

**FINAL REPORT**

**Organizational Study of  
the Sheboygan County Sheriff's Department**



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& company**

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# Organizational Study of the Sheboygan County Sheriff's Department

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### APPENDIX 1: SUMMARY OF RECOMMENDATIONS

### APPENDIX 2: INCIDENT REPORTING ANALYSIS

### APPENDIX 3: POST-SHIFT STAFFING ANALYSIS



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**TRANSMITTAL LETTER**

August 14, 2008

Sheriff Michael Helmke  
Sheboygan County Sheriff's Office  
Sheboygan County Law Enforcement Center  
535 North 6<sup>th</sup> Street  
Sheboygan, Wisconsin 53081

Adam Payne, County Administrator  
Sheboygan County Administration Building  
508 New York Avenue, Rm. 311  
Sheboygan, Wisconsin 53081

Dear Sheriff Helmke and Mr. Payne:

Virchow, Krause & Company, LLP (Virchow Krause) and its law enforcement subcontractor, Mike Plumer, are pleased to submit this final report of our organizational study of the Sheboygan County Sheriff's Department. Sheboygan County retained Virchow Krause to perform this study because of the importance of the Department to the overall level of public safety services in the County, and because of the significant annual amount of County resources committed to operating the Sheriff's Office.

The attached final report includes our findings and recommendations relative to the Department's management, organization, budget, staffing, equipment, and services to identify ways in which operations can be improved, costs reduced, and processes streamlined. We believe the recommendations provide creative yet practical ideas for the Sheriff's Office to achieve cost efficiencies and enhance budget decisions, department operations, and future planning.

Should you have any other questions regarding the study, or if Virchow Krause can be of further assistance, please feel free to contact project in-charge Christine Smith at 608.240.2391, or project manager Rob Lefeber at 608.240.2544.

Sincerely,

VIRCHOW, KRAUSE & COMPANY, LLP

Mike Ley, Partner  
State and Local Government Consulting

Christine Smith, Senior Manager (PDP)  
State and Local Government Consulting

ML/DEV/dh

However, the jail inspectors also noted that the Department currently does not perform random searches of Huber inmate "Hot Lockers," which are lockers used for storage of civilian clothes and articles by Huber inmates upon entry and exit from the Detention Center. During fieldwork, we confirmed that this gap has not yet been corrected. Further, staff indicated that they have observed some inmates sharing the combination to their Hot Locker locks, which raises the contraband risk.

**Recommendation #22: The Department should perform random searches of Hot Lockers, and review whether combination locks could be replaced by a system involving keyed locks to prevent access by inmates to the contents of other inmates Hot Lockers.**

***Estimated financial impacts: No additional outlays to perform random searches. Financial impact of replacement of current locks is unknown, but should not be significant.***

### **C. Inmate Health Care and Mental Health**

**Finding #23: The Department has allowed its National Commission on Correctional Healthcare (NCCHC) accreditation to lapse.** Relatively few of our Sheriff's Department clients in Wisconsin maintain accreditation under NCCHC standards, due to the fact that it is not required by state law, and because of the administrative, operational, and staffing challenges presented by meeting the standards. However, we view accreditation as a best practice because it provides assurance that the Department is making necessary efforts to limit the County's risk of legal action resulting from failures in its jail health system. While there is no way to quantify the legal costs avoided through accreditation, it does serve as a potential defense should worst-case jail health situations occur. Further, maintaining accreditation represents an ongoing external review of Department processes that can assist the Department in identifying weaknesses in its current system which can be addressed before problems occur.

During fieldwork, we learned that Sheboygan County had maintained NCCHC accreditation up to 2007. Staff in the Sheriff's Department and in other County Departments indicated that while accreditation has been allowed to lapse, the current jail health services provider, Advanced Correctional Healthcare (ACH) continues to follow the health services standards established by NCCHC. If the Department had made a conscious decision to stop complying with NCCHC standards, whether based on financial limitations or on other factors, allowing accreditation to lapse would appear to be unavoidable. However, given the Department's stated objective of meeting NCCHC standards in its jail health program, it is not clear why accreditation should be allowed to lapse.

