

**Charlie Crist**  
Governor

**Robert A. Butterworth**  
Secretary



# Office of Inspector General

*Enhancing Public Trust in Government*

## Annual Report



*Sheryl G. Steckler, Inspector General*

*Provide leadership in the promotion of  
accountability and integrity of State Government*

*September 27, 2007*



September 27, 2007

Dear Secretary Robert A. Butterworth:

In accordance with Section 20.055, Florida Statutes, I am pleased to present our FY2006-2007, Office of Inspector General (OIG) Annual Report. This report highlights significant activities of the Department of Children & Families OIG during the past fiscal year. In addition, this report outlines our accomplishments and strategic initiatives undertaken by each section (Internal & Single Audit, Investigations, Civil Rights and Appeal Hearings); encompassing the Department's Principles of:

- ✓ Integrity
- ✓ Leadership
- ✓ Accountability
- ✓ Transparency
- ✓ Community Partnerships
- ✓ Orientation to Action

In our efforts to provide leadership in the promotion of accountability and integrity in State Government, we began reaching out to several of the Department's Community Based Care Providers. We have been providing an overview of the roles and responsibilities of the Office of Inspector General by teaching early detection signs of suspected failure to meet required monthly visits by child protective investigators and how to report incidences of falsification.

This year's Inspector General Innovation award was presented to OIG staff who participated in the creation of the training course "Generating Ethical Excellence". This training course was developed for all Department employees and our community partners, encompassing the law, policy, red flags, scenarios, and actual examples of criminal prosecutions.

Our office received two Davis Productivity Awards this year: A cash award for the creation of an automated report writer program to conduct and track civil rights compliance reviews and corrective actions; and an award for converting an access program quality control system to a web-based paperless system.

The Office of Inspector General team is committed to excellence, professionalism, high standards, impacting change, and adding value. Together, we will strive to continue our efforts in upholding integrity and accountability within ourselves and the Department of Children and Families. I would like to thank each team member for their continued commitment to excellence.

Sincerely,

Sheryl Steckler  
Inspector General

Cc: Melinda Miguel, Chief Inspector General

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# *Executive Summary*

## **HIGHLIGHTS**

- ❖ **Generating Ethical Excellence** – The Inspector General staff created a training course, designed to stress the importance of decision making, accountability, and consequences for inappropriate actions.
- ❖ **Davis Productivity Awards** –
  - The Offices of Civil Rights and Internal Audit received a cash award for the creation of an automated report writer program to conduct and track compliance reviews and corrective actions.
  - The Office of Quality Control was the recipient of an award for converting an Access program system to a web-based paperless system.
- ❖ **Florida Inspectors General Expertise System** – The Department Inspector General staff developed an enterprise Inspector General Expertise web-based system that allows users to retrieve information on the Inspector General community. The system includes certifications, contact information, and specialized areas of expertise.

### **Internal and Single Audit**

- Published 20 audits/consulting reports, in which 53 recommendations were made. Identified \$327,235 in questioned costs, duplicate billings, and ineligible costs.
- Coordinated the Department's responses to 15 external audit reports; and coordinated 54 liaison activities including the Office of the Auditor General, and the Office of Program Policy Analysis and Government Accountability.
- Conducted 6 external follow-up audits.
- Reviewed and processed 251 A-133 and other CPA audit reports.

### **Investigations**

- Investigations reviewed a total of 4,038 correspondences. Of the total number of correspondences received:
  - 125 correspondences were opened for investigation and/or management review.
  - 381 correspondences were referred to district/management as management referrals (require no response).
  - 85 correspondences were referred to district/management as management inquiries (require a written response).
  - 265 correspondences were closed with no action (duplicate correspondences, notifications of incident, and/or requests for information).
  - 72 correspondences were non-jurisdictional and were referred to other agencies for handling.
  - 72 correspondences were public records requests.
  - 96 correspondences were redaction reviews.
  - 64 correspondences were arrest notifications.
  - 2,878 correspondences were reference checks.
- 115 investigations and/or management reviews were initiated.
- 90 investigations and 6 management reviews were completed.
- Investigations revealed a total of \$112,977 in losses incurred by the Department, of which \$41,530.29 was recovered to date.

## *Executive Summary – continued*

### **Civil Rights**

- 79 Title VII (employment) formal complaints were assigned for investigation.
- 99 Title VII investigations were closed.
- 18 Title VI (service delivery) formal complaints were assigned for investigation.
- 40 Title VI investigations were closed.
- 4 Health Insurance Portability and Accountability Act (HIPAA) complaints were filed.
- 8 HIPAA complaints were closed
- 150 HIPAA compliance monitorings were conducted.
- 108 Foster Care reviews were conducted.
- 2,783 New Hire Reports were processed.
- 917 Technical Assistance calls were processed during the fiscal year.

### **Appeal Hearings**

- 8,093 fair hearing requests, which include nursing facilities, were completed.
- 417 disqualification hearings for Temporary Assistance for Needy Families or Food Stamp benefits were completed.
- 2,531 waivers of administrative disqualification hearings were completed.

## Section A: Introduction

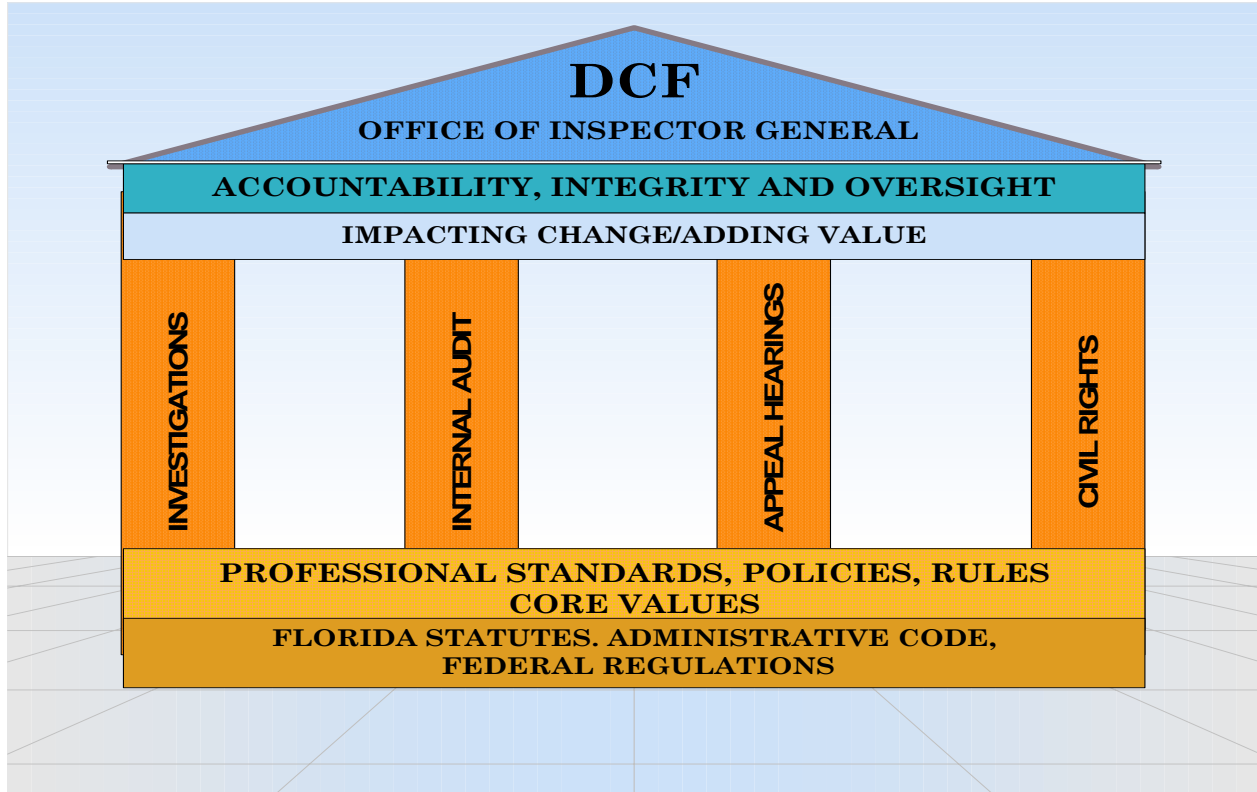


Figure A.1: Office of Inspector General - Pillars for Enhancing Public Trust in Government

### Core Values

The following core values contribute to the Office of Inspector General foundation:

- **Excellence:** We strive to be an efficient, objective and fact-finding office. We have high expectations for quality and timely work products. We stand committed to improve our performance to benefit our customers and stakeholders.
- **Professionalism and Integrity:** We maintain the independence and impartiality necessary to objectively perform our mission. We accommodate differences of opinion without compromising principle. We practice good citizenship with emphasis on ethics and acceptance of social responsibility.
- **Communication:** We listen to, learn from, and collaborate with our customers, stakeholders and each other. We believe that effective communication, upward, downward, and laterally, is of utmost importance to our individual and combined success.
- **Teamwork:** We challenge each other to work cooperatively. Employees at all levels are involved in developing and continually improving work processes.
- **Accountability:** We are committed to serving as highly respected stewards of taxpayer dollars. Constantly bearing in mind that our inquiries may adversely affect people's livelihood, we accept full responsibility for our actions.
- **Agility:** We are flexible and innovative. We readily accept changes that are intended to improve our operations.



## **Section A: Introduction**

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### **Statutory Requirements**

This report, as mandated by §20.055, Florida Statute, summarizes the Office of Inspector General activities for Fiscal Year (FY) 2006-07.

The Office of Inspector General is established in each state agency to provide a central point of coordination and responsibility for promoting and ensuring an enhanced level of accountability, integrity, and efficiency in government relationships with the people it serves. Section (§) 20.055, Florida Statutes (Florida Statute), requires the Inspector General to be appointed by, report to, and be under the general supervision of the agency head. The Office of Inspector General is organizationally located within the Office of the Secretary and the Inspector General reports directly to the Secretary. The Office of Inspector General is statutorily charged with the following duties and responsibilities:

- Directs, supervises, and coordinates audits, investigations, and management reviews.
- Conducts, supervises, and coordinates activities that promote economy and efficiency and prevent or detect fraud, waste, and abuse.
- Reviews actions taken to improve program performance and makes recommendations for improvement.
- Keeps agency heads informed about fraud, abuses, and deficiencies and recommends corrective measures.
- Ensures effective coordination and cooperation between the Auditor General, Federal auditors, and other governmental entities.
- Reviews rules relating to programs and operations and makes recommendations regarding impact.
- Advises in development of performance measures, standards, and procedures for evaluation of programs.
- Assesses the reliability and validity of information provided on performance measures and standards and makes recommendations as needed.
- Ensures appropriate balance between audit, investigative and other accountability activities.

### ***Self-Assessment during FY 2006-2007***

As addressed in the Office of Inspector General Strategic Plan and as required by the Institute of Internal Audit professional standard 1300, "Quality Assurance and Improvement Program," the Internal Audit section has adopted a process to monitor and assess the overall level of compliance with required internal audit activity. The process calls for action steps to evaluate and institute improvements in Internal Audit activities and processes. This system first defines the Internal Audit role within the organization and secondly introduces a model and methodology for continuous improvement that addresses required functions of the office. The output of the system is a score card that tracks improvement. The requirements are set forth in statute and professional standards, and cover every aspect of daily operations, from ethical behavior to communicating results. The initial pilot of the system identified several weak areas. For example, a periodic assessment of the Department's ethical climate is required by the Internal Audit section. This resulted in a groundbreaking ethics audit released earlier this year. The system also identified weaknesses in the Internal Audit follow up process. An internal team evaluated and re-engineered the process.

## **Section A: Introduction**

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Internal Audit continues to assess audit performance from the viewpoint of those audited through the web-based "Audit Feedback" survey process it developed last year.

### ***Special Initiatives during FY 2006-2007***

During FY 2006-07 an increase in the Automated Community Connection to Economic Self-Sufficiency program hearing requests of more than 45 % from FY 2004-05 through FY 2006-07 was projected.. In an effort to assist the Department in determining the reasons for increased number of hearing requests, the Office of Appeal Hearings surveyed over 2,000 individuals who requested hearings between January 25, 2007 and April 25, 2007. The survey results showed that 56% of the customers were not able to have a complete discussion of their case with a department employee prior to requesting a hearing. In addition, 41% reported that they left messages and received no return phone call, and 17% reported that they were referred to telephone number and unable to reach anyone at that number.

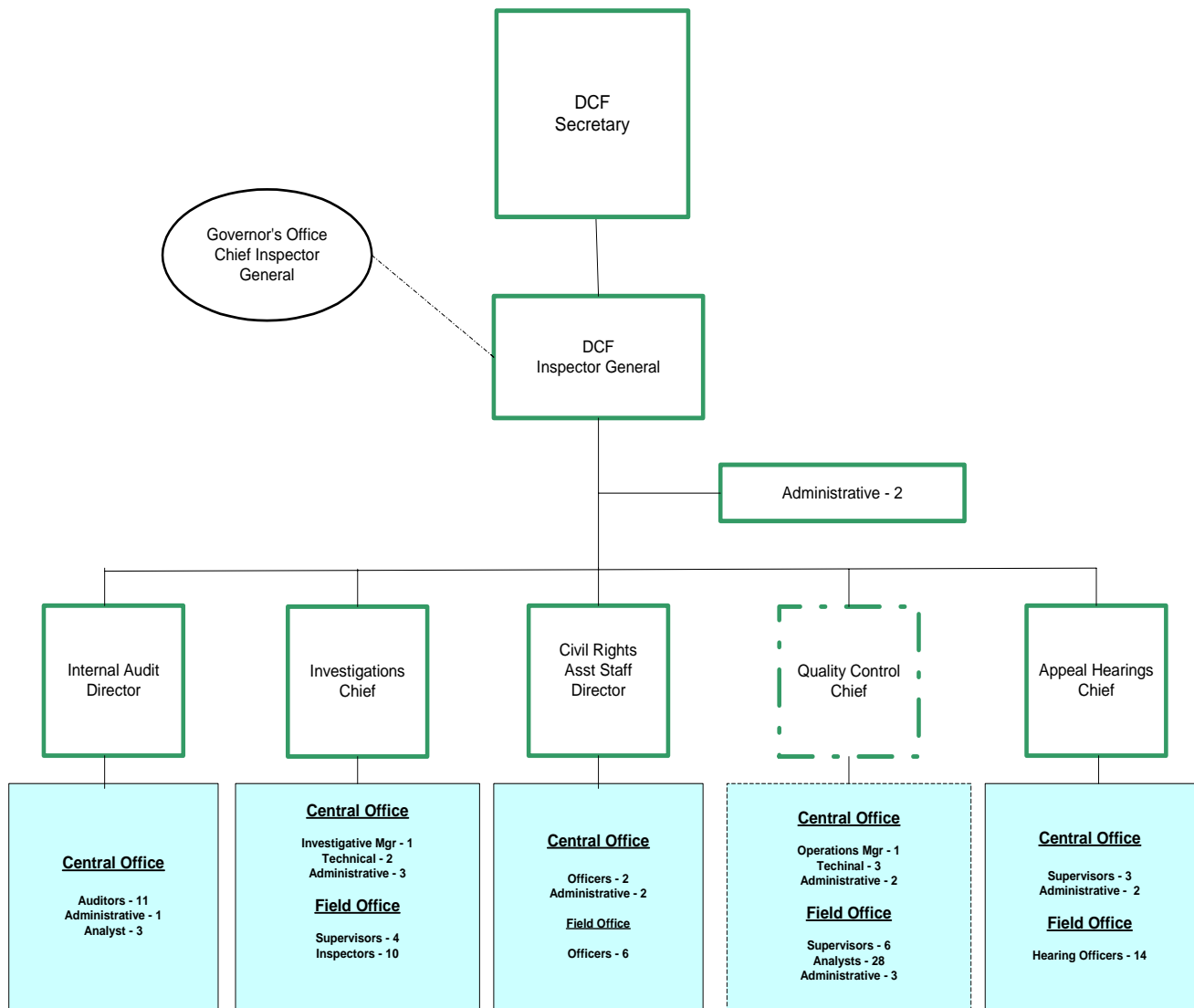
The Investigations Unit fully implemented a web-based management system, which is used to handle all aspects of the operations of the Investigations Unit. The system has been designed to incorporate the Association of Inspectors General standards for investigations that address staff qualifications, independence, due professional care, quality control, planning, data collection and analysis, evidence, timeliness, reporting, confidentiality, and follow-up.

Civil Rights developed and entered into its final phase of completion of a Civil Rights Automated System. The system's development was aimed at technology advancement; replacing an outdated manual system. The system has enhanced the office's ability to track the investigative process, as well as produce reports to meet the confidentiality requirements and statutes from both federal and state entities. Additionally, this paperless system will serve as a management tool by increasing staff's efficiency, timeliness and ensure accountability to all federal and state compliance standards.

## Section A: Introduction

### Office of Inspector General Organizational Chart

The Office of Inspector General is comprised of four sections: Internal and Single Audit, Investigations, Civil Rights, and Appeal Hearings, totaling 70 positions. In March 2007, the 45 positions of the Office of Quality Control were moved from the Office of Inspector General to the ACCESS program office. Each section, with the exception of Internal Audit, has field office locations throughout the state. See below for an outline of locations of each respective section.



**Figure A.2: Office of Inspector General Organizational Chart of authorized positions for FY2006-2007.**

**Field Offices:**

**Investigations – Tallahassee, Ft. Lauderdale, Orlando, Tampa**

**Civil Rights – Tallahassee, West Palm Bch, Orlando, Tampa, Daytona Beach, Miami**

**Appeal Hearings – Tallahassee, West Palm Bch, Ft. Lauderdale, Miami, Tampa, Pensacola, Ft. Pierce, Gainesville, Orlando, St. Petersburg, Jacksonville**

## **Section A: Introduction**

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### ***Goals for FY 2007-2008***

**Office of Inspector General**– During this fiscal year, the Office of Inspector General will focus on relationship building with management, staff, providers, and community partners, by increasing awareness of the Inspector General’s role and responsibility. We will strive to continue adding value to the Department by promoting stability within the entity. We will develop measurement strategies to align ourselves with the Secretary’s guiding principles.

#### **Internal Audit**

The Internal Audit Office will continue to implement the continuous improvement model through policy, procedure, and practice.

Internal Audit will continue to assist the Department with the development and planning activities associated with a statutorily mandated self-assessment report. The Department is scheduled for a Sunset review by the Florida Legislature by July 1, 2010. In preparation for this review, the Department is required to submit a self-assessment report to the Legislature no later than July 1, 2008. The Office of Inspector General is required to validate the information and data included in the self-assessment report by January 1, 2008.

#### **Investigations**

The office is dedicated in its efforts to prevent and deter potential fraud, waste, mismanagement, misconduct, and other abuses. Cases involving criminal violations will continue to be investigated and coordinated with law enforcement agencies to ensure that the involved employees are not only terminated, but prosecuted for their actions. In addition, the Investigations Unit has begun a self-assessment procedure to ensure compliance with Principles and Standards for the Offices of Inspector General (Green Book) as established by the Association of Inspectors General.

#### **Civil Rights**

The Office will continue to operate in a preventative manner through compliance reviews and monitoring of service providers and programs. We will continue to follow our strategic plan by engaging in positive dialogue with State and Federal agencies that provide guidance. We will continue to improve process management by incorporating our new complaint automation system and streamlining where possible.

