

# OFFICE OF THE STATE AUDITOR

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# DIANA DIZOGLIO

Official Audit Report – Issued March 16, 2023

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## Barnstable 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  
**DIANA DIZOGLIO**

March 16, 2023

Donna Buckley, Sheriff  
Barnstable County Sheriff's Office  
6000 Sheriff's Place  
Bourne, MA 02532

Dear Sheriff Buckley:

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

A separate, limited version of this report will be released publicly that excludes one issue regarding information that we believe may be a threat to cybersecurity.

I would also like to express my appreciation to the Barnstable County Sheriff's Office 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

BCSO	Barnstable County Sheriff's Office
BCCF	Barnstable County Correctional Facility
CMR	Code of Massachusetts Regulations
CorEMR	Correctional Electronic Medical Records
IT	information technology
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 Barnstable County Sheriff's Office (BCSO) for the period July 1, 2019 through June 30, 2021. The objectives of this audit were 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 B of BCSO's Policy 600.03 (Guidelines for Serious Injury, Illness or Death) regarding the deaths of inmates in its custody<sup>1</sup>
- whether BCSO held quarterly meetings with the healthcare vendor and reviewed quarterly reports in accordance with 103 CMR 932.01(3) and Section A of BCSO's Policy 600.01 (Health Care/Health Services/Health Services Personnel/Emergency Health Care) for inmates' healthcare services
- whether BCSO provided admission medical screenings<sup>2</sup> to its inmates upon intake and health appraisals within seven days of admission in accordance with Sections A and B of BCSO's Policy 602.02 (Admission Medical Screening/Health Appraisal and Examination)
- whether inmates at BCSO received medical care after submission of Sick Call Request Forms in accordance with Section D of BCSO's Policy 602.02.

Below is a summary of our findings and recommendations, with links to each page listed.

<b>Finding 1</b> <b>Page <a href="#">13</a></b>	BCSO did not ensure that its inmates received health appraisals on time and that it documented the health appraisals and admission medical screenings.
<b>Recommendations</b> <b>Page <a href="#">14</a></b>	<ol style="list-style-type: none"><li>1. BCSO should establish monitoring controls to ensure that its healthcare vendor completes health appraisals on time and documents the health appraisals and admission medical screenings. Specifically, BCSO should designate an employee to monitor the healthcare vendor's completion of health appraisals and documentation of health appraisals and admission medical screenings.</li><li>2. BCSO should ensure that its healthcare vendor has enough staff members to complete the health appraisals.</li></ol>

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1. BCSO told us that if an inmate is in custody, it means that BCSO has 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. An admission medical screening is an assessment of an inmate's health needs, including mental health and/or medical conditions. It is conducted upon an inmate's arrival at the Barnstable County Correctional Facility.

## OVERVIEW OF AUDITED ENTITY

The Barnstable 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 statutorily authorized functions of that office, are hereby transferred from the county to the commonwealth.*

This transition was completed on January 1, 2010. BCSO's 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, the facility's superintendent administers BCSO operations at the Barnstable County Correctional Facility (BCCF).

According to BCSO's internal control plan,

*The mission of the Sheriff's Office is to "Protect the public from criminal offenders by operating a safe, secure and rehabilitative correctional facility, assisting local agencies and promoting public safety through our associated specialized services and enforcing the Laws of the Commonwealth of Massachusetts and the Constitution of the United States of America."*

As of June 30, 2021, BCSO had 257 employees, including 151 full-time correction officers, working at BCCF. In fiscal years 2020 and 2021, BCSO's state appropriations were approximately \$36.8 million and \$33.5 million, respectively. In addition to its state appropriations, BCSO received the following federal funding to support its programs for these fiscal years.

