MINUTES
PUBLIC SAFETY COMMITTEE
TUESDAY, JULY 10, 2018

Members Present:
D. Grady, K. Patience, D. Dillenberg, M. Woodzicka

Members Excused:
J. Duncan

Others Present:
J. Nooyen, County Board Chair
C. Moser, Deputy Executive Administrator
B. Gehring, Sheriff
D. Kiesner, Jail Captain
M. Tempelis, District Attorney
C. Kuepper, DA's Office
J. Guidote, Corporation Counsel
P. Taylor, Assistant Corporation Counsel
M. Haggenjos, Corp Counsel Law Clerk
B. Vetrone, CJTS Director
C. LaPlant, Public Defender's Office
B. Massey, Finance Director
T. Krahn, Risk Administrator
T. Nelson, County Executive
L. Lux, HR Director
V. Bayer, HR Ops. Manager
M. Cochrane, HR Recruiter
B. Bocik, Clerk of Courts
L. Abitz, Ex. Admin & Comm Asst.
J. Iverson, County Board Supervisor
K. Sturn, County Board Supervisor
D. Gabrielson, County Board Supervisor
R. Klemp, County Board Supervisor
N. Miller, County Board Supervisor
P. Marcks, County Board Supervisor
D. Culbertson, County Board Supervisor
S. Hickey, Legislative Services Manager
S. Diehl, Legislative Services Specialist
C. Kriewaldt, Sheriff's Department
J. Brylski, Sheriff's Department

Correct Care Solutions:
A. Geiss
N. Worley
S. Wofford
J. Jones
Y. Fatoki MD
H. Bernard

Members of the Public:
J. Gosling
B. Kelley-Miller
R. Swift
A. Walsh
C. Coakley
C. Koehn
S. MacDonald
S. Bellile
B. Van Lopik
E. Voight-Cone
M. Soellner
A. Dirr
P. Zingsheim
T. Reese
D. Kluball
L. Kluball
J. Hlavack
A. Bebris
E. Hackett
D. Dodd
L. Hanneman
J. Feuse
M. Lopez, Fox 11 News
N. McGee

Chairman Grady called the meeting to order at 4:07 p.m.

MINUTES OF JUNE 12, 2018

Supervisor Patience requested an amendment to the minutes to clarify Lisa Van Schyndel's statement in the last paragraph on page 4, Siren Costs: "Lisa Van Schyndel stated that no grant money will be lost. Emergency Management expenses are actually increasing slightly due to the mass notification system, and that expense is used to meet the EMPG grant requirements."

MOTION: SUPERVISOR PATIENCE/WOODZICKA MOVED TO AMEND THE COMMITTEE MINUTES OF JUNE 12, 2018 AS STATED ABOVE. VOTE: UNANIMOUS. **MOTION CARRIED.**

MOTION: SUPERVISOR WOODZICKA/PATIENCE MOVED TO APPROVE THE COMMITTEE MINUTES OF JUNE 12, 2018 AS AMENDED. VOTE: UNANIMOUS. **MOTION CARRIED.**

PUBLIC PARTICIPATION

David Dodd, Appleton, spoke in support of marijuana legalization, reporting that his wife suffered from anxiety and chronic pain for a number of years and eventually committed suicide. She was taking powerful medications for years without access to marijuana. She discovered in her last year of life that cannabis significantly helped her conditions.

Dean Kluball, Appleton, spoke on the jail medication report. His 27-year-old son suffers from mental illness and was incarcerated twice at the Outagamie County jail. Both times the staff failed to give him his medications as prescribed for over 24 hours. The first time his son was jailed, Mr. Kluball immediately brought the court-ordered meds to the jail. He was not given any of his medications the remainder of that day or the following day. The second time his son was jailed, Mr. Kluball provided the jail with his son's medications and advised staff several times that if his son did not stay on his medications, he would become suicidal. The following day his son attempted to take his own life. Mr. Kluball asked that something be done soon.

John Feuse, Appleton, and member of ESTHER, expressed his concerns about the company handling medications at the jail. If the company is unable to handle their contracted responsibility, they should be eliminated or be required to have adequate staffing.

