



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Official Audit Report – Issued December 7, 2022

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

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





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December 7, 2022

Sheriff Steven W. Tompkins
Suffolk County Sheriff's Department
20 Bradston Street
Boston, MA 02118

Dear Sheriff Tompkins:

I am pleased to provide this performance audit of the Suffolk County Sheriff's Department. 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 management of the agency, 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 Suffolk County Sheriff's Department for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMB", written over a light blue circular background.

Suzanne M. Bump
Auditor of the Commonwealth

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
OVERVIEW OF AUDITED ENTITY	2
AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY	9
DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE.....	14
1. The Suffolk County Sheriff's Department did not always ensure that it received an annual statistical summary from its healthcare vendor.....	14
2. SCSD did not ensure that its healthcare vendor complied with all the requirements of SCSD's sick call policy.	15
OTHER MATTERS	18
1. The Suffolk County Sheriff's Department should establish a policy that requires it to retain copies of the Clinical Review Committee's Summary Report.	18
2. SCSD needs to improve its internal controls over its information technology systems.	20

LIST OF ABBREVIATIONS

BPD	Boston Police Department
CMR	Code of Massachusetts Regulations
ERMA	Electronic Record Management Application
HOC	house of correction
HSA	health services administrator
HSRF	Health Service Request Form
IT	information technology
NIST	National Institute of Standards and Technology
OCME	Massachusetts Office of the Chief Medical Examiner
OMS	Offender Management System
QHP	qualified healthcare professional
SCSD	Suffolk 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 Suffolk County Sheriff's Department (SCSD) for the period July 1, 2019 through June 30, 2021. The objectives of this audit were to determine the following:

- whether SCSD complied with the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and SCSD's Policy S623 (Serious Illness, Injury or Death of Any Person on Site or on the Job) regarding the deaths of inmates in its custody¹
- whether SCSD held quarterly meetings with its contracted healthcare vendor and reviewed the vendor's quarterly reports in accordance with 103 CMR 932.01(3)
- whether SCSD provided receiving screenings² to its inmates upon arrival at SCSD's jail or house of correction and initial health assessments in accordance with Sections 2 and 4 of its Policy S604 (Inmate Care and Treatment)
- whether inmates received all the healthcare required by Section 7 of SCSD's Policy S604 (Inmate Care and Treatment), 103 CMR 932.18(2)(h), and 103 CMR 932.18(2)(k) when using SCSD's sick call process.

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

Finding 1 Page 14	SCSD did not always ensure that it received an annual statistical summary from its healthcare vendor.
Recommendation Page 14	SCSD should establish policies and procedures to ensure that it obtains the annual statistical summaries.
Finding 2 Page 15	SCSD did not ensure that its healthcare vendor complied with all the requirements of SCSD's sick call policy.
Recommendation Page 17	SCSD should establish monitoring controls (i.e., policies and procedures) over its sick call process to ensure that its healthcare vendor complies with all the requirements of SCSD's healthcare policies.

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

2. A receiving screening is an assessment of an inmate's health needs and/or medical conditions. It is conducted upon an inmate's arrival at SCSD's jail or house of correction.

OVERVIEW OF AUDITED ENTITY

The Suffolk County Sheriff's Department (SCSD) 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. The Sheriff became an employee of the Commonwealth but remained an elected official and retained administrative and operational control over SCSD. Under the Sheriff's direction, superintendents administer SCSD operations at SCSD facilities, which include its house of correction (HOC) and jail. SCSD's offices are in the HOC and jail.

According to SCSD's internal control plan,

The primary Mission of SCSD . . . shall be: To enforce the laws of the Commonwealth and to serve and protect the citizens of Suffolk County; To Strengthen public safety through corrections and providing specialized support services to all criminal justice agencies; and to maintain the safe and secure custody and control of inmates and detainees while offering extensive rehabilitation opportunities to effectively reduce offender recidivism.

As of June 30, 2021, SCSD had 977 employees, including 761 full-time correction officers working at either the Suffolk County Jail or SCSD's HOC. In fiscal years 2020 and 2021, SCSD's annual state appropriations were approximately \$117.6 million and \$116.6 million, respectively. In addition to its state appropriations, SCSD received the following federal funding to support its programs for these fiscal years.

Program	Fiscal Year 2020	Fiscal Year 2021	Total
Adult Basic Education	\$ 152,462	\$ 160,526	<u>\$ 312,988</u>
Substance Abuse Grant	86,277	81,232	<u>167,509</u>
Human Immunodeficiency Virus Grant	0	76,595	<u>76,595</u>
State Opioid Response Grant	0	225,000	<u>225,000</u>
Total	<u>\$ 238,739</u>	<u>\$ 543,353</u>	<u>\$ 782,092</u>

SCSD operates its HOC at 20 Bradston Street in Boston, which was opened in 1991 and is used for the care and custody of pretrial and sentenced inmates. Inmates can only be housed at the HOC if their sentences

are less than two and a half years. As of June 30, 2021, there were 708 inmates, 184 of whom were female and 524 of whom were male.

