

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued March 15, 2023

Plymouth County Sheriff's Department—A Review of Healthcare and Inmate Deaths

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



OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

March 15, 2023

Joseph McDonald, Jr., Sheriff
Plymouth County Sheriff's Department
24 Long Pond Road
Plymouth, MA 02360

Dear Sheriff McDonald:

I am pleased to provide this performance audit of the Plymouth County Sheriff's Department. This report details the audit objectives, scope, and methodology for the audit period, July 1, 2019 through June 30, 2021. My audit staff discussed the contents of this report with management of the agency, whose comments are reflected in this report.

This version of the report is the limited version that we are issuing publicly; it excludes an issue that includes confidential information. As you are aware, we have given the agency a copy of the complete report.

I would also like to express my appreciation to the Plymouth County Sheriff's Department for the cooperation and assistance provided to my staff during the audit. This audit was conducted under the oversight of former State Auditor Suzanne M. Bump. However, I am available to discuss the audit if there are any questions.

Sincerely,



Diana DiZoglio
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

| | |
|--------|---|
| CMR | Code of Massachusetts Regulations |
| CorEMR | Correctional Electronic Medical Records |
| IT | information technology |
| OMS | Offender Management System |
| PCSD | Plymouth County Sheriff's Department |

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 Plymouth County Sheriff's Department (PCSD) for the period July 1, 2019 through June 30, 2021. The objectives of this audit were to determine the following:

- whether PCSD complied with the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and PCSD's Policy 622 (Serious Illness, Injury & Death) regarding the deaths of inmates in its custody¹
- whether PCSD held quarterly meetings with its healthcare vendor and reviewed the vendor's quarterly reports in accordance with 103 CMR 932.01(3) for inmates' healthcare services
- whether PCSD provided medical receiving screenings to its inmates upon arrival and intake physical examinations in accordance with Sections IV and VI of PCSD's Policy 630 (Medical Services)
- whether inmates at PCSD's correctional facility received medical care after submission of a sick call form in accordance with Section VIII of PCSD's Procedure 630 (Medical Services).

Our audit revealed no significant instances of noncompliance by PCSD that must be reported under generally accepted government auditing standards.

Our audit of PCSD identified one other issue, which has been omitted from this report in accordance with Exemption (n) of the Commonwealth's public records law, Section 7(26)(n) of Chapter 4 of the General Laws, which allows for the withholding of certain records, such as confidential and sensitive information, if their disclosure is likely to jeopardize public safety.

In accordance with Paragraphs 7.61–7.62 of the Government Accountability Office's Government Auditing Standards, as well as the policies of the Office of the State Auditor, for reporting confidential and sensitive information, we have given a separate, complete report to PCSD, which will be responsible for acting on our recommendations.

1. PCSD told us that if an inmate is in custody, it means that PCSD 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 Plymouth County Sheriff's Department (PCSD) was established as an independent state agency on January 1, 2010, 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.

This act transferred to the Commonwealth all functions, duties, and responsibilities of PCSD, including assets, liabilities, debt, and potential litigation, except where specified. PCSD's Sheriff became an employee of the Commonwealth but remained an elected official and retained administrative and operational control over PCSD.

According to PCSD's Internal Control Policy 301, its mission is to "protect the public from criminal offenders by operating a safe, secure and progressive correctional facility while committing to crime prevention awareness in the community."

As of June 30, 2021, PCSD had 602 active employees, which included 295 correctional officers. For fiscal years 2020 and 2021, PCSD's annual state appropriations were approximately \$58 million and \$65 million, respectively. PCSD also received the following funding to support its programs for these fiscal years.

| Program | Fiscal Year 2020 | Fiscal Year 2021 | Total |
|---|-------------------|-------------------|-------------------|
| Residential Substance Use Disorder | \$ 26,000 | \$ 21,000 | <u>\$ 47,000</u> |
| State Criminal Alien Assistance Program | 196,642 | 196,642 | <u>393,284</u> |
| Substance Use Disorder—Alcohol | 56,000 | 0 | <u>56,000</u> |
| High School Equivalency—Adult Basic Education | 1,936 | 0 | <u>1,936</u> |
| Total | <u>\$ 280,578</u> | <u>\$ 217,642</u> | <u>\$ 498,220</u> |