John Gosling, a mental health professional from Appleton, thanked the county for what they do. When Mr. Gosling hears stories of people being incarcerated and not getting the care they need, he is reminded of a famous quote: "The extent to which the society takes care of its least, is a big barometer of how the society is." Mr. Gosling said he cares about peaceful coexistence.

Lisa Hanneman referred to the medication report and said it verifies that Correct Care Solutions has been providing very poor service for years. Ms. Hanneman expressed concern that it had to come to hiring an outside firm to reveal that there were more incorrect procedures than the ones that her and other family members had discovered. Ms. Hanneman urged to move forward and find a solution.

Bev Kelley-Miller said that inadequate health care goes back to at least 2008 when an inmate passed away from pneumonia at the jail after his wife called for three weeks asking for help. The contracted company's nurse had diagnosed it as a head cold. The county ended up paying out $1.3 million for this lawsuit.

Nettie McGee, Shiocton, spoke in support of decriminalization of marijuana in Outagamie County. She would like to see it on the ballot so everyone in the county can vote.

Terry Reese, mental health and AODA provider within the community, suggested providing therapeutic community center pods in the jail. Individuals assigned to the pods would be offered treatment and educational programming for anger management, domestic violence, AODA, mental health and opioid addiction using evidence-based criminal justice treatment programs.

Rona Swift, retired corrections educator and counselor, has had contact with the jail over the years, and worked crisis for 35 years. About nine years ago, a client was on many medications which he was not able to get adjusted which caused additional health issues. Ms. Swift encouraged county employees

distribute medication in the jail as outsourcing doesn't seem to be working. Ms. Swift suggested that only a trained medical person dispense the medicine and have recovery addiction specialists available, either staffed or volunteer.

Bill Van Lopik, Grand Chute, and a member of ESTHER, relayed the following story from social media. "Since I worked in a group home and we would take boards of meds from the client who had been resting. The boards always came back messed up. The boards are pretty straightforward. The punch-out pill next to the number that corresponds to the date. There would be punched out meds all over the board. When we'd sit down to figure things out, after they were released back to us, there either weren't enough pills punched out or there were too many punched out."

Emily Voight-Cone, Appleton, suggested that marijuana be decriminalized and encouraged adding it to a ballot or make it legalized for medicinal purposes.

Andrew Walsch, Appleton, feels that issues like medical access in our jails, criminalization of marijuana, and fighting the heroin epidemic are related issues. Mr. Walsch reported feels there should be a public interest ballot on the issue of decriminalization of marijuana this fall. Mr. Walsch suggested that if we want to stop our youths from getting into heroin, we need to stop them from being able to reach heroin dealers. Mr. Walsch feels that that there should be full legalization of marijuana so that the marijuana market is completely severed from the black market.

Pete Zingsheim reported that on January 1, he was in jail and was refused any medication for his brain lesions and essential tremors. The nurse told him that it would take five days to get medication to him. He was falling on the floor and couldn't hold a glass because of the tremors. Jail staff had to bring him to the hospital. He had concerns about not seeing his own doctor and risks of stopping medication suddenly.

Christiana Coakley, Appleton, said that she would like to see marijuana on the ballot in November.

JAIL MEDICATION REVIEW PROCESS

Finance Director Massey referred to the memo he and Risk Manager Tammy Krahn authored regarding the process they followed to order the medication review. Massey emphasized that the samples were chosen randomly for Dr. Wu's review. Massey introduced Dr. Wu who joined the meeting via Skype. The following is from Dr. Wu's printed report which he reviewed during his presentation. The complete document is on file in the Legislative Services office.

In March 2018 the Outagamie County Risk Management Administrator requested a review of the current overall Outagamie County Jail medication process and to compare and/or benchmark the process to standard practices. In addition, a review was requested on the timing of specific medications issued during the given sample three-month period of jail bookings, August through October 2017, to determine if timeframes were within acceptable medical standards. This amounted to approximately 1,700 bookings, and out of that number it was determined that in 599 cases, inmates indicated they were currently taking medication. I was provided a prescreened sample of 85 of these cases from the Outagamie County Risk Management Administrator to review onsite during a two-day visit at the Outagamie County Jail on May 3, 2018 and May 4, 2018. During the two-day visit, a quick tour of the booking area and nurses' station were afforded to me. In addition, the evening medication pass was observed briefly. Besides timeliness of medication administration, I have been asked to review if the medications that were given were reasonable within a correctional facility operation.

