

# OFFICE OF THE STATE AUDITOR

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# DIANA DIZOGLIO

Official Audit Report – Issued November 16, 2023

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

For the period July 1, 2019 through June 30, 2021



OFFICE OF THE STATE AUDITOR

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**DIANA DIZOGLIO**

November 16, 2023

Patrick J. Cahillane, Sheriff  
Hampshire County Sheriff's Office  
205 Rocky Hill Road  
Northampton, MA 01060

Dear Sheriff Cahillane:

I am pleased to provide to you the results of the enclosed performance audit of the Hampshire 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, 2019 through June 30, 2021. 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 Hampshire 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

CMR	Code of Massachusetts Regulations
CorEMR	Correctional Electronic Medical Records
HJHC	Hampshire Sheriff's Office Jail and House of Correction
HSO	Hampshire County Sheriff's Office
OMS	Offender Management System

## 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 Hampshire County Sheriff's Office (HSO) for the period July 1, 2019 through June 30, 2021.

The purpose of this audit was to determine the following:

- whether HSO complied with and implemented the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and HSO's Policy 4.4.15 (Notification of Death of Employee or Inmate) regarding the deaths of inmates in its custody;<sup>1</sup>
- whether HSO held quarterly meetings with the health authority<sup>2</sup> and reviewed quarterly reports regarding healthcare services for inmates, in accordance with 103 CMR 932.01(3);
- whether HSO provided its inmates with initial medical screenings upon admission and a health assessment within seven days after admission, in accordance with 103 CMR 932.06 and 932.07;
- whether inmates at HSO received medical care after submission of a sick call request form, in accordance with HSO's Policy 4.3.2 (Medical Requests/Sick Call); and
- whether HSO documented the medical care its inmates received, in accordance with 103 CMR 932.18(2)(h) and (k).

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

<b>Finding 1</b> <b>Page <a href="#">13</a></b>	HSO did not retain sufficient documentation confirming that its inmates received initial medical screenings.
<b>Recommendation</b> <b>Page <a href="#">14</a></b>	HSO should establish monitoring controls to ensure that it retains sufficient documentation confirming that initial medical screenings were completed upon inmates' admission to the Hampshire Sheriff's Office Jail and House of Correction.

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1. HSO informed us that if an inmate is in custody, it means that HSO 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.

2. According to 103 CMR 932.01, "The health authority may be a physician, health administrator, or health agency whose responsibility is pursuant to a written agreement, contract, or job description."

## OVERVIEW OF AUDITED ENTITY

The Hampshire County Sheriff's Office (HSO) was established as a state agency on September 1, 1998, after Hampshire County was abolished as a form of government by Sections 1 and 12 of Chapter 34B of the Massachusetts General Laws. This legislation made the Sheriff an employee of the Commonwealth of Massachusetts; however, the Sheriff remained an elected official with administrative and operational control of the department.

According to HSO's website,

*Our primary mission at the Hampshire Sheriff's Office Jail and House of Correction [(HJHC)] is providing care and custody for inmates. In doing so, we uphold the HJHC philosophy, which is to promote reintegration while protecting society and holding the offender at the lowest level of security consistent with public safety. We strive to operate a clean, safe, and humane facility, manageable in size with an appropriate range of services, which recognizes the individual needs of each offender.*

As of June 30, 2021, HSO had 170 employees, including 96 full-time correctional officers. In fiscal years 2020 and 2021, HSO's annual state appropriations were \$14,884,490 and \$15,633,762, respectively.

HSO's main administrative building and the Hampshire Sheriff's Office Jail and House of Correction (HJHC) are both located at 205 Rocky Hill Road in Northampton. HJHC is used for the care and custody of female and male regionally arrested individuals,<sup>3</sup> female and male pretrial inmates, and male sentenced inmates. As of June 30, 2021, there were 112 inmates<sup>4</sup> in HSO's custody, including 47 regionally arrested individuals, 47 pretrial inmates, and 18 sentenced inmates.

