



DEPARTMENT OF INSPECTOR GENERAL
OKALOOSA COUNTY, FLORIDA
JD PEACOCK II, CLERK OF CIRCUIT COURT AND COMPTROLLER



October 12, 2023

JD Peacock, Clerk of Circuit Court and Comptroller
101 E James Lee Blvd
Crestview, FL 32536

Clerk Peacock,

Please find attached the report on our audit of Data Integrity.

Our work served as a review of the Clerk's Data Integrity activities, reporting functions, and training program.

I want to thank Vanessa Pakvis and her staff for the cooperation and accommodation they afforded us. Should you have any questions please do not hesitate to call me at (850) 689-5000 Ext. 3421.

Respectfully,

Andrew Thurman, Inspector General

CC: Brad Embry, Chief of Staff
John Anderson, Chief Deputy of Operations
Kathryn Brown, Deputy Director of Operations

OKALOOSA COUNTY CLERK OF CIRCUIT COURT



DEPARTMENT OF INSPECTOR GENERAL



REPORT ON THE AUDIT OF DATA INTEGRITY

REPORT NO. COC 23-03

REPORT ISSUED OCTOBER 12, 2023

ISSUED BY: ANDREW THURMAN, INSPECTOR GENERAL

Background

Based on the 2022 County-wide Risk Assessment, the Department of Inspector General 2023 Audit Plan included an examination of the Okaloosa County Clerk of Circuit Court and Comptroller's data integrity function.

Objective

The objective of our audit was to examine the data integrity function's policies, procedures, controls, statutory compliance as it pertains to the state reporting requirements, effectiveness of the data quality control, and assess preparations for the transition to Odyssey. Our goal was to provide an assessment of the department's system of internal control and to evaluate the appropriateness of, and compliance with, departmental policies and procedures and best practices published by the report recipients.

Scope & Methodology

The scope of our audit included all policies and procedures for the data integrity function of the Court Financial Services department as of 06/07/2023 and all data integrity activities and reporting from 01/01/2023 to 8/29/2023. Audit methodology included interviews with leadership and staff, process walkthroughs, policy examination, comparing procedures with statutory compliance, and substantive testing and documenting of controls.

Management is responsible for ensuring compliance and adequate safeguarding of public resources from fraud, waste, or abuse. This includes the design, implementation, and maintenance of internal controls relevant to these objectives. This review was conducted in compliance with Principles and Standards for Offices of Inspector General issued by the Association of Inspectors General and the International Professional Practice Framework issued by the Institute of Internal Auditors.

Function Overview

Data integrity is a function of the Court Financial Services department within the Okaloosa County Clerk of Circuit Court and Comptroller's office. This function is responsible for ensuring the data that is being held in the Clerk's databases and that is being reported to State agencies is free of errors and is reliably accurate. This is accomplished by conducting daily/weekly tasks, which are focused on data clean up, and periodic reporting.

Process

Daily/Weekly Tasks

The Court Financial Services (CFS) department uses the task management system Asana to track and assign all CFS tasks and reports. The data integrity function has its own calendar inside of the system, which allows 6 members of CFS team that conduct data integrity operations to access the calendar. The calendar provides a list of all tasks needed to be completed each day and shows all staff members who are assigned to complete each task. The CFS Manager assigns each task to a respective CFS Representative. When a CFS representative is assigned to a task, a notification email is sent to that CFSR. To complete a task that is assigned on Asana, the CFS representative must determine where to find the policies and procedures that are applicable to that task. These procedures can be located on either PowerDMS (the Clerk's policy management software) or on the task description in Asana. Once

a task has been completed, the staff member must go into the task in Asana and click the “complete” button for the task to show it was completed.

Reports

Prior to creating a report, the CFS staff reviews the data that is to be reported. In these reviews the staff is looking for any errors that can be found prior to creating the report that could potentially affect the report’s accuracy or quality. The staff then creates reports and an audit log through Benchmark (the current court case management system). The staff compares the report with the audit log to find discrepancies and correct them. Once all corrections have been made the staff manually fills out the reporting documentation (provided by the report recipients) with the corrected data from the report. Once the reporting documents have been completed, the staff emails all required documents to the appropriate contact at the external entity for which the report was created. The reports are tracked using Asana, just as with the daily and weekly tasks. Once a report is sent to the respective entity, the staff member who completed the report must go into Asana and check the report as completed.