SCSD also operates the Suffolk County Jail at 200 Nashua Street in Boston. The jail houses pretrial male detainees.³ As of June 30, 2021, there were 357 male detainees housed there.

According to its website, SCSD inmates and detainees at both facilities are offered the following programs and services:

- Education, which includes career counseling, literacy courses, and English courses (for English-language learners)
- Vocational education in areas such as graphic arts, carpentry, and computer literacy
- Religious services, including visits from clergy and masses in various languages
- Social services, including yoga, meditation, and parenting classes as well as training from substance use disorder counselors
- Community work programs, which allow inmates to work in the community through various state agencies, such as the Massachusetts Department of Transportation
- A women's program, which includes workshops for women on topics such as reentry (life skills and job skills for inmates being released from an HOC or jail), anger management, and substance use disorder recovery
- Reentry services, which include providing case managers to male offenders (specifically those who are at high risk to reoffend) 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

SCSD uses a system called the Offender Management System (OMS) to track and manage information on inmates in its custody. The information maintained in the system includes inmates' names, genders, ethnicities, dates of birth, Social Security numbers, state identification numbers,⁴ booking numbers,⁵

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

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

5. A booking number is a unique number assigned by SCSD to an inmate upon their arrival to SCSD's jail or HOC.

booking dates, release dates, release types,⁶ and in-custody housing assignments.⁷ During an inmate's admission process, SCSD's booking officer enters information from a mittimus⁸ into OMS.

Electronic Record Management Application

SCSD uses the Electronic Record Management Application (ERMA), a Web-based application administered by WellPath (its healthcare vendor), 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 SCSD'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 SCSD's custody, the central control unit⁹ notifies healthcare staff members—including an onsite physician (who is an employee of SCSD's healthcare vendor), an emergency medical service provider (which is a third party), and SCSD's special emergency response team—to report to the scene to provide emergency medical aid. Only the physician or emergency medical service provider can determine whether the inmate has died and order the cessation of this emergency medical aid.

If an inmate dies, the central control unit notifies the superintendent of the facility and SCSD's Sheriff's Investigative Division. The Sheriff's Investigative Division then notifies the Boston Police Department (BPD), the Suffolk County District Attorney, the Massachusetts Office of the Chief Medical Examiner (OCME), and the deceased inmate's next of kin. If the inmate is held in custody for another jurisdiction (because of inmate overflow), that jurisdiction will be notified as well.

Upon arrival at the facility, BPD secures the scene and conducts an investigation, which the SCSD Sheriff's Investigative Division facilitates, to determine the cause and manner of death. Once the investigation is completed, OCME retrieves the body and conducts a postmortem exam.¹⁰ OCME then completes and

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 the HOC or jail.

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

9. The central control unit is a booth, staffed by employees, in the center of its jail or HOC that contains radio communication devices and access to controls at SCSD. All communication in and out of the facility goes through the central control unit.

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

signs the death certificate, and the body is released to the next of kin. The health services administrator (HSA)¹¹ conducts a mortality review¹² within 30 days after an inmate's death.

SCSD Policy S623 (Serious Illness, Injury or Death of Any Person on Site or on the Job) states that in the event of an inmate's suicide, SCSD's Clinical Review Committee, which includes the HSA, as well as the medical director and the director of mental health of SCSD's healthcare vendor, "conducts an in-depth clinical review [which is different than the mortality review] to determine whether changes in the [inmate's] clinical psychiatric management could have prevented the result."

All staff members and witnesses to a death must submit incident reports to SCSD's Sheriff's Investigative Division. SCSD's Sheriff's Investigative Division provides copies of these incident reports, along with OCME's report, BPD's investigation report, and other relevant reports surrounding the death in jail or the HOC, to the Suffolk County Sheriff, superintendent, and general counsel.

Healthcare

During the audit period, healthcare at SCSD facilities was contractually provided by third-party vendors (NaphCare, Inc. from July 1, 2019 through February 28, 2021, and WellPath, from March 1, 2021 through June 30, 2021). SCSD's "Request for Responses: Comprehensive Health Services to Suffolk County Sheriff's Department Offenders (BD-21-1098-HOC-SD02-53116)," dated August 17, 2020, outlines the following responsibilities of its healthcare vendor:

3.2 Role of the Contractor

The Contractor shall provide services to all inmates/detainees in the custody of SCSD.

