

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued November 25, 2025

Hampden County Sheriff's Office

For the period July 1, 2022 through June 30, 2024

(When designing the audit plan for employee settlement agreements entered into by the agency, we extended the audit period to July 1, 2019 through June 30, 2024)



OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

November 25, 2025

Nicholas Cocchi, Sheriff
Hampden County Sheriff's Office
627 Randall Road
Ludlow, MA 01056

Dear Sheriff Cocchi:

I am pleased to provide to you the results of the enclosed performance audit of the Hampden 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, 2022 through June 30, 2024. When designing the audit plan for employee settlement agreements entered into by the Hampden County Sheriff's Office, we extended the audit period to July 1, 2019 through June 30, 2024.

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 Hampden 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 has any questions.

Best regards,



Diana DiZoglio
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

CMR	Code of Massachusetts Regulations
CTR	Office of the Comptroller of the Commonwealth
EOTSS	Executive Office of Technology Services and Security
HCJHOC	Hampden County Jail and House of Correction
HCSO	Hampden County Sheriff's Office
QHP	qualified healthcare professional

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 certain activities of the Hampden County Sheriff's Office (HCSO) for the period July 1, 2022 through June 30, 2024. When designing the audit plan for employee settlement agreements entered into by HCSO, we extended the audit period to July 1, 2019 through June 30, 2024.

The purpose of our audit was to determine the following:

- Did HCSO handle the deaths of inmates in its custody in accordance with its "3.1.15—Death of a Person" policy and with Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR)?
- Did HCSO hold internal quarterly meetings and submit quarterly reports regarding healthcare services for inmates in accordance with its "4.5.1—Health Services Governance and Administration" policy and with 103 CMR 932.01(3)?
- Did HCSO provide its inmates with receiving screenings upon admission, as well as an initial health assessment and a physical examination within 7 to 14 days after admission, in accordance with its "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.06 and 932.07?
- Did HCSO provide its inmates with medical care after submission of a sick call request in accordance with HCSO's "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.09?
- Did HCSO provide initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with its "4.5.12—Mental Health Services" policy and with 103 CMR 932.13?
- Did HCSO have internal policies and procedures in place for (a) the review and approval of employee settlement agreements, including the language used, and (b) the reporting of employee settlement agreements to the Office of the Comptroller of the Commonwealth (CTR)? For employee settlement agreements entered into from July 1, 2019 through June 30, 2024, did HCSO follow these policies, and did it refrain from using non-disclosure, non-disparagement, or similarly restrictive clauses as part of employee settlement agreement language?

Below is a summary of our findings, the effects of those findings, and our recommendations, with hyperlinks to each page listed.

Finding 1 Page 18	HCSO should ensure that all inmates receive physical examinations on time, as part of their initial health assessments.
Effect	Because HCSO did not ensure that all inmates received physical examinations as part of their initial health assessments within the required timeframe, there is a higher risk that inmates' medical issues were not identified and treated, ultimately affecting the health and safety of all HCSO inmates and staff members.

Recommendations Page <u>19</u>	<ol style="list-style-type: none">1. HCSO should establish monitoring controls to ensure that it completes all portions of the initial health assessment—especially the physical examination—on time.2. HCSO should ensure that its healthcare department has enough staff members to complete all portions of the initial health assessment—especially the physical examination—in the required timeframes.
Finding 2 Page <u>19</u>	HCSO should have documented internal policies or procedures regarding state employee settlement agreements and supporting records, as would be best practice.
Effect	A documented, written process to handle employee settlement agreements, especially for those containing non-disclosure, non-disparagement, or similarly restrictive clauses, can help ensure that employee settlements are handled in an ethical, legal, and appropriate manner.
Recommendation Page <u>21</u>	HCSO should develop, document, and implement a written policy related to employee settlement agreements, including prohibiting the use of non-disclosure, non-disparagement, or similarly restrictive clauses in its agreements, as recommended in the Governor's "Executive Department Settlement Policy," issued January 27, 2025.

OVERVIEW OF AUDITED ENTITY

The Hampden County Sheriff's Office (HCSO) was established as an independent state agency on July 1, 1998, after Section 12 of Chapter 34B of the Massachusetts General Laws abolished Hampden County as a form of government. The Sheriff became an employee of the Commonwealth but remained an elected official and retained administrative and operational control of HCSO.