Program/Grant	Fiscal Year 2020	Fiscal Year 2021	Total
<b>Cops Anti-Heroin Task Force Program*</b>	\$ 0	\$ 10,688	<u>\$ 10,688</u>
<b>Crime Victims Assistance Programs Grant<sup>†</sup></b>	76,004	77,233	<u>153,237</u>
<b>Homeland Security II Grant<sup>‡</sup></b>	2,433	0	<u>2,433</u>
<b>Vivitrol Increased Participation Services Grant<sup>§</sup></b>	301,956	279,646	<u>581,601</u>
<b>Total</b>	<u>\$380,393</u>	<u>\$ 367,567</u>	<u>\$747,959</u>

\* Cops Anti-Heroin Task Force Program funds were for overtime-related payroll expenditures of BCSO's officers conducting investigations as part of Federal Organized Crime Drug Enforcement Task Force investigations related to heroin, fentanyl, and prescription opioid trafficking.

† The Crime Victims Assistance Programs Grant supports victims of crime in the Barnstable county community.

‡ The Homeland Security II Grant was awarded in fiscal year 2019 to the BCSO Community Emergency Response Team Program to address disaster preparedness for hazards that may occur in Barnstable County. The fiscal year 2020 expenditure was a carryforward of these funds.

§ The Vivitrol Increased Participation Services Grant was a three-year grant, which ended on September 29, 2021, for the administration of Vivitrol, a medication used to treat substance use disorders, upon an inmate's release from BCCF.

BCSO is located at Joint Base Cape Cod in Bourne, which opened in 2004 and is used for the care and custody of pretrial and sentenced inmates. As of June 30, 2021, there were 165 inmates in BCSO custody, including 98 pretrial inmates, of whom 89 were male and 9 were female, and 67 sentenced inmates, of whom 62 were male and 5 were female.

BCCF houses a maximum of 588 inmates, who serve sentences of no more than two and a half years, in 12 housing units. Offenders at BCCF are assigned to one of three houses. House 1 comprises 3 units and holds pretrial detainees.<sup>3</sup> House 2 comprises 5 units to hold female inmates, high-risk inmates,<sup>4</sup> and inmates who break BCSO rules. House 3 comprises the remaining 4 units to hold sentenced male inmates.

According to its website, BCSO inmates and detainees are offered the following programs and services:

- A rehabilitation program, called the Residential Substance Abuse Treatment Program, which includes a Community Reentry Council that meets to facilitate referrals and resources for each inmate six weeks after their release from custody
- Education, which includes career counseling, literacy courses, and English courses (for English-language learners)
- A community relations program, which provides inmate labor for a wide variety of services in the community, including painting, landscaping, carpentry, roofing, siding, simple construction, and demolition.

The healthcare vendor provides healthcare, including mental health, services.

## **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 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 an inmate's admission process, BCSO's booking officer enters information from a mittimus<sup>8</sup> into OMS.

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

4. BCSO determines the risk level of an inmate based on their current offense, the severity of any prior convictions, any history of escapes and/or escape attempts, or any prior violent behavior.

5. A state identification number is a unique number assigned to an inmate from a court system.

6. A booking number is a unique number assigned by BCSO to an inmate upon their arrival to BCCF.

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

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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## Correctional Electronic Medical Records

BCSO uses the Correctional Electronic Medical Records (CorEMR) system to manage inmates' medical records, appointment scheduling, and offsite healthcare.

## Inmate Deaths

Section 932.17 of Title 103 of the Code of Massachusetts Regulations (CMR) requires county correctional facilities such as BCSO's to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates or BCCF employees. According to its Policy 600.3 (Guidelines for Serious Illness, Injury or Death), in the event of an inmate's death, the employee who is first made aware of the incident notifies the Health Services Department, the shift supervisor, the contracted healthcare vendor, and healthcare staff members<sup>9</sup> to report to the incident location. The notification order then follows the chain of command: The shift supervisor notifies the shift captain, who notifies the duty officer, and the duty officer notifies the superintendent. The superintendent then notifies the Sheriff, the Massachusetts Office of the Chief Medical Examiner, the District Attorney's office, and the Massachusetts State Police.