The Contractor shall be solely responsible for making all decisions with respect to the type, timing and level of services needed by offenders. This includes, without limitation, the determination of whether an inmate/detainee is in need of clinical care, inpatient hospitalization, and/or referral to an outside specialist or otherwise needs specialized care. Except as herein otherwise provided, the Contractor shall be the sole supplier and/or

11. According to WellPath's Policy HCD-100_A-02 (Responsible Health Authority), the HSA is the designated WellPath employee who "maintains a coordinated system for health care delivery."

12. According to WellPath's Policy HCD-100_A-09 (Procedure in the Event of a Patient Death), a mortality review "consists of both an administrative and clinical mortality review, as well as a psychological autopsy, if death is by suicide. . . . The clinical mortality review is an assessment of the clinical care provided and the circumstances leading up to a death. Its purpose is to identify areas of patient care or system policies and procedures that can be improved. . . . The administrative mortality review is an assessment of correctional and emergency response actions surrounding a patient's death, regardless of the availability of autopsy results, and is conducted in conjunction with custody staff. . . . The psychological autopsy is a written reconstruction of an individual's life. It is usually conducted by a psychologist or another qualified mental health professional."

coordinator of all medical, mental health, and dental services under this Contract, and, as such, shall have the sole authority and responsibility for the implementation, modification, and continuation of any and all health care for offenders.

The Contractor shall provide all means of addressing the serious medical, dental and mental health needs of the inmate/detainee population based upon clinical assessments of the individual inmates/detainees in a manner that is cost effective and consistent with community standards of care.

According to the request for responses, SCSD is required to monitor the contractor's compliance by conducting a process performance audit of the services at each facility. This audit consists of reviewing performance measures of various health records regarding medical, dental, mental, or other health services, to ensure that the contractor is accountable for the quality and timeliness of the services provided. The request for responses does not include a required frequency for the audits. (For our audit testing, we used 103 CMR 932.01(3), which requires that healthcare vendors submit quarterly and annual reports.) SCSD is also required to monitor and review vendor staffing levels by conducting a formal staffing analysis. Staffing level changes are determined by a written agreement between the contractor and SCSD, and adjustments to compensation are based solely on the direct costs of rates and benefits.

Administrative Oversight of Healthcare

According to 103 CMR 932.01(3), county correctional healthcare vendors must meet with the Sheriff, facility administrator, or a designee selected by SCSD at least quarterly and submit quarterly reports on the healthcare delivery system and health environment, as well as annual statistical summaries.¹³ The healthcare vendor documents and maintains meeting minutes. The meetings cover quality improvement, emergency drills, mortality review findings, and other statistical reports used to monitor trends in the delivery of healthcare at SCSD.

Receiving Screenings

Upon arrival at the jail or HOC, if an inmate is determined to be in an emergency condition, they are referred to SCSD's medical clinic for evaluation and treatment. After medical clearance¹⁴ is completed, a healthcare staff member performs a receiving screening to ensure that the inmate's needs are met within

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

14. 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."

24 hours after an inmate's arrival to the facility. According to Section 2 of SCSD Policy S604 (Inmate Care and Treatment), all SCSD inmates are required to have a receiving screening by healthcare staff members upon admission. The purpose of this screening is to determine whether the inmate has any medical needs that must be immediately addressed. The screening consists of a structured inquiry and observation to determine potential emergencies and to ensure that patients with known illnesses, medication prescriptions, or other health needs are identified for further assessment and continued treatment while they are in custody.

A healthcare staff member documents the receiving screening in the Receiving Screening Form held in the inmate's medical record in ERMA. The Receiving Screening Form is then approved by a qualified healthcare professional (QHP).¹⁵ According to SCSD management, inmates have the right to waive the receiving screening by signing an Inmate Refused Receiving Screening Form.

Initial Health Assessment

According to Section 4 of SCSD Policy S604, each inmate committed to the facility for 30 days or more must receive an initial health assessment within 14 days of admission, unless there is documented evidence of an examination within the previous 90 days. A healthcare staff member completes the health assessment, which includes, but is not limited to, reviewing the inmate's medical record, examining the inmate for any signs of trauma or disease, conducting medically indicated tests, and reviewing findings and any follow-up services with inmates who require further treatment. A healthcare staff member completes the Initial Health History and Physical Assessment Form and documents the initial health assessment in the inmate's medical record for the initial health assessment in ERMA. The Initial Health History and Physical Assessment Form is then approved by a QHP.

Sick Call Requests

According to Section VII(A) of SCSD Policy S604,

All inmates shall have the opportunity, through the daily sick call process, to confidentially request medical assistance or health care services for non-emergent illnesses or injury.

During our audit period, the sick call process was administered by SCSD's healthcare vendor.

15. According to Wellpath's Policy HCD-100_A-02, QHPs include the following: "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."

