



## Legislative Fiscal Bureau

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May 26, 2005

Joint Committee on Finance

Paper #221

### **Correctional Health Care Services (DOC -- Departmentwide)**

[LFB 2005-07 Budget Summary: Page 120, #4, Page 121, #6 and Page 125, #2]

and

### **Dodge Correctional Institution -- Central Pharmacy (Building Program)**

[LFB 2005-07 Budget Summary: Page 96-1, #1]

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#### **CURRENT LAW**

Inmates in all states have a constitutional right to health care that meets minimum adequate standards. However, the United States Supreme Court has found that inmates are not guaranteed the right to the best health care available in the community. Wisconsin law currently requires the Department of Corrections to provide health care based on the standards of any professional organization that establishes standards for health services in prisons.

#### **GOVERNOR**

The Governor's recommendations include three separate, but interrelated, provisions on correctional health care services:

a. Delete 124.2 GPR positions and 6.25 PR positions in 2006-07 associated with health care services from the Department. Under the bill, funding associated with the positions (\$12,766,000 GPR and \$716,600 PR for salaries and fringe benefits) would remain in the Department's base funding.

b. Provide increased per offender funding for health care in 2005-07, as identified in the table below. Health care costs include contracts with the University Hospital and Clinics, the University of Wisconsin Medical Foundation, other community hospitals, and pharmaceutical costs.

	<u>2005-06</u>	<u>2006-07</u>
Inmate Health Care Services	\$3,177,100	\$7,424,100
Health Care Limited Term Employees	2,066,100	2,066,100
Projected Cost Reductions	<u>-1,230,200</u>	<u>-1,114,500</u>
Total	\$4,013,000	\$8,375,700

c. Provide \$194,300 GPR in 2005-06 and \$200,100 GPR in 2006-07 for rent costs for the central pharmacy located at Dodge Correctional Institution.

It should be noted that on February 25, 2005, the Department of Administration submitted an errata to the Joint Committee on Finance Co-Chairs, identifying technical modifications that had been identified since the budget bill was introduced. The report indicated that a 1.0 PR dental assistant position was inadvertently deleted twice under two separate provisions of the bill. Further, a 0.25 PR position identified for elimination under the bill's health care services provisions is a position that would be converted to a GPR position under a separate decision item under the bill. In order to correct these items, 1.0 PR position at Ethan Allen School should not be eliminated in connection to health care, and 0.25 PR position at the Southern Oaks Girls School should be identified as GPR rather than PR. This paper assumes the corrections are incorporated into AB 100.

## **BUILDING COMMISSION**

Enumerate the construction of a central pharmacy (12,300 gross square feet) to replace the existing pharmacy (3,800 gross square feet) located at the Dodge Correctional Institution for a projected costs of \$1,911,400 in general fund supported borrowing. The new pharmacy would be located outside the secure perimeter of Dodge and would include: (a) office space and bathrooms for staffing; (b) terminals and a pharmacist checking area; (c) a shipping area for drug deliveries and distribution; and (d) storage areas for records, drug orders, drug supplies, chemicals and supplies.

## **DISCUSSION POINTS**

1. Health care services in the state's adult and juvenile correctional institutions are affected by four separate, but interrelated, items in AB 100: (a) the elimination of certain health care positions in the adult and juvenile correctional facilities; (b) inmate variable health costs; (c) the enumeration of an expansion of the Dodge Correctional Institution's central pharmacy in the

2005-07 State Building Program; and (d) increased rent costs for the central pharmacy. Subsequent to a general discussion of prison health care in Wisconsin, this paper addresses each of these issues.

### **Wisconsin Prison Health Care**

2. Inmates in all states have a constitutional right to health care that is guaranteed by the prohibition against cruel and unusual punishment in the Eight Amendment of the United States Constitution. In the 1976 U.S. Supreme Court case Estelle v. Gamble, the Court held that "deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain.'" While "deliberate indifference" is not specifically defined, court cases since Estelle have found that deliberate indifference includes denied or unreasonably delayed access to a physician for diagnosis and treatment, failure to administer treatment prescribed by a physician, and the denial of professional medical judgment.

3. Under Wisconsin law, the standards for delivery of health services in the correctional facilities must be based on "the standards of any professional organization that establishes standards for health services in prisons and that is recognized by the department." For health care services issues, Corrections recognizes the National Commission on Correctional Health Care (NCCHC), which provides recommendations for the management of correctional health services.

4. The Department of Corrections' Bureau of Health Services administers the health care services that are provided at the 20 adult institutions, 16 adult correctional centers, and the three juvenile schools. Funding for the Bureau of Health Services (BHS) includes: (a) health care contracts with Waupun Memorial Hospital, the University Hospital and Clinics, the UW Medical Foundation, and other community hospitals; (b) pharmaceutical costs; (c) limited-term positions for inmate health care (primarily psychiatrist positions); and (d) other professional medical services. These costs are known collectively as variable health costs.

5. Funding is also provided to the individual institutions for health care services, including mental health and dental services. The Department operates health services units at all 20 adult institutions, the three juvenile schools, and two of the correctional centers. Hours of operation vary by facility, ranging from 8 to 24 hours per day on weekdays and weekends. It should be noted that the health services units at Chippewa Valley Treatment Correctional Facility and the John Burke Correctional Center, are closed on weekends.

6. Adult inmates generally receive a health assessment within 14 days of admission into the prison system. Inmates undergo physical, mental and dental examinations and are asked to complete medical history forms. Health providers ask inmates about any illnesses or conditions they have or have had, and if they are on any prescription medications. Screening tests are done (communicable disease testing, blood and urine tests, tuberculosis test, and visual screening), and inmates are referred to an optometrist for an eye exam if needed. Classification forms are completed, identifying any health-related restrictions or limitations the inmate may have. A medical record is started and is sent to any institution where the inmate is transferred. Further, medical care

and treatment of chronic medical conditions are provided in accordance with these medical records.

7. In most institutions, inmates submit health services requests for prescription refills, appointments with medical staff, dental services, and medical information. For medical and dental appointments, inmates are assessed a \$7.50 co-pay, unless the appointment is initiated by health staff, in which case no co-payment is assessed (inmates who cannot afford the co-pay will still receive medical care). The Department indicates that inmates submitted a total of 41,158 health services requests in eleven months of 2003-04 (data is through May, 2004, the latest information available).

8. Correctional populations, in general, tend to have high rates of chronic diseases and mental illness. In July, 2004, the Department surveyed the adult institutions and correctional centers regarding health care services (all facilities responded except the Milwaukee Secure Detention Facility, Kenosha Correctional Center, and Milwaukee Women's Center). The survey identified that 37.6% of the inmates in the correctional institutions (6,862 inmates) and 28.6% of inmates in the correctional centers (590 inmates) had at least one chronic illness. Chronic illnesses among the populations include diabetes, hepatitis C, asthma, HIV/AIDS, and hypertension. Regarding mental illness, while exact data is unavailable, the Department estimates that approximately 25% of the resident population is on "clinical monitoring" (inmates who require active psychological treatment and monitoring). In addition, Corrections indicates that the population is aging as a result of longer sentenced periods of incarceration. On July 1, 2004, 5.7% of the resident population was over the age of 50.

9. Regarding the juvenile population, the Department indicates that, out of 609 juvenile offenders, 158 were taking psychotropic medications (26%), 149 were identified as having at least one chronic illness (24%), and 46 out of 49 females at the Southern Oaks Girl School are on clinical monitoring.

10. In 2003-04, health care expenditures were \$75.6 million GPR for an average daily population of 19,967 adult inmates, and \$2.5 million PR for juvenile health care. The following table identifies these expenditures by category.