According to HCSO's "1.1.1—Mission Statement/Goals Statutory Authority" policy,

The mission of the HCSO is to empower offenders to reclaim their liberty through informed and responsible choices. This mission is accomplished through a professional, well-trained and dedicated staff committed to the goals of the Sheriff's Office. The continuum of care, from entry to post-release, is designed to promote successful offender re-entry as socially and civically responsible citizens.

During the audit period, HCSO had a total of 5,691 inmates in its custody.¹ As of June 30, 2024, HCSO had 1,670 employees, including correctional officers who supervised and cared for the inmates in HCSO's custody. In fiscal years 2023 and 2024, HCSO's annual state appropriation was approximately \$94,847,413 and \$95,908,708, respectively.

HCSO's main administrative building and the Hampden County Correctional Center are located at 627 Randall Road in Ludlow.

Under the Sheriff's direction, HCSO operates several facilities, which include the Hampden County Correctional Center, the Western Massachusetts Regional Women's Correctional Center, the Stonybrook Stabilization & Treatment Center, the Western Massachusetts Recovery and Wellness Center, and the All-Inclusive Support Services Center.

According to HCSO's "Protocol 1: Mission Philosophy,"

The HCSO provides a program of incarceration, rehabilitation and reintegration of incarcerated persons and other offenders. . . . Initial assessment, education classes, family counseling, and participation in in-house and community-based programs, structured recreational programs, jail industry programs and other rehabilitative services are offered to provide inmates the opportunity to achieve support, respect and personal accomplishment. The same programs are designed to successfully return the incarcerated persons and other offenders to their families and the community as socially responsible and law-abiding individuals.

1. For an inmate to be in HCSO's custody means that HCSO has the authorization from a court to incarcerate an inmate until the court orders their release.

Inmate Information System

HCSO uses an information system to track and manage information on inmates in its custody. During the process of admitting an inmate, one of HCSO's booking administrators enters information from a mittimus² into the system.

Medical Record Management System

HCSO uses a medical record management system to manage inmates' medical information. Medical staff members, known as qualified healthcare professionals (QHPs),³ use electronic forms to document each inmate's health information, such as their medical history, ongoing and past treatments, mental health conditions, medications, and scheduled appointments. QHPs also use this system to document and track inmates' sick call requests.

Inmate Deaths

Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) requires county correctional facilities, such as HCSO, to establish guidelines for notifications, investigations, reports, and documentation regarding the deaths of inmates and facility employees. According to HCSO's "3.1.15—Death of a Person" policy, in the event of serious illness or injury of an inmate, HCSO staff members immediately notify the shift commander, who notifies the Sheriff. If an inmate is found unresponsive while in HCSO's custody, HCSO employees start immediate life-saving measures. Responding QHPs, upon arrival at the scene, assess the situation and provide any necessary treatment. If necessary, the inmate is transported to the hospital by ambulance and is accompanied by an HCSO employee who stays with the inmate until either a medical diagnosis is made or the time of death is declared; at this point, they notify the shift commander of the situation. The HCSO employee who accompanied the inmate is responsible for preparing an incident report, which includes the names of any involved ambulance attendants, paramedics, and physicians; if the inmate died, the report also includes the date and time of their death and the name of the physician who declared their death.

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2. A mittimus is a written, court-issued document presented to a correctional facility, committing an individual to incarceration. It contains information on the offense and term of imprisonment and follows an inmate through their time in the criminal justice system.
 3. According to HCSO's "3.1.15—Death of a Person" policy, qualified healthcare professionals, who could be either HCSO employees or individuals from contracted healthcare providers, "include physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients."

Upon discovery of a death of an inmate in an HCSO facility, the special operations supervisor is designated as the incident commander; secures the area; notifies the Sheriff, the chief of security, the assistant superintendent of operations, the superintendent, the Massachusetts State Police; and activates the criminal investigation unit. The incident commander then initiates an investigation and ensures that all present staff members complete an incident report and all present inmates provide signed statements; these documents are maintained within one file. The Sheriff determines who notifies the deceased inmate's emergency contact. For cases in which HCSO was holding the inmate for another county, HCSO notifies the Sheriff of that county of the situation.