To request access to healthcare, an inmate completes a sick call form, called the Health Service Request Form (HSRF), and 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, patient identification number,¹⁶ booking number, date of birth, in-custody housing assignment, and signature. They submit the HSRF 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 HSRFs daily to evaluate and triage each request within 24 hours. QHPs provide treatment and schedule follow-up appointments according to clinical priorities. A face-to-face encounter with a QHP is required within 48 hours after the receipt of the HSRF from an inmate during the week and within 72 hours of the receipt on weekends. All requests that are triaged as emergencies are responded to immediately, and problems beyond the QHP's scope are referred to appropriate healthcare providers. The inmates' medical files are maintained in ERMA.

16. A patient identification number is assigned in ERMA for each inmate, which is the same as each inmate's state identification number.

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 Suffolk County Sheriff's Department (SCSD) 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 SCSD comply with and implement the requirements of Section 932.17(2) of Title 103 of the Code of Massachusetts Regulations (CMR) and SCSD's Policy S623 (Serious Illness, Injury or Death of Any Person on Site or on the Job) regarding the deaths of inmates in its custody?	See <u>Other Matters 1</u>
2. Did SCSD hold quarterly meetings with its healthcare vendor and review quarterly reports in accordance with 103 CMR 932.01(3) for inmates' healthcare?	No; see <u>Finding 1</u>
3. Did SCSD provide receiving screenings to its inmates upon admission, and an initial health assessment within 14 days after admission, in accordance with Sections 2 and 4 of its Policy S604 (Inmate Care and Treatment)?	Yes; see <u>Other Matters 2</u>
4. Did inmates at SCSD receive medical care after submission of Health Service Request Forms (HSRFs) in accordance with Section 7 of its Policy S604, 103 CMR 932.18(2)(h), and 103 CMR 932.18(2)(k)?	No; see <u>Finding 2</u>

To accomplish our objectives, we gained an understanding of SCSD's internal control environment relevant to the objectives by reviewing SCSD's internal control plan and applicable policies and procedures, as well as conducting site visits and interviews with SCSD'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 receiving screenings. In performing our audit work,

we found that SCSD had not established adequate internal controls over its information technology systems (see Other Matters 2). 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 SCSD management for the audit period, which reflected one inmate who died in SCSD custody on November 27, 2020 and whose cause of death was reported as suicide. To determine whether SCSD complied with 103 CMR 932.17(2) and SCSD's Policy S623 regarding the deaths of inmates in its custody, we performed the following procedures.

- We inspected SCSD's Policy S623 to determine whether SCSD 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 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 incident by appropriate designated staff with a final report submitted to all appropriate parties.*
- To determine whether SCSD complied with and implemented the requirements of 103 CMR 932.17(2) and its in-custody death guidelines in Policy S623, we performed the following:
 - We examined the SCSD incident reports submitted by all SCSD responding staff members and witnesses to the inmate's death to ensure that the superintendent notified the inmate's next of kin.
 - We examined SCSD's logbook entries to ensure that the healthcare staff members and administrative staff members were notified.

- We examined SCSD daily shift events,¹⁷ incident reports, and logbook entries to ensure that the responding staff members documented activities, provided lifesaving measures, and notified the appropriate parties when they discovered the body.
- We examined the Boston Police Department's investigation report, the Boston Emergency Medical Service's incident history, the Boston Fire Department's incident history, and the Massachusetts Office of the Chief Medical Examiner's (OCME's) report to ensure that an investigation of causes was performed by these parties.
- We examined OCME's report to ensure that SCSD notified OCME to retrieve the body.
- We examined the SCSD Sheriff's Investigative Division's Summary, which is its incident investigation report, to ensure that SCSD followed its policies and procedures to ensure that appropriate staff members review the incident surrounding the inmate's death. In addition, we requested the reports covering the mortality and clinical reviews from SCSD that were required by SCSD Policy S623. In response, SCSD management told us that they had met with NaphCare, the previous healthcare vendor, to discuss the reports that were completed for the one death that occurred during the audit period. However, NaphCare did not provide SCSD with a copy of these reports (see Other Matters 1).

To determine whether SCSD provided the healthcare services in compliance with state regulations and its own policies, we examined the minutes of all six quarterly meetings of SCSD 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 SCSD during the audit period.

