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Implementation of State Auditor's Recommendations

Audits Released in January 2011 Through December 2012

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



February 2013 Report 2013-406 S5

SPECIAL REPORT

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February 28, 2013

2013-406 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 areas that summarizes all audits and investigations we issued from January 2011 through December 2012. 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.auditor.ca.gov.

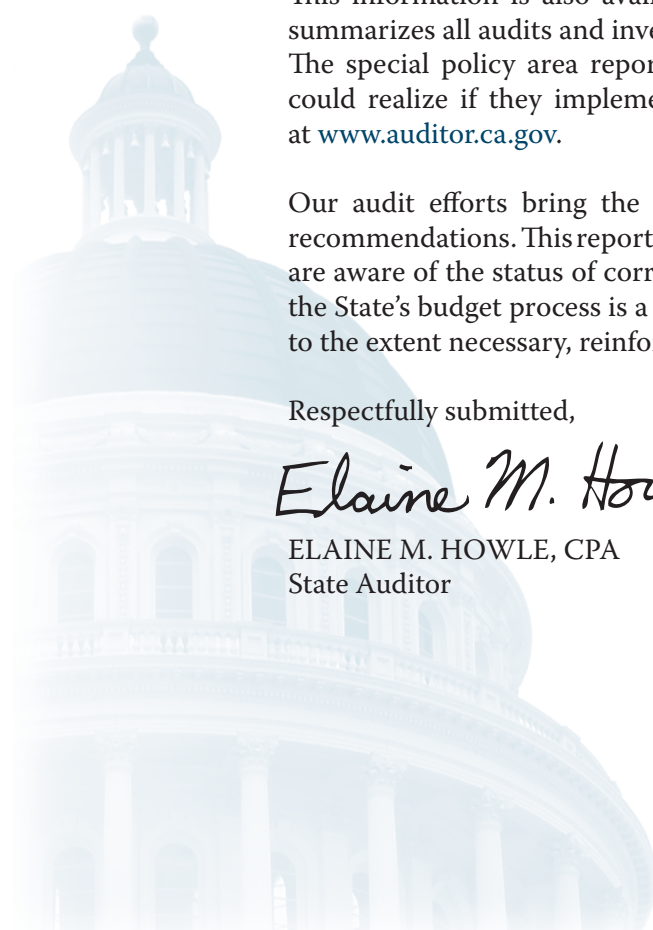
Our audit efforts bring the greatest returns when the entity acts upon our findings and recommendations. This report is one vehicle to ensure that the State's policy makers and managers are aware of the status of corrective action entities report they have taken. Further, we believe the State's budget 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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Allegation [I2009-0689]
(see summary on page 27)

Report Number I2012-1, Investigations of Improper Activities by State Agencies and Employees: *Bribery, Conspiracy to Commit Mail Fraud, Improper Overtime Payments, Improper Use of Lease Proceeds, Improper Travel Expenses, and Other Violations of State Law, April 2011 Through June 2012*

Allegation [I2010-1151]
(see summary on page 29)

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Report Number 2009-109, 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*
(see summary on page 71)

Superior Court of California, County of San Diego

Report Number 2011-121, Probationers' Domestic Violence Payments: *Improved Processes for Managing and Distributing These Payments Could Increase Support for Local Shelters*
(see summary on page 63)

Introduction

This report summarizes the major recommendations from audit and investigative reports we issued from January 2011 through December 2012 that relate to agencies and department 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 on 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, 2012. The table below summarizes the status of an entity’s implementation of our recommendations¹ 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 Inmate Employment report is listed under both the California Prison Industry Authority and the Department of Corrections and Rehabilitation.

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Recommendation Status Summary

AUDIT REPORT	FOLLOW-UP RESPONSE*				STATUS OF RECOMMENDATION				PAGE NUMBERS
	INITIAL RESPONSE	60-DAY	SIX-MONTH	ONE-YEAR	FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	PENDING	NO ACTION TAKEN	
Administrative Office of the Courts[†]									
Statewide Case Management Project Report 2010-102				●	17	4			5
Board of State and Community Corrections									
Juvenile Justice Realignment Report 2011-129		●					3	5	21
California Labor and Workforce Development Agency									
Federal Workforce Investment Act Report 2011-111			●			1			31
California Prison Industry Authority									
Inmate Employment Report 2010-118				●	5		3		35

continued on next page...

¹ This table does not include recommendations directed to the Legislature; however, we discuss the status of legislative recommendations in the body of this report.

AUDIT REPORT	FOLLOW-UP RESPONSE*				STATUS OF RECOMMENDATION				PAGE NUMBERS	
	INITIAL RESPONSE	60- DAY	SIX-MONTH	ONE-YEAR	FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	PENDING	NO ACTION TAKEN		
California Workforce Investment Board										
Federal Workforce Investment Act Report 2011-111			●			2				31
Department of Corrections and Rehabilitation										
Sex Offender Commitment Program Report 2010-116				●	1			1		39
Inmate Employment Report 2010-118				●			3			35
Correctional Offender Management Profiling for Alternative Sanctions Program Report 2010-124				●	2	2		3		43
Juvenile Justice Realignment Report 2011-129		●						1		21
Department of Justice										
Juvenile Justice Realignment Report 2011-129		●				1	1	1		21
Employment Development Department										
Unemployment Program Report 2010-112				●	4	1		4		55
Federal Workforce Investment Act Report 2011-111			●		2		2			31
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Superior Court of California, County of Los Angeles										
Probationers' Domestic Violence Payments Report 2011-121		●			2					63
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Probationers' Domestic Violence Payments Report 2011-121		●			1	3	2			63
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DATE OF LAST RESPONSE										
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Improper Travel Expenses Investigations Report I2012-1, Allegation I2009-0689	December 2012					1	1			27
False Claims, Inefficiency, Inexcusable Neglect of Duty Investigations Report I2012-1, Allegation I2010-1151	December 2012					2				29
Department of Corrections and Rehabilitation										
Improper Overtime Reporting Investigations Report I2010-2, Allegation I2007-0887	December 2010							2		47

INVESTIGATIVE REPORT	DATE OF LAST RESPONSE	STATUS OF RECOMMENDATION				PAGE NUMBERS
		FULLY IMPLEMENTED	PARTIALLY IMPLEMENTED	PENDING	NO ACTION TAKEN	
Delay in Reassigning an Incompetent Psychiatrist, Waste of State Funds Investigations Report I2010-2, Allegation I2009-0607	November 2011	3				49
Misuse of State Resources Investigations Report I2011-1, Allegation I2009-1203	November 2012	3				51
Improper Travel Expenses Investigations Report I2012-1, Allegation I2009-0689	December 2012	2				27
False Claims, Inefficiency, Inexcusable Neglect of Duty Investigations Report I2012-1, Allegation I2010-1151	December 2012		5			29
Department of Industrial Relations						
Failure to Monitor Adequately Employee's Time Reporting Investigations Report I2011-1, Allegation I2008-0902	September 2011	1				53
Employment Development Department						
Conspiracy to Commit Mail Fraud Investigations Report I2012-1, Allegation I2008-1217	October 2012	1				59

* For audits issued between January 1, 2011, and October 31, 2011, this table generally reflects the agencies' one-year response. The California State Auditor's report 2012-041, *Recommendations Not Fully Implemented After One Year, the Omnibus Accountability Act of 2006*, released in January 2013, reflects these agencies' subsequent responses.

† Sixteen of the original 37 recommendations are no longer relevant as the Judicial Council voted to halt deployment of the Court Case Management System in March 2012.

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 one-year response to the state auditor as of February 2012 and subsequent responses to provide additional context received through November 2012.

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). The AOC should update this cost-benefit analysis periodically and as significant assumptions change.

AOC's Action:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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.

AOC's Action:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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: Fully implemented.

The AOC has two artifacts for budgeting, tracking, managing, and estimating costs—the business case and the project assessment form—both developed as part of the Enterprise Methodology and Process program (enterprise program). A key component of the enterprise program is development and implementation of a standard Solution Development Life Cycle (development life cycle) that describes a phase-by-phase methodology for medium or large projects including standards, processes, and artifacts. The AOC explained that while no new medium or large projects are currently envisioned in the current budget climate, it will require that upcoming applicable maintenance and operations efforts and future projects adhere to the development life cycle.

The AOC explained that the primary purpose of development of a business case is to provide a financial justification for undertaking a project, including cost analyses for a recommended solution and for alternatives that were explored as well. According to the AOC, costs are broken out into several categories (such as hardware or software), as well as project versus ongoing costs. In addition to completing the business case, the development life cycle calls for revisiting the business case after project inception to facilitate cost management and tracking as well as to validate the accuracy of initial estimates. The development life cycle also requires a post-project review, one part of which includes an analysis of the accuracy of cost estimates and the identification of any lessons learned to improve cost management on future efforts.

The purpose of the project assessment form is to gather high-level information about the project to categorize it as small, medium, or large, based on estimated level of effort, duration, and cost. Costs are broken out into several categories (such as hardware or software), application versus infrastructure, and project versus ongoing. The project assessment form also includes costs likely to be incurred by entities external to the AOC, such as the superior courts, justice partners, and law enforcement agencies.