**Recommendation #23: The Sheriff's Office should renew NCCHC accreditation of the jail's health services program, given that it is a stated goal of the Department to follow NCCHC standards.**

***Estimated financial impacts: Unknown, but the NCCHC website indicates that "the cost of accreditation is based on the facility type (e.g. jail, prison, juvenile), its average daily population, whether it has satellite operations, what special medical services it provides and other factors.***

**Finding #24: The Department has taken positive steps toward improving the capability of patrol deputies to appropriately handle encounters with individuals in serious mental health crisis in the community, but improvements are still needed.** One of the most significant challenges facing Sheriff's Departments and other law enforcement agencies throughout the country is appropriately managing encounters with individuals in serious mental health crisis, both in terms of direct contact with the individual by deputies, and in terms of ensuring that there are non-jail options for emergency detentions when needed. The Department has committed staff time and resources to provide training to its staff in Crisis Intervention Team (CIT), which is focused on patrol deputies, and Crisis Intervention Partners (CIP), which is geared towards correctional officers, and dispatchers. This training is designed to provide staff with the tools and the confidence to de-escalate crisis situations. CIT is perhaps most well-known for its implementation by the Memphis (TN) Police Department, and is commonly referred to as the "Memphis Model" in the law enforcement field. Within Wisconsin, the Appleton Police Department has been recognized as a leading agency in implementing the "Memphis Model," and has provided training to a number of other law enforcement agencies in the state. Specific benefits of CIT include:

- Reduced risk of injuries to officers and subjects;
- Improved likelihood of appropriate referral and treatment of individuals in serious mental health crisis;
- Increased diversion of individuals to non-jail detention settings, which increases available jail bed space and is less costly to the County than jail beds; and
- Enhanced working relationships between law enforcement and mental health providers.

As shown in **Figure 25** on the next page, 13.2% of patrol deputies have received Basic or Advanced CIT training, 5.8% of correctional officers, and 8.3% of dispatchers. A total of 8.8% of all Department staff have received CIT or CIP training, who are most likely to have direct interaction with individuals in serious mental health crisis.

**Figure 25**  
**Sheriff's Department Staff Trained in CIT or CIP**  
Current

Training	Number Trained	Number of Staff	Pct. Of Staff Trained
Basic CIT Training (40 hrs) Patrol Deputies	5	38	13.2%
Advanced CIT Training 8 hrs) Patrol Deputies	2	38	5.3%
Basic CIP Training (16 hrs) Correctional Officers	3	52	5.8%
Dispatcher	1	12	8.3%
<b>Total</b>	<b>9</b>	<b>102</b>	<b>8.8%</b>

*Note: Assumes 2 Patrol Deputies received both Basic and Advanced CIT*

The Appleton Police Department, as well as other law enforcement agencies that have implemented the "Memphis Model," has set a goal of training 25% of its patrol force in CIT.

**Recommendation #24: Over the next five years, the Department should establish a goal of training 25% of its existing patrol deputy force, and include CIT training for all new patrol deputies. Set a goal to provide CIP training for 25% of correctional officers and dispatchers over the next five years.**

**Estimated financial impacts: the Department estimates the cost for a 40 hour CIT course would be approximately \$350 per Patrol deputy, and approximately \$200 per Correctional Officer to attend the 24 hour CIP course.**

**Finding #25: The County has taken positive steps to provide options for diverting individuals in serious mental crisis to an emergency placement setting other than jail, but improvements are needed.** Data were currently unavailable regarding whether there has been an increase in the number of offenders being arrested who have mental health issues, or if the number of offenders with mental health issues has remained fairly constant. Irrespective of the availability of data on mentally ill offenders (and the difficulty in accurately tracking this type of data for any law enforcement agency), all Department staff with whom we spoke agreed that inmates with mental illness represents a serious ongoing challenge for the Department.