If there were no employees present at the time of the death, the superintendent conducts an internal investigation and submits a preliminary report to the Sheriff. The superintendent also submits a final report with a copy of the Office of the Chief Medical Examiner's report within five days of the incident to the Sheriff. In addition, the responding healthcare staff members complete incident reports and document the time they were notified, the time they arrived at the scene of the incident, the location of the incident, and the medical treatment / emergency medical aid provided (if any). Finally, the Cape and Islands Critical Incident Stress Team debriefs employees who responded to the death of an inmate.

## Healthcare

During the audit period, healthcare at BCCF was contractually provided by two third-party vendors (Correctional Psychiatric Services from July 1, 2019 to November 2020 and Wellpath, LLC from November 2020 to June 30, 2021). At BCCF, these contractors accept overall responsibility of healthcare services, including medical, dental, and mental health services.

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9. According to BCSO's healthcare vendor WellPath's Policy HCD-100\_E-02 (Receiving Screening), healthcare staff members are "qualified health care professionals as well as administrative and supportive staff (e.g., health records administrators, laboratory technicians, nursing and medical assistants, and clerical workers)."



Attachment A of BCSO's Inmate Health Care Services Contract, dated October 28, 2020, outlines the following responsibilities of its healthcare vendor:

*[The contractor] shall conduct an ongoing health and mental health education and training program for the BCSO staff in accordance with the needs mutually established by the BCSO and the contractor. . . .*

*[The contractor] will provide a healthcare delivery system that is specifically tailored to Barnstable County's needs and requirements. . . . [The contractor] will implement a managed care system that will promote efficiency and reduce cost by eliminating unnecessary services and encouraging preventive health measures in the patient population. . . . [The contractor's] staff will be responsible for identifying all patient healthcare needs and scheduling appropriate treatment, as well as coordinating all emergency and non-emergency on-site and off-site medical services.*

According to the contract, BCSO's Medical Records Department monitors services provided by the healthcare vendor continuously. BCSO is also responsible for establishing effective policies and procedures, including policies and procedures about information technology security, for the healthcare vendor and its employees. The contract requires the healthcare vendor to meet quarterly with BCSO and submit quarterly healthcare reports about the overall operation of healthcare services to BCSO. Additionally, BCSO conducts background checks on healthcare vendor's proposed healthcare staff members providing services at BCCF to ensure that they do not constitute a security risk.

### **Administrative Oversight of Healthcare Services**

According to 103 CMR 932.01(3), county correctional healthcare vendors must meet with the Sheriff, facility administrator, or a designee selected by BCSO at least quarterly and submit quarterly reports on the healthcare delivery system and health environment, as well as annual statistical summaries<sup>10</sup> to BCSO. The healthcare vendor documents and maintains meeting minutes which is reviewed by BCSO staff at the next quarterly meeting. The meetings cover quality improvement, emergency drills, mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at BCSO.

### **Admission Medical Screening**

Section A of BCSO's Policy 602.02 (Admission Medical Screening/Health Appraisal and Examination/Access to Health Care) requires an admission medical screening, which is documented with the Medical Entrance Exam Report, by a healthcare staff member for each inmate upon intake at BCCF before placement in the

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

general population to ensure that their health needs are identified and addressed. The screening consists of a structured inquiry and observation to identify potential emergencies and to ensure that inmates with known illnesses, health needs, and medications are identified for further assessment and continued treatment while in custody. A healthcare staff member immediately records the findings of the screening upon completion in CorEMR. Upon arrival at BCCF, if an inmate is determined to be in an emergency condition, they are transported by either ambulance or BCSO transport vehicle to Falmouth Hospital's emergency department for evaluation and treatment. Any inmate who is determined to pose a serious risk of communicable or infectious disease is confined apart from the general population until they have medical clearance.<sup>11</sup>

According to BCSO Policy 602.02, an inmate has the right to waive the admission medical screening by signing a Refusal of Medical Care Form.