#### **Appeal Hearings**

The office is proposing changes to both its administrative rules and statutory authorization to update obsolete language and clarify authority to conduct administrative hearings under §120.57(1), Florida Statutes.

In the office’s new web-based system, read only access will be made available to those department management staff responsible for implementation of the hearing process. The system will also be available for the Access Florida data warehouse for district staff to prepare reports on hearing activities.

When deployment of the Access Florida file scanning system has been completed, the office will scan all hearing decisions into the Access Florida system. This new capability will allow circuit staff immediate access to the contents of our file.

## Section A: Introduction

### Office of Inspector General Strategic Plan

The Office of Inspector General (OIG) strategic planning process is divided into three phases: planning, development, and deployment. The planning phase begins with a review of the mission statement and core values, which sets the organizational direction. This year, the planning stage was completed in a day-long retreat with senior leaders in the Inspector General's office and facilitators from the Office of Strategic Planning and Innovation. This retreat was interactive with each staff member having a voice in the process. It was during this phase that each section assessed new trends, technology, environmental influences, and special focus areas. Our analysis, which identifies Strengths, Weaknesses, Opportunities, and Threats (SWOT), became the basis for the development of the plan.

In the development stage, it was decided a single strategic plan would be developed for the office in lieu of one for each unit of the Inspector General's office. Senior staff established three goals for the office.

- To create a quality workforce in the Inspector General's office by recruiting, retaining and promoting qualified staff.
- To be recognized and respected as an entity that adds value to the Department.
- Foster activities that increase ethical awareness and social responsibility in the Department.

In establishing these objectives, consideration was given to the prior year's strategic plan. Any objectives from the prior year that were not met, or were no longer feasible, were revised, deleted, or replaced. Strategies along with success indicators were developed for each objective.

Each unit is responsible for the deployment of the plan. The detailed plans are supported by action steps, deadlines, and personnel responsible for completing the steps.

Progress on the strategic plan will be reviewed quarterly by the senior staff to evaluate the implementation progress. An outline of the strategic plan is detailed in the following chart:

<b>OFFICE OF THE INSPECTOR GENERAL</b>	
Human Resources (Internal (OIG) Relationships)	
<b>OBJECTIVE</b>	
To create a quality workforce in the IG office by recruiting, retaining and promoting qualified staff.	
<b>Success Indicator:</b>	<b>Strategies:</b>
<ul style="list-style-type: none"> <li>- Increase in staff performance scopes</li> <li>- Complete recognition model</li> <li>- Succession plan developed</li> <li>- Workplace stability                             <ul style="list-style-type: none"> <li>o Increase internal promotions</li> <li>o Reduce turnover rate</li> </ul> </li> <li>- Identification of training requirements                             <ul style="list-style-type: none"> <li>o Training requirements met</li> <li>o Increase in cross trained staff</li> </ul> </li> <li>- Successful work environment                             <ul style="list-style-type: none"> <li>o Establish an employee satisfaction baseline</li> </ul> </li> <li>- Hiring Protocol in place                             <ul style="list-style-type: none"> <li>o Internal/external advertising</li> <li>o Standard selection methodology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Develop recognition model                             <ul style="list-style-type: none"> <li>o External recognition (Davis Productivity)</li> <li>o Internal recognition                                     <ul style="list-style-type: none"> <li>▪ OIG Innovation Award</li> <li>▪ Recognition of outstanding performance</li> </ul> </li> </ul> </li> <li>- Develop succession plan                             <ul style="list-style-type: none"> <li>o Identify positions and staff for succession</li> </ul> </li> <li>- Analysis of turnover rate                             <ul style="list-style-type: none"> <li>o Exit interviews</li> <li>o Vacancies and reasons</li> </ul> </li> <li>- Develop training/cross training plan                             <ul style="list-style-type: none"> <li>o Training Requirements met</li> </ul> </li> <li>- Design employee satisfaction survey</li> <li>- Develop hiring protocol</li> </ul>

## Section A: Introduction

<b>OFFICE OF THE INSPECTOR GENERAL</b>	
Leadership – Relationship Building	
<b>OBJECTIVE</b> Recognized and respected as an entity that adds value to the Department	
<b>Success Indicator:</b>	<b>Strategies:</b>
<ul style="list-style-type: none"> <li>- Appropriate requests by management and providers for IG services</li> <li>- Number of hits to website for OIG orientation</li> <li>- Increase number of IG’s advisories</li> </ul> <p>Change affected</p> <ul style="list-style-type: none"> <li>- Positive survey feedback</li> <li>- Expectations Set                             <ul style="list-style-type: none"> <li>o Monitor compliance                                     <ul style="list-style-type: none"> <li>▪ Quality</li> <li>▪ Timeliness</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Engage DCF and provider management                             <ul style="list-style-type: none"> <li>o Develop a Meet and Greet matrix</li> <li>o Educate regarding the role of IG</li> <li>o Enhance IG Advisories</li> </ul> </li> <li>- Set work product expectations                             <ul style="list-style-type: none"> <li>o Completion of activities within milestones</li> <li>o Production of quality reports that can withstand challenge and criticism</li> <li>o Define how do we know our value/impact</li> </ul> </li> </ul>

<b>OFFICE OF THE INSPECTOR GENERAL</b>	
Measurement	
<b>OBJECTIVE</b> Foster activities that increase ethical awareness and social responsibility in the Department.	
<b>Success Indicator:</b>	<b>Strategies:</b>
<ul style="list-style-type: none"> <li>- Measurement strategies are in place that indicates the level of ethical awareness and social responsibility within the Department</li> <li>- Reduction in the number of sustained allegations</li> </ul>	<ul style="list-style-type: none"> <li>- Develop measurement strategies                             <ul style="list-style-type: none"> <li>o Survey to establish the ethical environment, providers, field, etc.</li> <li>o Develop scorecards</li> <li>o Trend analysis</li> </ul> </li> <li>- Promote ethical behavior throughout the Department                             <ul style="list-style-type: none"> <li>o Ethic education curriculum</li> <li>o Contract language</li> <li>o Share best practices through out the Department</li> </ul> </li> </ul>

Figure A.3: Office of Inspector General Strategic Plan for FY2007-2008.

## Section B: Internal and Single Audit

### THE INTERNAL AUDIT PROCESS



Figure B.1: Office of Inspector General Single Audit Process

## Section B: Internal and Single Audit

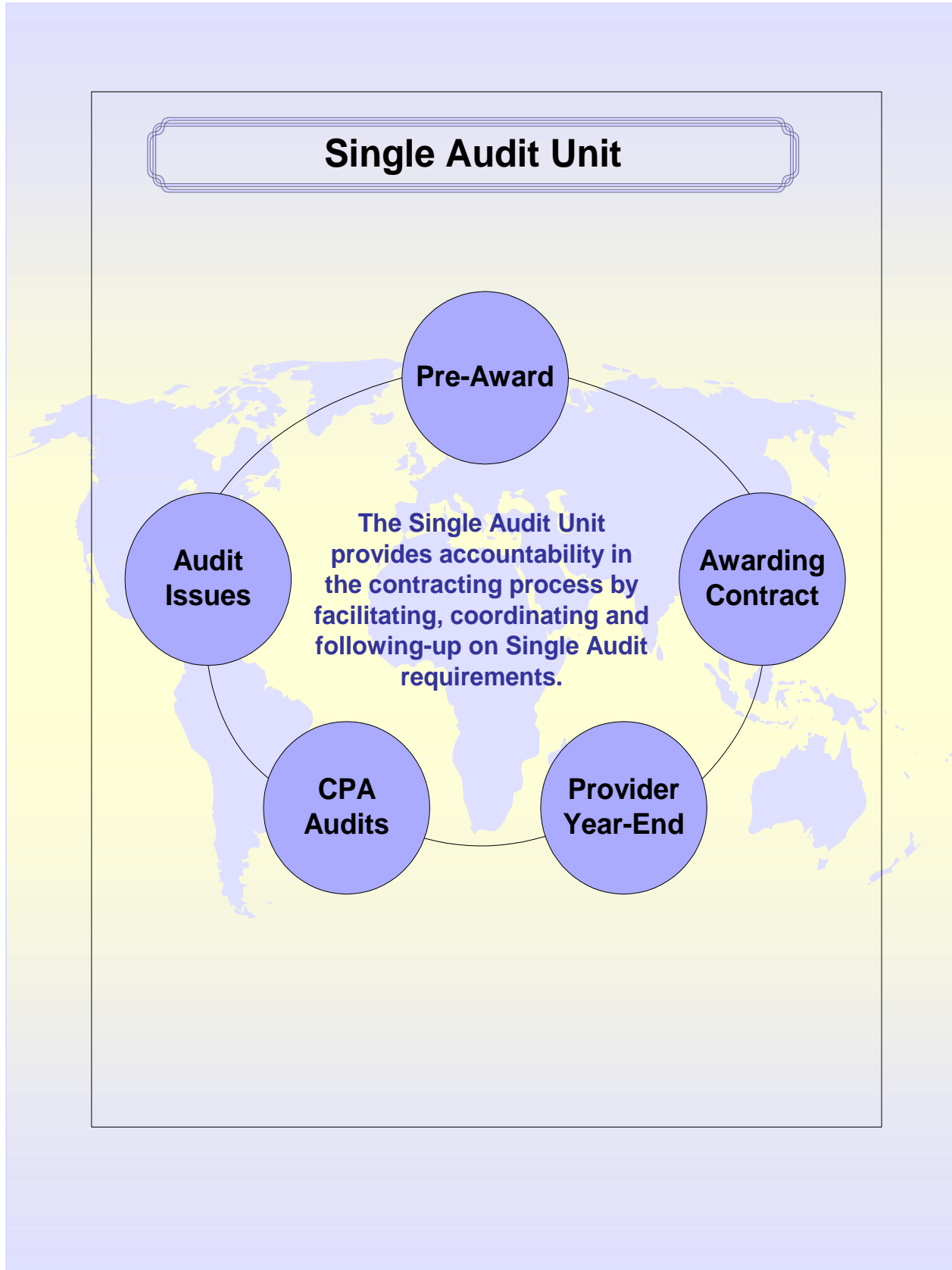


Figure B.2: Office of Inspector General Single Audit Process



## **Section B: Internal and Single Audit**

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**Internal Audit**, as authorized by §20.055, Florida Statute, encompasses the examination and evaluation of the adequacy and effectiveness of the organization's system of internal controls and the quality of performance. To achieve this mandate, internal auditors ensure:

- ◆ Reliability and integrity of financial and operational information;
- ◆ Compliance with laws, regulations, and contracts;
- ◆ Safeguarding of assets;
- ◆ Resources are employed with economy and efficiency; and
- ◆ Established objectives and goals for operations or programs are accomplished.

The Office of Internal Audit performs the following activities:

- ◆ Conducts performance, compliance, financial, contract, and information systems audits;
- ◆ Provides consulting services relating to program operations and assesses the reliability and validity of program performance measures;
- ◆ Prepares a department-wide Risk Assessment and Annual Audit Plan;
- ◆ Coordinates all Department responses to external audits and tracks corrective actions through resolution; and
- ◆ Conducts ad hoc assignments from management, Auditor General, Legislature, Federal Auditors, and the Chief Inspector General.

### ***Internal Audit Staff***

During FY 2006-2007, the office had eleven full-time internal audit positions located in Tallahassee, which included a Director of Auditing, nine auditors, and one administrative staff support.

Staff members hold the following certifications: Certified Internal Auditor, Certified Information Systems Auditor, Certified Public Accountant, and Certified Inspector General.

All auditors are members of the Institute of Internal Auditors. Staff also participated in various professional organizations and attended training seminars to comply with the continuing education requirements of Government Auditing Standards (at least 80 hours continuing education training every two years) and Standards for the Professional Practice of Internal Auditing.

### ***Internal Audits Completed***

Audits and consulting projects are conducted in accordance with the International Standards for the Professional Practice of Internal Auditing. Audits completed during FY 2006-07 were based on requests by management, topics identified during prior audits and investigations, risk assessment and statutory requirements. A total of eleven audits and nine consulting projects were completed during the fiscal year. We identified \$327,235 in questioned costs, duplicate billings, and ineligible costs.

## Section B: Internal and Single Audit

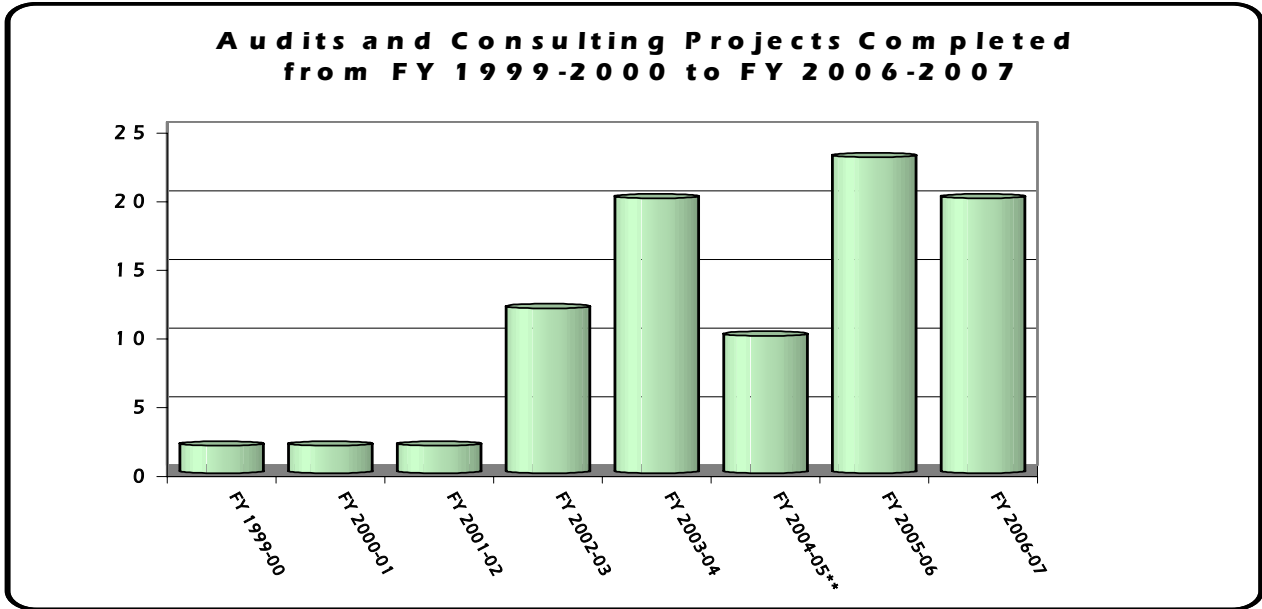


Figure B.3: Office of Internal Audits Comparison of Audits/Consulting Projects Completed

\*\* During FY 2004-2005, audit resources were diverted towards implementation of the Contract Oversight Unit. While under the Office of Inspector General, the Contract Oversight Unit published 114 monitoring reports.

### Workload Distribution by Program Areas FY 2006-2007

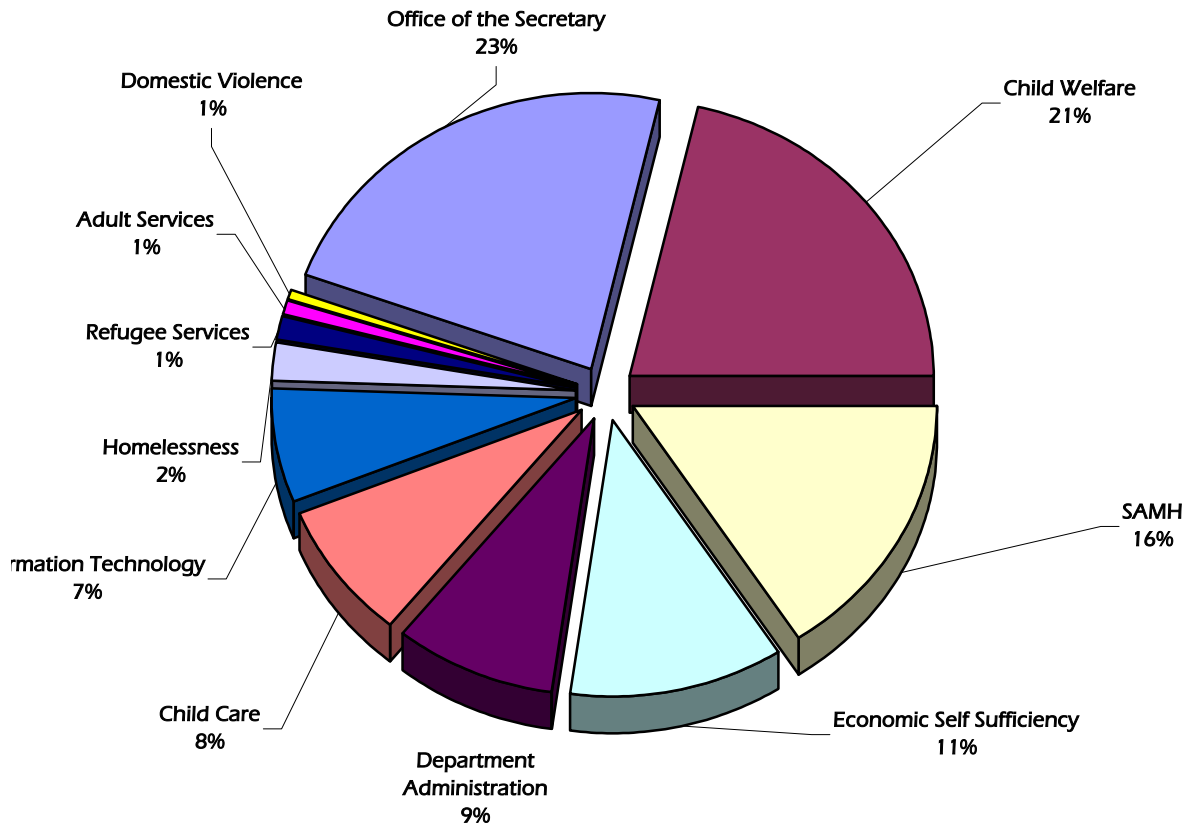


Figure B.4: Office of Internal Audits Workload Distribution by Program Area. Note: Department Administration describes projects or activities related to the Offices of Administrative Services Support, Contracted Client Services, Financial Management, General Services and Human Resources.