Ill. Jail Medication Process

Outagamie County Jail, a non-NCCHC accredited correctional facility, has approximately 550 beds and handles approximately 6,000 bookings annually. Correct Care Solutions is the contract vendor of health care, and Diamond Pharmacy is the contracted pharmacy. The jail utilizes a medication formulary created by CCS. Non-formulary medications require pre-approval from CCS designated clinical leaderships prior to ordering from the Pharmacy. All medications are administered as direct observed therapy (DOT). There does not appear to be any Keep on Person (KOP) allowed as rescue inhalers and nitroglycerin are held by the unit officers and given when patients request it. There are two medication administration periods daily (AM and PM) in which the nurse goes out to the housing units with the medication cart and electronic Medical Administration Record (eMAR) installed laptop computer. Insulin for diabetes mellitus is given separately from the med line four times a day.

Upon arrival, all new patients are screened by correctional officers who are trained to document in the jail management system for patients to answer health related questions, one of which, is the use of medications. This screening form is then printed and signed by the patient after verification. If there are language barriers, the officers are expected to utilize a language line service. Once completed the form is placed in the nurses' bin along with any medications that came with the patient and is picked up at least twice a shift (approximately every four hours) by the nurse. From the audit, it appeared that this process is occurring more frequently as most often nurses are picking up these forms to review quickly. It is my understanding that the nurses are to document their review by circling the Yes responses and signing their name or initials on the form. Occasionally there would be forms that lacked the nurse signing the form to validate their review and acknowledgement. Therefore, some medication issues were not addressed despite noted in intake. Also, over-the-counter (OTC) medications like creams and ibuprofen are not routinely continued. It is unclear why such medications not approved.

Now once these forms are reviewed by the nurse, the process of medication verification begins. There does not appear to be any consistency with having the Blue or Pink Medication Verification forms completed thoroughly and legibly. Nurses make notations of the quantities in the margins of the form. Many times, it was not possible to determine which physician was consulted nor which nurse made contact with the physician. When approval was not given, it was almost never documented the reason for denial. In addition, there were instances of psychotropic medications not written onto the blue form and thus not addressed. There was a case where a patient was ordered Lamictal and Sertraline and unclear the rationale as the patient did not state use of those medications on intake.

I find it interesting that in the audited roster, there was not a patient that had both a blue and pink form utilized. One would expect that the patient may not have come in with all his prescribed medications and thus those medications that were not brought in would require a pink form to be completed.

Given the high recidivism rate, it was not uncommon to see the same individuals return several times in the audit period. Each time, the patients were forced to undergo the entire process of medication verification. One would expect that having an electronic health record (EHR) in place would help avoid needless time wasted and quickly review the old records and resume medications.

The pink form is completed when the patient does not come in with medication that he was prescribed. Once the pink is being filled out, the nurse also either tries to make contact with the patient in-person or sends a form letter requiring response through the internal mail delivery system.

This is where the system is most vulnerable. The form letter is completed oy the nursing staff in which medications are listed which put patient privacy at risk as it is not a secure method of communication. In addition, there is no time stamp of when the letter is generated, received by the patient, and returned to medical staff. There does not appear to be copies of this form written in other languages. Also, the form

has a check off for "No, DO NOT order meds for me. I am having meds sent in." This response does not allow for tracking of how long it will take for the patient to have the medications brought into the facility. The process does not allow for a limited duration to default to having medications order by the vendor should the medication not be brought in timely or at all.

Once medications are verified and ordered by the appropriate physician, medications are delivered usually by the next business day from the contracted Pharmacy. Should the patient need more timely administration of the initial dose, the physician can order that the medication be obtained through the local designated backup pharmacy to avoid delay. However, I did not see evidence of the vendor utilizing the backup pharmacy.

Most medications are delivered the next day and placed into the medication cart to be administered at the next designated medication line. If the patient came in with medications packaged in the appropriate authorized packaging, the nurses would administer the medication by the next medication line. Medication that was brought in but did not have the appropriate packaging were repackaged by nursing staff into the appropriate authorized packaging prior to administration. Apparently, Wisconsin pharmacy and nursing laws allow for such practice which is normally prohibited elsewhere as it is considered dispensing and training professionals would need to know how to safely repackage medication, as there are medications that are volatile and at risk of contamination.

