

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report - Issued February 2, 2024

Bristol County Sheriff's Office—A Review of Healthcare and Inmate Deaths

For the period July 1, 2020 through June 30, 2022



OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

February 2, 2024

Paul Heroux, Sheriff
Bristol County Sheriff's Office
400 Faunce Corner Road
Dartmouth, MA 02747

Dear Sheriff Heroux:

I am pleased to provide to you the results of the enclosed performance audit of the Bristol County Sheriff's Office. As is typically the case, this report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2020 through June 30, 2022. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Bristol County Sheriff's Office. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team have any questions.

Best regards,



Diana DiZoglio
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

BCSO	Bristol County Sheriff's Office
CMR	Code of Massachusetts Regulations
EHR	Electronic Health Record
ICE	Immigration and Customs Enforcement
MERF	Medical Encounter Request Form
OCME	Office of the Chief Medical Examiner
OMS	Offender Management System
SIU	Special Investigations Unit

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of the Bristol County Sheriff's Office (BCSO) for the period July 1, 2020 through June 30, 2022.

The purpose of our audit was to determine the following:

- whether BCSO complied with and implemented the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and Section 12.08.07 (Death of an Inmate) of BCSO's Policy 12.08.00 (Terminal Illness, Advance Directives and Death) regarding the deaths of inmates in its custody;¹
- whether BCSO held quarterly meetings with its contracted healthcare provider and reviewed quarterly reports regarding healthcare services for inmates in accordance with 103 CMR 932.01(3);
- whether BCSO provided its inmates with intake medical screenings upon admission and a physical examination and initial health assessment within 14 days after admission, in accordance with Sections 12.02.04 (Intake Medical Screenings Procedures) and 12.02.06 (Comprehensive Physical Examination and Health Assessment) of BCSO's Policy 12.02.00 (General Inmate Medical Procedures); and
- whether inmates at BCSO received medical care after submission of a sick call request form in accordance with Section 12.02.09 (Clinical Services) of BCSO's Policy 12.02.00.

Below is a summary of our finding and recommendation, with links to each page listed.

Finding 1 Page 16	BCSO did not ensure that Sick Call / Medical Encounter Request Forms (MERFs) contained all information and that sick calls were triaged on time.
Recommendation Page 17	BCSO should implement effective monitoring controls (i.e., policies and procedures) over its sick call process and it should conduct periodic evaluations of its internal controls to ensure that its contracted healthcare provider includes all information on MERFs and triages sick calls on time.

1. BCSO told us that if an inmate is in custody, it means that BCSO has the authorization from a court to incarcerate an inmate until the court orders their release. A death in custody is one that occurs during this period of incarceration.

OVERVIEW OF AUDITED ENTITY

The Bristol County Sheriff's Office (BCSO) was established as an independent state agency on August 6, 2009, pursuant to Chapter 61 of the Acts of 2009. According to Section 4 of this chapter,

All functions, duties, and responsibilities of the office of a transferred sheriff pursuant to this act including, but not limited to, the operation and management of the county jail and house of correction and any other statutorily authorized functions of that office, are hereby transferred from the county to the commonwealth.

The transition was completed on January 1, 2010. The Sheriff became an employee of the Commonwealth but remained an elected official and retained administrative and operational control over BCSO. Under the Sheriff's direction, superintendents administer BCSO operations at BCSO facilities.

According to BCSO's internal control plan,

The Bristol County Sheriff's Office is an organization of public safety professionals committed to serve and protect the people of Bristol County. The Bristol County Sheriff's Office holds itself accountable to the principles of integrity, professionalism, compassion and teamwork.

BCSO operates the Bristol County House of Correction and Jail at 400 Faunce Corner Road in North Dartmouth. This multibuilding facility was opened in 1990 and can hold approximately 1,200 inmates. This facility is used for the care and custody of pretrial and sentenced inmates. This facility was also used to house federally arrested individuals² who were undergoing deportation proceedings with United States Immigration and Customs Enforcement (ICE); however, on May 20, 2021, ICE terminated its contract with BCSO and transferred the federally arrested individuals from BCSO to an ICE facility in Plymouth County. In 2002, the Bristol County House of Correction and Jail opened the Women's Center, which is used for the care and custody of its female inmates.

BCSO also operates the Ash Street Jail and Regional Lock-Up at 226 Ash Street in New Bedford. This building was built in 1888 and can hold approximately 200 inmates. This is the location of its regional lock-up facility, where Bristol receives and holds regionally arrested individuals³ from state and local police agencies until the individual's court date.