Access to healthcare services is communicated both verbally and in writing to all inmates upon admission. Special procedures, including the use of a translation service,<sup>12</sup> ensure that inmates who may have difficulty communicating with employees understand how to access healthcare services.

## **Health Appraisal / Physical Examination**

According to Section B of BCSO's Policy 602.02, each inmate committed to BCCF for 30 days or more is required to have a health appraisal, which is documented with the Physical Examination/Initial Chronic Disease Form, no later than 7 days after admission. This timeframe can be extended to 14 days if the admission medical screening was performed by a physician or registered nurse. If the inmate's medical file indicates that they received a health appraisal within the last 90 days at BCCF, the appraisal is not required. A healthcare staff member completes the health appraisal, 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 any follow-up services with inmates who require further treatment. The healthcare vendor collects and records inmates' health

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11. According to WellPath's Policy HCD-100\_E-02 (Receiving Screening), medical clearance is "a clinical assessment of physical and mental status before an individual is admitted into the facility. The medical clearance may come from the on-site health care staff or may require sending the individual to the hospital emergency room. The medical clearance is to be documented in writing."

12. The translation service provides support in 240 languages and is available 24 hours a day, 7 days a week, to BCSO correctional officers and medical staff members.

appraisal data in the inmate's medical record in CorEMR, which is approved by a qualified healthcare professional.<sup>13</sup>

## **Sick Call Requests**

According to Section D of BCSO's Policy 602.02, "All inmates shall have the opportunity to request medical assistance by completing a Sick Call Request Form and submit it to the Health Services Department." During our audit period, BCSO's healthcare vendor administered the sick call process.

To request access to healthcare, an inmate completes a Sick Call Request Form that states the type of service requested (medical, dental, or mental health); the date the form is completed; and the nature of the problem or request. They also add their name, state identification number, date of birth, and signature. They submit the Sick Call Request Form by putting it in a secure lockbox in their housing unit or handing it directly to a healthcare staff member during a medication pass, which occurs at least twice a day. Healthcare staff members pick up the Sick Call Request Forms daily to evaluate and triage the requests. Any request that requires the attention of the physician is attached to the inmate's medical record and given to the attending physician. Sick calls are available to inmates five days a week and qualified healthcare professionals provide treatment according to clinical priorities and schedule follow-up appointments. All Sick Call Request Forms are filed in inmates' medical records in CorEMR.

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13. According to Wellpath's Policy HCD-100\_A-02, qualified healthcare professionals include "physicians, physician assistants, nurses, nurse practitioners, dentists, . . . mental health professionals, and others who by virtue of education, credentials, and experience are permitted by law to evaluate and care for patients."

## 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 Barnstable County Sheriff's Office (BCSO) 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 BCSO comply with and implement the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and Section B of BCSO's Policy 600.03 (Guidelines for Serious Injury, Illness or Death) regarding the deaths of inmates in its custody?	Yes
2. Did BCSO hold quarterly meetings with the healthcare vendor and review quarterly reports in accordance with 103 CMR 932.01(3) and Section A of BCSO's Policy 600.01 (Health Care/Health Services/Health Services Personnel/Emergency Health Care) for inmates' healthcare services?	Yes
3. Did BCSO provide admission medical screenings to its inmates upon intake, and health appraisals within seven days after admission, in accordance with Sections A and B of BCSO's Policy 602.02 (Admission Medical Screening/Health Appraisal and Examination/Access to Health Care)?	No; see <b>Finding 1</b> and <b>Other Matters</b>
4. Did inmates at BCSO receive medical care after submission of a Sick Call Request Form in accordance with Section D of BCSO's Policy 602.02?	Yes