During medication administration the nurse does verify the correct patient and would document the administration into the eMAR application software. However, there have been occasions where there are blanks, or incomplete entries, in the eMAR. In addition, there seemed to be a significant number of refusals. It is unclear from my review the cause of these discrepancies, and thus warrants further investigation.

Most medications that are administered are patient specific medication. However, there is use of stock medications and, despite nurse supervisor explanation of a process in place, there does not appear to be evidence of accountability for each medication taken from stock, particularly when they are also split using a pill splitter. Pill splitting should be avoided whenever possible as the fidelity of the strength of dosing is variable. Best practices for pill splitting is done under a Pharmacist supervision using computer and laser guidance and not some portable tool sitting in a drawer in the med cart. Residual dust from such practice can lead to contamination of other medication or be inhaled inadvertently by the nurse.

While it is known to be challenging to ensure patients release with their medications, there appears to be no consistency with documentation of patients being given their release meds. It is especially troublesome when a patient came in with controlled substances in their property and the physician did not approve its use, yet it is unclear what became of those medications after the patient was released.

IV. Additional Findings:

Commonly folks entering jails off the streets are intoxicated or undergoing withdrawal and thus require additional attention and treatment. It is unclear from the documents reviewed if there are specific nurse detoxification protocols as it appears that there are just various memos that provide general guidance on gabapentin and clonidine.

The corporate policies and procedures regarding pregnant females entering the facility on Medication Assisted Treatment (MAT) states that Tylenol #3 with Codeine is to be utilized. This is not the standard of care nor condoned by the Drug Enforcement Agency (DEA) or the Substance Abuse and Mental Health Services Administration (SAMHSA). Luckily, I did not encounter a case that carried out this inappropriate substitution. This policy needs to be eliminated and staff educated on current up to date guidelines. Methadone and buprenorphine (Brand name Subutex) are the only appropriate medications for

treatment. Medication orders for pregnant females on MAT displayed in the EHR and eMAR listed Suboxone (buprenorphine/naloxone) as the medication ordered and administered. This was brought to the nurse manager's attention, and she claimed that this was a mistake in the profiling and that only Subutex (buprenorphine) was actually administered. The nurse manager was advised to have this misnaming in the EHR and eMAR rectified as soon as possible given the need to appropriate document usage of these restricted controlled substances. These medications require special licensure from the DEA known as DATA 2000 waivers or "X waivers." Suboxone and Subutex are not interchangeable as the naloxone component may put the pregnant female at risk for abrupt withdrawal, particularly if the patient misuses the medication.

Alcohol withdrawal/detoxification treatment needs to include thiamine, folic acid, and a multivitamin. These inexpensive OTC vitamins can dramatically reduce morbidity and avoid irreversible neurological complications. Chronic alcoholics are commonly found to be depleted of thiamine and folic acid which leads to neurological deficits that may be irreversible. Alcohol withdrawal in a hospital emergency department setting utilizes thiamine just prior or in conjunction with IV hydration to prevent Wernicke-Korsakoff syndrome.

Benzodiazepine taper and monitoring should be done even if patient states he/she was on it as needed (PRN) in the community. There was a patient who provided history of being prescribed Ativan (lorazepam) PRN yet the nurse nor the physician ordered monitoring to ensure no withdrawal seizure activity occurred. Fortunately, I did not see any complications in that particular case. But that does not mean the patient did not needlessly have withdrawal symptoms as no monitoring occurred.

While CCS created a memo regarding the need to taper gabapentin, I did not see such practice. There were many instances of patients claiming to be on gabapentin and the physician did not approve to medications even when verified. Thus, patients had to abruptly stop treatment. More education need to occur so that proper tapering will be ordered for patients. As the memo rightful states, gabapentin is a drug of abuse and can have withdrawal effect, thus patients should be tapered if there are no plans to maintain them on such treatment.

The jail receives patients as young as 17 who are treated as adults and not minors. However, national standards and patient consents need to be adhered to for those under 18. I could not find evidence that attempts to get consent from the patients' parents or guardians regarding general consent for treatment.

