



Incident Resolution

Internal Audit

October 2018

Bernalillo County Internal Audit Incident Resolution

Executive Summary

SUMMARY OF PROCEDURES

REDW performed internal audit procedures over the Incident Resolution process. Our internal audit evaluated those processes for Human Resources, Bernalillo County Sheriff's Department (BCSO), Youth Services Center (YSC), Metropolitan Detention Center (MDC-ITS), and the Metropolitan Detention Center Office of Professional Standards (MDC-OPS). We tested to determine whether the incident was received by the appropriate department and was properly input into the system. We evaluated whether the incident fell within the department's scope and determined whether other departments were notified, if applicable. We evaluated whether there appeared to be active monitoring procedures and whether the department resolved the incident within the timeframe specified in its policies and procedures. Finally, we determined whether there was communication to the complainant regarding the initial receipt and ultimate resolution of their complaint. Lastly, we performed interviews with the Director of the Risk Management Department over the current process in place regarding how incidents are received, tracked, and resolved as well as their level of involvement with other departments in the overall incident resolution process.

We performed the following procedures:

- Obtained an understanding from multiple departments on their processes related to the incident resolution process including how they are received, recorded, monitored, and resolved.
- Tested a selection of incidents from the above departments to determine whether:
 - The incident was received by the correct department and if not it was transferred appropriately and timely.
 - The incident was logged into the tracking system and had proper documentation attached to support the incident (i.e. a grievance form, description of the event, etc.)
 - Active monitoring was taking place during the resolution process.
 - The incident was resolved timely in accordance with department policies and procedures.

SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS

During the course of the audit we identified areas which appeared to be functioning properly, most noticeably was the area related to the tracking, monitoring, and timely resolution of YSC incidents. In addition, we observed that the standardized process implemented by MDC-OPS in January 2018 appears to be functioning properly and incidents appear to be tracked and resolved timely. In addition, MDC-OPS has been able to clear the significant backlog that occurred prior to the standardized process being put in place. As a result of our testing, the following high risk observations were identified:

1) Human Resources Lack of Consistent Policies and Procedures

There are no current policies and procedures in place documenting the incident resolution process or standard protocol and turnover frequently impacts how the process functions which caused discrepancies during our testing including, incident support not matching the system, investigations taking longer than standard timeline, and the incident outcome not communicated to the complainant. HR should develop detailed policies and procedures regarding the incident resolution process to ensure that the process functions consistently and timely.

2) Human Resources Administrative Instructions Outdated

The Human Resources AI No. HR 05—Investigating Complaints was last updated June 30, 2011, and does not reflect the current process in place for investigating complaints nor does it document when and how HR should be involved when incidents in the County occur. HR should develop an updated AI that details all incidents that should be submitted to HR as well as guidance for situations that should be handled at the department level.

3) MDC-ITS Incidents Not Completed Timely or Properly Communicated

Our testing identified instances where incidents were not completed timely in accordance with policies and procedures. In addition, we identified instances where the incident resolution outcome was not communicated to the complainant at the conclusion of the investigation. MDC-ITS employees should review current policies and procedures to ensure they are clear, concise and easy to follow. In addition, an action plan to escalate situations to the appropriate supervisory personnel should be implemented for employees who do not adhere to the process in place.

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Further detail of our purpose, objectives, scope, and procedures are included in the internal audit report.

We received excellent cooperation and assistance from the Department's during the course of our interviews and testing. We sincerely appreciate the courtesy extended to our personnel.

REDW LLC

Albuquerque, New Mexico
February 20, 2019

Bernalillo County Internal Audit Incident Resolution

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Bernalillo County Internal Audit Incident Resolution Report

INTRODUCTION

We performed the internal audit services described below solely to assist Bernalillo County in evaluating the various processes throughout the County for receiving, recording, monitoring, and resolving incidents. Our services were conducted in accordance with the Consulting Standards issued by the American Institute of Certified Public Accountants and the terms of our Professional Services Contract agreement for internal audit services. Since our procedures were applied to samples of processes, it is possible that significant issues related to the areas tested may not have been identified.

