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State Auditor

A Follow-up Audit Report on The Department of Criminal Justice's Complaint Resolution and Investigation Functions

April 6, 2012

Members of the Legislative Audit Committee:

The Department of Criminal Justice (Department) fully or substantially implemented 22 (96 percent) of 23 recommendations that auditors selected for follow up from *An Audit Report on the Department of Criminal Justice's Complaint Resolution and Investigation Functions* (State Auditor's Office Report No. 09-004, September 2008). Specifically, of the 23 recommendations selected for follow-up audit work:

- The Department fully or substantially implemented six recommendations regarding its offender grievance process, and its implementation of one recommendation regarding user access controls for its Offender Grievance Case Tracking System is incomplete/ongoing.
- The Department fully implemented six recommendations regarding its medical grievance process and its Health Services Division's Patient Liaison Program.
- The Department fully or substantially implemented five recommendations regarding its Ombudsman Program.
- The Department fully implemented five recommendations regarding its Office of the Inspector General investigative processes and its Safe Prisons Program.

While the Department has made significant progress in implementing most of the prior audit recommendations, it should continue its efforts to improve offender grievance and Ombudsman Program processes. Specifically:

- The Department does not have a sufficient process to review users' access to its Offender Grievance Case Tracking System on a regular basis. Auditors determined that at least 16 users who were no longer employed by the Department still had active user IDs for that system. (During this follow-up audit, after auditors brought it to the Department's attention, the Department removed the access rights to its Offender Grievance Case Tracking System for another 18 individuals who no longer required access.)

Background Information

In September 2008, the State Auditor's Office issued *An Audit Report on the Department of Criminal Justice's Complaint Resolution and Investigation Functions* (State Auditor's Office Report No. 09-004). Auditors selected 23 of the 38 recommendations in that report for follow up based on Department management's original responses to the recommendations, the Department's subsequent self-reported recommendation implementation status and implementation date, and the level of risk.

Implementation Status Definitions

Fully Implemented - Successful development and use of a process, system, or policy to implement a prior recommendation.

Substantially Implemented - Successful development but inconsistent use of a process, system, or policy to implement a prior recommendation.

Incomplete/Ongoing - Ongoing development of a process, system, or policy to address a prior recommendation.

Not Implemented - Lack of a formal process, system, or policy to address a prior recommendation.

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- The Department did not consistently maintain documentation of training for selected grievance staff.
- The Department did not consistently notify the appropriate personnel about emergency grievances.
- The Department did not have a documented assessment of staffing and workload for the Parole Division Ombudsman Office.

Table 1 provides additional details on the Department’s implementation of prior State Auditor’s Office recommendations.

Table 1

Status of Implementation of Prior Audit Recommendations				
No.	Recommendation	Implementation Status as Reported by the Department	Implementation Status as Determined by Auditors	Auditor Comments
Recommendations Regarding the Offender Grievance Process				
1	The Department should ensure that new and current grievance staff are adequately trained in accordance with Department policies and procedures.	Fully Implemented	Substantially Implemented	The Department updated its <i>Offender Grievance Operations Manual</i> with additional information regarding training and implemented controls to document training. The Department had documentation indicating that 13 (81.3 percent) of 16 grievance staff members tested had received offender grievance training.
2	The Department should ensure that the appropriate unit personnel are notified in accordance with policies and procedures for all grievances containing allegations of life endangerment or emergency situations.	Fully Implemented	Substantially Implemented	The Department had documentation indicating that it notified the appropriate personnel for 20 (71.4 percent) of 28 emergency grievances tested.
3	The Department should ensure that grievance staff enter extension data into the Offender Grievance Case Tracking System in accordance with Program policies and procedures.	Fully Implemented	Fully Implemented	The Department enhanced its Offender Grievance Case Tracking System to track extensions.
4	The Department should limit the number of technical support accounts.	Fully Implemented	Incomplete/Ongoing	The Department’s review process for user access to its Offender Grievance Case Tracking System is not a sufficient control to prevent inappropriate access. Auditors determined that at least 16 users who were no longer employed by the Department still had active user IDs for that system. (During this follow-up audit, after auditors brought it to the Department’s attention, the Department removed the access rights to its Offender Grievance Case Tracking System for another 18 individuals who no longer required access.)