It appears from several cases reviewed that CCS policy regarding ADHD treatment is too restrictive as there may be individuals that need to continue on stimulant medication to stay focused on their court proceedings as well as school/education. Decisions should be individualized to specific patients and not be unavailable simply due to age. In addition, there are certain rare conditions like narcolepsy that a patient would be provided the same medication that is used in ADHD.

There were incidences found in the review that patients should have been seen sooner for mental health services, particularly if the physician chose not to approval the continuation of the medication that the patient was prescribed prior to arrival to the jail. I recommend a separate review on staffing needs for mental health services.

Initial health assessments are to be done within two weeks and sooner for high risk individuals. Some of the charts reviewed in the sample were out of compliance with CCS's own policy as they were done beyond the 14 days or never done despite being in the jail at day 14. This is also an expectation of the NCCHC jail standards for medical health appraisals.

Chronic care does not appear to be done timely as patients claimed to be on certain chronic disease treatment. Patients with chronic conditions such as hypertension, coronary artery disease, asthma, Crohn's

disease, diabetes mellitus, and epilepsy require ongoing medication to control their conditions and thus should be seen routinely and many correctional systems do not charge copays for these visits or medication orders. A case of multiple sclerosis was not addressed properly or timely.

There have been instances found that patients are ordered steroid inhalers but no rescue inhalers. This is illogical as the patients require both. In the medical literature there have been instances where patients not properly educated on the differences and found to have high morbidity and mortality due to not using the correct inhaler during asthma exacerbations. Asthmatics will not get immediate benefit and relief during an exacerbation by using steroid inhalers.

During the walk along for the evening medication line, I observed some medications were crushed despite no specific orders to do so in the prescriber order. The nurse claims that for some medications there are standing order to have them crushed when they are to be administered. I would strongly recommend such standing orders to be withdrawn and have medications only crushed when individually ordered to do so by the physician. Crushing is an outdated practice in the past as a way to curb diversion. However, the crushing of medications does alter its rate of absorption and can in some instances cause unwanted side effects due to abrupt high serum levels.
There does not appear to be any timely alerts of refusal of medications to the physician. Supposedly after three consecutive missed doses or refusal of medications the nurse to is alert the physician. However, there is no tracking system in place to ensure nurse is communicating with the physician. There is no clear answer as to where the breakdown can occur as it may be the nurse not communicating or the physician not following up or indicating as why no change in treatment.

On occasion meds are not sent with the patient to Outagamie County jail despite written in the transfer form that accompanied the patient. When instances occur, it would be best to document feedback to the sending facility for them to do a process improvement study.

I would caution the physicians to be mindful of continuing medications that are outside known safety parameters for a diagnosis. Fortunately, no documentation was found of any complications regarding a patient on very high dose amitriptyline that was continued upon arrival. Normally one does not go above 75mg for neuropathic pain as the risk outweigh the benefits as prolonged QT syndrome can cause sudden death and its risk increases with higher doses and dehydrated state.

Diabetics are found to be automatically put on regular insulin sliding scale as opposed to their routine insulin regimen. While the diet can be better controlled in the jail setting it may be appropriate to have individual orders for each diabetic after some time of adjustment to the jail diet.

HIV+ patients aren't fast tracked to get their meds as soon as possible, despite a notice memo taped in the nurses' station. This may be the results of the nurses not knowing which medications are used in HIV treatment as the patient did not feel comfortable providing that HIV diagnosis to the correctional officer during screening.

Emergency Department discharge recommendations are not always followed, and there does not appear to be any documented rationale of why not. Folks who were sent to the Emergency Department is because they require a higher level of care that could be provided at the jail and subsequently returned should be continued on appropriate treatment that was initiated there or at the very least an appropriate substitution with rationale.

Lastly, a concern is the rather broad spectrum of nurse talent and skill sets. The health care system is very much dependent on the strength of the nurses and there does not appear to be sufficient review of nurse assessments and clinical skills. Little can be determined from the medical charts provided to demonstrate

the frequency of communication with the physician showing that they are right on top of the patient's treatment plans and ensuring nursing practices are adequate.

