

# LEGISLATIVE AUDIT DIVISION

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## MEMORANDUM

**TO:** Legislative Audit Committee Members  
**FROM:** Amber Robbins, Senior Performance Auditor  
**Cc:** Reginald Michael, Director, Department of Corrections  
**DATE:** July 2018  
**RE:** Performance Audit Follow-up (18SP-07): Oversight of Crossroads Correctional Center (orig. 15P-03)  
**ATTACHMENTS:** Original Performance Audit Summary

### Introduction

In December 2016, we presented our performance audit of *Oversight of Crossroads Correctional Center* to the Legislative Audit Committee. The audit included three recommendations to the Department of Corrections (department). We conducted follow-up work to assess the department's progress in implementing the audit's recommendations. This memorandum summarizes the results of our follow-up work in addition to presenting background information on the nature of the oversight of Crossroads Correctional Center (CCC) by the department.

### **Overview**

Audit work identified the need for the department to better define the expectations for on-site oversight monitoring activities in the areas of staffing, health care services, and food service. Audit work also found the department should analyze health services data from CCC and identified the need for a regular review of the CCC menu by an independent dietitian and enforcement of corrective action when deficiencies are identified. While follow-up work indicated the department has taken positive steps to implement the audit's recommendations, not all recommendations have been implemented completely. Our performance audit contained three recommendations to the department. Based on our follow-up work, the department has implemented the first audit recommendation, partially implemented the second recommendation, and is in the process of implementing the third recommendation.

### Background

The department assigns offenders to correctional facilities throughout the state, one of which is the privately-operated prison for adult male offenders in Shelby, Crossroads Correctional Center. The department currently houses around 550 state inmates at CCC and defines the requirements for incarceration of state inmates in the facility in its contract with the private contractor, which is set to expire June 30, 2019. The contract specifies requirements in many areas, such as staffing, security, health services, food service, and access by the department. The department pays the contractor a per diem rate that changes annually in consideration of the services provided. The per diem rate during the audit for fiscal year 2017

was \$64.73 per state inmate per day. The primary mechanisms used by the department to monitor conditions at CCC and compliance with the contract are an on-site department contract monitor, an annual licensing process by the department, local inspections, independent accreditations, and an inmate grievance system.

### **Audit Follow-up Results**

Our performance audit report contained three recommendations to the department in the areas of staffing, health services, and food service. As part of follow-up work, we made an unannounced visit to CCC. We also examined department materials, such as the post order for the on-site contract monitor and department reports regarding licensure inspections, menu assessments, and health care services analyses. Follow-up work also included interviews with both department staff and contractor staff to obtain their perspective on the progress made to implement the audit recommendations. The following summarizes information relating to follow-up work and the implementation status of recommendations.

#### **RECOMMENDATION #1:**

**We recommend the Department of Corrections improve oversight of Crossroads Correctional Center security staffing by defining the expectations for on-site oversight activities including the type, frequency, extent, and documentation necessary to verify mandatory security staffing levels are being met.**

#### **Implementation Status – Implemented**

Our performance audit identified limitations in the department's monitoring of staffing at CCC, primarily a lack of defined expectations for on-site contract monitoring activities. In response to the audit, the department drafted a post order for its on-site contract monitor, which became effective in December 2016. The post order outlined the department's expectations for the contract monitor, including the duties and responsibilities of the position. The post order also provided detail on what the contract monitor should review during daily walk-throughs and visual inspections within CCC, some of which are related to staffing. For example, the post order required the contract monitor to inspect shift rosters from CCC at least twice per week to ensure the correct staff are in each post and that mandatory posts are filled. The contract monitor is required to report any issues identified in a monthly monitoring report to the department. The department's Contract Placement Bureau Chief also visits CCC at least monthly and verifies shift roster checks are taking place by the contract monitor and are being properly documented. As part of follow-up work, we reviewed seven monthly monitoring reports from the contract monitor. None of the seven reports indicated any items of concern in filling mandatory posts at CCC. Interviews with department and contractor staff indicated there have been no instances in which mandatory posts were not being filled at CCC since the audit. Additionally, we conducted an unannounced visit to CCC in May 2018. During our visit, we used the live shift roster to verify that individuals scheduled to staff the mandatory posts in the housing units were present and were the individuals listed on the schedule. We also observed examples of the documentation supporting shift roster checks conducted by the on-site contract monitor. Based on our follow-up work, we determined the department has implemented the first recommendation from the audit report.