Although we have included management's responses in our report, we do not take responsibility for the sufficiency of these responses or the effective implementation of any corrective action.

An entrance conference was held via e-mail on October 15, 2018, and fieldwork began October 22, 2018. An exit conference was held on December 20, 2018.

PURPOSE AND OBJECTIVES

There are various processes for receiving, recording, monitoring, and resolving incidents throughout Bernalillo County. Please note that various departments use different terms to describe an incident such as complaint, grievance, etc. For purposes of this internal audit report, we will utilize the term "incident." Our internal audit evaluated those processes for Human Resources, Bernalillo County Sheriff's Department (BCSO), Youth Services Center (YSC), Metropolitan Detention Center (MDC-ITS), and the Metropolitan Detention Center Office of Professional Standards (MDC-OPS). We tested to determine whether the incident was received by the appropriate department and was properly input into the system. We evaluated whether the incident fell within the department's scope and determined whether other departments were notified, if applicable. We evaluated whether there appeared to be active monitoring procedures and whether the department resolved the incident within the timeframe specified in its policies and procedures. Finally, we determined whether there was communication to the complainant regarding the initial receipt and ultimate resolution of their complaint. Lastly, we performed interviews with the Director of the Risk Management Department over the current process in place regarding how incidents are received, tracked, and resolved as well as their level of involvement with other departments in the overall incident resolution process.

SCOPE AND PROCEDURES PERFORMED

In order to gain an understanding of the controls and processes, we interviewed the following personnel:

- Virginia Chavez, Human Resources Director
- Janet Hebbe, Human Resources
- Brian Lindley, BCSO Chief Deputy
- Lori Carrillo, BCSO Lieutenant
- Craig Sparks, Youth Services Center Director
- Regina Schacht, MDC Special Project Coordinator
- Phil Quintana, Inmate Services Supervisor
- Michael Baca, MDC Office of Professional Standards Administrator
- Andres Santiago, Risk Management Director

In order to gain an understanding of the processes we read relevant portions of:

- HR No. 05 Administrative Instructions dated June 2011
- Bernalillo County Anti- Harassment Policy (undated)
- Bernalillo County Equal Employment Opportunity Policy (undated)
- Human Resources Complaint Form dated November 2017
- Bernalillo County Workforce Violence Policy (undated)
- BCSO Rules and Regulations Number 226: Internal Affairs dated March 2018
- BCSO Rules and Regulations Number 313: Arrests dated July 2018
- BCSO Rules and Regulations Number 316: Booking Procedures dated May 2012
- BCSO Rules and Regulations Number 400: Reports and Records dated June 2014
- BCSO Rules and Regulations Number 401: Offense and Incident Report Form Instructions dated August 1998
- MDC Number 3.35: Investigations into Complaints of Employee Misconduct (undated)
- MDC Number 3.35-1: Supervisory Preliminary Inquiries and Summary Action (undated)
- MDC Office of Professional Standards Number 3.35-2: Investigations (undated)
- MDC SEC 8.26: Incident Reporting dated April 2018
- BERNCO and American Federation of State, County, and Municipal Employees Collective Bargaining Agreement dated January 2018
- MDC Inmate Grievance Procedures RGT 13.09 dated September 2016
- MDC SEC 8.36-9 Use of Force Reporting Requirements and Reviews dated July 2017
- YSC Number 3.12 Juvenile Rights: Grievance Procedures revised March 2015

- YSC Complaint/Grievance and Appeal Notification Form dated February 2018
- Risk Management Administrative Instruction No. RM 04 dated March 2011
- Risk Management Administrative Instruction No. RM 02 dated December 2018

We performed the following testwork:

Receiving, Tracking, Monitoring, and Resolving Incidents: We obtained an understanding from each department that receives cases, complaints, grievances, or incidents (incidents) on how they are received, recorded, tracked, monitored, and resolved. We obtained a log of all incidents investigated between September 2017 through October 2018 for each department listed below. From those listings, we selected a sample of incidents:

- Human Resources - 10 complaints tested from a total population of 57
- BCSO - 10 complaints tested from a total population of 50
- MDC- ITS - 30 complaints tested from a total population of 3,100
- MDC (OPS) - 18 complaints tested from a total population of 350
- YSC - 24 complaints tested from a total population of 306

From the sample selected for each department, we tested to determine:

- Whether the incident was received by the appropriate department and the incident appeared to fall within the department's scope.
- Whether the incident had appropriate supporting documentation such as intake form, grievance letter, e-mail, etc. to support the reason for the complaint.
- Whether the complainant was informed that the incident was received or transferred to a different department, if applicable.
- The incident was properly input into the software or tracking spreadsheet used by the department.
- If another department needed to be notified (i.e. HR, Legal Department, or Risk Management), they were notified timely.
- There was documentation of active monitoring procedures such as follow-up with other departments/third party investigators, collecting evidence, and other applicable reports.
- The department resolved the incident within the timeframe specified in the department's policies and procedures and, if an extension was deemed necessary, the department received approval.
- Whether the department communicated the incident outcome to the complainant.

In addition to the testing above, we performed the following procedures that were related to the department specific processes:

Human Resources

- Determined whether HR communicated to the complainant that the incident was received and assigned to an investigator or back to the complainant's department within 10 days of the initial receipt of the complaint.
- If the incident resulted in an investigation, we determined whether HR collected the investigative report from a private investigator within 30 days, had the report reviewed by the Legal Department, and that a meeting with the Decision Making Panel occurred for issuance of a final disciplinary decision.

BCSO

- The Sheriff reviewed the investigation files and made a final decision regarding the outcome.
- Determined if the incident exceeded the 180-day period for completion and if so, a 30-day extension was submitted and approved.

YSC

- Determined if the YSC Director met with the youth who filed the grievance by the next business day to attempt resolution. If immediate resolution could not be obtained, we tested to determine if an investigation was initiated and that it was completed within five business days of receipt of the grievance.
- If appeals were submitted by the youth, tested to determine if the appeal process was completed within three business days.

MDC-ITS

- Determined whether incident needed BCSO referral or other approval documentation and if so, these were included in the file.
- Determined if the department resolved incidents within the various timelines specified in the policies and procedures.

MDC-OPS

- Determined whether the Chief approved the case for investigation.
- Determined whether the department communicated to the employee (defendant) that there are allegations against them.
- Determined if the incident exceeded the 30-day period to complete and if so, an extension was approved.
- Determined if the outcome of the investigation was properly communicated to all relevant parties.

OBSERVATIONS, RECOMMENDATIONS AND MANAGEMENT RESPONSES

During the course of the audit we identified areas which appeared to be functioning properly, most noticeably was the area related to the tracking, monitoring, and timely resolution of YSC incidents. In addition, we observed that the standardized process implemented by MDC-OPS in January 2018 appears to be functioning properly and incidents appear to be tracked and resolved timely. In addition, MDC-OPS has been able to clear the significant backlog that occurred prior to the standardized process being put in place.

As a result of our testing, REDW identified the following observations:

1) Human Resources—Lack of Consistent Policies and Procedures

The Human Resources department allows incidents to be submitted in several formats including e-mail, phone call, and an official Complaint Form. Upon submission of a complaint, the HR Department has 10 days to initiate a review and investigation, if applicable. Incidents are tracked via an internal software program that allows personnel to upload documentation, make notes, and keep track of important dates. In the event an incident is elevated to a full investigation, investigators have 30 days to prepare a full report that is then sent to Legal and a Decision Making Panel for review and an ultimate decision regarding discipline. Upon reaching a decision, the HR Department is required to follow-up with the applicable department and complainant to inform them of the results. There are no current policies and procedures in place documenting the incident resolution process or standard protocol and turnover within that HR position has impacted how the process functions. Our testing identified the following:

- 1 of 10 incidents did not have the proper incident intake documentation therefore, we were unable to determine if the incident was properly input into the system.
- 4 of 10 incidents did not have evidence that the outcome of the resolution was communicated to the complainant.
- 2 of 10 incidents had information that did not match between the system and the complaint form.
- 1 of 10 incidents was not assigned to an investigator within 10 days of receipt and was ultimately withdrawn by the complainant due to the length of time between when the incident was filed (April 18, 2018), when the incident was assigned to an investigator (May 15, 2018), and when the incident was ultimately withdrawn due to lack of action (August 10, 2018).
- 3 of 10 incidents did not have adequate documentation explaining why the incident took longer to resolve than the standard timelines.