There was a case where the nurse assumed lnderal (propranolol) was for hypertension and not for portal hypertension and variceal bleeding prophylaxis given the history of liver disease. Thus, it is important for the nurse to communicate all medications and history to the physician in order to ensure patients are properly managed. Fortunately, there was no bad outcome with vomiting blood like a variceal bleed which could be fatal in such a fragile patient.

Records do not appear to demonstrate that urine pregnancy test is done prior to administration of medications. Women of childbearing age may or may not know if they are pregnant in which case certain medications may need to be given with caution and discontinued if found to be pregnant.

In addition, baby ASA is an over-the -counter medication, but it is used frequently for coronary arterial disease and stroke prophylaxis, and the nurses need to be aware of its importance and to call MD for decision and order. It was uncommon to see these medications ordered which does pose a risk for patients to have heart attacks, especially with the added stress of being in jail.

Finally, I am uncertain if nurses are properly educated on certain specialized drugs and how they are to be handled. It is unclear if nurses have sufficient training on oral chemotherapy medications. Granted the nurse administrating medications did wear gloves, which did provide protection from absorption and affecting her own health.

V. Assessment

Overall, the utilization of the vendor's policies and procedures does meet the majority of patient's need for jail medication delivery but there are areas for opportunity and improvement. Health care vendors will execute what is expected in any agreement. Thus, it is important to clearly spell out the expectations whenever the agreement is due for negotiations or amendments. CCS is well aware of national standards as many of their other business agreements require they meet NCCHC standards. It would be helpful for that Outagamie County to obtain a 2018 NCCHC Standards for Health
Services in Jails book to review and consider adding compliance indicators pertaining to D-01 Pharmaceutical Operations and D-02 Medication Services as a form of contract monitoring.

Medications are provided timely when patients come in with the medications. However, there is need to focus on when medications are not coming in with the patients.

The greatest liability appears to be relying on the internal mail delivery system to communicate with the patient to determine whether he/she would like to have his medications ordered by the vendor and be charged for it or go without until he/she is able to have the medication brought to the jail. By having this latter option puts patient lives at risk and there is no monitoring to ensure there is a timely response or action. While the patients are transient with short stays, there were instances in which patient were released prior to any response. As we all know, medications are increasingly more expensive and thus many cannot afford copays. While patients will not be denied care if indigent, they are still expected to settle their bills at a later time when funds are available. This unseen burden does still factor in on how the patients make their choices. NCCHC's first standard is access to care and as part of its compliance indicator is to ensure that barriers like copays for treatment are not overly excessive that would deter inmates from seeking care. Many correctional systems have eliminated copays for chronic care and mental health medications. Thus, stakeholders need to be educated on good public health strategies and not look for short term pharmacy savings as ultimately the savings can be easily negated by one bad outcome resulting in a large settlement sum.

While the correctional officers certainly are experienced to continue doing the intake screening and you have nursing staff in place around the clock, perhaps it would be best to consider having those screenings performed by the nurse and thus potentially eliminate the need to have to ask the inmates about medications decisions through the mail system. This may make intake more meaningful and productive. Perhaps the nurse can alert the patient at time of booking that their medications are important and that will provide from their own Pharmacy until the patient could have the medication delivered. Thus, if copays need to be charged it should be only for the small amount of medication provided until patient's own meds are used.

In addition, here are several other recommendations to help improve the quality of service.

Refusals of medications appear to be frequent and thus perhaps meds should be ordered PRN which allows for patient to continue to be offered the medication when needed as opposed to constantly which then requires a refusal form to be completed. This is unnecessary busy work for nursing staff.

Since CCS employs a physician who can prescribe buprenorphine, the jail should consider implementing a MAT program and thus improve continuity of care with re-entry back to the community. Agreements should be sought with local opioid treatment programs to continue methadone for MAT and buprenorphine can be utilized in opioid detox which is a more humane approach than to have the patient undergo withdrawal. Verification of patients coming in to the facility should have urine drug screen done and the physician can augment medication verification through the state's prescription monitoring program (PMP) program which is a network of state databases that lists the controlled substances that are prescribed to the patient in the community.

Dr. Wu added that overall the CCS staff seems talented and caring. A few small adjustments to their process could dramatically change what risks there are. Providing continuing education and updated practices could be offered, along with better training to bring staff up to current standards. Dr. Wu advised he could find nothing that would be considered negligent, but may be a result of lacking resources. Dr. Wu discussed that nurses are repackaging bulk medication which could create risks whereas other states are required to send those medications to pharmacists for packaging.