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2. A federally arrested individual is a person who has been arrested by a federal law enforcement department. BCSO's facility holds the individual before they appear in court.
 3. A regionally arrested individual is a person who has been arrested by a local law enforcement department. BCSO's facility holds the individual before they appear in court.

As of June 30, 2022, there were 713 inmates in BCSO's custody, including six regionally arrested individuals, 480 pretrial inmates, and 227 sentenced inmates.

As of June 30, 2022, BCSO had 700 employees (which includes 536 correctional officers) who supervised and cared for the inmates in BCSO's custody. BCSO's annual state appropriation was approximately \$54.2 million both in fiscal year 2021 and in fiscal year 2022. BCSO also received the following funding to support its programs for these fiscal years.

Program	Fiscal Year 2021	Fiscal Year 2022	Total ¹
Opioid Use Disorder	\$ 274,698	\$ 338,736	\$ 613,434
Adult Basic Education	144,803	180,942	325,745
Second Chance Act¹	63,820	255,279	319,099
Skills Capital Grant²	189,034	110,251	299,285
Title I Neglected or Delinquent Students³	140,711	129,043	269,754
State Criminal Alien Assistance⁴	107,568	107,568	215,136
Residential Substance Use Disorder	74,100	78,100	152,200
Litter Detail⁵	28,825	57,414	86,239
Safe and Successful Youth Initiative⁶	41,395	34,496	75,891
Project ROAR⁷		19,600	19,600
Total	<u>\$ 1,064,954</u>	<u>\$ 1,311,429</u>	<u>\$ 2,376,383</u>

1. The Second Chance Act assists inmates and their families in various ways, such as by facilitating healthy interactions, offering parenting education, and providing guidance for reentry into the community.
2. The Skills Capital Grant provides funds to eligible schools and institutions to buy technical equipment.
3. The Title I Neglected or Delinquent Students program helps inmates under the age of 21 obtain a high school diploma if they do not have one.
4. The State Criminal Alien Assistance is a program that reimburses correctional facilities for expenses related to undocumented federally arrested individuals.
5. The Litter Detail involves a contract with the Massachusetts Department of Transportation, where inmates help maintain the cleanliness of local highways.
6. The Safe & Successful Youth Initiative provides reentry services to inmates under the age of 21.
7. Project ROAR is a reentry program that provides inmates with case management services before and after release (for up to one year).

The Commonwealth was reimbursed for services that BCSO provided to house and transport federally arrested individuals before the termination of its contract with ICE. This reimbursement came in the amounts of \$828,111 for housing services and \$795,042 for transportation services, for a total of \$1,623,153 in fiscal year 2021.

According to BCSO's *Facility Narrative*, BCSO offers inmates⁴ at both facilities the following programs and services:

- education programs, including courses such as adult basic education, civics, and mathematics;
- substance use disorder programs, including recovery groups, substance use disorder recurrence prevention, and cognitive behavior therapy;
- religious services for inmates who follow Islam, Judaism, Wicca, and Christianity, among other religions;
- social and rehabilitative services, which focus on topics such as anger management, basic life skills, human immunodeficiency virus education, grief and loss support groups, and mental health education;
- vocational programs, including small engine repair, automotive, culinary arts, and food safety and sanitation;
- reentry and health services, including a veteran support group, parenting education, support groups for topics such as human immunodeficiency virus and domestic violence; and
- prerelease work programs, including highway litter control, graffiti removal, and community assistance with projects like landscaping and leaf removal.

BCSO also has healthcare service contracts in place with a healthcare provider, Correctional Psychiatric Services, to provide all inmates with behavioral assistance. The *Facility Narrative* states that the Dartmouth Behavioral Unit (for male inmates) and the Women's Behavioral Unit (for female inmates) provides the following:

Specialized placement for those inmates who engage in repeated disruptive and self-harming behaviors that impairs daily functioning in general population and segregation. [Both units] provide enhanced mental health treatment and behavioral interventions to inmates who demonstrate an ability to maintain behavioral control, engage in self-injurious and/or obtain frequent disciplinary sanctions.

Offender Management System

BCSO uses a system called the Offender Management System (OMS) to track and manage information on inmates in its custody. The information maintained in the system includes inmates' names, genders,

4. For the purposes of this audit report, we use the term inmate to refer to regionally arrested individuals, federally arrested individuals, pretrial inmates, and sentenced inmates (unless stated otherwise).

ethnicities, dates of birth, Social Security numbers, booking numbers,⁵ booking dates, release dates, release types,⁶ commitment identification numbers,⁷ and in-custody housing assignments.⁸ During the process of admitting an inmate, one of BCSO's booking officers enters information from a mittimus⁹ into OMS.