To determine whether SCSD provided its inmates with receiving screenings upon admission, and initial health assessments within 14 days after admission, in accordance with Sections 2 and 4 of its Policy S604, we selected a statistical, random sample with a 95% confidence level, 5% tolerable rate, and 0% expected error rate. Our sample consisted of 60 new inmates out of a total population of 13,261 who were admitted to SCSD's jail or house of correction (HOC) during the audit period. We reviewed the evidence and performed the following tests:

- We examined each inmate's Receiving Screening Form to document the date and time it was completed and signed by a healthcare staff member. For inmates who refused the receiving screening upon intake, we examined the signed Inmate Refused Receiving Screening Forms.
- We calculated the number of days each inmate was committed at the SCSD jail or HOC by comparing the booking and release dates. According to SCSD policy, inmates committed for more than 30 days are required to have initial health assessments. For each inmate committed for 30

17. The daily shift events are activities (e.g., rounds or responses to inmate calls) that occurred during the shift and are contained within a log.

days or more, we examined the Initial Health History and Physical Assessment Form to document the date and time it was completed and signed by a qualified healthcare professional (QHP). We then calculated the number of days after arrival that the initial health assessment was completed to determine whether inmates received initial health assessments within 14 days as required by policy.

Paragraph 9.12 of the United States Government Accountability Office's *Government Auditing Standards* states, "Auditors should . . . report any significant constraints imposed on the audit approach by information limitations or scope impairments." During our audit of SCSD, we experienced a scope limitation / constraints regarding our ability to obtain the information necessary to achieve our sick-call-related objective. Specifically, we asked SCSD management to provide us with a list of inmates who used the department's sick call process during the audit period. SCSD management told us that they could not provide us with the sick call data for the period July 1, 2019 through February 28, 2021 because of ongoing litigation with NaphCare, its former healthcare vendor. SCSD management told us that all NaphCare's data had been transferred to its new vendor's electronic medical record system; however, the records and charts were saved as attachments to each inmate's records in this system. Therefore, SCSD could not extract the full population of sick calls from the Electronic Record Management Application (ERMA) in a format that would be useful to us. As a result, we had to limit the scope of our review for our fourth objective to the period March 1, 2021 through June 30, 2021.

- To determine whether inmates received medical care after submission of HSRFs in accordance with SCSD policy, we selected a statistical, random sample with a 95% confidence level, 5% tolerable rate, and 0% expected error rate. Our sample consisted of 60 HSRFs out of a total population of 5,664 HSRFs submitted by inmates during the period March 1, 2021 through June 30, 2021. We performed the following procedures:
 - We examined the HSRFs to ensure that a QHP documented the immediacy of need and required intervention on the HSRF.
 - We calculated triage time by comparing the date of triage and the date the healthcare staff member received each HSRF to ensure that all sick calls were evaluated and triaged within 24 hours.
 - We compared the date a healthcare staff member received each sick call to the date of each face-to-face interaction to ensure that a QHP met with each inmate within 48 hours during the week and 72 hours on weekends upon receipt of a sick call.
 - We examined all HSRFs to ensure that a QHP documented the suggested treatment and referred problems beyond their scope to the appropriate provider.

Due to the scope limitation, we did not project the results of these tests to the entire audit period.

Data Reliability Assessment

Offender Management System

To assess the reliability of the inmate data obtained from the Offender Management System (OMS), we interviewed employees of SCSD's IT department who were responsible for oversight of the system. We tested the general IT controls, including access and account management controls (see Other Matters 2). 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, sex, age, race, and facility to 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, sex, age, and race) from them to OMS. In addition, we tested the inmate data population for duplicate records and matched the death-in-custody list from OMS with a list OCME 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.

ERMA

We assessed the reliability of the sick call data obtained from ERMA by conducting interviews with WellPath officials who had knowledge about the data. In addition, we matched the patient identification number from ERMA to the state identification number of newly admitted inmates in OMS during the period March 1, 2021 through June 30, 2021. Further, we reviewed System and Organization Controls reports¹⁸ that covered the period November 1, 2020 through October 31, 2021 and ensured that certain information system control tests had been performed.

To confirm the completeness and accuracy of the sick call data in ERMA, we selected a random sample of 20 sick calls from the sick call list in ERMA and agreed each patient name, patient number, date of request, and date of service by the QHP to hard copies of HSRFs filed by inmates. We also selected a random sample of 20 hard copies of HSRFs and traced the information from them back to the sick call list in ERMA.

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

18. These reports review the effectiveness of internal controls over an organization's information systems and are conducted by independent certified public accountants or accounting firms.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. The Suffolk County Sheriff's Department did not always ensure that it received an annual statistical summary from its healthcare vendor.

The Suffolk County Sheriff's Department (SCSD) did not always ensure that it received an annual statistical summary from its healthcare vendor. During the audit period, SCSD did not receive the calendar year 2021 annual statistical summary from the healthcare vendor. If SCSD does not receive the annual statistical summary, SCSD might not identify, assess, and treat healthcare concerns, and it may not develop improvement plans.

Authoritative Guidance

Section 932.01(3) of Title 103 of the Code of Massachusetts Regulations (CMR) states, "The county correctional facility shall require that the health authority . . . submit annual statistical summaries."

