



Health Services in State Correctional Facilities

Key Facts and Findings:

- The Minnesota Department of Corrections (DOC) provides health services to inmates through a combination of its own employees and contracted services.
- Inmates have considerable access to health care, although several important access issues merit attention.
- DOC has not established a sufficiently coordinated, comprehensive approach for managing the care of individuals with chronic conditions.
- The prison system's residential unit for persons with serious mental illness has increasingly provided crisis and stabilization services rather than therapeutic treatment.
- DOC's compliance with professional standards is mixed, with room for improvement.
- DOC has not developed a comprehensive staffing plan for health services.
- Mechanisms for oversight, accountability, and quality improvement for DOC health services have been limited.
- DOC has not regularly obtained information that would help it ensure that the administrative costs and profits of its health services contractor are reasonable.

- DOC policy requires copayments in a more limited set of circumstances than indicated by Minnesota statutes.

Key Recommendations:

- DOC should develop a health services staffing plan and strategic plan, implement a comprehensive chronic care program, identify ways to improve mental health services, develop clearer policies for emergencies, and ensure that its policies conform more fully with professional standards.
- The Legislature should improve oversight by adopting at least one of the following: (1) require DOC to license its correctional facilities, (2) require DOC to seek facility accreditation, or (3) establish a state ombudsman for corrections.
- The Legislature should require the departments of Health and Human Services to periodically determine the compliance with applicable state rules of DOC's specialized units providing intensive nursing or mental health services.
- DOC should collect information on the administrative expenditures and profits of its health services contractor.
- The Legislature should clarify DOC's authority to adopt exemptions to statutory copayment requirements.

Although inmates in state-run correctional facilities have considerable access to health care, services should be more coordinated, consistent, and accountable.

Courts have held that prisoners have a constitutional right to adequate health care.

The Minnesota Department of Corrections (DOC) spent \$68 million on health services for inmates in fiscal year 2013.

Report Summary

The Minnesota Department of Corrections (DOC) operates eight state prisons that house more than 9,000 adults. State law requires the department to provide “professional health care” to these offenders, and court cases have established the right of prisoners to adequate health care under the Eighth Amendment of the U.S. Constitution.

The department’s spending for health services in state facilities totaled \$68 million in fiscal year 2013. The department’s increases in spending in recent years largely reflected health care inflation and increases in the prison population. However, the department’s cost per inmate for health services was higher than that of most states.

Health services units in prisons are staffed by a combination of DOC and contractor employees. DOC employs nurses, mental health therapists, and dental staff, while the contractor provides doctors and psychiatrists.

Inmates have considerable access to health care, but there is room for improvement.

Altogether, Minnesota inmates have about 200,000 “encounters” with prison-based health care staff annually. Each facility provides daily on-site access to health care staff, and DOC’s contractor makes arrangements when inmates require off-site appointments or procedures.

While inmates have considerable access to care, DOC’s policies and services need attention in a variety of areas. For example, DOC has not established a sufficiently coordinated, comprehensive approach to managing the care of inmates with chronic conditions, such as diabetes or asthma. The department has system-wide protocols for managing HIV, hepatitis C, and tuberculosis, but it does not have protocols for other, more

common chronic illnesses. DOC facilities vary in the way they track these offenders and the frequency of chronic care visits.

Access to mental health services also varies. Compared with other offenders, inmates with mental illness spend disproportionate amounts of time assigned to units that are segregated from the rest of the prison population, where there is limited access to therapeutic mental health services. In addition, DOC operates a residential unit at the Oak Park Heights prison for offenders with serious mental illnesses, but this unit has faced challenges in providing therapeutic services in recent years. An increasing number of the unit’s residents have had behaviors that limit their ability to participate in treatment, and many require court orders allowing involuntary administration of medications.

Service timeliness was poorer for women inmates than men.

An important part of providing health care access is ensuring that services are timely. Consistent with DOC policy, nearly all offenders are screened within a day of their arrival at prison. DOC also requires in-depth exams within offenders’ first 30 days. In fiscal year 2013, 97 percent of initial physical examinations in men’s facilities occurred in the first month, compared with only 18 percent of physical exams for women.

Likewise, nearly all initial mental health examinations of male inmates occurred within the first 14 days in prison, but women’s initial mental health exams tended to be less timely. Ninety-nine percent of men’s initial dental exams occurred within the first 30 days in prison, while only about half of women’s dental exams complied with a policy requiring these exams within 120 days.

DOC's medical and mental health services are not subject to licensing or accreditation reviews.

Many inmates—especially women—have prescriptions for psychotropic medications. A psychiatrist should see offenders on such medications at least every 90 days, to monitor dosages and possible side effects. The percentage of women's psychiatric appointments that occurred within 90 days of the previous one was lower than the percentage for men.

The department does not have a health services staffing plan.

