Health Care Services in State Correctional Facilities – Weaknesses Exist in MDOC’s Monitoring of Contractor Compliance and Performance; New Administration is Undertaking Systemic Changes

What was the general focus of this review?

The scope of this review was limited to the adult and juvenile correctional facilities operated by the Maine Department of Corrections (MDOC). It was also specifically focused on the health care services delivered to prisoners by the private correctional care providers Correctional Medical Services (CMS) and CorrectRx. Contracts with these providers represent most of the health care dollars spent on State prisoners, all of which are supported by the State’s General Fund.

OPEGA contracted with an expert consultant, MGT of America, Inc. (MGT), to conduct most of the fieldwork for this review. That work included review of the relevant health care services contracts and Department-wide policies and procedures, as well as interviews and observations at each of the facilities operated by MDOC. In addition, MGT conducted more in-depth review at the two largest adult facilities – Maine Correctional Center (MCC), and Maine State Prison (MSP) – and Long Creek Youth Development Center (LCYDC) which houses the most juveniles.

What issues did OPEGA identify during the course of this review?

- Medications Not Properly Administered and/or Recorded
- Medical Files Not Complete or Consistently Maintained
- Required Annual Health Exams Not Consistently Tracked and Sometimes Not Performed
- Response to Sick Calls Not Timely and/or Inadequately Documented
- Staff Training Insufficient and Poorly Documented
- MDOC Systems for Monitoring Contractor Performance Inadequate
- MDOC Contracts Not Structured to Help Contain Health Care Costs

More information about these issues, including OPEGA’s recommendations for addressing them, is included in the full report.

What questions did this review focus on, and what are OPEGA’s answers?

1. How well does the Maine Department of Corrections (MDOC) manage its contracts for medical, dental, pharmaceutical, and adult mental health services to ensure compliance with contract terms, conditions and expectations with regard to performance, quality and cost?

The burden of delivering quality health care services to prisoners in a manner consistent with professional standards is the responsibility of the vendors that the State contracts to provide these services. MDOC sets the standards of care to be met by the contractors, both through contract language and through the policies and
procedures established for health care delivery. OPEGA’s correctional health care consultant, MGT, found the terms of the contracts in effect in fall 2010 did adequately address the most critical areas of prisoner health care services.

However, ensuring contractors meet the standards set by the Department requires effective contract monitoring systems as well as strong systems for developing and communicating policy. MDOC’s efforts in this area were not always adequate to ensure that expected standards of care were met. The weakness in monitoring appears to be due to the close and cooperative relationship that has existed between MDOC and its contractors, particularly its primary health care vendor, CMS. This type of partnership has advantages, but also carries significant risk when it interferes with the arms-length monitoring needed to ensure accountability and protect service quality.

2. How well are the selected contractors complying with the contract terms and provisions, relevant regulations and accepted practices that are most critical in delivering health care services to prisoners?

Most of MDOC’s facilities have been accredited by the American Correctional Association (ACA) which, in terms of health care, means that service levels meet the basic performance standards established in the profession. Nonetheless, MGT found that CMS did not always comply with contract provisions requiring adherence to MDOC policies – even in the accredited facilities. Adherence to professional standards for medical care was also lacking in some areas. MGT observed that some prisoners did not receive standard medical services, such as physicals, dental services or sick call response within the timeframe required by MDOC’s contracts. Persistent issues with proper administration of prescribed medications were also noted.

A new administration is now managing the Maine Department of Corrections and a Request For Proposal will soon be issued soliciting bids for the provision of all correctional health care services in State facilities. This is an opportune time to establish better mechanisms for monitoring contractors and holding them accountable for compliance with their contract provisions. Such efforts will help ensure prisoners receive appropriate and timely health care services.