**Department of Corrections Health Care Expenditures  
2003-04**

	<u>Adults (GPR)</u>	<u>Juveniles (PR)</u>
Salary and Fringe Benefits	\$28,878,800	\$1,604,800
Professional Medical Services/Other*	13,571,800	280,800
Pharmaceuticals	12,947,700	409,800
Limited-Term Employees	2,682,800	1,600
UW Hospitals and Clinics	8,484,700	134,500
UW Medical Foundation	1,413,600	23,700
Local Hospital	6,188,100	44,600
Waupun Hospital	<u>1,428,100</u>	<u>0</u>
 Total	 \$75,595,600	 \$2,499,800

\*Professional medical services and other costs include medical, optical, dental and laboratory services provided by private vendors, as well as costs for contracted nursing services.

11. After staffing and professional medical services costs, Corrections highest health care expenditures were for pharmaceuticals in 2003-04. The Department generally purchases pharmaceutical drugs and supplies through a national purchasing consortium, the Minnesota Multi-State Contracting Alliance for Pharmacy, which includes 41 states and numerous local governments including the City of Chicago. Medications may, however, also be purchased from local pharmacies if health care staff determines that the 24-hour wait for medication from the central pharmacy at Dodge would be too long. In addition, 2003 Act 54 authorized the Department to repackage and dispense prescription drugs that have been returned unused to the pharmacy.

12. A May, 2001, audit by the Legislative Audit Bureau evaluated Corrections' adult health care services, including issues related to delivery of services, oversight of contracted services, standards for health care, staffing needs, and mental health services. The Audit Bureau found "limited opportunities and significant challenges for reducing health care expenditures as costs for certain medical services and pharmaceuticals, which are not subject to the Department's control, continue to increase." Issues of concern addressed in the 2001 evaluation included:

- At the majority of institutions, controlled medications are delivered to inmates by correctional officers, who receive fewer than four hours of related training.
- Regarding inmates with mental illnesses, the variations in staffing and expenditures among institutions did not appear to be related to the number of inmates with mental illness.
- The Department's contract monitoring of health care received by inmates placed out-of-state under the contract with Corrections Corporation of America (CCA) did not include a systematic review of contract compliance. Regarding other health service contracts, for medical, laboratory, dental and optical services, the Department should determine whether better rates could

be achieved with alternative vendors or consolidation.

- The National Commission on Correctional Health Care (NCCHC) establishes standards to assist correctional facilities to improve health services, and provides accreditation to facilities that meet these standards. The NCCHC standards involve five general areas: care and treatment, health records, administration, personnel and medical/legal issues. While the Audit Bureau noted that accreditation by NCCHC does not guarantee quality health care, it provides for policies and procedures to be reviewed by independent health professionals. As the Department did not meet many of the NCCHC standards, the Audit Bureau recommended that Corrections report to the Legislative Audit Committee by September, 2001, to report the Department's progress toward meeting the NCCHC standards. The Department submitted a report in August, 2001, estimating that, at the time, an additional \$9 million in funding would be required to meet all the standards.

13. Since the May, 2001, evaluation, the Department indicates it has taken action on several of the evaluation's recommendations, including:

- Reducing costs for contracted laboratory, dental and optical services. Corrections estimates savings of approximately \$333,000 as a result of renegotiated contracts and changed practices annually for laboratory, optometry and dental services.

- Increasing training to correctional officers on the delivery of controlled medications, as well as providing eight hours of suicide prevention training. Corrections indicates that, prior to January, 2004, officers received 14 hours in training for CPR, first aid, suicide prevention and detection, and medical issues. Since January, 2004, correctional officers receive 29 hours in training for CPR, first aid, suicide prevention and detection, response to urgent and emergency requests, medical delivery and medication side effects, bloodborne pathogens, chronic illness recognition, and special needs populations. The majority of the training is provided in connection with preservice orientation.

- Hiring a psychiatrist manager in 2002 to coordinate mental health care for inmates in the institutions and develop initiatives to improve mental health services. Initiatives the Department has undertaken include creating a mental health classification system to track inmates with serious mental illnesses and aid in placement decisions, and increasing the number of limited-term employment hours for psychiatrists in order to provide more treatment.

- Increasing training for health care staff and randomly reviewing medical charts to ensure that proper medical procedures are followed, as provided by the NCCHC standards.

14. In addition to the Legislative Audit Bureau's evaluation of prison health care, the U.S. Department of Justice's National Institute of Corrections commissioned the NCCHC to evaluate and assess Wisconsin's prison health care system. The NCCHC assessment was submitted to Congress by the National Institute of Corrections in December, 2002. The assessment, which included on-site visits to several correctional institutions, was critical of Wisconsin's prison health care, finding three general problem areas: (a) an underdeveloped medical program without strong

medical administrative leadership; (b) inadequate staffing levels; and (c) inadequate management controls to ensure quality health services. More specific problems identified in the assessment included:

a. *Organization of Health Services.* The health services units are supervised by a health services manager (usually a registered nurse), who reports to either the warden or deputy warden. Nursing staff and dental assistants and hygienists report to the health services manager, while physicians report to the BHS medical director, and dentists report to the BHS dental director. In regards to mental health services, psychology staff report to a supervising psychologist in charge of the mental health program, while psychiatry staff report to the health services manager. However, the supervising psychologist and health services manager do not necessarily report to same person (usually the warden or deputy warden). The NCCHC recommended that medical, dental and mental health services be organized into a unified health services unit, headed by a professional health care administrator who reports directly to BHS.

b. *Health Care Budget and Authorization for Expenditures.* As indicated previously, funding is provided to both BHS and the individual institutions for health care services. While funds for pharmaceuticals, hospital contracts, and professional medical services are budgeted under BHS, the NCCHC assessment found that the authority to expend funds for supplies and services lies with health care staff at the individual institutions, as well as central office staff. The NCCHC recommended that the budget for health care be unified to include all funding for personnel, services, equipment and supplies to allow for better monitoring and accountability:

"The budget for health care services should be organized to align more closely with personnel who have the authority to make expenditure decisions. If the health care budget is not centralized, wardens and institutional health care staff should be more accountable to the BHS in terms of their spending allocated for health care positions. These decisions affect the Bureau's non-salary budget that is used to pay for supplemental and agency staffing. They should also be more accountable for all decisions affecting expenditures of the non-salary budget."

It should be noted, however, that the NCCHC found that, because of the small size of the juvenile population and budget, there would be no benefit to changing the way health care is budgeted and managed for the juvenile schools.

c. *Personnel Management.* The NCCHC assessment was critical about the high vacancy rate among health care positions, and the use of salary savings from the vacancies to pay overtime for staff and sometimes LTE positions: "Continuous utilization of overtime and supplemental staffing ... is poor use of public funds and high vacancy rates negatively effect staff energy and morale ... Serious consideration needs to be given to increasing flexibility and problem resolution associated with personnel management. It is unacceptable for positions to be left vacant for a year or more because salaries are not competitive."

d. *Monitoring Health Care Expenditures.* The assessment found that BHS needed to fill its vacant positions associated with fiscal management in order to sufficiently review health care

expenditures centrally. Fiscal management could improve with staff who monitor costs, policies and procedures, and treatment guidelines. The assessment also noted the need for more detailed information on health care costs.

e. *Policies and Procedures.* The NCCHC recommended that the Department review its policies and procedures governing health services to determine whether they contain unfunded mandates to institutions that may be understaffed or have minimal resources.

f. *Data Management.* The assessment noted that there is no standardization for compiling data from health services units, and staffing and equipment are insufficient to collect, maintain and analyze complex data. The NCCHC recommended that institutional reports sent to BHS be standardized and include information needed to plan and monitor health care activities and resources. The NCCHC also recommended the utilization of logbooks to better track information on emergency care, specialty services, medication administration, and sick-call.

g. *Contracted Health Care.* The NCCHC reviewed two of the contracts existing at the time with Prison Health Services (PHS) for health care services at the Wisconsin Secure Program Facility in Boscobel and Redgranite Correctional Institution. The assessment found the contracts to be well-drawn, covering such terms as termination, audits, meeting NCCHC standards, sick call, hospital care, chronic care, dental services, diagnostic services, mental health care, telemedicine, staffing, and catastrophic limits. The Redgranite contract was entered into two years after the Boscobel contract, and the NCCHC noted the contract was more detailed, benefiting from the experience of the Boscobel contract. The Redgranite contract required more information be provided concerning the mental health program, the scope of dental care, and statistical information.

