



Follow-Up Review of Audit of  
Community Partnerships Division:  
Homeless Initiative  
Partnership Section

Office of the County Auditor

Follow-up Review

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Review Conducted by:  
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**Report No. 21-20**  
**September 30, 2021**



**OFFICE OF THE COUNTY AUDITOR**

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September 30, 2021

Honorable Mayor and Board of County Commissioners:

We have conducted a follow-up review of the audit of the Homeless Initiative Partnerships Section of the Community Partnerships Division. The objective of our review was to determine the implementation status of our previous recommendations.

We conclude that of the 23 recommendations in the report, seventeen recommendations were implemented, and six recommendations were partially implemented. The status of each of our recommendations is presented in this follow-up report.

We conducted this review in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our review objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our review objectives.

We appreciate the cooperation and assistance provided by the Community Partnerships Division throughout our review process.

Respectfully submitted,

A handwritten signature in blue ink that reads "Bob Melton".

Bob Melton  
County Auditor

cc: Bertha Henry, County Administrator  
Andrew Meyers, County Attorney  
Monica Cepero, Deputy County Administrator  
Kevin Kelleher, Assistant County Administrator  
Darrell Cunningham, Director, Community Partnerships Division

**Broward County Board of County Commissioners**

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# IMPLEMENTATION STATUS SUMMARY

## Implementation Status of Previous Recommendations From Audit of Community Partnership Division: Homeless Initiative Partnership Section

REC. NO.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
1.A	Continue to implement and incorporate the consultant recommendations in the "A Way Home Plan."		✓		
1. B	Continue to revise the funding allocations to align with the NAEH recommendations.	✓			
1. C1	Revise OMB performance objectives to better reflect the stated goals of the HIP Section.	✓			
1.C2	Evaluate the annual OMB Performance Measures projected outcome results and work with providers throughout the year to ensure goals are attained.	✓			
1.C3	Strengthen internal controls over data reported to OMB to ensure all measures are accurately reported.	✓			
2.A	Revise site visit procedures to include consideration of risk including a rotational, not annual, basis for low-risk items and/or providers.		✓		

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REC. NO.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
2.B	Revise site visit procedures to include separate and unique samples to ensure data being tested is applicable to the test being performed and to better identify discrepancies in reported outcome measures.		✓		
2.C	Establish adequate segregation of duties over contract management and monitoring, including ensuring employees independent of contract management perform the annual monitoring process.		✓		
3.A	Revise invoice receipt procedures to reduce inefficient practices.	✓			
3.B	Create a template for match reimbursement and ensure that providers receive clear guidance on template usage and match calculation procedures.	✓			
3.C	Revise policies and procedures to include best practices regarding completion of the Invoice and Quarterly/Demographic Report checklists.	✓			
3.D	Create and utilize an internal checklist for the receipt and review of quarterly reports for HUD contracts.	✓			
4.A1	Assist providers in strengthening internal controls over reported data to ensure all measures are accurately reported and supported.		✓		
4.A2	Improve the monitoring process to identify inaccurate and incomplete reporting by providers.	✓			

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Homeless Initiative Partnership Section

REC. NO.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
4.A3	Ensure that providers receive clear guidance regarding how to report outcome attainment.	✓			
4.B	Revise the standard HMIS reports to allow for reporting that correlates to reporting requirements and allows reports to be generated by providers.		✓		
4.C1	Ensure appropriate monitoring of all significant contractual provisions.	✓			
4.C2	Strengthen internal controls to ensure County does not provide reimbursement when contractual criteria have not been met.	✓			
5.A1	Simplify outcome measures by limiting the number of parameters within each measure.	✓			
5.A2	Ensure that future contracts align indicators with the data collection methodology and providers receive clear guidance on how to report outcomes.	✓			
5.A3	Ensure that future contract language is written to ensure that the outcome is controllable by the provider.	✓			
5.A4	Ensure the format for outcome measure reports is consistent across all providers.	✓			
5.B	Revise compensation structures which inadvertently or unfairly penalize providers.	✓			

# INTRODUCTION

## **Scope and Methodology**

The Office of the County Auditor conducts audits of Broward County's entities, programs, activities, and contractors to provide the Board of County Commissioners, Broward County's residents, County management, and other stakeholders unbiased, timely, and relevant information for use in promoting government accountability and stewardship and improving government operations.

We conducted a follow-up review of the Audit of the Homeless Initiative Partnership Section of the Community Partnerships Division (Report 19-16). The purpose of this follow-up review is to determine the status of previous recommendations.

We conducted this review in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the review to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our review objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our review objectives.

Our follow-up review included such tests of records and other review procedures as we considered necessary in the circumstances. The follow-up testing period was November to June 2021. However, transactions, processes, and situations reviewed were not limited by the review period.

## **Overall Conclusion**

We conclude that of the 23 recommendations in the report, seventeen recommendations were implemented, and six recommendations were partially implemented. The status of each recommendation is included in this report.