Testing

We conducted interviews with data integrity staff to gain a full understanding of workflow processes. We reviewed and performed substantive tests of Asana, the tasks management system used for data integrity functions, to evaluate the program’s controls and ability to meet the needs of the department. We reviewed all daily/weekly tasks to determine where documentation for each task is located and how often each task is completed. We observed the reporting process of 40% of all the function’s reports. We compared the statutory requirements of each report to the process the department utilized to determine statutory compliance. We compared the department policy and procedure to the actual completed work that we observed.

Conclusion

The data integrity team within the CFS department are providing effective measures to find errors within data held in the Clerk’s databases. Our audit determined that the department is completing the monthly, quarterly, and annual reports in a timely manner. However, we did observe inefficiencies within processes, areas of non-compliance with policy, and statutory non-compliance which are all detailed in the findings below.

The Clerk’s office is in the process of implementing a new court case management system called Odyssey. The CFS manager has been heavily involved in the testing of this new system. The testing is to ensure that the system can create the reports and pull the correct data for data integrity functions, while also operating as intended for the remainder of the system’s users. The CFS manager was able to provide a demonstration of several ways in which Odyssey can and potentially will remove certain areas of risks with regards to human errors in entering data.

We observed a few processes that took an excessive amount of time to complete. We determined that this was caused by human errors and inconsistencies in the initial entry of the data by other departments. CFS staff stated that Odyssey will be able to minimize these errors and inconsistencies by limiting certain information allowed into data fields. As this is expected to be corrected, we will make a note of this to include in a future review of the Odyssey implementation.

While not listed as a finding, the CFS department should determine how to validate all information reported on the Family Court section of the Summary Report System (SRS) report. While observing this process, we noticed multiple data fields of this report that staff did not validate, and staff stated there was currently no process that they could use to validate those fields.

Finding 1: Reporting policies and procedures have not been updated over time to reflect current processes.

Condition: Policies and procedures for the data integrity department have not been updated in multiple years in PowerDMS. We sampled 12 of data integrity's 26 reporting policies and procedures for our audit; all 12 of these policies and procedures do not reflect the current process of the corresponding report. Policy and procedures can be found in different locations and may have contradictory information.

Criteria: Policy and Procedures should be kept up to date with current practices on PowerDMS. If the process for different functions has changed over time or due to other circumstances, the policy should be revised or updated to reflect the change in the Clerk's policy management software so that all staff can be aware of the changes.

Cause: There is only one staff member that has the authority to update these policies on PowerDMS. Some policies are updated constantly in an out-of-sight section of the Data Integrity folder to ensure that staff members are unable to find and edit them. There are procedures for some tasks in Asana that may have been updated to current practice, however the same procedure was not updated on PowerDMS.

Effect: If an employee has a question on how a task or report is performed and utilizes the current procedures published in PowerDMS to perform the task, the task or report may have been completed incorrectly and may contain errors. The procedures being listed in different locations and having different information can cause confusion, inconsistencies in tasks and reports, and could become a liability for the Clerk's office. If there was turnover/change in leadership, the replacement would be unable to effectively conduct operations when the current in-practice policies and procedures are not consistent with the documented policies and procedures.

Recommendation: Management should review all policies and procedures on PowerDMS to ensure that they are up to date with current practices. Management should consider using PowerDMS for all policies and procedures as employees are required to sign that they have reviewed the updated policy or procedure when any updates are made.

Finding 2: The task management system lacks separate roles or permissions.

Condition: Asana is a free program that enables the CFS department staff to easily track all tasks and which staff member(s) are assigned. The free version of the software does not allow for different users to have different roles or permissions. All users have the ability to assign/unassign any users' tasks, delete tasks, and even inadvertently delete the entire calendar. Asana is the only tool that staff within the CFS department utilize to know what tasks need to be completed and when they are due.