The Redgranite contract also required that vacancy rates not exceed 10 percent of approved staffing levels, and no vacancies were permitted for physician or dentist positions. If the vacancy requirements were violated, PHS would be fined. The NCCHC noted, however, that while contract provisions provided for quality care and competent staffing, there was insufficient monitoring of the contracts as a result of monitoring positions remaining vacant in the Department. Thus, the NCCHC could not be determined how well PHS was performing under the contract: "There is little point in providing financial penalties in contracts if no one is checking to see that the terms of the contract are fulfilled."

h. *Medication Management.* The assessment noted that the system for ordering pharmaceuticals has placed a "tremendous burden on the nursing services," estimating it takes nurses several hours to process orders, including faxing prescriptions to the pharmacy, recording orders or reorders, and stocking. The NCCHC recommended that developing a software program for the ordering of medications as opposed to faxing orders may save time.

i. *Staffing.* The NCCHC reviewed overall health care staffing levels and, based on those staffing levels, the Department's delivery of health care services, including coordination of care, chronic care, specialty services, infirmary care, mental health care, and dental services. In addition, the NCCHC reviewed staffing specifically at the following facilities: Dodge, Taycheedah, Racine,



Milwaukee Secure Detention Facility, Columbia, Oshkosh, Fox Lake, Kettle Moraine, Green Bay, Waupun, Racine Youthful Offender Facility, Oakhill, Jackson, Redgranite, and Robert E. Ellsworth.

The assessment recommended additional staffing at each of the facilities, including clerical staff, licensed practical nurses, nurse clinicians, mental health personnel, pharmacy technicians, dental assistants, a nurse clinician, a nursing supervisors, dentists, and a physician (approximately 120 additional positions were specified, but recommendations also included proposals of increasing staff generally). Overall, the majority of recommended additional positions were for clerical staff.

15. At the time of the NCCHC assessment, some of the issues raised were beginning to be addressed by the Department as a result of the Legislative Audit Bureau's evaluation. In addition, Corrections' 2005-07 budget request included items for additional funding and staff to provide more comprehensive healthcare services. The Department's request is discussed in more detail later in this paper.

16. The Department's expenditures for health care have increased significantly over time. Factors influencing inmate health care costs include the size of the inmate population, the types of medical conditions and illnesses that inmates have when they are admitted to prison or develop while in prison, the number of inmate requests for medical care, inflationary health care costs, and medical emergencies. The table below identifies the total cost for health care and the average daily population in each year for which health care was provided.

**Total Health Care Expenditures  
2000-01 through 2003-04**

**Adults**

	<u>2000-01</u>	<u>2001-02</u>	<u>2002-03</u>	<u>2003-04</u>	<u>2001-04 Percent Change</u>
Salary and Fringe Benefits	\$18,263,200	\$18,309,300	\$24,732,100	\$28,878,800	58.1%
Pharmaceuticals	7,906,500	9,263,800	12,432,300	12,947,700	63.8
Limited-Term Employees	1,418,700	2,196,300	2,243,700	2,682,800	89.1
Professional Medical Services/Other*	13,433,200	14,687,600	15,047,400	19,759,900	47.1
UW Hospitals and Clinics	6,060,700	6,984,200	7,917,000	8,484,700	40.0
UW Medical Foundation Contract	0	0	0	1,413,600	-
Waupun Memorial	0	0	0	1,428,100	-
Total Expenditures	<u>\$47,082,300</u>	<u>\$51,441,200</u>	<u>\$62,372,500</u>	<u>\$75,595,600</u>	60.6%
Average Daily Population	15,531	16,949	18,277	19,967	28.6%
Per Capita Cost	\$3,032	\$3,035	\$3,413	\$3,786	24.9

### Juveniles

	<u>2000-01</u>	<u>2001-02</u>	<u>2002-03</u>	<u>2003-04</u>	2001-04 Percent Change
Salary and Fringe Benefits	\$2,307,700	\$2,204,900	\$1,559,400	\$1,604,800	-30.5%
Pharmaceuticals	341,900	402,000	328,500	409,800	19.9
Limited-Term Employees	n/a	n/a	26,900	1,600	-
Professional Medical Services/Other*	626,000	380,800	474,300	325,400	-48.0
UW Hospital Contract	51,600	35,100	6,400	134,500	160.7
UW Medical Foundation Contract	<u>0</u>	<u>0</u>	<u>0</u>	<u>23,700</u>	-
Total Expenditures	\$3,327,200	\$3,022,800	\$2,395,500	\$2,499,800	-24.9%
Average Daily Population	907	836	770	664	-26.8%
Per Capita Cost	\$3,668	\$3,616	\$3,111	\$3,765	2.6

\*Professional medical services and other costs include medical, optical, dental and laboratory services provided by private vendors, as well as costs for contracted nursing services.

### Health Care Staff and Contracting - Assembly Bill 100

17. Under AB 100, 124.45 GPR positions and 5.0 PR positions associated with health care services would be deleted in 2006-07. The funding associated with the positions (\$12,789,300 GPR and \$659,500 PR for salaries and fringe benefits) would remain in the Department's base funding. According to the Executive Budget Book, Corrections "is investigating a number of cost containment strategies, including a review of the drug formulary, regional hospital coverage, protocols for disease management and contracts with health care professionals to provide health services to adults and juveniles in correctional institutions and centers." Attachment 1 identifies the positions that would be deleted by institution.

18. Health care positions that would not be eliminated in adult correctional programs include health services nursing coordinators, nursing specialists, nursing supervisors, nurse clinicians; for juvenile correctional programs, positions that would remain include a psychiatrist, a psychologist supervisor and psychologists. Attachment 2 identifies these positions by institution.

19. Funding for correctional healthcare under the bill would include: (a) \$54,500,000 GPR in 2005-06 and \$58,862,700 GPR in 2006-07 for Bureau of Health Services non-staffing costs; and (b) \$41,765,800 GPR and \$3,283,300 PR annually associated with BHS and institutional staffing costs (478.71 GPR positions and 40.50 PR positions in 2005-06, and 354.26 GPR positions and 35.5 PR positions in 2006-07). Total funding would be \$96,265,800 GPR in 2005-06 and \$100,628,500 GPR in 2006-07 and \$3,283,300 PR annually.

20. If the Governor's recommendation were approved, Corrections has indicated that it would pursue contracting for health care services with a private firm. While the positions would be

deleted, funding for the positions would remain in the Department's base for contracting expenditures. According to the Department, a cost comparison between providing health care directly and contracting out is very difficult without the benefit of a request for proposal and vendor responses:

"A critical piece of this effort, if it were to become law, is the development of a strong request for proposal and contract, and the establishment of a strong contract monitoring unit. In developing the RFP, we would rely heavily on the experiences of other states to make sure that we develop the strongest contract possible and achieve the greatest savings.

We fully intend to work with our employees and unions as this initiative is implemented. In other states that have successfully made the transition to contracted health care, the state works with vendors to encourage them to consider employing current staff. Medical professionals are in very high demand. The experience in other states is that many employees are re-hired. Our goal is to implement this initiative while minimizing its impact on our staff while fully realizing the benefits."