Potential Risk: High—Failure to maintain policies and procedures detailing the incident resolution process could cause the process to not function appropriately as each incident may be handled inconsistently. In addition, job turnover in the HR Department could result in each new employee creating their own process causing a breakdown in consistency of documentation and key data.

Recommendation: HR should develop detailed policies and procedures regarding the incident resolution process to ensure that the process functions consistently and timely. This includes developing policies that capture and define:

- What data is required to be tracked and input into LaborSoft to ensure consistency from case to case.
- Established timelines to ensure incidents are resolved timely and efficiently.
- Ensure clear verbiage is in place regarding how to handle an incident should it be transferred to a different department.

In addition, HR should consider locking cases in LaborSoft once they are complete to ensure that data cannot be changed at a later date.

Management’s Response: HR will develop policies and procedures regarding incident resolution. The policy will include the documents that will be tracked and uploaded into the incident software system. The policy will identify which complaints or incidents will be referred to the decision making panel. The policy will be drafted by April 2019.

2) Human Resources Administrative Instruction Outdated

Currently, Administrative Instruction No. HR 05—Investigating Complaints provides information regarding how supervisors are expected to investigate complaints of inappropriate behavior. The AI was last updated June 30, 2011, and does not reflect the current process in place for investigating complaints nor does it document when and how HR should be involved when incidents in the County occur.

Potential Risk: Moderate—Failure to provide accurate communication to County departments and employees regarding HR’s role and scope could lead to important matters not being disclosed to HR and the appropriate individuals trained to handle the incident.

Recommendation: HR should develop an updated AI that details all incidents that should be submitted to HR as well as guidance for situations that should be handled at the department level. HR should ensure that the AI includes the following:

- A defined scope of what incidents should be brought to HR’s attention and not handled at the department level.
- A defined process of how the incident resolution process functions including appropriate forms to use, timelines to ensure the process is moving, what complainants can expect when submitting an incident, and communication standards between HR and parties involved.
- Explanation regarding when other departments such as Legal, Risk Management, etc., may need to be involved.
- An overview regarding how to submit an incident to each department.

Management’s Response: Administrative Instruction HR05 will be revised and updated to reflect current practice. The AI will identify the complaint form and the types of complaints HR will investigate. The AI will also provide definitions of the types of investigations HR will investigate. The AI will be drafted for approval by April 2019.

3) MDC–ITS—Incidents Not Completed Timely or Properly Communicated

As part of the incident resolution process, MDC–ITS requires most incidents to be resolved within 5 business days following the date the incident was reported unless, the type of incident warrants additional time for resolution (i.e. inmate taken to medical or a more extensive

investigation is required). In addition, upon resolution of the incident, MDC–ITS personnel are required to communicate the outcome of the investigation to the relevant parties. During our testing, we determined:

- 5 of 30 incidents were not completed timely in accordance with policies and procedures. These incidents took between 13 and 73 days to complete.
- 3 of 30 incident resolution outcomes did not appear to be communicated to the complainant at the conclusion of the investigation.

Potential Risk: Moderate—Failure to complete incidents in a timely manner and effectively communicate resolutions could lead to negative perceptions of the incident resolution process and therefore, could result in the affected parties being unwilling to come forward with important issues and complaints due to the perception that it won't be addressed in an effective manner.

Recommendation: We recommend that MDC–ITS employees review current policies and procedures to ensure they are clear, concise, and easy to follow. As different incidents have different timelines, we recommend MDC consider developing a quick reference sheet for employees to ensure that employees can reference the important facts quickly. In addition, we recommend that periodic trainings be conducted regarding the incident resolution process to ensure all personnel are well informed of the process. Lastly, we recommend MDC-ITS employees consider implementing an action plan to escalate certain situations to the appropriate supervisory personnel should an employee not adhere to the incident resolution process in place.