## Section B: Internal and Single Audit

### Origin of Audits/Consulting Projects Completed FY 2006-2007

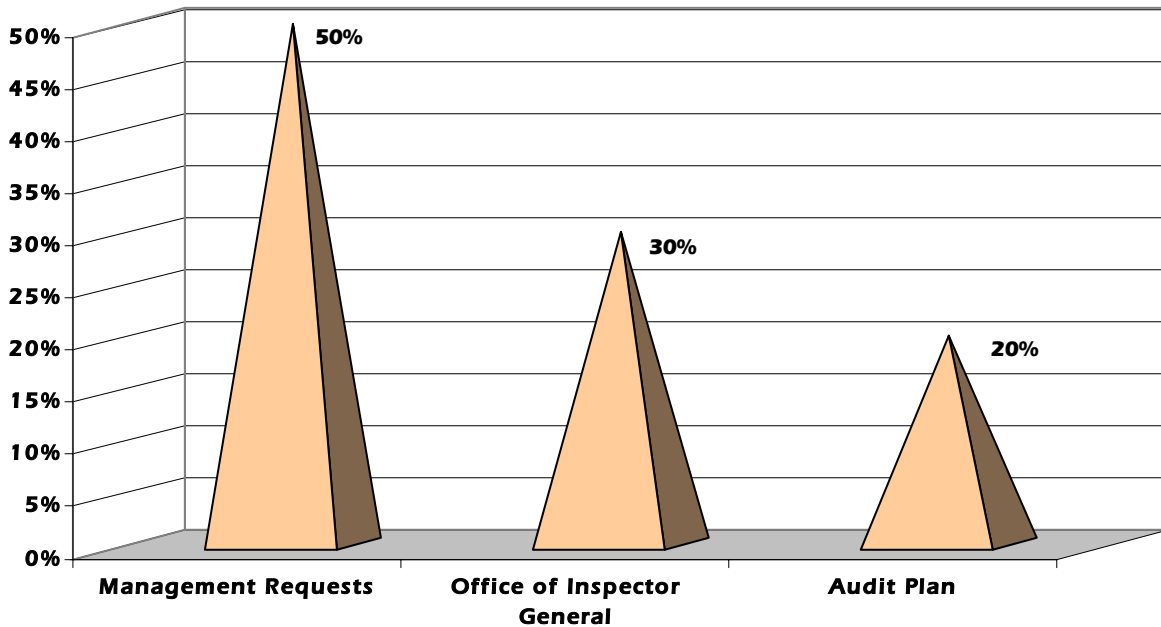


Figure B.5: Office of Internal Audits Origin of Audits/Consulting Projects Completed

#### Internal Audit Highlights

The following summarizes significant audits issued during the fiscal year. Audits issued during FY 2006-07 may be viewed at: [http://www.dcf.state.fl.us/admin/ig/pubs\\_ia.shtml](http://www.dcf.state.fl.us/admin/ig/pubs_ia.shtml).

One of our most significant reports this year assessed the department's ethical climate.

#### An Assessment of the Department's Ethical Climate (A-18-0506-100).

This audit examined the effectiveness of the Department of Children and Families' strategies, initiatives, and other processes that promote and foster a legal and ethical workplace. Internal Audit is required by Performance Standard 2130 of the International Standards for the Professional Practice of Internal Auditing to periodically assess the ethical climate of its organization. Internal Audit determined that the Department has many elements in place to support an effective compliance and ethics program; however, opportunities for improvement exist. These opportunities include ethics and public records training, and updating of Department public records operating procedures. Department management concurred with the report findings. Corrective action to incorporate the development of mandatory annual training on ethics and public records, and revisions to the operating procedures are underway.

Three consulting advisories provided an evaluation of various components of the ACCESS<sup>1</sup> Modernization Effort.

• <sup>1</sup> Automated Community Connection to Economic Self-Sufficiency

## **Section B: Internal and Single Audit**

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**Governance Issues Surround Modernization Effort (A-24-0708-004-1); The Need for Multiple Call Centers should be Questioned (A-24-0708-004-2); and, Customer Satisfaction Surveys Conducted at the Local Level Cannot Be Readily Compared Statewide (A-24-0708-004-3).**

These advisories were related to governance, justification for multiple call centers, and the effectiveness of customer satisfaction surveys.

Since FY 2002-2003, the department has reduced ACCESS staff and funding from 7,207 positions with a budget of \$287 million to 4,109 positions with a budget of \$204 million as of June 30, 2006. In addition, the process has been significantly reengineered.

The Headquarters Program Office is responsible for policy, and districts are responsible for implementation conducted at the discretion of each district administrator. Inefficiencies might be associated with this organizational structure. For example, some districts aggressively manage and improve ACCESS organizational infrastructure, while others do not. With no central direction, inconsistent results can be expected. While many major initiatives were put in place and efficiencies achieved, there did not appear to be a single, statewide roadmap to define milestones, target dates, efficient and effective service levels, and the ultimate goal.

Internal Audit evaluated the organization of ACCESS call centers and found no business plan or justification for multiple (3) call centers. When key management was questioned, responses included the need for redundancy to reduce downtime during emergencies, labor pool availability and benefits of local call center staff serving local clients. A business plan, according to interviewees, was never created.

Further, Internal Audit assessed customer satisfaction surveys conducted statewide to obtain data regarding ACCESS activities. Surveys are conducted at service centers, district program offices, call centers, and via the web. Although most districts capture this data and report to local district management, no standardized tool exists to readily compare customer satisfaction data statewide.

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Three consulting advisories responded to the immediate concerns over the lack of state hospital forensic beds. The advisories included a comparison of bed costs as related to the overall mental health system in Florida and in other states.

### **Forensic Bed Costs:**

**Preliminary Assessment of Statewide Department of Children and Families (C-07-0607-230-1);**

**What the Department Pays. What Others Pay. What are the Alternatives? (C-07-0607-230-2); and,**

**Barriers to Community Forensic Treatment – A Need to Focus on Prevention (C-0607-230-3)**

Internal Audit surveyed four states (California, New Jersey, Texas and Virginia) to compare forensic bed costs. Staff also explored issues relating to funding, police training, and housing. In FY 2004, the department ranked eighth in mental health hospitalization expenditures as compared with other states operating similar facilities.

## **Section B: Internal and Single Audit**

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The Department operates three forensic facilities to treat people with mental illnesses who are determined by the court to be incompetent to proceed to trial or who are found not guilty by reason of insanity.

Forensic mental health services are also offered in the community. While the level of treatment and goals differ among community programs, alternatives to hospitalization range from \$19 to \$330 per day. Alternatives include: Florida Assertive Comprehensive Treatment (FACT), Comprehensive Community Support/Service Team (CCST), Residential Treatment Facilities (RTF), and Short-term Residential Treatment Facilities (SRT).

Finally, although additional hospital beds may be necessary in the short-run to alleviate hospital bed shortages, the long-term solution to mitigate criminalization and re-institutionalization of people with mental illness should be addressed. With less than 25 percent of the eligible population penetrated by the public mental health system, undue burden and expectation is placed on local jurisdictions, namely law enforcement and the justice system, to individually address the incarceration of people with mental illness and link them to necessary treatment. As 49<sup>th</sup> in the country in per capita community mental health expenditures, Florida lacks the infrastructure needed to adequately support its target population afflicted with mental illness.

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At the request of the Governor's Chief Inspector General, the Internal Audit Office provided leadership and staffing to The Department of Juvenile Justice and completed 22 audits of all their Juvenile Detention Centers. It was alleged; property belonging to detainees was being stolen, lost, and destroyed. The audits reported, while youth's property was poorly controlled and standard procedures were not in place, widespread theft and abuse of property was not found. It was recommended statewide procedures be developed and implemented.

### ***Follow-up Reports***

The Internal Audit section also conducted follow-ups on 6 status reports to external audits. Follow-up activities included determining corrective action taken through a six-month status report, Health and Human Services audit resolutions, the Summary Schedule of Prior Audit Findings, and the Legislative Budget Request IX.

### ***Coordination with External Auditors***

The Office of Internal Audit is responsible for coordination of efforts with the Office of the Auditor General (AG), Office of Program Policy Analysis and Government Accountability (OPPAGA), and Federal agencies such as the United States Departments of Health and Human Services, and Agriculture. During FY 2006-2007 the Internal Audit section coordinated the department's responses to 15 external audit reports requiring response and conducted 54 liaison activities by:

- ◆ Participating in audit entrance and exit conferences.
- ◆ Coordinating, reviewing, and preparing responses to audit recommendations for the Secretary's signature.
- ◆ Monitoring corrective action plans.
- ◆ Preparing six-month and 18-month status reports.
- ◆ Preparing the annual Summary Schedule of Prior Audit Findings.
- ◆ Preparing the annual Report of Major Audit findings and Recommendations for Legislative Budget Issues.

## **Section B: Internal and Single Audit**

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- ◆ Preparing the annual US Department of Health and Human Services Audit Resolution status report.

### ***Single Audit Unit***

The Single Audit Unit has three full-time positions in Tallahassee which include two Certified Public Accountants, and one Certified Internal Auditor.

The mission of the Single Audit Unit is to ensure that the department complies with both State and Federal single audit requirements. A single audit is a financial and compliance audit of an organization performed by an independent auditor (usually a Certified Public Accountant firm). The single audit will include the independent auditor's evaluation on the entity's compliance with the requirements for the major state projects and/or major federal programs.

Single Audit Requirements are found in the following laws, and regulations:

- Federal Single Audit Act of 1984, as amended;
- Office of Management and Budget Circular A-133;
- Florida Single Audit Act, Chapter 215.97, Florida Statutes;
- Rules of the Auditor General, Chapters 10.550 & 10.650;
- Chapter 27D-1, Florida Administrative Code (FAC), Governor's Rules; and,
- Chapter 69I-5, FAC, Department of Financial Services

The Single Audit Unit reviews all single audit reports received by the Department and notifies district personnel of Single Audit Unit review findings and follow-up actions required of the Department. The contract provider and independent auditor are also notified of reporting deficiencies found in the Single Audit Unit review.

The Single Audit Unit maintains the web-based Post Award Notice application, which is used by contract managers to notify contract providers of their state and federal funding and single audit requirements.

Upon request, the Single Audit Unit sends payment confirmations to the independent auditor with the federal program and state project detail necessary to perform a single audit.

The Single Audit Unit sends delinquent and overdue notices for single audits not received from contract providers within the contractual and statutory deadline for audit submission.

The Single Audit Unit provides technical assistance to contract managers and other district personnel regarding single audits, and maintains a web-based database for all single audit activity relating to Department contracts.

The Single Audit Unit assists in recording new DCF state projects and related compliance supplements for the independent auditors.

### ***Single Audit Unit Reports***

The Single Audit Unit provides accountability in the contracting process by facilitating, coordinating, and following-up on State and Federal Single Audit requirements. The Single Audit Act, both federal and state, is designed to allow for one independent audit of an entity's financial condition on which all interested parties can rely.

## Section B: Internal and Single Audit

The unit reviewed and processed 251 audits and other CPA reports for FY 2006-07. In January, the unit converted to a web-based tracking and documentation system. Data from this system shows the activity and the issues faced by the unit on a daily basis.

This chart shows the follow up effort of the Single Audit Unit over the six month period January to June 2007. The follow up and corrective action was taken by providers, department personnel and independent CPA firms and involved incomplete information or unresolved issues identified in the independent audit reports.

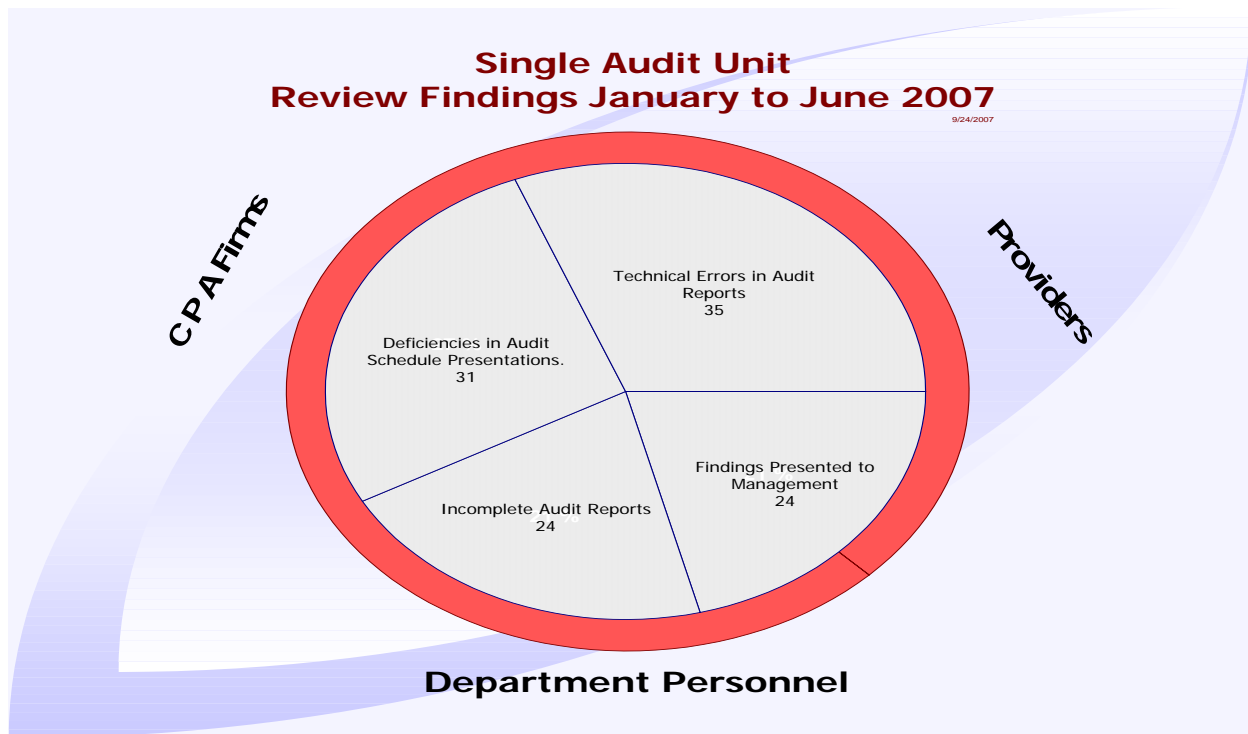


Figure B.6: The Single Audit units follow up efforts

### **Strategic Goal Accomplishments**

The Internal Audit's Strategic Plan spells out major initiatives and activities for the unit. The methodology used to accomplish these strategies is based on the alignment of the strategic action steps with individual staff member's daily activity. This alignment is accomplished through the use of the annual Employee Performance Evaluation. There are ten employee performance expectations that specifically impact strategic initiatives.

One expectation details the number of training hours and other professional activities necessary to achieve a high performance rating. This performance expectation relates directly to an item in the strategic plan that establishes a priority for continuing education and professional development.

Another strategic initiative is the use and enhancement of the Office of Inspector General web-based systems. This year Office of Internal Audit expanded the Integrated Internal Audit Management System (IIAMS) to include extensive standard and customized reporting options for both Internal Audit and the Single Audit Unit. This has facilitated and expedited quarterly and annual reporting requirements.

## **Section B: Internal and Single Audit**

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Addressing the high ethical and moral standards initiative within the Strategic Plan, OIA conducted an assessment of the Department's ethical climate. This assessment serves as a model for similar audits in other state agencies. Staff also participated in the development of an ethics training program.

Quality assurance activities for work products and staff are critical strategic components. A scorecard was created to evaluate compliance and to provide continuous feedback on the quality of systems employed by the office.

To measure customer satisfaction, Internal Audit deployed an automated feedback survey that is easy to use and compiles customer evaluations. This methodology has been adopted by other OIG units.



## Section C: Investigations

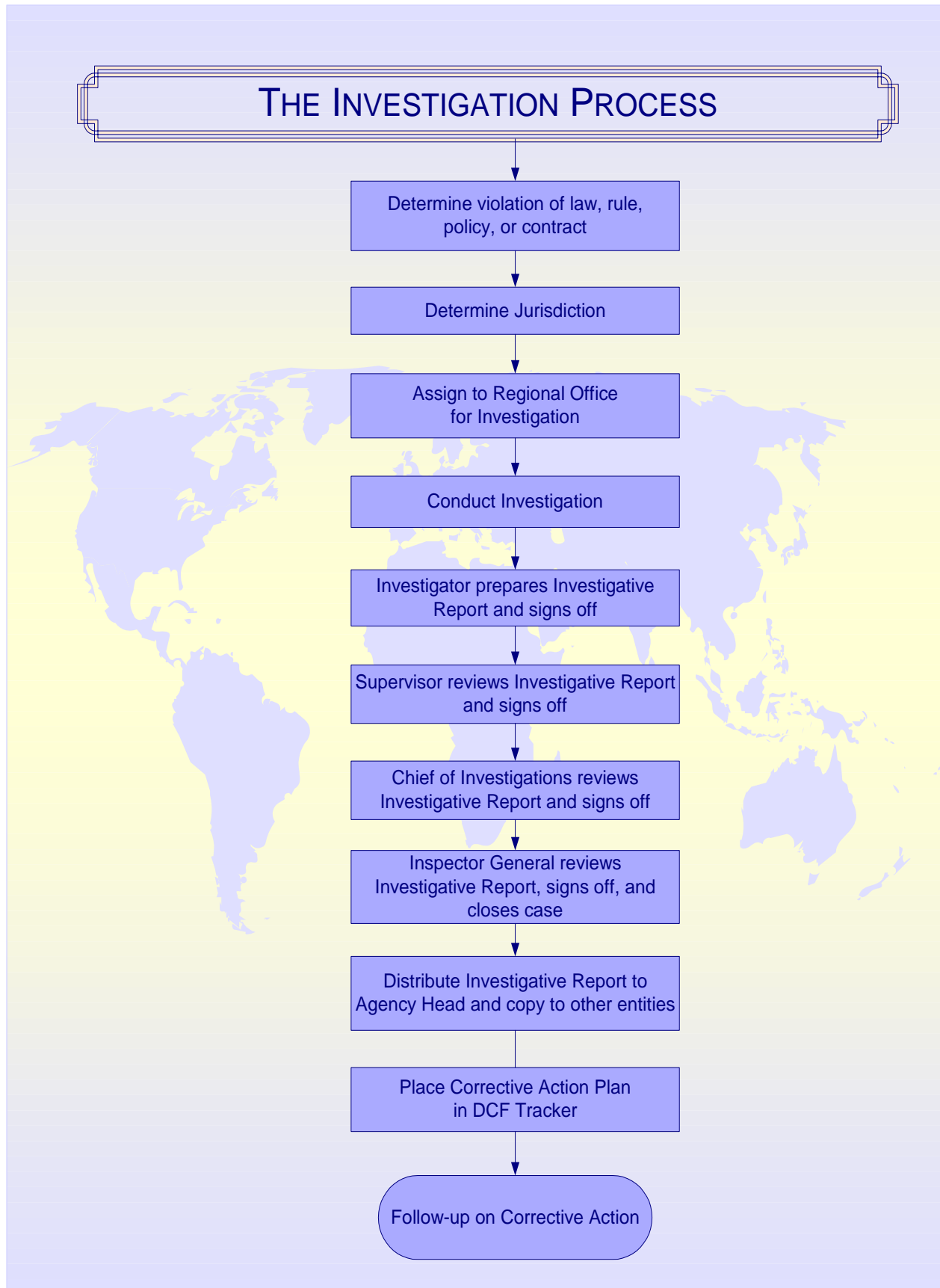


Figure C.1: Office of Inspector General Investigations Process

## Section C: Investigations

**Investigations** receives and considers complaints, including those filed under the Whistle-blower's Act, and initiates and coordinates inquiries, management reviews and investigations. Complaints are received from a variety of sources, including:

- Members of the General Public;
- Current and former Department employees;
- Current and former employees of the Department's contracted agencies;
- Parents, including adoptive and foster parents;
- Members of specialty advocacy groups;
- Florida Legislators and their staff;
- Office of the Governor;
- Members of law enforcement agencies;
- Other state agencies.

Complaints received by this unit encompass a variety of programs and issues. See graph below.

A complaint that is sufficient for investigation must (at a minimum) include an allegation that a department or contracted employee has violated a specific section or sections of law, administrative rule, policy or procedure and/or contract terms, and conditions. A management review is conducted when there appears to be a systemic issue or trend.

The following chart provides a breakdown of the investigations and management reviews conducted during FY 2006-07 by program area.