Professional standards and DOC policies require the development of a health services "staffing plan." This document would annually evaluate the number and type of positions needed and indicate how care would be provided if some positions are unfilled. The department's contract with its health services vendor specifies the weekly hours of service required by contractor staff. However, DOC staff provide more hours of health care services than the contractor, and there is no system-wide staffing plan.

Some staffing issues have been a source of concern. For example, only two of the eight prisons have nurses on duty 24 hours a day, 7 days a week. Inadequate consultation with medical personnel during overnight hours may have been a contributing factor in two inmate deaths in recent years, and such issues could be considered in a staffing plan.

Prison-based health services need additional oversight.

It is important to ensure that prison health care is skillfully provided by DOC and its health services contractor. Care can affect the quality and duration of individuals' lives, and lapses in care can expose the state to legal actions. Although DOC contracts for certain health care functions, the department is ultimately responsible for the health services provided to offenders in its facilities.

There is little external review of DOC's health services. DOC's correctional facilities are not licensed or accredited. Some DOC health care units provide services of the sort that would typically be licensed by the departments of Health or Human Services, but DOC units are not subject to such regulation. Minnesota no longer has an independent ombudsman to review inmate services and complaints. The state boards of Nursing and Medical Practices hear complaints filed by inmates about individual professionals, but these boards do not have jurisdiction to review certain types of cases.

Internal reviews of health services activities have also been insufficient. A DOC quality improvement committee was inactive for about two years, and past efforts to assess quality did not result in clear plans for improvement. A statutorily mandated DOC Peer Review Committee conducts mortality reviews following inmate deaths but does not examine quality of care in general. The mortality review reports are not public documents, and DOC has not systematically tracked implementation of recommendations from these reviews.

DOC's Health Services Unit should improve its own reviews of health services activities, but it also needs outside oversight. For specialized health services programs in DOC, the Legislature should require compliance reviews by the departments of Health and Human Services. In addition, the Legislature should consider (1) requiring DOC to license its facilities, (2) requiring DOC to seek accreditation, or (3) creating a correctional ombudsman. State law requires DOC to license "all correctional facilities" in the state, but DOC has interpreted the law as not requiring licensure of its own facilities.

Oversight of DOC health services would be particularly valuable if done

Most prisons do not have overnight health care staffing on site.

DOC should ensure that its policies and practices adequately reflect professional standards.

by health care experts, rather than by reviewers with more general backgrounds. Such expertise could come from an ombudsman with a medical review committee or an accrediting organization with specialized understanding of correctional health services.

Some management and financial issues need DOC or legislative attention.

DOC policy requires the department's Health Services Unit to develop measurable goals and objectives, with annual assessments of progress. The unit has not provided this type of strategic direction, nor has it systematically measured the performance of its services in achieving broad goals.

There are various areas in which DOC health services policies do not adequately reflect professional standards. For instance, DOC does not have a coherent policy addressing emergency medical treatment of offenders. Also, DOC policy allows longer times for some activities (such as completion of inmates' initial dental exams and preparation of mortality reviews) than suggested by professional standards. DOC should develop more comprehensive policies and review them regularly.

Health services in Minnesota prisons rely on a blend of DOC and contractor staff. These activities have not always been as integrated as they should be, but DOC's recent selection of a new contractor provides an opportunity for a fresh start. DOC collects detailed information on certain health care expenditures of the contractor, but it has not collected information on the contractor's actual overhead expenditures and profits. Such information could help DOC ensure that administrative costs and profit levels are reasonable.

The pharmaceutical prices paid by the health services contractor DOC used through 2013 may have been higher than necessary. On orders for which a comparison could be made, the prices paid in 2012 by DOC's contractor were, in aggregate, somewhat less favorable than those that would have been paid by a State of Minnesota pharmaceutical purchasing alliance.

State law requires inmates to pay \$5 copayments for health services visits. The law does not authorize exemptions from this general policy, but DOC has adopted various exemptions. Most of DOC's exemptions seem reasonable, such as exemptions for provider-initiated visits and mental health visits. However, the Legislature should clarify DOC's authority to adopt exemptions from the general statutory requirement.

Summary of Agency Response

In a letter dated February 7, 2014, Minnesota Commissioner of Corrections Tom Roy said: "The department believes many of the [OLA] recommendations will improve the delivery of offender health care and the department is committed to implementing them within the financial and physical plant constraints with which we are faced." He said DOC intends to seek accreditation by the American Correctional Association, which he said will address many of the evaluation's concerns. While DOC agreed with most of the recommendations, it disagreed that it should share information from mortality reviews with staff that provided care to the individuals who died.

The full evaluation report, *Health Services in State Correctional Facilities*, is available at 651-296-4708 or: www.auditor.leg.state.mn.us/ped/2014/prisonhealth.htm