PCSD is responsible for operating all aspects of its facilities, including the Plymouth County Sheriff's Administrative Building at 24 Long Pond Road in Plymouth. It also oversees the Plymouth County Correctional Facility at 26 Long Pond Road in Plymouth, which administers correctional and educational

services and programs for inmates. As of June 30, 2021, PCSD had 582 inmates, 204 of whom were pretrial detainees,² 106 of whom were sentenced, and 272 of whom were listed as other³ detainees.

According to PCSD's "Facility Narrative," a document describing the department and its programs, there are 11 different programs and services provided for inmates, which include the following:

- Education, which includes career counseling, literacy courses, and English courses (for English-language learners)
- Enrichment, which includes acquired immunodeficiency syndrome education in inmates' housing units, human immunodeficiency virus classes during admission, and an incarcerated veteran transition program
- Vocational training in areas such as culinary arts, hospitality, and painting
- Religious services in Spanish, Portuguese, and English
- Re-entry services, which include providing counselors to inmates to assist them throughout their sentences; help them transition back into the community; and make referrals to community resources, such as housing assistance and job opportunities.

Offender Management System

PCSD uses a system called the Offender Management System (OMS) to track and manage information for inmates in its custody. The information maintained in this system includes inmates' names, genders, ethnicities, dates of birth, Social Security numbers, state identification numbers,⁴ booking identification numbers,⁵ booking dates, release dates, release types,⁶ and in-custody housing assignments.⁷ During an inmate's admission process, PCSD's booking officer enters information from a mittimus⁸ into OMS.

2. A detainee is a person held in-custody before their trial.

3. Other detainees include United States Marshals Service and Immigration and Customs Enforcement detainees. PCSD has a contract with the federal government to hold detainees for these agencies.

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

5. A booking identification number is a unique number assigned by PCSD to an inmate upon their arrival to PCSD's 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 housing assignment is an inmate's specific unit, cell, and bed within PCSD's facility.

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

Correctional Electronic Medical Records System

The Correctional Electronic Medical Records (CorEMR) System is a Web-based application that is used to record all health-related inmate information such as medical history, treatments, mental health status, 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 PCSD's to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or facility employees. In the case of an inmate's serious illness or injury while in PCSD's custody, the officers on duty notify all available correctional officers, and medical officers,⁹ to the scene to perform emergency medical aid. The communications department¹⁰ notifies external emergency services and the Massachusetts State Police. Upon arrival to the facility, the Massachusetts State Police secure the scene and conduct an investigation to determine the causes and manner of death, when applicable. Emergency services transfer the inmate to Beth Israel Deaconess Hospital in Plymouth. The superintendent notifies the inmate's next of kin.

Inmates are pronounced deceased at the hospital and then transferred to the Massachusetts Office of the Chief Medical Examiner. The office retrieves the body, conducts a postmortem exam,¹¹ and releases the body to the next of kin.

All officers who witnessed or responded to a death (or serious illness/injury) must complete an incident report to document their findings and experience.

Once all officers document and submit their incident reports, mortality and clinical reviews are conducted within 30 days of an inmate's death. PCSD has a clinical review team, which includes the health services administrator¹² and shift commander,¹³ performs a mortality review and/or in-depth clinical review. The clinical review, which is conducted for cases of suicide, is to determine whether changes in the inmate's

9. According to PCSD Procedure 622, medical officers are "qualified health Care Professionals assigned to the Medical Unit who, under direct supervision of a licensed physician, provide health care services to inmates."

10. The communications department is staffed by employees of the facility. The communications department has radio communication devices and access to controls at PCSD's facility. All communication in and out of the facility goes through the communication department.

11. The postmortem exam is an examination of the deceased's body in order to determine the cause of death.

12. The health services administrator is responsible for the organization and planning for the delivery of services in PCSD's Health Care Unit.