Criteria: There should be separate permissions for each user to prevent inadvertent mistakes or edits to the software or even to prevent intentional or retaliatory actions.

Cause: Asana offers a free and a paid version of the software. The paid version allows for each member to have separate roles with different permissions within the application. The free version does not allow for separate roles or permissions, so everyone has administrator permissions.

Effect: A staff member could inadvertently delete or edit tasks or even the entire calendar.

Recommendation: The CFS department should consider finding a new task management system, or other alternative, that provides a similar service to Asana with the added control of separate permissions/roles for each user. Additionally, the department should consider providing all employees with documents stating all tasks and when they are due, this would ensure that the department could operate and complete tasks even if the task management system is offline.

Finding 3: The training program does not fully align with all data integrity tasks being completed.

Condition: The new new-hire training program provides cross training opportunities that were not previously there for CFS staff. This will enable the department to increase flexibility in scheduling, productivity, collaboration, and efficiency. However, there are 11 active tasks that were in the old new-hire training program that are not trained on with the new program. Additionally, there are 17 daily/weekly tasks, 12 monthly reports, 4 quarterly reports, and 8 annual reports that are not being trained on. There is currently only 1 employee outside of the CFS manager that could potentially complete all the reports that data integrity is responsible for.

Criteria: New-hire employees should be trained in all tasks that they will be completing and could potentially have to complete.

Cause: The training program does not list all tasks that are to be accomplished by the data integrity team.

Effect: If employees are not trained properly in required tasks, it can make the department susceptible to lower levels of performance and quality of work, while also increasing the risk of work-related errors and employee turnover.

Recommendation: The CFS department should train all data integrity staff on all tasks and reports that need to be accomplished. This will ensure that regardless of what personnel are present on any day of the week the work will still be completed accurately and in a timely manner.

Finding 4: There are tasks that are not being completed as required by policy or procedure.

Condition: During the reviewed period for the daily/weekly tasks (July 31st through August 25th) we found 9 tasks that were completed at the wrong reoccurring intervals (i.e., a daily being completed weekly). We found 6 additional tasks where the task was scheduled but not completed 1 or more times during the 4-week review period. Additionally, we found 16 tasks that were located either on training documents or other documents provided by the CFS department for data integrity that were not listed on the Asana Calendar.

Criteria: Tasks should be completed as often as specified in policy or procedure.

Cause: Documents that show all required daily/weekly tasks are not the same. Each of the documents we were provided with list different tasks. This can cause confusion as to which tasks are required to be completed. Additionally, the Asana Calendar can be altered by all users. The calendar does not have separate permission or controls for each user. As a result, tasks can be deleted or edited to change the due date or reoccurring frequency by any user.

Effect: Tasks not being completed, which could cause errors in data held within the Clerk's database and in the reports being sent to other entities.

Recommendation: Management should review task documents to ensure that each document lists the same tasks and requirements for each task. Management should review and update all PowerDMS policies and procedures for tasks to ensure the correct completion requirements for each task are

accurate. If the frequency of a task has changed, this should be updated on the policy and procedure as well as all other documentation for this task. Management should review tasks to ensure all tasks have a policy and/or procedure in PowerDMS.

Finding 5: The incapacity reports are missing criteria that are required by Florida Statutes.

Condition: When reviewing incapacities that need to be reported, the CFS department does not review guardianship incapacity orders. The department stated that the incapacities in guardianship were reviewed in each guardianship's corresponding Mental Health (MH) case. We reviewed all guardianship cases created from January 1st, 2023, to August 28th. Of the 37 applicable cases that were initiated during the period, there were 17 guardianship cases where an individual was adjudicated incapacitated, and there was no corresponding MH case. These 17 cases were never reviewed to determine whether they needed to be reported as required by Florida Statutes. Of those 17 cases, we determined that 10 cases appear potentially out of compliance with reporting requirements.

Criteria: The Clerk of Court's office is required by Florida statute §98.093(3)(a), and §790.065(2)(a)(4)(c)(I), to file all a report on all individuals who have been adjudicated incapacitated by the court to Florida Department of Law Enforcement, Florida Division of Elections, and the Florida Department of Highway Safety and Motor Vehicle.