Reasons for Noncompliance

SCSD does not have policies and procedures in place to ensure that it obtains the annual statistical summaries from the healthcare vendor. SCSD management told us that they were still working with the healthcare vendor to obtain the annual statistical summary for calendar year 2021.

Recommendation

SCSD should establish policies and procedures to ensure that it obtains the annual statistical summaries.

Auditee's Response

Although the Department provided the auditors with all of the statistical reports from the healthcare vendor that provided services to inmates between July 1, 2019 and February 28, 2021, it could not provide reports for the remainder of the audit period because Wellpath, its medical vendor for that period, failed to supply the Department with the information necessary to do so.

The Department's contract with Wellpath covered March 1, 2021 through February 28, 2023, and required Wellpath to provide all information the Department needed to comply with its state and federal reporting requirements. After successfully bidding for the Department's medical contract, Wellpath struggled to staff our facilities and failed to meet the contract's reporting requirements. As a result of these and other breaches, and before the Department was notified about this Audit, the Department notified Wellpath of its breach, took steps to replace Wellpath at one facility location only 11 months into the contract and later terminated the entire contract. Wellpath is no longer providing inmate medical services to the Department.

The Department accepts the finding of non-compliance because it couldn't produce the statistical reports requested, but it disputes that this was a result of not having sufficient policies and procedures in place to ensure we received them. We have annual statistical reports from every other healthcare vendor that contracted with the Department before and after Wellpath. Unfortunately, Wellpath was unable to live up to the terms of the contract, and the Department acted promptly and diligently to terminate the contract. The Department regularly sought these reports from Wellpath, and these requests continue even after the contract was terminated. The failings of Wellpath should not be shifted to the Department given the appropriate actions taken before and during the onset of the Audit to address this issue and given the historical documentation detailing the Department's regular receipt of the statistical information from other vendors.

Auditor's Reply

The Office of the State Auditor (OSA) acknowledges that SCSD had issues with its former healthcare vendor, including difficulty in obtaining the required statistical summary. As noted above, under 103 CMR 932.01(3), SCSD is required to have its healthcare vendor submit annual statistical summaries to SCSD. Although SCSD contractually required its healthcare vendor to submit these summaries, it did not establish proper internal controls (i.e., policies and procedures) to ensure that its healthcare vendor complied with this contractual requirement. It is the responsibility of SCSD management to ensure that adequate and effective internal controls exist over all agency activities, including those related to contract compliance.

2. SCSD did not ensure that its healthcare vendor complied with all the requirements of SCSD's sick call policy.

SCSD did not ensure that its healthcare vendor complied with all the service delivery and documentation requirements of SCSD's Policy S604 (Inmate Care and Treatment) regarding sick calls. Specifically, in our review of a statistical sample of 60 Health Service Request Forms (HSRFs) from a population of 5,664 HSRFs submitted by inmates between March 1, 2021 and June 30, 2021, we found that 4 HSRFs were not triaged by a healthcare staff member within 24 hours. Four of the 56 HSRFs that were triaged within 24 hours described clinical symptoms,¹⁹ but the inmates who submitted the forms did not have face-to-face encounters with healthcare staff members within 48 hours (on weekdays) or 72 hours (on weekends) upon receipt of a sick call.

19. A clinical symptom is one that requires direct medical care (i.e., hands-on healthcare services) and/or testing.

In addition, we found numerous issues with qualified healthcare professionals' documentation of the information on some of the HSRFs we sampled. For example, 13 HSRFs did not indicate the date they were received, 18 HSRFs did not indicate a triage date, 23 HSRFs did not indicate the immediacy of need for treatment, and 4 HSRFs did not indicate suggested treatment.

Because SCSD does not ensure that its healthcare vendor provides all the sick-call-related healthcare required by SCSD policy and documents all required information on HSRFs, there is a higher-than-acceptable risk that some inmates may not have their healthcare issues properly resolved.

Authoritative Guidance

Section 7 of SCSD's Policy S604 (Inmate Care and Treatment) states,

- B. Sick call requests shall be documented and reviewed for immediacy of need and required intervention. . . .*
- F. Inmates shall submit the request by placing it in a secure box in the housing unit, from where it shall be picked up daily by medical staff and triaged within twenty-four (24) hours.*
- G. When a request describes a clinical symptom, a face-to-face encounter between the inmate and medical staff must occur within forty-eight (48) hours during the week and seventy-two (72) hours on weekends.*
- H. Medical staff will evaluate, triage, and suggest treatment, and refer problems beyond their scope to the appropriate provider.*

Regarding HSRFs, 103 CMR 932.18(2) states, "The medical record file shall contain, but not be limited to . . . place, date and time of health encounters."