Electronic Health Record System

BCSO uses the Electronic Health Record (EHR) system, a web-based medical record system administered by BCSO's contracted healthcare provider, to manage inmates' medical records, appointment scheduling, and off-site healthcare.

Inmate Deaths

Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR) requires agencies with county correctional facilities, such as BCSO, to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or facility employees. According to Section 12.08.07 (Death of an Inmate) of BCSO's Policy 12.08.00 (Terminal Illness, Advance Directives and Death), in the event of an inmate's serious illness, injury, or death while in BCSO's custody, at least one of the officers on duty notifies the security team and BCSO's medical response team, which includes the medical director and staff members of the contracted healthcare provider, to assist and administer first aid, if appropriate. While this happens, the medical director informs the Southcoast Emergency Medical Services Department of the situation so that it can report to BCSO's facility to provide emergency medical aid and/or transportation to the hospital. This lifesaving assistance continues until either the inmate's condition improves or a physician at the hospital calls the inmate's time of death.

In the event of an inmate's death, the officer on duty notifies select BCSO personnel, which includes its Sheriff, superintendent, watch commander, and Special Investigations Unit (SIU), as well as the health

5. A booking number is a unique number assigned by BCSO to an inmate upon their admission to the Bristol County House of Correction and Jail. A new booking number is generated upon every unique admission to the facility.

6. The release type is the way in which an inmate is discharged from a facility, such as bail, death, parole, or completion of their sentence.

7. A commitment identification number is a unique number assigned by BCSO to an inmate. It follows the inmate through their time (which includes any recommitment) in one of BCSO's facilities. The commitment identification number in OMS transfers to and matches a personal identification number in the Electronic Health Record system.

8. A housing assignment is an inmate's specific unit, cell, and bed within one of BCSO's facilities.

9. A mittimus is a written, court-issued document that follows an inmate through their time in the criminal justice system.

service administrator¹⁰ and the medical director, of the death. SIU then notifies the Office of the Chief Medical Examiner (OCME), the Massachusetts State Police, and the Bristol County District Attorney's Office, while the superintendent (or their designee) notifies the inmate's next of kin of the inmate's death.

Once the Massachusetts State Police arrives at BCSO, they, alongside SIU, secure the scene of the incident and conduct an investigation to determine the cause and manner of death. While the Massachusetts State Police handles the investigation, OCME conducts a postmortem exam.¹¹ After this, OCME completes and signs the death certificate, then releases the body to the inmate's next of kin.

Following the death of an inmate, involved staff members must submit an incident report to the watch commander by the end of their shift on the day of the incident. Any treatment and/or lifesaving measures that were taken are documented in the inmate's medical record. SIU may also conduct an internal investigation while assisting outside law enforcement's investigation. The chief of special investigations submits a written investigative report (which includes details from the logbook¹² entries of round(s)¹³ leading up to an incident) to the Sheriff at the conclusion of an internal investigation.

After an inmate's death by suicide, the health service administrator convenes a mortality review¹⁴ within 30 days. This procedure is considered complete when OCME provides BCSO with an autopsy report. BCSO's superintendent and medical director, along with the health service administrator, review recommendations resulting from the mortality review.

Healthcare Services

The contract "Agreement for Inmate Medical Services" between BCSO and its contracted healthcare provider, dated July 2019, outlines the following responsibilities for BCSO's contracted healthcare provider:

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10. According to BCSO's Policy 12.02.00 (General Inmate Medical Procedures), the health service administrator is an employee of the designated contracted healthcare provider who "is responsible for the overall, daily management of the inmate health care system, as well as for all contracted health care personnel." During our audit period, this role was filled by an employee from the contracted healthcare provider.
 11. A postmortem exam is an examination of the deceased's body to determine the cause of death.
 12. The logbook catalogs the different activities or occurrences (e.g., routine rounds or responses to inmate calls) that occurred during a shift.
 13. Rounds are routine routes taken by officers to count inmates and check on their wellbeing.
 14. According to BCSO's Policy 12.08.00 (Terminal Illness, Advance Directives and Death) and discussions with BCSO's management, a mortality review consists of clinical and psychological reviews regarding an inmate's death by suicide. The purpose of the review is to assess the clinical care provided, the circumstances leading up to the inmate's death, and staff member emergency responses.