After the death of an inmate, an administrative review is performed. The administrative review consists of an assessment of the actions taken at the time of the inmate's death to identify areas in which facility operations, protocols, and procedures could be improved. HCSO also performs a clinical mortality review of the medical care provided in the period preceding the inmate's death. The purpose of the clinical mortality review is to determine whether patient care or medical policies and procedures need to be changed. If the inmate's death was by suicide, then a psychological autopsy is performed by a qualified mental health professional. The psychological autopsy is an in-depth review of the factors that might have contributed to the inmate's death. Each of these reviews is performed within 30 days of the inmate's death.

Healthcare Services

During the audit period, most general healthcare services were provided by HCSO's in-house healthcare employees. HCSO's director of nursing was designated as its responsible health authority, who is in charge of ensuring accessible, quality, and timely healthcare services for inmates. Also, during the audit period, HCSO contracted with external healthcare providers for certain aspects of mental health, substance use disorder treatment, laboratory, and dental services.

Quarterly Meetings

According to 103 CMR 932.01(3),

The county correctional facility [in this case, HCSO] 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.*

HCSO holds quarterly administrative meetings with the facility administrator and the health authority or their designee, and other healthcare and correctional staff members. These meetings provide the Health Department with the opportunity to review the effectiveness of the healthcare system and changes in protocols and to discuss topics such as nursing trends and wellness checks. HCSO submits weekly reports to the Sheriff regarding the Health Department and health environment.

Statistical summaries, referenced in the above regulations, provide a comprehensive overview of medical services delivered to inmates throughout the year and report on the number of sick call visits, external medical trips (e.g., hospital admissions), emergencies, and dental cases.

Receiving Screening

According to 103 CMR 932.06, an admission medical screening—which HCSO refers to as a receiving screening—should be performed on each inmate upon their arrival at HCSO's facilities by a QHP. During the booking process, a QHP conducts a receiving screening, which includes, but is not limited to, a review of an inmate's medical history (including illnesses, mental health conditions, allergies, and substance use), appearance, dental issues, and current mental state. The QHP records all findings of the receiving screening on the Admission Screening form, the Oral Screening form, the Medical Intake form, and the Substance Abuse Assessment form if required. Additionally, the QHP makes recommendations for the disposition of the inmate, such as referrals to appropriate healthcare services or being placed in the general inmate population.

Initial Health Assessments and Physical Examinations

According to 103 CMR 932.07, each inmate committed to an HCSO facility for 30 or more days must receive a physical examination within either (1) 7 days of admission, if a licensed practical nurse completes the receiving screening, or (2) 14 days of admission, if a physician, physician assistant, or registered nurse completes the receiving screening. Physical examinations include the examination of the inmate for signs of trauma or illness and the review of any medical findings or test results with the inmate. These physical examinations are one part of HCSO's overall initial health assessment.

In addition to the physical examination, according to HCSO's "4.5.7—Health Care and Treatment" policy, the initial health assessment also includes the following:

- review of the admission survey results;
- collection of additional medical data to complete the inmate's medical history;

- follow-up on any issues identified during the receiving screening;
- recording of vital signs (e.g., blood pressure and pulse);
- conduction of laboratory and/or diagnostic tests;
- review of the inmate's immunization history;
- ordering of vaccines, if needed; and
- housing and job assignment recommendations, when appropriate.

Initial Mental Health Screenings and Follow-up Evaluations

According to HCSO's "4.5.12—Mental Health Services" policy, all inmates receive a mental health screening upon admission, as part of the medical intake process. This initial mental health screening includes, but is not limited to, an interview regarding the inmate's history of psychiatric treatment, hospitalization related to substance use disorder, detoxification and outpatient treatment, and suicidal and/or violent behavior, as well as a screening of the inmate's intellectual function and emotional response to incarceration. Inmates who screen positive for mental health disorders are referred for further evaluation by a mental health clinician and are seen within 10 business days of their initial mental health screening.

Sick Call Requests

According to 103 CMR 932.09(1),

Written policy and procedure shall provide for continuous response to health care requests and that sick call, conducted by a physician or other qualified health personnel, is available to each inmate.

According to HCSO's "4.5.7—Health Care and Treatment" policy, correctional officers log requests for healthcare from inmates directly into the medical record management system. A QHP provides services for each submitted request for healthcare; these services include a face-to-face meeting and documentation of the meeting within the inmate's medical record.