The AOC also explained that another key tool used for budgeting, tracking, managing, and estimating costs is its Information and Technology Services Office's (IT services office) zero-based budgeting process. The purpose of this process, according to the AOC, is to identify key needs for each project going forward while providing sufficient funding for baseline activities. The other purpose the AOC cited is to provide a budget monitoring tool for project managers throughout the fiscal year. The AOC explained that the budget projections produced through this process are also used to inform the Judicial Council, related working groups, and advisory committees. To develop, track, and monitor their budgets, the AOC indicated that each program uses information provided by its financial system, which captures all AOC allocations, encumbrances, and expenditures for IT services programs.

Additionally, the AOC stated that it uses a project portfolio management tool for weekly project reporting, one element of which includes a budget health indicator, ensuring that significant variances from initial cost estimates are identified and addressed. Formal criteria for the budget health indicator are as follows: green, the project is tracking to the approved budget; yellow, a budgetary risk has been identified for which a mitigation strategy is in place; and red, a budgetary risk has been identified for which there is no mitigation strategy in place. The AOC stated that an explanation of any yellow or red budget indicators must be provided in writing, and a justification for any indicators that were previously yellow or red but have been reset to green must also be noted.

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: Fully implemented.

The AOC has two artifacts for budgeting, tracking, managing, and estimating costs—the business case and the project assessment form—both developed as part of the Enterprise Methodology and Process program (enterprise program). A key component of the enterprise program is development and implementation of a standard Solution Development Life Cycle (development life cycle) that describes a phase-by-phase methodology for medium or large projects including standards, processes, and artifacts. The AOC explained that while no new medium or large projects are currently envisioned in the current budget climate, it will require that upcoming applicable maintenance and operations efforts and future projects adhere to the development life cycle.

The AOC explained that the primary purpose of development of a business case is to provide a financial justification for undertaking a project, including cost analyses for a recommended solution and for alternatives that were explored as well. According to the AOC, costs are broken out into several categories (such as hardware or software), as well as project versus ongoing costs. In addition to completing the business case, the development life cycle calls for revisiting the business case after project inception to facilitate cost management and tracking as well as to validate the accuracy of initial estimates. The development life cycle also requires a post-project review, one part of which includes an analysis of the accuracy of cost estimates and the identification of any lessons learned to improve cost management on future efforts.

The purpose of the project assessment form is to gather high-level information about the project to categorize it as small, medium, or large, based on estimated level of effort, duration, and cost. Costs are broken out into several categories (such as hardware or software), application versus infrastructure, and project versus ongoing. The project assessment form also includes costs likely to be incurred by entities external to the AOC, such as the superior courts, justice partners, and law enforcement agencies.

The AOC also explained that another key tool used for budgeting, tracking, managing, and estimating costs is its Information and Technology Services Office's (IT services office) zero-based budgeting process. The purpose of this process, according to the AOC, is to identify key needs for each project going forward while providing sufficient funding for baseline activities. The other purpose the AOC cited is to provide a budget monitoring tool for project managers throughout the fiscal year. The AOC explained that the budget projections produced through this process are also used to inform the Judicial Council, related working groups, and advisory committees. To develop, track, and monitor their budgets, the AOC indicated that each program uses information provided by its financial system, which captures all AOC allocations, encumbrances, and expenditures for IT services programs.

Additionally, the AOC stated that it uses a project portfolio management tool for weekly project reporting, one element of which includes a budget health indicator, ensuring that significant variances from initial cost estimates are identified and addressed. Formal criteria for the budget health indicator are as follows: green, the project is tracking to the approved budget; yellow, a budgetary risk has been identified for which a mitigation strategy is in place; and red, a budgetary risk has been identified for which there is no mitigation strategy in place. The AOC stated that an explanation of any yellow or red budget indicators must be provided in writing, and a justification for any indicators that were previously yellow or red but have been reset to green must also be noted.

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: Fully implemented.

The AOC has two artifacts for budgeting, tracking, managing, and estimating costs—the business case and the project assessment form—both developed as part of the Enterprise Methodology and Process program (enterprise program). A key component of the enterprise program is development and implementation of a standard Solution Development Life Cycle (development life cycle) that describes a phase-by-phase methodology for medium or large projects including standards, processes, and artifacts. The AOC explained that while no new medium or large projects are currently envisioned in the current budget climate, it will require that upcoming applicable maintenance and operations efforts and future projects adhere to the development life cycle.

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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: Fully implemented.

The AOC has two artifacts for budgeting, tracking, managing, and estimating costs—the business case and the project assessment form—both developed as part of the Enterprise Methodology and Process program (enterprise program). A key component of the enterprise program is development and implementation of a standard Solution Development Life Cycle (development life cycle) that describes a phase-by-phase methodology for medium or large projects including standards, processes, and artifacts. The AOC explained that while no new medium or large projects are currently envisioned in the current budget climate, it will require that upcoming applicable maintenance and operations efforts and future projects adhere to the development life cycle.

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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: Fully implemented.

The AOC has two artifacts for budgeting, tracking, managing, and estimating costs—the business case and the project assessment form—both developed as part of the Enterprise Methodology and Process program (enterprise program). A key component of the enterprise program is development and implementation of a standard Solution Development Life Cycle (development life cycle) that describes a phase-by-phase methodology for medium or large projects including standards, processes, and artifacts. The AOC explained that while no new medium or large projects are currently envisioned in the current budget climate, it will require that upcoming applicable maintenance and operations efforts and future projects adhere to the development life cycle.

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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.

The AOC explained that the Judicial Branch Technology Committee, in collaboration with working groups and advisory committees, is establishing a branch governance structure that will enable communication to the Judicial Council, the Legislature, and stakeholders. With the March 27, 2012, Judicial Council decision to halt deployment of CCMS, the AOC stated that the Judicial Council tasked the Technology Committee with overseeing the council's policies concerning technology. The AOC indicated that the Technology Committee is responsible, in partnership with the courts, to coordinate with the Administrative Director of the Courts and all internal committees, advisory committees, commissions, working groups, task forces, justice partners, and stakeholders on technological issues relating to the branch and the courts. The committee is responsible for ensuring compliance with IT policies and that specific projects are on schedule, and within scope and budget.

Further, the AOC explained that the Technology Committee will develop a governance structure for technology programs that will provide the oversight, monitoring, transparency, and accountability recommended by both the state auditor and the Judicial Council. The AOC stated that future projects will be subject to the approval of the Technology Committee.

In addition to the project oversight that the governance structure will provide after it is implemented, the AOC explained that the superior courts, the appellate courts, and the AOC are all subject to the approval from the California Technology Agency for projects with an estimated cost of more than \$5 million.

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 explained that the Judicial Branch Technology Committee, in collaboration with working groups and advisory committees, is establishing a branch governance structure that will enable communication to the Judicial Council, the Legislature, and stakeholders. With the March 27, 2012, Judicial Council decision to halt deployment of CCMS, the AOC stated that the Judicial Council tasked the Technology Committee with overseeing the council's policies concerning technology. The AOC indicated that the Technology Committee is responsible, in partnership with the courts, to coordinate with the Administrative Director of the Courts and all internal committees, advisory committees, commissions, working groups, task forces, justice partners, and stakeholders on technological issues relating to the branch and the courts. The committee is responsible for ensuring compliance with IT policies and that specific projects are on schedule, and within scope and budget.

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In addition to the project oversight that the governance structure will provide after it is implemented, the AOC explained that the superior courts, the appellate courts, and the AOC are all subject to the approval from the California Technology Agency for projects with an estimated cost of more than \$5 million.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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.

¹ According to the director of the AOC's IT services office, the one courthouse within Los Angeles County that used the civil system at the time of our review, no longer uses the system. Thus, as of the AOC's October 2012 response, the five counties that use the civil system are Orange, Sacramento, San Diego, San Joaquin, and Ventura. Fresno is the sole county that continues to use the criminal system.

AOC's Action: Partially implemented.

According to the AOC, currently the IT services office conducts weekly meetings by conference call with five superior courts that have deployed the interim civil system.² The AOC stated that the civil system support project manager facilitates these weekly meetings, which are attended by court project managers, technical analysts, and operational staff. During these meetings, the AOC explained that court representatives discuss operational issues and prioritize items for the next software release. Following established processes, any enhancements and defects exceeding a pre-defined level of effort are escalated to the governance committee for approval. In addition to these weekly meetings, the AOC indicated that it holds weekly meetings with each individual court, providing an opportunity to discuss issues specific to their court.

To further support the courts, the AOC cited metrics that are maintained to track compliance to service level agreements, as well as application performance and reliability. Over the past 12 months, the AOC asserted that there has been only one severity 1 (critical) issue recorded. The AOC stated that the interim civil system application has been extremely stable.

Regarding the future, the AOC explained that the Judicial Council Technology Committee created the Judicial Branch Technology Initiatives Working Group to address various technology issues facing the branch and to determine how the six courts that are currently using an interim system will be supported. In addition, these six courts are preparing a proposal regarding the future of the interim systems, which will address maintenance and support, governance, funding, addition of courts, hosting, and life expectancy of the case management systems.

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.

To address the needs of the courts, the AOC indicated that it works directly with the courts to address day-to-day issues and concerns with hosting data at the Technology Center, as well as extended challenges. Weekly, it meets with Technology Center staff on behalf of the courts to address any service issues.

Regarding the future, the AOC indicates that the Judicial Branch Technology Initiatives Working Group will address the question of hosting data at a court's local facilities versus central hosting at the Technology Center and make recommendations to the Judicial Council.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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:

In March 2012 the Judicial Council voted to halt deployment of CCMS; thus, this recommendation is no longer relevant.