Beginning in May 2008, the County established an Ad Hoc Committee on Behavioral Health Services, with the goal of enhancing collaboration between County Departments and local mental health providers, and, in part, to enhance mental health services for offenders in need of mental health services. In addition, the Health and Human Services Department has contracted for emergency detention services with the "Turning Point" crisis center. If a secure wing could be established at the Rocky Knoll Nursing Home, that could be a possible resource to allow for the placement of emergency detentions and other requiring more restrictive placement for nursing care due to mental illness. When considered together with efforts to provide CIT and CIP training to Sheriff's Department staff in crisis intervention techniques, these steps provide an overall framework for improving the approach to appropriately managing individuals in serious mental health crisis.

It is also critical that the jail health care team and Human Services work to reestablish procedures for reliably transitioning offenders with mental health issues back into the community upon their release from jail. Proper transition planning and community service linkage not only represents good patient care; it also helps assure the safety of the offender and the community, and minimizes the offender's likelihood of recidivism and return to jail. Enhanced collaboration between law enforcement, human services, and mental health providers provides the potential for enhanced referral and assessment resulting in more appropriate treatment for individuals, as well as reduced use of resources in the Department's corrections Division.

**Recommendation #25: The County should work to ensure that agreements are developed between the Sheriff's Department, Health and Human Services Department, ACH, and local mental health providers that:**

- formalize mental health response and assistance for the Sheriff's Department;
- include procedures for involving crisis staff/Human Services staff when an emergency detention is being considered;
- improve mental health follow-up care and support;
- identify shared responsibility and liability; and
- include agreements with Corporation Counsel to "dismiss or drop" emergency detentions, where appropriate.

**Estimated financial impacts: No additional outlays.**

**Finding #26a: The Department currently has very limited ability to provide mental health services to inmates requiring treatment, but recent efforts to develop improved mental health services are encouraging.** Staff indicated that the Department currently has very limited ability to provide mental health services to inmates. According to statistics maintained by ACH, the number of inmates on psychotropic medications ranged from a high of 41 in October 2007 to a low of 24 inmates in January 2007. The average number of inmates on psychotropic medications between October 2007 and April 2008 was 32.3, which represents 11.8% of the median ADP of 274.5 inmates.

A regular 8-person pod (G-Pod) in the Detention Center Jail is used for medical Special Needs housing for male inmates, and V-Pod is used to house male inmates with special mental health needs. Inmates on "suicide watch" receive 15-minute checks, whether they are being housed in a mental health special needs housing unit, or in the high-visibility holding cells in the booking area.

Block 14 in the Law Enforcement Center Jail is used for mental health special needs housing for female inmates on the intermediate "no sharps" status. Staff reports that this arrangement is working well. A possible problem with this arrangement is the same problem that exists with indirect supervision type pods and linear style jails in general: there is no staff member in the housing unit with the inmates. The current arrangement for special needs inmates may be adequate as long as there is no one in the medical special needs pod with a serious medical problem. Ideally, both medical and mental health special needs housing should be staffed with at least one staff member (health services staff or correctional officer) inside the special needs housing area (in large jails, an "infirmary").

We believe there will be an ongoing need for a "special-needs housing area" in which medical and mental health special needs space is combined in an area that is near or collocated with health services staff.

It should be noted that the Sheriff's Department and the Human Services Department currently hold Continuous Quality Improvement meetings together with ACH. These meetings include key management staff from both Departments and from ACH. Meeting topics include a review of health care activity in the Detention Center and in the LEC, including:

- General medical activities (number of physician and nurse sick calls, physicals, emergency visits on-site);
- Dental activities (sick calls and referrals);
- Psychiatric activities (number of inmates on psychotropic medication, evaluations, and social worker visits);
- Other medical services, including radiology tests, special diets, respiratory therapy, chronic diseases, and unusual medical cases (e.g. transplants); and
- Review of policies, procedures, and protocols.