Employee Settlement Agreements

The Office of the Comptroller of the Commonwealth (CTR) has established policies and procedures for Commonwealth agencies regarding the processing of employee settlements and judgments. CTR's "Settlements and Judgments Policy," dated January 10, 2022 and in effect during the audit period, states,

A settlement or judgment results from a formal claim (grievance, complaint or law suit) against the Commonwealth that results in either a Settlement Agreement, or a court or administrative award, order or Judgment. . . .

A "claim" is considered any demand by any person for damages to compensate a wrong allegedly suffered, including but not limited to violation of civil rights, breach of contract, failure to comply with contract bidding laws, incorrect or improper personnel determinations regarding pay, promotion or discipline, failure to comply with statutory or constitutional provisions applicable to employment, an eminent domain taking, and attorney's fees, interest and litigation costs associated with these claims.

For the purposes of our audit, we focused on settlement agreements resulting from claims brought by current or former state employees against HCSO for the extended audit period, July 1, 2019 through June 30, 2024.

The procedures for agencies to determine the availability of funds for the payment of settlements and judgments against the Commonwealth are described in 815 CMR 5.00, as are reporting requirements. This regulation requires agencies to prepare and submit a report to CTR's general counsel before making the payment. When reporting employee settlement agreements to CTR, state agencies use a Non-Tort Settlement/Judgment Payment Authorization Form (referred to in this report as the SJ Authorization Form) to document the following:

- whether the claim will be paid by the agency or through the Settlement and Judgment Reserve Fund;
- the type of claim;
- the agency's information;
- the employee's information;
- the type and amount of damages detailed in the settlement agreement;
- the amount of any attorney's fees awarded; and
- the amount of any interest awarded or accrued.

Additionally, agencies must also include a copy of the employee settlement agreement signed by authorized representatives of both parties when they submit the SJ Authorization Form.

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 Hampden County Sheriff's Office (HCSO) for the period July 1, 2022 through June 30, 2024. When designing the audit plan for employee settlement agreements entered into by HCSO, we extended the audit period to July 1, 2019 through June 30, 2024.

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 HCSO handle the deaths of inmates in its custody in accordance with its "3.1.15—Death of a Person" policy and with Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR)?	Yes
2. Did HCSO hold internal quarterly meetings and submit quarterly reports regarding healthcare services for inmates in accordance with its "4.5.1—Health Services Governance and Administration" policy and with 103 CMR 932.01(3)?	Yes
3. Did HCSO provide its inmates with receiving screenings upon admission, as well as an initial health assessment and a physical examination within 7 to 14 days after admission, in accordance with its "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.06 and 932.07?	Not always; see Finding <u>1</u>
4. Did HCSO provide its inmates with medical care after submission of a sick call request in accordance with HCSO's "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.09?	Yes
5. Did HCSO provide initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with its "4.5.12—Mental Health Services" policy and with 103 CMR 932.13?	Yes

Objective	Conclusion
6. Did HCSO have internal policies and procedures in place for (a) the review and approval of employee settlement agreements, including the language used, and (b) the reporting of employee settlement agreements to the Office of the Comptroller of the Commonwealth (CTR)? For employee settlement agreements entered into from July 1, 2019 through June 30, 2024, did HCSO follow these policies, and did it refrain from using non-disclosure, non-disparagement, or similarly restrictive clauses as part of employee settlement agreement language?	No; see Finding <u>2</u>

To accomplish our audit objectives, we gained an understanding of the HCSO internal control environment relevant to our objectives by reviewing HCSO's internal control plan, reviewing applicable policies and procedures, and conducting site visits and interviews with HCSO management. We evaluated the design and implementation of internal controls related to the internal quarterly meetings for healthcare services. We also tested the operating effectiveness of internal controls related to the internal quarterly meetings for healthcare services. In addition, to obtain sufficient, appropriate evidence to address our audit objectives, we performed the procedures described below.

Inmate Deaths

We inspected a list of inmate deaths that occurred during the audit period, which HCSO management provided to us. This list showed that five inmates died in HCSO's custody during the audit period.

To determine whether HCSO handled the deaths of inmates in its custody in accordance with its "3.1.15—Death of a Person" policy and with 103 CMR 932.17(2), we took the following actions:

- We inspected HCSO's "3.1.15—Death of a Person" policy to determine whether HCSO 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 [i.e., the possession 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.