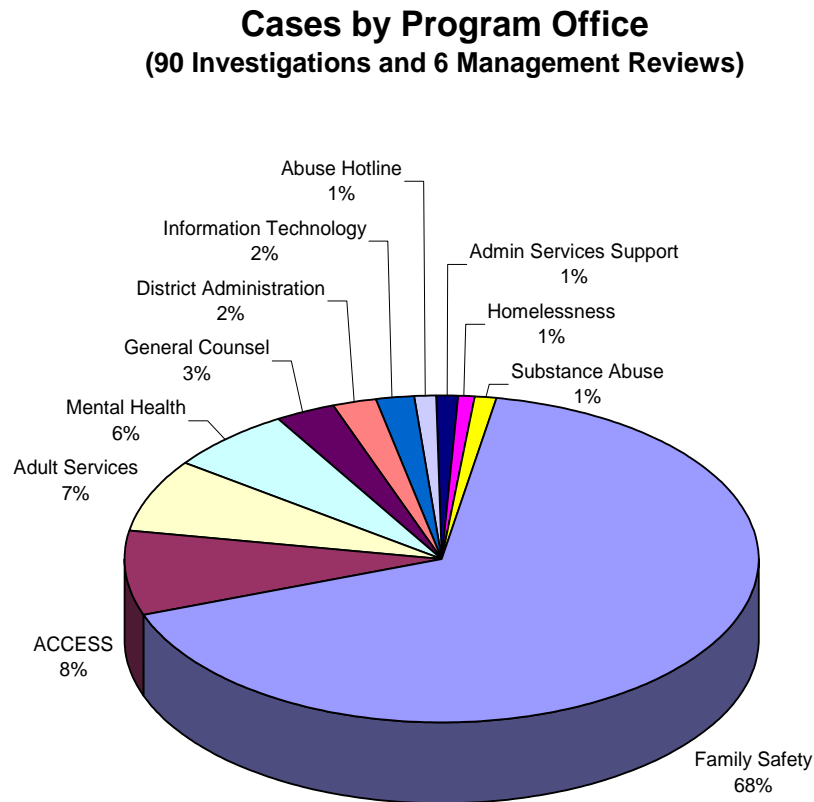
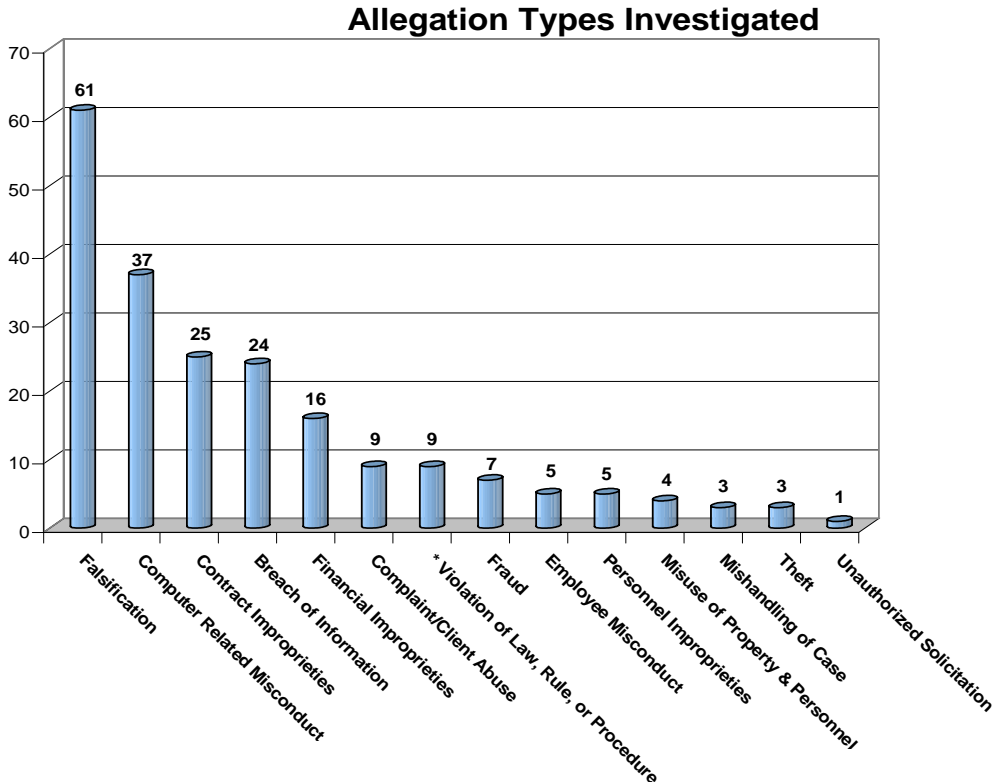


Figure C.2: Investigations and Management Reviews by Program Area during FY 2006-07

## Section C: Investigations



\*This allegation type included forgery, employee ethics, failure to act.

Figure C.3: Types of Allegations Investigated During FY 2006-07

**Note:** Some cases may have multiple allegations.

### Notable Facts Concerning Investigations:

- **50%** of all allegations investigated during FY 2006-07 resulted in **supported** findings.
- **31%** of completed investigations involved law enforcement and/or State Attorney's Office referral due to possible criminal violations (fraud, theft, falsification of client records, breaches of confidentiality, and computer related misconduct).

When an Inspector General investigation uncovers, possible criminal violations, those investigative findings are coordinated with local law enforcement agencies, the Florida Department of Law Enforcement (FDLE) for criminal investigation, or are referred directly to the State Attorney's Office for prosecution. The following chart shows the districts where the incidents took place that resulted in law enforcement coordination.

### Law Enforcement/State Attorney Referrals

District	7	9	SC	11	20	4	13	8
42 Subjects referred to Law Enforcement Agencies	12	9	7	6	3	2	2	1

(SC = SunCoast Region)

Figure C.4: Subjects Referred For Possible Criminal Violations by District during FY 2006-07

## Section C: Investigations

During FY 2006-07, of the 42 subjects referred to law enforcement, 50% were Department employees, and 50% were Provider employees. The following chart illustrates 30 cases involving 42 subjects investigated and referred for criminal investigation and/or prosecution by allegation type (percentage). It should be noted that while there were 42 subjects involved, there were a total of 56 allegations investigated and referred.

**Allegation Types Referred to Law Enforcement**

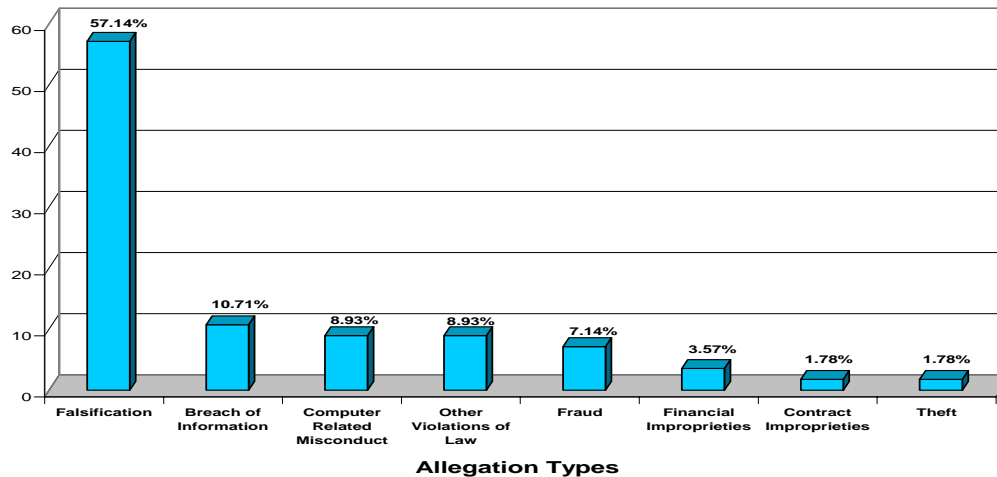


Figure C.5: Allegation Types Referred for Criminal Investigation and/or Prosecution during FY 2006-07.

- An arrest was made on 9 subjects.
- There were 7 subjects criminally prosecuted, the results of which are listed below.
  - At trial, one subject pled guilty, was sentenced to time served in jail, one year probation, and 50 hours of community service.
  - One subject was sentenced to 5 years felony probation and 200 hours of community service.
  - One subject pled guilty, was sentenced to 5 years felony probation, and ordered to pay restitution to the Department in the amount of \$18,682. The subject has since committed a violation of probation.
  - One subject pled to a misdemeanor and was ordered to pay restitution to the Department in the amount of \$250.
  - Two subjects entered the Pre-Trial Intervention program as first-time offenders.
  - One subject (Department employee) pled nolo contendere, was adjudicated guilty, and sentenced to 20 months in prison on July 30, 2007. The additional 10 co-defendants (non-Department employees) also pled to their charges during fiscal year 2006-2007. The Department was awarded full restitution and recovered a total of \$40,800.
- There are 19 cases currently pending decision by either law enforcement or the State Attorney's Office.

### **Legislative Revisions**

For the past four years, the Investigations unit has made efforts to have §839.13(2)(a) and §839.13(2)(c), Florida Statutes amended to clarify language pertaining to falsification of records. The statutory language made it unlawful to alter, destroy, deface, overwrite, remove, or discard existing records, but did not account for the creation of false records. As a result, cases involving

## **Section C: Investigations**

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Department or Contract Provider employees who created false records indicating that visits with clients had occurred often were reduced to a misdemeanor or not filed by the State Attorney's Offices.

On June 19, 2007, Senate Bill 1394 was passed and signed into law by Governor Charlie Crist on June 19, 2007. The bill allows for felony prosecution of Department employees and Contract Provider employees who create false records.

### ***Outreach Program***

Beginning in October 2006, the Investigations unit initiated an outreach program to educate Community Based Care providers and their subcontractors on the role of the Office of Inspector General. Meeting and training sessions are held to increase awareness, such as when to report suspected employee wrongdoing, and how to recognize violations of statute, rule, policy, or contract, specifically potential falsification of records under §839.13(2)(a) and §839.13(2)(c), Florida Statutes. A total of seven training sessions have been held involving 13 separate agencies. Since these efforts began, the Investigations unit has seen an increase in requests for investigation submitted by the Community Based Care providers.

### ***Public Records Requests, Reference Checks & Arrest Notifications***

The Investigations unit receives and responds to public records requests, in accordance with Chapter 119, Florida Statutes. Requests are received from the media, other state agencies, contract provider agencies, attorneys, and members of the general public. During FY 2006-07, the Investigations unit responded to **72** requests for public records.

Due to the nature of information contained in an investigation, particularly as it pertains to child safety and welfare, each investigative record must be reviewed and redacted (removal of client confidential information) before the record can be released. In addition to public records requests, the Investigations unit performed **96** redaction reviews.

Additionally, the unit provides personnel reference checks regarding department employees being considered for new hire, re-hire, transfer, promotion, or demotion. In FY 2006-07, the unit responded to **2,878** employee reference checks.

The Office of Investigations is also responsible for receiving employee Arrest Notifications for Department employees. During FY 2006-07, **64** Arrest Notifications were received.

### ***Recommended Corrective Action Plan***

A critical element of the Investigation's unit is follow-up on any corrective action. With the exception of Whistle-blower investigations, when child or adult safety issues or risk arise, the appropriate manager is immediately notified.

Using DCFTTracker (Department-wide correspondence data system), the recommended CAP is entered and assigned to the appropriate management, with a 30-day response required. During the FY 2006-07, a total of **100** CAPs were recommended with a timely response received by management on **70 (70%)**.

## Section C: Investigations

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### High Profile Cases

The following summarizes significant investigations closed during the fiscal year. All closed investigative reports may be viewed at: [http://www.dcf.state.fl.us/admin/ig/pubs\\_invest.shtml](http://www.dcf.state.fl.us/admin/ig/pubs_invest.shtml).

- **2006-0063 – Public Assistance Fraud:** A former Other Personal Services (OPS) Public Assistance Specialist fraudulently authorized the payment of public assistance funds from the Emergency Financial Assistance for Housing Program (EFAHP). The EFAHP fund provides emergency assistance to families who are either without shelter or face the loss of shelter due to non-payment of rent or mortgage by issuing one-time payments directly to the landlords of qualified persons. An investigation revealed that the Department employee created files for fictitious applicants and recruited accomplices from outside the Department to pose as the “applicants” landlords. After the applications were processed and the checks were mailed to the accomplices’ post office boxes, the Department employee would change or delete the payee information in the computer system in an attempt to destroy the evidence. This investigation was coordinated with the Florida Department of Law Enforcement (FDLE). A total of eleven persons were identified in the scheme with \$40,800 in EFAHP funds involved. The Department employee was adjudicated guilty of one count of Offenses Against Intellectual Property and 101 counts of Public Assistance Fraud. The remaining ten subjects were all charged with various offenses such as Scheme to Defraud, Grand Theft, and Public Assistance Fraud. Each pled to those charges, were sentenced to probation, and ordered to pay restitution. The Department was awarded full restitution in this case.
- **2007-0024 – Theft:** A District 13 Child Protective Investigator (CPI) stole Department office supplies and sold them on eBay, an internet marketplace for the sale of goods and services by persons and businesses. A joint investigation was conducted by the Office of Inspector General and the Marion County Sheriff’s Office (MSCO). Items listed for sale by the CPI on eBay included printer ink cartridges, toner cartridges, a digital camera charger, and drug testing kits. The subject employee was arrested by MCSO, admitted to the theft and sale of stolen items, and was formally charged by the State Attorney’s Office with Organized Fraud.
- **2005-0082 (WB) – Complainant/Client Abuse; Contract Improprieties; Falsification of Records; Financial Improprieties:** A Whistle-blower case, conducted on behalf of the Executive Office of the Governor, Chief Inspector General, involved 16 allegations against employees of a Department of Children and Families and the Department of Juvenile Justice contractor.
  - Three allegations against the contractor and subcontractor were ***neither supported nor refuted***, including falsification of client treatment records, falsification of invoices/misappropriation of funds, and retaliation against a client for reporting disparaging treatment by contractor employees.
  - Two allegations against Department employees, including favoritism and misuse of position by receiving unlawful compensation for official behavior were ***neither supported nor refuted***.
  - Seven other allegations against the contractor, subcontractor, and state employees were ***not supported***.
  - The final allegation involving health insurance fraud by the Chief Executive Officers of the contractor and subcontractor was referred to the Florida Department of Law Enforcement. Both subjects were subsequently arrested and charges with health insurance fraud, and are pending criminal prosecution.

## Section C: Investigations

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- **2005-0081 – Falsification of Records:** A District 7 CPI allegedly falsified face-to-face contacts with child victims and their relatives in multiple cases and also allegedly forged relatives' signatures on a Health Insurance Portability and Accountability Act (HIPAA) form. This case was coordinated with the Florida Department of Law Enforcement (FDLE), which opened a criminal investigation and subsequently arrested the employee. The State Attorney's Office formally charged the employee with eleven counts of falsifying records, eleven counts of official misconduct, and one count of forgery. The employee pled guilty to all charges and is pending sentencing.
- **2006-0041 – Falsification of Records:** A District 7 Community-Based Care case manager falsified home visits with children in multiple cases and also forged caregivers' signatures on multiple child services records. This case was coordinated with FDLE, which opened a criminal investigation and subsequently arrested the employee. The State Attorney's Office formally charged the employee with four counts of falsifying records, four counts of official misconduct, and two counts of forgery. The subject pled to these charges, and was sentenced to five years felony probation and two hundred hours of community service.
- **2006-0029 – Falsification of Records:** A Care Team Coordinator and Care Manager from a SunCoast provider agency both falsely documented multiple face-to-face home visits. Investigation determined that a total of fifteen false entries were made. This case was coordinated with FDLE. Both individuals were arrested, formally charged by the State Attorney's Office, and are pending prosecution.
- **2006-0065 – Falsification of Records; Failure to Respond to a Child Abuse Report; Failure to Make Required Referrals to the Child Protection Team:** A District 13 CPI falsely documented home visits with three separate families, did not respond to or observe the victims in three child abuse investigations, and failed to make required referrals to the Child Protection Team in nine separate cases. The investigation was coordinated with the Lake County Sheriff's Office, who subsequently referred their investigation to the State Attorney's Office for consideration of prosecution.
- **2007-0017 – Falsification of Records:** A SunCoast Adult Protective Investigator (API) falsely documented a face-to-face home visit with a vulnerable adult victim and the alleged subject. The victim never met the API and the victim was in a hospital in Hillsborough County on the day the API documented seeing her in her Pinellas County residence. The investigation was coordinated with the Largo Police Department, who subsequently referred the matter to the State Attorney's Office, and is pending prosecution.

## Section D: Civil Rights

### THE CIVIL RIGHTS PROCESS

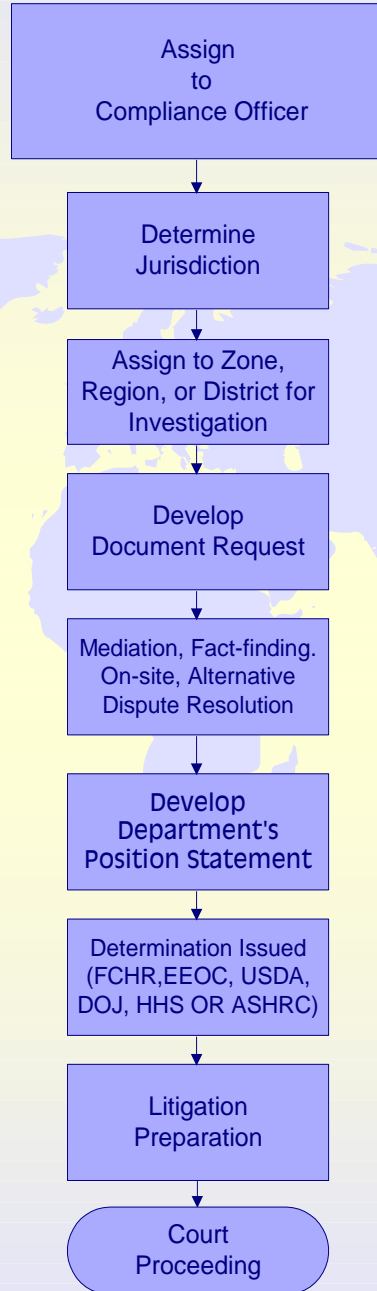


Figure D.1: Office of Inspector General Civil Rights Process



## **Section D: Civil Rights**

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The **Office of Civil Rights** is mandated to ensure full compliance with state and federal laws regarding equal employment opportunity, service delivery, Health Insurance Portability and Accountability Act (HIPAA), and affirmative action planning.

Complaints are filed by Department clients and employees with the following agencies:

- Florida Commission on Human Relations (Employment and Affirmative Action Issues);
  - United States (U. S.) Department of Equal Employment Opportunity Commission (Employment and Affirmative Action Issues);
  - U. S. Department of Health and Human Services (Service Delivery Issues);
  - U. S. Department of Agriculture-Food and Nutrition Services (Service Delivery Issues);
- and
- U. S. Department of Justice (Employment and Service Delivery Issues).

Employees and clients may also file complaints with the Office of Civil Rights directly or with their zone coordinators.

### ***Title VI (Service Delivery)***

Title VI of the 1964 Civil Rights Act and its implementing regulation at 45 C.F.R Part 80 prohibits our agency and its service providers from discriminating in federally assisted programs. To ensure this mandate is adhered to, the Office of Civil Rights' responsibility is to make sure that quality services are provided in an equally accessible and effective manner to clients.

For example, Hearing Impaired clients must be provided sign language interpreters and Limited English proficient clients should be provided language interpreters. Each zone and institution has an Auxiliary Aids and Limited English Proficiency Plan that describes how to access auxiliary aids needed by clients and employees.