Status of Implementation of Prior Audit Recommendations				
No.	Recommendation	Implementation Status as Reported by the Department	Implementation Status as Determined by Auditors	Auditor Comments
5	The Department should ensure that the Information Technology Division prioritizes enhancements of the Offender Grievance Case Tracking System so that user requests to strengthen necessary controls are completed in a timely manner.	Fully Implemented	Fully Implemented	The Department's Information Technology Division prioritized enhancements for the Offender Grievance Case Tracking System in a timely manner.
6	The Department should consider updating the Offender Grievance Case Tracking System to automatically calculate a 30-day due date for disciplinary grievances and to recalculate a new due date for grievances that have had extensions filed.	Fully Implemented	Fully Implemented	The Department enhanced its Offender Grievance Case Tracking System to calculate due dates for disciplinary cases and for grievances for which extensions have been filed.
7	The Department should ensure that grievance records are closed using the accurate outcome codes.	Fully Implemented	Fully Implemented	The Department used accurate outcome codes for all 60 closed offender grievance files tested.
Recommendations Regarding the Medical Grievance Process and Patient Liaison Program				
8	The Department should ensure unit medical employees retain adequate supporting documentation for responses to medical offender grievances in compliance with Department policies and procedures.	Fully Implemented	Fully Implemented	The Department had all required documentation for 30 medical grievances tested.
9	The Department should ensure Unit Grievance Investigators require that all supporting documentation be present before closing out a medical grievance.	Fully Implemented	Fully Implemented	The Department had all required documentation for 30 medical grievances tested.
10	The Department should ensure Unit Grievance Investigators retain all medical grievance documentation for offenders assigned to their units.	Fully Implemented	Fully Implemented	The Department had all required documentation for 30 medical grievances tested.
11	The Department should ensure Unit Grievance Investigators accept medical grievances signed by only authorized personnel and that grievances do not include a stamp as a signature.	Fully Implemented	Fully Implemented	Authorized Department personnel signed all 30 medical grievances tested.
12	The Department should ensure that medical grievance written procedures and requirements are standard across the Health Services Division and the Offender Grievance Program.	Fully Implemented	Fully Implemented	The Department updated its <i>Offender Grievance Operations Manual</i> with additional medical information; therefore, separate guidance is no longer needed.
13	The Department should ensure the Health Services Division implements controls over the data entry of case date information into the Patient Liaison Program (PLP) database to prevent and detect errors.	Fully Implemented	Fully Implemented	The Department created exception reports and implemented controls over data entry for the date field in the PLP database.

Status of Implementation of Prior Audit Recommendations				
No.	Recommendation	Implementation Status as Reported by the Department	Implementation Status as Determined by Auditors	Auditor Comments
Recommendations Regarding the Ombudsman Program				
14	The Department should develop and implement written, uniform policies and procedures for its Ombudsman Program for the processing of complaints and inquiries.	Fully Implemented	Fully Implemented	The Department developed written policies and procedures for its Ombudsman Program's processing of complaints and inquiries.
15	The Department should assess the staffing and workload in the Parole Division Ombudsman Office to ensure that it has adequate staff to handle the workload and provide responses to the individual(s) filing the complaint or inquiry within required timeframes.	Fully Implemented	Substantially Implemented	The Department has had several staffing changes that could affect workload, but it did not have a documented assessment of staffing and workload in the Parole Division Ombudsman Office.
16	The Department should develop and implement documented procedures for calculating the results of the Ombudsman Program offices' performance target results, including a documented independent review to ensure accuracy of the information.	Fully Implemented	Fully Implemented	The Department developed and implemented policies and procedures for calculating the performance target results, including policies and procedures for a review of those results.
17	The Department should limit the number of technical support accounts.	Fully Implemented	Fully Implemented	All users had appropriate access levels for the Ombudsman Case Tracking System.
18	The Department should ensure that the Information Technology Division prioritizes enhancements of the Ombudsman Case Tracking System so that user requests to strengthen necessary controls are completed in a timely manner.	Fully Implemented	Fully Implemented	The Department's Information Technology Division prioritized enhancements for the Ombudsman Case Tracking System in a timely manner.
Recommendations Regarding the Office of the Inspector General and the Safe Prisons Program				
19	The Department should ensure that both Lieutenants and Regional Captains review and approve criminal cases in compliance with OIG-03.35, or revise this policy to specify whether differing types of cases require different levels of review.	Fully Implemented	Fully Implemented	The Office of the Inspector General (OIG) revised its policy to specify that criminal case reports should be reviewed by a Regional Captain or a Lieutenant.
20	The Department should ensure units accurately document the Offender Protection Investigation log and, when needed, obtain authorized extensions.	Substantially Implemented	Fully Implemented	The Department accurately documented the Offender Protection Investigation (OPI) logs for 29 (97 percent) of 30 OPIs tested. In addition, the extensions for all 12 OPIs that required an extension were appropriately authorized.
21	The Department should ensure all units comply with all zero-tolerance policy postings required by Texas Government Code, Section 501.011.	Fully Implemented	Fully Implemented	All three units visited had the required zero-tolerance postings.