- We reviewed documentation (i.e., HCSO employee incident reports, administrative reviews, and multidisciplinary mortality reports) related to the five in-custody deaths to determine whether the following occurred:
 - life-saving measures were started upon finding the inmate unresponsive;
 - a QHP assessed the situation, provided necessary treatment, and reported to the special operations supervisor;
 - the inmate was transported to the hospital by ambulance;
 - staff members notified the shift commander, who notified the Sheriff;
 - the special operations supervisor assigned security staff members to do the following:
 - ♦ accompany and remain with the inmate until a medical diagnosis was made or a time of death was declared;
 - ♦ notify the shift commander with the time of death; and
 - ♦ prepare an incident report containing the names of any involved ambulance attendants, paramedics, and physicians, as well as the date and time of the inmate's death and the name of the physician who declared their death;
 - HCSO notified the appropriate county's Sheriff of the inmate's situation, if that inmate was being held for a county other than HCSO's;
 - HCSO notified any of the inmate's victims listed in the Victim Notification Registry of the inmate's death, if there were any listed;
 - the incident commander filed an incident report with the assistant superintendent of operations;
 - HCSO conducted a death review within 30 days that included the following:
 - ♦ an administrative review;
 - ♦ a clinical mortality review document that includes the following: the review's date and time, the names of those in attendance, a summary of the items discussed, and recommendations and actions to be taken; and
 - ♦ a psychological autopsy, if the death was by suicide.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, HCSO handled the deaths of inmates in its custody in accordance with its "3.1.15—Death of a Person" policy and with 103 CMR 932.17(2).

Quarterly Meetings

To determine whether HCSO held internal quarterly meetings and submitted quarterly reports regarding healthcare services for inmates in accordance with its "4.5.1—Health Services Governance and Administration" policy and with 103 CMR 932.01(3), we took the following actions. First, we requested, and HCSO provided us with, the meeting minutes corresponding to the population of the eight (100%) quarterly meetings that took place during the audit period between the facility administrator and HCSO's health authority (or their designee). We reviewed the dates on which the meetings were held, who attended, and whether inmate healthcare services were discussed. In addition, we reviewed reports on the health department and environment, which were sent to the Sheriff on at least a quarterly basis.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, HCSO held internal quarterly meetings and submitted quarterly reports regarding healthcare services for inmates in accordance with its "4.5.1—Health Services Governance and Administration" policy and with 103 CMR 932.01(3).

Receiving Screenings and Initial Health Assessments

Receiving Screenings

To determine whether HCSO provided its inmates with receiving screenings upon admission in accordance with its "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.06, we took the following actions. First, we selected a random, statistical sample⁴ of 60 inmates out of the population of 7,261 inmates who were admitted to the Hampden County Jail and House of Correction (HCJHOC) during the audit period. We made this selection using a 95% confidence level,⁵ a 0% expected error rate,⁶ and a 5% tolerable error rate.⁷ We then performed the following procedures:

- We reviewed the medical forms (i.e., the Admission Screening form, the Oral Screening form, the Medical Intake form, and the Substance Abuse Assessment form) used by HCSO as part of the

4. Auditors use statistical sampling to select items for audit testing when a population is large (usually over 1,000) and contains similar items. Auditors generally use a statistics software program to choose a random sample when statistical sampling is used. The results of testing using statistical sampling, unlike those from judgmental sampling, can usually be used to make conclusions or projections about entire populations.

5. Confidence level is a mathematically based measure of the auditor's assurance that the sample results (statistic) are representative of the population (parameter), expressed as a percentage.

6. Expected error rate is the number of errors that are expected in the population, expressed as a percentage. It is based on the auditor's knowledge of factors such as prior year results, the understanding of controls gained in planning, or a probe sample.

7. Tolerable error rate is the maximum error in the population that auditors would be willing to accept and still conclude that the result from the sample has achieved the audit objective.

receiving screening to determine whether each required field in the surveys were completed upon admission.

- We compared the date when the receiving screening was performed to the date when the inmate was booked to determine whether the inmate received their receiving screening upon admission.

For this aspect of our objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, HCSO provided its inmates with receiving screenings upon admission in accordance with its “4.5.7—Health Care and Treatment” policy and with 103 CMR 932.06.