To accomplish our objectives, we gained an understanding of BCSO's internal control environment related to the objectives by reviewing BCSO's internal control plan and applicable agency policies and procedures, as well as conducting interviews with BCSO 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 admission medical screenings. 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 BCSO management for the audit period, which reflected one inmate who died in BCSO custody on January 25, 2020 and whose cause of death was reported as natural medical causes. To determine whether BCSO complied with 103 CMR 932.17(2) and its Policy 600.03 regarding the deaths of inmates in its custody, we performed the following procedures:

- We inspected BCSO's Policy 600.03 to determine whether BCSO 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 BCSO complied with and implemented the requirements of 103 CMR 932.17(2) and its in-custody death guidelines in Policy 600.03, we performed the following:
  - We examined BCSO's internal notifications for the death in custody during our audit period to ensure that medical and administrative staff members were notified about the unresponsiveness of the inmate, resulting in immediate transportation to the hospital by ambulance.
  - We examined the incident report from BCSO's responding officer to ensure that correctional officers and medical staff members performed life-saving measures on the inmate, as appropriate. We also examined the incident report to ensure that BCSO was notified of the inmate's death and that the superintendent notified the inmate's next of kin.

- We asked BCSO management whether a Criminal Offender Record Information notification<sup>14</sup> was needed.
- We examined the Inmate Death Summary from Falmouth Hospital and the Correctional Electronic Medical Records (CorEMR) system report to determine whether the inmate's cause of death was listed as natural medical causes occurring under the direct care of medical staff and/or hospital care, in which case no further investigation of causes, mortality review, or clinical review were required.

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

To determine whether BCSO provided its inmates with admission medical screenings upon intake and health appraisals within seven days of admission, in accordance with Sections A and B of its Policy 602.02, 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 population of 1,228 who were admitted to the Barnstable County Correctional Facility (BCCF) for more than seven days during the audit period. We performed the following tests:

- We examined the Medical Entrance Exam Report (for admission medical screenings) for each inmate in our sample to document the date and time it was completed and signed by a healthcare staff member. For inmates who refused the admission medical screening upon intake, we examined the signed inmate refusal form. We then calculated the number of hours after arrival at BCCF the inmate received the admission medical screening to determine whether inmates received the admission medical screening upon intake as required by Section A of BCSO's Policy 602.02.
- We examined each inmate's Physical Examination/Initial Chronic Disease Form (for health appraisals) to document the date and time it was completed and signed by a healthcare staff member. We then calculated the number of days after the inmate's arrival to BCCF the health appraisal was completed to determine whether inmates received the health appraisal within 7 days (or extended to 14 days in some cases) as required by Section B of BCSO's Policy 602.02 .

To determine whether inmates received medical care after submission of Sick Call Request Forms in accordance with Section D of BCSO's Policy 602.02, we selected a statistical, random sample with a 95%

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14. 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.

confidence level, 5% tolerable rate, and 0% expected error rate. Our sample consisted of 60 Sick Call Request Forms out of a total population of 1,243 Sick Call Request Forms submitted by inmates during the audit period. We performed the following procedures:

- We examined each Sick Call Request Form submitted by an inmate and documented the date the form was completed by the inmate and the date it was signed by a healthcare staff member.
- We calculated the number of days between the submission date of the Sick Call Request Form and the date a healthcare staff member reviewed the Sick Call Request Form.
- We examined each Sick Call Request Form and the corresponding CorEMR sick call entry notes to determine whether the healthcare vendor (1) reviewed the Sick Call Request Form for the immediacy of need, (2) suggested treatment that was documented and attached to the inmate's medical record in CorEMR, and (3) referred problems beyond their scope to the appropriate provider.

## **Data Reliability Assessment**

### **Offender Management System**

To assess the reliability of the inmate data obtained from the Offender Management System (OMS), we interviewed BCSO information technology (IT) personnel who were responsible for oversight of the system. We tested the general IT controls, including access and account management controls (see Other Matters). We selected a random sample of 20 inmates from the list of inmates in OMS and agreed each full name, date of birth, booking date, gender, age, and race from the original source document (the mittimus). We also selected 20 random samples from hard copies of the mittimi and traced the inmates' same information (full name, date of birth, booking date, gender, age, and race) from them to OMS. In addition, we tested the inmate data for duplicate records and matched the death in custody list from OMS with the list the Office of the Chief Medical Examiner provided.