Management's Response: In regards to review of current policies and procedures, the personnel policy manual will be updated to require staff review it annually. This change is scheduled for June of 2019. The MDC Project Manager and Training Coordinator are working on implementing a notification system in ITS. ITS will send notifications to the Officer, supervisor, and Captain advising them of due dates in the system. This will be completed by County IT. In regards to ensuring employees are aware of the different incident timelines, ITS currently has an on-line help section within the program with step by step downloadable directions and these process directions can be update to include allotted time lines. Also MDC ITS is in the process of development of a due date notification within both the automatic e-mails and the home page of the incident. In regards to periodic trainings over the incident resolution process, all correctional staff receive training on an annual basis and the subject matter for this training is determined by the Training Coordinator. Training over the incident resolution process can be added to ensure all correctional staff are aware of the process and any changes that may have occurred. Lastly, in regards to the action plan for employees who do not adhere to the process, staff members are carbon copied on an e-mail notifications. Who is carbon copied is dependent on which status the incident is in and the type of incident. The e-mail is addressed not only to the officer involved but carbon copied to supervisor and the Deputy Chief's, Chief and Chief's administrative assistant. In the event an employee is not adhering to the incident resolution process, supervisory staff will be notified that they need to assist with ensuring that the incident is closed out timely and that they are communicating with their employees to ensure the incident resolution process is followed and that failure to do so could result in disciplinary action.

4) Risk Management—Administrative Instructions and Policies and Procedures Outdated

There does not appear to be a defined process in place regarding incident resolution for the Risk Management department. While the department is currently updating these, the Administrative Instructions and policies and procedures that encompass the process appear to be outdated. In

addition, the AIs do not provide relevant information to employees regarding what types of incidents should be sent to Risk Management nor what is expected of supervisors, employees, and the public when reporting these incidents.

Potential Risk: Low—Failure to properly communicate what incidents should involve Risk Management could result in issues not being sent to the department and therefore, the issue may not be appropriately or timely handled in order to effectively manage the risk. We have reduced this risk to low however as the department is actively working to update the relevant AIs and policies to better reflect current processes and as of the time of testing, had already implemented one new AI on the reporting requirements for Accidents/Injury that is more comprehensive and better details what is expected of supervisors, employees, and the public.

Recommendation: Risk Management should work to ensure that the AI and policies and procedures are updated regularly to ensure they are reflective of the current processes in place and that they clearly define the type of incidents that should involve Risk Management.

Management's Response: During the past 6 months the Risk Management Team has engaged in a comprehensive and thoughtful evaluation of the Loss Control Policy and Administrative Instructions. The Loss Control Policy and associated AI's have not been reviewed or changed since 2003. Therefore, our objective is to overhaul all of the Administrative Instruction's (AI's) and Loss Control Policy within Risk Management, to provide a more cohesive and end-user friendly set of documents that will align with the County Mission, Goals, Policy, Administrative Instructions, and Forms.

We already proposed 2 new AI's to County leadership (RM 01 Risk Awareness and Responsiveness and RM 02 Accident/Injury Reporting Requirements) and are being routed for approval. Our ultimate goal is to have all AI's reviewed and approved by County Leadership by the end of fiscal year 2019 which includes the new Loss Control Policy that will be reviewed and approved by the County Commission.

Risk Management will also ensure that AI and policies and procedures are updated regularly by adopting a broad approach for reviewing documents annually and have a governing document control system that would provide more efficiency, standardization, and quality.

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This report is intended for the information and use of the Bernalillo County, the audit committee, members of Bernalillo County Commission and others within the organization.

We discussed and resolved other minor observations with management and received excellent cooperation and assistance from the Department's during the course of our interviews and testing. We sincerely appreciate the courtesy extended to our personnel.

REDW LLC

Albuquerque, New Mexico
February 20, 2019