13. A shift commander is a correctional officer who has the duty for the security and care of inmates, as well as staff members.

clinical psychiatric management could have prevented the suicide. The superintendent also issues a summary of the incident and forwards it to the Sheriff. In addition, PCSD conducts a mortality review, in accordance with PCSD's Procedure 622 (Serious Illness, Injury & Death), to determine whether there was a pattern of symptoms that could have resulted in earlier intervention or diagnosis of mental illness. The superintendent creates a Final Death Packet with the summary of the incident and the clinical and mortality reviews, and then forwards it to the Sheriff.

Vendor Healthcare Services

During the audit period, PCSD contracted medical services from Correctional Psychiatric Services. This vendor works alongside PCSD-employed medical staff members to provide constant care to inmates. Correctional Psychiatric Services provides medications for inmates who are enrolled in PCSD's opioid use disorder program and provides dental services, vision services, and mental health services. All other healthcare services are provided by in-house medical officers, who are employed by PCSD.

Vendor Quarterly Meetings

According to 103 CMR 932.01(3), county correctional healthcare vendors must meet with the Sheriff, the facility administrator, or a designee selected by PCSD at least quarterly and submit quarterly reports on the healthcare delivery system and the health environment, as well as annual statistical summaries.¹⁴ The healthcare vendor documents and maintains meeting minutes that document the quarterly meetings. The meetings cover quality improvement, emergency drills, mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at PCSD.

Medical Receiving Screenings

According to Section 4 of PCSD Policy 630 (Medical Services), all PCSD inmates are required to have a medical receiving screening by a medical officer upon arrival. The purpose of the screening is to determine whether the inmate has any medical needs and whether any of those needs must be immediately addressed. The screening consists of questions about the inmate's medical history, medication history, mental health history, vaccine history, and more. It also includes a structured inquiry to identify potential

14. The statistical summary contains data related to inmate health records and provides a comprehensive overview of medical services delivered to inmates during the year.

emergencies and to ensure that inmates with known illnesses, prescriptions, or other health needs are identified for further assessment and continued treatment while they are in custody.

A medical officer documents the medical receiving screening in the Medical Intake Screening Form, held in the inmate's medical record in CorEMR. The Medical Intake Screening Form is then approved by a qualified healthcare professional.

Intake Physical Examinations

According to PCSD's Policy 630, each inmate committed to the facility for 30 days or more is required to have a complete intake physical examination within 7 days of their arrival to the facility. This timeframe is extended to within 14 days of admission for cases in which the medical receiving screening was completed by a physician, physician's assistant, or registered nurse. No intake physical examination is needed if there is documented evidence of a medical examination within the previous 90 days or if an inmate leaves PCSD custody within 14 days.

A medical officer completes the intake physical examination, which includes, but is not limited to, reviewing the inmate's medical record, examining the inmate for any signs of trauma (mental or physical) or disease, conducting medically indicated tests, and reviewing findings and scheduling any follow-up services with inmates who require further treatment. The medical officer collects inmates' medical information and records it in the inmate's medical record in CorEMR.

According to PCSD Policy 630, an inmate has the right to waive the intake physical examination by signing a Refusal of Medical Care Form. If an inmate is transferred from another correctional facility or returns to PCSD within three months of their last intake physical examination, their intake physical examination will be updated as needed.

Sick Calls

To request access to healthcare, an inmate fills out a Sick Call Request Form, which the medical officer scans and uploads as a Portable Document Format file into CorEMR. The Sick Call Request Form includes the type of service requested (medical, dental, or mental health), the date the form is completed, the nature of the problem or request, and their name. They submit the Sick Call Request Form by putting it in a secure lockbox in their housing unit or handing it directly to a medical officer during a medication pass, which occurs at least twice a day.

Medical officers collect the Sick Call Request Form daily to evaluate and triage each request within 24 hours. Medical officers provide treatment and schedule follow-up appointments according to clinical priorities. According to PCSD Policy 630, "It is the policy of the Plymouth County Sheriff's Department that . . . sick call be conducted at least five (5) days each week by the licensed facility physician . . . in the Health Services Unit."

