

# CALIFORNIA STATE AUDITOR

Bureau of State Audits

## Implementation of State Auditor's Recommendations

Audits Released in January 2010 Through December 2011

Special Report to  
*Senate Budget and Fiscal Review Subcommittee #5—Corrections,  
Public Safety and the Judiciary*



March 2012 Report 2012-406 S5

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# CALIFORNIA STATE AUDITOR

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March 30, 2012

2012-406 S5

The Honorable Loni Hancock, Chair  
Senate Budget and Fiscal Review Subcommittee No. 5  
State Capitol  
Sacramento, California 95814

Dear Senator Hancock:

The California State Auditor presents this special report for the Senate Budget and Fiscal Review Subcommittee No. 5—Corrections, Public Safety and the Judiciary. The report summarizes the audits and investigations we issued during the previous two years that are within this subcommittee's purview. Additionally, the report includes the major findings and recommendations, along with the corrective actions entities reportedly have taken to implement our recommendations. To facilitate the use of the report, we have included a table that summarizes the status of each entity's implementation efforts based on its most recent response.

This information is also available in a special report that is organized by policy area that summarizes all audits and investigations we issued from January 2010 through December 2011. The special policy area report includes a table that identifies monetary values that entities could realize if they implemented our recommendations, and is available on our Web site at [www.bsa.ca.gov](http://www.bsa.ca.gov).

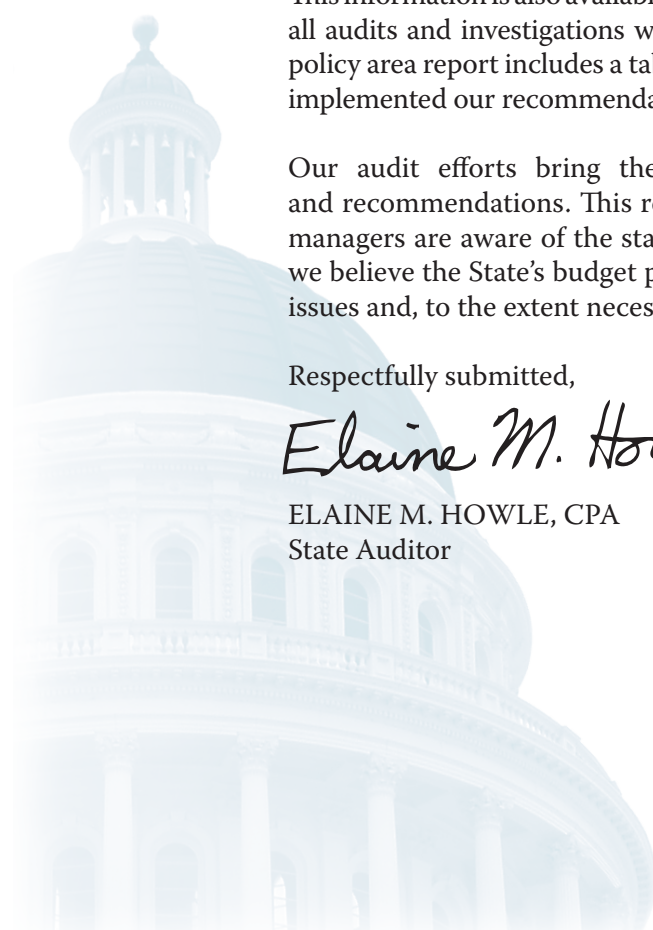
Our audit efforts bring the greatest returns when the entity acts upon our findings and recommendations. This report is one vehicle to ensure that the State's policy makers and managers are aware of the status of corrective action entities report they have taken. Further, we believe the State's budget process is a good opportunity for the Legislature to explore these issues and, to the extent necessary, reinforce the need for corrective action.

Respectfully submitted,



*Elaine M. Howle*

ELAINE M. HOWLE, CPA  
State Auditor





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**(see summary on page 65)**



## Introduction

This report summarizes the major recommendations from audit and investigative reports we issued from January 2010 through December 2011<sup>1</sup>, that relate to agencies and departments under the purview of the Senate Budget and Fiscal Review Subcommittee No. 5—Corrections, Public Safety and the Judiciary. The purpose of this report is to identify what actions, if any, these entities have taken in response to our findings and recommendations. We have placed this symbol ● in the margin of the entity’s action to identify areas of concern or issues that we believe have not been adequately addressed.

For this report, we have relied upon periodic written responses prepared by entities to determine whether corrective action has been taken. The California State Auditor’s (state auditor) policy requests that the entity provide a written response to the audit findings and recommendations before the audit report is initially issued publicly. As a follow up, state law requires the entities to provide updates on their implementation of audit recommendations. The state auditor requests these updates at 60 days, six months, and one year after the public release of the audit report. However, we may request an entity to provide a response beyond one year or we may initiate a follow up audit if deemed necessary.

We report all instances of substantiated improper governmental activities resulting from our investigative activities to the cognizant state entity for corrective action. These entities are required to report the status of their corrective actions every 30 days until all such actions are complete.

Unless otherwise noted, we have not performed any type of review or validation of the corrective actions reported by the entities. All corrective actions noted in this report were generally based on responses received by our office as of December 31, 2011. The table below summarizes the status of an entity’s implementation of our recommendations based on its most recent response received from each one. Because an audit or investigation may cross over several departments, it may be accounted for on this table more than one time. For instance, the Dymally-Alatorre Bilingual Services Act report, 2010-106, is reflected under the California Emergency Management Agency, the Department of Corrections and Rehabilitation, the Department of Justice, the Employment Development Department, and the State Personnel Board.

**Table**  
**Recommendation Status Summary**

AUDIT RESULTS	FOLLOW-UP RESPONSE				STATUS OF RECOMMENDATION				
	INITIAL RESPONSE	60-DAY	SIX-MONTH	ONE-YEAR	FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	PENDING	NO ACTION TAKEN	PAGE NUMBERS
<b>Administrative Office of the Courts</b>									
Statewide Case Management Project Report 2010-102			●		11	19	6	1	3
<b>California Emergency Management Agency</b>									
Dymally-Alatorre Bilingual Services Act Report 2010-106				●	2				17
Recovery Act Funds Letter Report 2009-119.4				●	3	1			25
<b>California Prison Health Care Services</b>									
Three Strikes Law and Health Care Costs Report 2009-107.2				●	2	1	2		27
<b>California Prison Industry Authority</b>									
Inmate Employment Report 2010-118			●		5		4		33

*continued on next page...*

<sup>1</sup> We have modified the format of this report from prior years’ reports. Specifically, in previous reports, we often grouped multiple recommendations under one finding and, when determining the total number of recommendations by status, we counted findings rather than recommendations. In this report, we have chosen to modify our calculations counting each individual recommendation by its status rather than findings. Thus, the total numbers by status are higher than those from previous reports and, therefore, are not comparable.

AUDIT RESULTS	FOLLOW-UP RESPONSE				STATUS OF RECOMMENDATION				PAGE NUMBERS
	INITIAL RESPONSE	60-DAY	SIX-MONTH	ONE-YEAR	FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	PENDING	NO ACTION TAKEN	
<b>Corrections and Rehabilitation, Department of</b>									
Dymally-Alatorre Bilingual Services Act Report 2010-106				●	1		2		17
Correctional Offender Management Profiling for Alternative Sanctions Program Report 2010-124		●			1	2	3	1	37
Inmate Employment Report 2010-118			●				2		33
Sex Offender Commitment Program Report 2010-116		●					2		41
Three Strikes Law and Health Care Costs Report 2009-107.2				●	1	1	2	2	27
<b>Justice, Department of</b>									
Dymally-Alatorre Bilingual Services Act Report 2010-106				●	2				17
<b>Employment Development Department</b>									
Dymally-Alatorre Bilingual Services Act Report 2010-106				●	1	1			17
Unemployment Program Report 2010-112			●				8	1	53
<b>State Bar of California</b>									
Lawyer Assistance Program Report 2011-030			●		2	1			63
<b>State Personnel Board</b>									
Dymally-Alatorre Bilingual Services Act Report 2010-106				●	4		1		17
<b>Superior Court of California, County of Marin</b>									
Sacramento and Marin Superior Courts Report 2009-109			●		14				65
<b>Superior Court of California, County of Sacramento</b>									
Sacramento and Marin Superior Courts Report 2009-109			●		24	6		11	65
<b>INVESTIGATIVE REPORTS</b>									
<b>DATE OF LAST RESPONSE</b>									
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Misuse of State Employees Time, Waste of State Funds Investigations Report I2010-1, Allegation I2008-0920	December 2010				2				45
Delay in Reassigning an Incompetent Psychiatrist, Waste of State Funds Investigations Report I2010-2, Allegation I2009-0607	November 2011				3				49
Improper Overtime Reporting Investigations Report I2010-2, Allegation I2007-0887	December 2010							2	47
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<b>Industrial Relations, Department of</b>									
Misuse of State Time and Resources, Incompatible Activities, Inadequate Administrative Controls Investigations Report I2010-1, Allegation I2008-1066	December 2010				3				59
Failure to Monitor Adequately Employee's Time Reporting Investigations Report I2011-1, Allegation I2008-0902	September 2011				1				61

# Administrative Office of the Courts

## The Statewide Case Management Project Faces Significant Challenges Due to Poor Project Management

### REPORT NUMBER 2010-102, ISSUED FEBRUARY 2011

This report concludes that the Administrative Office of the Courts (AOC) has not adequately planned the statewide case management project since 2003 when the Judicial Council of California (Judicial Council) directed the AOC to continue its development. The statewide case management project includes two interim systems and the most recent version, the California Court Case Management System (CCMS). Further, the AOC has not analyzed whether the project would be a cost-beneficial solution to the superior courts' technology needs and it is unclear on what information the AOC made critical decisions during the project's planning and development. In addition, the AOC did not structure its contract with the development vendor to adequately control contract costs. As a result, over the course of seven years, the AOC entered into 102 amendments and the contract has grown from \$33 million to \$310 million. Further, although the AOC fulfilled its reporting requirements to the Legislature, the four annual reports it submitted between 2005 and 2009 did not include comprehensive cost estimates for the project, and the AOC's 2010 report failed to present the project's cost in an aggregate manner. Moreover, the AOC has consistently failed to develop accurate cost estimates for the statewide case management project, which is now at risk of failure due to a lack of funding.

As of June 2010 the AOC and several superior courts had spent \$407 million on the project. The AOC's records show that as of fiscal year 2015–16—the year it expects that CCMS will be deployed statewide—the full cost of the project will be \$1.9 billion. However, this amount does not include \$44 million that the seven superior courts reported to us they spent to implement the interim systems or the unknown but likely significant costs the superior courts will incur to implement CCMS.

In addition, our survey of the seven superior courts using interim versions of the statewide case management project found they experienced challenges and difficulties in implementation, and some are reluctant to implement the CCMS. Many of the remaining 51 superior courts not using an interim version expressed uncertainty about various aspects of the project. Although the Judicial Council has the authority to compel the superior courts to implement CCMS, our survey results indicate that its successful implementation will require the AOC to more effectively foster court support. Although state-level justice partners indicated to us they look forward to CCMS, the extent to which local justice partners will integrate their systems with CCMS is unclear due to cost considerations.

Finally, the AOC has not contracted for adequate independent oversight of the statewide case management project. Our information technology expert believes that as a result of the AOC's failure to address significant independent oversight concerns and quality problems experienced, CCMS may be at risk of future quality problems. In light of these issues, we believe that prior to proceeding with the AOC's plan to deploy CCMS at three courts that will be early adopters of the system, there would be value in conducting an independent review to determine the extent of any quality issues and problems.

In the report, the California State Auditor (state auditor) made the following recommendations to the AOC. The state auditor's determination regarding the current status of recommendations is based on the AOC's response to the state auditor as of August 2011.

#### **Recommendation 1.1—See pages 24—26 of the audit report for information on the related finding.**

To understand whether CCMS is a cost-beneficial solution to the superior courts' case management needs, the AOC should continue with its planned cost-benefit study and ensure it completes this study before spending additional significant resources on the project. The AOC should ensure that this study includes a thorough analysis of the cost and benefits of the statewide case management project, including a consideration of costs and benefits it believes cannot be reasonably quantified. The AOC

should carefully evaluate the results of the study and present a recommendation to the Judicial Council regarding the course of action that should be taken with CCMS. Further, the AOC should fully share the results of the study as well as its recommendation to all interested parties, such as the superior courts, justice partners, the Legislature, and the California Technology Agency (Technology Agency).<sup>2</sup> The AOC should update this cost-benefit analysis periodically and as significant assumptions change.

***AOC's Action: Partially implemented.***

In October 2010 the AOC engaged a consultant to perform a cost-benefit analysis for developing CCMS and deploying it to all 58 superior courts in California, which was completed on February 22, 2011. The AOC stated it will use the results of the analysis and the underlying cost-benefit model to develop recommendations regarding the CCMS deployment strategy for key decision makers. We released our review of this cost-benefit analysis on March 3, 2011. The AOC additionally stated it concurs that the cost-benefit analysis should be updated at key junctures, and further stated it has already directed that the cost benefit analysis be updated after deployment to the three early adopter courts before further deployment decisions are finalized. The AOC stated the Judicial Council is regularly updated on the status and progress of the development of the case management system and makes decisions about the allocation of funding to support its further development and deployment. The AOC stated its intent is to be fully transparent with the cost-benefit study and to share it with the superior courts, justice partners, the Legislature, the Technology Agency, and all other interested parties, and it has made the study publicly available on its Web site. The AOC further stated that the new governance structure makes it clear that any changes to the CCMS program budget that increases the total cost of the program will require approval by the AOC Project Review Board and the Judicial Council.

**Recommendation 1.2—See pages 26—29 of the audit report for information on the related finding.**

To ensure the statewide case management project is transparent, the AOC should make sure all key decisions for future activities on CCMS are documented and retained.

***AOC's Action: Fully implemented.***

The AOC stated all key decisions will be documented and all documentation provided to or produced by the CCMS governance committees and the CCMS Project Management Office will be retained throughout the life of the CCMS project. It also stated all available documentation predating this new governance model will also be retained throughout the life of the CCMS project. The AOC stated that CCMS documentation will be available to the public in a manner consistent with rule 10.500 of the California Rules of Court, which strives for transparency of judicial administrative records and to ensure the public's right of access to such records.

**Recommendation 1.3—See pages 32—34 of the audit report for information on the related finding.**

To ensure its contract with the development vendor protects the financial interests of the State and the judicial branch, the AOC should consider restructuring its current contract to ensure the warranty for CCMS is adequate and covers a time period necessary to ensure that deployment of CCMS has occurred at the three early-adopter courts and they are able to operate the system in a live operational environment.

<sup>2</sup> Chapter 404, Statutes of 2010, which became effective January 1, 2011, renames the Office of the State Chief Information Officer as the California Technology Agency and the position of the State's chief information officer as the Secretary of California Technology.

*AOC's Action: Pending.*

The AOC agreed that the warranty needs to be of sufficient length to allow CCMS to operate in a live environment before the expiration of the warranty. The existing contract includes a 12-month system warranty for CCMS that will begin no later than eight months after system acceptance, which occurred on November 28, 2011. However, the AOC indicates that it is continuing to negotiate the terms of the warranty period with the development vendor.

**Recommendation 1.4.a—See pages 34 and 35 of the audit report for information on the related finding.**

If the Judicial Council determines that CCMS is in the best interest of the judicial branch and it directs the AOC to deploy the system statewide, assuming funding is available, the AOC should ensure that any contract it enters into with a deployment vendor includes cost estimates that are based on courts' existing information technology (IT) environments and available resources to assist with deployment activities.

*AOC's Action: Pending.*

The AOC stated any deployment contract will take into account assessments of each court's existing IT environment and available resources. The AOC also stated information gathered through the deployments to the early adopter courts will enable the AOC to accurately estimate deployment costs. The AOC indicated it will take into account both the state auditor and Technology Agency recommendations on this issue and will consider all options for deployment to best protect the financial interests of the branch, including consideration of not outsourcing deployment services for some smaller court deployments.

**Recommendation 1.4.b—See pages 35 and 36 of the audit report for information on the related finding.**

If the Judicial Council determines that CCMS is in the best interest of the judicial branch and it directs the AOC to deploy the system statewide, assuming funding is available, the AOC should ensure that any contract it enters into with a deployment vendor includes well-defined deliverables.

*AOC's Action: Pending.*

The AOC indicated it will ensure that any deployment contract requires the vendor to provide all services necessary to complete the deliverables due under the contract and that all deliverables are well-defined.

**Recommendation 1.4.c—See pages 34 and 35 of the audit report for information on the related finding.**

If the Judicial Council determines that CCMS is in the best interest of the judicial branch and it directs the AOC to deploy the system statewide, assuming funding is available, the AOC should ensure that any contract it enters into with a deployment vendor includes that adequate responsibility be placed on the vendor for conducting key steps in the deployment of the system.

*AOC's Action: Pending.*

The AOC stated it will negotiate the most favorable terms possible when entering into a deployment contract, including placing appropriate responsibility on the vendor.

**Recommendation 1.5—See pages 29—32 of the audit report for information on the related finding.**

The Judicial Council should make certain that the governance model for CCMS ensures that approval of contracts and contract amendments that are significant in terms of cost, time extension, and/or change in scope occur at the highest and most appropriate levels, and that when contracts or contract amendments above these thresholds are approved, that the decision makers are fully informed regarding both the costs and benefits.

***AOC's Action: Pending.***

The AOC stated the CCMS governance committees, the CCMS Project Management Office, and the AOC Project Review Board will have structured protocols in place to ensure that all significant contract amendments, changes in cost and scope, and extensions to time frames will be approved at the appropriate levels based on full and complete information, including costs and benefits associated with the contract or contract amendments. The AOC explained the governance committees are charged with providing oversight of the CCMS program, including the program scope, program budget, application functionality, implementation priorities, and deployment schedules. The AOC further indicated that key decisions, as appropriate within the governance model, will be elevated to the Administrative Director of the Courts or the Judicial Council.

**Recommendation 1.6.a—See pages 24—26 of the audit report for information on the related finding.**

To ensure that any future IT projects are in the best interest of the judicial branch and the State, the AOC should complete a thorough analysis of the project's cost and benefits before investing any significant resources and time into its development, and update this analysis periodically and as significant assumptions change.

***AOC's Action: Fully implemented.***

The AOC stated it has been working diligently with the Technology Agency since its review of CCMS. The AOC further stated it has taken steps to integrate the Technology Agency's recommendations into its existing technology project management process. The AOC reported this includes working with the Technology Agency on project concept documents and the project charters for future IT projects and using project planning documents more similar to those typically used for executive branch IT projects.

**Recommendation 1.6.b—See pages 26—29 of the audit report for information on the related finding.**

To ensure that any future IT projects are in the best interest of the judicial branch and the State, the AOC should document and retain all key decisions that impact the project in general, including the goals of the project.

