

Office of the Auditor General
Follow-Up Report on Prior Audit Recommendations

**Women's Huron Valley Correctional Facility
and
Women's Huron Valley Correctional Facility -
Medical, Dental, and Optical Services**
Michigan Department of Corrections

November 2022

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

The auditor general may make investigations pertinent to the conduct of audits.

Article IV, Section 53 of the Michigan Constitution



Follow-Up Report

Women's Huron Valley Correctional Facility and Women's Huron Valley Correctional Facility - Medical, Dental, and Optical Services

Michigan Department of Corrections (MDOC)

Report Number:
471-0241-17F and
471-0301-19F

Released:
November 2022

We conducted this follow-up to determine whether MDOC, the Women's Huron Valley Correctional Facility, and the Bureau of Health Care Services had taken appropriate corrective measures in response to the three material conditions noted in our July 2017 audit report and the one material condition noted in our June 2020 audit report.

Prior Audit Information	Follow-Up Results		
	Conclusion	Finding	Agency Preliminary Response
<i>Women's Huron Valley Correctional Facility (471-0241-17)</i>			
Finding 1 - Material condition Completion of cell searches and prisoner shakedowns needs improvement. Agency agreed.	Partially complied	Material condition still exists. See Finding 1 .	Agrees
Finding 2 - Material condition Improved employee search procedures needed. Agency agreed.	Not complied	Material condition still exists. See Finding 2 .	Agrees
Finding 3 - Material condition Improved controls over tools needed. Agency agreed.	Complied	Not applicable	

Prior Audit Information	Follow-Up Results		
	Conclusion	Finding	Agency Preliminary Response
<i>Women's Huron Valley Correctional Facility - Medical, Dental, and Optical Services (471-0301-19)</i>			
Finding 1 - Material condition Improvements needed to complete timely chronic care condition healthcare assessments. Agency partially agreed.	Not complied	Material condition still exists. See <u>Finding 1</u> .	Agrees

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Doug A. Ringler, CPA, CIA
Auditor General

November 1, 2022

Ms. Heidi E. Washington, Director
Michigan Department of Corrections
Grandview Plaza Building
Lansing, Michigan

Dear Ms. Washington:

This is our follow-up report on the four material conditions and the four corresponding recommendations reported in the performance audits of the Women's Huron Valley Correctional Facility (Findings 1 through 3) and the Women's Huron Valley Correctional Facility - Medical, Dental, and Optical Services (Finding 1), Michigan Department of Corrections. Those audit reports were issued and distributed in July 2017 and June 2020, respectively. Additional copies are available on request or at audgen.michigan.gov.

Your agency provided the preliminary responses to the follow-up recommendations included in this report. The *Michigan Compiled Laws* and administrative procedures require an audited agency to develop a plan to comply with the recommendations and to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We appreciate the courtesy and cooperation extended to us during our follow-up. If you have any questions, please call me or Laura J. Hirst, CPA, Deputy Auditor General.

Sincerely,

A handwritten signature in dark ink that reads "Doug Ringler". The signature is written in a cursive, slightly slanted style.

Doug Ringler
Auditor General

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INTRODUCTION, PURPOSE OF FOLLOW-UP, AND AGENCY AND SERVICES DESCRIPTIONS

INTRODUCTION

This report contains the results of our follow-up of the four material conditions* and the four corresponding recommendations reported in our performance audits* of the Women's Huron Valley Correctional Facility (Findings 1 through 3) and Women's Huron Valley Correctional Facility - Medical, Dental, and Optical Services (Finding 1), Michigan Department of Corrections (MDOC), issued in July 2017 and June 2020, respectively.

PURPOSE OF FOLLOW-UP

To determine whether MDOC, the Women's Huron Valley Correctional Facility (Facility), and the Bureau of Health Care Services (BHCS) had taken appropriate corrective measures to address our corresponding recommendations.

AGENCY AND SERVICES DESCRIPTIONS

MDOC's mission* is to create a safer Michigan by holding offenders accountable while promoting their success.

The Facility, located in Ypsilanti, is an all-women's prison and is the only MDOC facility that houses female prisoners. It has a reception and guidance center and offers a Special Alternative Incarceration Program, a Residential Treatment Program, medical and psychological healthcare services, and re-entry programming.

For fiscal year 2022, the Facility was appropriated \$63.1 million to support 505.1 full-time equated positions. As of June 15, 2022, the Facility had 476 employees and housed 1,635 prisoners within the 22 housing units open at that time.