21. In 2001, the U.S. Department of Justice's National Institute of Corrections (NIC) published a book entitled "Correctional Health Care, Guidelines for the Management of an Adequate Delivery System." Discussion in the book includes the issue of contracting for correctional health care and notes: "no controlled research compares contract versus noncontract correctional health care with respect to quality, efficacy, or cost, although opinions regarding which is 'better' abound." While no consensus exists on the merit of contracting for health care, the NIC cited the guidelines that state correctional departments should follow if they decide to contract for health services, including:

- "• Clearly state that the contract is to be cost effective and provide for proper care.
- Make the length of the contract fair to both parties; 3 years is a good balance of the interests of both parties.
- Give the contract monitor access to any and all information from the contractor that the monitor determines to be necessary to carry out the monitoring responsibilities. The monitor should issue reports on the contractor's performance at least annually. Effective monitoring of a private contractor's performance under the contract is a sine qua non of any system that seeks to assure accountability.
- Ensure that the contract assumes all liability arising under the contract and is prohibited from using immunity defenses ... to limit such liability.
- Require that private contractors provide adequate insurance coverage, specifically including insurance for civil rights claims.

- Develop a comprehensive plan -- in advance of entering into a contract -- for assuming control of a facility immediately if it becomes necessary to terminate a contract on short notice. The plan should include the transfer of title to the contractor's files and records...

- Standardization of health record forms is particularly desirable and the DOC may wish to require that the contract firm use the DOC's forms rather than those developed by the firm's corporate office (especially in systems where only some institutions are to be contracted)...

- Finally, it would be wise for the DOC to ensure that the contractor cannot prohibit health personnel from continuing to work at the facility when the contract terminates. Regardless of whether the DOC resumes providing its own health services at the termination of the agreement or (in the more likely case) another firm assumes the contract, the exclusion of the current health professionals would make it very difficult to restaff. It may be appropriate for the contract firm to exclude rehiring its top supervisory personnel, but not other health staff."

22. The NIC indicated that requests for proposals should include the above recommendations as well as detailed descriptions of the types and amounts of services to be provided by the contractor.

23. For state correctional departments that do not contract for health services, the NIC emphasized the importance of the role of the health services director, not only in having authority over all health staff, but also in fiscal management:

"It is important that the budget is approved by the HSD [health services director] before being submitted to the director of the DOC and the funding source. Similarly, health services expenditures should be reviewed and approved by the HSD prior to payment. The HSD also should approve all contracts for health providers, services, and products used at the units. In most systems, it is more cost effective if the purchase of medical supplies and pharmaceuticals is centralized...

Although any organization model can work -- depending on the good will and rationality of the participants -- some models are less likely to work well than others. The simplest model and the one with the most likelihood of success is one in which health services include medical, mental health, and dental care and have division status within the DOC. The systemwide HSD has line authority over unit health staff, controls the health services budget, and reports directly to the head of the DOC."

24. According to the Council of State Governments (CSG), in 1997, 12 states had contracts with private firms to provide health care services to all their institutions and another 20

states had contracts with private firms for a portion of their inmate health care. By 2000, 24 states had contracts with private firms for all their inmate health care and 34 states had privatized a portion of their health care services. The CSG notes that Illinois, which began contracting with private firms in the early 1980s, uses three competing companies to operate the entire correctional health care system, and has one of the lowest inmate health care costs in the nation, at approximately \$1,700 per inmate. Throughout the 1990s, Indiana, Mississippi, New Jersey and Washington D.C. began contracting with private firms and experienced similar results:

"Opponents of private health care argue that private companies have little incentive to provide quality care because their primary motivation is profit. In fact, there are several cases in which prison officials terminated a contract with private companies because they provided poor care. Overall, this appears to be the exception and not the rule. In fact, there have been several cases where courts found state corrections health care systems were providing poor care and needed to hire a private company until conditions improved."

25. In 2001, Corrections negotiated with a private firm, Correctional Medical Services (CMS), for health care services at the Milwaukee Secure Detention Facility. According to Corrections, however, at an orientation meeting for CMS staff, "it became apparent that CMS' estimation of the workload at this facility was in error and the staffing level they provided was not sufficient to take care of intake and distribution of medications." On October 25, 2001, CMS notified Corrections that it had not yet signed the contract and requested a meeting to discuss concerns, which included "having trouble meeting the pharmaceutical needs of the offenders and in finding a vendor to provide specialty and inpatient hospital care." Negotiations to sign a contract failed and the Department submitted a s. 13.10 request for 30.5 positions for health services at MSDF. The Department's request was approved in December, 2001.

26. Wisconsin also previously contracted with Prison Health Services (PHS) to provide health care services for three of the Department's institutions: Prairie du Chien Correctional Institution, Wisconsin Secure Program Facility (WSPF), and Redgranite Correctional Institution. The contract with PHS for Prairie du Chien began in July, 1997, and expired in June, 2002. The Department's contract with PHS for health services at WSPF began in November, 1999, and in January, 2001, for Redgranite. Both contracts specified that the terms would be for three years with an option for two, one-year renewals, and if PHS terminated the contract for any reason, written notice was required not less than 120 days prior to termination.

27. In May, 2002, PHS notified the Department of its intent to terminate both contracts at the end of September, 2002, due to financial concerns. The Department and PHS negotiated amendments to the contracts, where PHS agreed to continue to provide services until December 31, 2002. At the September 12, 2002, s. 13.10 meeting of the Joint Committee on Finance, 23.5 positions were created for the period of January 1, 2003, to June 30, 2004, to assume staffing of the health services units from PHS. These positions were converted to permanent positions under the 2003-05 budget act.

28. The Department's previous problems with contracting for health services do not necessarily indicate there would be problems if the Department were to contract again. In reviewing reports and materials addressing correctional health services, it appears that more successful contracts include detailed, specific provisions addressing the scope of the contract, and provide strong contract monitoring by state correctional departments.

29. As indicated previously, estimating the costs of contracting for health care is not possible without an indication of what would be included in a request for proposal or contractors' bids. Under AB 100, the deleted positions primarily include physicians, pharmacists, and dentists, so it may be assumed that the Department would contract out for physician and dental services and pharmaceuticals. However, the cost for these services is unknown without an indication as to the contract provisions and their scope, for example staffing requirements, specialty care, hospital services, maintaining medical records, utilization management, and risk/liability provisions.

30. If the AB 100 provision is deleted and the 129.45 positions retained, the Department indicates it would continue to try to improve services and find cost efficiencies, such as consolidating services and contract where feasible.

31. Considering the uncertainties as to any future contract provisions or costs, the Committee may wish to transfer the funding associated with the 129.45 GPR positions (\$12,789,300 GPR) to the Committee's supplemental appropriation in 2006-07. Under this alternative, the Committee could direct the Department to submit a plan no later than January 2, 2006, which provides more detailed information on how the Department will manage correctional health care and costs in 2006-07. If the Department intends to contract for health care, the plan would include details on the contract provisions and costs. If the Department decides to continue to provide health care directly, the plan would need to include details on how Corrections is continuing to address the concerns raised in the Legislative Audit Bureau evaluation and the NCCHC assessment. The Committee could release the funding after the plan has been approved. In conjunction with placing funding in the Committee's appropriation, the 129.45 positions could either be deleted (as proposed by the Governor) or retained. Under either alternative, position adjustments could be made by the Committee in association with approval of the plan.

32. In addition, since the majority of Corrections' health care expenditures are for the adult inmate population, and prior reviews of correctional health care have generally focused on adult corrections, the Committee may wish to remove the provision deleting provisions for juvenile correctional health care. Under this alternative, the Department would continue to provide health care services at the juvenile schools and retain the 0.25 GPR and 4.5 PR positions associated with juvenile health care.