The Office of Civil Rights has established and implemented a civil rights compliance program through the required Methods of Administration (CFOP 60-16). The Methods of Administration explains our investigative process for Title VI complaints filed by clients, potential clients, and employees. Employees of contract providers and Departmental employees may file complaints if they have participated or opposed any protected activity.

Compliance monitoring and reviews are also conducted annually. Providers and their sub-recipients are subject to full scope or limited scope compliance review once every three years.

The Office of Civil Rights conducted one hundred and eight Foster Care Reviews. The data reflected that Department Providers are not in compliance with civil rights requirements relating to accommodation issues. As a result, the office will be providing training to remedy the situation.

The office received eighteen Title VI formal complaints for investigation. Eleven of the eighteen complaints were filed internally. Ten were completed within the 180-day time allotment for the internal process. Seven complaints are pending determination by the U. S. Department of Health and Human Services and one complaint is pending internal closure.

## Section D: Civil Rights

### Title VI (Service Delivery)

Basis for Closed Investigations  
40 Total

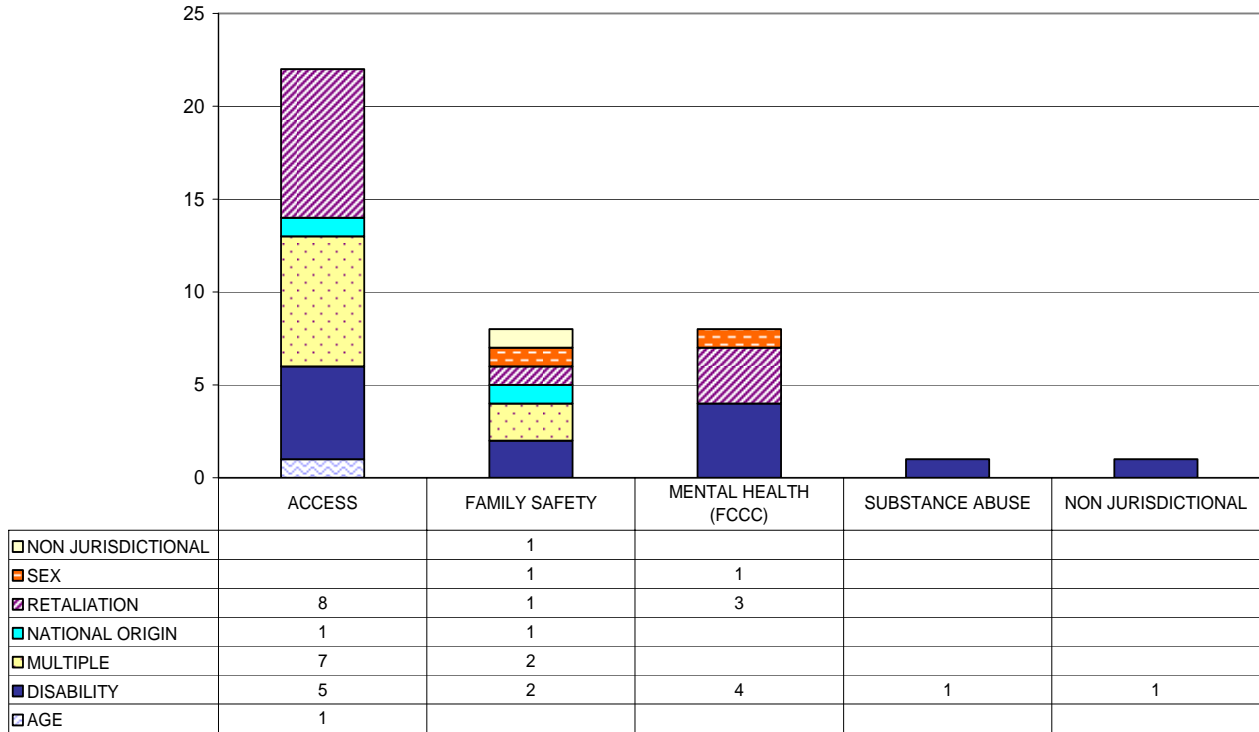


Figure D.2: Title VI Client/Service Delivery Basis of Investigations by Program  
(Multiple = any combination of categories)

### ***Title VII (Employment Issues)***

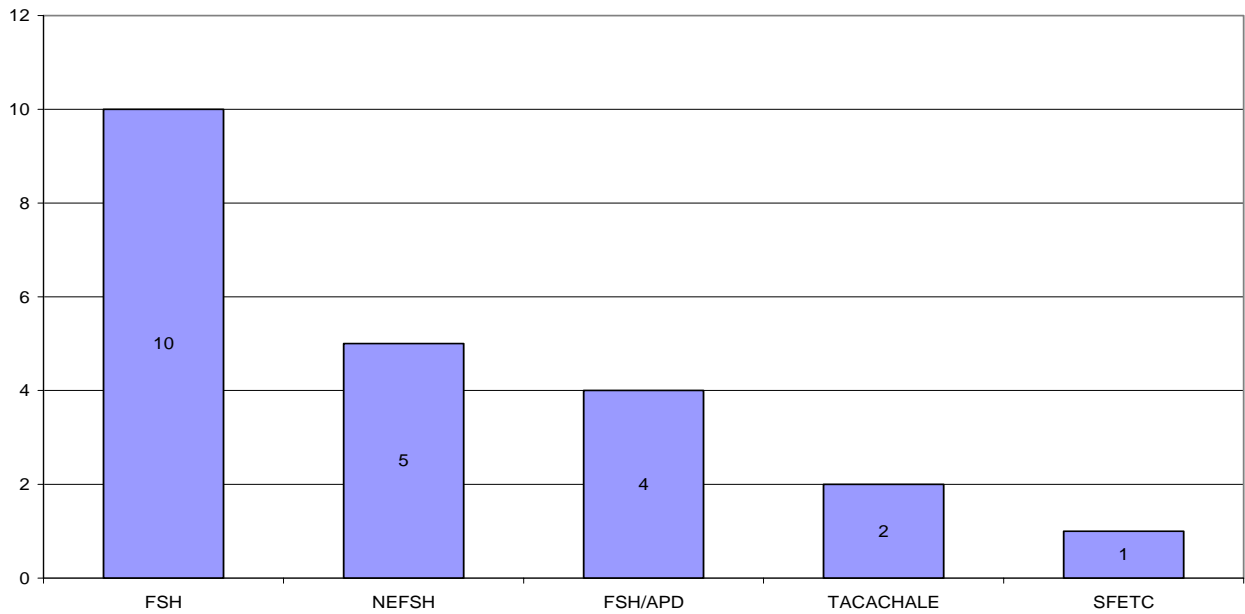
Title VII of the Civil Rights Act of 1964 and the Florida Civil Rights Act of 1992 require each agency to maintain an equal employment opportunity program. Our Equal Employment/Affirmative Action guidelines can be found in CFOP 60-15. This operating procedure establishes procedures to follow if a complaint of discrimination is filed against the Department.

The Office of Civil Rights recommends strategies and solutions to management relating to Title VII civil rights issues, participates in mediation and conciliation discussions, participates in litigation preparation, provides testimony at Department of Administrative Hearings, federal, and state court cases as needed.

Seventy-nine new complaints were assigned for investigation, during FY 2006-07. Thirty-two of the seventy-nine complaints were filed internally. All complaints filed prior to May 31, 2007 were completed within the 180-day time period. Five complaints filed during the months of May and June are pending resolution. Forty-seven complaints are pending final determination from the Florida Commission on Human Relations or the U. S. Equal Employment Opportunity Commission.

## Section D: Civil Rights

### TITLE VII (Employment Issues) BY INSTITUTION 22 TOTAL



FSH=FLORIDA STATE HOSPITAL  
 FSH/APD = FLORIDA STATE HOSPITAL, AGENCY FOR PERSON WITH DISABILITIES  
 NEFSH= NORTH EAST FLORIDA STATE OSPITAL  
 SFETC = SOUTH FLORIDA EVALUATION TREATMENT CENTER

Figure D.3: Title VII Employment Issues by Institution

### TITLE VII (Employment Issues) BY DISTRICT 77 TOTAL

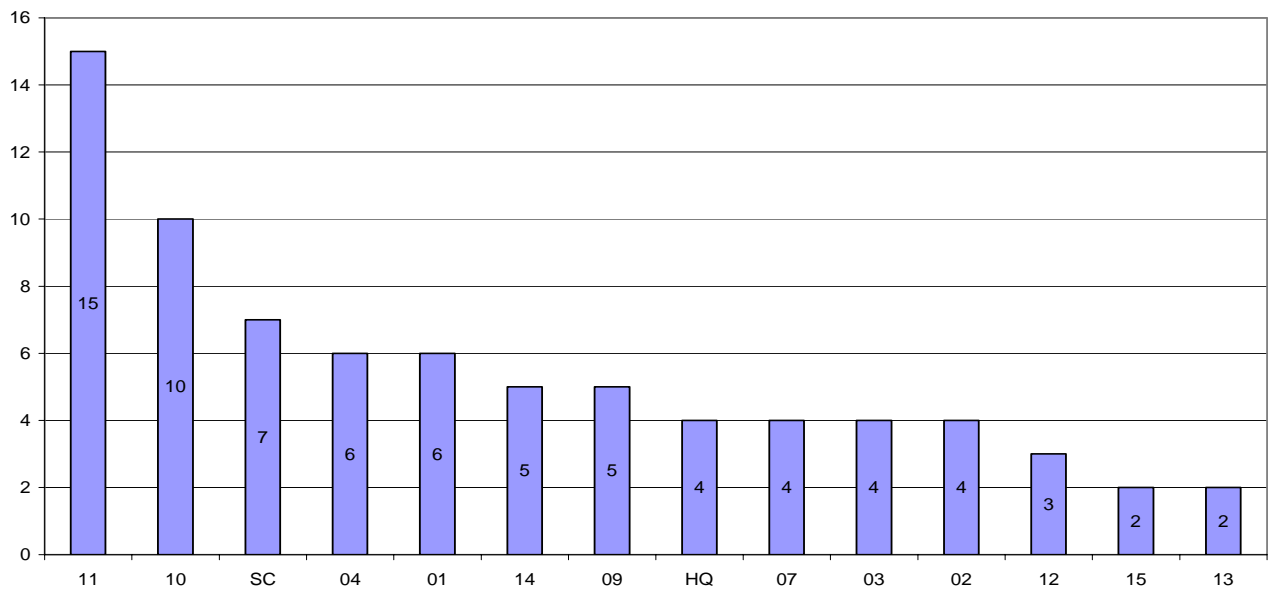


Figure D.4: Title VII Employment Issues by District

## Section D: Civil Rights

### *Health Insurance Portability and Accountability Act (HIPAA)*

45 CFR Subparts 160, 162, and 164 require the Department to assure the privacy and confidentiality of protected personal health information of clients and patients. Operating procedures 60-17, Chapters 1-5 ensures department compliance.

The Office of Civil Rights is responsible for investigating privacy complaints as well as conducting required annual monitoring of our programs. One hundred and fifty (150) HIPAA compliance monitorings of our program sites were conducted during this period. Areas of concern which require more education are understanding the business associate relationship and accounting disclosures of Personal Health Information. Overall the Department is complying with the requirements of the law.

### ISSUES OF CLOSED HIPAA COMPLAINTS BY PROGRAM

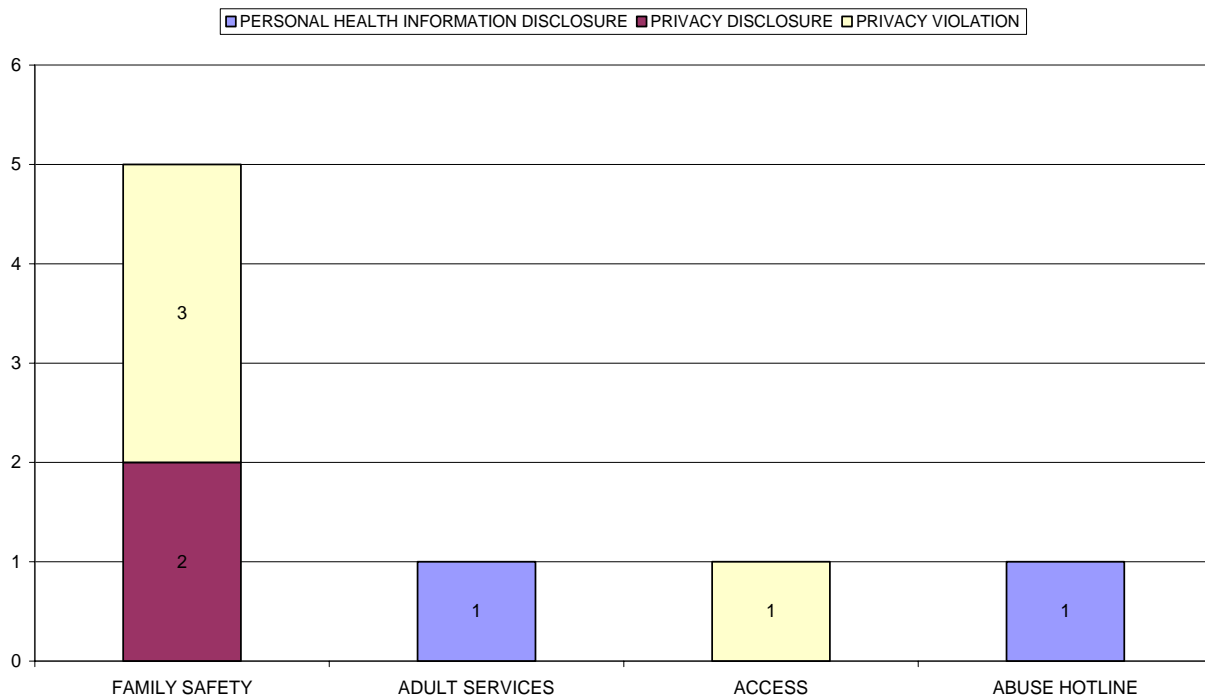


Figure D.5: HIPAA Complaints by Program

### **Strategic Goal Accomplishments**

The following strategic goals were accomplished during the FY 2006-07:

- Implemented proactive measures by developing and conducting training to employees and service providers.
- Completed the development and implementation of an Automated complaint system
- Updated policy and procedures.

## Section E: Appeal Hearings

### THE HEARINGS AND APPEALS PROCESS

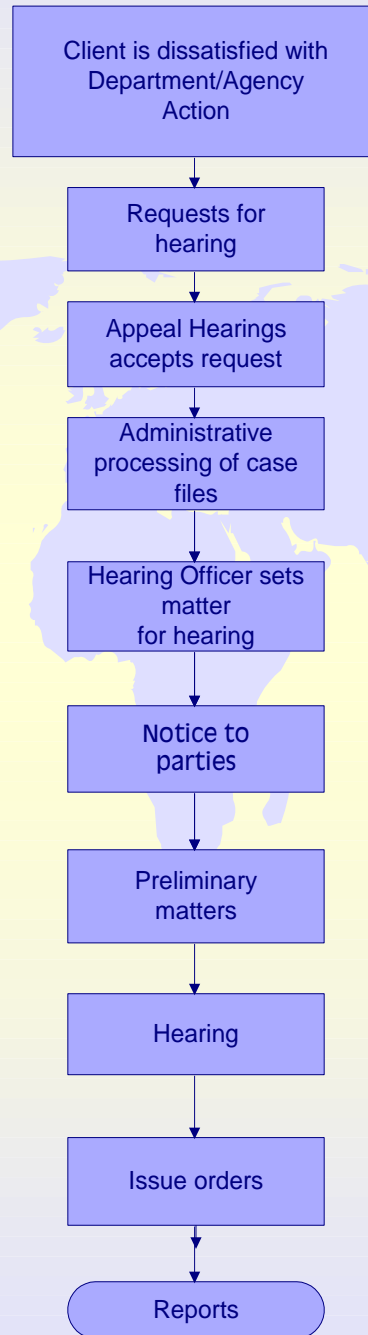


Figure E.1: Office of Inspector General Appeal Hearings Process

## **Section E: Appeal Hearings**

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**Appeal Hearings** provides administrative hearings for applicants or recipients of public assistance programs and individuals being transferred or discharged from nursing facilities. The office also provides disqualification hearings for individuals believed to have committed intentional program violations.

The office operates pursuant to the following legal authorities:

- § 409.285, Florida Statute, Opportunity for Hearing and Appeal.
- Chapter 120, Florida Statute, the Administrative Procedures Act, §120.80, Florida Statute, Exceptions and special requirements: agencies.
- § 400.0255, Florida Statute, Resident hearings of facility decisions to transfer or discharge.

The administrative rules for the Department's fair hearing procedures appear in Rule 65-2.042, et seq., Florida Administrative Code (FAC), Applicant/ Recipient Hearings.

The office also operates under the following federal regulations:

- Temporary Assistance to Needy Families - Personal Responsibility & Work Reconciliation Act of 1996.
- Medicaid - 42 Code of Federal Regulations §431.200, Fair Hearings for Applicants and Recipients.
- Food Stamps - 7 Code of Federal Regulations §273.15, Fair Hearings, 7 Code of Federal Regulations §237.16, Disqualification for intentional Program violation.

### **Appeal Hearings Staff**

For independent purposes, the Office of Appeal Hearings reports directly to the Inspector General. Federal regulations require that a hearing officer be a state-level employee. For FY 2006-07, Appeal Hearings had 22 full-time positions, which included a Chief of Appeal Hearings, 3 Appeal Hearings Supervisors, 14 Appeal Hearings Officers, and 4 administrative staff.

In order to deliver services, on a statewide basis, in the most efficient and effective manner, hearing officers are located in several geographical areas, which include Fort Lauderdale, Ft. Pierce, Gainesville, Jacksonville, Miami, Pensacola, Orlando, Saint Petersburg, Tampa, and West Palm Beach.

*All administrative costs for hearings are funded at 50% federal administrative trust funds and 50% general revenue. The average cost to complete a hearing request for FY 2006-07 was \$165.*

### **Workload Performance**

Appeal Hearings completed 7,869 fair hearing requests, 471 intentional program violation hearing requests and 224 Nursing Facility Discharge/Transfer hearings. Ninety eight percent of the fair hearings were within federal time standards. *The target goal for substantial compliance is 95%.*

## **Section E: Appeal Hearings**

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In addition to disqualification hearing requests, the office tracks cases in which the individual agrees to accept the disqualification penalty and waive the right to a hearing. In FY 2006-07, Appeal Hearings processed 2,413 disqualifications for temporary assistance to needy families or food stamp benefits based on signed waivers.

### ***Fair Hearings***

The Department is required by the federally-funded assistance programs to offer a “fair” hearing prior to an action to terminate assistance which meets basic due process requirements as contained in Goldberg vs. Kelly, (1970). The Administrative Procedures Act, Chapter 120, Florida Statute, sets forth the state procedural requirements the Department must meet in resolving issues which affect the substantial interest of individuals. Appeal Hearings has been delegated the authority to complete final agency actions on a variety of issues arising out of most of the federally funded programs.