Provider, [in this case, Correctional Psychiatric Services] for and in consideration of the compensation hereinafter set forth, covenants and agrees to provide professional comprehensive health services to all pretrial and sentenced inmates, ICE detainees or prisoners confined in the correctional and detention facilities operated by [BCSO], including but not limited to all types of medical, mental health, dental, laboratory, pharmaceutical, hospitalization/in-patient care, outpatient/medical clinic care. . . .

BCSO's "Agreement for Inmate Medical Services" with its contracted healthcare provider also states that BCSO may conduct a comprehensive audit to monitor the contracted healthcare provider's quality of performance. This audit consists of reviewing medical, dental, and mental health services to ensure that the contracted healthcare provider (1) meets or exceeds the standards as required by both the National Commission on Correctional Health Care and the American Correctional Association and (2) fully complies with all requirements set by the Massachusetts Department of Correction and all other professional or regulatory standards. BCSO is also required to monitor and review the contracted healthcare provider's staffing level. The contracted healthcare provider's failure to meet or maintain compliance with the contract will result in financial penalties.

Quarterly Meetings

According to 103 CMR 932.01(3),

The county correctional facility [in this case, BCSO] shall require that the health authority [in this case, the contracted healthcare provider] meet with the Sheriff/facility administrator or designee at least quarterly and submit the following:

- (a) quarterly reports on the health care delivery system and health environment; and*
- (b) annual statistical summaries.*

The statistical summary, as referenced in the above regulation, contains data related to inmate health records and provides a comprehensive overview of medical services delivered to inmates during the year.

The contracted healthcare provider documents and maintains meeting minutes. These meetings cover quality improvement, emergency drills, mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at BCSO.

Intake Medical Screening

According to Section 12.02.04 (Intake Medical Screenings Procedures) of BCSO's Policy 12.02.00 (General Inmate Medical Procedures), an intake medical screening is performed by a qualified healthcare

professional on each inmate within 24 hours of the inmate's admission at the BCSO facility to ensure that their health needs are identified and addressed. The screening consists of a questionnaire and observation to identify potential emergencies and to ensure that newly admitted inmates' illnesses, health needs, and medications are identified for further assessment and continued treatment while in custody.

All findings of the intake medical screening are recorded electronically in the EHR system, specifically on the Receiving Screening Form, which is then approved by a qualified healthcare professional.

When needed, BCSO provides special accommodations, such as the use of a translation service, to ensure that any inmate who may have difficulty communicating with a qualified healthcare professional understands how to access healthcare services.

Physical Examination and Initial Health Assessment

According to Section 12.02.06 (Comprehensive Physical Examination and Health Assessment) of BCSO's Policy 12.02.00, each inmate committed to the facility receives a thorough physical examination within 14 days after admission, unless there is documented evidence of an examination within the previous three months. The initial health assessment is completed by a qualified healthcare professional and includes, but is not limited to, reviewing the inmate's medical record, examining the inmate for any signs of trauma or disease, conducting laboratory and/or diagnostic tests, and reviewing findings and any follow-up services with inmates who require further treatment. This qualified healthcare professional records the initial health assessment in the inmate's electronic medical record on the health assessment form in the EHR system, which is then reviewed and approved by a higher-level qualified healthcare professional. In addition, inmates have the right to refuse the entire initial health assessment, or any portion of it.

Sick Call Requests

According to Section 12.02.09 (Clinical Services) of BCSO's Policy 12.02.00,

Sick call is the process whereby an inmate can initiate a request for health care services on a daily basis. An inmate's access to sick call is considered a right, not a privilege. Inmates shall have reasonable access to a health care practitioner during a scheduled sick call. An inmate's custody status shall not preclude their accessibility to participate in scheduled sick call.

To request access to healthcare, an inmate completes a Sick Call / Medical Encounter Request Form (MERF) with the following information: the type of service requested (medical, dental, or mental health); the nature of the problem or request; their personal information, including their name, patient

identification number, date of birth, housing unit; and their signature and the date. The inmate then submits the MERF by putting it in a designated, secure lockbox (one of which is located in each housing unit). A member of the contracted healthcare provider picks up MERFs daily to evaluate and triage each request within 24 hours. Qualified healthcare professionals provide treatment according to clinical priorities and schedule follow-up appointments as needed. A face-to-face meeting with a qualified healthcare professional is required within 72 hours upon receipt of a MERF. All MERFs that are triaged as emergent are responded to immediately; health concerns that are beyond the responding qualified healthcare professional's expertise are then referred to the most appropriate contracted healthcare provider. Throughout this process, each inmate's individual medical file (including progress notes¹⁵) is maintained in the EHR system.