The HSRF indicates that the information detailed in 103 CMR 932.18(2) must be documented on the HSRF, as well as other information, such as the date the HSRF was filed and the date it was triaged.

Reasons for Noncompliance

SCSD management stated that during the audit period, the department's healthcare vendor had staffing problems due to the 2019 coronavirus pandemic. SCSD has not established any monitoring controls (i.e., policies and procedures) over its sick call process to ensure that its healthcare vendor complies with all the requirements of SCSD's healthcare policies.

Recommendation

SCSD should establish monitoring controls (i.e., policies and procedures) over its sick call process to ensure that its healthcare vendor complies with all the requirements of SCSD's healthcare policies.

Auditee's Response

The Department acknowledges that Wellpath did not comply with all of the requirements of its sick call policy, and this was a major reason that the Department terminated its contract with Wellpath.

While the Department recognizes Wellpath's failures in this area, the Department vehemently disputes that it lacks monitoring controls in place to adequately monitor the healthcare vendor's compliance. The Department detailed to the auditors Wellpath's failure to meet the staffing and the onsite supervision requirements of the contract. As a result, Wellpath was unable to adequately resolve the compliance issues the Department regularly raised in our weekly meetings and calls. Because of these breaches and the Department's concern that these failings could negatively impact the care provided to the inmates, the Department terminated the contract with Wellpath and replaced them with another healthcare vendor.

The Department employs a medical professional with prior Health Services Administrator experience in a correctional setting to closely supervise the current medical vendor and ensure the safe administration of care to the inmates and to ensure the vendor's compliance with the terms of the contract. The issues that the auditors detailed with Wellpath were consistent with the failings the Department observed, raised, and discussed regularly with the vendor. Because the issues continued and were not sufficiently addressed by Wellpath, the Department notified Wellpath of their breach, prior to the onset of the Audit. The Department took swift and decisive action to terminate the contract when faced with the failings of Wellpath to meet its statutory and contractual obligations, and this action belies the Audit's finding that the Department somehow had insufficient monitoring tools to recognize these failings of the vendor.

Auditor's Reply

As noted above, we found that during our audit period, SCSD did not ensure that its healthcare vendor complied with all the service delivery and documentation requirements of SCSD's Policy S604 regarding sick calls. OSA acknowledges that SCSD staff members were aware of and attempted to address various issues with its healthcare provider's administration of its sick call process, which we believe was prudent. However, we found that SCSD has not established any formal monitoring controls (i.e., policies and procedures) over its sick call process to ensure that its healthcare vendor complies with all the requirements of SCSD's healthcare policies. In OSA's opinion, having formal monitoring controls documented in agency policies and procedures would have provided SCSD with a means to more consistently and effectively detect, document, and address any issues of noncompliance by its healthcare vendor in an expeditious manner.

OTHER MATTERS

1. The Suffolk County Sheriff's Department should establish a policy that requires it to retain copies of the Clinical Review Committee's Summary Report.

According to the Suffolk County Sheriff's Department's (SCSD's) Policy S623 (Serious Illness, Injury or Death of Any Person on Site or on the Job), which relates to the death-in-custody process,

IX. Inmate Suicide

- A. Following an attempted or completed suicide, the [health services administrator, or HSA] will direct a clinical review.*
- B. The clinical review committee, comprised at a minimum of the HSA, the Medical Director, and the Director of Mental Health, will conduct an in-depth clinical review to determine whether changes in the clinical psychiatric management could have prevented the result.*
- C. The findings, recommendations and actions of the committee shall be summarized in a confidential communication to the Superintendent that will include:*
 - 1. a summary of pertinent findings;*
 - 2. recommendations regarding possible changes in existing procedures or protocols;*
 - 3. recommendations on dissemination of information to staff on the detection and prevention of future incidents; and*
 - 4. future training recommendations.*
- D. The committee's summary report, together with reports secondary to the incident and a summary completed by the Superintendent, will be forwarded to the Special Sheriff.*

SCSD could not provide us with any documentation to substantiate that the health services administrator and SCSD superintendent retained copies of the Clinical Review Committee's Summary Report or related reports, which cover the required postmortem reviews, and that those reports were forwarded to SCSD's Special Sheriff, regarding the one inmate who died in SCSD's custody during the audit period. We requested copies of these reports from SCSD officials, but SCSD officials stated that the healthcare vendor's policy was to collect the copies of the reports that were distributed to SCSD officials after the meeting where the results of the postmortem reviews were discussed with SCSD management. Without copies of these reports, SCSD cannot effectively track the implementation of recommendations that the Clinical Review Committee made, which would have been documented in these reports.

During the course of our audit, SCSD management told us that the postmortem reviews in question were conducted, and we were able to subsequently corroborate this information through emails and meeting minutes. To substantiate compliance with this requirement and the extent to which any recommendations were implemented, SCSD needs to develop a policy requiring that copies of the Clinical Review Committee's Summary Report, and related reports, be retained.