Appeal Hearings holds fair hearings for:

### **Automated Community Connection to Economic Self Sufficiency (ACCESS)**

- Temporary Assistance to Needy Families (TANF)
- Food Stamps
- Disaster Food Stamp Program
- Medicaid Eligibility
- Refugee Assistance Program
- Institutional Care Program
- Optional State Supplementation

### **Medicaid Benefits**

- Agency for Persons with Disabilities Medicaid Waiver<sup>1</sup>
- Agency for Health Administration

### **Others**

- Special Supplemental Food Program for Women, Infants and Children
- Certain Social Services Block Grant Programs
- Certain Child Support Enforcement issues for the Department of Revenue

The office conducts these hearing primarily with the Department as the respondent. In some cases, another department or agency may administer the program. The office, by agreement with the department/agency, conducts hearings with the Department of Health, Department of Revenue, and Agency for Health Care Administration as the respondent.

### ***Nursing Home Transfer/Discharge Hearings***

Appeal Hearings also conducts hearings to determine whether a nursing facility's decision to transfer or discharge a patient is correct. The facility may only discharge an individual based upon conditions set forth in law.

These hearings often involve expert medical testimony on complex medical issues. The hearing officer has the authority to prohibit the discharge or require the facility to readmit a resident if he/she has already been discharged.

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• <sup>1</sup> Transferred to Division of Administrative Hearings, October, 2006

## Section E: Appeal Hearings

### Administrative Disqualification Hearings

The Department has the authority to disqualify an individual from receiving cash assistance and food stamp benefits when that individual has been found, through the administrative hearing process, to have committed an intentional program violation.

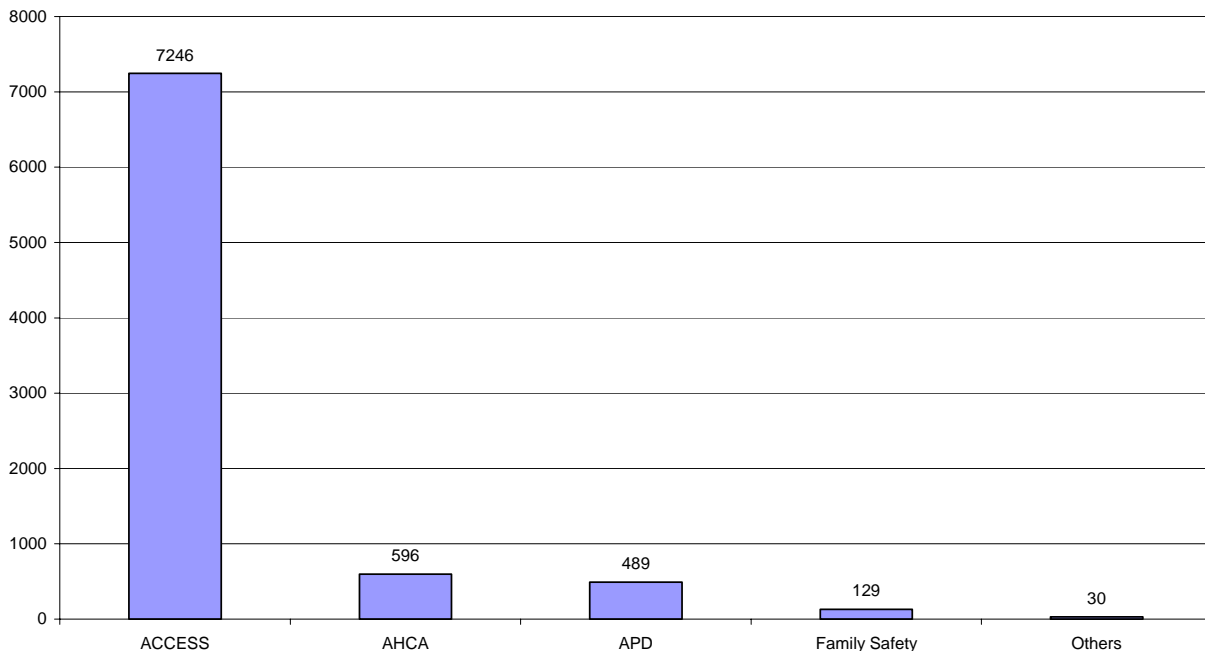
### Office Activities

The office regularly met with ACCESS staff to address the ACCESS increase in hearings requests and to provide assistance with updating training modules for staff who may have to participate in the hearing process. The training includes an introduction with general information about the office, information about filing a hearing request, the procedural aspects of the hearing, evidence that should be presented, and the completion of the hearing process.

The office also put into place a new web-based office automation system. This system tracks all cases, provides for automated printing of all notices, and includes an interface with the FLORIDA system to exchange information on hearing cases.

The following are charts that show disposition of a variety of cases completed FY 2006-07.

Hearing Requests by Originating Program Office



AHCA - Agency for Health Care Administration  
APD - Agency for Persons with Disabilities

The number of requests totaled 8510

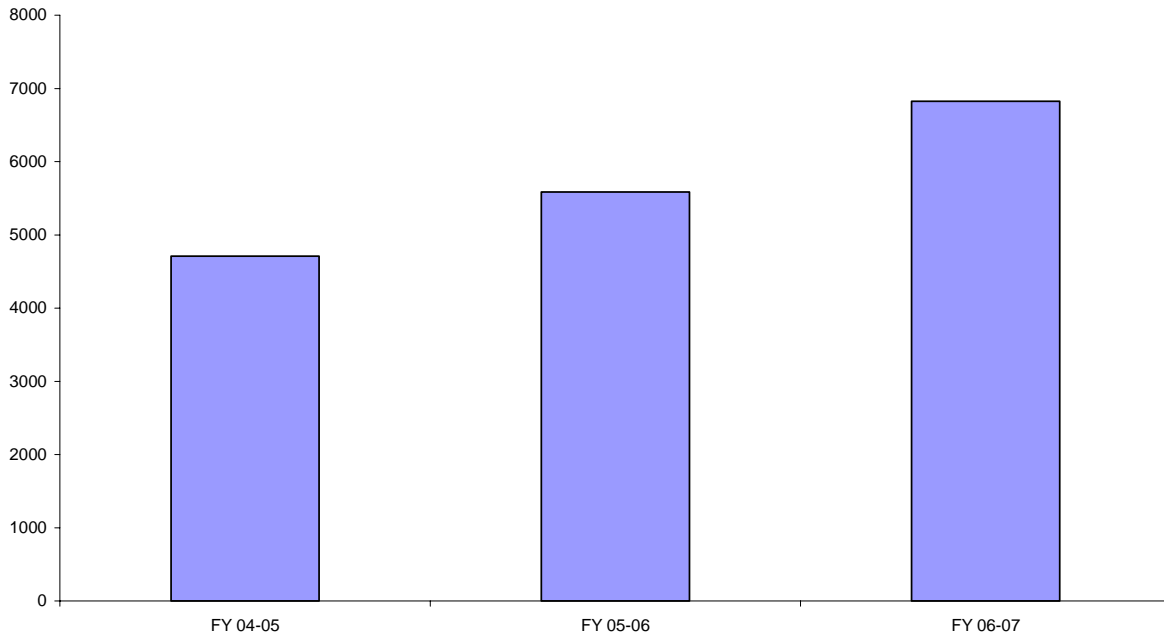
Figure E.2: Hearings Requests by Originating Program Office

Note: APD cases transitioned to the Department of Administrative Hearings, October 1, 2006.



## Section E: Appeal Hearings

### ACCESS Fair Hearing Increases



An ACCESS workgroup proposed best practices and training to address the increase in hearings with district staff. After implementing these practices, the increased number of requests appear to be leveling off in the fourth quarter.

Figure E.3: Comparison of ACCESS Fair Hearings

### ACCESS Fair Hearing Decisions by District

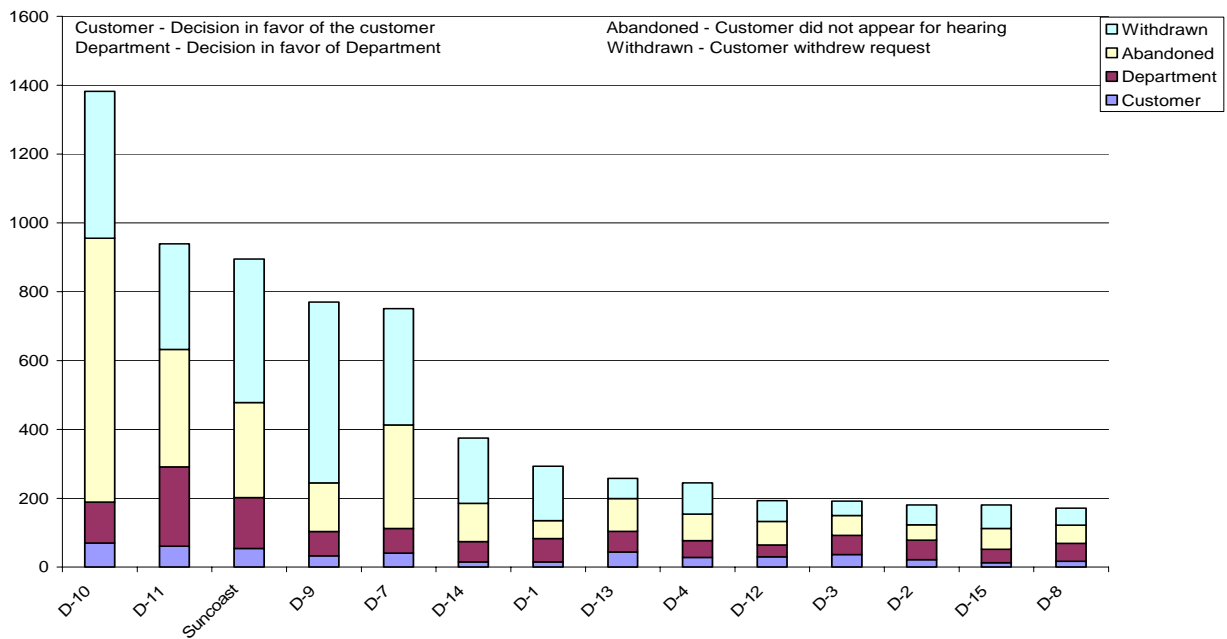


Figure E.4: Access Florida Fair Hearing Requests by District.

## **Section F: Appendix I – Internal Audit**

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### **Summary of Internal, Follow-up and External Audits Issued During FY 2006-2007**

#### Follow-up of Significant Prior Year Audit

The audit report entitled Revisions to Substance Abuse Services' Licensure Process Needed to Improve Efficiency and Establish Accountability (A-07-2004-025) was released in fiscal year 2005-06. Recommendations included the formation of a team to explore technology options and implementation of a single department-wide automated licensure system. During fiscal year 2006-07 a follow-up was conducted to determine the status of corrective action taken on this recommendation by Management of the Substance Abuse Program Office. As of April 18, 2007, corrective action has not been completed.

1. A-04-0506-052      **ACCESS Integrity Is Meeting Program Goals, Enhancements are in Process to Improve Efficiency.** The purpose of this follow-up audit was to examine and evaluate the ACCESS (Automated Community Connection to Economic Self-Sufficiency) Integrity investigation process to determine the effectiveness and efficiency of the ACCESS Integrity (AI) program. Internal Audit found that key performance standards are incompatible and uncontrollable by AI investigators, the AI on-line system needs enhancements for efficiency, feedback from processors on disposition of cases could save time for investigators; processors need training to decrease invalid referrals, and AI investigators need more training, certification, and better identification. AI Investigators saved the state \$32,096,766 in benefits last year. Internal Audit recommended: that management ensure that staff continue to achieve established goals, set comparable goals for dollar savings and completed investigations, and address issues to improve the efficiency of investigations. Internal Audit recommended numerous enhancements to the monthly management report to include the numbers of referrals received, rejected versus assigned, investigated and referrals that resulted in savings. Internal Audit recommended that Central Office survey AI supervisors to determine system needs; encourage use of the AI on-line system as the system of record, and enhance the AI on-line system to alert investigators of case dispositions. Further, Internal Audit recommended that management enhance investigators identification and business cards to clearly communicate their authority and responsibility. Finally, Internal Audit recommended increased training for processors to improve performance, and options for additional formal training and certification opportunities. Overall Management concurred with the recommendations. Management is making improvements to strengthen and enhance the program.
  
2. A-07-0506-053      **Nova Settlement Agreement for Provision of Training and Services.** The purpose of this audit was to follow up on the Settlement Agreement with Nova Southeastern University (Nova) to determine whether Nova and the Department were operating in accordance with the Settlement Agreement of February 17, 2004 and accompanying Exhibit A for in-kind services and training in the amount of \$2,840,298. Internal Audit (IA) found that the DCF contractual relationship with Nova continues to be mismanaged. Controls for management of the Settlement Agreement did not appear to be in place. Documentation review disclosed violations of the Agreement regarding hiring practices, and inaccurate and improper invoicing. Concerns included the startup delays, inconsistent tracking reports and billing rates, prevalent "no show" charges, and - five months prior to the Agreements termination - a balance of \$1.95 million due to the department in services and training. IA recommended the Department identify the outstanding balance when the Settlement Agreement expires to include any unallowable costs billed over the course of the Agreement. If a decision was made to modify and extend the Agreement, IA recommended that the terms be closely monitored by Central

## Section F: Appendix I – Internal Audit

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Office and that appropriate oversight is maintained over this Agreement. Management concurred with all findings, and renegotiated to include recoupment of funds.

3. A-18-0506-100 **An Assessment of the Department's Ethical Climate.** This audit examined the effectiveness of the Department of Children and Families' strategies, initiatives, and other processes that promote and foster a legal and ethical workplace. Internal Audit (IA) is required by Performance Standard 2130 of the International Standards for the Professional Practice of Internal Auditing to periodically assess the ethical climate of its organization. IA determined that the department has many elements in place to support an effective compliance and ethics program; however, opportunities for improvement exist. These opportunities include compulsory ethics and public records training and updating of department public records operating procedures. Department management concurred with the report findings. Management is taking appropriate corrective action to incorporate the development of mandatory annual training on ethics and public records and revision of operating procedures.
4. A-05-0607-031 **Client Trust Fund - Partnership for Strong Families, CBC (D3).** The purpose of this audit was to determine whether the Partnership for Strong Families had taken necessary and appropriate safeguards to protect client funds, to ensure reliability of financial records, and to meet its fiduciary responsibilities. IA found that supporting documentation required by the department for client personal needs expenditures was not always present. In addition, clients lost benefits and the department was not reimbursed the cost of the clients' care due to the untimely payment of funds to the department. IA found that clients lost benefits and the department was not reimbursed the cost of the clients' care due to the untimely payment of funds to the department. In addition, supporting documentation required by the department for client personal needs expenditures was not always present. IA recommended the Partnership comply with the provisions of the contract and remit the funds to the Department on a monthly basis, and that original receipts or invoices be documented for all client purchases. Management concurred with the findings and began submitting payments timely and began addressing the documentation issue with revised procedures.
5. A-05-0607-033 **Client Trust Fund - Sarasota Family YMCA, Inc., CBC (SunCoast).** The purpose of this audit was to determine whether Sarasota Family YMCA had taken necessary and appropriate safeguards to protect client funds, to ensure reliability of financial records, and to meet its fiduciary responsibilities. IA found that documentation that supports expenditures for clients' personal needs was not always present and recommended consideration of additional procedures to increase assurances that transactions are appropriate. IA noted five observations for best practice. Management concurred with the findings and began addressing the documentation issue.
6. O-04-0506-044 **Emergency Food Stamps, Hurricane Wilma.** The purpose of this consulting report was to provide performance and other information regarding the Department of Children and Families' Food for Florida Disaster Food Stamp (DFS) program. IA found that, as intended, the DFS program resulted in a significant number of people being able to receive food assistance during the Hurricane Wilma disaster. IA also found that during the disaster food stamp period, some DFS program support services and activities did not perform as well as intended. A major public concern going into the DFS program was

## Section F: Appendix I – Internal Audit

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fraud. Since the DFS program ended in mid-November 2005, department officials have initiated a comprehensive review of the program and proposed revising many of the DFS program operating procedures and processes.

7. C-18-0506-096 **COU Corrective Action Plan Follow-Up.** This consulting project identified actions taken by contract management to follow-up on findings identified in 31 contract monitoring reports involving Family Safety/Community-Based Care and Substance Abuse and Mental Health contracts from January through June 2005, when the Contract Oversight Units (COUs) were assigned to the Office of Inspector General. In these 31 reports, the Inspector General specifically requested that follow-up actions be taken. We found that contract corrective action follow-up is weak. There was insufficient documentation for follow-up on 69 of the 109 findings. IA recommended department management enforce existing requirements and establish accountability measures using the Performance Measures Dashboard. Management concurred and is developing processes for ensuring adequate corrective action oversight using the Contract Evaluation Reporting System and the Performance Measures Dashboard.
8. A-20-0607-019 **CONFIDENTIAL - Central Zone IT Security Audit.** This audit evaluated the Information Technology (IT) environment regarding logical and physical security for the Central Zone. The results are confidential per Section 282.318, Florida Statutes (FS), and exempt from public records disclosure pursuant to Section 119.07(1), F. S.
9. A-20-0607-019GS **CONFIDENTIAL - Central Zone General Services Physical Security Audit.** In conjunction with the Central Zone IT security audit, this audit evaluated physical security under the purview of General Services. The results are confidential per Section 282.318, FS, and exempt from public records disclosure pursuant to Section 119.07(1), F. S.
10. C-06-0607-066 **CONFIDENTIAL - Emergency Financial Assistance for Housing Program.** This consulting activity was conducted in conjunction with Office of Inspector General investigative Case #2006-0063, after it was discovered that funds intended to prevent homelessness were inappropriately, and possibly fraudulently, disbursed. The results are confidential per Section 282.318, Florida Statutes (FS), and exempt from public records disclosure pursuant to Section 119.07(1), F. S.
11. A-20-0607-084 **CONFIDENTIAL - Northeast Zone IT Security Audit.** This audit evaluated the Information Technology (IT) environment regarding logical and physical security for the Northeast Zone. The results are confidential per Section 282.318, Florida Statutes (FS), and exempt from public records disclosure pursuant to Section 119.07(1), F. S.
12. A-20-0607-085 **CONFIDENTIAL - Northeast Zone Physical Security Audit.** In conjunction with the Northeast Zone IT security audit, this audit evaluated physical security under the purview of General Services. The results of this audit are confidential per Section 282.318, FS, and exempt from public records disclosure pursuant to Section 119.07(1), F. S.
13. C-07-0607-230-1 **Forensic Bed Costs. Preliminary Assessment of Statewide Department of Children and Families.** This advisory was the first of three consulting advisories issued regarding the forensic component of the Mental Health program. This advisory specifically breaks down the forensic bed cost at the state hospitals into major components: compensation, medicine, and other

## Section F: Appendix I – Internal Audit

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costs. It also compares basic information between the three forensic state hospitals: Florida State Hospital (FSH), North Florida Evaluation & Treatment Center (NFETC), and South Florida Evaluation & Treatment Center operated by GEO (SFETC).