***AOC's Action: Fully implemented.***

The AOC indicates incorporating the Technology Agency's recommendations into its existing processes, and using and retaining project concept documents, project charters, and other project planning documents more similar to those typically used for executive branch IT projects.

**Recommendation 1.6.c—See pages 29—36 of the audit report for information on the related finding.**

To ensure that any future IT projects are in the best interest of the judicial branch and the State, the AOC should better structure contracts with development and deployment vendors to protect the financial interests of the judicial branch and ensure the contracts provide for adequate warranty periods.



*AOC's Action: Fully implemented.*

The AOC stated it will continue to work with the best qualified legal counsel to ensure that its development and deployment contracts protect the financial interests of the judicial branch and the State. The AOC also stated it will include appropriate warranty periods in IT projects and will ensure that any future development and deployment contracts address the length and timing of a warranty period to ensure necessary protection.

**Recommendation 2.1.a—See pages 40—47 of the audit report for information on the related finding.**

To ensure that the financial implications of the statewide case management project are fully understood, the AOC should report to the Judicial Council, the Legislature, and stakeholders a complete accounting of the costs for the interim systems and CCMS. This figure should be clear about the uncertainty surrounding some costs, such as those that the AOC and superior courts will incur for deployment of CCMS.

*AOC's Action: Partially implemented.*

The AOC issues an annual report to the Legislature on case management project costs. In future reports the AOC stated it will also include all identifiable costs related to CCMS incurred by the trial courts. It will work with the courts to identify and report, on an ongoing basis, the costs they are incurring for other local interim case management systems. The AOC stated these reports will be submitted to the Judicial Council and the Legislature and posted on the Judicial Council's Web site, consistent with the distribution of prior year's reports.

**Recommendation 2.1.b—See pages 44—47 of the audit report for information on the related finding.**

The AOC should require superior courts to identify their past and future costs related to the project, particularly the likely significant costs that superior courts will incur during CCMS deployment, and include these costs in the total cost.

*AOC's Action: Partially implemented.*

The AOC reported it has already modified the trial court's financial reporting system to enable courts to track current and future case management system costs distinct from other technology expenditures. The AOC stated it provided guidance to the trial courts to assist them to identify costs specific to development, deployment, and ongoing operations. The AOC further stated it will work with the trial courts to identify any additional expenditure information not already included in its reporting for prior fiscal years. Although the AOC believes that a substantial portion of court costs for the deployment of CCMS have been identified and captured in the costs already projected and reported, the AOC will be better able to estimate and refine the costs that superior courts will likely incur based on information gathered from early adopter and subsequent court deployments. It will include such costs in the total CCMS cost estimates where applicable.

**Recommendation 2.1.c—See pages 44—47 of the audit report for information on the related finding.**

Further, the AOC should be clear about the nature of the costs that other entities, such as justice partners, will incur to integrate with CCMS that are not included in its total cost.

***AOC's Action: Partially implemented.***

The AOC stated it currently identifies the nature of costs that justice partners will incur to integrate with CCMS and will continue to do so. To ensure broader understanding of the types of costs justice partners may incur to integrate with CCMS, the AOC stated it will begin including this information in the annual CCMS report to the Legislature. The AOC additionally stated, as part of the comprehensive cost-benefit analysis of the CCMS project currently being performed, it will evaluate integration costs likely to be incurred by the justice partners of the early adopter courts. The AOC stated the Justice Partner Advisory Committee will also be working with justice partners to help ascertain the administrative and financial benefits, in addition to costs, accruing as a result of CCMS deployment or enhancements.

**Recommendation 2.1.d—See pages 40—47 of the audit report for information on the related finding.**

The AOC should update its cost estimate for CCMS on a regular basis as well as when significant assumptions change.

***AOC's Action: Partially implemented.***

The AOC stated it currently updates its cost estimates on a regular basis or when significant assumptions change. The AOC also stated as part of its Information Technology Investment Management Program (ITIMP), the estimated cost and allotted budget for CCMS are reviewed monthly and revised and updated when scope or other project changes with cost implications are identified or approved. The AOC provided a cost update in its 2011 report to the Legislature, which was released in May 2011, but it has not provided a cost update since that time despite a one-year increase in the timeline for full CCMS deployment.

**Recommendation 2.2—See pages 47—49 of the audit report for information on the related finding.**

To address the funding uncertainty facing CCMS, the AOC should work with the Judicial Council, the Legislature, and the governor to develop an overall strategy that is realistic given the current fiscal crisis facing the State.

***AOC's Action: Partially implemented.***

The AOC stated it has, as directed and authorized by the Judicial Council, modified its strategy and will continue to do so in light of current and foreseeable future economic realities as well as the needs of courts whose current systems are at imminent risk of failing. The AOC also stated it will continue to work with the Legislature and the governor to explore all potential approaches for securing sufficient funding to complete the statewide deployment of CCMS. The AOC indicated such options may include consideration of project financing, as well as state, federal, and private funding. The AOC reported the Judicial Council, in coordination with legislative and executive branch leadership, has demonstrated prudence and flexibility in its overall funding strategy in light of the fiscal crisis, redirecting more than \$200 million in the last two fiscal years from funding that would have been available for technology projects to cover reduced court funding, and scaling back initial CCMS deployment plans to three early adopter courts.

***Legislative Action: Unknown.***

The state auditor is not aware of any action taken by the Legislature as of January 5, 2012.



**Recommendation 2.3.a—See pages 40—44 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should estimate costs at the inception of projects.

*AOC's Action: Partially implemented.*

The AOC stated its ITIMP already incorporates many of the steps identified in our recommendation, but that it will be revised to incorporate the fiscal impact on local courts and justice partners.

**Recommendation 2.3.b—See pages 43 and 44 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should employ appropriate budget and cost management tools to allow it to appropriately budget, track, manage, and estimate costs.

*AOC's Action: Partially implemented.*

See the AOC's response under recommendation 2.3.a.

**Recommendation 2.3.c—See pages 44—47 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should ensure that cost estimates are accurate and include all relevant costs, including costs that superior courts will incur.

*AOC's Action: Partially implemented.*

See the AOC's response under recommendation 2.3.a.

**Recommendation 2.3.d—See page 46 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should disclose costs that other entities will likely incur to the extent it can reasonably do so.

*AOC's Action: Partially implemented.*

See the AOC's response under recommendation 2.3.a.

**Recommendation 2.3.e—See pages 40—44 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should update cost estimates on a regular basis and when significant assumptions change.

*AOC's Action: Partially implemented.*

See the AOC's response under recommendation 2.3.a.

**Recommendation 2.3.f—See pages 40—47 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should disclose full and accurate cost estimates to the Judicial Council, the Legislature, and stakeholders from the beginning of projects.

***AOC's Action: Partially implemented.***

See the AOC's response under recommendation 2.3.a.

**Recommendation 2.3.g—See pages 47—49 of the audit report for information on the related finding.**

To better manage costs of future IT projects, the AOC should ensure that it has a long-term funding strategy in place before investing significant resources in a project.

***AOC's Action: Partially implemented.***

The AOC stated its ITIMP already incorporates many of the steps identified in our recommendation, but that it will be revised to incorporate the fiscal impact on local courts and justice partners.

**Recommendation 3.1.a—See pages 52—64 of the audit report for information on the related finding.**

Although the Judicial Council has the legal authority to compel the courts to adopt CCMS, to better foster superior court receptiveness to deploying CCMS, the AOC should use the results from its consultant's survey of the superior courts to identify and better understand the courts' input and concerns regarding CCMS, including the manner in which the project has been managed by the AOC. To the extent the survey results indicate courts have significant concerns regarding CCMS or that they believe their case management systems will serve them for the foreseeable future, the AOC should take steps to address these concerns and overcome any negative perceptions and modify its deployment plan for CCMS accordingly.

***AOC's Action: Partially implemented.***

The AOC stated participation and input from the courts are vital to the success of CCMS. The AOC indicated the results from a consultant's survey, which was prepared as part of the cost benefit study, will be used to refine a variety of deployment alternatives for consideration by the AOC, the CCMS governance committees, and the Judicial Council. Along with the experience gained and lessons learned from deployment of CCMS at early adopter courts, further information on the impact of CCMS implementation on court business processes, courts' concerns regarding the timing for deployment of the system, status of existing legacy systems, anticipated cost savings, and needs of the court users will all be factors given great weight in assessing the several deployment alternatives.

**Recommendation 3.1.b—See pages 52—57 of the audit report for information on the related finding.**

Although the Judicial Council has the legal authority to compel the courts to adopt CCMS, to better foster superior court receptiveness to deploying CCMS, the AOC should continue to work with the superior courts that have deployed the civil system to ensure it is addressing their concerns in a timely and appropriate manner.

*AOC's Action: Partially implemented.*

The AOC stated, going forward, the CCMS Operational Advisory Committee is responsible for setting the priorities for defects and enhancements for CCMS. The AOC further indicated the CCMS Project Management Office has dedicated staff assigned to work with courts using the interim civil system to address their needs and concerns. Since deployment of the interim civil system, the AOC reported, there have been numerous releases to improve the functionality and enhance the system in response to suggestions raised by the courts using it.

**Recommendation 3.1.c—See pages 52 and 57—59 of the audit report for information on the related finding.**

Although the Judicial Council has the legal authority to compel the courts to adopt CCMS, to better foster superior court receptiveness to deploying CCMS, the AOC should work with superior courts to address concerns about hosting data at the California Court Technology Center (Technology Center). Further, the AOC should take steps to ensure that superior courts do not lose productivity or efficiencies by hosting data at the Technology Center.

*AOC's Action: Partially implemented.*

The AOC stated it is committed to ensuring that the performance of systems hosted at the Technology Center is comparable to performance of a locally hosted system. The AOC further stated that it is presently working closely with the courts, and will continue to do so, to address their concerns. The AOC indicated the CCMS Operational Advisory Committee will work directly with the CCMS Project Management Office and the courts to review, modify, and add service level metrics as needed to ensure that centrally delivered services are provided in a manner that is fully responsive to the courts' business needs.

**Recommendation 3.2—See pages 64—65 of the audit report for information on the related finding.**

The AOC should continue working with local and state justice partners to assist them in their future efforts to integrate with CCMS, and in particular provide local justice partners the information needed to estimate the costs involved.

*AOC's Action: Partially implemented.*

The AOC stated it has a data integration team dedicated to working with state and local justice partners to prepare them to integrate with CCMS. The AOC indicated this team participates in justice partners' association meetings, conferences, and other events to create awareness about CCMS and highlight the benefits of integration. The AOC also stated the CCMS justice partner data integration team disseminates information about tools, resources, and information to support their integration efforts. The AOC has developed and maintains a justice partner integration website which provides information about the 121 CCMS data exchanges and offers instructions for their implementation. All justice partners have access to the site, which identifies resources they may need to integrate with CCMS. The AOC stated the information provided helps partners estimate their costs of integrating with CCMS. Finally, the AOC stated the CCMS Justice Partner Advisory Committee is charged with ensuring that the implementation of CCMS and its data exchanges maximizes state and local justice partner participation and minimizes disruptions to existing automated processes between courts and their justice partners.

**Recommendation 3.3.a—See pages 52—64 of the audit report for information on the related finding.**

Before embarking on future statewide IT initiatives and to ensure it secures appropriate support from users of the systems being proposed, the AOC should determine the extent to which the need for the IT initiative exists, including the necessary information to clearly demonstrate the extent of the problem the IT initiative will address.

***AOC's Action: Fully implemented.***

The AOC stated it has both formal and informal processes and procedures in place to identify and assess the need for statewide technology improvements for the judicial branch in partnership with the courts. The AOC also stated it is committed to these processes and will continue to leverage these opportunities. As technology project needs are identified through these many communication channels, the AOC stated project concept documents are drafted that include statements of the problem, anticipated costs and benefits of the IT solution, impacts on courts and court operations, and known risks.

**Recommendation 3.3.b—See pages 52—64 of the audit report for information on the related finding.**

Before embarking on future statewide IT initiatives and to ensure it secures appropriate support from users of the systems being proposed, the AOC should take steps to ensure that superior courts support the solution the AOC is proposing to address the need, which could include conducting a survey of courts to determine their level of support.

***AOC's Action: Fully implemented.***

The AOC stated regional meetings provide a solid foundation for the AOC and the courts to share information to learn about, better understand, and evaluate statewide technology needs. The AOC also stated the Judicial Council's Court Technology advisory committee, trial court presiding judges advisory committee, and court executives advisory committee provide additional avenues of communication that enhance the exchange of information between and among the AOC and the courts to influence the direction and strategies for future statewide technology improvements. The AOC indicated that statewide meetings of presiding judges and court executive officers build on those committee meetings to ensure that superior court feedback is received.

**Recommendation 3.3.c—See pages 64 and 65 of the audit report for information on the related finding.**

Before embarking on future statewide IT initiatives and to ensure it secures appropriate support from users of the systems being proposed, the AOC should if necessary, determine whether other stakeholders, including local and state justice partners, support the IT initiative.

***AOC's Action: Fully implemented.***

The AOC stated its Project Review Board is to ensure that all branch-wide technology projects follow a structured analysis protocol that will produce the information required to adequately assess the need for and value of the project proposal. The AOC further stated court and stakeholder surveys will be included in this structured analysis protocol.

**Recommendation 4.1—See pages 68—78 of the audit report for information on the related finding.**

To provide for an appropriate level of independent oversight on CCMS, the AOC should expand and clarify the scope of oversight services and require that oversight consultants perform oversight that is consistent with best practices and industry standards.

***AOC's Action: No action taken.***

The AOC stated it strongly agrees the project oversight should be performed consistent with best practices and industry standards, although it does not agree that this can only be done by external contractors that are independent of the vendor developing CCMS. The AOC continues to assert that the approach it used for the verification and validation process—which includes independent verification and validation (IV&V) and independent project oversight (IPO), as well as using AOC and court experts independent of the CCMS project—is entirely consistent with industry standards and guidelines and best practices for information technology projects of the size and complexity of CCMS. The AOC plans to request an interpretation from the Institute of Electrical and Electronic Engineers, Inc (IEEE) regarding whether the verification and validation approach that the AOC has been using for CCMS complies with the IEEE Standard 1012. However, as we noted in our audit report, we believe the AOC does not fully understand the purpose and importance of IV&V and IPO on a project of the size, scope, and complexity of CCMS. As we indicated in our audit report, IV&V services should be documented in a software verification and validation plan; be scaled in level of rigor based on complexity, criticality, and other project characteristics; and be performed by an organization that is technically, managerially, and financially independent. Moreover, our audit found that the AOC lacked a software verification and validation plan, which according to IEEE Standard 1012, would define and document its verification and validation effort. Such a plan would also describe the organization of the AOC staff's effort, including the degree of independence required. The IEEE Standard 1012 does indicate that many different verification and validation structures will work well as long as project responsibilities, data flows, and reporting flows are defined and documented. Because the AOC had no such plan, we could not analyze or evaluate the verification and validation efforts the AOC asserts were conducted. Further, the AOC provided us no reports resulting from the staff's efforts it asserts were performed and we found no mention of AOC staff effort in any of the oversight documents provided to us during the audit.

**Recommendation 4.2—See pages 69—72 of the audit report for information on the related finding.**

To ensure that no gaps in oversight occur between CCMS development and deployment, the AOC should ensure that it has IV&V and IPO services in place for the deployment phase of CCMS. Further, to allow for independent oversight of the IV&V consultant, the AOC should use separate consultants to provide IV&V and IPO services.

***AOC's Action: Pending.***

The AOC indicates that it will contract with separate entities to perform IPO and IV&V services for CCMS deployment.

**Recommendation 4.3—See pages 80—86 of the audit report for information on the related finding.**

To ensure no significant quality issues or problems exist within CCMS, the AOC should retain an independent consultant to review the system before deploying it to the three early-adopter courts. This review should analyze a representative sample of the requirements, code, designs, test cases, system documentation, requirements traceability, and test results to determine the extent of any quality issues or variances from industry standard practices that would negatively affect the cost and effort required of the AOC to operate and maintain CCMS. If any quality issues and problems identified by this review can be adequately addressed, and system development can be completed without significant investment beyond the funds currently committed, the AOC should deploy it at the early-adopter courts during the vendor's warranty period.

***AOC's Action: Partially implemented.***

The AOC commissioned two independent assessments of CCMS which were published in August 2011. Integrated Systems Diagnostics, Inc. performed a review of the development process employed by the CCMS development vendor, Deloitte Consulting. The *Appraisal Report* by Integrated System Diagnostics, Inc. found that the development vendor did not follow certain best practices during CCMS development, meaning that the development vendor did not perform at the standard it had originally promised.

K3 Solutions, LLC (K3) performed an assessment of software quality and whether the CCMS product has been developed as designed. In its *Final CCMS Application Assessment Report*, K3 found that CCMS appears to be architecturally sound and comprehensively tested. However, it did identify seven areas that, if not addressed going forward, could have significant implications for the maintenance and deployment of CCMS. To address these issues, the AOC indicates working with the development vendor and K3 to develop an action plan that addresses both reports' findings and recommendations. The AOC maintains that if the plan is followed, concerns regarding the maintenance and deployment of CCMS should be alleviated and no additional costs to the State should be incurred going forward. AOC has reiterated that the development vendor is committed to providing a quality product to protect its professional reputation and that it will follow the action plan accordingly. We received the action plan in December 2011 but we have not reviewed it.<sup>3</sup>

**Recommendation 4.4.a—See pages 68—72 of the audit report for information on the related finding.**

To ensure that future major IT projects receive appropriate independent oversight over technical aspects and project management, the AOC should obtain IV&V and IPO services at the beginning of the projects and ensure this independent oversight is in place throughout and follows best practices and industry standards appropriate for the size and complexity of the project.

***AOC's Action: Partially implemented.***

The AOC stated it strongly agrees that it is critical that information technology projects receive the necessary and appropriate project oversight and that it will follow the Technology Agency's guidance as well as all appropriate industry guidance. The AOC also stated it will assess each project for its risk, sensitivity, and criticality and will give great deference to the Technology Agency's guidance to determine the manner and extent of project oversight that will be implemented. The AOC stated it commits to timely obtaining and maintaining the appropriate independent project oversight services based on the size, scope, and complexity of the project and to ensuring that complete access is granted to all necessary materials. However, the AOC continues to believe that its staff is able to act independently of the AOC to perform significant elements of this oversight, as noted under its action for recommendation 4.1 above.

**Recommendation 4.4.b—See pages 69—72 of the audit report for information on the related finding.**

To ensure that future major IT projects receive appropriate independent oversight over technical aspects and project management, the AOC should employ separate firms for IV&V and IPO services to allow for the IPO consultant to provide independent oversight on the IV&V consultant as well as the project team's response to IV&V findings.

***AOC's Action: Fully implemented.***

The AOC stated it will work closely with the Technology Agency on all future IT projects that will have a cost in excess of \$5 million, and will carefully consider its recommendations for such projects, including those relating to oversight and risk mitigation.