15. Progress notes are records of the encounters that occur between the contracted healthcare provider and an inmate.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Bristol County Sheriff's Office (BCSO) for the period July 1, 2020 through June 30, 2022.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

Objective	Conclusion
1. Did BCSO comply with and implement the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and Section 12.08.07 (Death of an Inmate) of BCSO's Policy 12.08.00 (Terminal Illness, Advance Directives and Death) regarding the deaths of inmates in its custody?	Yes
2. Did BCSO hold quarterly meetings with its contracted healthcare provider and review quarterly reports regarding healthcare services for inmates in accordance with 103 CMR 932.01(3)?	Yes
3. Did BCSO provide its inmates with intake medical screenings upon admission and a physical examination and initial health assessment within 14 days after admission, in accordance with Sections 12.02.04 (Intake Medical Screenings Procedures) and 12.02.06 (Comprehensive Physical Examination and Health Assessment) of BCSO's Policy 12.02.00 (General Inmate Medical Procedures)?	Yes
4. Did inmates at BCSO receive medical care after submission of a sick call request form in accordance with Section 12.02.09 (Clinical Services) of BCSO's Policy 12.02.00?	No; see Finding <u>1</u>

To accomplish our objectives, we reviewed BCSO's internal control plan and applicable policies and procedures, conducted site visits, and interviewed BCSO's management. In this way, we gained an understanding of BCSO's internal control environment in areas relevant to the audit objectives. We evaluated the design and implementation of the internal controls related to our audit objectives. We also tested the operating effectiveness of internal controls (specifically, supervisory review) for intake medical

screenings. To obtain sufficient, appropriate evidence to address our objectives, we conducted the following audit procedures.

Inmate Deaths

We inspected the list of inmate deaths that occurred during the audit period, which BCSO management provided to us. This list included three inmates who died in BCSO's custody on August 25, 2021, October 23, 2021, and October 28, 2021, and whose causes of death were reported as suicide (two) and natural causes (one). To determine whether BCSO complied with 103 CMR 932.17(2) and Section 12.08.07 of BCSO's Policy 12.08.00 regarding the deaths of inmates in its custody, we performed the following procedures:

- We inspected Section 12.08.07 of BCSO's Policy 12.08.00 to determine whether BCSO had guidelines that include the following requirements listed in 103 CMR 932.17(2):
 - (a) internal notification to include medical and administrative staff;*
 - (b) procedures when discovering body;*
 - (c) disposition of the body;*
 - (d) notification of next of kin;*
 - (e) [Criminal Offender Record Information] notification [sent to victim(s) of an inmate] as soon as practicable [when such notification is necessary];*
 - (f) investigation of causes;*
 - (g) reporting and documentation procedures;*
 - (h) procedure for review of incident by appropriate designated staff with a final report submitted to all appropriate parties.*
- To determine whether BCSO complied with and implemented the requirements of 103 CMR 932.17(2) and Section 12.08.07 of BCSO's Policy 12.08.00 regarding the three in-custody deaths that occurred during the audit period, we performed the following procedures:
 - We examined each BCSO incident report submitted by all BCSO responding contracted healthcare providers and witnesses to the inmates' deaths to ensure that medical and administrative staff members were notified about the deaths, including the superintendent and the Special Investigations Unit (SIU).
 - We examined each BCSO incident report and each investigative report corresponding to each death to ensure that the responding contracted healthcare provider documented the lifesaving measures and notified the appropriate parties about the inmate's condition.

- We examined each death certificate from the Office of the Chief Medical Examiner (OCME) and any applicable email correspondence from SIU to BCSO's superintendent to ensure that BCSO notified OCME of the inmate's death.
- We examined each BCSO incident report and any applicable email correspondence to ensure that the superintendent (or their designee) notified each deceased inmate's next of kin.
- We examined the victim notification registry from the Criminal Justice Information System to ensure that, if applicable, BCSO sent a Criminal Offender Record Information notification¹⁶ to any victim(s) of each inmate as soon as possible.
- We examined each BCSO incident report and each investigative report to ensure that SIU performed an investigation of the cause(s) of death.
- We examined each death report generated by the Offender Management System (OMS), each BCSO incident report, and each investigative report to ensure that BCSO complied with CMR and BCSO's policy on reporting and documentation procedures related to each death.
- We examined each SIU investigative report, each incident report, and each morbidity and mortality review to ensure that appropriate staff members reviewed the circumstances surrounding the inmate's death and that a final report was submitted to all appropriate parties.