MDOC's BHCS coordinates the Facility's medical, dental, and optical services through an outpatient clinic at the Facility and a managed healthcare system for off-site services. In addition to the Facility's general expenditures, MDOC expended \$15.6 million for Facility-related medical, dental, and optical services from January 1, 2021 through May 31, 2022, an average annual cost of \$6,911 per prisoner.

* See glossary at end of report for definition.

PRIOR AUDIT FINDINGS AND RECOMMENDATIONS; AGENCY PLAN TO COMPLY; AND FOLLOW-UP CONCLUSIONS, RECOMMENDATIONS, AND AGENCY PRELIMINARY RESPONSES

Women's Huron Valley Correctional Facility (471-0241-17)

FINDING 1

Audit Finding Classification: Material condition.

Summary of the July 2017 Finding:

The Facility had not conducted or documented all required cell searches* or prisoner shakedowns*. Also, the Facility's surveillance video did not support 34% of the cell searches documented in the housing unit logbooks and indicated officers conducted the remaining cell searches in 3 seconds to 84 seconds.

Recommendation Reported in July 2017:

We recommended the Facility perform and document all required cell searches and prisoner shakedowns.

AGENCY PLAN TO COMPLY*

On September 13, 2017, MDOC indicated the Facility had or would:

- Update its operating procedure and Facility assignment post orders in accordance with MDOC's revised search and arrest policy directive.
- Edit and develop security monitoring exercises* (SMEs) to enhance search processes and review supporting video surveillance recordings.
- Revise its cell search and prisoner shakedown records to improve consistency and reduce the likelihood of staff errors.

FOLLOW-UP CONCLUSION

Partially complied. A material condition still exists.

Our review of cell search and prisoner shakedown logbooks and surveillance video for three housing units noted:

- Officers documented they conducted all 100 required (plus an additional 25) daily cell searches and all 260 required (plus an additional 45) prisoner shakedowns for the five days we reviewed.
- Surveillance video did not support 4 (24%) of the 17 cell searches we selected for review from those documented in the housing unit logbooks. Also, the surveillance video

* See glossary at end of report for definition.

documented officers conducted the remaining 13 cell searches in 4 seconds to 95 seconds, raising concerns regarding the thoroughness of the searches or whether the searches occurred.

- Officers documented they searched 198 (99%) of 201 active cells at least once during November 2021. Also, we verified the Facility documented they conducted shakedowns of the prisoners who had occupied the unsearched cells.

**FOLLOW-UP
RECOMMENDATION**

We again recommend that the Facility ensure officers properly perform all required cell searches.

**FOLLOW-UP
AGENCY
PRELIMINARY
RESPONSE**

MDOC provided us with the following response:

MDOC agrees and will comply.

The Facility continues to strive toward compliance and improve its processes.

In response to the recommendation of the auditors, the Facility is adding a column in its cell search tracking that will account for additional searches that may be required to ensure documentation demonstrates that EVERY prisoner cell is searched each month.

Also, in July 2022, the Facility took immediate action during the follow-up to establish a new security monitoring exercise (SME) for a supervisor to attend and observe cell searches to ensure a thorough and complete cell search was being conducted.

MDOC has initiated investigations around all concerns of falsification of documentation.

FINDING 2

Audit Finding Classification: Material condition.

Summary of the July 2017 Finding:

The Facility had not conducted all required employee searches.

Recommendation Reported in July 2017:

We recommended that the Facility conduct all required employee searches.

AGENCY PLAN TO COMPLY

On September 13, 2017, MDOC indicated the Facility would:

- Require every employee entering the Facility, during a random period of time each day, to submit to a pat-down search* or clothed body search* as specified by the shift commander.
- Document the searches and have the shift commander review the records of each shift's searches.
- Develop a new SME to further evaluate compliance with employee search requirements.

FOLLOW-UP CONCLUSION

Not complied. A material condition still exists.

Our follow-up noted the Facility's revised employee search process, effective April 2018, required gate officers to conduct pat-down or clothed body searches on all employees entering the gates during a specified period of time as directed by a shift commander. The gate logbooks for the 96 shifts we reviewed (24 days, first and second shifts per day, for each of the 2 Facility gates) documented 147 employee searches.

We selected 10 of the 96 shifts (5 shifts for each of the 2 gates) for verification through surveillance video review. According to the gate logbooks, the shift commander directed clothed body searches of all employees entering the gates during these specified time periods. The surveillance video captured 37 employees entering the Facility during the specified time periods, however, disclosed the Facility did not conduct:

- Any type of body search of 11 (30%) employees.
- The specified clothed body searches of 19 (51%) employees.