# STATUS OF RECOMMENDATIONS

This section reports actions taken by management on the recommendations in our previous review. The issues and recommendations herein are those of the original review, followed by the current status of recommendations.

## **1. Management Should Continue to Align Goals and Performance Measures with Current Best Practices.**

During our prior audit, we noted the following concerns in our review of Homeless Initiative Partnership's (HIP) adoption of industry best practices:

- A. Consultant recommendations were not implemented. The Corporation for Supportive Housing (CSH) and the National Alliance to End Homelessness (NAEH) were engaged by the County to develop recommendations to update the County's annual plan to end homelessness ("A Way Home Plan").
- B. Recommendations to shift funding from emergency shelters to permanent housing were not fully adopted. The NAEH recommended that Broward County shift funding from Emergency Shelter services to Rapid Rehousing services to better align its funding to the community with the shelters, which was not in alignment with the Housing First model.
- C. We identified misalignment and discrepancies between Broward County Office of Management and Budget (OMB) and Continuum of Care (CoC) performance measures and goals. We noted the following concerns:
  - 1) There was only moderate alignment between the 2019 OMB objectives and those of the CoC.
  - 2) We noted that only one of five Fiscal Year 2017 OMB performance measures was successfully achieved.
  - 3) We noted minor discrepancies between performance measure results provided for the Fiscal Year 2017 Performance Measures Annual Report and supporting documentation calculations for two of the five performance measures.



**We recommended** management:

- A. Continue to implement and incorporate the consultant recommendations into the 'A Way Home Plan'.
- B. Continue to revise the funding allocations to align with the NAEH recommendations.
- C1. Revise OMB performance objectives to better reflect the stated goals of the HIP section.
- C2. Evaluate the annual OMB Performance Measures projected outcome results and work with providers throughout the year to ensure goals are attained.
- C3. Strengthen internal controls over data reported to OMB to ensure all measures are accurately reported.

**Implementation Status:**

**1.A. Partially Implemented** – Implementation is on-going. In addition to previously implemented recommendations at the time of our prior audit report, the Homeless Continuum of Care (HCOC) Advisory Board adopted the consultant's recommendation for an employment component to the "A Way Home Plan" in January 2021. Other consultant recommendations continue to be addressed by the Community Partnerships Division (CPD).

**1.B. Implemented** – CPD has increased its budget allocation for Rapid Rehousing (RRH) with funds from the Department of Children and Families, Emergency Solutions Grant (COVID) in the amount of \$1,125,000 for FY 2021. The budgeted amount represents a 35% increase in funding for RRH in Broward County's HCoC.

**1.C1. Implemented**

**1.C2. Implemented**

**1.C3. Implemented**

## 2. Provider Monitoring Should be Improved.

During our prior audit, we reviewed five monitoring reports for five different providers, and noted the following concerns:

- A. The process did not apply a risk-based testing methodology. We found that the same procedures were substantially uniformly performed each year at each service provider. This homogenous method did not consider the necessity for greater focus in certain areas and less focus in others.
- B. Although certain monitoring tests required unique samples or procedures, the same sample was used by HIP staff for multiple tests.
- C. We noted a lack of segregation of duties between the contract administration and monitoring process.

**We recommended** management revise site visit procedures to include:

- A. Consideration of risk including a rotational, not annual, basis for low-risk items and/or providers.
- B. Separate and unique samples to ensure data being tested is applicable to the test being performed and to better identify discrepancies in reported outcome measures.
- C. Establish adequate segregation of duties over contract management and monitoring, including ensuring employees independent of contract management perform the annual monitoring process.

### **Implementation Status:**

A Program Project Coordinator Sr. was hired to oversee monitoring of service providers and additional procedures have been initiated.

- A. Partially Implemented.** Management has further indicated that during the FY 21 monitoring season, Community Partnerships Division (CPD) implemented a risk-based monitoring system that considered past contract performance. In FY 22 monitoring season, CPD will strengthen its processes to continue the full implementation of a risk-based monitoring approach.
- B. Partially Implemented.** Management has further indicated that due to evidence-based practice models, indicators and timelines, services may be delivered for a designated

time frame before progress can be assessed. The Division will ensure staff request the identified sample volume to obtain the desired testing criteria.

- C. **Partially Implemented.** Management has further indicated that during the FY21 monitoring season, CPD conducted a pilot to ensure the segregation of duties. Currently, CPD is in the process of finalizing the pilot's assessment and will implement the appropriate processes throughout the division

### **3. Improvements to the Provider Invoicing and Reporting Processes Should Be Evaluated.**

During our prior audit, we noted the following:

- A. We identified inefficient invoice submittal requirements. This included a requirement for providers to both remit and maintain physical documentation for electronically available documents.
- B. We noted that matching funds calculations may be misstated.
- C. We identified incomplete invoice review procedures. Checklists were utilized by staff for the review of invoices and non-HUD-funded quarterly reports. We noted that departmental policies and procedures did not include best practices for the timeframe to complete all review processes, including resolution of inaccuracies, and inconsistent documentation of the completion of processes and concerns by staff.
- D. Standardized checklists were needed for all report submissions to ensure accuracy and completeness of review procedures. Quarterly report submissions for HUD-specific contracts did not require use of a checklist to document receipt and review of the reports.