14. C-07-0607-230-2 **Forensic Bed Cost. What the Department Pays. What Others Pay. What are the Alternatives?** This advisory was the second of three consulting advisories related to the forensic component of the Mental Health program. This advisory features a comparison of overall forensic bed costs with entities outside Florida. Surveys were conducted of the following states: California, New Jersey, Texas, and Virginia. Community-based options for treating forensic patients were explored. A comparison of these treatment options and their attributes is exhibited.
15. C-07-0607-230-3 **Forensic Bed Costs. Barriers to Community Forensic Treatment – A Need to Focus on Prevention.** This advisory was the third of three consulting advisories related to the forensic component of the Mental Health program issued regarding state hospital costs as they relate to the overall mental health system. This advisory presents a high-level approach to forensic treatment. From de-institutionalization to mental health courts, it explores issues in law enforcement, the justice system, housing, and funding of the mental health system. Topics include Crisis Intervention Training (CIT), mental health courts, community housing problems, and the lack of funding endured by the mental health system nationwide, but Florida in particular. The advisory concludes that the burden is placed on local law enforcement authorities to compensate for the lack of care people with mental health problems receive in their communities.
16. P-15-0607-217 **Quality Assessment Review of the Internal Audit Function.** IA conducted an internal assessment of internal audit activity for the period July 2006 through March 2007. The internal audit activity generally conformed to the requirements of applicable standards and regulations. Improvements could be realized by establishing an audit charter, developing a quality assurance and improvement program, and implementing training program. Additionally, monitoring the progress of audits, reviewing work papers, and developing and updating procedures could be improved.
17. C-05-0708-027 **Fixed-Price vs. Cost-Reimbursement Contracting in Community-Based Care.** This project provides information and clarification on Department fixed-price contracts with community-based care lead agencies. A recent IG investigation regarding what exposed internal control weaknesses. Interest in the payment methodology used to fund lead agencies was the catalyst for this project. IA concluded that referring to these contracts as "fixed-price" can be misleading. Department and lead agency management agreed the fixed method of payment has many positive benefits.
18. A-24-0708-004-1 **Governance Issues Surround Modernization Effort.** This advisory was the first of three consulting advisories issued regarding the ACCESS Modernization Effort. The first addressed governance issues relating to significant budget and staff reductions, reengineered processes, and the lack of a single, statewide roadmap to define milestones, target dates, efficient and effective service levels, and the ultimate goal. Internal Audit found no roadmap,

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19. A-24-0708-004-2      **The Need for Multiple Call Centers Should be Questioned.** This advisory (2 of 3) regarding the ACCESS Modernization Effort evaluated the organization of ACCESS call centers. IA found no business plan or justification for multiple call centers.
20. A-24-0708-004-3      **Customer Satisfaction Surveys Conducted at the Local Level Cannot Be Readily Compared Statewide.** This advisory (3 of 3) regarding the ACCESS Modernization Effort assessed customer satisfaction surveys conducted statewide to obtain data regarding ACCESS Florida activities. Surveys are conducted at service centers, district program offices, call centers, and via the web. IA found that most districts capture the survey data and report to local district management, yet no standardized tool exists to readily compare customer satisfaction data statewide.

### **List of Follow-up Reports Completed During FY 2006-2007**

1. E-04-0607-102      Audit Resolution Letter on A-133 Audit Report on State of Florida, CIN A-04-04-78917
2. E-16-0405-015      Six-Month Status Report: AG Report 2006-152, State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2005
3. E-18-0607-050      Audit Resolution CIN 04-06-84817, Report on Compliance and Internal Controls over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2005
4. E-18-0607-063      2007-08 Legislative Budget Request, Schedule IX
5. E-18-0607-061      Summary Schedule of Prior Audit Findings for the Fiscal Year Ended June 30, 2006
6. E-18-0506-115      Audit Resolution CIN 04-07-87908, Report on Compliance and Internal Controls over Financial Reporting and Federal Awards for the Fiscal Year Ended June 30, 2006

### **List of External Audit Reports Issued During FY 2006-2007**

#### *Auditor General:*

1. 2007-076      Department of Management Services and other Selected State Agencies – MyFloridaMarketPlace System
2. 2007-115      Department of Children and Family Services - Selected Administrative Activities - Operational Audit
3. 2007-087      Department of Management Services and Selected State Agencies - People First - Operational Audit
4. 2007-146      State of Florida - Compliance and Internal Controls Over Financial Reporting and Federal Awards - In Accordance With Government Auditing Standards and OMB Circular A-133
5. 2007-200      Department of Children and Family Services - Grants and Other Revenue Allocation and Tracking System - Information Technology Audits

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### *Auditor General/OPPAGA*

6. Survey Review of DCF Information Technology Operations
7. 07-28 State Agencies Have Increased Their Use of Other Personal Services Employees
8. 07-12 Several Factors Can Delay Eligibility Determination for Medicaid Long-Term Care
9. 06-62 Aging Resource Center Initiative Has Not Moved Beyond Pilot Sites
10. 07-03 BC Pilot Project Implementation Delayed But Proceeding; Other Initiatives Implemented
11. 07-11 Improved Fiscal and Quality Oversight Is Needed for the Independent Living Program
12. 06-59 Progress Report: While Some Steps Have Been Taken, Office on Homelessness Needs to Enhance Efforts to Assist the Homeless Population Within the State
13. 06-72 Further Contracting Enhancements Would Help DCF Correct Vendor Noncompliance
14. Questionnaire Electronic Records Management

### *Federal:*

15. A-04-06-00020 Review of Medicaid Eligibility in Florida

## Section F: Appendix II – Investigations

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### Summary of Investigations Completed During FY 2006-2007

#### District 1

1. 2006-0047 A former Child Protective Investigator (CPI) falsified child protective investigative records. **Supported.**  
**Corrective Action:** The notice of separation was amended to include the fact that the CPI was a subject of an IG Investigation.

#### District 2

No investigations were completed in this District during the Fiscal Year.

#### District 3

1. 2006-0045 An Other Personal Services (OPS) Human Services Program Specialist allegedly interfered with the custody of a relative by not returning the child to her custodial mother. Substance Abuse and Mental Health Program Administrator may have had knowledge of the situation leading up to the disappearance of a child client and failed to take appropriate action to ensure the child's safety. **Not Supported.** District 3 Chief Legal Counsel may have had knowledge of the situation leading up to the disappearance of a child client and failed to take appropriate action to ensure the child's safety. **Not Supported.** OPS Human Services Program Specialist provided false information to the Alachua County Sheriff's Office concerning the protective custody status of a relative during a child protective investigation.
2. 2006-0081 A Senior Attorney created a hostile work environment by disparaging treatment of a state employee. **Not Supported.** The Senior Attorney's alteration of a CBC supervisor's recommendations in a Judicial Review Report misrepresented the circumstances and was not in the child's best interest. **Not Supported.**
3. 2007-0008 A former Senior Attorney disclosed confidential child abuse information to unauthorized persons. **Supported.**  
**Corrective Action:** The subject's employment was terminated.

#### District 4

1. 2006-0031  
(Whistle Blower) The Executive Director of a mental health provider approved supportive housing funds for two relatives that were not entitled to receive supportive housing assistance. **Neither Supported nor Refuted.** The Executive Director included a subcontractor among employees paying a group rate for medical insurance. **Supported.**  
**Corrective Action:** Substance Abuse and Mental Health (SAMH) performed a financial review and determined that there were no funds paid to Northwest Behavioral Health Services on behalf of ineligible clients. SAMH is also currently reviewing and revising supportive housing screening processes. The District Program Supervisor is in the process of performing a review of the appropriateness of the Executive Director's subordinates performing case management services for the Executive Director's relatives. This case was coordinated with law enforcement and the State Attorney for possible criminal prosecution.



## Section F: Appendix II – Investigations

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2. 2006-0038 A Family Support Worker (FSW) and a Child Protective Investigator (CPI) falsified the part of a Caregiver Home Study form. **Not Supported.**  
**Corrective Action:** CPI was asked to remove improper template on his computer. Home studies will only be conducted by CPIs (not FSWs) and only approved by Child Protective Investigator Supervisors (CPIS). The case in question will be amended and updates filed with the court. Criminal record checks will be attached to all home studies.
3. 2006-0050 A former CPI disclosed confidential information to an unauthorized person. **Neither Supported nor Refuted.** The same CPI allegedly had inappropriate contact with a witness in a child abuse case. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report.
4. 2006-0070 A former CPIS falsified commencement times for Child Safety Assessments in HomeSafenet. **Supported.**  
**Corrective Action:** The subject resigned during this investigation. The District Administrator and Program Operations Administrator began corrective action by requesting zone management and quality management to conduct an internal audit to determine if additional investigative misconduct is occurring. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution. The State Attorney's Office subsequently declined prosecution.
5. 2006-0078 The Program Director of a CBC released confidential child abuse information to other CBC employees, who did not have a need to know. **Not Supported.**
6. 2006-0083 An Adult Protective Investigator (API) falsified vulnerable adult abuse protective investigation records. **Not Supported.** Investigation revealed deficiencies in the investigative and report writing ability of the subject.  
**Corrective Action:** The subject will be required to participate in the investigative techniques and report writing training. A second party review is now required on 20% of API's cases. Quality Assurance surveys will be conducted with 10% of API's clients.
7. 2006-0094 A Secretary Specialist misused her position by attempting to gain information about a child abuse investigation concerning her relatives. **Not Supported.** A CPI accessed a case in HS<sub>n</sub> without the need to know. **Supported.** A Secretary Specialist accessed a case in HS<sub>n</sub>, which pertains to her relatives. **Not Supported.** A Secretary Specialist failed to make a child abuse report concerning a relative. **Neither Supported nor Refuted.**  
**Corrective Action:** The CPI was suspended without pay for two days. Secretary Specialist received a formal Letter of Reprimand and Department policy regarding the issue. The issue was discussed with the CPI and Secretary Specialist.
8. 2006-0103 A CPI and a CPIS failed to properly identify two children as household members in a Child Safety Assessment (CSA). **Supported.**  
**Corrective Action:** Both subjects received formal Letters of Counseling. Policy was reviewed with all District supervisors at the monthly supervisor meeting. All supervisors will review this policy with staff at their monthly unit staff meeting. Program Administrators will verify the information has been reviewed with all staff.
9. 2006-0105 A former Community Based Care (CBC) employee in District 4's area of responsibility accessed a child abuse case in HS<sub>n</sub> pertaining to family members. **Supported.** A former Nassau County Board of County Commissioners Case Manager (NCBOCC) released confidential child abuse information to unauthorized persons. **Not Supported.**

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**Corrective Action:** Assistant Secretary for Operations sent a letter to NCBOCC with a copy of the report requesting a response of all corrective action taken. The CBC employee and her supervisor were terminated.

10. 2006-0106 A Case Manager for a provider agency released confidential child abuse reporter information regarding CSA #2006-474108 to an unauthorized person. **Not Supported.**
11. 2007-0001 A former CPI had an inappropriate personal relationship with a client. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report. Subject was notified that he must reimburse the Department in the amount of \$644 for cell phone charges. A Quality Assurance Review was conducted of CSA #2006-488408 to ensure an appropriate conclusion was reached by the Department.
12. 2007-0007 A CBC Case Manager accessed a case regarding her relatives without authorization. **Supported.** The Case Manager released confidential child abuse information, including a reporter's identity, to her son, who was identified as the alleged perpetrator in a case. **Neither Supported nor Refuted.**  
**Corrective Action:** The Case Manager received a written warning and was placed on probation for six months.

### District 7

1. 2005-0081 A former CPI forged signatures on Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement Forms. **Supported.** A former CPI falsified child abuse protective investigation records. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
2. 2005-0082  
(Whistle-Blower) This investigation was a Whistle-blower case, conducted on behalf of the Executive Office of the Governor's Chief Inspector General. A youth at the Volusia Juvenile Residential Facility (VJRF) was retaliated against for reporting disparaging treatment by three staff members to the Director of Operations for a contract provider. **Neither Supported nor Refuted.** Former Program Director of a contract provider inappropriately used youths at the VJRF by having them clean a city park without compensation. **Supported.** Two former Department employees showed favoritism to a contract agency regarding contract matters. **Neither Supported nor Refuted.** Bid tampering and favoritism during the pre-award stage and favoritism during the performance phase to a contracted agency involving several contracts by ten current Department of Juvenile Justice (DJJ) employees. **Not Supported.** A former Department Contract Administrator misused his position by receiving unlawful compensation and reward for official behavior. **Neither Supported nor Refuted.** Conflict of interest by an accounting firm for subcontracting with the contract agency while also representing the contract agency as an independent auditor. **Not Supported.** Two DJJ employees failed to take action when notified that the contract provider was not providing vocational training to youths at the VJRF. **Not Supported.** Falsification of youth treatment records by the former Director of Operations and other employees of a contract agency. **Neither Supported nor Refuted.** Falsification of records by doctors subcontracted by the contracted agency. **Not Supported.** Falsification of Protective Action Response (PAR) training records by four employees of the contract agency. **Supported.** The contract agency CEO failed to pay vendors for

## Section F: Appendix II – Investigations

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food services resulting in a stoppage of vendor services that adversely affected the welfare of youth in residential facilities. **Not Supported.** The contract agency inflated census figures for the VJRF in order to receive additional funding from DJJ. **Neither Supported nor Refuted.** Falsification of invoices and misappropriation of funds by the contract provider and CEO of the subcontractor. **Neither Supported nor Refuted.** Contract agency billed the state and Medicaid for services not rendered. **Supported.** Contract agency inflated census figures for the VJRF in order to receive additional funding from DJJ. **Not Supported.** Contract agency used certain employees to perform personal chores and repairs and paid them with state contract funds. **Not Supported.**

**Corrective Action:** SAMH developed a new method for contract managers to approve/deny the act of subcontracting. SAMH staff were instructed to request an opinion of the Ethics Commission anytime there is concern for a possible conflict of interest concerning providers and/or employees dual employment. The contract file has been noted so staff does not approve subcontract work with the involved doctor, as his license was suspended. The matter was coordinated with law enforcement for possible criminal prosecution. The Department of Juvenile Justice initiated its own corrective action as appropriate in this case.

3. 2005-0086  
Unauthorized access to confidential computer data files by two former CPI Supervisors and two former CPIs. The allegation was **Supported** for the two CPIs and one of the CPI Supervisors and **Not Supported** for the other CPI Supervisor. Unauthorized release of confidential child abuse information to the news media by four former CPIs and two former CPI Supervisors. The allegation was **Supported** for one CPI and **Not Supported** for three CPIs and the two CPI Supervisors.  
**Corrective Action:** A copy of the report was placed in the subjects personnel file. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
4. 2006-0041  
A Case Manager of a provider forged signatures on official documents. **Supported.** A Case Manager for a provider falsified child protective supervision records. **Supported.**  
**Corrective Action:** A copy of the report was placed in the subjects personnel file. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
5. 2006-0042  
An Economic Self-Sufficiency Specialist (ESSS) had an inappropriate relationship with a client. **Not Supported.** An ESSS approved food stamp benefits for clients that did not qualify in exchange for a portion of the benefits. **Not Supported.** The use of illegal drugs by the ESSS resulted in him missing work. **Not Supported.**
6. 2006-0057  
Unknown ACCESS Program employees used state computers at two service centers to intentionally access pornographic websites. **Not Supported.**
7. 2006-0075  
A CPI used state computers to access pornographic websites. **Not Supported.**
8. 2006-0084  
A former ESSS Supervisor authorized public assistance benefits for a relative and then entered a chronological note followed by a subordinate's USER ID to make it appear as if the subordinate authorized the transaction. **Supported.** The former ESSS Supervisor authorized public assistance benefits for family members and a personal acquaintance. **Supported.**  
**Corrective Action:** The subject resigned and a copy of the investigative report was placed in her file. A referral was made to benefit recovery.
9. 2006-0086  
A CPI released confidential child abuse information to an unauthorized person. **Neither Supported nor Refuted.**

## Section F: Appendix II – Investigations

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**Corrective Action:** All child protective investigations staff in Orange, Osceola, and Brevard counties were reminded of their responsibility to maintain confidentiality, safeguard client case files at all times, provide governing directives for confidentiality, and the consequences for breaching confidentiality.

10. 2007-0010 A former CPI falsified commencement of a Child Safety Assessment. **Supported.**  
**Corrective Action:** Subject's employment was terminated prior to the investigation. Subject's personnel file was updated to include a copy of the report.

11. 2007-0030 A former CPI accessed CSA #2007-327360 regarding her relatives without authorization. **Supported.**  
**Corrective Action:** Subject's employment was terminated prior to the investigation. Subject's personnel file was updated to include a copy of the report.

### District 8

1. 2006-0011 A provider Family Development Specialist (FDS) allowed a foster parent to receive payment on an on-going basis for a child who was not placed in her foster home. **Supported.** A provider Case Manager testified in court to incorrect information concerning the involved dependent child. **Not Supported.** Case Manager was directed by the provider FDS to change the foster child's placement to licensed foster care on paper only to allow him to qualify for the Independent Living Program. **Supported.** A provider Case Manager falsified/misled information about the child placement. **Supported.** A Case Manager was directed by the provider Case Manager Supervisor to change the foster child's placement to licensed foster care on paper only to allow him to qualify for the Independent Living Program. **Not Supported.**

**Corrective Action:** The CBC has implemented a QA process to randomly contact foster parents to confirm the children in their home matches CBC information systems. The CBC has addressed the issues with the impacted staff to ensure they understand the operating procedures, rules, and laws surrounding placements.

2. 2006-0055 A former Child Protective Investigator (CPI) was negligent in the performance of his duties. **Supported.**

**Corrective Action:** The subject resigned during the investigation.

3. 2006-0056 During the investigation of an abuse report, a former CPI created a HS<sub>n</sub> record indicating she obtained medical examination results of a child from a pediatrician. No such examination occurred. The CPI admitted to her supervisor that she falsified the record. **Supported.**

**Corrective Action:** Subject resigned prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for consideration of possible criminal prosecution.

4. 2007-0006 Former CPI falsified HS<sub>n</sub> records concerning her investigation of Abuse Report #2006-488225. **Supported.**

**Corrective Action:** Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report.

5. 2007-0011 A former Child Welfare Case Manager of a provider falsified HS<sub>n</sub> records and home visit report forms. **Supported.**

**Corrective Action:** Subject's employment was terminated prior to the investigation. A copy of the report was placed in the subject's personnel file.

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### District 9

1. 2006-0037 A former Adult Protective Investigator Supervisor (APIS) instructed Unit 84 APIs to show preference to Medicaid eligible cases during Random Moment Samplings, thereby distorting data to inappropriately generate federal reimbursements. **Supported.** The APIS violated Department policy regarding Random Moment Sampling by signing Random Moment Observation Sampling Forms prior to the sampling date and time and forewarning samples of an upcoming sample moment. **Supported.**  
**Corrective Action Taken:** Subject's employment was terminated after the investigation. Retraining on all necessary staff was conducted. Routine monitoring is in place in the Central Office and the District.
2. 2006-0043 A former provider Case Manager falsified official records relating to a child in the care and custody of the Department. **Supported.**  
**Corrective Action:** Subject resigned after the investigation was completed. The matter was referred to the State Attorney for criminal prosecution.
3. 2006-0059 A Clerk Typist Specialist fraudulently obtained and used clients' Benefit Security® Cards. **Neither Supported nor Refuted.**  
**Corrective Action:** The subject's employment was terminated.
4. 2006-0060 A CPI forged clients' names to Release of Information sections of Family Safety Service Request Forms authorizing the release of drug test results to the Department. **Not Supported.**
5. 2006-0066 Two API accessed HSn records for personal reasons. **Supported.** Three CPI accessed HSn records for personal reasons. **Supported.**  
**Corrective Action:** CFOP 175-76 was updated to reflect that all Department employees are included under this CFOP.
6. 2006-0076 A provider Dependency Case Manager falsified an HSn record. **Supported.** A provider Case Management Supervisor instructed the Dependency Case Manager to falsify HSn records on two occasions. **Not Supported.**  
**Corrective Action:** The dependency case manager's employment was terminated. A copy of the report was placed in the subjects personnel file.
7. 2006-0080 A former Dependency Case Manager for a contract provider falsified HSn records. The subject admitted to falsifying two records. Home Visit Report forms were also found to be falsified. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for possible criminal prosecution.
8. 2006-0089 A former CPI falsified official records regarding visiting children involved in a protective investigation. **Supported.**  
**Corrective Action:** Subject's employment was terminated prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for possible criminal prosecution.
9. 2006-0096 A former Child Protective Investigator (CPI) falsified official records relating to children in the care and custody of the Department. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for possible criminal prosecution.