<sup>3</sup> The AOC indicates that the development vendor has completed all action plan items, but as of March 13, 2012, the AOC has not provided us sufficient information to confirm their completion.



**Recommendation 4.4.c—See pages 68—78 of the audit report for information on the related finding.**

To ensure that future major IT projects receive appropriate independent oversight over technical aspects and project management, the AOC should ensure that the staff performing IV&V and IPO services have experience and expertise that is commensurate with the size, scope, and complexity of the project they are to oversee.

***AOC's Action: Fully implemented.***

See the AOC's response under recommendation 4.4.b.

**Recommendation 4.4.d—See pages 78—80 of the audit report for information on the related finding.**

To ensure that future major IT projects receive appropriate independent oversight over technical aspects and project management, the AOC should ensure that independent oversight is not restricted in any manner and that all parties—the IV&V and IPO consultants, senior management, the project management team, and the development vendor—understand that the IV&V and IPO consultants are to have complete access to all project materials.

***AOC's Action: Fully implemented.***

See the AOC's response under recommendation 4.4.b.

**Recommendation 4.4.e—See pages 80—86 of the audit report for information on the related finding.**

To ensure that future major IT projects receive appropriate independent oversight over technical aspects and project management, the AOC should address promptly and appropriately the concerns that independent oversight consultants raise.

***AOC's Action: Fully implemented.***

The AOC stated it concurs with the importance of the identification of concerns raised by IV&V and IPO consultants and that their concerns be reported and monitored to ensure they are appropriately addressed. The AOC also stated concerns raised by IV&V and IPO consultants will be taken off watch status only after careful consideration and discussion of all risks and mitigation efforts that must occur to ensure that system function is unaffected.





# Dymally-Alatorre Bilingual Services Act

## State Agencies Do Not Fully Comply With the Act, and Local Governments Could Do More to Address Their Clients' Needs

### REPORT NUMBER 2010-106, ISSUED NOVEMBER 2010

This report concludes that the State Personnel Board (Personnel Board) is not meeting most of its responsibilities under the Dymally-Alatorre Bilingual Services Act (Act). The Personnel Board has not informed all state agencies of their responsibilities under the Act and has not ensured that state agencies conduct language surveys to assess their clients' language needs. In addition, the Personnel Board does not obtain necessary information from state agencies that would allow it to evaluate their compliance with the Act and does not order deficient agencies to take the necessary actions to ensure they have sufficient qualified bilingual staff and translated written materials to address the language needs of their substantial populations of limited-English-proficient (LEP) clients. Moreover, the Personnel Board's complaint process needs improvement because it does not ensure that complaints are resolved in a timely manner and its report to the Legislature does not adequately address whether state agencies are complying with the Act.

We also found that state agencies are not fully complying with the Act. Although nine of the 10 agencies we reviewed conducted language surveys in 2008, four reported inaccurate survey results for one or more of their local offices, and two did not have sufficient documentation to support their survey results. In addition, only one of the state agencies we reviewed formally analyzed its survey results to determine whether the use of other available options, in addition to qualified bilingual staff in public contact positions, was serving the language needs of its clients as the Act requires. Further, none of the state agencies we reviewed had adequate procedures in place to determine whether they met the Act's requirements to translate certain written materials for their substantial LEP populations. Furthermore, most of the state agencies we reviewed have not developed plans to address their staffing deficiencies and translated written materials deficiencies. We also found that some state agencies are not maximizing opportunities to reduce their costs of providing bilingual services by leveraging existing state contracts for interpretation and translation services.

Finally, our survey of local government administrators and department managers in 25 counties and cities throughout California found that some are not fully addressing their clients' bilingual needs. As a result, their clients may not be receiving the government services to which they are entitled.

In the report, the California State Auditor (state auditor) made the following recommendations to the Personnel Board and other state and local agencies. The state auditor's determination regarding the current status of recommendations is based on the 11 audited state agencies' and three local agencies' responses to the state auditor as of November 2011.

#### **Recommendation 1.1—See page 17 of the audit report for information on the related finding.**

To ensure that all state agencies subject to the Act are aware of their potential responsibilities to provide bilingual services, the Personnel Board should improve its processes to identify and inform all such state agencies of the Act's requirements.

#### ***Personnel Board's Action: Fully implemented.***

The Personnel Board used the Department of Finance's Uniform Codes Manual to create a comprehensive state agency listing and has developed procedures to ensure that all state agencies are properly notified of the Act's requirements.

**Recommendation 1.2—See pages 17—19 of the audit report for information on the related finding.**

The Personnel Board should make certain that every state agency required to comply with the Act conducts language surveys and submits implementation plans unless the Personnel Board exempts them from these requirements. The Personnel Board should also ensure that it adheres to the specific criteria contained in the Act when exempting agencies from conducting language surveys or preparing implementation plans.

***Personnel Board's Action: Fully implemented.***

The Personnel Board developed a system to track state agencies' participation in the language survey and implementation plan processes. The Personnel Board also incorporated accurate exemption language, as specified in the Act, into the forms for the language survey and implementation plan and instituted a tracking mechanism and review process for each exemption approval to reduce the risk of error.

**Recommendation 1.3—See pages 19—20 of the audit report for information on the related finding.**

The Personnel Board should require state agencies to provide all of the information required by the Act. For example, the Personnel Board should ensure that state agencies identify their deficiencies in staffing and translated written materials and that the state agencies' implementation plans detail sufficiently how and when they plan to address these deficiencies. In addition, the Personnel Board should assess the adequacy of state agencies' language surveys and implementation plans. If it determines that implementation plans do not address deficiencies in staffing or written materials adequately, the Personnel Board should order the agencies to revise or supplement their plans accordingly. The Personnel Board should also require state agencies to report to it every six months on their progress in addressing their deficiencies. If the Personnel Board determines that state agencies have not made reasonable progress toward complying with the Act, we recommended that it consider ordering them to comply with the Act. These actions could include ordering state agency officials to appear before the Personnel Board to explain why their agencies have not complied. If these actions or its other efforts to enforce the Act are ineffective, the Personnel Board should consider asking a court to issue writs of mandate under Section 1085 of the Code of Civil Procedure, to require agencies to perform their duties. Finally, we recommended that the Personnel Board seek enough additional staff to fulfill its obligations under the Act, or seek changes to the Act that would reduce its responsibilities and make them commensurate with its staffing levels.

***Personnel Board's Action: Fully implemented.***

The Personnel Board revised its forms to capture all of the information required by the Act. In addition, the Personnel Board has developed procedures to assess the adequacy of state agencies' language surveys and implementation plans, which includes evaluating the status of agencies' corrective action plans for addressing deficiencies in bilingual staffing and written materials. If it determines that agencies' corrective action plans do not adequately address deficiencies, the Personnel Board now requires such agencies to revise their plans accordingly. In addition, the Personnel Board requires deficient agencies to submit six-month progress reports. Further, the Personnel Board revised its procedures to invite nonexempt state agencies that do not submit language surveys or implementation plans to explain their noncompliance to its five-member board. Finally, the Personnel Board's bilingual services unit secured three student assistants to assist with its workload.

***Legislative Action: Legislation introduced.***

Assembly Bill 305 (as amended March 17, 2011) of the 2011-12 Regular Legislative Session would revise provisions relating to determining if there is a substantial number of non-English speaking people served by a state office and to expand the Personnel Board's reporting requirements under the Act.

**Recommendation 1.4—See page 20 of the audit report for information on the related finding.**

The Personnel Board should follow up with the responsible state agencies to ensure that the agencies resolve the language access complaints it receives in a timely manner.

***Personnel Board's Action: Fully implemented.***

The Personnel Board revised its bilingual services program's procedures to incorporate additional fields to its tracking system to capture the date that a complaint was resolved and how it was resolved.

**Recommendation 1.5—See pages 21 and 22 of the audit report for information on the related finding.**

The Personnel Board should improve the content of its biennial report to the Legislature to identify problems more clearly and to propose solutions where warranted. Specifically, the report should clearly indicate whether state agencies have true staffing deficiencies or deficiencies in translated materials. In addition, the report should identify any agencies that are not complying with the Act and should present key survey and implementation plan results by state agency and field office to better inform policymakers and the public about the language needs of residents in certain areas of the State and about state agencies' available resources to meet those needs.

***Personnel Board's Action: Pending.***

The Personnel Board's next biennial report is not scheduled for release until March 2012. However, it stated that it will revise the format and content of that report and all subsequent reports to reflect more comprehensive and meaningful data.

**Recommendation 2.1—See pages 26—30 of the audit report for information on the related finding.**

To ensure that they meet their constituents' language needs, state agencies should make certain that they accurately assess and report their clients' language needs to the Personnel Board. State agencies should also analyze formally their language survey results and consider other available bilingual resources to determine their true staffing deficiencies. Further, state agencies should establish procedures to identify the written materials that the Act requires them to translate into other languages and ensure that such materials are translated or made accessible to the agencies' LEP clients. Finally, state agencies should develop detailed corrective action plans describing how and when they will address their staffing and written materials deficiencies. In addition, they should submit their corrective action plans to the Personnel Board as part of the state agencies' overall implementation plans.

***California Emergency Management Agency's Action: Fully implemented.***

The California Emergency Management Agency (Emergency Management) developed procedures to help ensure the accuracy of its biennial language surveys. Emergency Management also participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. Emergency Management's language survey indicated that it did not have any staffing or written materials deficiencies. In addition, Emergency Management's implementation plan described its procedures for identifying the written materials that the Act requires it to translate into other languages and how it ensures such materials are translated or made accessible to its LEP clients. Finally, Emergency Management also provides an option on its Web site that allows LEP clients to translate its Web site content into numerous other languages.

***California Highway Patrol's Action: Fully implemented.***

The California Highway Patrol (Highway Patrol) stated that it will continue to assess its clients' language needs and to report accurate information to the Personnel Board. Highway Patrol also participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. Highway Patrol also formally analyzed its language survey results and determined that it had no true staffing deficiencies. In addition, it established procedures for identifying written materials that the Act requires it to translate into other languages and a process for monitoring its compliance with this requirement. Finally, Highway Patrol developed a detailed corrective action plan describing how and when it will address its written materials deficiencies.

***Department of Corrections and Rehabilitation's Action: Pending.***

The Department of Corrections and Rehabilitation (Corrections) reported that it has made progress in several areas to address our recommendations. For example, Corrections stated that it is developing a bilingual coordinator manual and a language services manual for its staff to use as a resource. Corrections indicated that it is also developing criteria and an evaluation tool which it will use to evaluate future language survey results. In addition, Corrections stated that it is developing a mechanism to monitor and report translated written materials and to ensure the accessibility of such materials. Corrections also participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011, reporting that it did not have any true staffing deficiencies or written materials deficiencies.

***Department of Food and Agriculture's Action: Partially implemented.***

The Department of Food and Agriculture (Food and Agriculture) participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. Food and Agriculture reported that its bilingual services program coordinator reviewed all the tally sheets from every participating division to make sure that the information gathered and reported would yield accurate survey results. Food and Agriculture also formally analyzed its language survey results and its implementation plan included a corrective action plan describing how it will address its true staffing deficiencies. However, Food and Agriculture acknowledged that it is still in the process of developing standard procedures for identifying written materials that require translation.

***Department of Housing and Community Development's Action: Fully implemented.***

The Department of Housing and Community Development (Housing) reported that beginning with the 2010 biennial language survey, it assigned responsibility for the survey to its equal employment opportunity officer, who also serves as its bilingual services program coordinator. This individual is responsible for coordinating, implementing, and overseeing the language survey, analyzing completed survey tally sheets, reporting the results of the analysis to the Personnel Board, and maintaining sufficient documentation. Housing also participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. In addition, Housing formally analyzed its language survey results and established procedures for identifying written materials that require translation. Finally, Housing's implementation plan included a corrective action plan describing how it will address its staffing and written materials deficiencies.

***Department of Justice's Action: Fully implemented.***

The Department of Justice (Justice) reported that it appointed a new bilingual services program coordinator to monitor the program, the biennial language survey, and the subsequent implementation plan. Justice also indicated that it has adopted and implemented new procedures that provide a higher level of quality control regarding reviewing and analyzing the language survey data in order to avoid future reporting errors. Justice also participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. In addition, Justice formally analyzed its language survey results and determined that it had no true staffing deficiencies. Justice also established procedures for identifying written materials that require translation and its implementation plan included a corrective action plan describing how it will address its deficiencies in written materials. Finally, Justice also provides an option on its Web site that allows LEP clients to translate its Web site content into numerous other languages.

***Department of Motor Vehicles' Action: Fully implemented.***

The Department of Motor Vehicles (Motor Vehicles) participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. Motor Vehicles reported that it implemented improved procedures and incorporated additional checks and balances for the 2010 language survey to ensure that it accurately assessed and reported its LEP clients' language needs to the Personnel Board. In addition, Motor Vehicles formally analyzed its language survey results

and established procedures for identifying written materials that require translation. Finally, Motor Vehicles' prepared a corrective action plan describing how and when it will address its staffing and written materials deficiencies.

***Department of Public Health's Action: Fully implemented.***

The Department of Public Health (Public Health) reported that it will continue to ensure that it accurately assesses and reports its clients' language needs to the Personnel Board. Public Health participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. Public Health formally analyzed its language survey results and established procedures for identifying written materials that require translation. In addition, Public Health prepared a corrective action plan describing how and when it will address its staffing and written materials deficiencies.

***Department of Toxic Substances Control's Action: Fully implemented.***

The Department of Toxic Substances Control (Toxic Substances Control) reported that it would continue to accurately assess and report its clients' language needs to the Personnel Board. Toxic Substances Control participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. In addition, it established procedures for identifying written materials that require translation and formally analyzed its language survey results, concluding that it did not have any staffing or written materials deficiencies.

***Employment Development Department's Action: Partially implemented.***

The Employment Development Department (Employment Development) participated in the 2010 language survey and submitted an implementation plan to the Personnel Board in 2011. Employment Development reported that it designed and implemented corrective actions for the 2010 language survey to ensure it collected all hard-copy documentation from all public contact employees so there would be no questions about the accuracy of data provided to the Personnel Board. In addition, Employment Development stated that it added controls over data collection, tabulation, and submission so that all information could be traced back to hard copy documentation. Employment Development also formally analyzed its language survey results and its implementation plan included a corrective action plan describing how it would address its true staffing deficiencies. However, Employment Development has not yet finalized a policy that contains provisions for ensuring that applicable written materials are translated into other languages as required by the Act.

**Recommendation 2.2—See pages 31 and 32 of the audit report for information on the related finding.**

State agencies should leverage the Department of General Services' (General Services) and the Personnel Board's contracts for interpretation and translation services to potentially reduce the costs of providing bilingual services.

***Emergency Management's Action: Fully implemented.***

Emergency Management reported that when it determines a need for translation and interpreter services which cannot be provided by one of its certified bilingual employees, it will utilize General Services' list of California Multiple Award Schedules (CMAS) vendors and consult with the Personnel Board.

***Highway Patrol's Action: Fully implemented.***

Highway Patrol reported that it complies with this recommendation and will continue to negotiate the lowest possible rates for bilingual services while ensuring quality deliverables.



***Corrections' Action: Fully implemented.***

Corrections indicated that it will routinely refer to General Services' and the Personnel Board's leveraged procurement agreements when bilingual service requests are within the ordering allowances for those contracts. In such instances, Corrections will utilize these agreements when they meet its specific business needs.

***Food and Agriculture's Action: Fully implemented.***

Food and Agriculture reported that it has explored General Services' CMAS and the Personnel Board's language service providers for cost effective translation, American Sign Language interpretation, and bilingual staff certification services.

***Housing's Action: Fully implemented.***

In an effort to achieve the best service at the lowest cost possible, Housing reported that its equal employment opportunity officer contacted the Personnel Board to obtain information and pricing on its bilingual services contracts, and compared those prices to the rates of the CMAS and other vendors that it currently uses for its bilingual services needs.

***Justice's Action: Fully implemented.***

Justice reported that it explored the state auditor's recommendation to leverage General Services' and the Personnel Board's contracts and found its current provider's services to be the most cost effective.

***Motor Vehicles' Action: Fully implemented.***

Motor Vehicles reported that it already complies with this recommendation, and therefore, no further action is required.

***Public Health's Action: Fully implemented.***

Public Health agrees that state agencies should leverage General Services' and the Personnel Board's contracts for interpretation and translation services to potentially reduce the costs of providing bilingual services. Public Health reported that it developed seven, two-hour training classes to educate its staff on various elements of the contracting and procurement process. It indicated that the fifth class in this series provides information on available leveraged procurement agreements, including General Services' and the Personnel Board's contracts for bilingual services. Public Health reported that it held the initial fifth class in October 2011, and it will repeat this training every 14 weeks.

***Toxic Substances Control's Action: Fully implemented.***

Toxic Substances Control reported that it conducted a formal analysis of General Services' and the Personnel Board's contracts to potentially reduce its costs of providing bilingual services. Based on this analysis, it has decided to obtain a new contract for bilingual services through the CMAS process.

***Employment Development's Action: Fully implemented.***

Employment Development reported that it leverages all of General Services' master and statewide contracts, including CMAS contracts, when appropriate for use. However, Employment Development stated that before contracting out for personal services with a private vendor, as is available through CMAS, it first considers an agreement with another state agency.

**Recommendation 2.3—See pages 33 and 34 of the audit report for information on the related finding.**

Public Health and Corrections should develop procedures to detect and prevent contract splitting.

***Corrections' Action: Pending.***

Corrections reported that it is in the process of developing policies, procedures, and training materials to detect and prevent contract splitting. In the interim, its office of business services will review all incoming service orders to determine if existing contracts can satisfy these requests or if there are multiple requests pending for the same services.

***Public Health's Action: Fully implemented.***

Public Health reported that it developed seven training classes to educate its staff on the elements of the state's procurement and contracting process. It indicated that the first class in this series covered general procurement and contracting policies, including those governing service orders and the limitations on their use. Public Health reported that it held the initial class in July 2011, and it will repeat this training every 14 weeks. Public Health believes that these classes will enhance its adherence to its service order policies and mitigate the risk of future contract splitting.

**Recommendation 3.1—See pages 42 and 43 of the audit report for information on the related finding.**

The cities of Fremont, Santa Ana, and Garden Grove should consider establishing complaint processes through which the public can report the absence of bilingual services or resources.

***City of Fremont's Action: Fully implemented.***

The City of Fremont developed a language access policy explaining how its clients can request language services and how they can complain if they feel these services are inadequate. The policy is available in multiple languages on the City's Web site.

***City of Santa Ana's Action: Fully implemented.***

The City of Santa Ana (Santa Ana) implemented a citywide bilingual complaint process. Santa Ana reported that each of its departments has a bilingual services representative available to respond to complaints or questions. It reported that information on the complaint process, along with bilingual services complaint forms, are available in several languages at all of its public counters and on the City's Web site.