**We recommended** management:

- A. Revise Invoice receipt procedures to reduce inefficient practices.
- B. Create a template for match reimbursement and ensure that providers receive clear guidance on template usage and match calculation procedures.
- C. Revise policies and procedures to include best practices regarding completion of the Invoice and Quarterly/Demographic Report checklists.
- D. Create and utilize an internal checklist for the receipt and review of quarterly reports for HUD contracts.

**Implementation Status:**

**3.A. Implemented**

**3.B. Implemented**

**3.C. Implemented**

**3.D. Implemented**

**4. Provider Contract Compliance Should be Improved.**

During our prior audit, we noted the following concerns:

- A. Discrepancies existed between submitted quarterly report data and supporting documentation observed on-site.
- B. The Homeless Management Information System (HMIS) data reporting system did not adequately allow providers to report required performance data. Data and reports were derived from HMIS with relevant data input into quarterly report fields by the provider. We noted the inability of providers to efficiently utilize HMIS reports for reporting purposes, including the ability to generate reports without County staff assistance, and additional efforts being required to accurately identify clients meeting the required report criteria.
- C. Key contract provisions were not being performed as required by providers.

**We recommended management:**

- A1. Assist providers in strengthening internal controls over reported data to ensure all measures are accurately reported and supported.
- A2. Improve the monitoring process to identify inaccurate and incomplete reporting by providers.
- A3. Ensure that providers receive clear guidance regarding how to report outcome attainment.
- B. Revise the standard HMIS reports to allow for reporting that correlates to reporting requirements and allows reports to be generated by providers.
- C1. Ensure appropriate monitoring of all significant contractual provisions.

- C2. Strengthen internal controls to ensure County does not provide reimbursement when contractual criteria have not been met.

**Implementation Status:**

**4.A1. Partially Implemented** – CPD obtained a consultant assessment with recommendations, which will be implemented, related to assisting providers in strengthening internal controls over data to ensure all measures are accurately reported and supported. Management has further indicated that on March 9, 2021, the Human Services Department released the FY22 General Services Request for Proposals in which all service categories listed standard data sources, indicators, and performance measures. The new data standards will be effective October 1, 2021, which in turn will assist providers in strengthening internal controls.

**4.A2. Implemented**

**4.A3. Implemented**

**4.B. Partially Implemented** - HIP provided funding for a complete assessment, enhancement, and implementation of changes to address visibility, custom reports, and accurate reports that reflect the data needed by The State of Florida Department of Children and Families and the reports are under construction with a consultant. Management has further indicated that WellSky, the County's consultant, completed the assessment in July 2021, enhancing provider data visibility, and DCF data requirements.

**4.C1. Implemented**

**4.C2. Implemented**

## 5. Provider Contract Provisions Should be Evaluated.

As we stated in our prior audit report, during our review of five provider contracts, we noted the following concerns:

- A. We identified irregularities in contractual requirements that may skew reported performance results. Contracts include descriptions of the provider obligations and responsibilities including outcome measures. Outcome measures should be clear, consistent, and simple, to promote accurate reporting and comparability of data across providers. We noted the following:
  - 1) Four of the five contracts reviewed were found to include several dimensions within each outcome measurement. The outcome measures were developed to reflect too few outcomes with too much information in each.
  - 2) Three of the five contracts reviewed were found to have inconsistent language between the stated outcome language and the method to calculate the outcome.
  - 3) Two of the five contracts reviewed were found to include performance measure provisions that were not reflective of the services provided.
  - 4) Two of the five contracts reviewed were found to include a non-standardized format to remit quarterly performance data. One of the formats did not include the ability to clearly demonstrate the total number of clients served, requiring the provider to explain the calculation in separate notes in the report.
- B. Cost reimbursement methods should not penalize the provider for successfully meeting performance requirements.

**We recommended** management:

- A1. Simplify outcome measures by limiting the number of parameters within each measure.
- A2. Ensure that future contracts align indicators with the data collection methodology and providers receive clear guidance on how to report outcomes.
- A3. Ensure that future contract language is written to ensure that the outcome is controllable by the provider.
- A4. Ensure the format for outcome measure reports be consistent across all providers.

- B. Revise compensation structures which inadvertently or unfairly penalize providers.

**Implementation Status:**

**5.A1. Implemented**

**5.A2. Implemented**

**5.A3. Implemented**

**5.A4. Implemented**

**5.B. Implemented**