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: Fully implemented.

The AOC stated that it uses established guidelines and a framework for graduated project oversight. The AOC explained that the oversight level will be according to the evaluation of criticality and the risk level of the project and that this will be initiated during the concept stage of the project. The AOC stated that it will also continue to operate under industry guidelines and standards of the Institute of Electrical and Electronics Engineers (IEEE) for verification and validation (V&V) activities as established in Standard 1012-2012. Independent V&V activities will be performed in accordance with the established standard's guidelines. For example, if a vendor is performing project oversight work, a separate vendor will perform the independent V&V activities. The AOC indicates that it will use independent oversight services within the review and according to the recommendations of the California Technology Agency, as required by California Government Code, Section 68511.9. Subsequent to receiving the AOC's response and for purposes of clarification, we confirmed with the AOC that it intends to implement our recommendation on any future, major IT project.

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.

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.

Juvenile Justice Realignment

Limited Information Prevents a Meaningful Assessment of Realignment's Effectiveness

REPORT NUMBER 2011-129, ISSUED SEPTEMBER 2012

This report concludes that limited information and a lack of clear goals prevent a meaningful assessment of the outcomes of juvenile justice realignment. In particular, as part of the realignment law, the Board of State and Community Corrections (board) is required to issue annual reports regarding counties' use of block grant funds. Although not specifically required by state law, we would expect the reports to allow the Legislature to make assessments regarding the outcomes of realignment. However, the board's reports are based on a flawed methodology and, therefore, should not be used for this purpose. Moreover, the board's reports could mislead decision makers about the effectiveness of realignment by making it appear that realignment has not been effective when this may not be the case. Because of the problems we identified with the board's reports, we did not use them to assess the outcomes of realignment. Instead, we attempted to use juvenile justice data from the counties as well as from the Department of Justice (Justice) and the California Department of Corrections and Rehabilitation (Corrections); however, we discovered limitations to these data that further impeded our ability to draw conclusions about realignment.

Furthermore, the realignment law did not clearly specify the goals or intended outcomes of realignment. Without clear goals, measuring whether realignment has been successful is challenging. Nonetheless, the chief probation officers of the four counties we visited all believe that realignment has been effective based on various indicators, such as a reduction in juvenile crime, new and enhanced services, and reduced state costs. In support of these assertions, we found evidence suggesting that realignment may have had positive outcomes for many juvenile offenders and thus for the State. Although these indicators are encouraging, the limited—and potentially misleading—juvenile justice data that are currently available makes any measurement of realignment outcomes arbitrary and may not fully represent the impact realignment has had on juvenile offenders and the State as a whole.

In the report, the California State Auditor (state auditor) made the following recommendations to the board, Justice, and Corrections. The state auditor's determination regarding the current status of recommendations is based on the responses from the board, Justice, and Corrections to the state auditor as of November 2012.

Recommendation 1.1—See pages 22—28 of the audit report for information on the related finding.

To ensure that it has the information necessary to meaningfully assess the outcomes of juvenile justice realignment, the Legislature should consider amending state law to require counties to collect and report countywide performance outcomes and expenditures related to juvenile justice as a condition of receiving Youthful Offender Block Grant (block grant) funds. In addition, the Legislature should require the board to collect and report these data in its annual reports, rather than outcomes and expenditures solely for the block grant.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.2.a—See pages 22—26 of the audit report for information on the related finding.

To improve the usefulness of its reports so that they can be used to assess the outcomes of realignment, the board should work with counties and relevant stakeholders, such as the committee that established performance outcome measures for the block grant, to determine the data that counties should report. To minimize the potential for creating a state mandate, the board should take into consideration the information that counties already collect to satisfy requirements for other grants.

Board's Action: No action taken.

➔ The board did not specifically address this recommendation in its response.

Recommendation 1.2.b—See pages 22—24 of the audit report for information on the related finding.

To improve the usefulness of its reports so that they can be used to assess the outcomes of realignment, if the Legislature chooses not to change the law as suggested, or if the counties are unable to report countywide statistics, the board should discontinue comparing outcomes for juveniles who receive block grant services to those who do not in its reports

Board's Action: Pending.

The board asserted that it will consider whether there are alternative approaches to present county outcome data when preparing its 2013 annual report.

Recommendation 1.3.a—See pages 28 and 29 of the audit report for information on the related finding.

To maximize the usefulness of the information it makes available to stakeholders and to increase accountability, the board should create policies and procedures that include clear, comprehensive guidance to counties about all aspects of performance outcome and expenditure reporting. At a minimum, such guidance should include specifying how counties should define when a juvenile has received a service and whether certain services, such as training, should qualify as serving juveniles.

Board's Action: Pending.

According to the board, it has begun reviewing its existing directions and forms provided to counties. Based on the outcome of this review, the board will make the needed adjustments to the guidelines prior to the counties' next reporting date in October 2013.

Recommendation 1.3.b—See pages 26—28 of the audit report for information on the related finding.

To maximize the usefulness of the information it makes available to stakeholders and to increase accountability, the board should publish performance outcome and expenditure data for each county on its Web site and in its annual reports.

Board's Action: Pending.

The board stated that county expenditures will be posted on its Web site once all county reports have been reviewed and approved. In addition, the board indicated that it will review county performance outcomes reports and explore options for reporting data for each county prior to issuing its 2013 annual report to the Legislature, but states that it does not plan to report county expenditure information in its annual reports.

Recommendation 1.3.c—See pages 29—31 of the audit report for information on the related finding.

To maximize the usefulness of the information it makes available to stakeholders and to increase accountability, the board should consider verifying the counties' data by conducting regular site visits on a rotating basis or by employing other procedures to verify data that counties submit.

Board's Action: No action taken.

The board indicated that it is exploring options to increase the staff resources available to administer the program; however, the board did not address whether it has explored options to verify counties' data that would not require an increase in staff resources.

Recommendation 1.4—See pages 31—33 of the audit report for information on the related finding.

To increase the amount of juvenile justice data the counties make available to the public, the board should work with counties on how best to report these data.

Board's Action: No action taken.

The board did not address this recommendation in its response.

Recommendation 1.5—See pages 33—35 of the audit report for information on the related finding.

To ensure the accuracy and completeness of the data the counties submit into the Juvenile Court and Probation Statistical System (JCPSS), Justice should follow its procedure to send annual summaries of the JCPSS data to the counties for review and to conduct occasional field audits of the counties' records.

Justice's Action: Partially implemented.

Justice indicated that it revised its JCPSS manual to include a description of the year-end process for assuring the accuracy of the information submitted by probation departments. The policy will require probation departments to provide written confirmation of receipt of the summary reports and to notify Justice if the probation departments detect any discrepancies. However, Justice also stated that it eliminated the requirement for it to conduct field audits on JCPSS data but provided no alternative procedure. By deleting this procedure, it is clear that Justice does not intend to take appropriate action to proactively address the issues we found with JCPSS data.

Recommendation 1.6.a—See pages 35 and 36 of the audit report for information on the related finding.

To ensure that its Automated Criminal History System (criminal history system) contains complete and accurate data related to juvenile offenders, Justice should implement a process to ensure that staff enter data correctly into the system.

Justice's Action: Pending.

Justice stated that staff has started the process of updating the reference manual to provide instructions on how to update the juvenile offender information in the criminal history system. In addition, Justice indicated that staff is working to ensure that no overlap occurs between adult and juvenile reporting.

Recommendation 1.6.b—See pages 35 and 36 of the audit report for information on the related finding.

To ensure that its criminal history system contains complete and accurate data related to juvenile offenders, Justice should implement a procedure similar to the one it employs for the JCPSS to verify the accuracy of information the counties submit.

Justice's Action: No action taken.

- ➔ According to Justice, counties are responsible for submitting accurate criminal history information. Justice indicated that staff contact counties when questions arise and more experienced staff verify the work of newer staff. However, Justice did not address whether it plans to implement any procedure to verify the accuracy of information the counties submit.

Recommendation 1.7—See pages 36 and 37 of the audit report for information on the related finding.

To increase the amount of information related to realignment and to allow stakeholders to identify the population of juvenile offenders sent directly to adult prison, Corrections should obtain complete offense dates from the courts, if possible.

Corrections' Action: No action taken.

- ➔ Although Corrections provided policies and procedures that require staff to request offense dates from the courts, none of them were created recently. Corrections' current policies are not adequate because the issue we identified occurred after Corrections' policies were already in place. Thus, Corrections needs to take additional steps, such as updating its policy manual or issuing a memo to staff, to ensure that it receives complete offense dates from the courts.

Recommendation 2.1.a—See pages 42—51 of the audit report for information on the related finding.

The Legislature should consider revising state law to specify the intended goals of juvenile justice realignment.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 2.1.b—See pages 42—51 of the audit report for information on the related finding.

To assist the Legislature in its effort to revise state law to specify the intended goals of juvenile justice realignment, the board should work with stakeholders to propose performance outcome goals to use to measure the success of realignment.

Board's Action: No action taken.

- ➔ The board did not address this recommendation in its response.

Recommendation 2.2—See pages 51—53 of the audit report for information on the related finding.