***City of Garden Grove's Action: Fully implemented.***

The City of Garden Grove (Garden Grove) developed bilingual assessment and complaint procedures and a language barrier reporting form in November 2011. Garden Grove reported that this information will be made available to the public in all four of Garden Grove's major languages (English, Vietnamese, Spanish, and Korean) in all of its facilities and on its Web site.





# California Emergency Management Agency

## Despite Receiving \$136 Million in Recovery Act Funds in June 2009, It Only Recently Began Awarding These Funds and Lacks Plans to Monitor Their Use

### LETTER REPORT NUMBER 2009-119.4, ISSUED MAY 2010

This letter report presents a review conducted by the California State Auditor (state auditor) concerning the preparedness of the California Emergency Management Agency (Cal EMA) to receive and administer American Recovery and Reinvestment Act of 2009 (Recovery Act) funds awarded by the U.S. Department of Justice for its Edward Byrne Memorial Justice Assistance Grant Program (JAG Program). The Recovery Act states that authorized funds should be spent to achieve its purposes as quickly as possible, consistent with prudent management. Based on our analysis, we believe that Cal EMA is moderately prepared to administer its Recovery Act JAG Program award. Cal EMA began awarding Recovery Act JAG Program funds about 12 months after the passage of the Recovery Act and eight months after the U.S. Department of Justice awarded it \$136 million. As of February 22, 2010, Cal EMA had signed agreements for, and thereby awarded, only four subgrants, totaling almost \$4 million, or about 3 percent of its Recovery Act JAG Program grant. According to Cal EMA's records, by March 11, 2010—approximately three weeks later—Cal EMA had awarded additional subgrants, totaling \$31 million, to 52 more subrecipients for a total of \$35 million, or 26 percent of its Recovery Act grant. Under the Recovery Act JAG Program, payments are made to subrecipients to reimburse them for costs of providing program services. Cal EMA reported that it has not made any payments to these subrecipients but, according to its accounting records, has spent \$104,000 in Recovery Act JAG Program funds for administrative costs. Finally, we also found that Cal EMA needs to improve its monitoring of Recovery Act JAG Program funds it has awarded and it failed to consistently report to federal agencies the administrative costs it charged to its Recovery Act JAG Program award.

In the report, the state auditor made the following recommendations to Cal EMA. The state auditor's determination regarding the current status of recommendations is based on Cal EMA's response to the state auditor as of May 2011 and a letter report dated July 7, 2011, that presents a follow-up review conducted by the state auditor concerning Cal EMA's progress in spending the JAG Program funds.

#### **Recommendation 1.1—See pages 8—12 of the audit report for information on the related finding.**

As soon as possible, Cal EMA should execute subgrant agreements with subrecipients so California can more fully realize the benefits of the Recovery Act funds.

#### ***Cal EMA's Action: Fully implemented.***

Cal EMA has executed 229 subgrant agreements and set aside \$1.2 million for administrative costs, obligating all of its JAG Program Recovery Act funds.

#### **Recommendation 1.2—See pages 12—18 of the audit report for information on the related finding.**

To ensure that it meets the monitoring requirements of its Recovery Act JAG Program, Cal EMA should plan its monitoring activities to provide reasonable assurance that its Recovery Act JAG Program subrecipients administer federal awards in accordance with laws, regulations, and the provisions of contracts or agreements.

***Cal EMA's Action: Partially implemented.***

Cal EMA reported that it has performed a limited-scope review on all 229 JAG Program Recovery Act subrecipients. According to Cal EMA, the limited-scope review was performed using a questionnaire that consisted of 34 internal control and Recovery Act compliance questions. As a result of the limited-scope reviews, Cal EMA indicated that it conducted four extended-scope desk reviews and planned another, and conducted five extended-scope field reviews.

We reported in our letter report dated July 7, 2011, that according to the chief of the Public Safety and Victims Services Division (division chief), Cal EMA had also conducted site visits for 210 of its 229 subrecipients as of June 22, 2011, and planned to conduct site visits for the remaining subrecipients by June 30, 2011. However, based on our review we identified several problems with Cal EMA's monitoring of its subrecipients' progress in expending Recovery Act funds. Although we concluded that, as of May 27, 2011, Cal EMA appears to have sufficient time to spend the funds to reimburse programs that make up about 55 percent of its federal grant, it needs to better evaluate subrecipients' use of JAG Program Recovery Act funds to ensure that the remaining 45 percent of the funds are spent before the federal grant expires on February 28, 2013, and the funds are no longer available.

**Recommendation 1.3—See pages 18—20 of the audit report for information on the related finding.**

To plan its subrecipient monitoring activities properly, Cal EMA should identify the workload associated with monitoring its Recovery Act JAG Program subrecipients and the workload standards necessary to determine the number of program staff needed.

***Cal EMA's Action: Fully implemented.***

Cal EMA reported in its 60-day response that it conducted an analysis to determine the workload associated with administering and monitoring its JAG Program Recovery Act funds. Based on its workload measures worksheet, Cal EMA estimated that it needed 8.62 personnel years to effectively monitor the 229 JAG Program Recovery Act subrecipients. As we reported in our letter report dated July 7, 2011, the division chief indicated that Cal EMA planned to complete its site visits of all 229 subrecipients by June 30, 2011.

**Recommendation 1.4—See pages 20—21 of the audit report for information on the related finding.**

Cal EMA should develop the necessary procedures to ensure that it meets its Recovery Act reporting requirements.

***Cal EMA's Action: Fully implemented.***

Cal EMA provided revised procedures for meeting Recovery Act reporting requirements and for increasing communication among staff regarding federal reporting requirements.

# California Department of Corrections and Rehabilitation

## Inmates Sentenced Under the Three Strikes Law and a Small Number of Inmates Receiving Specialty Health Care Represent Significant Costs

### REPORT NUMBER 2009-107.2, ISSUED MAY 2010

This report concludes that inmates sentenced under the three strikes law, and a small number of inmates receiving specialty health care, represent significant costs. Specifically, about 25 percent of the inmate population was incarcerated under the three strikes law, which requires longer terms for individuals convicted of any felony if they were previously convicted of a serious or violent crime as defined in state law. On average, we estimate that these individuals' sentences are nine years longer because of the requirements of the three strikes law and that these additional years of incarceration represent a cost to the State of \$19.2 billion. Furthermore, the current conviction for which many of these individuals are incarcerated is not for a serious or violent crime, as defined in state law, and many were convicted of multiple serious or violent crimes that occurred on the same day.

Our review also found that of the \$529 million that California Prison Health Care Services (Health Care Services) incurred for contracted specialty health care providers in fiscal year 2007–08, \$469 million could be associated with individual inmates. Among the inmates with specialty health care costs, 70 percent averaged slightly more than \$1,000 per inmate and cost \$42 million in total, while the remaining 30 percent of inmates amassed specialty health care costs totaling more than \$427 million. Furthermore, specialty health care costs for 1,175 inmates, or just one-half of 1 percent of the inmates incarcerated during the year, totaled \$185 million. In addition, specialty health care costs totaled \$8.8 million for the 72 inmates who died during the last quarter of the year, exceeding \$1 million in the case of one inmate.

Finally, a significant amount of custody staff overtime is the result of a medical guarding and transportation workload that does not have associated authorized positions. Overtime is also necessary when custody staff positions are vacant, but is decreased by staff who do not use the full amount of leave they earn. However, the unused leave of custody staff—increased by the additional leave provided through the furlough program—represents a liability to the State that we estimate is at least \$546 million and could be more than \$1 billion.

In the report, the California State Auditor (state auditor) made the following recommendations to the California Department of Corrections and Rehabilitation (Corrections) and Health Care Services. The state auditor's determination regarding the current status of recommendations is based on Corrections' and Health Care Services' responses to the state auditor as of May 2011.

#### **Recommendation 1.1.a—See pages 31—33 of the audit report for information on the related finding.**

To address the erroneous sentencing information and inappropriately assigned convictions in its data system, Corrections should complete its cleanup of data that will be transferred into the new system, ensuring that this review includes a detailed evaluation of convictions that have been assigned outdated sentencing information as well as deleting erroneous sentencing information, before it begins using its new data system.

#### ***Corrections' Action: Pending.***

In August 2011 Corrections stated that the conversion activities to migrate data will be part of the module in the Strategic Offender Management System (SOMS) that will not be implemented until 2012. Corrections stated that the Case Records unit has staff reviewing various tables in preparation for the data conversion effort for the sentence calculation module of SOMS. The Case Records unit also has staff reviewing specific cases as identified by the state auditor.

**Recommendation 1.1.b—See pages 31—33 of the audit report for information on the related finding.**

To address the erroneous sentencing information and inappropriately assigned convictions in its data system, Corrections should create a schedule for regular checks of the accuracy of existing sentencing information, as well as the accuracy with which sentencing information has been assigned to convictions.

***Corrections' Action: Partially implemented.***

In its six-month response, Corrections had reviewed and updated its procedures for adding or altering sentencing information in its Offender Based Information System. However, we noted that this response failed to completely address the recommendation. Specifically, Corrections did not address the evaluation of the accuracy of existing sentencing information as we recommended. As of its one-year response and additional inquiry in August 2011, Corrections did not provide any additional information or documentation related to our concerns.

**Recommendation 2.1—See pages 40—43 of the audit report for information on the related finding.**

Health Care Services should continue to explore methods of reducing the costs of medical care to the State, including those of inmates with high medical costs. These efforts could include proposing a review of the program that allows for the early release of terminally ill or medically incapacitated inmates, and other possible means of altering the ways in which inmates are housed without unduly increasing the risk to the public.

***Health Care Services' Action: Fully implemented.***

Health Care Services provided a copy of the emergency regulations for the new medical parole process, which were approved and adopted in April 2011. According to Health Care Services, as of April 2011, it had identified 38 potential candidates for medical parole and reported that it was working to provide these cases to the Board of Parole Hearings for consideration.

**Recommendation 2.2—See pages 43 and 44 of the audit report for information on the related finding.**

To improve its ability to analyze and demonstrate the effectiveness of current and future utilization management efforts in containing health care costs, Health Care Services should identify a method to associate cost information with utilization management data.

***Health Care Services' Action: Fully implemented.***

Health Care Services stated that it has developed various reports that link volume data with paid claims so that high volume and high cost specialty and hospital data can be analyzed. Health Care Services provided copies of a sample from these reports and provided its Utilization Management Monthly Cost Report for February 2011.

**Recommendation 2.3.a—See page 44 of the audit report for information on the related finding.**

To determine whether the additional expansion of telemedicine is cost-effective within the California correctional system, Health Care Services should identify and collect the data it needs to estimate the savings of additional telemedicine through an analysis of the cost of specialty care visits currently provided outside of the institution that could be replaced with telemedicine.

***Health Care Services' Action: Partially implemented.***

Health Care Services indicated that its Office of Telemedicine Services and Utilization Management have developed a report to track and measure the percentage of telemedicine visits compared to offsite consultations. Health Care Services provided a sample of some of the information compiled. Health Care Services indicated that its third-party administrator is currently testing and modifying reports tracking initial and follow-up for specialist visits. Additionally, Health Care Services stated that its contracted network health care provider is currently recruiting for provider specialists and that trending and analysis will be produced once data is gathered for a minimum of six months.

**Recommendation 2.3.b—See pages 44—46 of the audit report for information on the related finding.**

To determine whether the additional expansion of telemedicine is cost-effective within the California correctional system, Health Care Services should further analyze the cost-effectiveness of telemedicine through a more robust estimate of savings, including considering factors such as the percent of telemedicine consultations that required subsequent in-person visits because the issue could not be addressed through telemedicine.

***Health Care Services' Action: Pending.***

Health Care Services stated that to incentivize telemedicine, provider rate structures are the same for telemedicine and in-person visits and as telemedicine visits increase, and improves access to health care, improvements in public safety and decreases in travel and custody costs for off-site specialty visits and follow-ups should result. Cost avoidance outcomes are to be determined by a health care access team and will be reflected in decreased transportation and guarding costs. As noted in the previous recommendation, trending and analysis will be produced once data is gathered for a minimum of six months.

**Recommendation 3.1—See pages 51 and 52 of the audit report for information on the related finding.**

To ensure that the State Controller's Office has accurate information on the number of authorized and filled positions, Corrections should determine why the number of positions the State Controller's Office indicates are vacant is higher than the number of vacant positions it is aware of, and submit information to the State Controller's Office to correct this situation as necessary.

***Corrections' Action: Fully implemented.***

Corrections stated that it completed the design and development of all Human Resource functions in its Enterprise Resource Solution, the same system as the State Controller's Office uses and that this automated system includes a strong position maintenance module that will improve the accuracy of position information. Corrections also stated that it has completed various efforts to improve its position data, including reconciling position data with the State Controller's Office data, completing data cleansing activities, establishing a baseline position data set, and developing processes to ensure ongoing maintenance of position data. Corrections also stated that it is monitoring compliance and these efforts are ongoing. In August 2011 Corrections provided its monthly discrepancy summary for the months of February through August 2011 demonstrating its efforts to correct and reduce the number of discrepancies and continuous effort to reconcile budget information with the State Controller's Office.

**Recommendation 3.2—See pages 52 and 53 of the audit report for information on the related finding.**

To ensure that the total amount of overtime worked by custody staff does not unduly reduce their effectiveness and result in unsafe operations, Health Care Services should monitor overtime closely. If its efforts to reduce the number of referrals of inmates to outside specialty services do not reduce the amount of overtime worked by custody staff for the purpose of medical guarding and transportation, Health Care Services should explore other methods of reducing the total amount of overtime worked by custody staff.

***Health Care Services' Action: Pending.***

In its six-month response, Health Care Services stated that it is participating in a joint effort with Corrections to assess medical guarding and transportation staffing, as well as the use of overtime to ensure custody staffing needs are addressed. In its one-year response, Health Care Services noted that its efforts have been delayed because it is waiting on Corrections to complete its portion of the effort. Health Care Services also stated that further review of staffing will be addressed in subsequent follow-up assessments in the next fiscal year.

**Recommendation 3.3—See pages 55—58 of the audit report for information on the related finding.**

To ensure that custody staffing meets institutional needs, and to provide staff the opportunity to use the amount of leave that they earn in the future, Corrections should update its staffing formulas to accurately represent each of the factors for which custody staff are unavailable to work, such as vacation or sick leave. Corrections should attend to this project before implementing its new business information system to ensure the updated formulas can be used as soon as practical. In addition, Corrections should create a policy for regularly scheduled reviews of the data used in the staffing formulas and update the formulas as necessary.

***Corrections' Action: Pending.***

In May 2011 Corrections stated that it plans to conduct an annual review of the average usage and accrual rates for various leave categories and that it had collected the data and is in the process of reviewing the data. In August 2011 Corrections provided a summary of the data collected for fiscal year 2010–11. Corrections' one-year response also stated that it is currently working to replace the relief methodology with a ratio driven formula and that the new formula will ensure staffing levels are adequate to allow custody staff to use the leave balances they earn. Corrections indicated that it anticipates completing the methodology update by December 2011.

**Recommendation 3.4.a—See pages 59—63 of the audit report for information on the related finding.**

To better communicate to policy makers the annual cost of incarceration, and to provide a more accurate estimate of expenditures associated with changes in the large leave balances of custody staff—many of whom require relief coverage when they are absent—Corrections should provide a calculation of the annual increase or decrease in its liability for the leave balances of custody staff to better explain the cause of changes in expenditures to the relevant legislative policy and fiscal committees.

***Corrections' Action: No action taken.***

Corrections references its previous discussion regarding efforts to replace its staffing formula that will ensure adequate staffing levels to allow custody staff to use the leave they earn. However, in no way does this action communicate to the relevant legislative policy and fiscal committees the amount, or increase or decrease in Corrections' liability for custody staff leave balances, as we recommended.



**Recommendation 3.4.b—See pages 59—63 of the audit report for information on the related finding.**

To better communicate to policy makers the annual cost of incarceration, and to provide a more accurate estimate of expenditures associated with changes in the large leave balances of custody staff—many of whom require relief coverage when they are absent—Corrections should provide an estimate of the annual cost of leave balances likely to be paid for retiring custody staff to the relevant legislative policy and fiscal committees.

***Corrections' Action: No action taken.***

Corrections states that due to a number of factors influencing retirement decisions, it is difficult to accurately estimate the annual cost of leave balances paid out to retiring custody staff. As a result, it does not intend to provide any further response to this recommendation.







# California Prison Industry Authority

## It Can More Effectively Meet Its Goals of Maximizing Inmate Employment, Reducing Recidivism, and Remaining Self-Sufficient

### REPORT NUMBER 2010-118, ISSUED MAY 2011

This report concludes that although one of its primary responsibilities is to offer inmates the opportunity to develop effective work habits and occupational skills, the California Prison Industry Authority (CALPIA) cannot determine the impact it makes on post-release inmate employability because it lacks reliable data. Specifically, both CALPIA and a consultant it hired were unable to match the social security number of parolees from the California Department of Corrections and Rehabilitation's (Corrections) Offender Based Information System to employment data from the Employment Development Department. We attempted to measure CALPIA's impact using a different source—Corrections' CalParole Tracking System (CalParole)—but could not because we found more than 33,000 instances of erroneous parolee employer information in this system. Our audit also revealed that while CALPIA created a set of comprehensive performance indicators for the entire organization, its opportunity to track its performance is limited because it only recently finalized a tracking matrix in March 2011. Moreover, several of these indicators are either vague or not measurable.

We also noted that CALPIA could improve the accuracy of its annual reports to the Legislature. Although we found that the recidivism rate for parolees who worked for CALPIA were consistently lower than the rates of the general prison population, CALPIA overstated by \$546,000 the savings it asserts result from the lower recidivism rate. Further, CALPIA did not acknowledge that factors other than participating in one of its work programs may have contributed to the lower recidivism rates among its parolees.

CALPIA's closure of more enterprise locations than it has opened has resulted in a decline of work opportunities for inmates. Since 2004 it has established two new enterprises and reactivated or expanded four others; however, during the same time period it closed, deactivated, or reduced the capacity of six other enterprises at 10 locations, resulting in a net loss of 441 inmate positions. Finally, although CALPIA's five largest state agency customers paid more for certain CALPIA products, overall they saved an estimated \$3.1 million during fiscal year 2009–10 when purchasing the 11 products and services that we evaluated.

In the report, the California State Auditor (state auditor) made the below recommendations to CALPIA and Corrections. The state auditor's determination regarding the current status of recommendations is based on CALPIA's and Corrections' responses to the state auditor as of November 2011.

#### **Recommendation 1.1.a—See pages 17—20 of the audit report for information on the related finding.**

To improve the reliability of employment data contained in CalParole, Corrections should ensure that parole agents correctly follow procedures related to populating the data fields of and maintaining CalParole.