We noted no exceptions in our testing. Therefore, we determined that BCSO complied with and implemented the requirements of 103 CMR 932.17(2) and Section 12.08.07 of BCSO's Policy 12.08.00 regarding the deaths of inmates in its custody during the audit period.

Quarterly Meetings

To determine whether BCSO held quarterly meetings with its contracted healthcare provider and reviewed quarterly reports in accordance with 103 CMR 932.01(3) and BCSO's policies, we examined the minutes of 100% (eight) of the quarterly meetings that took place during the audit period between BCSO and its contracted healthcare provider. In addition, we inspected 100% (eight) of the quarterly reports discussed in each of the quarterly meetings, which covered topics such as audits and accreditation, staffing levels, infection control reports, significant inmate injuries, grievances, suicide attempts, deaths, mental health concerns, and high-risk inmates. We also inspected the contents of 100% (three) of the annual statistical summaries that the contracted healthcare provider submitted to BCSO during the audit

16. Criminal Offender Record Information notifications are made to victims of the inmate regarding a change of status, such as the inmate's release or death.

period. We also examined the program attendance sheets, signed by meeting attendees from both BCSO and its contracted healthcare provider.

We noted no exceptions in our testing. Therefore, we determined that BCSO held quarterly meetings with the contracted healthcare provider and reviewed quarterly reports in accordance with 103 CMR 932.01(3) during the audit period.

Intake Medical Screenings and Health Assessments

To determine whether BCSO provided its inmates with intake medical screenings within 24 hours of each inmate's admission and initial health assessments within 14 days after admission in accordance with Sections 12.02.04 and 12.02.06 of BCSO's Policy 12.02.00, we selected a random, statistical sample using a 95% confidence level, 0% expected error rate, and a 5% tolerable error rate. Our sample consisted of 60 inmates out of a total population of 15,509 inmates who were admitted to either the Bristol County House of Correction and Jail or the Ash Street Jail and Regional Lock-Up during the audit period. Using our sample, we performed the following procedures:

- We examined each inmate's Receiving Screening Form to verify the date and time it was completed and signed by a qualified healthcare professional. We then compared the date of each inmate's admission to the date the receiving screening was completed to determine whether BCSO complied with its policy.
- We calculated the number of days each inmate was committed at either the Bristol County House of Correction and Jail or the Ash Street Jail and Regional Lock-Up by comparing the inmate's admission date and release date to determine whether the inmate required an initial health assessment. We examined the initial health assessment form and verified the date and time a qualified healthcare professional completed the initial health assessment. We then calculated the number of days between each inmate's admission date and the date their initial health assessment was completed to determine whether BCSO complied with its policy.

We noted no exceptions in our testing. Therefore, we determined that during the audit period, BCSO provided each of its inmates with an intake medical screening within 24 hours of each inmate's admission and an initial health assessment within 14 days after admission, in accordance with BCSO's Policy 12.02.00.

Sick Call Requests

To determine whether inmates received medical care after they submitted a Sick Call / Medical Encounter Request Form (MERF) in accordance with Section 12.02.09 of BCSO's Policy 12.02.00, we selected a

random, statistical sample using a 95% confidence level, 0% expected error rate, and a 5% tolerable error rate. Our sample consisted of 60 MERFs out of a total population of 17,245 MERFs that inmates submitted during the audit period. Using our sample, we performed the following procedures:

- We examined each MERF and documented the date the form was completed by the inmate and the date it was signed by the contracted healthcare provider (which indicates that the medical care was provided). We then calculated the number of days between the submission date of each MERF and the date the contracted healthcare provider reviewed the MERF to determine whether the sick call request was triaged within 24 hours after its receipt.
- We examined each MERF and the corresponding Electronic Health Record (EHR) system progress notes to determine whether the contracted healthcare provider reviewed the MERF for the immediacy of needed intervention and provided required intervention.
- We examined each progress note in the EHR system and documented the dates of face-to-face meetings between the inmates and the contracted healthcare provider. We then calculated the number of days between the date the contracted healthcare provider received the MERF and the date a face-to-face meeting was held to determine whether a face-to-face meeting occurred within 72 hours.
- We examined each progress note in the EHR system and determined whether the qualified healthcare professional suggested a treatment and referred problems beyond their expertise to a more appropriate qualified healthcare professional, either internal or external as needed.