To offset potential disincentives and provide counties with a more consistent level of funding from year to year, the Legislature should consider amending the block grant funding formula. For example, the formula could be adjusted to use the average number of felony dispositions over the past several fiscal years instead of using only annual data.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 2.3—See pages 51—53 of the audit report for information on the related finding.

To ensure that counties do not maintain excessive balances of unexpended block grant funds, the board should develop procedures to monitor counties' unspent funds and follow up with them if the balances become unreasonable.

Board's Action: No action taken.

The board did not address this recommendation in its response.



California Correctional Health Care Services and Department of Corrections and Rehabilitation

Improper Travel Expenses (Case I2009-0689)

REPORT NUMBER I2012-1, CHAPTER 5, ISSUED DECEMBER 2012

This report concludes that a manager with California Correctional Health Care Services (Correctional Health Services) improperly authorized Department of Corrections and Rehabilitation (Corrections) employees to use rental cars and receive mileage reimbursements for their commutes. The manager also improperly authorized these employees to receive reimbursements for expenses they incurred near their homes and headquarters and for which Corrections inappropriately approved payment. As a result, the State paid a total of 23 employees \$55,053 in travel benefits to which the employees were not entitled.

In the report, the California State Auditor (state auditor) made the following recommendations to Correctional Health Services and Corrections. The state auditor's determination regarding the current status of recommendations is based on the responses provided to the state auditor as of December 2012.

Recommendation 1—See pages 31 through 34 of the investigative report for information on the related finding.

Correctional Health Services should provide training to the manager and supervisors involved in the claim authorization process regarding the state rules applicable to claiming travel expenses.

Correctional Health Services' Action: Pending.

Correctional Health Services reported that it was considering developing a "lesson plan" regarding state travel laws and regulations.

Recommendation 2—See pages 31 through 34 of the investigative report for information on the related finding.

Correctional Health Services should discontinue reimbursing employees for expenses claimed in violation of state regulations.

Correctional Health Services' Action: Partially implemented.

Correctional Health Services reported that to help detect any improper reimbursements and to ensure compliance with policies and procedures, it would initiate spot reviews of travel claims.

Recommendation 3—See page 35 of the investigative report for information on the related finding.

Corrections should provide training to its accounting staff regarding state regulations and the applicable collective bargaining agreements that relate to travel reimbursements.

Corrections' Action: Fully implemented.

Corrections reported that it consolidated its travel functions to a regional office composed of well-trained staff. It also stated that all new regional office employees now receive training and are provided with all pertinent policies and training manuals to perform their duties effectively.

Recommendation 4—See page 35 of the investigative report for information on the related finding.

Corrections should develop procedures to ensure that it provides accurate, clear responses when employees seek clarification of state travel rules.

Corrections' Action: Fully implemented.

Corrections reported that it allows employees to obtain answers to travel-related questions by contacting its help desk, which is staffed and supervised by employees who have received extensive training regarding travel procedures to ensure that the information provided is clear and accurate.

California Correctional Health Care Services and Department of Corrections and Rehabilitation

False Claims, Inefficiency, and Inexcusable Neglect of Duty (Case I2010-1151)

REPORT NUMBER I2012-1, CHAPTER 7, ISSUED DECEMBER 2012

This report concludes that a supervising registered nurse at the California Training Facility in Soledad (facility) falsely claimed to have worked 183 hours of regular, overtime, and on-call hours that would have resulted in \$9,724 of overpayments. However, because staff at the facility's personnel office made numerous errors in processing the nurse's time sheets, the State ultimately overpaid the nurse \$8,647. In addition, the nurse's supervisor neglected her duty to ensure that the nurse's time sheets were accurate, thus facilitating the nurse's ability to claim payment for hours she did not work. The nurse returned to work at the facility in July 2012 after nearly a two-year absence on medical leave but left again after only one month. Personnel staff at the facility reported that they have begun the process to collect the overpayments identified in this report.

In the report, the California State Auditor (state auditor) made the following recommendations to California Correctional Health Care Services (Correctional Health Services) and the Department of Corrections and Rehabilitation (Corrections). The state auditor's determination regarding the current status of recommendations is based on responses to the state auditor as of December 2012.

Recommendation 1—See pages 43 and 44 of the investigative report for information on the related finding.

Corrections should collect all of the improper payments the State made to the nurse and seek corrective action for the time the nurse falsely claimed to work.

Corrections' Action: Partially implemented.

Corrections reported that its office of internal affairs has approved a request to investigate the nurse's actions. Corrections' legal counsel is reviewing the documents obtained from the state auditor. If the facility sustains the misconduct and imposes a penalty, it expects to serve the adverse action by March of 2013.

Recommendation 2—See pages 45 and 46 of the investigative report for information on the related finding.

Corrections should provide training to the supervisor related to timekeeping requirements and the proper procedures for taking disciplinary actions.

Corrections' and Correctional Health Services' Actions: Partially implemented.

Corrections reported that it issued a memorandum that required its wardens and chief executive officers to ensure on-the-job training regarding timekeeping requirements is provided to all staff, including supervisors and managers within 45 days of the issuance of the memorandum. Both departments completed the training on November 30, 2012. Training on disciplinary actions is still pending.

Recommendation 3—See pages 45 and 46 of the investigative report for information on the related finding.

Corrections and Correctional Health Services should seek corrective action for the supervisor's failure to monitor and discipline the nurse adequately.

Corrections' and Correctional Health Services' Actions: Partially implemented.

Corrections reported that it issued a letter of expectation to the supervisor regarding the nurse's time sheets. It also issued a letter of instruction to the supervisor regarding her approval of the nurse's March, June, and July 2010 time sheets. Lastly, Corrections and Correctional Health Services reported that they completed a performance appraisal summary and individual development plan for the supervisor identifying improvements needed in supervising the work of others and personnel management practices. Corrections is considering taking additional disciplinary actions against the supervisor.

Recommendation 4—See pages 44 and 45 of the investigative report for information on the related finding.

Corrections should provide training to the facility's personnel office staff related to the application of the terms of the collective bargaining agreements for medical staff, the processing of docked pay, and the processing of on-call hours.

Corrections' Action: Partially implemented.

Corrections reported that it has and will continue to send all personnel specialists to training provided by the State Controller's Office. In addition, it stated that the facility's personnel supervisors met with all of its personnel specialist and trained them on docking employees, bargaining unit contracts, and the rules and regulations for on-call hours. The state auditor has not yet received evidence that the training occurred.

Recommendation 5—See pages 44 and 45 of the investigative report for information on the related finding.

Corrections should implement additional controls within the facility's personnel office to ensure that supervisors regularly monitor and review their staff's processing of time sheets.

Corrections' Action: Partially implemented.

Corrections reported that it will conduct supervisory audits of personnel specialists' time sheet files to ensure the integrity of its time and attendance reporting. However, Corrections did not specify how supervisory audits will ensure that all time sheets are processed correctly.

Federal Workforce Investment Act

More Effective State Planning and Oversight Is Necessary to Better Help California's Job Seekers Find Employment

REPORT NUMBER 2011-111, ISSUED MARCH 2012

This report concludes that the California Workforce Investment Board (state board) has failed to develop a strategic workforce plan for California, as required by state law since 2006. In addition, the state board has failed to maintain a majority of members who represent businesses throughout the State, a situation that violates the requirements of the federal Workforce Investment Act of 1998 (WIA) and that may prevent the state board from making recommendations that adequately represent California's business community. Finally, although it has been developing relationships with other entities in an effort to improve the statewide workforce investment system, the state board does little to ensure the nonduplication of services that program participants receive because it did not begin reviewing the local boards' plans until program year 2011 (the U.S. Department of Labor's (Labor) program year runs from July 1 through June 30), and its review did not include steps to identify unnecessary duplication of services. To review the local boards' plans and the activities funded by WIA, the state board needs performance measures and data from workforce investment activities around California. The Employment Development Department (EDD) could not provide those entities involved in workforce investment programs and activities with sufficient data to develop performance measures specifically for California because the primary function of its Job Training Automation system and its new Web-based system is to meet federal reporting requirements. In addition, because EDD did not always demonstrate its compliance with WIA provisions when awarding a certain type of funding to local boards and a community-based organization, it increased the State's risk of possibly losing WIA funding. Finally, EDD is not maximizing the federal funding opportunities available for workforce investment, and thus it is not availing itself of additional funds the State can use to help job seekers obtain employment. We noted six missed opportunities for federal grants that could have provided up to \$10.5 million in additional funds for the workforce investment efforts of the State.

In the report, the California State Auditor (state auditor) made the following recommendations to the Legislature, the California Labor and Workforce Development Agency (labor agency), the state board, and EDD. The state auditor's determination regarding the current status of recommendations is based on responses from the labor agency, the state board, and EDD to the state auditor as of October 2012.

Recommendation 1.1—See pages 19—21 of the audit report for information on the related finding.

To ensure that the state board promptly develops a strategic workforce plan, the Legislature should consider amending the pertinent statutes to establish a due date for the plan.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.2—See pages 23—30 of the audit report for information on the related finding.

To comply with WIA requirements for state boards, the Legislature should consider amending the pertinent statutes to clarify the roles and responsibilities of the state board and EDD.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.3—See pages 22 and 23 of the audit report for information on the related finding.

To make certain that the state board meets the WIA requirement that a majority of the members are representatives of California businesses, the labor agency should continue working with the Governor's Office to identify and appoint a sufficient number of business representatives to the state board as soon as possible.