According to its website, HSO offers inmates the following programs and services:

- Education, which includes courses such as adult basic education, literacy, math, and English for English-language learners;
- Treatment groups, which focus on topics such as substance use disorder education, anger management, substance use disorder recurrence prevention, parenting, and mentoring;

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

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

- Amherst College's Inside Out Program, which gives inmates a chance to take credit-bearing college courses each semester, with 12 inmates studying alongside 12 students from Amherst College;
- A monthly reentry roundtable session that helps inmates transition from HJHC back to the public through partnerships with different community service providers;
- A recovery and wellness center operated by HSO that provides treatment to individuals incarcerated for operating a vehicle under the influence and related offenses; and
- Dormitory-style housing, which consists of two 60-person units within one of HJHC's five buildings with a television, space for leisure activities (e.g., reading books and playing board games), and a kitchen.

## Offender Management System

HSO 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, ethnicities, dates of birth, Social Security numbers, state identification numbers,<sup>5</sup> booking numbers,<sup>6</sup> booking dates, release dates, and in-custody housing assignments.<sup>7</sup> During the process of admitting an inmate, HSO's booking officer enters information from a mittimus<sup>8</sup> into OMS.

## Correctional Electronic Medical Records System

HSO uses the Correctional Electronic Medical Records (CorEMR) system, a web-based application, to record inmates' health information, such as medical history, ongoing and past treatments, mental health conditions, medications, and scheduled appointments.

## Inmate Deaths

Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR) requires county correctional facilities such as HJHC to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or facility employees. In the event of an inmate's serious medical emergency while in HSO's custody, at least one of the officers on duty assesses the emergency; administers first aid, if appropriate; and notifies the shift supervisor. If the situation does not appear to be life threatening, the shift supervisor only needs to contact HSO's in-house healthcare employees, who

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5. A state identification number is a unique number assigned to each inmate in the criminal justice system.

6. A booking number is a unique number assigned by HSO to an inmate upon their arrival to HJHC. The booking number in OMS matches the personal identification number in the Correctional Electronic Medical Records system.

7. A housing assignment is an inmate's specific unit, cell, and bed within HJHC.

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

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then assist with the medical emergency. If the situation appears to be life threatening, the shift supervisor notifies HSO's in-house healthcare employees and, if necessary, sends the inmate—accompanied by an HSO correctional officer—to the Cooley Dickinson Hospital in Northampton. The shift supervisor notifies HSO employees of the emergency following the chain of command, starting with the assistant deputy superintendent for security, then the deputy superintendent, and lastly, the Sheriff. After a medical emergency, any employees who responded to it work together to complete a single "Man Down" Drill Evaluation Form,<sup>9</sup> which the shift supervisor approves.

In the event of an inmate's death, the shift supervisor notifies the Sheriff of the inmate's death (if the Sheriff is not already aware of it). The Sheriff then notifies the District Attorney's office of the inmate's death. The shift supervisor either notifies the inmate's next of kin by phone or reaches out to the local police department to request that it notify the inmate's next of kin. If the deceased inmate was in custody for a crime that involved a victim, then an HSO employee sends a notification to any victim(s) as soon as possible. This notification informs victims about any change of status regarding the inmate, such as the inmate's release or death.

The shift supervisor documents all notifications in the main control log<sup>10</sup> and submits the corresponding "Man Down" Drill Evaluation Form to the deputy superintendent. After the deputy superintendent completes their review of the log and the form, they conduct a debriefing/mortality review<sup>11</sup> within 30 days after the inmate's death.

## Healthcare Services

During the audit period, most healthcare services were provided by HSO's in-house healthcare employees. HSO's health service administrator was its health authority during the audit period and was in charge of in-house healthcare employees and healthcare service delivery for inmates. HSO contracted with various local medical providers for dental, mental health, and vision services.

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9. A "Man Down" Drill Evaluation Form is an incident report that summarizes the events that occurred during a medical emergency.

10. The main control log catalogs the activities or occurrences (e.g., routine rounds or responses to inmate calls) that took place during each shift.

11. A debriefing/mortality review is an assessment of the clinical care provided to an inmate and the circumstances leading up to an inmate's death.



## Quarterly Meetings

According to 103 CMR 932.01(3),

*The county correctional facility [in this case, HJHC] shall require that the health authority 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.*

Statistical summaries, as referenced in the above regulation, contain data related to inmate health records and provide a comprehensive overview of medical services delivered to inmates during the year.

The health authority 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 HSO.