33. The Committee should note that in its 2005-07 budget request, the Department requested \$4,242,900 GPR in 2005-06 and \$5,590,200 GPR in 2006-07 and 86.15 GPR positions annually to address a number of the issues raised regarding medical services. These items included:

- *Mental Health Services.* \$2,121,200 GPR in 2005-06 and \$2,677,700 GPR

in 2006-07 and 21.0 GPR positions annually to provide improved mental health services for adult inmates. The requested staffing included 16.0 psychologists at the following institutions: Waupun (2.5 positions), Green Bay (1.0 position), Columbia (0.5 position), Dodge (1.5 positions), Milwaukee Secure Detention Facility (2.0 positions), Prairie du Chien (1.0 position), Kettle Moraine (2.5 positions), Fox Lake (4.0 positions), and Chippewa Valley Correctional Treatment Facility (1.0 position). The requested staffing also included 5.0 positions to create a specialty management unit for the mentally ill at Oshkosh Correctional Institution: 2.0 psychologists, 1.0 teacher, 1.0 social worker, and 1.0 treatment specialist. According to Corrections, there are over 530 offenders on clinical monitoring for mental health issues at Oshkosh.

- *Geriatric/Hospice Care at Fox Lake Correctional Institution.* \$373,400 GPR in 2005-06 and \$808,300 GPR in 2006-07 and 12.5 GPR positions annually at Fox Lake to: (1) increase health care services to 24 hours a day; (2) provide licensed practical nurses to distribute medications to inmates; and (3) provide specialized medical services for geriatric and hospice care inmates. The requested staffing included: 3.5 nurse clinicians, 1.0 nurse practitioner, 1.0 social worker, and 7.0 licensed practical nurses. The current health services unit operates 16 hours per weekday and eight hours per weekend-day. The Department indicated that construction is underway for a new health services unit at Fox Lake that will include a 13-bed hospice unit. In addition, the Department planned to utilize one wing in a housing unit for approximately 41 geriatric inmates.

- *Staffing for Dodge Correctional Institution Medical Services.* \$477,900 GPR in 2005-06 and \$595,900 GPR in 2006-07 and 16.6 GPR positions annually at the Dodge Correctional Institution to increase staffing for intake health care functions, the hemodialysis unit, the medical records unit, and the infirmary. The staffing would have included: (1) intake health care functions -- 1.0 dentist, 1.0 dental hygienist, 3.0 dental assistants, and 1.0 medical assistant; (2) hemodialysis unit -- 1.0 nurse clinician and 0.6 hemodialysis technician; (3) medical records unit -- 1.0 program assistant; and (4) infirmary -- 1.0 nurse practitioner, 4.0 nurse clinicians, and 3.0 nursing assistants.

- *Specialized Medical Care for Chronic or Complicated Diseases at Oakhill Correctional Institution.* \$405,300 GPR in 2005-06 and \$521,500 GPR in 2006-07 and 8.3 GPR positions annually to increase health care staffing at Oakhill Correctional Institution. Staffing included 3.0 nurse clinicians to provide 24-hour nursing care and 5.3 licensed practical nurses to distribute medications. Currently, the health services unit operates 9.5 hours per weekday and with an on-call nurse clinician during the weekend.

- *Additional Staffing for Geriatric and Mentally Ill Inmates at Oshkosh Correctional Institution.* \$379,500 GPR in 2005-06 and \$483,200 GPR in 2006-07

and 9.25 GPR positions annually for additional health care staff at Oshkosh to: (1) increase health care services to 24 hours a day; (2) provide licensed practical nurses for distribution of medication; and (3) provide specialized medical services for geriatric and mentally ill inmates. The requested staffing included: 0.5 physician, 2.25 nurse clinicians, 4.5 licensed practical nurses, 0.75 dentist, 0.5 dental hygienist, and 0.75 dental assistant. Currently, the health services unit operates 16 hours per weekday and 8 hours per weekend-day.

- *Central Pharmacy Services.* \$258,300 GPR in 2005-06 and \$244,400 GPR in 2006-07 and 12.5 GPR positions annually for Dodge Correctional Institution's central pharmacy. The requested staffing included the following positions: 2.5 pharmacists, 9.0 pharmacy technicians, and 1.0 program assistant.

- *Health Services Unit Program Support.* \$227,300 GPR in 2005-06 and \$259,200 GPR in 2006-07 and 6.0 GPR positions annually for additional positions in the Department's health services units. The staffing included 0.5 program assistant at the Kettle Moraine Correctional Institution and 5.5 medical program associate assistants for the following institutions: Waupun (0.5 position), Green Bay (0.5 position), Fox Lake (1.0 position), Milwaukee Secure Detention Facility (1.5 positions), and Dodge (1.0 position for the infirmary and 1.0 position for health services).

34. The Department's requested additional staffing and funding appear to be in accordance with reviews of inmate health care services. The requests were not included in the Governor's recommendations, however, as a result of the decision to contract out for health services. In his testimony before the Committee on April 6, 2005, Secretary Frank discussed the Governor's recommendation regarding contracting for health care: "Health care delivery is not the core function of state prison systems - operating safe and secure institutions and rehabilitating criminal behavior is corrections' core business."

35. If the provision in the bill is deleted, and Corrections continues to provide direct healthcare services, the Committee may wish to provide some or all of the above funding and positions, which would allow the Department to better address issues raised in the NCCHC and Audit Bureau reviews.

### **Assembly Bill 100 - Inmate Variable Health Costs**

36. Assembly Bill 100 would provide \$4,013,000 GPR in 2005-06 and \$8,375,700 GPR in 2006-07 to reflect adult inmate variable health care costs, including: (a) \$4,317,100 in 2005-06 and \$7,424,100 in 2006-07 for inmate health care; (b) \$2,066,100 annually associated with limited-term positions for inmate health care (primarily psychiatrists); and (c) projected costs reductions of -\$1,230,200 in 2005-06 and -\$1,114,500 in 2006-07.

37. Under the bill, the per capita costs for inmate variable health care (a component of



total health care costs) would increase from an estimated \$2,265 in 2004-05, to \$2,387 in 2005-06 and \$2,585 in 2006-07 (a 5.4% increase in the first year and an 8.3% increase in the second year).

38. The funding for inmate variable health costs was calculated based on actual expenditures in 2003-04, historic inflationary rates, and the estimated average daily population for 2005-07. These estimates appear to be reasonable. It is unclear, however, how the projected savings of \$1,230,200 in 2005-06 and \$1,114,500 in 2006-07 would be achieved. The reductions do not appear to be based on specific cost savings initiatives, but rather included to attain a targeted amount of decreased funding. While it is not clear how the Department would be able to realize these savings, the Corrections indicates that they can manage the projected savings.

39. Inmate variable health costs generally have been used for non-staff health costs, including pharmaceutical costs, contracts with the University Hospital and Clinics, the UW Medical Foundation, other community hospitals, and professional medical services (medical, dental, laboratory and optical services). The Department indicates, however, that all or part of these funds may go toward private health care costs, depending on the scope of a private contract.

40. As with the proposed deletion of health care positions, considering the uncertainties as to any future contract and the associated costs, the Committee may wish to transfer the proposed increase in variable health funding to the Committee's supplemental appropriation in 2006-07. Under this alternative, the Committee could release the funding to the Department after it submits its plan on providing correctional health care to the Committee by January, 2006.

### **Capital Budget - Pharmacy Expansion Projection and Assembly Bill 100 - Rent Costs**

41. The 2005-07 capital budget would provide \$1,911,400 in general fund supported borrowing to construct a new central pharmacy located on the grounds, but outside the secure perimeter, of the Dodge Correctional Institution. The new construction would replace the existing pharmacy located inside the secure perimeter.

42. According to the capital budget recommendations, the existing pharmacy has tripled its production since it opened in 1996. In 1996, over 171,400 prescriptions were dispensed to a population of approximately 13,000 inmates. In 2003-04, the central pharmacy dispensed over 513,000 prescriptions to a population of approximately 21,000 inmates.