FOLLOW-UP RECOMMENDATION

We recommend that the Facility conduct all required employee searches as directed.

* See glossary at end of report for definition.

**FOLLOW-UP
AGENCY
PRELIMINARY
RESPONSE**

MDOC provided us with the following response:

MDOC agrees and will comply.

The Facility is committed to continue working toward process improvement and compliance.

The Facility is implementing a training process until January 1, 2023 to train its staff completing employee searches. A shift commander will report to the gate area every day during employee shakedowns to observe and ensure all searches are being conducted according to policy. Following the training, an Inspector will review a random selection of video recordings of employee searches five times per month verifying quality of searches.

MDOC has initiated investigations around all concerns of falsification of documentation.

FINDING 3

Audit Finding Classification: Material condition.

Summary of the July 2017 Finding:

The Facility had not maintained proper control over tools. Specifically, the Facility could not locate critical tools*, dangerous tools*, and other controlled tool inventory items. Also, the Facility had not documented all required weekly tool inspection reports and had only partially completed other tool reports, including the required daily tool inspections.

Recommendation Reported in July 2017:

We recommended that the Facility maintain proper control over all tools.

AGENCY PLAN TO COMPLY

On September 13, 2017, MDOC indicated the Facility would:

- Consolidate tool control areas and remove non-tool equipment from the tool inventory.
- Systematically inspect to ensure each tool has the required painting and etching.
- Complete an audit by December 1, 2017 to determine compliance with tool control requirements.
- Annually, and as needed, provide training on tool control requirements, completion of required forms, and proper tool storage to all work area managers and work area supervisors.

FOLLOW-UP CONCLUSION

Complied.

We reviewed tool inventory records and performed a physical inspection of 8 of the Facility's 73 tool storage areas on July 19, 2022. All critical tools and dangerous tools reviewed were present or properly signed out. We also reviewed 8 monthly and 22 weekly tool inventory and inspection reports associated with the 8 storage areas and noted the reports were complete and approved by a supervisor.

* See glossary at end of report for definition.

Women's Huron Valley Correctional Facility - Medical, Dental, and Optical Services (471-0301-19)

FINDING 1

Audit Finding Classification: Material condition.

Summary of the June 2020 Finding:

BHCS had not conducted 28% of required chronic care condition healthcare assessments in a timely manner, ranging from 1 day to 198 days late, averaging 42 days late.

Recommendation Reported in June 2020:

We again recommended that BHCS ensure the timely completion of all chronic care condition healthcare assessments.

AGENCY PLAN TO COMPLY

On August 28, 2020, MDOC indicated it had implemented the Corrections Offender Management System (COMS), an integrated information system that manages all aspects of a prisoner's incarceration including electronic medical records (EMRs). Also, MDOC indicated the Facility would:

- Monitor timeliness of care through COMS reports.
- Update policies and provide training for staff regarding guidelines for scheduling appointments.

FOLLOW-UP CONCLUSION

Not complied. A material condition still exists.

We reviewed the EMRs for 20 prisoners who were required to have a total of 35 chronic care condition healthcare assessments from January 1, 2021 through May 31, 2022. These prisoners' chronic care conditions included diabetes, hepatitis, hypertension, and seizures. We noted BHCS did not complete 5 (14%) of the assessments (4 unique prisoners) in a timely manner, ranging from 36 days to 197 days late, and averaging 78 days late.

We noted 2 (50%) of the 4 prisoners were each seen by a medical provider for an unrelated issue 3 times between their chronic care assessments. However, the EMR did not include documentation supporting an assessment of the chronic condition at those appointments.

FOLLOW-UP RECOMMENDATION

We again recommend that BHCS ensure the timely completion of all chronic care condition healthcare assessments.

FOLLOW-UP AGENCY PRELIMINARY RESPONSE

MDOC provided us with the following response:

MDOC agrees and will comply.

BHCS agrees it is important to ensure chronic care condition healthcare assessments are scheduled and completed timely. It

is noteworthy that even during the pandemic, BHCS reduced its percentage of exceptions from 28% to 14% in the random samples pulled.

BHCS has developed a more enhanced statewide training that will be delivered to contracted providers and MDOC schedulers in the enrollment and scheduling of the chronic care clinics. This will be a requirement for all new providers and schedulers. The first round of training is expected to be completed in April 2023. BHCS will establish a spot check audit to ensure that the training has been delivered and is followed.