Labor Agency's Action: Partially implemented.

The labor agency stated that the governor has made numerous appointments to the state board and that the governor was considering more appointments. Further, according to the state board's chief of operations, four more appointments are still needed to be made to achieve the 51 percent business majority. He also stated that the state board's executive director was working with the labor agency's secretary and the Governor's Office to make these appointments as soon as possible.

Recommendation 1.4.a—See pages 19—21 of the audit report for information on the related finding.

To assist the governor in the development, oversight, and continuous improvement of California's workforce investment system, the state board should collaborate with state and local workforce investment partners to promptly develop and implement a strategic workforce plan as state law requires. The strategic plan should include, at a minimum, the following elements: clear roles and responsibilities pertaining to the state board, EDD, and other state and local workforce partners; clear definitions for terminology used in the strategic plan, such as *quality services*; performance measures that are specific to California for evaluating the efficiency and effectiveness of WIA-funded programs and activities; and procedures for approving the addition of data elements to EDD's Web-based system and for the exchange of data between EDD and the state board to facilitate the development and implementation of performance measures that are specific to California.

State Board's Action: Partially implemented.

According to the labor agency, it intends to submit a revised strategic workforce plan to Labor before April 1, 2013. Furthermore, the state board stated that it was continuing to discuss with EDD the procedures for incorporating additional data elements. It indicated that by early 2013, the state board and EDD will finalize the additional data elements that local one-stop staff will be required to complete and will finalize the specific reports the state board will need to evaluate the quality and effectiveness of the program.

Recommendation 1.4.b—See pages 23—26 of the audit report for information on the related finding.

To assist the governor in the development, oversight, and continuous improvement of California's workforce investment system, the state board should continue to exercise its legal authority to review the local boards' plans to, among other things, assure the coordination and nonduplication of services to program participants.

State Board's Action: Partially implemented.

The state board stated that it is taking the lead role in establishing the content of the local plans and in communicating its expectations as part of the review and approval process to ensure that local plans are consistent with the state board's vision and goals for California's workforce investment system. It also stated that once Labor approves the integrated strategic workforce development plan, the state board will work with EDD to issue a directive outlining the required contents of the local plans as well as the state board's new role as the reviewer and approver of these plans.

Recommendation 1.5—See pages 26—30 of the audit report for information on the related finding.

To assist the state board and other workforce investment partners in the development and implementation of state-specific performance measures, EDD should ensure that it works with the state board to develop procedures for approving the addition of data elements to its Web-based system and for the exchange of data between EDD and the state board.

EDD's Action: Pending.

According to the EDD, it convened preliminary meetings with the state board to ensure that procedures are put in place for considering and approving the collection of additional data elements. EDD also stated that after Labor approves the integrated strategic workforce development plan, EDD will develop and disseminate new procedures in collaboration with the state board and its staff that will allow for the identification of possible new state performance measures and the sharing of additional information with the state board and other stakeholders.

Recommendation 1.6—See pages 30 and 31 of the audit report for information on the related finding.

To comply with WIA requirements and eliminate the State's risk of losing funds, EDD should ensure that it awards rapid-response funding for additional assistance only to local boards or community-based organizations that demonstrate that their local areas experience natural disasters, mass layoffs, plant closings, or other dislocation events when such events substantially increase the number of unemployed individuals.

EDD's Action: Pending.

EDD stated that it convened preliminary meetings with the state board to ensure that state policy is consistent with federal rules and to refine its application procedures to ensure that it awards additional assistance funding only to local boards or community-based organizations for local areas that experience natural disasters, mass layoffs, plant closings, or other dislocation events when such events substantially increase the number of unemployed individuals. EDD also stated that work on the policy has been delayed pending approval by Labor of the integrated strategic workforce development plan.

Recommendation 1.7.a—See pages 32—35 of the audit report for information on the related finding.

To ensure that the State maximizes federal funding opportunities related to workforce investment, EDD should update its written policy to include, at a minimum, the following procedures: the methods it will use to identify federal grant opportunities, the factors it will consider in its decision to pursue or forego applying for these grants, and the process by which it will document its final decision to either pursue or forego the grant opportunity.

EDD's Action: Fully implemented.

EDD established grant recommendation procedures to ensure it sufficiently documents the steps taken, factors considered, and decisions made regarding grant opportunities.

Recommendation 1.7.b—See pages 32—35 of the audit report for information on the related finding.

To ensure that the State maximizes federal funding opportunities related to workforce investment, EDD should implement the updated policy as soon as practicable.

EDD's Action: Fully implemented.

EDD indicated that its grant recommendation procedures have been implemented since at least April 2012.

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 May 2012.

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 clarifications we received from Corrections in August 2012 regarding its May 2012 response, it intends to release a policy memorandum to provide direction to field staff about entering offender data into CalParole, which will include detail on the integrity of employment information. This policy memorandum shall establish a statewide standard relative to data entry to CalParole, including ramifications for staff noncompliance with this standard. In August 2012 Corrections stated that the policy was under review and would be released upon executive approval. In addition to the policy memorandum, CalParole has been upgraded to include employment status fields. As a result, Corrections stated that the new Parole Performance Index (PPI), a tool used to monitor data input within CalParole, is now capable of extracting the necessary employment status data from CalParole for data analysis and reporting purposes.

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 it developed the PPI as a secondary monitoring tool for parole agent supervisors to ensure data input to CalParole is correct. Further, Corrections stated that it will release a policy memorandum outlining the use of the PPI. The policy memorandum is to include instruction for managers to audit the frequency and quality of CalParole updates. According to Corrections, coupled with a supervisory file review, the PPI will serve to assist supervisors in monitoring the integrity of data within CalParole. Corrections stated that the policy memorandum is complete and ready to be released, however, it has encountered a technical issue with the electronic user guide, which it referred to the software developer for resolution. According to Corrections, the policy memorandum will be immediately released to all Division of Adult Parole Operations (Parole) staff once this technical issue is resolved.

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.

Corrections' 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. It expects to complete these modifications by the middle of 2013. Also, according to Corrections, upon full implementation of the parole modules in mid-2013, SOMS will provide the ability for Parole supervisors to conduct case reviews electronically. SOMS will be implemented for all Parole field and office staff statewide, and will require use of SOMS as the system of record for all parole information. As a result, Corrections stated that SOMS will replace 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.

According to clarifications we received from CALPIA in August 2012 regarding its May 2012 response, the Prison Industry Board approved its proposed inmate hiring and assignment criteria in April 2012. CALPIA stated that it filed the regulations with the Office of Administrative Law in May 2012. It estimates the regulations will become effective by December 2012 after the completion of the comment period and response to any public comments.

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 action 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. CALPIA indicated that it is utilizing the Washington State Institute for Public Policy's report titled, *The Comparative Costs and Benefits of Programs to Reduce Crime* as a foundation for the calculation's methodology. CALPIA estimates that it will complete the recidivism cost savings calculation study by October 1, 2012, assuming its exemption request to keep the student assistants is approved. 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.

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)¹ 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 July 2012 and August 2012, respectively.

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: Fully implemented.

Mental Health has completed database enhancements that will enable it to track more specific information related to victims, offenders, offenses, clinical screening outcomes, and evaluation outcomes.

¹ As of July 1, 2012, the Department of Mental Health became the Department of State Hospitals.

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: No action taken.

- ➔ Although Mental Health indicates that referrals from Corrections have declined, it did not specify any actions taken to revise the structured screening instrument. Mental Health stated that referral efficiencies have been realized through the implementation of Assembly Bill 109 and that referrals from Corrections for January through June 2012 were significantly lower than in previous years. Mental Health stated that it now agrees that all of the referrals received from Corrections require review by Mental Health staff.

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 the State Authorized Risk Assessment Tool for Sex Offenders (STATIC-99R) to assess the risk that an offender will reoffend.

Corrections' Action: No action taken.

- ➔ Although Corrections explored what additional screening it could do before making referrals to Mental Health, it chose not to implement any of the changes we recommended to its referral process. Corrections stated that it has determined that the STATIC-99 scores should continue to be part of the Mental Health clinical evaluation and should not be used by Corrections to screen out a case prior to referral to Mental Health for evaluation. Corrections also stated that due to the Public Safety Realignment Act, Corrections no longer receives parole violators. Corrections stated that it and its Board of Parole Hearings will review previous screening results and refer the case to Mental Health. Corrections and its Board of Parole Hearings stated that it believes that Mental Health is better qualified to determine whether the current offense would alter a prior determination based on a clinical evaluation of the current offense and its possible physiological connectedness with the previous sex offense.

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: Fully implemented.

Corrections provided a memorandum issued in August 2011 adjusting its timelines and transmittal methods for SVP cases. Corrections also implemented a new database for tracking SVP cases and indicated that it tracks referral dates to its Board of Parole Hearings and Mental Health. Additionally, Corrections stated that the number of cases referred to Mental Health has decreased significantly as a result of Public Safety Realignment. Corrections provided a report from its tracking system showing a reduction in referrals to Mental Health.

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: Partially implemented.

Mental Health stated that it is moving forward with a regulation that would allow it to seek the opinion of a fourth evaluator only when a third evaluator concludes that the offender meets the SVP criteria when resolving a difference of opinion between the two initial evaluators. As of August 2012 Mental Health states that its legal office is reviewing the final documents for submission to the Office of Administrative Law.

