand Total	**9001**	**100%**

SENIORITY

Years of Service	# of Employees	Percent
Less than 1	1041	11.6%
1-5	2627	29.2%
6-10	1013	11.3%
11-15	1166	13.0%
16-20	1420	15.8%
21-25	1166	13.0%
26-30	432	4.8%
31-35	106	1.2%
35+	31	0.3%
Grand Total	**9001**	**100%**

DISABILITY STATUS

Identified Disability	# of Employees	Percent
No	87	18%
Yes	398	82%
Grand Total	**485**	**100%**

GENDER

Gender	# of Employees	Percent
Female	3994	44%
Male	5007	56%
Grand Total	**9001**	**100%**

VETERAN STATUS

Veteran Status	# of Employees	Percent
Not a Veteran	7250	81%
Not indicated	580	6%
Veteran	1159	13%
Grand Total	**8989**	**100%**

ETHNICITY

Ethnicity	# of Employees	Percent
American Indian/Alaska Native	48	0.5%
Asian	105	1.2%
Black or African American	640	7.1%
Hispanic/Latino	293	3.3%
Not Specified	93	1.0%
Native Hawaiian/Pacific Islander	6	0.1%
White	7815	86.8%
Grand Total	**9001**	**100%**

AGE

Age Category	# of Employees	Percent
Less than 20	20	0.2%
20-29	1421	16%
30-39	2193	24%
40-49	2662	30%
50-59	2094	23%
60-70	601	7%
70+	11	0.1%
Grand Total	**9001**	**100%**

VETERAN STATUS

Disabled Veteran	# of Employees	Percent
Spouse of a disabled vet whose service connected disability is at least 70%	7	3%
Vet with a 70% or greater service connected disability	34	14%
Vet with at least 30% but less than 70% service connected disability	76	30%
Vet with less than 30% service connected disability	135	54%
Grand Total	**252**	**100%**

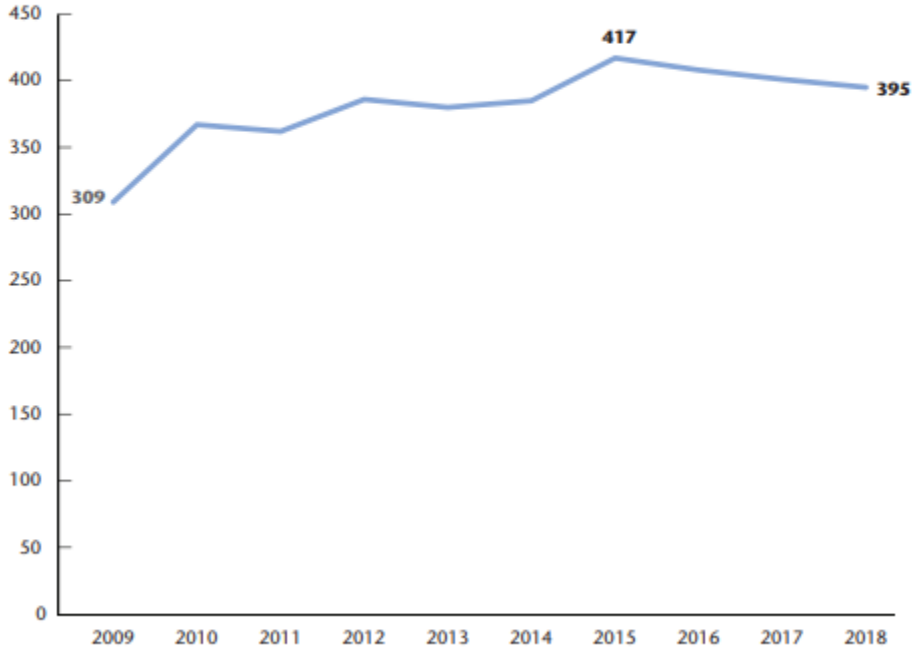
Appendix 14

(Copied from p. 62 of the 2019 LAB report)

Figure 11

Wisconsin Resource Center Population

As of June 30



Appendix 15

Compassionate Release

Compassionate Releases			
Release Year	**Aged**	**EHC***	**Parole~**
2015	1	3	2
2016	0	2	0
2017	1	8	0
2018	0	6	2

*EHC=extraordinary health condition.

~These releases are also counted in the total parole releases.

Current Compassionate Release Eligibility:

As of 2/28/2019, **97** inmates were potentially eligible to petition for compassionate release based on age, time served, and current offenses.

Eligibility based on extraordinary health conditions cannot be easily determined. These inmates are handled on a case by case basis as they come to medical staffs' attention.

Appendix 16

County Jail Contracts

COUNTY	Program Type				CONTRACT STATUS
	Inmate Retention Program	Front End Placement	Release Site	WCCS TLU	
Bayfield	X				Signed #7057
Douglas				X	Signed #7541
	X				County Review
Dunn		X			Signed #5557
Fond du Lac		X			Signed #5557
Forest			X		Rec'd, DOC review
	X				County Review
MKE HOC			X		Signed #5557
Jefferson		X			Signed #5557
Juneau			X		Signed #5557
Oneida				X	Signed #7541
		X			Signed #5780
	X				Signed #7057
Ozaukee		X			Signed #5557
	X				Signed #7057
Racine			X		Signed #5557
Rock	X				Signed #7057
Sauk		X			Signed #5557
Vernon		X			Signed #5557
Vilas		X			Signed #5557
Winnebago	X				Signed #7057
			X		Signed #5557