Status of Implementation of Prior Audit Recommendations				
No.	Recommendation	Implementation Status as Reported by the Department	Implementation Status as Determined by Auditors	Auditor Comments
22	The Department should ensure that the Safe Prison Program Office obtains monthly Program reports from all units.	Fully Implemented	Fully Implemented	The Department's Safe Prison Program Office (SPPO) obtained all monthly reports from the three units visited. In addition, the SPPO implemented procedures to track its receipt of all reports.
23	The OIG should ensure that it notifies the appropriate Safe Prisons Program staff after a successful prosecution of a sexual assault suspect.	Fully Implemented	Fully Implemented	In January 2010, the OIG began reporting all sexual assault prosecutions to the SPPO.

Recommendations

The Department should:

- Conduct training for all grievance staff in accordance with its policies and procedures, and maintain documentation of that training.
- Notify appropriate personnel about all emergency grievances in accordance with its policies and procedures.
- Implement a process to adequately control access to its Offender Grievance Case Tracking System.
- Review staffing and workload in the Parole Division Ombudsman Office to ensure that it has adequate staffing for the workload.

The Department agreed with the above recommendations, and its management's responses are in the attachment to this letter.

Sincerely,

John Keel, CPA
 State Auditor

Attachment

cc: Members of the Board of Criminal Justice
 Mr. Oliver J. Bell, Chairman
 Mr. Tom Mechler, Vice Chairman
 Mr. Leopoldo "Leo" Vasquez III, Secretary

cc (continued): Members of the Board of Criminal Justice

Mr. John "Eric" Gambrell

Mr. Lawrence Gist

Ms. Janice Harris Lord

Mr. R. Terrell McCombs

Mr. J. David Nelson

Ms. Carmen Villanueva-Hiles

Mr. Brad Livingston, Executive Director, Department of Criminal Justice



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Attachment

Section 1

Objective, Scope, and Methodology

Objective

The objective of this audit was to determine the implementation status of prior State Auditor's Office recommendations and evaluate whether management has taken corrective actions to address selected recommendations in *An Audit Report on the Department of Criminal Justice's Complaint Resolution and Investigation Functions* (State Auditor's Office Report No. 09-004, September 2008).

Scope

The scope of this audit included reviewing the Department of Criminal Justice's (Department) implementation status of selected recommendations concerning offender grievances (emergency and medical) filed between September 1, 2010, and December 31, 2011. The audit scope also covered offender protection investigations initiated between September 1, 2011, and December 31, 2011. Auditors also reviewed information systems and policies and procedures related to the Department's Offender Grievance Program and the Ombudsman Program.

Methodology

The audit methodology consisted of identifying and collecting information on the implementation of selected prior audit recommendations. To determine the implementation status of selected recommendations, auditors conducted interviews, reviewed Department policies and procedures, and performed selected tests and procedures over the complaint resolution and investigation functions.