All Sick Call Request Form that are triaged as emergencies are responded to immediately, and problems beyond the medical officer's scope are referred to appropriate healthcare providers. The inmates' medical files are maintained in CorEMR.

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 Plymouth County Sheriff's Department (PCSD) 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 and the conclusion we reached regarding each objective.

| Objective | Conclusion |
|--|------------|
| 1. Did PCSD comply with and implement the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and PCSD's Policy 622 (Serious Illness, Injury & Death) regarding the deaths of inmates in its custody? | Yes |
| 2. Did PCSD hold quarterly meetings with its healthcare vendor and review quarterly reports for inmates' healthcare services in accordance with 103 CMR 932.01(3)? | Yes |
| 3. Did PCSD provide medical receiving screenings to its inmates upon admission, and intake physical examinations, in accordance with Sections IV and VII of PCSD's Policy 630 (Medical Services) and Sections IV and VII of PCSD's Procedure 630 (Medical Services)? | Yes |
| 4. Did inmates at PCSD's facility receive medical care after submission of a Sick Call Request Form in accordance with Section XII of PCSD's Policy 630 and Section VII of PCSD's Procedure 630? | Yes |

To accomplish our objectives, we gained an understanding of PCSD's internal control environment relevant to the objectives by reviewing PCSD's internal control plan and applicable policies and procedures, as well as conducting site visits and interviews with PCSD'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 controls on initial intake health assessments. To obtain

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

We inspected the list of inmate deaths from PCSD management for the audit period, which reflected two inmates who died in PCSD custody on December 28, 2019 and March 16, 2021 and whose causes of death were reported as suicide and natural causes, respectively. To determine whether PCSD complied with 103 CMR 932.17(2) and PCSD's Policy 622 regarding the deaths of inmates in its custody, we performed the following procedures.

- We inspected PCSD's Policy 622 to determine whether PCSD has established guidelines that include the following, in accordance with the requirements of 103 CMR 932.17(2):
 - (a) internal notification to include medical and administrative staff;*
 - (b) procedures when discovering the body;*
 - (c) disposition of the body;*
 - (d) notification of next of kin;*
 - (e) notification of [Criminal Offender Record Information] certified individuals as soon as practicable;*
 - (f) investigation of causes;*
 - (g) reporting and documentation procedures;*
 - (h) procedure for review of the incident by appropriate designated staff with a final report submitted to all appropriate parties*
- To determine whether PCSD complied with and implemented the requirements of 103 CMR 932.17(2) and its in-custody death guidelines in Policy 622, we performed the following:
 - We inspected the Final Death Packets, which include an interoffice memorandum,¹⁵ mortality review meeting minutes, and emails, to determine whether medical and administrative staff members were notified.
 - We inspected the Final Death Packets, including the sections of incident reports by all PCSD officers who witnessed the inmate's death, to ensure that the appropriate parties were notified when officers discovered the body.

15. The interoffice memorandum includes a written summary of events to the superintendent and the Sheriff about an inmate's death.

- We inspected emails from PCSD to the Town of Plymouth, found in the Final Death Packets, that documented what happened to the bodies after they were autopsied to determine the disposition of the body.
- We inspected emails from PCSD's assistant superintendent to the superintendent, found in the Final Death Packets, that recorded the notification of each inmate's next of kin to determine whether the next of kin was notified.
- We inspected the Final Death Packets, specifically the mortality review meeting minutes and incident reports, to determine whether there was an investigation of causes for the deaths of the two inmates.
- We inspected the Final Death Packets to determine whether the officers completed the incident reports.
- We inspected the Final Death Packets, specifically the mortality review meeting minutes of the clinical review team, the incident reports, and the emails sent by the assistant superintendent to the superintendent, to determine whether appropriate, designated staff members reviewed the incident reports and whether the superintendent submitted final reports to the Sheriff.
- We verified that each inmate's death was recorded in the Offender Management System (OMS) and inspected the date of when the mortality review was held with the involved officers. The date of death and date of review were compared to determine whether the mortality review was conducted within 30 days of the inmate's death.