Dr. Wu ended his presentation and thanked the Sheriff’s Department and CCS staff for their cooperation, helpfulness and openness in his investigation.

Comments from Representatives of Correct Care Solutions:

Stan Wofford, senior vice-president of local detention, reported that CCS works in 39 states, providing service to both large and small jails including many in Wisconsin, and said anyone is welcome to contact other Wisconsin sheriffs where CCS is contracted. Wofford advised that regional and corporate directors of nurses provide training to nurses in the field. Each nurse receives annual skills training, along with an on-line training program. All CCS policies are based on both established NCCHC and ACA standards. Regardless of accreditation, all policies abide by those guidelines.

Dr. Yemi Fatoki, senior regional medical director for CSS, oversees jails in Illinois, Wisconsin, Indiana and Michigan. Dr. Fatoki has worked in corrections for 22 years and stated that CCS is one of the best companies he has worked for. Dr. Fatoki addressed issues in obtaining medical information from the inmates. Sometimes they don’t know the name of their medication and/or physician and pharmacy. That results in time spent finding this information. This process is started right away and the physician is called. Dr. Fatoki is on call 24 hours/day, 7 days/week. The nurses always have access to someone so they can get the patients their medications right away. Fatoki discussed crushing medication which is done only on physician orders. Only scored pills are split, which is not out of the ordinary. Fatoki reported that he is a strong proponent of treating addiction and reviewed the withdrawal process which CCS follows.

Jessica Jones, registered nurse and regional operations manager for CCS, oversees the day-to-day operations at the Outagamie County jail, as well as 14 other establishments throughout Wisconsin and upper Michigan. Jones advised she works in corrections as she believes wholeheartedly in what CCS does in taking care of patients who have the right to good care. All nurses in the jail feel the same and choose to be there because they want to be there and provide good care.

Hannah Bernard, an attorney from the corporate office in Nashville, handles regulatory and other issues in her territory, which includes Wisconsin. Upon reviewing Dr. Wu's report, Bernard is happy to say the jail is in compliance with all state and federal medical laws.

Chair Grady stated he believes that there is a major communication breakdown between doctors and nurses, a bad system, a computer system that actually contains the wrong meds, and many other issues and only in a three-month period. Wofford responded that Grady's interpretation of the report is quite different from Dr. Wu's comments. The patients at the jail are getting quality care, and advised that the system could use a few tweaks, like any system, but patients are getting the care they need and will continue to.

Grady responded that he doesn't agree, and asked for assurance that these problems will be fixed. Stafford said that CCS will work with the sheriff on any areas that can be corrected, but the issues that Dr. Wu discussed include some that are clinical and personal opinions. Dr. Fatoki has the right to practice medicine and provide care following the guidelines he has been trained under.

Grady questioned what CCS is going to do about the health assessments which are not done within 14 days. Jessica Jones responded that there was a time that a lack of staffing caused a delay with assessments. Five months ago a nurse was hired who comes in every week dedicated to giving health assessments. Three nurses are in training at this time. The training program may be extended from three weeks to five or six weeks, making sure nurses will receive in-depth training.

Supervisor Patience said that Dr. Wu seems to be pinpointing a lack of consistency in procedures and planning that may be a result of a lack of training, which seems is being addressed. There may be a lack of up-to-date practices, maybe that the jail and/or CCS needs to address. Recordkeeping should be worked on, both manual and the electronic system. Consistency seems to be a problem. Maybe improving all those areas could reduce the issues that are happening. Dr. Fatoki agreed and said that anyone can call or email him or the corporate office with any suggestions for to improve processes in the jail.

Jones concluded by saying she sees this as an opportunity to make corrections in some areas, make changes and to move forward.

SHERIFF'S REPORT

Jail Update: Captain Kiesner mentioned that to reduce the risk of suicides in the jail, single bunks have been installed and bed sheets are no longer provided. Maintenance staff will fix areas involved in the recent suicide.

AFRICAN AMERICAN JAIL POPULATION – DISCUSSION

This topic will be discussed at a future meeting.