## Initial Medical Screenings

According to 103 CMR 932.06, HSO's in-house healthcare employees are required to perform an initial medical screening for each inmate upon admission to HJHC. This occurs before an inmate is placed in HSO's general population to ensure that each inmate's health needs are identified and addressed. This initial 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 are recorded electronically in the CorEMR system, which is then approved by the health authority.

Upon each inmate's admission to HJHC, in-house healthcare employees communicate (both verbally and in writing) to the inmate how they can access healthcare services. This communication can include special accommodations, such as the use of a translation service, to ensure that any inmate who may have difficulty communicating with employees understands how to access healthcare services.

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## Health Assessments

According to 103 CMR 932.07(1),

*Each inmate committed to the facility [in this case, HJHC] for 30 days or more shall receive a thorough physical examination. Said examination shall take place no later than seven days after admission. This time frame may be extended to within 14 days of admission for cases in which the admission screening was completed by a physician, physician's assistant or registered nurse.*

If the inmate's medical file indicates that they received a complete health assessment within the last 90 days, then no examination is required. Otherwise, an in-house healthcare employee completes a health assessment, which 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. The inmate's health assessment data is first documented in a health assessment form and is then recorded in the inmate's electronic medical record in the CorEMR system by an in-house healthcare employee. In addition, inmates have the right to refuse the entire health assessment or any portion of it. If this is the case, an inmate signs a refusal form, which is held in their medical file.

## Sick Call Requests

According to HSO's Policy 4.3.2 (Medical Requests/Sick Call), in order for an inmate to request access to healthcare, they complete a sick call request form (HSO's Health Service Request Form) and include the type of service requested (medical, dental, or mental health), the date the inmate completes the form, and the nature of the problem or request. They submit the sick call request form by either putting it in a medical request box<sup>12</sup> or handing it directly to one of the in-house healthcare employees during a medication pass, which occurs at least twice a day. An in-house healthcare employee checks the medical request box daily to pick up, evaluate, and triage sick call request forms.

An in-house healthcare employee provides treatment and schedules follow-up appointments according to clinical priorities. All requests that are triaged as emergencies are responded to immediately by an in-house healthcare employee; problems beyond their scope are then triaged to the appropriate contracted healthcare provider(s). While in-house healthcare employees conduct regular sick calls daily, additional contracted healthcare providers are also required to provide on-call

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12. A medical request box is a secure lockbox in each housing unit for inmates to place sick call request forms.

services at all times. In-house healthcare employees maintain medical files in the CorEMR system for each 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 Hampshire County Sheriff's Office (HSO) for the period July 1, 2019 through June 30, 2021.

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 HSO comply with and implement the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and HSO's Policy 4.4.15 (Notification of Death of Employee or Inmate) regarding the deaths of inmates in its custody?	Yes
2. Did HSO hold quarterly meetings with the health authority and review quarterly reports regarding healthcare services for inmates in accordance with 103 CMR 932.01(3)?	Yes
3. Did HSO provide its inmates with initial medical screenings upon admission and a health assessment within seven days after admission, in accordance with 103 CMR 932.06 and 932.07?	No; see Finding <u>1</u>
4. Did inmates at HSO receive medical care after submission of a sick call request form in accordance with HSO's Policy 4.3.2 (Medical Requests/Sick Call), and did HSO document the medical care its inmates received in accordance with 103 CMR 932.18(2)(h) and (k)?	Yes

To accomplish our objectives, we gained an understanding of HSO's internal control environment related to the objectives by reviewing HSO's internal control plan and applicable agency policies and procedures, as well as by interviewing HSO's management. We evaluated the design and implementation of the internal controls related to our audit objectives. We also tested the operating effectiveness of the

supervisory review controls on initial medical screenings (see Finding 1). To obtain sufficient, appropriate evidence to address our audit objectives, we conducted the following procedures.