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 Board² (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.

According to Mental Health, it received approval for the SVP Evaluator classification from the SBP in March 2012 and began immediate recruitment. Although Mental Health reported that it expects to fill 35 evaluator positions by the end of July 2012, it did not provide documentation to show how many have been hired so far. Additionally, Mental Health provided documentation to show it is continuing efforts to provide training to its consulting psychologists to conduct evaluations and asserted that all existing consulting psychologists have received the training. However, it has not yet provided us with the documentation we requested to demonstrate who attended the training.

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: Pending.

Mental Health stated that it submitted to the Legislature a combined report on its efforts to hire state employees to conduct evaluations for the periods of July 2011 and January 2012 and that it is updating the data contained in the report regarding the impact of Jessica's Law. However, Mental Health has not provided us with copies of those reports.

² On July 1, 2012, the State Personnel Board and the Department of Personnel Administration were combined to create the California Department of Human Resources.

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 September 2012.

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: No action taken.

Corrections stated that it does not agree with our recommendation to temporarily suspend its use of COMPAS. During the audit, we had noted that COMPAS did not play a significant role when deciding where inmates should be housed, and by extension, the rehabilitative programs they receive at those prison facilities. Instead, Corrections' staff more frequently considered other factors, such as an inmate's security level and available bed space.

Corrections has not suspended its use of COMPAS and has not developed regulations that are responsive to our recommendation. In May 2012 Corrections adopted emergency regulations that defined COMPAS and required its use for those inmates entering the correctional system and those undergoing their annual reviews. Further, the emergency regulations require Corrections' staff to use COMPAS assessments when determining the inmate's placement into rehabilitative programs.

However, the regulations do not clarify how COMPAS results will be acted upon given the importance of other inmate factors. As a result, it remains unclear if COMPAS will meaningfully influence inmate placement in rehabilitative programs. Finally, Corrections' parole staff acknowledged that they have not developed regulations defining the appropriate use of COMPAS for those beginning parole.

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 did not provide a plan or methodology for considering whether inmates enrolled in rehabilitative programs as a result of COMPAS had lower recidivism rates once released. Corrections indicated that it plans to provide some information on recidivism rates for those receiving a COMPAS assessment sometime in the fall of 2012. Finally, Corrections' response did not indicate that it communicated with the Legislature regarding how it plans to measure COMPAS' 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: No action taken.

- ➔ Corrections provided employee sign-in sheets as evidence that it provided training to certain correctional staff, along with examples of the material provided at these training sessions. These training materials are primarily related to conducting COMPAS assessments and thus it does not appear that the training helps ensure that COMPAS plays a more prominent role in inmate decision making and that Corrections' staff has a better understanding of how to use COMPAS now than they did at the time of our audit.

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: Partially implemented.

According to Corrections, it has completed an initial draft of the site visit process and a final version will be prepared for executive review. In addition, Corrections reported that it has completed an initial draft of a weekly COMPAS report that will outline issues identified during the site visits and is soliciting feedback on the report from staff. However, Corrections did not provide any evidence to corroborate its assertions.

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.

Corrections asserts that it has fully implemented this recommendation, but we disagree. Corrections indicates that it provides monthly data reports that show the number of inmates with medium to high needs—based on a COMPAS assessment—that are in rehabilitative programs, citing evidence it provided to us during an earlier response. Although we saw at one time Corrections tracked whether inmates in its substance abuse program had medium or high COMPAS scores, Corrections did not provide evidence to demonstrate that this practice is still taking place for both its substance abuse and other rehabilitative programs. Further, Corrections did not provide evidence that it was using COMPAS scores to determine which rehabilitative programs are needed the most and where.

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: Fully implemented.

Corrections has modified its project management manual to require those responsible for information technology projects to obtain an accounting code—referred to as a functional area code—from Corrections' budget and accounting staff. Corrections provided us with revisions to its policy manuals and cost-tracking tools to demonstrate it had implemented our recommendation.

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 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—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 report 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 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 2012.

Recommendation 1.a—See pages 15—17 of the investigative report for information on the related finding.

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: Fully implemented.

Corrections reported that in January 2011 the chief psychologist voluntarily demoted to a staff psychologist position. In addition, Corrections 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. In February 2012 Corrections formally reprimanded the former chief psychologist.

Recommendation 1.b—See pages 15—17 of the investigative report for information on the related finding.

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 his or her 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 his or her work schedule.

Recommendation 1.c—See pages 15—17 of the investigative report for information on the related finding.

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, is working during specified hours of duty.

Corrections' Action: Partially implemented.

Corrections issued a memorandum to staff and created an operating procedure that outlined the requirement for staff to complete requests for leave or notify a supervisor when leaving work early. It also indicated that its staff is required to use sign-in and sign-out sheets, and that supervisors check the sheets and compare them with approved time-off calendars. However, Corrections' actions will not fully ensure that psychology staff is working during specified hours of duty. For instance, the use of sign-in and sign-out sheets relies heavily on the truthfulness and accuracy of the information that each employee reports on the sheets, which limits the reliability of this control. In addition, it has not formally documented in a policy, procedure, or otherwise the supervisors' responsibilities to monitor the sign-in and sign-out sheets and compare them to attendance reports.

Department of Industrial Relations

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

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

This report 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 the report, the California State Auditor (state auditor) made the following recommendation to Industrial Relations. The state auditor's determination regarding the current status of the recommendation 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 on the related finding.

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.

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 (Technology Agency).¹ 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 March 2012, the Technology Agency's response as of March 2012, and a letter report dated November 13, 2012, that presents a follow-up review conducted by the state auditor concerning the department's progress in implementing the recommendations.

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: Fully implemented.

The department's 2012 State Quality Service Plan (quality plan), which serves as the principal vehicle for planning, recording, and managing its unemployment program's efforts to strive for excellence in service, includes corrective actions to address federal timeliness measures for promptly issuing initial unemployment payments and making nonmonetary determinations of claimant's eligibility for benefits.

¹ 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.

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: Fully implemented.

The department's quality plan for 2012 now has corrective actions with related milestones.

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: No action taken.

- ➔ Although the department has now established corrective action plans with related milestones, it has not created ways to measure how those actions affect the department's performance. Specifically, even though the federal labor department approved the department's 2012 quality plan, we noted that the plan still does not include specific performance targets or benchmarks related to its 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: No action taken.

- ➔ During our follow-up review the department informed us of four projects it had undertaken related to this recommendation. However, it did not provide any analyses of data from its new phone system that led to these efforts, nor did the documents the department provided identify any measurable goals for reducing call volume. Moreover, even though our follow-up review found that millions of callers continue to have difficulty accessing the department's new phone system and its agents and the number and percentage of blocked calls remain high, the department has not developed any specific goals related to reducing its blocked call rate.

Recommendation 1.2.b—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 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: No action taken.

The department has not used information from the new phone system to evaluate the effectiveness of its self-service options or to target its efforts to reduce call volume. Although the phone system contractor maintains the voice response system data in a database it manages and the department has access to this information through standard reports, the department did not use this information to address our recommendation. In addition, the contractor exports this information to an external unemployment insurance program database from which the department can access the information through custom reports it can create. However, based on a request for information from the external database we made during our follow-up review, the department determined a significant amount of data was missing from the external database; thus, the department could not have accurately evaluated its self-service options using this database.

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: Fully implemented.

The federal labor department certified the department's application for incentive funds in June 2011 and the department received a maximum transfer of \$839 million in July 2011. In July 2012 the department reported to the Legislature that it had successfully implemented the alternate base period and that it had processed 1,767 valid claims for the alternate base period as of May 12, 2012, which we verified.

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 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.

Technology Agency's Action: Fully implemented.

According to its one-year response, the Technology Agency monitored monthly project status reports and project schedules and met with the department bi-weekly to review progress, issues, and risks specific to the Alternate Base Period project.

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: Fully implemented.

The department reported that it had made corrections to the database to ensure that data fields are validated and to prevent blank or empty fields. Our follow-up review assessed the data in the streamline database, and the department appears to have corrected the issues we initially identified.

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: Partially implemented.

According to its one-year response, the department is using a weekly report to track the number of and reasons for its self-arranged training determinations, and it started doing so with data from the week ending July 9, 2011. During our current review, we found that although the department reports that it now tracks the information, it has not yet used it to develop recommendations for the report it must submit in 2016.

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 60-day, six-month, or one-year response. In our follow-up review the program analysis and evaluation section chief stated the department has not tracked the number of these claimants because doing so would be labor-intensive and time-consuming and the reporting unit that would be responsible for the tracking is short-staffed.

Employment Development Department

Conspiracy to Commit Mail Fraud (Case I2008-1217)

REPORT NUMBER I2012-1, CHAPTER 2, ISSUED DECEMBER 2012

This report concludes that a former Employment Development Department (EDD) accounting technician and two accomplices committed and were convicted of conspiracy to commit mail fraud for executing a scheme to redirect unemployment insurance (unemployment) benefits from the State to ineligible recipients. Through falsifying a bankrupt company's wage information regarding laid-off employees, the accounting technician enabled her two coconspirators to file unemployment claims for benefits to which they were not entitled. During the duration of the scheme, from August 2008 through October 2010, the two accomplices used the U.S. mail to receive \$92,826 in unemployment claims on wages they did not earn. The accounting technician and one of her accomplices were sentenced to serve time in federal prison. The second accomplice was sentenced to three years of probation.