MARIJUANA LEGALIZATION – POSSIBLE REFERENDUM

Grady reported that there has been discussion in the state of Wisconsin to legalize marijuana. Rock and Milwaukee counties have passed resolutions, and Winnebago and Brown counties will discuss it at their meetings tonight.

Supervisor Patience advised more study is needed on the pros and cons. Patience questioned what the consequences could be for the city of Appleton and the sheriff's department if marijuana was decriminalized or legalized. More information is needed before this issue is sent out for referendum and it's important for citizens to know what they are voting on.

Supervisor Woodzicka recommended to let the people decide as this referendum is only advisory, then study the pros and cons later.

MOTION: SUPERVISOR WOODZICKA/DILLENBERG MOVED TO SUPPORT AN ADVISORY REFERENDUM REGARDING THE LEGALIZATION OF MARIJUANA. VOTE: AYES; WOODZICKA, DILLENBERG, GRADY. NAY; PATIENCE. **MOTION CARRIED.**

COORDINATING COUNCIL UPDATE

Supervisor Patience reported the Coordinating Council subcommittee, formed to study the focus of the council, met on June 20. Possible issues which the council could take up within the next two years will be brought to the next meeting for discussion, which is scheduled for July 18 at noon.

CORRESPONDENCE

The committee reviewed and filed the following correspondence:

- News Article and Letter Regarding Bulletproof Vests

RESOLUTION/ORDINANCE REVIEW:

- PS.6--2018-19, Approve Coordinating Council name change to Criminal Justice Coordinating Council

Resolution 55—2004-05 formed a Coordinating Council to address a growing jail population, monitor existing justice programs, and investigate new programs to enhance community safety and reduce recidivism. In order to follow a nationwide trend and to help clarify communication for grant writing purposes, members of the Coordinating Council recently voted unanimously to change the council's name to Criminal Justice Coordinating Council (CJCC).

MOTION: SUPERVISOR PATIENCE/WOODZICKA MOVED TO APPROVE DRAFT RES. PS.6 AND FORWARD IT TO THE BOARD FLOOR. VOTE: AYES; UNANIMOUS. **MOTION CARRIED.**

- PS.7--2018-19, Support Defendant's Constitutional Right to a Fair and Speedy Trial and Representation Without Infringements on Their Ability to Pay

The State Public Defender's office is an independent, executive-branch state agency that ensures Wisconsin meets its constitutional requirement of providing legal representation to the indigent. The Wisconsin Supreme Court recently made a decision to raise court-appointed public defenders' pay from $70 to $100 per hour, however, the state-funded public defenders' pay remains at $40 per hour. Increasing pay for some lawyers and not others may lead private attorneys to refuse public defender

assignments. It is critical that persons in need of a public defender get adequate and equal protection and access to an attorney under the law.

MOTION: SUPERVISOR WOODZICKA/PATIENCE MOVED TO APPROVE DRAFT RES. PS.7 AND FORWARD IT TO THE BOARD FLOOR. VOTE: AYES; UNANIMOUS. **MOTION CARRIED.**

- PS.8--2018-19, Approve Transferring Monies from the Small Department Sick and Vacation Payout Fund to the District Attorney's Office

The Outagamie County District Attorney's office will have a long-term Legal Assistant II employee retire in early August. This resolution is requesting to transfer monies from the Small Department Vacation/Sick Leave Payout fund in order to fill the position after having it vacant for approximately one month.

MOTION: SUPERVISOR WOODZICKA/DILLENBERG MOVED TO APPROVE DRAFT RES. PS.8 AND FORWARD IT TO THE BOARD FLOOR. VOTE: AYES; UNANIMOUS. **MOTION CARRIED.**

FUTURE AGENDA ITEMS – NO ACTION WILL BE TAKEN

- African American Jail Population
- Sheriff's Report to Include Response to Medication Report
- CJCC Meeting Update
- Jurisdictional Budgets

ADJOURNMENT

MOTION: SUPERVISOR WOODZICKA/PATIENCE MOVED TO ADJOURN AT 5:45 PM UNTIL THE CALL OF THE CHAIR. VOTE: AYES; UNANIMOUS. **MOTION CARRIED.**

Respectfully submitted,

Sue Diehl

Sue Diehl, Legislative Services
July 10, 2018