43. The capital budget recommendations indicate that a larger pharmacy, at 12,300 square feet, is needed to replace the current 3,800 square feet pharmacy because:

- The preparation area does not meet the Department of Regulation and Licensing requirements for sterile pharmaceuticals.
- There is insufficient storage space for bulk pharmaceuticals and records. According to the Pharmacy Board, records need to be retained on site for at least five years.
- The current space does not meet requirements under the American with Disabilities Act

for aisle space.

- The pharmacy has been cited for failure to meet local fire department codes for electrical outlets.
- The current space limits the separation between support staff, the preparation of prescriptions, and the sending and receiving of prescriptions.
- During the summer, the current pharmacy cannot maintain the necessary temperature and humidity levels for storing drugs.

44. While expanding the central pharmacy would allow the Department to more efficiently process prescriptions and medications for inmates, it is not clear that the additional space is needed if the Department will be contracting out for health care services. Although any future contract provisions are unknown, considering that AB 100 eliminates all positions associated with the pharmacy, it appears the Department would need to contract out for pharmaceutical services. If the Committee wishes to adopt the Governor's recommendation to contract out for health care services, it may wish to delete the pharmacy construction project. On the hand, it is unknown whether a health services contractor would need to use the pharmacy space to provide pharmaceuticals.

45. Similarly, AB 100 would provide \$194,300 GPR in 2005-06 and \$200,100 GPR in 2006-07 for rent costs for the central pharmacy. According to Corrections, additional space would be needed either: (a) until a new pharmacy is constructed; or (b) for a longer period of time, if construction for a new pharmacy is not approved. Funding in the bill assumes the Department would rent space of approximately 12,300 square feet. This cost appears to be generally consistent with current DOA space rental rates and other Department lease costs. However, if the Department will be contracting for pharmacy services beginning in 2006-07, the Committee may wish to delete the \$200,100 GPR in rent for 2006-07.

## **ALTERNATIVES**

### **A. Governor's Recommendation**

1. Approve the Governor's recommendation to: (a) delete 124.45 GPR positions and 5.0 PR positions in 2006-07 associated with health care services from the Department; (b) provide \$4,013,000 GPR in 2005-06 and \$8,375,700 GPR in 2006-07 for inmate health care in 2005-07. Health care costs include pharmaceutical costs, limited-term employment costs, and contracts with the University Hospital and Clinics, the UW Medical Foundation, and other community hospitals; and (c) provide \$194,300 GPR in 2005-06 and \$200,100 GPR in 2006-07 for rent costs for the central pharmacy located at Dodge Correctional Institution. This alternative approves the Governor's funding and staffing recommendations related to correctional health care services, but does not include expansion of the Dodge Correctional Institution's Central Pharmacy [Alternative E1 or E2].

**B. Health Care Staff and Contracting**

1. Delete the Governor's recommendation regarding health care staffing. Transfer \$12,789,300 GPR in 2006-07 associated with the 124.45 GPR positions to the Committee's supplemental appropriation. Direct the Department to submit a plan, not later than January 2, 2006, regarding the manner in which the Department will manage correctional health care and health care costs in 2006-07. If the Department intends to contract for health care, the plan should specify the contract provisions and costs. If the Department does not contract for health care, the plan should specify how Corrections will address correctional health care needs. Funding could be released and positions adjusted after the plan is approved by the Committee.

<u>Alternative B1</u>	<u>GPR</u>	<u>PR</u>	<u>TOTAL</u>
<b>2006-07 POSITIONS</b> (Change to Bill)	124.45	5.00	129.45

2. Approve the Governor's recommendation regarding health care staffing. In addition, transfer \$12,789,300 GPR in 2006-07 to the Committee's supplemental appropriation. Direct the Department to submit a plan, not later than January 2, 2006, regarding the manner in which the Department will manage correctional healthcare and costs in 2006-07. If the Department does not contract for health care, the plan should specify how Corrections will address correctional health care needs. Funding could be released after the plan is approved by the Committee. Position authority could be restored at that time if Corrections does not contract for health care.

3. In addition to Alternative A1, B1, or B2 specify that Corrections would retain responsibility for juvenile corrections health care. *[If this alternative is selected with Alternative A1 or B2 position authority of 0.25 GPR and 4.50 PR positions would be restored in 2006-07.]*

4. Provide one or more of the following regarding health care staffing:

a. *Mental Health Services.* Provide \$2,121,200 GPR in 2005-06 and \$2,677,700 GPR in 2006-07 and 21.0 GPR positions annually to provide mental health services for adult inmates, including 16.0 psychologist positions at the following institutions: Waupun, Green Bay, Columbia, Dodge, Milwaukee Secure Detention Facility, Prairie du Chien, Kettle Moraine, Fox Lake, and Chippewa Valley Correctional Treatment Facility.

<u>Alternative B4a</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$4,798,900
<b>2006-07 POSITIONS</b> (Change to Bill)	21.00

b. *Geriatric/Hospice Care at Fox Lake Correctional Institution.* Provide \$373,400 GPR in 2005-06 and \$808,300 GPR in 2006-07 and 12.5 GPR positions annually at Fox Lake to: (a) increase health care services to 24 hours per day; (b) provide licensed practical nurses to

distribute medications to inmates; and (c) provide specialized medical services for geriatric and hospice care inmates.

<u>Alternative B4b</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$1,181,700
<b>2006-07 POSITIONS</b> (Change to Bill)	12.50

c. *Staffing for Dodge Medical Services.* Provide \$477,900 GPR in 2005-06 and \$595,900 GPR in 2006-07 and 16.6 GPR positions annually at Dodge Correctional Institution to increase staffing for intake health care functions, the hemodialysis unit, the medical records unit, and the infirmary.

<u>Alternative B4c</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$1,073,800
<b>2006-07 POSITIONS</b> (Change to Bill)	16.60

d. *Specialized Medical Care for Chronic or Complicated Diseases at Oakhill.* Provide \$405,300 GPR in 2005-06 and \$521,500 GPR in 2006-07 and 8.3 GPR positions annually to increase health care staffing at Oakhill Correctional Institution to provide 24 hour care.

<u>Alternative B4d</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$926,800
<b>2006-07 POSITIONS</b> (Change to Bill)	8.30

e. *Additional Staffing for Geriatric and Mentally Ill Inmates at Oshkosh.* Provide \$379,500 GPR in 2005-06 and \$483,200 GPR in 2006-07 and 9.25 GPR positions annually for additional health care staff at Oshkosh Correctional Institution to: (a) increase health care services to 24 hours per day; (b) provide licensed practical nurses for distribution of medication; and (c) provide specialized medical services for geriatric and mental ill inmates.

<u>Alternative B4e</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$862,700
<b>2006-07 POSITIONS</b> (Change to Bill)	9.25

f. *Central Pharmacy Services.* Provide \$258,300 GPR in 2005-06 and \$244,400 GPR in 2006-07 and 12.5 GPR positions annually for the Dodge's central pharmacy.

<u>Alternative B4f</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$502,700
<b>2006-07 POSITIONS</b> (Change to Bill)	12.50

g. *Health Services Unit Program Support.* Provide \$227,300 GPR in 2005-06 and \$259,200 GPR in 2006-07 and 6.0 GPR positions annually for additional clerical support staff in the Department's health services units.

<u>Alternative B4g</u>	<u>GPR</u>
<b>2005-07 FUNDING</b> (Change to Bill)	\$486,500
<b>2006-07 POSITIONS</b> (Change to Bill)	6.00

5. Delete provision.

<u>Alternative B5</u>	<u>GPR</u>	<u>PR</u>	<u>TOTAL</u>
<b>2006-07 POSITIONS</b> (Change to Bill)	124.45	5.00	129.45

### C. Inmate Variable Costs

1. Approve the Governor's recommendation to provide \$4,013,000 GPR in 2005-06 and \$8,375,700 GPR in 2006-07 to reflect adult inmate variable health care costs, including: (a) \$4,317,700 GPR in 2005-06 and \$7,424,100 GPR in 2006-07 for inmate health care; (b) \$2,066,100 GPR annually associated with limited-term positions for inmate health care; and (c) projected costs reductions of -\$1,230,200 GPR in 2005-06 and -\$1,114,500 GPR in 2006-07.