In the report, the California State Auditor (state auditor) made the following recommendation to EDD. The state auditor's determination regarding the current status of the recommendation is based on EDD's response to the state auditor as of October 2012.

Recommendation 1—See pages 13—15 of the investigative report for information on the related finding.

To minimize the potential for unauthorized changes to employers' wage information, EDD should strengthen its controls surrounding employees' access and authorization to change data for companies reporting employment information used in EDD's unemployment system.

EDD's Action: Fully implemented.

EDD reported that it created a new daily transaction report to alert managers when changes are made to employment records. Most importantly, this report identifies changes made to names, social security numbers, or wage records on the unemployment system by EDD employees when no business need for such changes appears to exist. Finally, this new report provides managers with a tool to monitor transactions performed by accounting technicians.

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 July 2012.

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, it expects to have the recommendation fully implemented by the end of 2012.

Probationers' Domestic Violence Payments

Improved Processes for Managing and Distributing These Payments Could Increase Support for Local Shelters

REPORT NUMBER 2011-121, ISSUED SEPTEMBER 2012

This report concludes that improved processes for managing and distributing payments collected from individuals convicted of crimes of domestic violence and sentenced to probation (probationers) could increase support for local shelters. Our review of 135 domestic violence cases in four California counties—Los Angeles, Sacramento, San Diego, and Santa Clara—over a four-year period revealed that individual courts and county agencies use varying methods for collecting the payments required of probationers. Of the cases we evaluated, many of the amounts initially assessed against probationers were not collected, although collections in some counties were higher than others. Moreover, our review of the distribution of funds from the payments identified several issues that reduced the amount of funding available to local shelters. Specifically, Santa Clara County had a fund balance that grew to \$715,000 in undistributed domestic violence funds. Sacramento County accumulated a large balance equivalent to 20 months of disbursements. Further, counties and courts inaccurately distributed the state and county shares of their domestic violence funds leading them, in some instances, to misdirect funds that they should have distributed to local shelters. When county agencies and courts do not collect or distribute all available domestic violence funds, local shelters may not be able to provide as many services to victims of domestic violence as they otherwise would. Finally, we identified several other issues that can affect these payments and that may require legislative clarification.

In the report, the California State Auditor (state auditor) made the following recommendations to Los Angeles County, the Los Angeles County Superior Court (Los Angeles Court), Sacramento County, San Diego County, the San Diego County Superior Court (San Diego Court), Santa Clara County, and the Legislature. The state auditor's determination regarding the current status of recommendations is based on the entities' responses to the state auditor as of November 2012.

Recommendation 1.1.a—See pages 24—28 of the audit report for information on the related finding.

To ensure consistent assessment, collection, and allocation of domestic violence payments, the Legislature should consider clarifying whether it intends for the domestic violence payment to be a fine or a fee and, similarly, whether collections entities should allocate the domestic violence payment to the payment priority category known as *finer and penalty assessments* or whether the payments belong in the *other reimbursable costs* category.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012, to clarify these matters. However, shortly after our audit report was issued, Chapter 511, Statutes of 2012 (Assembly Bill 2094), was enacted. Among other things, it increases the minimum payment from \$400 to \$500. Further, if the court reduces or waives the payment at its discretion, the court is required to state the reason on the record.

Recommendation 1.1.b—See pages 25—28 of the audit report for information on the related finding.

To ensure consistent assessment, collection, and allocation of domestic violence payments, the Legislature should consider clarifying whether collections that belong in the *other reimbursable costs* category should be prorated among all assessments in that category.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.1.c—See pages 28 and 29 of the audit report for information on the related finding.

To ensure consistent assessment, collection, and allocation of domestic violence payments, the Legislature should consider clarifying whether collections entities have the authority to continue pursuing collection of domestic violence payments once an individual's term of probation expires.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.1.d—See pages 29—31 of the audit report for information on the related finding.

To ensure consistent assessment, collection, and allocation of domestic violence payments, the Legislature should consider clarifying whether allowable administrative costs apply to all funds in a county's special fund.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.1.e—See pages 29—31 of the audit report for information on the related finding.

To ensure consistent assessment, collection, and allocation of domestic violence payments, the Legislature should consider clarifying how counties should calculate allowable administrative costs. Specifically, the Legislature should indicate whether counties should base their calculations on the balance of the special fund or deposits into that fund.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 1.2—See pages 20 and 21 of the audit report for information on the related finding.

San Diego Court should ensure that procedures are in place so that courts do not reduce or waive domestic violence payments for reasons other than a probationer's inability to pay.

San Diego Court's Action: Partially implemented.

San Diego Court indicated that court administration discussed the audit findings with the court's judicial leadership. According to San Diego Court, the San Diego criminal justice community has approached the problem of domestic violence collaboratively over the years and has consistently urged the court to treat the completion of the mandatory counseling and treatment as a priority. Further, it explained that the prosecution and defense routinely agree to use a financial incentive-based approach to help ensure the defendant's timely completion of the 52-week Domestic Violence Recovery Program. It indicated that due to the audit findings, San Diego Court is now aware of the conflict that this plea-bargained, or agreed-upon, approach has created, especially in light of the effort to increase collection of the domestic violence fund fees. According to San Diego Court, its judicial leadership has indicated that it will embark on an effort to address the issues with its criminal justice partners, which are both the prosecution and defense bar.

Recommendation 1.3.a—See pages 21—23 of the audit report for information on the related finding.

To ensure that it is accurately setting up accounts and to ensure that probationers are not paying more fines and fees than are applicable, San Diego Court should include on the orders issued at sentencing the breakdown of all fines and fees owed.

San Diego Court's Action: Pending.

According to San Diego Court, staff are working to amend its change-of-plea form to list each fee and fine and to include a space for the amount of each. The court expects to have the changes approved and implemented by January 2013.

Recommendation 1.3.b—See pages 21—23 of the audit report for information on the related finding.

To ensure that it is accurately setting up accounts and to ensure that probationers are not paying more fines and fees than are applicable, San Diego Court should use the guidelines in place at the time of sentencing for those convicted of domestic violence crimes when it establishes accounts for payments.

San Diego Court's Action: Partially implemented.

San Diego Court indicated that accounting staff, who open accounts receivable, are now opening accounts on domestic violence cases at the time of sentencing, even if the fines have been stayed pending completion of a program, rather than waiting until the fines and fees become due. According to San Diego Court, the accounting staff are using current sentencing guidelines to ensure proper allocation of fines and fees. Further, San Diego Court explained that for older cases on which the fines and fees were stayed and an account has not yet been opened, staff are opening the accounts receivable as the stays are lifted and the fines and fees become due. It is working to create tools for staff to clearly show the proper allocations for the applicable sentencing dates. San Diego Court expects that full implementation will be complete no later than January 2013.

Recommendation 2.1—See page 41 of the audit report for information on the related finding.

The Legislature should consider clarifying whether it intends for collections entities to base the percentage of domestic violence payment revenue distributed to the State and county on statutes in effect at the time of sentencing or at the time the probationer makes a payment.

Legislative Action: Unknown.

The state auditor is not aware of any action taken by the Legislature as of December 18, 2012.

Recommendation 2.2—See pages 35—38 of the audit report for information on the related finding.

Santa Clara County should implement a process to distribute funds regularly to domestic violence shelters.

Santa Clara County's Action: Partially implemented.

Santa Clara County developed a process for annually distributing funds to domestic violence shelters, which includes an annual Request for Statements of Qualifications to certify any domestic violence shelter providers to receive funding for the next fiscal year. According to Santa Clara County, the fund distribution will be based on a formula that has been developed by the county with input from the shelter providers. Santa Clara County indicated that it will begin using this process for funds distributed during fiscal year 2013–14.

Recommendation 2.3.a—See pages 38 and 39 of the audit report for information on the related finding.

Sacramento County should finalize work with the State Controller's Office on correcting the county's overpayment of domestic violence funds to the State.

Sacramento County's Action: Fully implemented.

Sacramento County stated that it had completed the corrections to its distributions for the full three-year period, excluding the eight months in 2010 where there were no overpayments. It indicated that the final corrections totaled \$45,036 for these years. Sacramento County made the adjustments during its July 2012 and August 2012 distributions to the State.

Recommendation 2.3.b—See pages 38 and 39 of the audit report for information on the related finding.

Sacramento County should implement the process developed for reviewing statutes that affect domestic violence payment collection and distribution practices in order to prevent overpayment of domestic violence funds in the future.

Sacramento County's Action: Fully implemented.

Sacramento County established a policy for reviewing statutes that affect domestic violence payment collection and distribution practices. This policy requires Sacramento County to review all statutes related to the distribution of fines each December using the State of California's Legislative Information Web site.

Recommendation 2.4.a—See pages 39—41 of the audit report for information on the related finding.

Los Angeles County, San Diego County, San Diego Court, and Santa Clara County should determine the magnitude of the misdirected domestic violence funds.

Los Angeles County's Action: Fully implemented.

Los Angeles County determined that its Probation Department overdistributed \$12,620 to the county for the period January through August 2010 and overdistributed \$883 to the State from August 2010 through June 2012. These adjustments net to a total of \$11,737 that it overpaid the county.

San Diego County's Action: Fully implemented.