Initial Health Assessments and Physical Examinations

To determine whether HCSO provided its inmates with an initial health assessment and a physical examination within 7 to 14 days after admission, in accordance with its “4.5.7—Health Care and Treatment” policy and with 103 CMR 932.07, we took the following actions. First, we selected a random, statistical sample of 60 inmates out of the population of 3,608 inmates who were admitted to HCJHOC and were in custody for 30 days or more during the audit period. We made this selection using a 95% confidence level, a 0% expected error rate, and a 5% tolerable error rate. We then performed the following procedures:

- We inspected the medical forms used as part of the initial health assessment for each inmate in our sample to determine whether each field in each form was completed.
- We used the date on each Physical Exam form to calculate the number of days between each inmate's admission date and the date on which their physical examination was completed to determine whether HCSO completed each physical examination in the required timeframe.
 - We determined whether the physical examination was completed within 7 days of admission if the receiving screening was completed by a licensed practical nurse.
 - We determined whether the physical examination was completed within 14 days of admission, if the receiving screening was completed by a physician, physician's assistant, or registered nurse.

For this aspect of our objective, we found certain issues during our testing; namely, that HCSO did not consistently provide each inmate with a physical examination as part of their initial health assessment within the required timeframe of 7 to 14 days after admission during the audit period. See [Finding 1](#) for more information.

Sick Call Requests

To determine whether HCSO provided its inmates with medical care after submission of a sick call request in accordance with HCSO's "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.09, we took the following actions. First, we selected a random, statistical sample of 60 sick call requests out of the population of 60,907 sick call requests submitted during the audit period, using a 95% confidence level, a 0% expected error rate, and a 5% tolerable error rate. We reviewed each inmate's medical records to determine whether the inmate was seen by a QHP within 24 hours of submitting a sick call request.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, HCSO provided its inmates with medical care after submission of a sick call request in accordance with HCSO's "4.5.7—Health Care and Treatment" policy and with 103 CMR 932.09.

Initial Mental Health Screenings

To determine whether HCSO provided initial mental health assessments to all inmates within its custody within 14 days of admission in accordance with its "4.5.12—Mental Health Services" policy and with 103 CMR 932.13, we took the following actions. First, we selected a random, statistical sample of 60 inmates out of the population of 7,261 inmates who were admitted to HCJHOC during the audit period. We made this selection using a 95% confidence level, a 0% expected error rate, and a 5% tolerable error rate. We then performed the following procedures:

- For each inmate in our sample, we inspected their medical records to determine whether the following occurred:
 - the results of the initial mental health screening were documented and the screening occurred upon booking; and
 - the inmate was referred for further evaluation if their screening indicated that they had a mental health concern.
- For each inmate in our sample who was referred for further evaluation, we used the date on the Mental Health Intake Survey to calculate the number of days between the completion of the survey and the date when they received their follow-up evaluation to determine whether it was completed within 10 business days.

For this objective, we found no significant issues during our testing. Therefore, we concluded that, based on our testing, HCSO provided initial mental health assessments to all inmates within its custody within

14 days of admission in accordance with its "4.5.12—Mental Health Services" policy and with 103 CMR 932.13.

Employee Settlement Agreements

To determine whether HCSO had internal policies and procedures in place for (a) the review and approval of employee settlement agreements, including the language used, and (b) the reporting of employee settlement agreements to CTR, we inquired about this with HCSO officials, who stated that they do not have policies over the use non-disclosure, non-disparagement, or similarly restrictive clauses in employee settlement agreements.

To determine whether HCSO entered into employee settlement agreements from July 1, 2019 through June 30, 2024, and if it did, whether it refrained from using non-disclosure, non-disparagement, or similarly restrictive clauses as part of employee settlement agreement language, we took the following actions. First, we reviewed the language in the one employee settlement agreement from the audit period.

For this objective, we found certain issues during our testing; namely, that HCSO did not have policies regarding the use of employee settlement agreements and reporting of monetary settlements to CTR. See [Finding 2](#) for more information.

We used statistical sampling methods for testing and projected the results of our testing to the corresponding populations.

Data Reliability Assessment

Inmate Deaths

To assess the reliability of the list of inmate deaths that occurred during the audit period, we interviewed HCSO staff members who were knowledgeable about the process following an inmate's death. We requested a list of all in-custody deaths that took place during the audit period and were informed that there were five inmate deaths that occurred during the audit period. In addition, we requested a list of inmate deaths that were processed by the Office of the Chief Medical Examiner during the audit period and compared this list to the deaths reported by HCSO for agreement.