#### ***Corrections' Action: Pending.***

According to Corrections, it intends to release a policy memorandum in April 2012 to provide direction to field staff about entering offender data into CalParole, which will include detail on the integrity of employment information. Further, Corrections indicates that it will release another policy memorandum in April 2012 outlining the use of the parole performance index (PPI), a new tool used to monitor data input within CalParole. The policy memorandum is to include instructions for managers to audit the frequency and quality of CalParole updates. As of January 12, 2012, Corrections indicates that executive management is using PPI while it is being finalized for release to parole staff for general use.

**Recommendation 1.1.b—See pages 17—20 of the audit report for information on the related finding.**

In addition, supervisors of parole agents should conduct periodic reviews of parolee files to verify whether employment fields are completed appropriately and whether employment is documented adequately.

***Corrections' Action: Pending.***

In addition to existing department procedures that require parole agent supervisors to review all cases subject to active supervised parole, Corrections indicated that the new PPI is a secondary monitoring tool for parole agent supervisors to ensure data put into CalParole is correct. As previously stated, currently the PPI is being used by executive management while being finalized for release to parole staff for general use.

**Recommendation 1.2—See pages 17—20 of the audit report for information on the related finding.**

As Corrections prepares to move CalParole data into the Strategic Offender Management System (SOMS), it should modify existing employment related fields and add to SOMS new fields that are currently not available in CalParole so that Corrections can minimize the opportunity for erroneous data entries and make employment data more reliable.

***CALPIA's Action: Pending.***

According to Corrections, it is in the process of modifying existing employment-related fields in SOMS in a thorough, more detailed manner than that currently captured within CalParole.

**Recommendation 1.3—See pages 20—23 of the audit report for information on the related finding.**

To ensure that it has a uniform set of inmate assignment standards, CALPIA should continue its efforts to issue regulations and complete the amendment of Corrections' operations manual. It should then work with Corrections to implement the changes to the inmate assignment criteria and the assignment process when the regulations take effect.

***CALPIA's Action: Pending.***

CALPIA indicates that its proposed amendment regarding inmate hiring and assignment criteria to Corrections' operating manual is still under review by Corrections' Policy and Regulations Unit. Once Corrections approves the amendment, CALPIA will draft regulations for review and approval by the Office of Administrative Law.

**Recommendation 1.4.a—See pages 23—25 of the audit report for information on the related finding.**

To allow it to measure progress in meeting the goals in its strategic plan, CALPIA should ensure that all of its performance indicators are clear, measurable, and consistently tracked. It should also continue its efforts to properly measure its performance and to track each performance indicator.

***CALPIA's Action: Fully implemented.***

According to CALPIA, it formed a strategic business council of five CALPIA managers, who are each responsible for one of the five strategic plan goals. The strategic business council is to assess progress on the goals each month. Further, at least monthly, these five managers also meet with their staff to assess whether its strategic business plan's underlying objectives and actions steps are relevant to accomplishing the plan's goals and that measures used to track progress are properly utilized.

In addition, CALPIA indicates that its performance measurement matrix has been improved to capture results with performance indicators in a dashboard-style chart that uses color codes and is updated and reviewed monthly by management. Instructions have been developed to provide clear and standardized instructions for managers and staff when reporting and utilizing the improved performance measurement dashboard matrix.

**Recommendation 1.4.b—See pages 23—25 of the audit report for information on the related finding.**

Further, CALPIA needs to create a process that will allow its management to review the results of performance tracking and ensure that the results can be recreated at least annually.

***CALPIA's Action: Fully implemented.***

CALPIA indicates the strategic business council reviews the performance measurement dashboard on a monthly basis. Further, to ensure that its results can be recreated at least annually, CALPIA states that it retains all documentation related to its strategic planning efforts. This documentation includes minutes of meetings, project management timelines, completed performance measure checklists, data collection and analysis, and periodic compilations of performance results for the five strategic goals.

**Recommendation 1.5.a—See pages 25—29 of the audit report for information on the related finding.**

CALPIA should maintain the source documentation used in calculating the savings it brings to the State as well as ensure that an adequate secondary review of its calculation occurs.

***CALPIA's Action: Pending.***

According to CALPIA, it has hired two graduate student assistants to review CALPIA's recidivism calculation and revise the calculation as needed. Once the final recidivism calculation has been produced, CALPIA indicates it will memorialize the calculation's methodology and supporting documentation so the same figures can be reproduced or updated as needed.

**Recommendation 1.5.b—See pages 25—29 of the audit report for information on the related finding.**

It should also qualify its savings by stating that employment at CALPIA enterprises may be just one of several factors that contribute to the lower recidivism of its inmates.

***CALPIA's Action: Pending.***

CALPIA agrees that there may be other factors that contribute to the lower recidivism rate of CALPIA participants. According to CALPIA, since the completion of our audit, it has endeavored to develop a more accurate method to calculate the recidivism rate of its inmates and the related savings to the State's general fund. CALPIA stated that upon completion of the recidivism study, it will provide qualifying information about the recidivism calculation, including other contributing factors, if they are found.

**Recommendation 2.1—See page 34 of the audit report for information on the related finding.**

CALPIA should continue to use its recently improved method of identifying new product ideas and the changing needs of state agencies.

***CALPIA's Action: Fully implemented.***

CALPIA states that it is continuing to use the recently updated product development process to ensure product and enterprise concepts are properly screened prior to their launch. It also indicates that it is documenting instructions for using this process on the CALPIA intranet for staff.

**Recommendation 2.2—See pages 37 and 38 of the audit report for information on the related finding.**

When performing analyses to establish prices for its products, CALPIA should document the basis for each product's or service's profit margin and should also ensure that it always considers and documents market data when making pricing decisions.

***CALPIA's Action: Fully implemented.***

CALPIA indicates that each product price analysis now includes the basis for the product's profit margin as well as market data for comparable products.

**Recommendation 2.3—See pages 43 and 45 of the audit report for information on the related finding.**

CALPIA should continue to ensure that its managers use the estimated net profit report on a regular basis to review the profitability of each enterprise and to make decisions on how to improve the profitability of those enterprises that are unprofitable.

***CALPIA's Action: Fully implemented.***

CALPIA asserts it continues to ensure that managers use the estimated net profit report to monitor each enterprise's profitability.

# Department of Corrections and Rehabilitation

## The Benefits of Its Correctional Offender Management Profiling for Alternative Sanctions Program Are Uncertain

### REPORT NUMBER 2010-124, ISSUED SEPTEMBER 2011

Our report concludes that the benefits from the Department of Corrections and Rehabilitation's (Corrections) use of the Correctional Offender Management Profiling for Alternative Sanctions Program (COMPAS) are, at best, uncertain. Specifically, Corrections' use of COMPAS in its reception centers—facilities where inmates entering the correctional system are evaluated and assigned to a prison—does not meaningfully affect its decision making concerning prison assignments, and by extension, the rehabilitative programs inmates might access at those facilities. Further, the COMPAS core assessment identifies up to five different needs; however, Corrections has rehabilitative programs that address only two. Corrections has not established regulations defining how COMPAS assessments are to be used despite legal requirements to do so.

Our review also revealed other problems with Corrections' deployment of COMPAS that negatively affect its usefulness. Some correctional staff we spoke with at reception centers and parole offices indicated a lack of acceptance of COMPAS, suggesting the need for further training or clarification regarding COMPAS's value. Further, Corrections' use of COMPAS for placing inmates into its in-prison rehabilitative programs is limited to its substance abuse program. However, we found that many in this program either lack COMPAS assessments or have a low COMPAS-identified need for substance abuse treatment. Moreover, relatively few inmates with moderate to high substance abuse treatment needs, as determined through the COMPAS core assessment, are assigned to a treatment program. Finally, we found that Corrections lacks accounting records demonstrating how much it cost to fully deploy and implement COMPAS at its reception centers, prisons, and parole offices.

In the report, the California State Auditor (state auditor) made the following recommendations to Corrections. The state auditor's determination regarding the current status of recommendations is based on Corrections' response to the state auditor as of November 2011.

#### **Recommendation 1.1.a—See pages 21, 37, and 38 of the audit report for information on the related finding.**

To ensure that the State does not spend additional resources on COMPAS while its usefulness is uncertain, Corrections should suspend its use of the COMPAS core and reentry assessments until it has issued regulations and updated its operations manual to define how Corrections' use of COMPAS will affect decision making regarding inmates, such as clarifying how COMPAS results will be considered when sending inmates to different prison facilities, enrolling them in rehabilitative programs to address their criminal risk factors, and developing expectations for those on parole.

#### ***Corrections' Action: Pending.***

Corrections does not agree with our overarching recommendation to suspend its use of COMPAS until it takes certain steps; however, it indicated that it intends to issue regulations and update its operations manual that will discuss COMPAS. Specifically, Corrections indicated that it is coordinating with internal stakeholders to update the California Code of Regulations through the emergency regulation process on the use of the COMPAS core assessment. Corrections anticipates it will adopt regulations by January 2012 and update its department operations manual next year on the use of the COMPAS core assessment. Regarding the use of its COMPAS reentry assessment, Corrections reports that it has developed regulations that will be incorporated into Title 15 of the California Code of Regulations, will develop by late December 2012 procedures to include in its department operations manual, and will implement by September 2014 the California Parole Supervision and Reintegration Model requiring the use of the reentry assessment to identify criminogenic needs and how to address those needs.

**Recommendation 1.1.b—See page 29 of the audit report for information on the related finding.**

To ensure that the State does not spend additional resources on COMPAS while its usefulness is uncertain, Corrections should suspend its use of the COMPAS core and reentry assessments until it has demonstrated to the Legislature that it has a plan to measure and report COMPAS's effect on reducing recidivism. Such a plan could consider whether inmates enrolled in a rehabilitative program based on a COMPAS assessment had lower recidivism rates than those provided rehabilitative programming as a result of non-COMPAS factors.

***Corrections' Action: No action taken.***

Corrections indicated it plans to use COMPAS assessment data in future recidivism reports as one component of many within an evaluation framework to assess the effectiveness of Corrections' rehabilitative programs. Corrections' response did not demonstrate that it has communicated with the Legislature regarding how it plans to measure COMPAS's usefulness.

**Recommendation 1.2.a—See pages 19, 20, and 37 of the audit report for information on the related finding.**

Once Corrections resumes its use of COMPAS core and reentry assessments, it should provide ongoing training to classification staff representatives, parole agents, and others that may administer or interpret COMPAS assessment results to ensure that COMPAS is a valuable inmate assessment and planning tool.

***Corrections' Action: Partially implemented.***

According to Corrections, some of its staff received training in September 2011 while other staff will be receiving training in 2012 and 2013.

**Recommendation 1.2.b—See pages 28 and 36 of the audit report for information on the related finding.**

Once Corrections resumes its use of COMPAS core and reentry assessments, it should develop practices or procedures to periodically determine whether its staff are using COMPAS core or reentry assessments as intended. Such a process might include performing periodic site visits to corroborate that COMPAS is being used as required.

***Corrections' Action: Pending.***

According to Corrections, it is developing a site visit process that will include a review of the assessment process and a report that outlines any issues that were found during the site visit.

**Recommendation 1.2.c—See page 23 of the audit report for information on the related finding.**

Once Corrections resumes its use of COMPAS core and reentry assessments, it should develop practices or procedures to periodically compare the demand for certain rehabilitative programs, as suggested by a COMPAS core assessment, to the existing capacity to treat such needs.

***Corrections' Action: Partially implemented.***

According to Corrections, it produces monthly statistics to show the percentage of inmates in a substance abuse program with medium to high COMPAS needs and the number and percentage of inmates released to parole that received programming consistent with their risk and need. However, Corrections did not provide evidence that it is comparing the demand for rehabilitative programs—as suggested by COMPAS—to its program capacity.

**Recommendation 1.3.a—See pages 39 and 40 of the audit report for information on the related finding.**

To ensure transparency and accountability for costs associated with information technology projects such as COMPAS, Corrections should disclose that it lacks accounting records to support certain COMPAS expenditure amounts it reported to the California Technology Agency and seek guidance on how to proceed with future reporting requirements for its deployment of the COMPAS core assessment to its adult institutions.

***Corrections' Action: Fully implemented.***

Corrections' staff met with the California Technology Agency in October 2011 and disclosed that it lacked accounting records to support certain COMPAS expenditures that Corrections has been submitting to the California Technology Agency. The California Technology Agency stated that Corrections' reporting of COMPAS costs were appropriate.

**Recommendation 1.3.b—See page 40 of the audit report for information on the related finding.**

To ensure transparency and accountability for costs associated with information technology projects such as COMPAS, Corrections should develop policies to ensure that accounting or budget management personnel are involved in the project planning phase of future information technology projects so that appropriate accounting codes are established for reporting actual project costs.

***Corrections' Action: Pending.***

According to Corrections, it has begun discussions with its Corrections' budget staff to revise its cost-tracking guidelines.





# Sex Offender Commitment Program

## Streamlining the Process for Identifying Potential Sexually Violent Predators Would Reduce Unnecessary or Duplicative Work

### REPORT NUMBER 2010-116, ISSUED JULY 2011

This report concludes that the Department of Corrections and Rehabilitation (Corrections) and the Department of Mental Health's (Mental Health) processes for identifying and evaluating sexually violent predators (SVPs) are not as efficient as they could be and at times have resulted in the State performing unnecessary work. The current inefficiencies in the process for identifying and evaluating potential SVPs stems in part from Corrections' interpretation of state law. These inefficiencies were compounded by recent changes made by voters through the passage of Jessica's Law in 2006. Specifically, Jessica's Law added more crimes to the list of sexually violent offenses and reduced the required number of victims to be considered for the SVP designation from two to one, and as a result many more offenders became potentially eligible for commitment. Additionally, Corrections refers all offenders convicted of specified criminal offenses enumerated in law but does not consider whether an offender committed a predatory offense or other factors that make the person likely to be an SVP, both of which are required by state law. As a result, the number of referrals Mental Health received dramatically increased from 1,850 in 2006 to 8,871 in 2007, the first full year Jessica's Law was in effect. In addition, in 2008 and 2009 Corrections referred 7,338 and 6,765 offenders, respectively. However, despite the increased number of referrals it received, Mental Health recommended to the district attorneys or the county counsels responsible for handling SVP cases about the same number of offenders in 2009 as it did in 2005, before the voters passed Jessica's Law. In addition, the courts ultimately committed only a small percentage of those offenders. Further, we noted that 45 percent of Corrections' referrals involved offenders whom Mental Health previously screened or evaluated and had found not to meet SVP criteria. Corrections' process did not consider the results of previous referrals or the nature of parole violations when re-referring offenders, which is allowable under the law.

Our review also found that Mental Health primarily used contracted evaluators to perform its evaluations—which state law expressly permits through the end of 2011. Mental Health indicated that it has had difficulty attracting qualified evaluators to its employment and hopes to remedy the situation by establishing a new position with higher pay that is more competitive with the contractors. However, it has not kept the Legislature up to date regarding its efforts to hire staff to perform evaluations, as state law requires, nor has it reported the impact of Jessica's Law on the program.

In the report, the California State Auditor (state auditor) made the following recommendations to Mental Health and Corrections. The state auditor's determination regarding the current status of recommendations is based on Mental Health's and Corrections' responses to the state auditor as of September 2011.

#### **Recommendation 1.1—See pages 15—17 of the audit report for information on the related finding.**

To enable it to track trends and streamline processes, Mental Health should expand the use of its database to capture more specific information about the offenders whom Corrections refers to it and the outcomes of the screenings and evaluations that it conducts.

#### ***Mental Health's Action: Pending.***

Mental Health reported that it has identified database enhancements that will enable it to track more specific information and that these changes will enable Mental Health to track trends and streamline processes. In August 2011 Mental Health's project team began discussing development of the enhancements and estimates fully implementing this recommendation by January 2013.

**Recommendation 1.2.a—See pages 19 and 20 of the audit report for information on the related finding.**

To eliminate duplicative effort and increase efficiency, Corrections should not make unnecessary referrals to Mental Health. Corrections and Mental Health should jointly revise the structured screening instrument so that the referral process adheres more closely to the law's intent.

***Mental Health's Action: Pending.***

Mental Health stated that it is working with Corrections to further streamline the referral process to eliminate duplicative effort and increase efficiency. Mental Health also stated that in July 2011 it began meeting with Corrections bi-weekly to focus on referrals, access to records, systems and equipment.

**Recommendation 1.2.b—See pages 19—23 of the audit report for information on the related finding.**

To eliminate duplicative effort and increase efficiency, Corrections should not make unnecessary referrals to Mental Health. For example, Corrections should better leverage the time and work it already conducts by including in its referral process: (1) determining whether the offender committed a predatory offense, (2) reviewing results from any previous screenings and evaluations that Mental Health completed and considering whether the most recent parole violation or offense might alter the previous decision, and (3) using STATIC-99R to assess the risk that an offender will reoffend.

***Corrections' Action: Pending.***

Corrections stated that it will explore the best method to evaluate the circumstance of the qualifying conviction to determine if the elements of the offense were predatory in nature and evaluate the circumstance of the new parole violation and or new conviction to determine if the new elements alter the previous decision. Corrections stated that in September 2011 its Board of Parole Hearings met with Mental Health to discuss the screening process and plans to meet again to evaluate and discuss Mental Health's screening process, whether the current screening process could be replicated within Corrections using existing resources, and to work with Mental Health to develop a screening form for use by Corrections to determine which cases will be referred to Mental Health for full evaluations.

**Recommendation 1.3—See pages 23 and 24 of the audit report for information on the related finding.**

To allow Mental Health sufficient time to complete its screenings and evaluations, Corrections should improve the timeliness of its referrals. If it does not achieve a reduction in referrals from implementing recommendation 1.2.b, Corrections should begin the referral process earlier than nine months before offenders' scheduled release dates in order to meet its six-month statutory deadline.

***Corrections' Action: Pending.***

Corrections stated that it is taking various steps to evaluate potential efficiencies to streamline its screenings and is establishing a new database for tracking cases requiring review. These actions are scheduled to be completed during the last quarter of 2011 and Corrections plans to complete a six-month report in January 2012. Corrections did not provide documentation of its efforts but we look forward to its report and corroborating documentation of its efforts in its six-month update.

**Recommendation 1.4—See pages 27—29 of the audit report for information on the related finding.**

To reduce costs for unnecessary evaluations, Mental Health should either issue a regulation or seek a statutory amendment to clarify that when resolving a difference of opinion between the two initial evaluators of an offender, Mental Health must seek the opinion of a fourth evaluator only when a third evaluator concludes that the offender meets SVP criteria.

*Mental Health's Action: Pending.*

Mental Health stated that it is preparing rulemaking packages, which will include the submission of regulations, to the Office of Administrative Law by the end of 2011.

*Legislative Action: Unknown.*

The state auditor is not aware of any action taken by the Legislature as of January 5, 2012.