## **Inmate Deaths**

We inspected the list of inmate deaths that occurred during the audit period, which HSO management provided to us. This list included one inmate who died in HSO's custody on November 1, 2020 and whose cause of death was reported as natural causes. To determine whether HSO complied with 103 CMR 932.17(2) and HSO's Policy 4.4.15 regarding the deaths of inmates in its custody, we performed the following procedures:

- We inspected HSO's Policy 4.4.15 to determine whether HSO 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 HSO complied with and implemented the requirements of 103 CMR 932.17(2) and HSO's Policy 4.4.15 regarding the one in-custody death that occurred during the audit period, we performed the following procedures:
  - We examined HSO's main control log and the one "Man Down" Drill Evaluation Form related to this in-custody death to ensure that medical and administrative employees were notified about the inmate's condition, resulting in the inmate's transportation to the Cooley Dickinson Hospital by ambulance.
  - We examined the "Man Down" Drill Evaluation Form to ensure that correctional officers and in-house healthcare employees performed life-saving measures on the inmate, as appropriate. We also examined HSO's main control log to ensure that the shift supervisor notified (1) HSO employees in the chain of command and (2) the inmate's next of kin about the inmate's death.

- We interviewed HSO management about whether a Criminal Offender Record Information notification was needed.

We noted no exceptions in our testing; therefore, we determined that HSO complied with and implemented the requirements of 103 CMR 932.17(2) and HSO's Policy 4.4.15 regarding in-custody deaths.

## **Quarterly Meetings**

To determine whether HSO held quarterly meetings with the health authority and reviewed quarterly reports in accordance with 103 CMR 932.01(3), we examined the minutes of 100% (eight) of the quarterly meetings that took place during the audit period between HSO and its health authority. We also examined 100% (two) of the annual statistical summary reports that the health authority provided to HSO during the audit period.

We noted no exceptions in our testing; therefore, we determined that HSO held quarterly meetings with the health authority and reviewed quarterly reports in accordance with 103 CMR 932.01(3).

## **Initial Medical Screenings and Health Assessments**

We determined whether HSO provided its inmates with initial medical screenings upon admission and health assessments within 7 days (or 14 in certain cases) in accordance with 103 CMR 932.06 and 932.07. To do this, we selected a nonstatistical, random sample of 60 inmates out of the total population of 811 who were admitted to the Hampshire Sheriff's Office Jail and House of Correction (HJHC) during the audit period. We excluded regionally arrested individuals because they are not required to have initial medical screenings or health assessments. We performed the following procedures:

- We examined the initial medical screening form for each inmate in our sample to verify that an in-house healthcare employee recorded the completion date. We also verified that the health authority signed each screening form, as required by 103 CMR 932.06. We then compared the date of the inmate's admission to HJHC to the date the initial medical screening was completed to determine whether each inmate received the initial medical screening upon admission.
- We examined the health assessment form(s) for each inmate in our sample to verify that an in-house healthcare employee recorded the completion date and signed the forms. We then compared the date of the inmate's admission to HJHC to the date the health assessment was completed to determine whether each inmate received the health assessment within 7 days (or extended to 14 days in certain cases), as required by 103 CMR 932.07.

We used nonstatistical sampling methods for testing and therefore did not project the results of our testing to any population. See Finding 1 for an issue we identified related to HSO's initial medical screenings.

## **Sick Call Requests**

To determine whether (1) inmates received medical care after they submitted a sick call request form in accordance with HSO's Policy 4.3.2 and (2) HSO documented the medical care its inmates received in accordance with 103 CMR 932.18(2)(h) and (k), we selected a nonstatistical, random sample of 60 out of the population of 783 sick call request forms that were submitted by inmates during the audit period. For our sample, we performed the following procedures:

- We examined each sick call request form to verify that inmates included all pertinent information and that an in-house healthcare employee recorded the completion date.
- We examined each sick call request form, medical file, and/or sick call medical note to determine whether an in-house healthcare employee completed a face-to-face meeting and recorded the date of the face-to-face meeting.
- We examined each sick call request form, triage record in the Correctional Electronic Medical Records (CorEMR) system, and/or sick call medical note to determine whether an in-house healthcare employee (1) reviewed the sick call request form for the immediacy of need, (2) documented and attached the suggested treatment to the inmate's triage record in the CorEMR system, and (3) referred problems beyond their scope to the appropriate contracted healthcare provider.

We used nonstatistical sampling methods for testing and therefore did not project the results of our testing to any population.

We noted no exceptions in our testing; therefore, we determined that inmates received medical care after they submitted sick call request forms in accordance with HSO's Policy 4.3.2 and that HSO documented the medical care its inmates received in accordance with 103 CMR 932.18(2)(h) and (k).