Quarterly Healthcare Meetings and Reports

To assess the reliability of the population of quarterly healthcare meetings regarding healthcare services for inmates held during the audit period, we interviewed HCSO medical staff members who were involved in the meetings and responsible for providing the quarterly healthcare reports. We requested the meeting minutes and reports for all eight of the quarters that were during the audit period.

Inmate Information System

To assess the reliability of the inmate data we obtained from HCSO's inmate information system, we interviewed the assistant superintendent of information systems and technology, who was knowledgeable about the system. We tested general information technology controls (i.e., access and security management controls). We selected a random sample of 20 inmates from the list of inmates in the inmate information system and compared these inmates' information from the list to the information in the original source document (i.e., the mittimus) for agreement. We also selected 20 random hard copies of the mittimuses and compared for agreement the inmates' information from these mittimuses to the information in the list of inmates from the system. In addition, we tested all 8,390 lines of inmate data to ensure that they did not contain certain dataset issues (i.e., duplicate records, missing values in necessary data fields, and data corresponding to dates outside the audit period).

Sick Call Requests

To assess the reliability of the list of sick call requests that originated from HCSO's medical record management system, we interviewed the assistant superintendent of information systems and technology, who is knowledgeable about the system. We tested general information technology controls (e.g., access and security management controls). We ensured that the total number of lines of data related to sick call requests in the list that HCSO sent to us matched the total number of lines of data that HCSO's real-time query of sick call requests within the medical record management system produced.

In addition, we tested the list to ensure that it did not contain certain dataset issues (i.e., duplicate records, missing values in necessary data fields, improper formatting for columns containing dates, and data corresponding to dates outside the audit period). The sick call request data that originated

from the medical record management system was the only data used for this aspect of our data reliability assessment, since it was the only source of such data available.

Employee Settlement Agreements

To determine the population for the employee settlement agreements that occurred during the extended audit period of July 1, 2019 through June 30, 2024, we requested a list of all such employee settlement agreements. HCSO's administrator of standards provided copies of the seven employee settlement agreements HCSO entered into during the audit period.

We requested all legal expenses that HCSO incurred during the extended audit period and reviewed the invoices associated with each legal expense to determine whether they were related to employee settlement agreements. We reviewed CTR's Settlements and Judgments data to determine whether there were any additional employee settlement agreements entered into by HCSO during the extended audit period. Further, we queried the Commonwealth Information Warehouse⁸ for any settlements paid out to HCSO employees.

Based on the results of the data reliability assessment procedures described above, we determined that the information we obtained during the course of our audit was sufficiently reliable for the purposes of our audit.

8. The Commonwealth Information Warehouse contains budget, human resources, and payroll information, as well as financial transaction data from the Massachusetts Management Accounting and Reporting System, which is the state's official accounting system.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Hampden County Sheriff's Office should ensure that all inmates receive physical examinations on time, as part of their initial health assessments.

The Hampden County Sheriff's Office (HCSO) should have provided physical examinations to all of its inmates who were committed to the facility for 30 days or more within 7 days of admission if their receiving screening was performed by a licensed practical nurse or within 14 days of admission if their receiving screening was performed by a registered nurse. From our sample of 60 inmates out of 3,608 inmates committed to HCSO's facilities for more than 30 days, we found that 6 (10%) inmates did not receive physical examinations within the required timeframe. HCSO could not provide us with documented reasons (e.g., the inmate in question was at court or in the hospital) to justify why the physical examinations in question were not performed within the required timeframe. Out of the 6 inmates whose receiving screening was performed by licensed practical nurses, 2 received their physical examinations 12 to 15 days after their admission. The remaining 4 inmates had their receiving screenings performed by registered nurses and received their physical examinations 16 to 24 days after their admission.

We projected the test results from our sample of 60 inmates to the total population of 3,608 inmates committed to HCSO's facilities for more than 30 days. Based on this calculation, we can project with a 95% confidence level that HCSO did not provide physical examinations as part of initial health assessments to at least 138 inmates committed to HCSO's facilities for more than 30 days.

Because HCSO did not ensure that all inmates received physical examinations as part of their initial health assessments within the required timeframe, there is a higher risk that inmates' medical issues were not identified and treated, ultimately affecting the health and safety of all HCSO inmates and staff members.