BHCS will also be implementing a monitoring process where the Housing Unit Managers will complete random audits to ensure schedulers are effectively managing the process of scheduling chronic care assessments, and any prisoner records flagged as past due will receive priority scheduling. BHCS will work with the COMS Team to explore the development of a report in a future COMS enhancement that will identify the records that are out of compliance.

FOLLOW-UP METHODOLOGY, PERIOD, AND AGENCY RESPONSES

METHODOLOGY

We reviewed MDOC's corrective action plans and updated policy directives, reviewed the Facility's updated operating procedures, and interviewed Facility and BHCS personnel. Specifically, for:

- Women's Huron Valley Correctional Facility (471-0241-17):
 - Finding 1, we reviewed cell search and prisoner shakedown logbooks for the first and second shifts for 5 randomly selected days for 3 randomly selected housing units to assess whether the Facility documented the 2 cell searches and 5 prisoner shakedowns each officer is required to complete per shift. We also reviewed cell search logbooks for the randomly selected month of November 2021 to determine whether the Facility searched every cell in the housing unit at least once during the month. In addition, we reviewed surveillance video for 17 randomly selected cell searches the officers documented in the logbooks.
 - Finding 2, we reviewed gate and employee search logbooks for 24 randomly selected days to identify the documented search parameters of the shift commander and to determine whether gate officers documented the mandated searches. We also reviewed surveillance video for 10 randomly selected shifts, associated with the documented search time periods, from the 24 days.
 - Finding 3, we performed a physical inspection of 8 randomly selected tool storage areas. We also reviewed tool inspection reports associated with the 8 storage areas for 22 randomly selected weeks and the 8 corresponding months. Also, we haphazardly selected several critical tools and dangerous tools listed on the master inventories of the inspected storage areas to ensure the tools were present or properly signed out.
- Women's Huron Valley Correctional Facility - Medical, Dental, and Optical Services (471-0301-19):
 - Finding 1, we reviewed EMRs for 20 randomly selected prisoners who, based on a COMS report, had at least one chronic care condition requiring a follow-up assessment from January 1, 2021 through May 31, 2022 to

determine whether BHCS completed chronic care assessments in a timely manner.

PERIOD

Our follow-up generally covered June 1, 2021 through May 31, 2022 for the Facility and January 1, 2021 through May 31, 2022 for the chronic care healthcare assessments.

**AGENCY
RESPONSES**

Our follow-up report contains 3 recommendations. MDOC's preliminary response indicates that it agrees with all of the recommendations.

The agency preliminary responses to the follow-up recommendations in our report were taken from the agency's written comments and oral discussion at the end of our fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require an audited agency to develop a plan to comply with the recommendations and to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

GLOSSARY OF ABBREVIATIONS AND TERMS

agency plan to comply	The response required by Section 18.1462 of the <i>Michigan Compiled Laws</i> and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100). The audited agency is required to develop a plan to comply with Office of the Auditor General audit recommendations and to submit the plan to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.
BHCS	Bureau of Health Care Services.
cell search	The act of going through a prisoner's cell and belongings looking for contraband.
clothed body search	A thorough manual and visual inspection of all body surfaces, hair, clothing, wigs, briefcases, prostheses, and similar items and visual inspection of the mouth, ears, and nasal cavity. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats), shoes, and socks; however, all items shall be removed from pockets.
COMS	Corrections Offender Management System.
critical tool	An item designated specifically for use by employees only or for use or handling by prisoners while under direct employee supervision. Critical tools are to be stored only in a secure area and accounted for at all times.
dangerous tool	An item that may be used or handled by prisoners while under indirect employee supervision. Dangerous tools are to be stored only in a secure area and accounted for at all times.
EMR	electronic medical record.
material condition	A matter that, in the auditor's judgment, is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program. Our assessment of materiality is in relation to the respective audit objective.

MDOC	Michigan Department of Corrections.
mission	The main purpose of a program or an entity or the reason the program or the entity was established.
pat-down search	A brief manual and visual inspection of body surfaces, clothing, briefcases, and similar items. The only clothing items that may be required to be removed are outerwear (e.g., coats, jackets, and hats) and shoes; however, all items shall be removed from pockets.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision-making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
security monitoring exercise (SME)	A systematic method of safely and effectively testing and monitoring security standards of a facility to enable staff to have an opportunity to practice the standards under controlled conditions.
shakedown	The act of searching a prisoner, an employee, or a visitor to ensure that he/she does not have any contraband in his/her possession.



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