## **Data Reliability Assessment**

### **Offender Management System**

To assess the reliability of the inmate data that we obtained from the Offender Management System (OMS), we interviewed HSO's information technology employees who oversaw 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 (full name, date of birth, booking date, sex, age, race, and facility) to the information in the original source document (the mittimus) for agreement.

We selected a random sample of 20 hard copies of the mittimuses and compared the inmates' information from the mittimuses (full name, date of birth, and commitment date) to the information in the list of inmates in OMS for agreement. In addition, we tested the data for the population of 811 inmates for duplicate records. We reconciled the list of in-custody deaths from OMS with the list provided to us by the Office of the Chief Medical Examiner.

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

### **CorEMR System**

We assessed the reliability of the sick call list that we obtained from the CorEMR system by conducting interviews with HSO officials who were knowledgeable about the list. We tested general information technology controls (e.g., access and security management controls). In addition, we tested the sick call list from the CorEMR system for any worksheet errors (hidden objects such as rows, headers, and other content). Additionally, we matched the inmate information in the sick call list from the CorEMR system to the list of inmates booked during the audit period from OMS to summarize the number of sick calls to the inmates' commitment dates, dates of birth, and dates of request.

To confirm the completeness and accuracy of the sick call list in the CorEMR system, we selected a random sample of 20 records in the sick call list in the CorEMR system and compared, for agreement, the information on the list (the inmate's patient identification number, their full name, the date of the sick call request, the inmate's signature, and the date of service provided by the in-house healthcare employee) to the information on the hard copies of the sick call request forms submitted by inmates. We also selected a random sample of 20 hard copies of the sick call request forms and traced the information on the forms (i.e., full name and date of the sick call request) back to the data in the sick call list in the CorEMR system.

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



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## DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

### 1. The Hampshire County Sheriff's Office did not retain sufficient documentation confirming that its inmates received initial medical screenings.

The Hampshire County Sheriff's Office (HSO) did not retain sufficient documentation confirming that its inmates received initial medical screenings. During the audit period, there were 811 inmates committed to the Hampshire Sheriff's Office Jail and House of Correction (HJHC) (excluding regionally arrested individuals) who were subject to an initial medical screening upon their admission. During our testing, we selected a random, nonstatistical sample of 70 of these inmates and found that 4 of them did not have initial medical screening forms in their medical files. Furthermore, during our substantive testing of initial medical screenings and health assessments, we found that 1 inmate, out of our sample of 60 inmates, did not have an initial medical screening form in their medical file.

If HSO does not ensure that these initial medical screening forms are retained, then there is no evidence that the health authority completed and approved these initial medical screenings.<sup>13</sup> This then leads to a higher-than-acceptable risk that inmates' medical issues are not identified and treated, ultimately affecting the health and safety of all HSO inmates.

### Authoritative Guidance

According to Section 932.06 of Title 103 of the Code of Massachusetts Regulations,

*Admission Medical Screening (Required)*

*(1) Written policy and procedure shall provide for an admission medical screening to be performed by health trained personnel or qualified health care personnel for each inmate upon arrival at the county correctional facility. The findings of the screening shall be recorded on a printed form approved by the health authority.*

### Reasons for Noncompliance

HSO does not have monitoring controls to ensure that it retains sufficient documentation confirming that initial medical screenings are completed upon an inmate's admission to HJHC.

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13. It is possible that the health screenings were never performed or that inmates refused the initial medical screenings and did not sign refusal forms.

## **Recommendation**

HSO should establish monitoring controls to ensure that it retains sufficient documentation confirming that initial medical screenings were completed upon inmates' admission to HJHC.

## **Auditee's Response**

*Regarding the findings, our goal is to always be in 100 percent compliance. And although only five individuals were identified as not having adequate documentation, this issue came about during a pandemic, resulting in staffing shortages, and other personnel matters that occurred during the audit period. We have addressed this issue, effective January 1, 2022, with the current Director of our Health Services Department implementing a CQI (Continuous Quality Insurance) order to assure that initial medical screenings are performed and documented. The goal of the CQI is to perform 85 percent of initial screenings within four hours of admission to the Hampshire County Jail and House of Correction, and 100 percent of initial screenings performed within 24 hours of admission.*

*The CQI also calls for an internal study to determine appropriate staffing levels to meet this goal and to explore ways the booking and intake process might be streamlined.*

## **Auditor's Reply**

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