Based on the results of the testing performed, we determined that during the audit period, BCSO inmates did not consistently receive medical care after submission of a sick call request in accordance with Section 12.02.09 of BCSO's Policy 12.02.00. Please see Finding 1 for more information.

Data Reliability Assessment

OMS

To assess the reliability of the inmate data that we obtained from OMS, we interviewed BCSO's information technology employees who oversee the system. We tested general information technology controls (e.g., access and security management controls). We selected a random sample of 20 inmates from the list of inmates in OMS and compared the inmates' information from this list (i.e., their full name, date of birth, booking date, and sex) to the information in one of the original source documents (e.g., the mittimus, probation warrant, arrest report, or warrant from the state police) for agreement. We also selected a random sample of 20 hard copies of the mittimuses and compared the inmates' information from the mittimuses (i.e., their full name, date of birth, booking date, and sex) to the OMS new inmate admission data for agreement. In addition, we compared OMS

new inmate admission data to OMS inmate census data and tested the OMS new inmate admission data of 15,509 inmates for duplicate records. We reconciled the list of in-custody deaths from OMS with the list provided to us by OCME.

Based on results of the data reliability procedures described above, we determined that the OMS data was sufficiently reliable for the purposes of our audit.

EHR System

To assess the reliability of the sick call data that we obtained from the EHR system, we interviewed officials (from BCSO and its contracted healthcare provider) who were knowledgeable about the data. We tested general information technology controls (e.g., access and security management controls). In addition, we compared the inmate information contained in the sick call data from the EHR system to the inmate's booking information in OMS. We also tested the sick call data for any worksheet errors (i.e., hidden objects such as rows, headers, and other content) and for sick call requests that were submitted outside of the audit period.

To confirm the completeness and accuracy of the sick call data in the EHR system, we selected a random sample of 20 records in the sick call data in the EHR system and compared the information in the data (i.e., the inmate's name, their patient identification number, the date of the sick call request, and the date of service by the contracted healthcare provider) to the information on the hardcopy MERFs for agreement. We also selected a random sample of 20 hardcopies of MERFs and traced the information on the forms (i.e., the inmate's name, their patient identification number, the date of the sick call request, and the date of service by the contracted healthcare provider) back to the sick call data in the EHR system.

Based on results of the data reliability assessment procedures described above, we determined that the EHR system data was sufficiently reliable for the purposes of our audit.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Bristol County Sheriff's Office did not ensure that Sick Call / Medical Encounter Request Forms contained all information and that sick calls were triaged on time.

The Bristol County Sheriff's Office (BCSO) did not ensure that Sick Call / Medical Encounter Request Forms (MERFs) contained all information and that sick calls were triaged on time. During the audit period, there were 17,245 sick call requests submitted by the inmates at BCSO's facilities. In our testing, we selected a random, statistical sample of 60 MERFs and found that 7 MERFs did not indicate the date they were received by the contracted healthcare provider and that 21 MERFs did not have a triage date. Because of this, we could not determine whether each inmate was seen by a contracted healthcare provider within the required timeframe.

In addition, out of our sample of 60 MERFs, we found that 4 MERFs did not indicate the immediacy of needed intervention, while 1 sick call was not triaged within 24 hours.

If BCSO does not ensure that MERFs contain all information and that sick calls are triaged on time, then there is a higher-than-acceptable risk that some inmates may not have their healthcare issues properly resolved in a timely manner or at all.

Authoritative Guidance

Section 12.02.09 (Clinical Services) of BCSO's Policy 12.02.00 (General Inmate Medical Procedures) states,

A. Sick Calls. . . .

[3]b. Each day, a qualified health care professional on the 3-11 Shift shall collect [i.e., triage] all Sick Call Slips submitted by inmates within the past 24 hours. . . .

[3]c. An inmate who has submitted a Sick Call Slip shall be visited by a qualified health care practitioner, following the established priority system. . . . These inmates shall be visited by a health care practitioner within 48-72 hours, absent a possible emergency. . . .

[3]d. Health care practitioners conducting sick call shall document their encounters onto the Progress Notes section within the medical chart. . . .