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10. 2007-0009 A former CPI misused his position as a Department employee. **Supported.**  
**Corrective Action:** Subject resigned after the investigation was completed. A copy of the report was placed in the subject's personnel file.
11. 2007-0013 A former Dependency Case Manager for a provider agency falsified official records relating to children in the care and custody of the Department. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. The matter was referred to the State Attorney for possible criminal prosecution.
12. 2007-0015 A former Dependency Case Manager for a provider agency falsified official records relating to children in the care and custody of the Department. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. A copy of the report was placed in the subjects personnel file. The matter was referred to the State Attorney for possible criminal prosecution.
13. 2007-0021 A former Dependency Case Manager of a provider falsified HSn notes. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. A copy of the report was placed in the subjects personnel file. The matter was referred to the State Attorney for possible criminal prosecution.
14. 2007-0022 A former Dependency Case Manager for a provider agency falsified official records relating to a child in the care and custody of the Department. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. The provider created a monthly child visit/assessment report document. The matter was referred to the State Attorney for possible criminal prosecution.
15. 2007-0025 A Dependency Case Manager for a provider agency falsified official records. **Not Supported.**
16. 2007-0028 Two provider Dependency Case Managers falsified official records. **Not Supported.**

### District 10

1. 2006-0039 Under the leadership of the Executive Director, a contracted provider agency improperly provided confidential client information to a Sun Sentinel reporter. **Supported.**  
**Corrective Action:** The provider employee responsible for the release of information resigned. New policy and a new release form regarding the release of information was created. Training will be provided to all the provider's employees regarding release of information.
2. 2006-0082 Project H.O.P.E. Katrina inappropriately received \$10,000 to specifically distribute a flyer. **Not Supported.** A Government Operations Consultant improperly authorized promotional material, the contents of which gave the appearance of a Project H.O.P.E. endorsement of a private home improvement company. **Supported.**  
**Corrective Action Taken:** SAMH will examine the organizational structure of Project H.O.P.E. using lessons learned from the 2004 and 2005 hurricane seasons. The role of the project manager will be clearly spelled out in the model contract and in the Crisis Counseling Best Practices Manual. The manual will also be changed to incorporate rules of solicitation and donations. The Government Operations Consultant's and Project H.O.P.E. Katrina Community Liaison's employment ceased when the grant ended.

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3. 2006-0091 A former APIS (**Supported**), Client Relations Coordinator (**Not Supported**), and a contract provider Data Specialist (**Not Supported**) inappropriately accessed HS<sub>n</sub> records.  
**Corrective Action:** The APIS was terminated for reasons unrelated to this investigation; however, report findings were placed in their personnel file.
4. 2006-0093 A CPI misused her state issued cellular telephone during working and non-working hours. **Supported.**  
**Corrective Action:** Of the \$916 identified, the CPI repaid \$300. The District has taken steps to recoup the remaining \$616 funds. The Assistant Secretary for Operations reminded all District Administrators of the need for all staff to review CFOP 70-6 and seek reimbursement of personal calls on state cell phones on a monthly basis.
5. 2006-0097 A Counselor II for a provider falsified official records relating to children in the care and custody of the Department. **Not Supported.**

### District 11

1. 2006-0035 Two former provider Case Managers falsified official records relating to children in the care and custody of the Department. **Supported.** A Licensing Supervisor for a provider agency falsely entered into HS<sub>n</sub> a home visit performed by a Case Manager. **Not Supported.**  
**Corrective Action:** The two provider Case Managers' employment was terminated. An independent non-governmental third party entity was contracted by the Department to conduct programmatic, fiscal, and administrative oversight. The process has allowed for appropriate oversight to ensure children are being seen by subcontractors and that the CBC provider has procedures in place for submitting travel vouchers. The matter was also referred to the State Attorney for possible criminal prosecution.
2. 2006-0048 An Economic Self Sufficiency Specialist (ESSS) used confidential client information to fraudulently bill Medicaid. **Not Supported.** An ESSS provided confidential information to unauthorized persons. **Not Supported.** An ESSS obtained personal financial benefit from his personal use and/or sharing of confidential information concerning Medicaid clients. **Not Supported.**
3. 2006-0058 A former CPI failed to adhere to policy concerning Child Protection Team recommendations. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. A copy of the report was placed in the subjects personnel file. The matter was referred to the State Attorney for possible criminal prosecution.
4. 2006-0064 A former API falsified a HS<sub>n</sub> record. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. A copy of the report was placed in the subjects personnel file. The matter was referred to the State Attorney for possible criminal prosecution.
5. 2006-0067 A subcontract provider referred the parents, children and other participants for psychological evaluations to the wife of the subcontract provider's Executive Director. **Supported.**  
**Corrective Action:** The provider agency ceased using services of the Executive Director's wife. Provider Relations has ensured that each individual agency has a conflict of interest policy in effect.

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6. 2006-0069 An Operations and Management Consultant Manager, who is also a member of the West Kendall Community Council, allegedly engaged in activities that may have brought discredit to the Department. **Not Supported.**
7. 2006-0077 An API disclosed information in an abuse report to a family member of a vulnerable adult without authorization to do so. **Not Supported.** An API failed to conduct a thorough investigation. **Not Supported.**
8. 2007-0019 A Family Services Counselor Supervisor conducted personal security work during state time, particularly via the telephone. **Not Supported.** An Administrative Assistant conducted personal business on state time. **Supported.** An Administrative Assistant pressured staff to purchase or sell vitamins. **Not Supported.** An Administrative Assistant used his state computer to e-mail information about vitamin products. **Not Supported.**  
**Corrective Action:** A directive has been issued to the manager of the Child Care Licensing Section advising that there will be no participation by Child Care Licensing staff in community-related events without obtaining prior approval through the Southeast Zone Family Safety Program Office. The Administrative Assistant also resigned.
9. 2007-0020 A former Family Case Manager of a provider agency falsified records regarding home visits with children. **Supported.**  
**Corrective Action:** Subject's employment was terminated prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for possible criminal prosecution.
10. 2007-0037 A former provider Case Manager falsified records of the Department and its contract provider. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for possible criminal prosecution.

### District 12

1. 2006-0040 An unidentified Department employee released a child abuse reporter's identity to the alleged perpetrator. **Not Supported.**
2. 2006-0085 A Senior Human Services Program Specialist disclosed confidential child protective investigation information to an unauthorized person. **Not Supported.**

### District 13

1. 2006-0030 A former Paralegal Specialist revealed Child Welfare Legal Services legal case information to a contracted Defense Attorney. **Supported.** The former Paralegal Specialist accepted gifts from the contracted Defense Attorney. **Supported.**  
**Corrective Action:** Subject's employment was terminated prior to the investigation. Subject's personnel file was updated to include a copy of the report.
2. 2006-0053 A CPI misused state property, using a state vehicle for personal reasons, and falsified a DCF Vehicle Usage Record. **Supported.** The CPI failed to document case chronological recordings within a timely manner. **Supported.**  
**Corrective Action:** Subject employee resigned. A copy of the report was placed in the subjects personnel file. New District travel procedures have been implemented consistent with Office of Inspector General recommendations.



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3. 2006-0065 A former CPI failed to make required referrals to the Child Protection Team, and falsely documented in HS<sub>n</sub> that she completed the Child Protection Team referrals. **Supported.** The former CPI failed to respond to a child abuse report; to observe a victim of alleged child abuse; and falsely documented entries in HS<sub>n</sub>. **Supported.** The former CPI falsified HS<sub>n</sub> chronological notes for various CSAs within HS<sub>n</sub>. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
4. 2007-0005 A former CPI accessed pornographic websites on his state issued laptop. **Neither supports nor refutes.** The former CPI wrote down passwords (for various systems) for his laptop on sticky notes and placed the notes in his CPI manual or on the keypad of his state issued laptop, and failed to properly secure his laptop from the possibility of outside access. **Supported.**  
**Corrective Action:** The subject's employment terminated. A copy of the report was placed in the subjects personnel file.
5. 2007-0018 A former provider Dependency Case Manager accessed a CSA in HS<sub>n</sub> without authorization. **Supported.** A provider Dependency Case Manager Supervisor accessed HS<sub>n</sub> records concerning her family members. **Not Supported.**  
**Corrective Action:** The former provider Dependency Case Manager's employment was terminated during the course of the investigation. Subjects' personnel files were updated to include a copy of the report.
6. 2007-0024 A former CPI stole office supplies from the Marion County Family Safety Service Center and sold the items on eBay. **Supported.**  
**Corrective Action:** Subject's employment was terminated during the course of the investigation. A copy of the report was placed in the subjects personnel file. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.

### District 14

1. 2006-0061 A CPI disclosed confidential child abuse information to an unauthorized person. **Not Supported.** The CPI showed child victim photographs stored on her personal cell phone to unauthorized persons. **Not Supported.**

### District 15

No investigations were completed in this District during the Fiscal Year.

### Central Office

1. 2005-0091  
(Whistle Blower) Substance Abuse and Mental Health (SAMH) District Operations Manager mismanaged federal TANF block grant funding by directing that additional TANF funding be added to a provider agency's contract and taking no action to recoup funding upon notification of the agency's noncompliance with TANF proviso requirements. **Supported.** A SAMH Office Statewide TANF Coordinator mismanaged federal TANF block grant funding by releasing additional funding to a provider agency and taking no action to recoup funding upon learning of the agency's noncompliance with TANF proviso requirements. **Not Supported.**  
**Corrective Action:** No further TANF funds will be contracted with the provider agency. The Department recouped a total of \$45,421 on two separate contracts

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with the provider agency. Standards and performance measures were revised and are now included in position descriptions for TANF staff. The provider reviewed personnel files to ensure staff have had necessary background checks and credentials. Requests for Proposals will not be used as a future means of procuring contracts due to the limited capacity and willingness of providers to provide services under the program. PARTS reviews will continue to monitor providers that consistently fail to meet contractual requirements. Contract Manager training will be revised to include a component allowing managers to work cooperatively with other community stakeholders in sharing consumer complaints, investigative findings, and monitoring reviews for the purpose of identifying unwanted or inappropriate patterns.

### 2. 2006-0033 (Whistle-Blower)

The Florida Abuse Hotline (FAH) Director and Management Review Specialist failed to require contract providers to meet training requirements specified in the Request for Quotes and subsequent contract. **Not Supported.** The Director of the FAH awarded a contract based on a friendship with a vendor employee rather than vendor qualifications. **Not Supported.** The FAH Director and Management Review Specialist failed to appropriately act after learning that a provider's actions created a serious threat to the health, safety, or welfare of vulnerable adults and children served by the FAH. **Not Supported.** The Management Review Specialist inappropriately instructed an OPS Administrative Assistant to complete tasks, which were the contractual obligation of the contracted agency. **Not Supported.** The FAH Director mismanaged Department resources by inefficiently contracting Quality Assurance services. **Not Supported.** Investigation revealed that a contractor was hired by the FAH and had the certification test and training materials mailed to him in the State of New York.

**Corrective Action:** The Assistant Secretary for Operations has ensured that the FAH has a written policy for Certification Tests. The next Quality Assurance contracts will include a provision for training. The policy was implemented to ensure that all tests are taken onsite at the FAH.

### 3. 2006-0063

A former OPS Public Assistance Specialist fraudulently authorized public assistance funds from the Emergency Financial Assistance for Housing Program (EFAHP). **Supported.** A total of eleven persons were identified in the scheme with \$40,800 in EFAHP funds involved.

**Corrective Action:** The Office of Homelessness has implemented a policy for submission of all approved cases to the supervisor for review. The hard-file for each approved case will be submitted to the supervisor and a random sample of files will be reviewed for accuracy prior to submitting the batch file to Northwood. The security levels of access to the database system have been revised to improve security. Four levels of access have been created and users are assigned a level based on the requirements of their job. The matter was coordinated with FDLE and the State Attorney for possible criminal prosecution. All eleven individuals were charged criminally, pled to those charges, and sentenced to probation. The Department was granted full restitution.

### 4. 2007-0026

An OPS Economic Self-Sufficiency Specialist uploaded prohibited software and accessed non-work related Internet web sites for personal use. **Supported.** The OPS Economic Self-Sufficiency Specialist misused state equipment by storing multiple sexually suggestive photographs on her work computer. **Supported.**

**Corrective Action:** Subject's employment was terminated. Department policy was updated to prohibit using Department email for personal use.

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### SunCoast

1. 2006-0028  
A former provider Care Manager falsely entered a face-to-face visit with children in his care into HS<sub>n</sub>. **Supported.**  
**Corrective Action:** Subject resigned prior to the investigation. Copy of the report was placed in employee's personnel file and discussed with the provider. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
2. 2006-0029  
A former Care Team Coordinator and former Care Manager of a provider falsified records in HS<sub>n</sub> concerning face-to-face contacts. **Supported.**  
**Corrective Action:** Subjects' employment was terminated prior to the investigation. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
3. 2006-0046  
A CPIS accessed a CSA via HS<sub>n</sub> without the need to know, and disclosed information contained in the CSA to an unauthorized person. **Not Supported.**
4. 2006-0054  
A former Quality Assurance Specialist accessed child abuse reports in HS<sub>n</sub> without authorization and used information from HS<sub>n</sub> to assist in unauthorized dual employment with a Department provider. **Supported.** The former Quality Assurance Specialist had unapproved dual employment with a Department provider constituting a conflict of interest with her Department employment.  
**Supported.**  
**Corrective Action:** All Quality Management employees were re-educated via two separate documents on Department policy regarding dual employment. Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report. The matter was referred to the State Attorney for possible criminal prosecution.
5. 2006-0071  
A Call Center ESSS accessed inappropriate websites. **Not Supported.**
6. 2006-0088  
A provider Care Manager Supervisor falsified protective services records in case files and in court proceedings. **Not Supported.**
7. 2006-0090  
Former DMH Case Manager falsified a court hearing appearance in HS<sub>n</sub>, and a DMH Court Hearing Summary form used to document court hearings, concerning HS<sub>n</sub> case #2051980000. **Supported.**  
**Corrective Action:** Subject's employment was terminated prior to the investigation. Subject's personnel file was updated to include a copy of the report. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
8. 2006-0092  
Former Economic Self-Sufficiency Specialist inappropriately approved and conducted functions on her live-in friend's ACCESS case, and his cousin's ACCESS case. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. Subject's personnel file was updated to include a copy of the report. A reminder was sent to all SunCoast Region ACCESS staff regarding public assistance cases involving personal interests.
9. 2006-0100  
Former Gulf Coast Community Care (GCCC) Case Manager falsified entries in HS<sub>n</sub> concerning contact with a child. **Supported.**

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- Corrective Action:** Subject resigned prior to the investigation. A copy of the report was placed in the subjects personnel file. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
10. 2007-0003 Former Manatee Glens Corporation case manager falsified signatures on home visit documents between 1/20/06 and 1/4/07. **Not Supported.**
11. 2007-0016 Children's Home, Inc. Care Manager attempted to have an improper personal relationship with a Department client. **Supported.**  
**Corrective Action:** The subject employee was terminated. A copy of the report was placed in the subjects personnel file.
12. 2007-0017 Former API falsified records in HSn concerning a face-to-face home visit. **Supported.**  
**Corrective Action:** Subject resigned during the course of the investigation. The matter was coordinated with law enforcement and the State Attorney for possible criminal prosecution.
13. 2007-0035 Adult Protective Investigator accessed CSA #2006-487285 via HomeSafenet without the need to know. **Supported.** Adult Protective Investigator disclosed information contained in a CSA #2006-487285 to an unauthorized person and maintained an inappropriate relationship with a Department client. **Not Supported.** Adult Protective Investigator disclosed information contained in a CSA #2006-487285 to an unauthorized person and maintained an inappropriate relationship with a Department client. **Not Supported.**  
**Corrective Action:** A documented counseling was given to subject and a copy was placed in his personnel file.

### Multiple Districts Statewide (Districts 4, 11, and 14, and Central Office)

1. 2007-0027 The Department of Health Office of Inspector General initiated an internal inquiry on February 2, 2007, to determine if an employee sent an electronic communication prohibited by policy and procedure. The e-mail contained material that was not work related and potentially racially offensive. As part of that inquiry, the Department of Health identified employees in other state agencies who were forwarded or copied on the e-mail. Investigation determined that a total of 38 Department of Children and Families employees received the e-mail in question and 7 of the 38 forwarded the e-mail to at least one other person. The allegation was supported against each of the 7 Department employees. **Supported.**  
**Corrective Action:** One of the subjects was terminated. The remaining six subjects were given a 3-day suspension without pay. Each Staff Director in Information Systems met with staff to reiterate current email policy and expectations.

### Summary of Management Reviews by District/Region FY 2006-2007

#### District 2

1. 2006-0034 An anonymous complaint alleged that Florida State Hospital (FSH) management were failing to comply with FSH Operating Procedure 60-15 regarding minimum staff coverage in the forensic unit, allowing staff to fall below the required minimum, thus placing staff at risk. Investigations staff found differing views and interpretations of policy, safety perspectives, and the effects of minimum staffing levels on FSH staff. As a result of this management review, FSH has increased communication between staff, all units, and security; began utilizing a portable x-ray machine to reduce the number of staff used to escort residents to the medical

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facility; increased security patrols; and reduced the number of hours staff are not located within their unit.

### **District 4**

1. 2006-0009 The foster parent for a provider agency alleged that two children were placed with their relative, constituting a conflict of interest, as the relative was an employee of the lead CBC agency. The review also examined whether the relative may have misused her position to influence the placement decision made by the CBC agency. It was determined that there was in fact a perceived conflict of interest with respect to the management of the dependency case.
2. 2006-0052 A review of the procedures in effect for photographing children was conducted after a photograph depicting a child in an indecent pose, taken by a provider employee surfaced. It was determined that the inappropriate nature of the photograph was unintentional; however, the photograph was not taken in accordance with the established procedure (full body view versus head and shoulder view). An examination of 18 sample photographs of other children taken by the same employee disclosed that 13 (72%) were full body views rather than head and shoulder views.

### **District 7**

1. 2006-0104 Documents containing sensitive client information were discarded with furniture items behind an ACCESS Service Center and were discovered by a local television news reporter. The review revealed that employees had taken precautionary measures to ensure the proper disposal of sensitive client information and there was no indication of any employee intentionally failing to protect sensitive information.

### **District 10**

1. 2006-0073 It was alleged that Assessment Specialists for a contract provider were billing the Department for juvenile substance abuse and mental health assessments performed in standard duration times of 120 or 150 minutes, regardless of the actual assessment time. It was found that the Department was not being billed in accordance with Florida Administrative Code requirements.

### **Central Office**

1. 2006-0079 An anonymous complaint letter was received expressing concerns regarding a possible hostile work environment within the Administrative Services Support Center. Issues of concern raised by staff and managers included favoritism, unethical hiring and promotion practices, supervision and management problems, low morale, and high turnover. The review revealed issues of racial tension among employees, potential unfair hiring practice relating to one employee, and a dissatisfaction with the work environment by staff.