Authoritative Guidance

Section 932.07(1) of Title 103 of the Code of Massachusetts Regulations (CMR) states,

Each inmate committed to the facility [in this case, HCSO] 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.

HCSO's "4.5.7—Health Care and Treatment" policy states,

Protocol 4: Health Assessment

- A. *Inmates receive initial and periodic health assessments in the facility. Each inmate committed to the facility for 30 days or more shall receive a complete health appraisal and examination 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 ([Section 16 of Chapter 127 of the Massachusetts General Laws]).*

Reasons for Issue

According to HCSO officials, there was a shortage of staff members available to perform physical examinations during part of the audit period.

Recommendations

1. HCSO should establish monitoring controls to ensure that it completes all portions of the initial health assessment—especially the physical examination—on time.
2. HCSO should ensure that its healthcare department has enough staff members to complete all portions of the initial health assessment—especially the physical examination—in the required timeframes.

Auditee's Response

1. *Reports are now able to be monitored to ensure that all portions of the initial health assessment are completed within the required timeframe.*
2. *The HCSO will and continues to actively search for qualified healthcare professionals in order to maintain appropriate staffing levels as determined by the Medical Director and Responsible Health Authority.*

Auditor's Reply

Based on its response, HCSO is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

2. The Hampden County Sheriff's Office should have documented internal policies or procedures regarding state employee settlement agreements and supporting records, as would be best practice.

HCSO should have had a documented process for handling employee settlement agreements during the extended audit period of July 1, 2019 through June 30, 2024. We consider written policies to be best

practice. We believe such policies and procedures should apply to the review, approval, processing, and reporting of employee settlement agreements, including the use of any non-disclosure, non-disparagement, or similarly restrictive clauses. No settlement agreements executed during the audit period utilized non-disclosure, non-disparagement, or similarly restrictive clauses.

A documented, written process to handle employee settlement agreements, especially for those containing non-disclosure, non-disparagement, or similarly restrictive clauses, can help ensure that employee settlements are handled in an ethical, legal, and appropriate manner.

Authoritative Guidance

According to 815 CMR 5.09,

(1) Responsibility of assigned attorney or staff person: Preparation of Reports. When litigation involving a monetary claim against the Commonwealth covered by these regulation terminates in a final Settlement or judgment with regard to such a claim, the agency attorney or staff person assigned to handle or monitor the claim shall do the following:

(a) Prepare a report indicating:

- 1. the principal amount of the settlement or judgment;*
- 2. the amount of any attorney's fee award;*
- 3. the amount of any interest award or accrued, and whether the interest continues to accrue post-judgment;*
- 4. a request for payment of the amount;*
- 5. a description of the basis for the request, (e.g., Court order or settlement agreement); and*
- 6. whether the assigned attorney desires to award the payment check to the claimant;*

(b) Forward the report with a copy of the settlement or judgment just described to the General Counsel of the Comptroller within the time frames set forth in 815 CMR5.09(2). . . .

(2) Time for preparation of reports. The report . . . shall be sent by the agency attorney to the General Counsel of the Comptroller:

(a) if based on a settlement agreement, within 15 days of signing of the final settlement papers.

Reasons for Issue

During an interview, HCSO's general counsel stated that HCSO does not have a written policy regarding the use of non-disclosure, non-disparagement, or similarly restrictive clauses as a part of any settlement, as it is agency practice not to use these types of clauses.

Recommendation

HCSO should develop, document, and implement a written policy related to employee settlement agreements, including prohibiting the use of non-disclosure, non-disparagement, or similarly restrictive clauses in its agreements, as recommended in the Governor's "Executive Department Settlement Policy," issued January 27, 2025.

Auditee's Response

Following the recommendation of the SAO, the HCSO has developed and implemented a policy titled, "1.2.8 Judgments and Settlements" to include all language recommended in the Governor's "Executive Department Settlement Policy" issued in January 27th, 2025.

Auditor's Reply

In response to our audit report, HCSO provided a copy of its newly implemented policy "1.2.8 judgments and Settlements." This new policy contains detailed protocols for the HSCO staff members responsible for the authorization and processing of state employee settlements, including the reporting of and the language used within any employee settlement.

Based on its response, HCSO has taken measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.