§98.093(3)(a) states "(3) Each clerk of the circuit court shall furnish weekly to the department and to the supervisors in their respective jurisdictions the following information: (a) Information identifying those persons who have been adjudicated mentally incapacitated with respect to voting during the preceding week and those persons whose mental capacity with respect to voting has been restored during the preceding week..."

§790.065 (2)(a)(4)(c)(I) states "c. In order to check for these conditions, the department shall compile and maintain an automated database of persons who are prohibited from purchasing a firearm based on court records of adjudications of mental defectiveness or commitments to mental institutions. (I) Except as provided in sub-sub-subparagraph (II), clerks of court shall submit these records to the department within 1 month after the rendition of the adjudication or commitment."

Cause: When completing the incapacity reports, the data integrity team does not include incapacities in guardianship cases. The CFS manager stated that staff believed these incapacity orders were caught in each guardianship's associated with MH case.

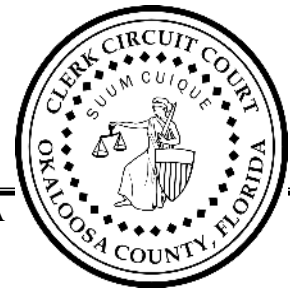
Effect: The Clerk's office is potentially noncompliant with §98.093(3)(a), and §790.065(2)(a)(4)(c)(I).

Recommendation: The data integrity team of the CFS department should include incapacities adjudicated in guardianship cases on all new incapacity reports that are being filed. Additionally, the team should review all active guardianship cases to determine how many cases have not been reported on to ensure compliance with §98.093(3)(a), and §790.065(2)(a)(4)(c)(I).

Management Response Attached

JD PEACOCK II

CLERK OF THE CIRCUIT COURT AND COMPTROLLER, OKALOOSA COUNTY, FLORIDA



October 10, 2023

To: Okaloosa County Clerk of Court - Inspector General

From: John Anderson, Chief Deputy of Operations

RE: Data Integrity Audit

In response to the Inspector General's audit of the Okaloosa Clerk of Court Data Integrity function we would like to comment on and respond to the findings in the report.

We appreciate any effort to help make our organization better for the citizens of Okaloosa County. We take all feedback seriously and make every effort to improve our processes when and where we can.

As to the findings:

Finding 1: We agree. We are migrating to a new CMS Odyssey Navigator and our migration has been delayed awaiting approval from the FCTC. Once Odyssey is installed all procedures will be updated to reflect the changes in Odyssey.

Finding 2: We neither agree nor disagree. Asana is merely a tool to keep people on tasks, until tasks and workflows can be placed into Odyssey. Currently all tasks are monitored by management through benchmark case lists. Further, all departments utilize a JKI (job knowledge inventory) which lists required tasks and processes.

Finding 3: We Agree. Currently we have undergone a turnover in staff, severely hindering our ability to train on the published schedule. When the staffing has stabilized, we will be able to complete the training as required.

Finding 4: We Agree. As in our response to Finding 1 and Finding 3 Odyssey delays and staffing shortage require us to address needs as they arise. As mentioned in the report, even though local deadlines may have not been met ALL state deadlines for reporting were met. Once Odyssey is installed all procedures will be updated to reflect the changes in Odyssey.

Finding 5: We disagree. This office reviewed the 10 Guardianship cases which were specifically mentioned in the report as possibly out of compliance. We found 4 cases which were adjudicated mentally incapacitated in the county from where the cases were transferred and all 4 cases were reported in the county of origin. In the other 6 cases there

were no adjudications of incapacity under 744.331 which is required and defined in f.s. 790.065 (2)(a)4a) to be reportable.

Guardianship cases involving mentally incapacitated persons are a result of a Mental Health action not the other way around. So as the Data Integrity team indicated the adjudications of mental incapacity are being reported in the MH cases to state agencies as required.

A copy of the Florida Court Clerks and Comptrollers Best Practices for Reporting **Mental Health** Cases to State Agencies was provided to the Guardianship Compliance Officer. This office uses these best practices to report all required information to the required state agencies.

In conclusion, we would like to thank you for your input and concerns.