2. Modify the Governor's recommendation and transfer \$8,375,700 GPR in 2006-07 to the Committee's supplemental appropriation in 2006-07. The Committee could release the funds to the Department after approval of a plan regarding correctional health care. *[This alternative can only be adopted with alternatives B1, B2, and D2.]*

### D. Pharmacy Rent Costs

1. Approve the Governor's recommendation to provide \$194,300 GPR in 2005-06 and \$200,100 GPR in 2006-07 for rent costs for the central pharmacy located at Dodge Correctional Institution.

2. Modify the Governor's recommendation to transfer \$200,100 GPR in 2006-07 to the Committee's supplemental appropriation in 2006-07. The Committee could release the funds to the Department after approval of a plan regarding correctional health care. *[This alternative can only*

*be adopted with alternatives B1, B2, and C2.]*

3. Delete provision.

<b><u>Alternative D3</u></b>	<b><u>GPR</u></b>
<b>2005-07 FUNDING</b> (Change to Bill)	- \$394,400

**E. Pharmacy Expansion Project**

1. Approve construction of a new central pharmacy at the Dodge Correctional Institution for a project costs of \$1,911,400 in general fund supported borrowing.

<b><u>Alternative E1</u></b>	<b><u>BR</u></b>
<b>2005-07 FUNDING</b> (Change to Bill)	\$1,911,400

2. Maintain current law.

Prepared by: Chris Carmichael  
Attachments

## ATTACHMENT 1

### Healthcare Positions Deleted Under AB 100

<u>Institution</u>	<u>Position Title</u>	<u>Positions</u>	<u>Funding</u>	<u>Source</u>
Bureau of Health Services	Physicians	-18.85	\$3,820,500	GPR
	Physician Supervisors, Managers	-1.50	389,700	GPR
		-0.50	148,400	PR
	Physician Assistants	-2.00	187,400	GPR
	Pharmacists	-9.50	1,066,600	GPR
	Pharmacist Supervisor	-1.00	132,300	GPR
	Pharmacy Technicians	-11.75	412,700	GPR
	Pharmacy Assistant	-1.00	39,400	GPR
	Dentists	-18.75	3,007,700	GPR
		-2.00	319,300	PR
	Dental Supervisors, Managers	-2.00	360,100	GPR
	Dental Hygienists	-1.50	92,100	GPR
	Dental Assistants	-5.00	184,500	GPR
	Nurse Practitioners	-12.35	1,269,500	GPR
	Nurse Consultants	-1.50	92,400	GPR
	Health Information Supervisor	-1.00	72,600	GPR
	Health Information Technician	-4.00	153,700	GPR
	Ophthalmic Assistant	-1.00	\$31,500	GPR
	Optometrist	-1.00	145,800	GPR
	Waupun Correctional Institution	Dental Hygienist	-0.50	29,400
Dental Assistant		-1.00	38,900	GPR
Diagnostic Radiologic Technician		-1.00	61,000	GPR
Dodge Correctional Institution	Medical Assistant	-2.00	67,800	GPR
	Diagnostic Radiologic Technician	-1.00	50,800	GPR
	Phlebotomist	-1.00	48,700	GPR
	Physical Therapy Assistant	-1.00	45,200	GPR
Green Bay Correctional Institution	Dental Hygienist	-1.00	34,300	GPR
	Medical Assistant	-0.50	16,800	GPR
Taycheedah Correctional Institution	Dental Hygienist	-0.50	38,300	GPR
	Dental Assistant	-1.00	29,400	GPR
Fox Lake Correctional Institution	Dental Assistant	-1.00	34,300	GPR
Columbia Correctional Institution	Dental Assistant	-1.00	41,400	GPR
Kettle Moraine Correctional Institution	Dental Hygienist	-0.50	29,400	GPR
	Dental Assistant	-1.00	37,300	GPR
Oakhill Correctional Institution	Dental Assistant	-1.00	34,300	GPR
Racine Correctional Institution	Dental Hygienist	-1.00	61,800	GPR
	Dental Assistants	-2.00	68,100	GPR

<u>Institution</u>	<u>Position Title</u>	<u>Positions</u>	<u>Funding</u>	<u>Source</u>
Oshkosh Correctional Institution	Dental Hygienist	-0.50	\$32,400	GPR
	Dental Assistants	-2.25	87,200	GPR
Jackson Correctional Institution	Dental Assistant	-1.00	37,800	GPR
Wisconsin Secure Program Facility	Dental Assistant	-0.50	17,100	GPR
Racine Youthful Offender Correctional Facility	Dental Assistant	-0.50	19,200	GPR
Redgranite Correctional Institution	Dental Hygienist	-0.75	44,000	GPR
	Dental Assistant	-0.75	25,700	GPR
New Lisbon Correctional Institution	Dental Hygienist	-0.50	33,400	GPR
	Dental Assistant	-0.75	25,300	GPR
	Nursing Consultant	-0.50	30,800	GPR
Chippewa Valley Treatment Correctional Facility	Dental Assistant	-0.50	16,900	GPR
Stanley Correctional Institution	Dental Hygienist	-0.50	33,900	GPR
	Dental Assistants	-2.00	68,600	GPR
Milwaukee Secure Detention Facility	Dental Hygienist	-0.50	32,400	GPR
	Dental Assistant	-1.00	35,600	GPR
Ethan Allen School	Nurse Practitioner	-0.50	45,500	PR
Lincoln Hills School	Dental Hygienist	-1.00	80,000	PR
	Dental Assistant	-0.50	19,200	PR
Southern Oaks Girls School	Nurse Practitioner	-0.50	47,100	PR
	Nurse Practitioner	<u>-0.25</u>	<u>23,300</u>	GPR
	GPR Total	-124.45	\$12,789,300	
	PR Total	<u>-5.00</u>	<u>659,500</u>	
	All Funds Total	-129.45	\$13,448,800	



## ATTACHMENT 2

### Healthcare Positions Retained Under AB 100

<u>Institution</u>	<u>Position Title</u>	<u>Positions</u>	<u>Funding</u>	<u>Source</u>
Bureau of Health Services	Correctional Services Manager	1.00	\$130,800	GPR
	Psychiatrist	1.00	240,200	GPR
	Psychiatrist Management	2.00	405,700	GPR
	Psychologist Chief, Supervisor	2.00	199,700	GPR
	Psychologist	3.00	261,900	GPR
	Program Assistant, Support Supervisor	2.50	118,200	GPR
	Program Assistant	0.50	16,900	PR
	Nurse Clinician	7.26	541,300	GPR
	Medical Program Associate Assistant	1.50	58,600	GPR
	Health Services Nursing Coordinator - DJC	1.00	45,000	PR
	Health Services Nursing Coordinator	5.00	583,700	GPR
	Nursing Specialist, Discharge Planner	2.00	172,100	GPR
	Nursing Specialist, Employee Health	5.00	347,400	GPR
	Nursing Supervisor	2.00	198,500	GPR
	Waupun Correctional Institution	Psychologist Supervisor	1.00	98,700
Psychologist		1.00	79,700	GPR
Psychological Associate		1.50	95,800	GPR
Nurse Clinician		7.25	568,400	GPR
Medical Program Associate Assistant		1.00	38,400	GPR
Licensed Practical Nurse		2.50	127,000	GPR
Nursing Supervisor		1.00	92,200	GPR
Green Bay Correctional Institution	Psychologist Supervisor	1.00	100,400	GPR
	Psychologist	1.50	120,000	GPR
	Nursing Clinician	6.00	421,000	GPR
	Medical Program Associate Assistant	1.00	37,900	GPR
	Licensed Practical Nurse	1.00	43,200	GPR
	Nursing Supervisor	1.00	99,200	GPR
Taycheedah Correctional Institution	Psychologist Supervisor	1.00	92,900	GPR
	Psychologist	0.50	43,200	GPR
	Psychological Associate	3.00	240,800	GPR
	Nurse Clinician	14.00	995,800	GPR
	Medical Program Associate Assistant	1.00	39,600	GPR
	Licensed Practical Nurse	1.00	43,400	GPR
	Nursing Supervisor	2.00	201,700	GPR
Fox Lake Correctional Institution	Psychologist Supervisor	1.00	101,700	GPR
	Psychologist	1.50	140,900	GPR
	Psychological Services Assistant	1.00	49,000	GPR
	Nurse Clinician	7.00	558,400	GPR
	Medical Program Associate Assistant	1.00	36,800	GPR
	Nursing Supervisor	1.00	91,100	GPR