Auditors assessed the reliability of the Department's data associated with complaint resolution and investigation functions by (1) observing functions used to generate the data, (2) analyzing key data elements for completeness and reasonableness, (3) interviewing Department employees knowledgeable about the data, and (4) reviewing a prior State Auditor's Office report and working papers related to information technology. Auditors determined that the data was sufficiently reliable for the purposes of this audit.

Information collected and reviewed included the following:

- *An Audit Report on the Department of Criminal Justice's Complaint Resolution and Investigation Functions* (State Auditor's Office Report No. 09-004, September 2008) and supporting working papers.
- The Department's data from the Offender Grievance Case Tracking System.
- The Department's *Offender Grievance Operations Manual*.
- The Department's *Ombudsman Manual*.
- The Department's and Office of the Inspector General's policies and procedures.
- The Department's documentation, including management reports, grievance files, offender protection investigations and logs, and information technology reports.

Procedures and tests conducted included the following:

- Tested offender grievance files and offender protection investigation files at three units to ensure consistency with Department policies and procedures.
- Reviewed the updated *Offender Grievance Operations Manual*, *Ombudsman Manual*, *Safe Prisons Plan*, and *Safe Prisons Operations Manual*.
- Conducted walk-through inspections at three units for compliance with zero-tolerance policy.
- Tested user access controls over the Offender Grievance Case Tracking System and the Ombudsman Case Tracking System.

Criteria used included the following:

- Texas Government Code, Chapter 501.
- Department and Office of the Inspector General policies, procedures, and manuals.
- Information on the Department's Web site.

Project Information

Audit fieldwork was conducted from February 2012 through March 2012. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The following members of the State Auditor's staff performed the audit:

- Jennifer R. Wiederhold, CGAP (Project Manager)
- Anton Dutchover (Assistant Project Manager)
- Thomas Andrew Mahoney
- J. Scott Killingsworth, CIA, CGAP, CGFM (Quality Control Reviewer)
- Ralph McClendon, CISSP, CCP, CISA (Audit Manager)

Management's Responses

Management of the Department of Criminal Justice provided the following response:

Recommendation

- *The Department should conduct training for all grievance staff in accordance with its policies and procedures, and maintain documentation of that training.*

Management Response:

Agree to take remedial action. Training is presented to grievance staff upon hiring and as an ongoing process. Procedures for tracking staff training were revised on March 1, 2012 to ensure the training forms are completed in the appropriate time frame and forwarded to the regional and central offices as required.

Recommendation

- *The Department should notify appropriate personnel about all emergency grievances in accordance with its policies and procedures.*

Management Response

Agree to take remedial action. The intent of the notification process is to ensure unit administrators and security staff takes immediate action to protect the offender in an emergency situation. In all of the grievances cited by the auditors, appropriate action was taken; however, the documentation attached to the grievances did not reflect the exact procedure listed in the Offender Grievance Operations Manual.

To improve documentation of actions taken, the annual unit grievance investigator training was conducted system-wide in March 2012. The importance in completing email notifications for emergency grievances, as well as attaching the support documentation was re-emphasized. In addition, the ongoing operational review process monitors compliance with notification and documentation requirements.

Recommendation

- *The Department should implement a process to adequately control access to its Offender Grievance Case Tracking System.*

Management Response

Agree to take remedial action. The 16 users who were no longer employed by the TDCJ, but still had access to the Offender Grievance Case Tracking System (GROO) all had their mainframe computer access revoked. Procedures will be modified to ensure access to the GROO is also revoked and the risk to the data is further minimized.

A system will be implemented where a list of current GROO accounts will be provided semi-annually to divisional managers. Managers will be required to respond in writing that those employees are currently employed by the TDCJ, have continued need for access to the system, and their access level is appropriate.

Recommendation

- *The Department should review staffing and workload in the Parole Division Ombudsman Office to ensure that it has adequate staffing for the workload.*

Management Response

Agree to take remedial action. Although an initial staffing analysis was documented, subsequent changes to the Parole Division Ombudsman's Office staffing levels were not documented. The division monitors the performance of the office through quarterly performance measures and the Ombudsman Case Tracking System. Performance measures were met; this data will be used to document current staffing is appropriate. This office will continue to monitor the performance of the Parole Division Ombudsman's Office.