**Recommendation 1.5—See pages 29—32 of the audit report for information on the related finding.**

To ensure that it will have enough qualified staff to perform evaluations, Mental Health should continue its efforts to obtain approval for a new position classification for evaluators. If the State Personnel Board (SPB) approves the new classification, Mental Health should take steps to recruit qualified individuals as quickly as possible. Additionally, Mental Health should continue its efforts to train its consulting psychologists to conduct evaluations.

*Mental Health's Action: Partially implemented.*

Mental Health stated that its SVP Evaluator classification proposal is to be heard by SPB in October 2011 and if approved, Mental Health will immediately recruit and train evaluators once the position is approved. Additionally, Mental Health reported that Senate Bill 179, approved in September 2011, allows for an extension to use contractors until January 2013.

**Recommendation 1.6—See page 32 of the audit report for information on the related finding.**

To ensure that the Legislature can provide effective oversight of the program, Mental Health should complete and submit as soon as possible its reports to the Legislature about Mental Health's efforts to hire state employees to conduct evaluations and about the impact of Jessica's Law on the program.

*Mental Health's Action: Partially implemented.*

Mental Health submitted a combined report on its efforts to hire state employees in July 2011. This report covered its activities for the period July 2009 through January 2011. Mental Health stated that it planned to submit two additional reports to the Legislature by October 1, 2011: a report covering its efforts to hire state employees through July 2011 and a report on the impact of Jessica's Law on the program.



# Department of Corrections and Rehabilitation

## Misuse of State Employees' Time, Waste of State Funds (Case I2008-0920)

### REPORT NUMBER I2010-1, CHAPTER 2, ISSUED JUNE 2010

This report concludes that a supervisor at a Department of Corrections and Rehabilitation (Corrections) facility misused the time of two psychiatric technicians by assigning them to perform clerical and administrative duties rather than provide direct care to the facility's patients. The supervisor's misuse of the employees' time resulted in a loss to the State of \$110,797 for direct psychiatric technician services not rendered.

In the report, the California State Auditor (state auditor) made the below recommendations to Corrections. The state auditor's determination regarding the current status of recommendations is based on Corrections' response to the state auditor as of December 2010.

#### **Recommendation 1.a—See pages 18 and 19 of the investigative report for information on the related finding.**

Corrections should formally remind the supervisor about the duties delineated by job classifications for employees that the supervisor oversees.

#### ***Corrections' Action: Fully implemented.***

Corrections reported that it provided the clinical administrator overseeing the supervisor with a directive to ensure that all staff in medical classifications perform their assigned duties. In addition, Corrections stated that its juvenile division management would conduct periodic checks to ensure that staff members are assigned to tasks within their job classifications.

#### **Recommendation 1.b—See pages 18 and 19 of the investigative report for information on the related finding.**

Corrections should seek corrective action against the supervisor for his misuse of the employees' time.

#### ***Corrections' Action: Fully implemented.***

Corrections stated that rather than pursue disciplinary actions, it had verbally chastised the supervisor for his misuse of the employees' time.





# Department of Corrections and Rehabilitation

## Improper Overtime Reporting (Case I2007-0887)

### REPORT NUMBER I2010-2, CHAPTER 8, ISSUED JANUARY 2011

This report concludes that an employee with the Department of Corrections and Rehabilitation (Corrections) improperly reported 16 hours of overtime for responding to building alarm activations that never occurred. Because Corrections did not have adequate controls to detect the improper reporting, it compensated the employee \$446 in overtime pay she did not earn. After discovering the employee's misconduct, it failed to take appropriate actions to establish controls, discipline the employee, or collect the improper pay.

In the report, the California State Auditor (state auditor) made the below recommendations to Corrections. The state auditor's determination regarding the current status of recommendations is based on Corrections' response to the state auditor as of December 2010.

#### **Recommendation 1—See pages 41—43 of the investigative report for information on the related finding.**

Take appropriate disciplinary actions against the employee and pursue collection efforts for the compensation she did not earn.

#### ***Corrections' Action: No action taken.***

Corrections reported in December 2010 that, based on its review of the findings, the employee did not engage in any misconduct. Therefore, it has declined to implement our recommendations. Corrections did not provide us any information or evidence that would call into question the accuracy of our findings.

#### **Recommendation 2—See pages 41—43 of the investigative report for information on the related finding.**

Obtain monthly logs from the alarm company and verify that overtime reported for responding to building alarm activations is consistent with the logs.

#### ***Corrections' Action: No action taken.***

Corrections reported in December 2010 that, based on its review of the findings, the employee did not engage in any misconduct. Therefore, it has declined to implement our recommendations. Corrections did not provide us any information or evidence that would call into question the accuracy of our findings.



# Department of Corrections and Rehabilitation

## Delay in Reassigning an Incompetent Psychiatrist, Waste of State Funds (Case I2009-0607)

### REPORT NUMBER I2010-2, CHAPTER 1, ISSUED JANUARY 2011

This report concludes that the Department of Corrections and Rehabilitation (Corrections) placed parolees at risk by allowing a psychiatrist to continue to treat them for four months after it received allegations of his incompetence. In addition, Corrections wasted at least \$366,656 in state funds by not conducting a timely investigation of the allegations. Because it identified the investigation as low priority, Corrections took 35 months to complete it, resulting in the psychiatrist performing only administrative duties for 31 months before being discharged. Nonetheless, during the 35-month investigation, he received over \$600,000 in salary, including two separate merit-based salary increases of \$1,027 and \$818 per month, and he also accrued 226 hours of leave for which Corrections paid him an additional \$29,149 upon his termination.

In reporting on the investigation, the California State Auditor (state auditor) made the following recommendations to Corrections. The state auditor's determination regarding the current status of recommendations is based on Corrections' response to the state auditor as of November 2011.

#### **Recommendation 1—See pages 7—11 of the investigative report for information on the related finding.**

Corrections should establish a protocol to ensure that upon receiving credible information that a medical professional may not be capable of treating patients competently, it promptly relieves that professional from treating patients, pending an investigation.

#### ***Corrections' Action: Fully implemented.***

Corrections established a task force to discuss its policies and procedures for removing the medical professional from treating patients, pending investigation. In June 2011 Corrections reported that it established policies and procedures for collecting information about the costs related to health care employees who are either assigned alternate duties or on administrative time off.

#### **Recommendation 2—See pages 7—11 of the investigative report for information on the related finding.**

Corrections should increase the priority the Office of Internal Affairs (Internal Affairs) assigns to the investigation of high-salaried employees.

#### ***Corrections' Action: Fully implemented.***

Corrections reported that to reduce the fiscal impact to the State, Internal Affairs considers expediting investigations that involve high-salaried employees who are assigned alternate duties. In November 2011 Corrections distributed a memorandum to executive staff members stressing the importance of consulting with Internal Affairs prior to assigning alternate duties to an employee so that Internal Affairs can—among other purposes—consider the case for expedited processing. In addition, Corrections stated that it uses a case management system to track investigations of Corrections employees within Internal Affairs. The tracking includes information about when Internal Affairs was notified about employees under investigation who have been assigned alternate duties or are placed on administrative time off.

**Recommendation 3—See pages 7—11 of the investigative report for information on the related finding.**

Corrections should develop procedures to ensure that Internal Affairs assigns a higher priority for completion of investigations into employee misconduct involving employees who have been assigned alternate duties.

***Corrections' Action: Fully implemented.***

Corrections stated that Internal Affairs communicates with the proper authorities to determine whether an employee under investigation has been removed from primary duties and considers expediting the completion of investigations involving high-salaried staff assigned alternate duties. Corrections identified its procedures in the November 2011 memorandum to executive staff. In addition, Corrections reported in November 2011 that it had conducted eight formal training events in 2011 and stated that Internal Affairs provided the training as needed in various forums, including one-on-one training. It also noted that Internal Affairs usually conducts the training annually with an open invitation to staff members with roles in the employee discipline process.

# Department of Corrections and Rehabilitation

## Misuse of State Resources (Case I2009-1203)

### REPORT NUMBER I2011-1, CHAPTER 2, ISSUED AUGUST 2011

This investigation found that the chief psychologist at a correctional facility operated by the Department of Corrections and Rehabilitation (Corrections) used his state-compensated time and state equipment to perform work related to his private psychology practice, costing the State up to an estimated \$212,261 in lost productivity.

In reporting on the investigation, the California State Auditor (state auditor) made the following recommendations to Corrections. The state auditor's determination regarding the current status of recommendations is based on Corrections' response to the state auditor as of November 2011.

#### **Recommendation 1.a—See pages 15—17 of the investigative report for information about the related findings.**

To ensure that the chief psychologist does not misuse state resources, Corrections should take appropriate disciplinary action against the psychologist for misusing state resources.

#### *Corrections' Action: Partially implemented.*

Corrections reported that it is in the process of pursuing disciplinary action against the chief psychologist for misuse of state equipment and resources. It also stated that in January 2011 the chief psychologist voluntarily demoted to a staff psychologist position. Corrections further stated that before his voluntary demotion, health care management had attempted to make the chief psychologist comply with Corrections' policies and procedures regarding hours of work and secondary employment.

#### **Recommendation 1.b—See pages 15—17 of the investigative report for information about the related findings.**

To ensure that the chief psychologist and other Corrections employees do not misuse state resources, Corrections should require psychology staff at the correctional facility, including the chief psychologist, to specify hours of duty.

#### *Corrections' Action: Fully implemented.*

To ensure that psychology staff at the correctional facility specify hours of duty, Corrections reported that it requires each affected employee to have a signed duty statement, secondary employment approval, and documentation of work schedule in the supervisory files. It stated that in September 2011 it trained its supervisors on these requirements and informed staff of the expectations. It also informed us that as of September 2011, the supervisors had provided proof that each employee had signed a copy of his or her duty statement, secondary employment approval form, and documentation of work schedule.

#### **Recommendation 1.c—See pages 15—17 of the investigative report for information about the related findings.**

To ensure that the chief psychologist and other Corrections' employees do not misuse state resources, Corrections should establish a system for monitoring whether psychology staff at the correctional facility, including the chief psychologist, are working during specified hours of duty.

***Corrections' Action: Partially implemented.***

Corrections stated that it planned to take several actions designed to monitor whether psychology staff are working the appropriate hours. It reported that it provided training to management staff on how to use one of its internal systems to compare employee workload to duty statements. In addition, it stated that its supervisors attend weekly meetings where they have access to mental health staff who are capable of responding to technical questions about the internal system. Further, Corrections reported that it issued a memorandum to staff outlining the requirement for staff to complete a request for time off when taking a day off and to report to a supervisor when leaving prior to the end of work hours. Finally, it indicated that it would later establish an operating procedure regarding the requirement and provide training to its staff.

# Employment Development Department

## Its Unemployment Program Has Struggled to Effectively Serve California's Unemployed in the Face of Significant Workload and Fiscal Challenges

### REPORT NUMBER 2010-112, ISSUED MARCH 2011

This report concludes that over the last 10 years the Employment Development Department (department) has consistently failed to perform at a level the United States Department of Labor considers acceptable regarding its timely delivery of unemployment benefits. The department's attempts to resolve its performance deficiencies have had mixed results. Although increasing its staff and allowing them to work overtime has enabled the department to process significantly more claims, mitigate the effects of furloughs, and likely improve its performance, it has not fully implemented certain key corrective actions and the impact of others has been minimal or remains unclear. In addition, historical data the department provided us indicated that its previous phone system did not have the capacity to handle the necessary volume of calls and a high percentage of callers requesting to speak to an agent were unable to do so. The department activated its new phone system at its six main call center locations by December 2010. Although it is too early to tell using data from the new system, our limited capacity analysis suggests that the new system should be able to handle a substantially higher volume of calls; however, access to agents may continue to be a challenge. Moreover, in order to receive \$839 million in federal stimulus funds, the department must implement an alternate base period no later than September 2012 that would allow certain unemployed workers (claimants) to qualify for benefits if their earnings are not sufficient under the standard base period. Although the department stated that it will implement the alternate base period in April 2012, it is critical that it does so before the federal deadline. Finally, the department's process for determining California Training Benefits program eligibility for claimants has taken an average of four or more weeks, during which time the claimants did not receive unemployment benefits. Although the department has streamlined this process for some claimants, it does not appear to have a clear plan to improve its procedures for 80 percent of its determinations that involve claimants who desire to participate in self-arranged training.

In the report, the California State Auditor (state auditor) made the following recommendations to the department and the California Technology Agency. The state auditor's determination regarding the current status of the recommendations is based on the department's response to the state auditor as of September 2011, and the California Technology Agency's response as of November 2011.

#### **Recommendation 1.1.a—See pages 27—34 of the audit report for information on the related finding.**

To further enhance its corrective action planning process as a means of improving the unemployment program, the department should identify corrective actions that specifically address the timeliness measures it is trying to meet.

#### ***Department's Action: Pending.***

In the department's six-month response, it acknowledged that it has not yet met federal timeliness measures for promptly issuing initial unemployment payments (first payment timeliness) and making nonmonetary determinations of claimants' eligibility for benefits. However, it indicated that it has made significant improvements in these areas from July 2010 through June 2011 based on its annualized performance for this period. Nevertheless, the department did not tie this improvement in performance to the results of specific corrective actions in its response.

Further, although the department indicated it will continue its efforts to further improve performance in these areas, it provided only one example of a corrective action plan that it is taking to do so. Specifically, the department believes that its launch of EDD Debit Cards<sup>sm</sup> in July 2011 will improve its first payment timeliness by at least one day once it implements a programming change to calculate this measure using the electronic payment date. However, the department provided no milestone indicating when it expects this change to be implemented.



**Recommendation 1.1.b—See pages 27—34 of the audit report for information on the related finding.**

To further enhance its corrective action planning process as a means of improving the unemployment program, the department should develop milestones that are specific and are tied to corrective actions to allow for monitoring the incremental progress of its corrective actions, similar to the milestones it established for some of the activities in its federal fiscal year 2011 corrective action plans.

***Department's Action: Pending.***

As described in response 1.1.a above, the department provided only one example of a corrective action in its six-month response. Therefore, the development of related milestones is pending the department's identification of additional corrective actions.

**Recommendation 1.1.c—See pages 27—34 of the audit report for information on the related finding.**

To further enhance its corrective action planning process as a means of improving the unemployment program, the department should establish several key performance targets or benchmarks that are tied to each specific corrective action, to effectively gauge the impact of the actions on its goal of achieving the acceptable levels related to the timeliness measures.

***Department's Action: Pending.***

As described in response 1.1.a above, the department provided only one example of a corrective action in its six-month response. Therefore, establishment of key performance targets or benchmarks is pending the department's identification of additional corrective actions.

**Recommendation 1.2.a —See pages 34—40 of the audit report for information on the related finding.**

As part of an overall strategy to limit the number of calls it receives while still providing timely and effective customer service, the department should use existing data and additional data from the new phone system to gain a better understanding of why people request to speak to an agent. Using this information, the department should further develop strategies and measurable goals related to achieving a reduction in call volumes. For example, to ensure that virtually all calls are able to gain access to the voice response portion of its new phone system, the department should monitor the volume of blocked call attempts and work with its phone system vendor if necessary to increase the system's capacity.

***Department's Action: Pending.***

The department indicated that its unemployment customers have experienced greatly improved access to call center services. For example, the department stated that in the first six months of calendar year 2011, there was an 88.5 percent decrease in call attempts and a 97 percent decrease in the number of customers unable to access the interactive voice response system for benefit and other program information when compared to the same six month period in 2009. The department attributed these results to service level improvements related to this recommendation, but did not provide specifics. In addition, the department indicated that in the first half of calendar year 2011, it had a 124.6 percent increase in the number of unemployment customers who received services from a department representative compared to the same period in 2009. However, as we show in Table 4 of our report, 89 percent of the calls requesting an agent were unable to access an agent for the first

half of fiscal year 2009–10 through May 2010. This means that only about 11 percent of the calls were answered by agents. Thus, despite the improvement it reports, it appears the department continues to struggle in this area.

The department also reported that it has finished implementing its Call Center Network Platform and Application Upgrade Project to all six of the Primary Call Centers and eight Primary Adjudication Centers. The department stated that it added a final unemployment center that was not part of the original project scope in June 2011. The department believes that the call center network, combined with an increase in staffing and self-service options, provides better service to unemployment customers and a reduction in call volume.

Finally, the department indicated it continues to analyze data from the new system including network performance and the volume of blocked call attempts to ensure call needs are being met. Although the department indicated that early data analysis and call volume trends are being used to develop strategies to continue to improve services to unemployment customers and reduce call volume, it did not identify any specific new strategies in its response.

**Recommendation 1.2.b—See pages 34—40 of the audit report for information on the related finding.**

To evaluate the effectiveness of its other efforts to provide services to claimants in ways that do not require them to speak to agents, such as Web-Cert and Tele-Cert, the department should periodically summarize and assess the more robust management information available under its new phone system.

***Department's Action: Pending.***

As described in response 1.2.a above, the department stated that it continues to analyze data from the new phone system. However, it provided no specifics about the results of its analysis thus far.

**Recommendation 2.1—See pages 44—47 of the audit report for information on the related finding.**

To maximize federal funding and provide unemployment benefits to those eligible under the alternate base period, the department should closely monitor its resources and project schedule to avoid any further delays in implementing the client database and ensure that it completes the alternate base period project by the federal deadline.

***Department's Action: Pending.***

The department indicated that the Alternate Base Period project is on schedule to be implemented in April 2012; thus, it expects to meet the federally-required implementation date of September 2012. The department stated that it is committed to continuously manage the project schedule and resources to ensure that California meets the target date. In addition, the department asserted that in June 2011, California received the \$838.7 million in Unemployment Modernization Incentive Funds made available through the American Recovery and Reinvestment Act of 2009. The department believes that receipt of these funds illustrates the United States Department of Labor's confidence that California will complete the project timely. As we reported, the department will need to implement the alternative base period by September 22, 2012, at the latest, or risk losing the \$839 million in incentive payments.

**Recommendation 2.2—See pages 44—47 of the audit report for information on the related finding.**

To help ensure that the department completes the alternate base period project by the federal deadline so that the State preserves its eligibility to receive \$839 million in incentive funds, the California Technology Agency should closely monitor the department's progress toward implementing the client database and alternate base period projects and provide assistance to the department, as necessary.

***California Technology Agency's Action: Pending.***

The California Technology Agency indicated that, in addition to monitoring monthly project status reports and schedules, it meets with the department bi-weekly to review progress, issues and risks specific to the alternate base period and the client database projects. Further, the California Technology Agency stated that it has standing weekly checkpoints with the department's Chief Information Officer and bi-weekly briefings from the department Portfolio Division Chief for targeted focus on these projects.

The California Technology Agency stated that the department reported that it is on target to meet the implementation dates for both projects. The California Technology Agency indicated that because the department continues to meet the additional reporting requirements described in the Special Project Reports for these projects, it continues to support these projects.