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

### **CorEMR**

We assessed the reliability of the sick call data obtained from CorEMR by conducting interviews with BCSO and Wellpath officials with knowledge about the data. We tested the general IT controls, including access and account management controls (see Other Matters). In addition, we tested the sick call data for duplicate records and for any errors to determine the data's integrity and confirm

the completeness and accuracy of it. Additionally, we matched the state identification numbers in CorEMR to the state identification numbers of inmates who were admitted during the audit period listed in OMS.

To confirm the completeness and accuracy of the sick call data in CorEMR, we selected a random sample of 20 Sick Call Request Forms from the sick call list in CorEMR and agreed the patient name, state identification number, date of request, and date of service by the healthcare vendor to the hardcopy Sick Call Request Forms filed by inmates. We also selected a random sample of 20 hardcopy Sick Call Request Forms and traced this information 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.



## DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

### **1. The Barnstable County Sheriff's Office did not ensure that its inmates received health appraisals on time and that it documented the health appraisals and admission medical screenings.**

The Barnstable County Sheriff's Office (BCSO) did not ensure that all inmates' health appraisals were completed on time and that its health appraisals and admission medical screenings were documented. During the audit period, there were 1,228 inmates admitted to the Barnstable County Correctional Facility (BCCF) for 7 or more days, who were subject to an admission medical screening upon intake and a health appraisal between 7 and 14 days after admission. We found that 4 health appraisals in our statistical sample of 60 were not completed within 14 days of the inmates' admission to BCCF. Based on the results of our sample, we estimate, using statistical projection techniques, that the healthcare vendor did not complete between 24 and 196 health appraisals within the required timeframe.

In addition to the untimely completion of the health appraisals, BCSO did not ensure that its healthcare vendor documented Medical Entrance Exam Reports (for admission medical screenings) and Physical Examination/Initial Chronic Disease Forms (for health appraisals) in each inmate's medical file in the Correctional Electronic Medical Records (CorEMR) system. Specifically, we found that, out of a statistical sample of 94 inmates, 5 had no Medical Entrance Exam Reports in the system, and 3 of these 5 inmates had no Physical Examination/Initial Chronic Disease Forms in the system. Without these medical forms documented in CorEMR, there is no evidence that the admission medical screenings and health appraisals were completed.

Because BCSO does not ensure that its healthcare vendor completes the health appraisals within the required timeframe and documents each medical form in CorEMR, there is a higher-than-acceptable risk that inmates' medical issues are not identified and treated, ultimately affecting the health and safety of all BCSO inmates.

### **Authoritative Guidance**

According to Sections A and B of BCSO's Policy 602.02 (Admission Medical Screening/Health Appraisal and Examination/Access to Healthcare),

### **A. ADMISSION MEDICAL SCREENING**

1. *Every inmate, including transfers booked into the facility shall have an admission medical screening performed on arrival by a qualified health care professional. The findings of the screening shall be recorded in the electronic medical record by a member of the Health Services Department. . . .*

### **B. HEALTH APPRAISAL/PHYSICAL EXAMINATION . . .**

- a. *Each inmate committed to the facility for 30 days or more shall receive a thorough physical examination and the 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 a registered nurse.*

## **Reasons for Noncompliance**

BCSO management stated that during the audit period, its healthcare vendor did not have enough staff members to complete the health appraisals.

BCSO has not established any monitoring controls to ensure that its healthcare vendor completes health appraisals on time and documents the health appraisals and admission medical screenings.