To determine whether quarterly meetings were held with the healthcare vendor, we inspected the minutes of all eight quarterly meetings held during the audit period. We then examined the list of people who attended each meeting to ensure that the meeting was held between PCSD and its healthcare vendor. In addition, we obtained the annual statistical summaries for 2020 and 2021 submitted by the healthcare vendor to determine whether PCSD complied with 103 CMR 932.

To determine whether PCSD provided the healthcare services in compliance with state regulations and its own policies, we examined the minutes of all eight quarterly meetings of PCSD and its healthcare vendor, as well as all the reports (such as risk management reports, infection control reports, continuous quality improvement monitoring reports, and annual reviews) that the vendor provided to PCSD during the audit period.

To determine whether PCSD provided its inmates with initial medical receiving screenings upon admission, and intake physical examinations within 14 days after admission, in accordance with Sections IV and VII of PCSD's Policy 630, we selected a statistical, random sample with a 95% confidence level, 5%

tolerable rate, and 0% expected error rate. Our sample consisted of 60 inmates out of a total of 6,434 admissions to PCSD during the audit period. We performed the following procedures:

- We examined each inmate's Medical Intake Screening Form to document the date and time the form was completed and signed by a medical officer. For inmates who refused to receive the initial intake health assessment, we examined the signed Refusal of Medical Care Forms.
- According to PCSD Policy 630, inmates committed for more than 30 days are required to have intake physical examinations. We examined the Initial Physical Health Assessment Form to document the date and time it was completed and signed by a qualified healthcare professional. We then calculated the number of days after admission to determine whether inmates received intake physical examinations within 14 days as required by the policy.

To determine whether inmates received medical care after the submission of Sick Call Request Forms, in accordance with PCSD Policy 630, we selected a statistical, random sample with a 95% confidence level, 5% tolerable rate, and 0% expected error rate. Our sample consisted of 60 Sick Call Request Forms out of a total of 8,835 Sick Call Request Forms submitted by inmates during our audit period. To determine whether inmates received medical care after submission of Sick Call Request Forms in accordance with PCSD policy, we performed the following procedures:

- We examined the Sick Call Request Forms to ensure that a medical officer reviewed them and that the inmates were seen and treated.
- We calculated the number of days between the submission of the Sick Call Request Forms by inmates and the dates they were signed by a medical officer to ensure that all sick calls were reviewed within 24 hours after submission.

Data Reliability Assessment

OMS

To assess the reliability of the inmate data obtained from OMS, we interviewed head of the PCSD Information Technology (IT) Department, who is responsible for oversight of the system. We tested the general IT controls, including user access and account management controls. We selected a random sample of 20 inmates from the list of inmates in OMS and traced each full name and booking identification number to the original source document (the mittimus / United States Marshals Service Custody Form [USM 129 Individual Custody/Detention Report] / Immigration and Customs Enforcement Detainee Form [Order to Detain or Release Alien]). We also selected 20 random samples from hard copies of the mittimi and traced the same information from them to OMS. In addition, we

tested the inmate data for duplicate records and matched the death-in-custody list from OMS to the list that Office of the Chief Medical Examiner provided to us.

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

Correctional Electronic Medical Records

To assess the reliability of the sick call data obtained from the Correctional Electronic Medical Records (CorEMR) System, we conducted interviews with PCSD personnel who had knowledge about the data. In addition, we matched the inmates' patient identification numbers¹⁶ from CorEMR to the state identification numbers of inmates who were admitted during our audit period in OMS. We also tested general IT controls, including user access and account management controls.

To confirm the completeness and accuracy of the sick call data in CorEMR, we selected a random sample of 20 sick calls from the sick call list in CorEMR and agreed each patient name and patient identification number to hard copies of Sick Call Request Forms submitted by inmates. We also selected a random sample of 20 hard copies of Sick Call Request Forms and traced patient name and patient identification number back to the sick call list in CorEMR.

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

Conclusion

Our audit revealed no significant instances of noncompliance that must be reported under generally accepted government auditing standards.

16. Each inmate is assigned a patient identification number in CorEMR, which is the same as each inmate's state identification number.