**Recommendation 2.3.a—See pages 48—57 of the audit report for information on the related finding.**

To better track and improve the timeliness of determinations for the training benefits program and to assist claimants in understanding self-arranged training requirements, the department should take measures to ensure that its staff correctly enter all data into the training benefits program's streamline database.

***Department's Action: Pending.***

The department indicated in its 60-day response that it has taken actions involving both procedures and updates to automated processes to ensure staff correctly enter all data into the training benefits program's streamline database to better track determination timeliness for training program participants. After we asked the department to support this assertion, it was unable to demonstrate that the actions it has taken thus far have fully addressed our recommendation. Specifically, despite its claims related to taking actions involving procedures, the department was only able to provide us with the same procedures that were in place at the time of our audit, and thus, are not indicative of a corrective action. In addition, the department provided a "guide card" which it asserted is a comprehensive guide to processing incoming streamline mail. However, our review concluded that it provides a high level overview of processing steps, and it does not clearly identify the data fields that are required for processing.

Moreover, the department provided us with a compact disc that we found to be a source code dump that did not include programmer's notes or other documentation explaining the code. Thus, without investing a considerable amount of time by our Information Technology Audit Support unit, we cannot confirm that the streamline database is working as intended.

**Recommendation 2.3.b—See pages 48—57 of the audit report for information on the related finding.**

To better track and improve the timeliness of determinations for the training benefits program and to assist claimants in understanding self-arranged training requirements, the department should track and report the number of claimants it determines are both eligible and ineligible for the self-arranged training and the reasons for these determinations, to better focus some of its recommendations toward how it can assist claimants in understanding the program's criteria.

***Department's Action: Pending.***

The department stated that it implemented provisions of Assembly Bill 2058 (AB 2058) by July 1, 2011, as statutorily required. According to the department, now that it has implemented AB 2058, it can expand the automated streamline process to individuals in self-arranged training. However, the department indicated that during the review to implement this phase, it discovered that a larger database is necessary to support the expansion of the streamline system and that it is currently in

the process of developing a solution to this issue. As we concluded in our audit report, this is the area where we believe the department faces the most significant challenges in expediting eligibility determinations for these claimants.

The department stated that from February 2010 through August 2011, it processed over 12,000 streamline training enrollment applications and determined eligibility for the two programs it implemented in 2010—the Workforce Investment Act and the Trade Adjustment Assistance programs. As we discuss in our report, these two programs represent a much smaller portion of the determinations the department makes when compared to the remaining training benefits program determinations. The department asserts that it is processing these applications within two days, which exceeds the department’s goal of three to five days. The department stated that its streamline effort has resulted in a more efficient way to expedite the training program determinations for customers and eliminates the need to schedule a non-monetary determination interview. However, as we indicated in response 2.3.a, the department has been unable to demonstrate that its staff correctly enter all data into the training benefits program’s streamline database, and therefore, we continue to question whether the streamline database is sufficiently reliable for the purposes of determining the average duration for the department to process an application from receipt until a determination is made.

In addition, the department indicated it continues to track the results of eligibility determinations, which show if the claimant was training benefits program eligible or ineligible for self-arranged training, including the specific subsections of the unemployment code cited when a claimant was ineligible to participate in the training benefits program for self-arranged training. In its one-year response, we look forward to the department discussing the results and reasons for these determinations and its efforts to assist claimants in understanding the program’s criteria.

**Recommendation 2.3.c—See pages 48—57 of the audit report for information on the related finding.**

To better track and improve the timeliness of determinations for the training benefits program and to assist claimants in understanding self-arranged training requirements, the department should track the number of claimants that it finds to be both ineligible for self-arranged training and ultimately ineligible for unemployment benefits and develop strategies to expedite the determination process for these claimants.

***Department’s Action: No action taken.***

The department did not specifically address this recommendation in its initial response, its 60-day response, or its six-month response.





## Department of Industrial Relations

### Misuse of State Time and Resources, Incompatible Activities, Inadequate Administrative Controls (Case I2008-1066)

#### REPORT NUMBER I2010-1, CHAPTER 1, ISSUED JUNE 2010

This report concludes that for more than six years, an inspector for the Department of Industrial Relations (Industrial Relations), Division of Occupational Safety and Health (Cal/OSHA), performed duties related to her secondary employment during her Cal/OSHA work hours. In doing so, the inspector misused state time and resources and received improper payments totaling \$70,105. In addition, our review of the inspector's misconduct revealed that Cal/OSHA management did not properly implement controls that could have prevented the improper acts.

In the report, the California State Auditor (state auditor) made the below recommendations to Industrial Relations. The state auditor's determination regarding the current status of recommendations is based on Industrial Relations' response to the state auditor as of December 2010.

**Recommendation 1.a—See pages 10—15 of the investigative report for information on the related finding.**

Industrial Relations should take appropriate action against the Cal/OSHA inspector for her improper acts and against her manager for his failure to adequately manage the inspector.

***Industrial Relations' Action: Fully implemented.***

Industrial Relations informed us that the inspector resigned while still under investigation. Subsequently, it filed a civil lawsuit against her in an effort to obtain reimbursement from her. In addition, it notified us that in October 2010 it formally reprimanded the manager who was the inspector's direct supervisor.

**Recommendation 1.b—See pages 12 and 13 of the investigative report for information on the related finding.**

Industrial Relations should evaluate current controls designed to ensure that inspectors work the required number of hours and implement changes as necessary to ensure that time and attendance abuse does not recur.

***Industrial Relations' Action: Fully implemented.***

Industrial Relations reported that in October 2010 it provided training to Cal/OSHA supervisors to ensure that they understood and complied with the policies regarding accurate reporting of time and attendance.

**Recommendation 1.c—See page 14 of the investigative report for information on the related finding.**

Industrial Relations should establish controls to ensure that it does not allow employees to work schedules in which they determine their own hours and in which they track absences and make up hours informally.

*Industrial Relations' Action: Fully implemented.*

Industrial Relations stated that at the October 2010 training it provided to Cal/OSHA supervisors it reiterated the need for proper controls to ensure that employees do not determine their own work hours and make up hours informally.



## Department of Industrial Relations

### Failure to Monitor Adequately Employees' Time Reporting (Case I2008-0902)

#### REPORT NUMBER I2011-1, CHAPTER 6, ISSUED AUGUST 2011

This investigation found that an official and a supervisor at a district office of the Department of Industrial Relations (Industrial Relations) failed to monitor adequately the time reporting of four subordinate employees from July 2007 through June 2009.

In reporting on the investigation, the California State Auditor (state auditor) made the following recommendation to Industrial Relations. The state auditor's determination regarding the current status of recommendations is based on Industrial Relations' response to the state auditor as of September 2011.

**Recommendation—See pages 39 and 40 of the investigative report for information about the related findings.**

To ensure that employees at this district office follow time-reporting requirements in accordance with applicable state law and department policies, Industrial Relations should continue to monitor the time-reporting practices of the official and his staff.

***Industrial Relations' Action: Fully implemented.***

Industrial Relations reported that it provided further time-reporting and record-keeping training to all of its managers and supervisors. In addition, Industrial Relations issued a memorandum about attendance and reporting requirements to all of its district offices. Finally, Industrial Relations stated that it had provided training to all attendance reporting officers about the proper documentation of all hours worked and leave taken.



# State Bar of California

## Its Lawyer Assistance Program Lacks Adequate Controls for Reporting on Participating Attorneys

### REPORT NUMBER 2011-030, ISSUED MAY 2011

This report concludes that the Lawyer Assistance Program (assistance program) of the State Bar of California (State Bar) lacks controls to ensure that the case managers for the program's participants submit reports of noncompliance promptly and consistently to such disciplinary bodies as the State Bar Court of California. Our review of case files for 25 participants in the assistance program showed that it does not have adequate procedures for monitoring case managers to ensure that they are appropriately sending reports of participants' noncompliance, such as missed or positive laboratory testing results for drugs or alcohol. In fact, case managers failed to send six reports to disciplinary bodies when participants missed laboratory tests and failed to send 10 other reports in a timely manner.

Further, the assistance program lacks adequate controls and procedures to ensure that case managers treat all noncompliance issues consistently. The assistance program relies on case managers to bring participants' noncompliance to the attention of the program's evaluation committee when appropriate; however, the program has issued only limited guidance to help case managers determine when to notify the evaluation committee. Further, the assistance program does not have any formal process for monitoring case managers' adherence to policies and procedures. Nine of the 25 participants we reviewed each had 10 or more instances of noncompliance, but we did not always see evidence that the case managers brought these issues to the attention of the evaluation committee.

Finally, the assistance program needs to adopt mechanisms to better gauge its effectiveness in achieving its mission of enhancing public protection and identifying and rehabilitating attorneys who are recovering from substance abuse or mental health issues. Until it develops these mechanisms, the State Bar will be unable to determine how well the assistance program is performing.

In the report, the California State Auditor (state auditor) made the following recommendations to the State Bar. The state auditor's determination regarding the current status of recommendations is based on the State Bar's response to the state auditor as of November 2011.

#### **Recommendation 1.1—See pages 17—20 of the audit report for information on the related finding.**

The assistance program should ensure that case managers are submitting to the appropriate entity the required reports in a timely manner, as required by its policies. Specifically, the assistance program should make certain that the new automated process for tracking and monitoring case managers' reporting of noncompliance is implemented properly and is being used as intended.

#### ***State Bar's Action: Fully implemented.***

The assistance program implemented an automated mechanism to assist the director, case managers, and administrative assistants in tracking and monitoring the immediate report filing process.

#### **Recommendation 1.2—See pages 20—22 of the audit report for information on the related finding.**

To make certain that case managers treat consistently the noncompliance issues that do not require immediate reports to disciplinary bodies, the assistance program should finish implementing its case file review process. Further, the assistance program should develop guidelines to help case managers determine when to submit noncompliance issues to the evaluation committee.

***State Bar's Action: Fully implemented.***

According to the State Bar, it has fully implemented its annual case review process, which requires case managers to meet on a monthly basis and review a random selection of case files. The review process involves an assessment of each selected case and a discussion of any changes that may be required. At the end of the case review process, the case management supervisor is required to follow up to ensure each case manager has made the necessary changes. In addition, the assistance program has developed guidelines to help case managers determine when to submit noncompliance issues to the evaluation committee.

**Recommendation 1.3—See pages 22—24 of the audit report for information on the related finding.**

Finally, the assistance program should take steps to better gauge its effectiveness. For example, it could measure how long its participants remain in the program and assess the program's impact on any further actions that disciplinary bodies impose on these attorneys. Further, if the assistance program believes that the effectiveness of the program is better measured through other means, it should develop these alternative measures and assess the program's effectiveness in meeting its stated goals.

***State Bar's Action: Partially implemented.***

The State Bar states that the assistance program has undertaken the process of identifying performance measures to supplement those that are currently in place and reported in the annual report to the Board of Governors. According to the State Bar, assistance program staff has met with the Board Committee on Member Oversight to receive its input and guidance in this process so that meaningful measures can be developed to assist the State Bar's stakeholders in further evaluating the effectiveness of the program. For example, staff has discussed with the Member Oversight Committee two separate preliminary studies gauging the impact on attorneys by length of time participating in the program. These studies suggest that participants in the assistance program for six months or longer have shown positive results on the rate of disciplinary sanctions imposed. According to the State Bar, further analysis of this nature will be developed in the 2011–12 board year.

## Sacramento and Marin Superior Courts

### Both Courts Need to Ensure That Family Court Appointees Have Necessary Qualifications, Improve Administrative Policies and Procedures, and Comply With Laws and Rules

#### REPORT NUMBER 2009-109, ISSUED JANUARY 2011

This report concludes that both superior courts need to do more to ensure that the individuals who provide mediation and evaluation services and who act as counsel for minors in cases before their family courts have the necessary qualifications and required training. In addition, the two superior courts should follow their established procedures for handling complaints, improve their processes for payments related to counsel appointed to represent the interests of minors involved in family law cases, and strengthen their procedures for dealing with conflicts of interest within the family courts.

In the report, the California State Auditor (state auditor) made the following recommendations to the superior courts and their family courts. The state auditor's determination regarding the current status of the recommendations is based on the superior courts' responses to the state auditor as of July 2011.

#### **Recommendation 1.1.a—See pages 25—27 of the audit report for information on the related finding.**

To ensure that its Office of Family Court Services (FCS) mediators are qualified, the Sacramento superior and family courts should retain in the mediator's official personnel file any decisions to substitute additional education for experience or additional experience for the educational requirements.

#### *Sacramento Superior and Family Courts' Action: No action taken.*

The Sacramento superior and family courts did not provide a response to this recommendation.

#### **Recommendation 1.1.b—See pages 25—27 of the audit report for information on the related finding.**

To ensure that its FCS mediators are qualified, the Sacramento superior and family courts should update the current mediators' official personnel files with any missing information.

#### *Sacramento Superior and Family Courts' Action: Fully implemented.*

The Sacramento superior and family courts reported that they have documentation to demonstrate that the FCS mediators meet the minimum qualifications and training. The courts also stated that the documents will be placed in the FCS mediators' personnel files.

#### **Recommendation 1.1.c—See pages 25—27 of the audit report for information on the related finding.**

To ensure that its FCS mediators are qualified, the Sacramento superior and family courts should verify the initial training of those FCS mediators they hire who have worked at other superior courts.

#### *Sacramento Superior and Family Courts' Action: Fully implemented.*

The Sacramento superior and family courts reported that they verified that the FCS mediator mentioned in the audit report met the minimum qualifications and training requirements when employed by another court.

**Recommendation 1.1.d—See pages 25—27 of the audit report for information on the related finding.**

To ensure that its FCS mediators are qualified, the Sacramento superior and family courts should develop a policy to retain training completion records for at least as long as an FCS mediator is a court employee.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento Superior Court stated it established a retention policy that requires all training records to be kept in its staff's official personnel files for five years after the FCS mediator separates from the court.

**Recommendation 1.1.e—See pages 25—27 of the audit report for information on the related finding.**

To ensure that its FCS mediators are qualified, the Sacramento superior and family courts should take all reasonable steps to ensure that the FCS mediators meet all of the minimum qualifications and training requirements before assigning them to future mediations. If necessary, and as soon as reasonably possible, the court should require the FCS mediators to take additional education or training courses to compensate for the minimum qualifications and training requirements that were not met.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento superior and family courts reported that they have documentation to demonstrate that the FCS mediators have completed additional training education or training courses to compensate for the minimum requirements for which there was no documentation. The courts also stated that the documents will be placed in the FCS mediators' personnel files.

**Recommendation 1.2.a—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should develop processes to ensure that it signs all FCS evaluator declarations of qualifications annually.

***Sacramento Family Court's Action: No action taken.***

The Sacramento Superior Court reported to us that effective July 2011 FCS will no longer conduct Family Code Section 3111 evaluations. The court cited budget reductions as its reason for discontinuing this service.

**Recommendation 1.2.b—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should ensure that its unlicensed FCS evaluators complete the licensing portion of the annual declarations of qualifications.

***Sacramento Family Court's Action: No action taken.***

See the Sacramento Family Court's response under recommendation 1.2.a.

**Recommendation 1.2.c—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should identify the training each of the FCS evaluators need to satisfy the court rules' requirements and ensure that they attend the trainings.

***Sacramento Family Court's Action: Partially implemented.***

The Sacramento Superior Court stated that it began taking steps to change its Family Court Counselor classification specifications to include the requirement that employees in the classification complete the mandatory training the court rules require. However, the court reported to us that effective July 2011 FCS will no longer conduct Family Code Section 3111 evaluations. The court cited budget reductions as its reason for discontinuing this service.

**Recommendation 1.2.d—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should develop a policy to retain training completion records for at least as long as an FCS evaluator is a court employee.

***Sacramento Family Court's Action: Fully implemented.***

The Sacramento Superior Court established a record retention policy to retain all training records for a total of five years after an FCS evaluator separates from the court. However, the Sacramento Superior Court reported to us that effective July 2011 FCS will no longer conduct Family Code Section 3111 evaluations. The court cited budget reductions as its reason for discontinuing this service.

**Recommendation 1.2.e—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should develop processes to ensure that evaluator declarations of qualifications include all relevant information, such as the evaluator's experience.

***Sacramento Family Court's Action: No action taken.***

See the Sacramento Family Court's response under recommendation 1.2.a.

**Recommendation 1.2.f—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should ensure that FCS evaluators attach certificates for their domestic violence training to each Family Code Section 3111 evaluation report they prepare.

***Sacramento Family Court's Action: No action taken.***

See the Sacramento Family Court's response under recommendation 1.2.a.

**Recommendation 1.2.g—See pages 27—30 of the audit report for information on the related finding.**

To make certain that the FCS evaluators are qualified, the Sacramento family court should take all reasonable steps to ensure its FCS evaluators meet the minimum qualifications and training requirements before assigning them to any future Family Code Section 3111 evaluations. If necessary, and as soon as reasonably possible, the court should require the FCS evaluators to take additional education or training courses to compensate for the minimum qualifications and training requirements that were not met.

***Sacramento Family Court's Action: No action taken.***

See the Sacramento Family Court's response under recommendation 1.2.a.

**Recommendation 1.3—See pages 30—33 of the audit report for information on the related finding.**

To determine whether staff are capable and suitable for positions, the Sacramento FCS should ensure it follows the superior court's probationary policy for any former employees the court rehires.

***Sacramento Superior Court's Action: Partially implemented.***

The Sacramento Superior Court stated it completed the revision of the forms it uses to evaluate probationary staff as of July 2011.

**Recommendation 1.4.a—See pages 30—33 of the audit report for information on the related finding.**

To ensure that it assists nonprobationary staff in developing their skills and improving their job performance, the Sacramento Superior Court should ensure that the FCS adheres to its employee appraisal policy.

***Sacramento Superior Court's Action: Partially implemented.***

The Sacramento Superior Court stated it completed the revision of the forms it uses to provide nonprobationary staff their annual performance reviews.

**Recommendation 1.4.b—See pages 30—33 of the audit report for information on the related finding.**

To ensure that it assists nonprobationary staff in developing their skills and improving their job performance, the Sacramento Superior Court should clarify the employee appraisal policy by specifying how often updates to the duty statement should occur.

***Sacramento Superior Court's Action: Partially implemented.***

The Sacramento Superior Court stated that it is revising its employee appraisal policy, and will include a statement to ensure that duty statements are reviewed with staff at least annually. The court anticipated implementing its policy during the fourth quarter of 2011.

**Recommendation 1.5.a—See pages 34—38 of the audit report for information on the related finding.**

To verify that its private mediator and evaluator panel members meet the minimum qualifications and training requirements before appointment, the Sacramento family court should obtain any missing applications and training records for private mediators and evaluators on its current panel list before appointing them to future cases.

***Sacramento Family Court's Action: No action taken.***

The Sacramento Superior Court stated that it does not have the resources to maintain training records for private mediators and evaluators beyond requiring copies of their training certificates with their initial application and the submission of declarations under penalty of perjury.