San Diego County indicated that it reviewed and reconciled its records for all distributed funds and calculated that it underpaid the State \$4,300.

San Diego Court's Action: Fully implemented.

San Diego Court stated that it reviewed the domestic violence fund revenue distributions for the four court divisions with particular emphasis placed on distributions beginning in January 2010 and going forward since the audit report noted discrepancies within the central division during this period. After the review, San Diego Court calculated an overall net overpayment of \$203 to the State for the period January 2010 through October 2012 for all four divisions.

Santa Clara County's Action: Partially implemented.

According to Santa Clara County, its Department of Revenue is currently testing programming changes necessary to correct the 482 cases that make up the overpayment to the State. Santa Clara County anticipated these changes would be ready by the end of November 2012.

Recommendation 2.4.b—See pages 39—41 of the audit report for information on the related finding.

Los Angeles County, San Diego County, San Diego Court, and Santa Clara County should consult with the State Controller's Office to determine what action should be taken to correct the domestic violence funds that were misdirected in prior fiscal years.

Los Angeles County's Action: Fully implemented.

In October 2012 Los Angeles County submitted an adjustment of the \$11,737 that it overpaid the county.

San Diego County's Action: Fully implemented.

San Diego County offset county collections received in its regular disbursements in July, August, and September 2012 to adjust for the \$4,300 that it underpaid the State.

San Diego Court's Action: Pending.

San Diego Court indicated that its accounting staff will make an adjustment in December 2012 to correct the net overpayment to the State.

Santa Clara County's Action: Partially implemented.

Santa Clara County indicated it has contacted the State Controller's Office and will correct the prior distributions once it completes its testing of necessary programming changes.

Recommendation 2.4.c—See pages 39—41 of the audit report for information on the related finding.

Los Angeles County, San Diego County, San Diego Court, and Santa Clara County should improve protocols for reviewing statutes that affect collection and distribution practices so that future changes can be acted upon.

Los Angeles County's Action: Partially implemented.

Los Angeles County indicated that its Probation Department will monitor the State Controller's Office's Web site monthly for updates to the Trial Court Manual and Distribution guidelines. However, although monitoring changes to statutes posted by the State Controller's Office is a valuable tool for identifying any relevant changes, this source may not be updated consistently. As a result, Los Angeles County could miss important statutory changes. We would expect Los Angeles County to develop a process to monitor the statutes itself to identify any relevant changes.

San Diego County's Action: Partially implemented.

San Diego County stated that it revised its accounting procedures following the completion of the audit to ensure compliance with statutes. It plans to have revised comprehensive procedures with a targeted completion date of March 2013 for all accounting processes that are affected by court ordered debt, including the domestic violence payment. San Diego County also plans to establish a compliance unit by the end of January 2013. This unit will be responsible for regular and ongoing monitoring of procedures and for ensuring that all legislative changes are reflected in the procedures.

San Diego Court's Action: Partially implemented.

According to San Diego Court, its accounting staff will continue to work with the court legislative analyst and Administrative Office of the Courts' staff to keep abreast of legislative changes impacting revenue distributions. San Diego Court anticipates that legislative updates can be added as an agenda item on future Accounting Committee meetings.

Santa Clara County's Action: Partially implemented.

Santa Clara County explained that it, together with the Santa Clara Superior Court, has formed a Legislation Review Committee. The members of the committee are to monitor new legislation and discuss changes to departmental procedures. Santa Clara County stated this will include information on the change of the amount collected from \$400 to \$500 effective January 1, 2013, due to the recent passage of Assembly Bill 2094 by the Legislature.

Recommendation 2.5.a—See page 40 of the audit report for information on the related finding.

Los Angeles Court should finalize the correction of the court's misdirected domestic violence funds.

Los Angeles Court's Action: Fully implemented.

Los Angeles Court stated that it has finalized and completed correction of its misdirected funds on the March 2012 and July 2012 monthly revenue distribution of funds to the State. Documentation from the Los Angeles Court indicated that it made an adjustment for \$7,289 that it overpaid the State.

Recommendation 2.5.b—See page 40 of the audit report for information on the related finding.

Los Angeles Court should improve protocols for reviewing statutes that affect collection and distribution practices so that future changes can be acted upon.

Los Angeles Court's Action: Fully implemented.

Los Angeles Court established a checklist to ensure that all areas affecting revenue distribution are changed consistently throughout the cashiering and revenue distribution systems.

Recommendation 2.6—See pages 41—43 of the audit report for information on the related finding.

Sacramento County should increase its contracted spending for shelter services so that it reduces the balance of its special fund down to a level that is reasonable considering the needs of the fund.

Sacramento County's Action: Fully implemented.

Sacramento County obtained its board of supervisors' approval in November 2012 to increase its contracted spending for shelter services by more than \$400,000 to provide additional domestic violence services and crisis intervention through June 2014. Further, it obtained approval to issue a Request for Interest for an additional \$100,000 to contract with providers of domestic violence services to underserved populations.

Recommendation 2.7—See pages 41—44 of the audit report for information on the related finding.

To ensure that they are maximizing the impact of domestic violence funds, Sacramento, San Diego, and Santa Clara counties should periodically monitor their special funds.

Sacramento County's Action: No action taken.

➡ Sacramento County did not respond to this recommendation.

San Diego County's Action: Partially implemented.

San Diego County indicated that it will conduct an annual review of the balance in the fund and compare it with the rate of incoming funds quarterly. According to San Diego County, this process will be implemented in November 2012 and calculations will be made retroactively for the first quarter.

Santa Clara County's Action: Fully implemented.

Santa Clara County developed a formula for distributing funds annually to the local domestic violence shelters based on the funds available in the domestic violence trust fund. Use of this formula will require that Santa Clara County determine the balance of its funds.

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 December 2012.

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: Fully implemented.

The Sacramento Superior Court stated that it revised its internal recruitment and selection practice to ensure that its determinations and validations of minimum qualifications and best qualified criteria are clearly noted in its employees' personnel files. The court provided its Recruitment and Selection policy, dated September 2009, which requires the court to certify applicants who meet the necessary qualifications for the position. In addition, the court stated that it will retain a copy of the candidate's transcript and license in the official personnel file.

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: Partially implemented.

The Sacramento superior and family courts provided documentation it believed demonstrated that the FCS mediators met the minimum qualifications and training. We reviewed the courts' documentation and found that it demonstrated that three FCS mediators met the minimum qualifications and training at the time of hire. However, the information the court provided for the other FCS mediator, only a resume, did not demonstrate that the mediator met the qualifications at the time of hire. The court requested information from the Board of Behavioral Sciences to demonstrate that the mediator met the qualifications at the time of hire. However, as of December 7, 2012, the court had not provided us with this information. In an earlier response to the audit report, the court stated that the documents would 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 provided copies of training certificates and other information such as sign-in sheets to demonstrate that the FCS mediator mentioned in the audit report met the minimum qualifications and training requirements. In addition, the courts provided a letter from the FCS mediator's former employer that stated its practice was to send employees to training upon initial hire; however, the court does not retain training records older than three years.

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 provided a retention policy titled Record Retention Policy for Human Resources Division and it requires training records for all court classifications to be kept in its staff's official personnel files for five years after the employee 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. We reviewed the documents the court provided and as recommended, the court has taken reasonable steps to ensure that the FCS mediators meet all of the minimum qualifications and training requirements.

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: Fully implemented.

The Sacramento Superior Court adopted a local rule effective January 1, 2012, that requires all court-appointed child custody evaluators to annually lodge with the court a sworn affidavit that they have completed all required domestic violence training and instruction required by statute and/or California Rules of Court. In the absence of an affidavit, the child custody evaluators must attach copies of their certificates of completion of the required training to each child custody evaluation report they submit to the court. 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 reasons for discontinuing this service.

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: Fully implemented.

The Sacramento Superior Court revised as of March 2012 the form it uses to evaluate probationary staff. The court's policy covering probationary employees, dated January 15, 2010, requires the employee's manager to complete two interim reports and a final report during the employee's probationary period.

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: Fully implemented.

The Sacramento Superior Court revised as of March 2012 the form it uses to evaluate nonprobationary staff. In addition, as of March 6, 2012, the court revised its employee appraisal policy and generally requires supervisors and managers to provide employees with an appraisal every two years.

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: Fully implemented.

The Sacramento Superior Court revised as of March 6, 2012, its employee appraisal policy and generally requires supervisors to provide employees with an appraisal every two years. The policy states that the evaluation must be based on the employee's current duty statement. The court's duty statement policy requires supervisors and managers to periodically review and update the statements.

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 notified private evaluator panel members via an email dated March 18, 2011, 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 established a policy to maintain the private mediator's or evaluator's application, which includes training records, 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: Fully implemented.

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 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. The court's alternative approach addresses our concern that the minor's counsel should submit the required declaration in a timely manner.

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 established a policy to maintain the minor's counsel 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: Fully implemented.

The Sacramento Superior Court adopted a local rule related to the complaint process for private mediators and evaluators. The local rule became effective on 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: Fully implemented.

The Sacramento Superior Court adopted a local rule related to the complaint process for private mediators and evaluators. The local rule became effective on 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 stated that it mailed out delinquent account notices. In addition, the court noted that the accounting unit will provide up to two delinquent account notices. Finally, the court stated it began using a private collection agency for those accounts it has been unsuccessful in collecting.

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 have 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.