<u>Institution</u>	<u>Position Title</u>	<u>Positions</u>	<u>Funding</u>	<u>Source</u>
Columbia Correctional Institution	Psychologist Supervisor	1.00	\$101,200	GPR
	Psychologist	1.00	81,100	GPR
	Psychological Associate	3.00	266,900	GPR
	Nurse Clinician	8.00	594,200	GPR
	Medical Program Associate Assistant	1.00	48,000	GPR
	Nursing Supervisor	1.00	116,200	GPR
Kettle Moraine Correctional Institution	Psychologist-Senior Doctorate	1.00	76,500	GPR
	Psychologist Supervisor	1.00	102,800	GPR
	Psychologist	0.50	43,200	GPR
	Psychological Associate	1.00	73,100	GPR
	Psychological Services Assistant	1.00	65,700	GPR
	Nurse Clinician	6.80	564,300	GPR
	Medical Program Associate Assistant	1.00	40,100	GPR
	Nursing Supervisor	1.00	98,800	GPR
Oakhill Correctional Institution	Psychologist Supervisor	1.00	116,000	GPR
	Psychologist	1.00	113,100	GPR
	Nurse Clinician	5.50	430,700	GPR
	Medical Program Associate Assistant	1.00	36,500	GPR
	Nursing Supervisor	1.00	114,400	GPR
Dodge Correctional Institution	Psychologist Supervisor	1.00	117,000	GPR
	Psychologist	1.00	92,500	GPR
	Psychological Associate	4.50	312,000	GPR
	Psychological Services Assistant	3.00	148,900	GPR
	Nurse Clinician	19.75	1,505,800	GPR
	Medical Program Associate Assistant	4.50	172,500	GPR
	Licensed Practical Nurse	11.50	550,100	GPR
	Nursing Supervisor	3.00	282,200	GPR
	Hemodialysis Technician	1.00	43,400	GPR
Racine Correctional Institution	Psychological Supervisor	1.00	96,800	GPR
	Psychologist	4.50	362,600	GPR
	Psychological Associate	1.00	67,600	GPR
	Nurse Clinician	12.00	873,700	GPR
	Medical Program Associate Assistant	1.50	56,100	GPR
	Licensed Practical Nurse	1.00	59,600	GPR
	Nursing Supervisor	1.00	94,200	GPR
Oshkosh Correctional Institution	Psychologist Supervisor	2.00	205,800	GPR
	Psychologist	1.00	84,200	GPR
	Psychological Associate	4.00	265,500	GPR
	Psychological Services Assistant	1.00	45,300	GPR
	Nurse Clinician	9.00	688,100	GPR
	Medical Program Associate Assistant	2.00	73,300	GPR
	Licensed Practical Nurse	2.50	114,400	GPR
	Nursing Supervisor	1.00	97,900	GPR

<u>Institution</u>	<u>Position Title</u>	<u>Positions</u>	<u>Funding</u>	<u>Source</u>
Jackson Correctional Institution	Psychologist Supervisor	1.00	\$101,200	GPR
	Psychologist	1.00	85,400	GPR
	Psychological Associate	2.00	141,900	GPR
	Nurse Clinician	6.00	448,500	GPR
	Medical Program Associate Assistant	1.00	36,500	GPR
	Nursing Supervisor	1.00	104,400	GPR
Wisconsin Secure Program Facility	Psychologist Supervisor	1.00	101,200	GPR
	Psychologist	1.00	78,600	GPR
	Psychological Associate	3.00	187,600	GPR
	Nurse Clinician	7.50	550,800	GPR
	Medical Program Associate Assistant	1.00	36,500	GPR
	Nursing Supervisor	1.00	91,400	GPR
Racine Youthful Offender Correctional Facility	Psychologist Supervisor	1.00	107,600	GPR
	Psychologist	2.00	165,800	GPR
	Psychological Associate	2.00	129,500	GPR
	Nurse Clinician	4.00	309,300	GPR
	Medical Program Associate Assistant	1.00	37,900	GPR
	Nursing Supervisor	1.00	97,200	GPR
Redgranite Correctional Institution	Psychologist Supervisor	1.00	101,200	GPR
	Psychological Associate	3.00	203,200	GPR
	Nurse Clinician	6.00	449,500	GPR
	Medical Program Associate Assistant	1.00	46,300	GPR
	Nursing Supervisor	1.00	92,700	GPR
New Lisbon Correctional Institution	Psychologist Supervisor	1.00	92,900	GPR
	Psychologist	3.00	200,900	GPR
	Psychological Associate	1.00	67,600	GPR
	Nurse Clinician	6.75	479,200	GPR
	Medical Program Associate Assistant	1.00	36,500	GPR
	Nursing Supervisor	1.00	93,100	GPR
Correctional Center System	Psychologist	2.00	149,700	GPR
Chippewa Valley Treatment Facility	Psychologist	1.00	67,000	GPR
	Nursing Clinician	3.70	344,500	GPR
	Medical Program Associate Assistant	1.00	36,500	GPR
Prairie du Chien Correctional Institution	Psychological Associate	1.00	77,500	GPR
	Nursing Clinician	3.50	246,000	GPR
	Medical Program Associate Assistant	1.00	36,500	GPR
	Nursing Supervisor	1.00	91,400	GPR
Stanley Correctional Institution	Psychologist Supervisor	1.00	97,500	GPR
	Psychologist	3.00	229,200	GPR
	Nurse Clinician	10.75	807,500	GPR
	Medical Program Associate Assistant	1.50	60,100	GPR
	Licensed Practical Nurse	3.00	138,400	GPR
	Nursing Supervisor	1.00	94,400	GPR

<u>Institution</u>	<u>Position Title</u>	<u>Positions</u>	<u>Funding</u>	<u>Source</u>
Milwaukee Secure Detention Facility	Psychologist Supervisor	1.00	\$81,500	GPR
	Psychologist	1.00	89,300	GPR
	Nurse Clinician	11.00	825,300	GPR
	Medical Program Associate Assistant	2.00	73,300	GPR
	Licensed Practical Nurse	6.50	278,200	GPR
	Nursing Supervisor	2.00	195,900	GPR
Division of Community Corrections	Psychologist Supervisor	1.00	114,900	GPR
	Psychologist	3.50	310,500	GPR
Division of Juvenile Corrections	School Psychologist	1.00	58,200	GPR
	Nurse Clinician	12.00	894,800	PR
	Nursing Supervisor	3.00	135,100	PR
	Medical Program Associate Assistant	3.00	123,100	PR
	Psychologist Supervisor, Manager	3.00	341,100	PR
	School Psychologist	2.00	150,800	PR
	Psychologist	10.50	880,400	PR
	Psychological Associate	0.50	36,600	PR
		GPR Total	354.26	\$26,485,300
	PR Total	<u>35.50</u>	<u>2,623,800</u>	
	All Positions Total	389.76	\$29,109,100	