Auditee's Response

The Department provided the auditors with copies of the agenda, the detailed meeting minutes of the Morbidity and Mortality Review Meeting, and the sign-in sheet with signatures of each of the attendees. The meeting minutes documented that the review meeting included discussions about the facts of the inmate's death by suicide, the physician and HSA clinical summaries, a review of the incident reports, the procedures followed, whether staff responded appropriately, a review of the suicide assessment tools utilized, a review of the time-keeping during the medical emergency, a root-cause analysis, and recommendations to address any concerns identified.

The Audit found that the Department should have retained copies of the [reports covering the] postmortem reviews generated by the medical provider. This . . . is at odds with the peer review privilege created by [Section 204 of Chapter 111 of the Massachusetts General Laws], which provides that written mortality review findings are not subject to disclosure or subpoena except in legal or administrative proceedings brought by the boards of registration for medicine, pharmacy, social work, or psychology. Additionally, requiring the medical provider to disseminate these reports would chill the frank exchange of information concerning the demise of the patient, which would undermine the central purpose of these review meetings.

The Department is audited multiple times each year by a variety of correctional and medical professionals and government agencies to ensure its compliance with the law, industry best practices, and its internal policies. These auditing agencies include the American Correctional Association, the National Commission on Correctional Health Care, Massachusetts Department of Corrections, the Massachusetts Department of Public Health, the US Immigration and Custom Enforcement, and various independent auditing firms. None of these agencies with correctional expertise has ever disputed the Department's full compliance with these provisions.

Going forward, the Department's General Counsel will generate an internal document summarizing their impression of the mortality review to better document the discussion in accordance with the standards.

Auditor's Reply

The Office of the State Auditor (OSA) acknowledged that SCSD provided documentation (i.e., emails and meeting minutes) to substantiate that both of the reviews in question were actually conducted. However, in terms of the clinical review, in OSA's opinion, this documentation is not an acceptable substitute for the official records or reports (e.g., the Clinical Review Committee's Summary Report) that were required

to be generated and sent to the Special Sheriff. These reports would contain more detailed information about the incident and the related discussions, conclusions, and recommendations of the Clinical Review Committee. OSA's audit testing was conducted based on SCSD's existing policies and procedures. During our testing, OSA found that SCSD did not have copies of the reports in question and therefore could not demonstrate compliance with its Policy S623. Based on this, OSA recommends that SCSD improve its internal controls over this activity by developing a policy requiring that copies of these reports be retained. We believe that this is a sound business practice that will not only allow SCSD to document compliance with this policy but also serve as a tool that can be used by SCSD management to monitor the implementation of the recommendations made by the Clinical Review Committee.

We cannot comment on any audits conducted on SCSD by other agencies as we were not provided with copies of any of these reports to review during our audit. Regardless, our concern was that SCSD lacked adequate internal controls over this activity, and in our opinion, SCSD would be better served if it implemented our recommendation to address this issue.

2. SCSD needs to improve its internal controls over its information technology systems.

SCSD has not established adequate internal controls over its information technology (IT) system, the Offender Management System. Specifically, SCSD has no written policies and procedures for administering critical aspects of this system, such as the following:

- IT system access
- IT system cybersecurity awareness training
- IT system audit and accountability
- IT system identification and authentication
- IT system user rights

Further, SCSD does not have an IT continuity of operations plan or disaster recovery plan that provides a framework to ensure the continuity of its IT operations systems if an emergency affects them. In comparison, standards established by the National Institute of Standards and Technology's (NIST's) Special Publication 800-53r5 include developing IT policies and procedures that contain IT continuity of operations and disaster recovery plans.

In addition to not having the aforementioned policies and procedures, SCSD does not conduct certain critical IT system control activities. Specifically, SCSD does not provide cybersecurity awareness training to any of its employees who have access to its IT systems and does not periodically review employees' system user rights. In comparison, standards established by NIST Special Publication 800-53r5 include conducting IT system control activities, such as regular cybersecurity awareness training for all employees and periodic review of IT system user rights for employees.

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

Auditee's Response

The Offender Management System (OMS) is a statewide application used by most correctional agencies in the Commonwealth, and it is managed jointly by the Executive Office of Public Safety and Security (EOPSS) and the Executive Office of Technology Services and Security (EOTSS). The Department will forward the findings of this audit relative to OMS to those agencies and will develop an internal policy and training program consistent with the recommendations of EOPSS, EOTSS and this report.

Auditor's Reply

Based on its response, SCSD is taking measures to address this issue. We urge SCSD to prioritize the development of its IT policy to improve internal controls over its IT systems.