**Recommendation 1.5.b—See pages 34—38 of the audit report for information on the related finding.**

To verify that its private mediator and evaluator panel members meet the minimum qualifications and training requirements before appointment, the Sacramento family court should ensure that if it continues to rely on the evaluators' licensure to satisfy the training requirements, the training courses that evaluators on its current panel list take are approved by the Administrative Office of the Courts (AOC) or that the evaluator seek individual approvals from the AOC to take the courses.



***Sacramento Family Court's Action: Fully implemented.***

The Sacramento Family Court stated that it notified private evaluator panel members that they must attend training approved by the AOC or seek individual approval of required courses.

**Recommendation 1.5.c—See pages 34—38 of the audit report for information on the related finding.**

To verify that its private mediator and evaluator panel members meet the minimum qualifications and training requirements before appointment, the Sacramento family court should create a record retention policy to retain the applications and training records related to private mediators and evaluators on its panel list for as long as they remain on the list.

***Sacramento Family Court's Action: Fully implemented.***

The Sacramento Family Court stated it established a policy to maintain applications and training records with the private mediator's or evaluator's initial application for as long as the private mediator or evaluator remains on the court's panel list.

**Recommendation 1.5.d—See pages 34—38 of the audit report for information on the related finding.**

To verify that its private mediator and evaluator panel members meet the minimum qualifications and training requirements before appointment, the Sacramento family court should establish a process to ensure that the private mediators and evaluators file their declarations of qualifications with the court no later than 10 days after notification of each appointment and before they begin work on a case.

***Sacramento Family Court's Action: Fully implemented.***

The Sacramento Family Court modified its *Order for Private Mediation* and its *Order Appointing Child Custody Evaluator* to include a requirement that the appointed private mediator or private evaluator file a declaration regarding qualifications within 10 days of notification of the appointment and before beginning work on the case.

**Recommendation 1.5.e—See pages 34—38 of the audit report for information on the related finding.**

To verify that its private mediator and evaluator panel members meet the minimum qualifications and training requirements before appointment, the Sacramento family court should reinstate its local rules for private mediators and evaluators to provide a minimum of three references, and for private evaluators to provide a statement that they have read the court's evaluator guidelines.

***Sacramento Family Court's Action: No action taken.***

The Sacramento Superior Court stated that because the declaration they must complete confirms their qualifications, it does not believe it is necessary to reinstitute the local rule requiring private mediators and evaluators to provide a minimum of three references or the local rule requiring private evaluators to provide a statement that they have read the court's evaluator guidelines. The court also stated that it does not have the resources to maintain and update a guideline, the contents of which are based upon statute, local rules, and the rules of court. Finally, the court stated it expects that appointees are aware of and have read all applicable statutes and rules.



**Recommendation 1.6.a—See pages 38—41 of the audit report for information on the related finding.**

The Sacramento family court should ensure that minor's counsel submit, within 10 days of their appointment, the required declarations about their qualifications, education, training, and experience. Specifically, the family court should send annual notices to the minor's counsel it appoints, instructing them to file the declaration.

***Sacramento Family Court's Action: No action taken.***

- ➡ The Sacramento Superior Court stated that it does not believe it is necessary to send annual notices to appointed minor's counsel of the need to file a declaration. The court stated that the order appointing minor's counsel includes a specific requirement that the minor's counsel submit a declaration within 10 days of appointment and before beginning any work on a case. The court stated that it will provide minor's counsel with an order in each case it appoints counsel.

**Recommendation 1.6.b—See pages 38—41 of the audit report for information on the related finding.**

The Sacramento family court should ensure that minor's counsel submit, within 10 days of their appointment, the required declarations about their qualifications, education, training, and experience. Specifically, the family court should continue to ensure the appointment orders direct the minor's counsel to complete and promptly file the declaration.

***Sacramento Family Court's Action: Fully implemented.***

The Sacramento Family Court included in its Order Appointing Counsel for a Child the specific requirement to file a declaration of qualifications within 10 days of appointment or before beginning work on a case.

**Recommendation 1.7.a—See pages 38—41 of the audit report for information on the related finding.**

To make sure that the minor's counsel it appoints meet the additional standards required by the superior court's local rules, the Sacramento family court should obtain any missing applications for minor's counsel before appointing them to any future cases.

***Sacramento Family Court's Action: No action taken.***

- ➡ The Sacramento Superior Court stated that it does not have the resources to obtain and review all previous training records or to require and review the resubmission of applications for each minor's counsel.

**Recommendation 1.7.b—See pages 38—41 of the audit report for information on the related finding.**

To make sure that the minor's counsel it appoints meet the additional standards required by the superior court's local rules, the Sacramento family court should create a record retention policy to retain the minor's counsel applications for as long as they remain on its panel list.

***Sacramento Family Court's Action: Fully implemented.***

The Sacramento Family Court stated it established a policy to maintain applications and training records with the minor's counsel initial application for as long as the minor's counsel remains on the court's panel list.

**Recommendation 1.8.a—See pages 41—43 of the audit report for information on the related finding.**

To ensure that the FCS mediators are qualified, the Marin superior and family courts should retain documentation in the FCS mediators' official personnel files to demonstrate that they met the minimum qualifications.

*Marin Superior and Family Courts' Action: Fully implemented.*

The Marin superior and family courts adopted a policy requiring FCS mediators to submit annually their original certificates of training for retention in their official personnel files.

**Recommendation 1.8.b—See pages 41—43 of the audit report for information on the related finding.**

To ensure that the FCS mediators are qualified, the Marin superior and family courts should verify the initial training of those FCS mediators hired who have worked at other superior courts.

*Marin Superior and Family Courts' Action: Fully implemented.*

The Marin superior and family courts adopted a policy requiring its newly hired FCS mediators who have worked at other superior courts to submit to it copies of their certificates of training for retention in their official personnel files. If the mediator is unable to produce these records, the court will attempt to obtain the records from the FCS mediator's former court employer. If the records are unavailable, the court will require the FCS mediator to prepare a sworn statement that he or she has met these requirements in another court.

**Recommendation 1.8.c—See pages 41—43 of the audit report for information on the related finding.**

To ensure that the FCS mediators are qualified, the Marin superior and family courts should ensure that the FCS mediators receive supervision from someone who is qualified to perform clinical supervision so that they can resume their participation in performance supervision, as the court rules require.

*Marin Superior and Family Courts' Action: Fully implemented.*

The Marin superior and family courts contracted with a clinical supervisor to provide three onsite visits per year to conduct performance supervision.

**Recommendation 1.9.a—See pages 44—46 of the audit report for information on the related finding.**

To confirm that the private evaluators the family court appoints are qualified, the Marin superior and family courts should establish a process to ensure that the private evaluators file declarations of their qualifications with the court no later than 10 days after notification of each appointment and before they begin any work on a case.

*Marin Superior and Family Courts' Action: Fully implemented.*

The Marin superior and family courts developed procedures to ensure that private evaluators file their declarations of qualifications no later than 10 days after notification of each appointment and before they begin any work on a case.

**Recommendation 1.9.b—See pages 44—46 of the audit report for information on the related finding.**

To confirm that the private evaluators the family court appoints are qualified, the Marin superior and family courts should adopt a local rule regarding procedures for the private evaluators to notify the family court that they have met the domestic violence training requirements. If the superior

court chooses not to adopt a local rule, the family court should establish a process to ensure that the private evaluators attach copies of their domestic violence training certificates to their completed evaluation reports.

***Marin Superior and Family Courts' Action: Fully implemented.***

The Marin Superior Court adopted a local rule requiring private evaluators to submit annually to the court copies of their domestic violence training certificates.

**Recommendation 1.10—See pages 46 and 47 of the audit report for information on the related finding.**

To verify that the private minor's counsel it appoints are qualified, the Marin family court should establish a process to ensure that minor's counsel submit, no later than 10 days after notification of their appointment and before working on a case, the required declaration of qualifications.

***Marin Family Court's Action: Fully implemented.***

The Marin superior and family courts developed procedures to ensure that minor's counsel file their declarations of qualifications no later than 10 days after notification of each appointment and before they begin any work on a case.

**Recommendation 1.11—See page 46 of the audit report for information on the related finding.**

To make certain that it orders evaluations as the court rules require, the Marin family court should consistently use the standard form.

***Marin Family Court's Action: Fully implemented.***

The Marin Family Court acknowledged that the *Order Appointing Child Custody Evaluator* was the standard form and stated that it would consistently use the form for all future private evaluator appointments.

**Recommendation 2.1.a—See pages 53 and 54 of the audit report for information on the related finding.**

To ensure that all complaints regarding FCS staff are tracked properly and reviewed promptly, the Sacramento FCS and family court should keep a complete log of all verbal and written complaints they receive regarding FCS staff.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento FCS and family court developed a log to track all verbal and written FCS staff complaints it receives.

**Recommendation 2.1.b—See pages 53 and 54 of the audit report for information on the related finding.**

To ensure that all complaints regarding FCS staff are tracked properly and reviewed promptly, the Sacramento FCS and family court should follow the established complaint process, including retaining the appropriate documentation to demonstrate adherence to the process.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento FCS and family court stated that it uses a log to document the steps taken to resolve complaints.

**Recommendation 2.1.c—See pages 53 and 54 of the audit report for information on the related finding.**

To ensure that all complaints regarding FCS staff are tracked properly and reviewed promptly, the Sacramento FCS and family court should establish specific time frames for responding to complaints.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento FCS and family court modified the client complaint process to reflect that FCS will act on all verbal and written complaints within 90 days of receiving them.

**Recommendation 2.2.a—See pages 53—55 of the audit report for information on the related finding.**

To make certain that all complaints regarding FCS staff are tracked properly and reviewed promptly, the Marin Superior Court should keep a complete log of all verbal and written complaints it receives regarding FCS staff.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court developed a log to track all verbal and written FCS staff complaints it receives.

**Recommendation 2.2.b—See pages 53—55 of the audit report for information on the related finding.**

To make certain that all complaints regarding FCS staff are tracked properly and reviewed promptly, the Marin Superior Court should ensure that FCS follows the court's established complaint process, including retaining the appropriate documentation to demonstrate adherence to the process.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court developed an FCS mediator complaint tracking form and stated that its human resources manager will complete the form while investigating the complaint, attach the form to the written complaint or to the notes pertaining to a verbal complaint, and retain the form in the FCS complaint file for mediators.

**Recommendation 2.3—See pages 55 and 56 of the audit report for information on the related finding.**

To verify that all complaints received about the private mediators or evaluators that the family court appoints are tracked and reviewed promptly, the Sacramento Superior Court should keep a log of all complaints it receives.

***Sacramento Superior Court's Action: Fully implemented.***

The Sacramento Superior Court established a log for complaints about private mediators and private evaluators.

**Recommendation 2.4.a—See pages 55 and 56 of the audit report for information on the related finding.**

To verify that all complaints received about the private mediators or evaluators that the family court appoints are tracked and reviewed promptly, the Marin Superior Court should keep a log of all complaints it receives.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court developed a log to track all written private evaluator complaints it receives.

**Recommendation 2.4.b—See pages 55 and 56 of the audit report for information on the related finding.**

The Marin Superior Court should make certain that for future complaints it may receive, the court follows the steps stated in its process for registering complaints about evaluators.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court developed an evaluator complaint tracking form and stated that its human resources manager will complete the form while overseeing the investigation of the complaint, attach the form to the written complaint along with the evaluator's written response and the written response from the other party if one is provided, and retain the form in the FCS complaint file for private evaluators.

**Recommendation 2.5—See pages 56 and 57 of the audit report for information on the related finding.**

To ensure that it provides transparency for the parties in family court cases, the Sacramento Superior Court should develop a local rule that defines its process for receiving, reviewing, and resolving complaints against private mediators and evaluators.

***Sacramento Superior Court's Action: Partially implemented.***

The Sacramento Superior Court drafted local rules related to the complaint process for private mediators and evaluators. If approved by the Judicial Council, the rules will take effect January 1, 2012.

**Recommendation 2.6—See page 57 of the audit report for information on the related finding.**

To clearly identify its process for registering complaints about private evaluators, the Sacramento Superior Court should make the necessary corrections to its 2012 local rules to add the complaint procedures that were omitted in error.

***Sacramento Superior Court's Action: Partially implemented.***

The Sacramento Superior Court drafted local rules related to the complaint process for private mediators and evaluators. If approved by the Judicial Council, the rules will take effect January 1, 2012.

**Recommendation 2.7.a—See pages 58—62 of the audit report for information on the related finding.**

To strengthen its accounting process for California Family Code Section 3111 evaluations, the Sacramento Superior Court should update its accounting procedures related to billing FCS evaluation costs to include steps for verifying the mathematical accuracy of the FCS summary and the proper allocation of costs between the parties.

***Sacramento Superior Court's Action: No action taken.***

The Sacramento Superior Court reported to us that effective July 2011 FCS will no longer conduct Family Code Section 3111 evaluations. The court cited budget reductions as its reason for discontinuing this service.

**Recommendation 2.7.b—See pages 58—62 of the audit report for information on the related finding.**

To strengthen its accounting process for California Family Code Section 3111 evaluations, the Sacramento Superior Court should update its process for collecting amounts it is owed for California Family Code 3111 evaluations.

***Sacramento Superior Court's Action: Fully implemented.***

The Sacramento Superior Court reported that it mailed out delinquent account notices. In addition, the court noted that the accounting unit will provide up to two delinquent account notices and any remaining outstanding accounts will be referred to a private collection agency.

**Recommendation 2.7.c—See pages 58—62 of the audit report for information on the related finding.**

To strengthen its accounting process for California Family Code Section 3111 evaluations, the Sacramento Superior Court should develop a written policy for reviewing periodically the hourly rate it charges parties for 3111 evaluations.

***Sacramento Superior Court's Action: Fully implemented.***

The Sacramento Superior Court developed a written policy for reviewing periodically the hourly rate it charges parties for Family Code Section 3111 evaluations. However, the Sacramento Superior Court reported to us that effective July 2011 FCS will no longer conduct Family Code Section 3111 evaluations. The court cited budget reductions as its reason for discontinuing this service.

**Recommendation 2.8.a—See pages 62—66 of the audit report for information on the related finding.**

To strengthen its processes related to minor's counsel fees, the Sacramento superior and family courts should ensure that determinations about the parties' ability to pay are made in accordance with the court rules and are properly reflected in the orders appointing minor's counsel.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento superior and family courts stated that they have developed a process for documenting the judicial determination and allocation of the payment of minor's counsel fees.

**Recommendation 2.8.b—See pages 62—66 of the audit report for information on the related finding.**

To strengthen its processes related to minor's counsel fees, the Sacramento superior and family courts should finalize, approve, and implement the draft procedures for processing minor's counsel invoices.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento superior and family courts stated that the accounting staff implemented procedures for processing minor's counsel invoices.

**Recommendation 2.8.c—See pages 62—66 of the audit report for information on the related finding.**

To strengthen its processes related to minor's counsel fees, the Sacramento superior and family courts should make certain that accounting follows the appropriate court policy when reviewing minor's counsel costs and that accounting does not pay costs that the policy does not allow.



***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento superior and family courts stated that the accounting staff continue to follow the court policy so that only costs permitted by that policy are paid.

**Recommendation 2.8.d—See pages 62—66 of the audit report for information on the related finding.**

To strengthen its processes related to minor's counsel fees, the Sacramento superior and family courts should take the steps necessary to confirm that accounting does not make duplicate or erroneous payments to minor's counsel.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento superior and family courts stated that the accounting staff implemented the procedures for processing minor's counsel invoices and have taken steps to assure the duplicate payments are not remitted to minor's counsel.

**Recommendation 2.8.e—See pages 62—66 of the audit report for information on the related finding.**

To strengthen its processes related to minor's counsel fees, the Sacramento superior and family courts should take necessary steps to collect minor's counsel costs that accounting has paid improperly.

***Sacramento Superior and Family Courts' Action: Fully implemented.***

The Sacramento Superior Court stated that overpayments to minor's counsel have either been billed or deducted from a subsequent invoice payment.

**Recommendation 2.9— See pages 67 and 68 of the audit report for information on the related finding.**

To ensure that it reimburses only appropriate and necessary minor's counsel costs, the Marin Superior Court should develop a written policy that outlines the costs it will reimburse and that requires the attorneys to provide original receipts for their costs.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court developed a policy for reviewing incidental costs on minor's counsel invoices. The policy reflects the court's reimbursement rates and, in certain circumstances, requires minor's counsel to provide receipts.

**Recommendation 2.10—See pages 69 and 70 of the audit report for information on the related finding.**

To make its conflict-of-interest policy more effective, the Marin Superior Court should modify its conflict-of-interest policy to include documenting the cause of potential conflicts of interest in writing and tracking their final disposition.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court modified its conflict-of-interest policy to require the mediator to notify the human resources manager in writing if an actual, potential, or perceived conflict of interest exists. The policy requires the human resources manager to notify the mediator in writing regarding the final disposition.



**Recommendation 2.11.a—See pages 70 and 71 of the audit report for information on the related finding.**

To make its conflict-of-interest process more effective, the Sacramento FCS should continue to maintain its log recording potential conflicts of interest.

***Sacramento Office of Family Court Services' Action: Fully implemented.***

The Sacramento Family Court stated that it will continue to maintain its log of all FCS mediator conflicts of interest.

**Recommendation 2.11.b—See pages 70 and 71 of the audit report for information on the related finding.**

To make its conflict-of-interest process more effective, the Sacramento FCS should update its conflict-of-interest policy to match its practice of identifying cases that could present a real or perceived conflict of interest, including cases involving court employees, and to include its current practice of documenting potential conflicts of interest in the FCS files.

***Sacramento Office of Family Court Services' Action: Fully implemented.***

The Sacramento Family Court updated its policy to document its current practice of identifying cases that could present an actual or perceived conflict of interest. The court also stated it implemented a process to maintain records pertaining to conflicts of interest in the FCS case files.

**Recommendation 2.12—See pages 71—73 of the audit report for information on the related finding.**

The Sacramento Superior Court should develop and implement processes to review periodically the court rules to ensure that its local rules reflect all required court rules.

***Sacramento Superior Court's Action: Fully implemented.***

The Sacramento Superior Court stated that it has assigned to its family law research attorney the ongoing responsibility of reviewing all changes to the court rules, which necessitate any change to its local rules.

**Recommendation 2.13—See pages 71—73 of the audit report for information on the related finding.**

The Marin Superior Court should develop and implement processes to review periodically the court rules to ensure that its local rules reflect all required court rules.

***Marin Superior Court's Action: Fully implemented.***

The Marin Superior Court has developed a process to review periodically the court rules to ensure that its local rules reflect all required court rules. According to the court executive officer, she made assignments to court managers to review new and amended court rules to ensure that the court is aware of any provisions that require the court to adopt them.