Reasons for Noncompliance

BCSO has not implemented effective monitoring controls (i.e., policies and procedures) over its sick call process, and it does not appear to conduct periodic evaluations of BCSO's internal controls to ensure that its contracted healthcare provider includes all information on MERFs and triages sick calls on time.

Recommendation

BCSO should implement effective monitoring controls (i.e., policies and procedures) over its sick call process and it should conduct periodic evaluations of its internal controls to ensure that its contracted healthcare provider includes all information on MERFs and triages sick calls on time.

Auditee's Response

As pertains to the findings of the draft audit it is always our goal . . . to be 100 percent compliant. Having said that [we] would ask that it be considered that a majority of the audit period was during the COVID-19 Pandemic, which resulted in staffing shortages and other challenges at our facility.

Notwithstanding, a Corrective Action Plan was put in place where medical staff were re-educated on proper sick slip documentation and process on [June 29, 2023]. Staff not in attendance received a read and sign [acknowledgement document] included in an email with the education at that time. In addition to Education and Training upon hire a quarterly sick call procedure review has been put in place along with a sick slip audit tool. The Assistant Director of Nursing or designee will review daily sick call lines for completion, sick call slips and charts monitored weekly for compliance and the review results will be documented on the sick slip audit tool.

Lastly, ongoing monitoring through the CQI (Continuous Quality Insurance) process and medical records audits will occur and education and training will be initiated with nursing staff if the sick call process is found to be non-compliant with [Correctional Psychiatric Services] policy.

Auditor's Reply

Based on its response, BCSO has taken measures to address our concerns on this matter.

OTHER MATTERS

The Bristol County Sheriff's Office took measures to improve its mental health assessments of inmates and to prevent death by suicide at its facility.

During the audit period, there were three deaths at Bristol County Sheriff's Office (BCSO's) facilities, two of which BCSO reported as suicide by hanging. We determined that BCSO followed its policies and procedures when handling those deaths in custody. Its procedures, as outlined in BCSO's Policy 12.02.00 (Terminal Illness, Advance Directives and Death) include the following:

- notification of the next of kin;
- notification to internal medical and administrative employees;
- necessary actions¹⁷ taken by appropriate staff members when the body was discovered;
- investigation of the cause(s) of the death;
- documentation of the procedures that BCSO employees took; and
- evaluation of the incident by appropriate, designated BCSO employees.

Based on our review of the morbidity and mortality reports for the deaths that occurred during our audit period, we determined that BCSO conducted mental health assessments on these inmates before their deaths and did not find any immediate mental health concerns. Nevertheless, two additional deaths by suicide happened after the audit period, between July 1, 2022 and June 30, 2023. Therefore, we believe that BCSO needed to improve its mental health assessment process. We determined that BCSO has taken certain steps toward this, as described below.

During our audit, BCSO's administration transitioned to a new Sheriff. Soon after the new Sheriff took office, BCSO hired a consultant who specializes in suicide prevention within jails, prisons, and juvenile facilities to review and assess BCSO's practices related to this area. The following are some examples of the recommendations that the consultant made:

1. Training: BCSO should offer annual training for all BCSO employees and Correctional Psychiatric Services contractors, including suicide prevention and how to conduct a mental health assessment.

17. Please see "[Inmate Deaths](#)" in the Overview section of this report.

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2. Intake Medical Screenings and Initial Health Assessments: BCSO should enhance the intake medical screening and the initial health assessment by ensuring confidentiality and adding the following questions (as stated in the consultant's *Report on Jail Suicide Prevention Practices within the Bristol County Sheriff's Office*) to the questionnaire that inmates complete during their intake medical screening:
 - *Have you ever considered suicide?*
 - *Have you recently experienced a significant loss (relationship, death of family member/close friend, job, etc.)?*
 - *Has a family member/close friend ever attempted or committed suicide?*
 - *Do you feel there is nothing to look forward to in the immediate future (inmate expressing helplessness and/or hopelessness)? . . .*
 - *Do you have any current thoughts or plans to hurt yourself?*
 3. Housing: According to the consultant's *Report on Jail Suicide Prevention Practices within the Bristol County Sheriff's Office*, BCSO should ensure that all housing assignments are suicide-resistant by replacing any metal bunk bed frame with "either heavy molded plastic or solid concrete slab with rounded edges."

The actions taken by BCSO thus far—including hiring a consultant to review its policies and procedures related to suicide prevention and implementing the consultant's recommendations—may have a positive outcome in reducing the reoccurrence of death by suicide at its facility. We encourage BCSO to continue improving the care it provides to its inmates.