## **Recommendations**

1. BCSO should establish monitoring controls to ensure that its healthcare vendor completes health appraisals on time and documents the health appraisals and admission medical screenings. Specifically, BCSO should designate an employee to monitor the healthcare vendor's completion of health appraisals and documentation of health appraisals and admission medical screenings.
2. BCSO should ensure that its healthcare vendor has enough staff members to complete the health appraisals.

## **Auditee's Response**

*The Barnstable County Sheriff's Office is actively seeking a solution to the problems we have encountered with our present medical vendor, Wellpath, which was contracted to provide medical care to our inmate population. Staffing is an on-going challenge not only for this vendor but for medical vendors and providers in general in Barnstable County. This leaves the BCSO with little option other than to reduce the payment owed to the vendor if the staffing matrix is not satisfied. The vendor's staffing is monitored daily by shift and evidence was provided during the audit. . . .*

*Addressing the statement of, "BCSO has not established any monitoring controls to ensure that its healthcare vendor completes health appraisals on time and documents the health appraisals and admission medical screenings", the Barnstable County Sheriff's Office has directly addressed [the*

*Office of the State Auditor's] concerns and we have been monitoring the health appraisals and admission medical screenings through the Audit and Compliance Department. We provided your office with evidence of this monitoring during the Audit. Over the course of the contract years with WellPath our own findings of non-compliance have been addressed directly with the multiple Health Service Administrators (HSAs) who were assigned to our facility as well as with the WellPath Administrators assigned to oversee the operations of the contracted medical care of our facility. We will continue to monitor the services provided by this vendor in order to ensure the contractual obligations are met and the vendor maintains an appropriate level of care for our inmate population.*

### **Auditor's Reply**

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

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## OTHER MATTERS

### **The Barnstable County Sheriff's Office needs to improve its internal controls over its information technology systems.**

The Barnstable County Sheriff's Office (BCSO) has not established adequate internal controls over its information technology (IT) systems: the Offender Management System and the Correctional Electronic Medical Records system. Specifically, BCSO had no written policies and procedures regarding administering critical aspects of these systems, such as the following:

- IT system access
- IT system security awareness and training
- IT system audit and accountability

In addition to not having the aforementioned policies and procedures, BCSO does not conduct certain critical IT system control activities. Specifically, BCSO does not provide cybersecurity awareness training to its employees who have access to its IT systems. In comparison, standards established by the National Institute of Standards and Technology's Special Publication 800-53r5 include conducting IT system control activities, such as regular cybersecurity awareness training for all employees.

In the opinion of the Office of the State Auditor, BCSO should take immediate measures to improve the internal controls over its IT systems. Inadequate or nonexistent controls make the information in BCSO's IT systems more vulnerable to unauthorized access and use by agency employees and to cyberattacks that could result in financial and/or reputational losses.

### **Auditee's Response**

*Addressing the "Other Matters" section of the Draft Audit Report No. [2022]-1443-3J, it was cited that "The Barnstable County Sheriff's Office needs to improve its internal controls over its information technology systems." The draft report stated, "Specifically, BCSO had no written policies and procedures regarding administering critical aspects of these systems, such as the following:*

- *IT system access*
- *IT system security awareness and training*
- *IT system audit and accountability."*

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*Contrary to the above findings, the BCSO addresses all three of these topics in Policy 201.06 Computer, Mobile, and Electronic Communications and Policy 201.09 Passwords.*

*Regarding the report of BCSO not conducting certain critical IT system control activities such as cybersecurity awareness training to all of its employees, the BCSO has applied for a Municipal Cybersecurity Awareness Grant Program. The program promotes overall cybersecurity posture through evaluation, end user training, and threat simulation. The Executive Office of Technology Services and Security's (EOTSS) Office of Municipal and School Technology procures and manages the program. The program includes cyber threat assessment, assignments and testing as well as simulated phishing emails.*

### **Auditor's Reply**

We commend BCSO for updating Policies 201.06 and 201.09 after our audit period, and for applying for a Municipal Cybersecurity Awareness Grant, to address our concerns in these areas.