#### **RECOMMENDATION #2:**

**We recommend the Department of Corrections enhance oversight of health care services at Crossroads Correctional Center by:**

- A. Defining and implementing the expectations for on-site oversight activities to include verification of compliance with basic access and timeliness requirements, and**

**B. Analyzing health services data from the facility and making comparisons with other public correctional facilities.**

**Implementation Status – Partially implemented**

Our performance audit identified a lack of defined expectations for on-site monitoring activities related to health care services and the need for analyzing health services data and making comparisons with public correctional facilities. After the audit, the department's Clinical Service Division worked with the contract monitor to determine what items related to health care needed to be reviewed and included as part of the monthly monitoring report. Department staff indicated Clinical Services is receiving these reports on a more consistent basis than prior to the audit. The post order for the department's contract monitor also included more detailed expectations for medical process reviews. For example, the post order requires the contract monitor to review at least five hard copy inmate health care request forms per week. During an unannounced visit to CCC in May 2018, the contract monitor showed us the process for selecting and reviewing health care requests. The contract monitor selects five health care requests from the facility's sick call log. Documentation is then obtained from the medical department at CCC for those requests to review the dates the inmate was responded to or seen by the medical unit. If an inmate is found to have not been seen within the required timelines, the contract monitor is expected to include the reason in the monthly report. None of the monthly monitoring reports we reviewed during follow-up work indicated any issues specific to access or timeliness of health care.

Additionally, the department has implemented a process to receive and review quarterly reports, called Continuous Quality Improvement (CQI) reports. CQI reviews are required to be accredited through the National Commission on Correctional Health Care (NCCHC). Both CCC and the Montana State Prison are accredited through the NCCHC. These CQI reports include information on various health care processes at CCC and allow the department to provide suggestions for improvement. Some of these CQI health care reviews include analyzing data, such as wait times in the waiting room. Health care reviews are also part of the department's annual licensing of the facility. Staff from Clinical Services now take part in the inspection, typically lasting two or three days. The inspection of health care by the department includes activities such as reviewing health care staffing schedules, staff training, and inmate health care requests and records. While the department reviews monthly contract monitoring reports, CQI reports, and participates in the annual licensing process, the department does not compare health services data from CCC with other facilities as we recommended to the department. Rather, the department perceives more value in comparing CCC to standards from the NCCHC. Department officials indicated they perceived little value in comparing CCC to public correctional facilities, such as the Montana State Prison, when both facilities are accredited and meet the same industry standards. However, the Association of State Correctional Administrators manual on monitoring privately-provided correctional services indicates that comparisons of private facilities with public facilities is one of the most effective monitoring techniques. Comparison of data between CCC and public facilities would allow the department to determine how health services at CCC measure against health services in state-run facilities.

**RECOMMENDATION #3:**

**We recommend the Department of Corrections strengthen its oversight of food service provided at Crossroads Correctional Center by:**

- A. Defining the expectations for on-site contract monitoring activities and the documentation of those activities,**
- B. Requiring regular reviews of the menu by a qualified independent dietitian, and**
- C. Defining, enforcing, and documenting the corrective action process for when deficiencies with food service are identified.**

### **Implementation Status – Being Implemented**

During the audit, we identified a lack of defined expectations in the on-site monitoring of food service. In response to the audit, the department has defined its expectations for on-site monitoring related to food service in the post order for the on-site contract monitor. For example, the post order requires the contract monitor to conduct a taste test at least twice monthly and to conduct a visual inspection at least twice monthly, in addition to reviewing food item temperatures and food inventories. As part of audit work, we conducted an unannounced visit to CCC in May 2018 and ate the lunch being served to the inmates that day. The meal consisted of Salisbury steak, mashed potatoes and gravy, two slices of white bread, butter, peas, and pudding. As was the case in the original audit, we did not identify any issues with the taste or temperature of the meal.

The audit also found the nutritional content of the CCC menu was not being reviewed frequently by the department's dietitian. Rather, the department was relying on reviews by the food service contractor's dietitian. The department now requires its dietitian to assess the nutritional content of the CCC menu annually, prior to the department's annual licensing inspection of the facility. The department dietitian's most recent review of the CCC menu took place in November 2017. In the review, the dietitian identified several areas of needed nutritional improvement in the CCC menu, including a high ratio of carbohydrate-based foods, low dietary fiber, high sodium, and low potassium. The food service contractor at CCC has since revised its menu as part of CCC's corrective action plan. The department dietitian has subsequently reviewed the revised CCC menu and found that not all deficiencies were addressed. For example, the dietitian found the amount of dietary fiber offered in the revised CCC menu had remained unchanged. The department indicated it is currently in the process of enforcing compliance with the department dietitian's recommendations to address remaining deficiencies in the revised menu. It is not clear when this recommendation will be fully implemented, but we believe the department is making a good faith effort to fully implement the recommendation.