In 2008, ACH presented a proposal to the Sheriff's Department for mental health services that includes 20 hours of social worker staff time, mental health off-site referrals up to an annual pool limit (not specified), mental health pharmaceuticals (included in fee), and on-site mental health programs, at a monthly fee of \$3,245.15, assuming a base ADP of 175. However, our analysis of the median ADP for all units (total) in the Sheriff's Department was 262.9 between June 2007 and March 2008. Thus, it is unclear what the actual fee amounts to be paid under this proposal would amount to, given the historically higher ADP.

**Sheboygan County Best Practice: Standing Interdepartmental Meetings between the Sheriff's Department and Health and Human Services.**

The ongoing CQI process is a positive feature that can be leveraged to improve collaboration between the Departments in terms of inmate mental health. For example, at the most recent CQI meeting, the attendees discussed procedures relative to discharge protocols.

**Finding #26b: Improved coordination is required between the Health and Human Services Department, the Department, and the Department's health services provider.** Historically, the Sheboygan County Department of Health and Human Services played a substantial role in providing services to offenders with mental health problems. Up until 2007, when ACH became the jail health services provider, referrals were made by Sheriff's Department jail nurses to staff Psychiatric Social Workers in the County Human Services Department. The exchange of information was two-way, with social workers contacting the jail on workday mornings to inquire as to whether there were any inmates on suicide watch, and responding directly to the jail to evaluate any inmates who were reported to be suicidal. Referrals were also initiated by jail nurses, who contacted Human Services when an inmate was in need of mental health services. Staff reported that while interdepartmental cooperation between jail health staff and the Human Services Department was not always ideal, the process was well-understood by both Departments.

However, when the Sheriff's Department began contracting for jail health services in the August 2007, procedures for exchanging information and referrals were significantly altered and have not yet been fully redeveloped. While a proactive planning process would have been desirable before the new jail health contractor began providing services to ensure a smooth transition, implementation issues created by significant change in personnel, protocols, and management during any transition period are not uncommon. ACH began providing services in August 2007, and therefore the situation is relatively new. However, it is imperative that the various essential components of this mental health service delivery system begin working more collaboratively.

The Health and Human Services Department recently determined that it would not be able to provide a similar level of inmate mental health services to the Department more cost effectively than the ACH proposal. Given that the Department will be increasing the level of mental health services to inmates through the new contract with ACH, it appears that the highest priority need will be to improve coordination between the Department, ACH, and the Health and Human Services Department relative to continuity of care once inmates are released back into the community.

**Recommendation #26a: The Department and other key County stakeholders should carefully review the proposal for enhanced mental health services currently offered by ACH, including assumptions relative to base ADP. The Human Services Department has determined it cannot provide a comparable level of mental health services as proposed by ACH at an equivalent cost or lower. The Department should also ensure that ADP assumptions included in the ACH proposal reflect the likely level of service needed.**

**Estimated financial impacts: The current proposal from ACH is \$3,245.15 per month, assuming a base ADP of 175.**

**Recommendation #26b: The Department should continue the practice of holding CQI meetings on a monthly basis. These meetings should be used as a framework for supporting the work to be completed by the County's Ad Hoc Committee through implementation of potential Ad Hoc Committee recommendations. Define and generate statistics that quantify the volume of service need.**

***Estimated financial impacts: No additional outlays, although staff time will be required to attend the meetings and complete follow-up.***

**Recommendation #26c:** At the point in the future when Sheboygan County officials plan for expansion of the County's jail facilities, strong consideration should be given to including a special needs housing area in which medical and mental health space is combined in an area that is near to or collocated with health services staff.

***Estimated financial impacts: Short term: No additional outlays. Long term impacts depend on the extent of future jail expansion.***

**Recommendation #26d:** As part of its agreements developed between the Sheriff's Department, Health and Human Services Department, ACH, and local mental health providers (see Recommendation #25), the Department should ensure that continuity of care for inmates with serious mental health issues is adequately addressed.

***Estimated financial impacts: No additional outlays.***