



Follow-up Review of
Audit of Human Rights Section of the
Housing Options, Solutions and Supports
Division

Office of the County Auditor

Follow-up Review

Robert Melton, CPA, CIA, CFE, CIG
County Auditor

Review Conducted by:
Kathie-Ann Ulett, CPA, CFE, Deputy County Auditor
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Report No. 25-02
October 31, 2024



OFFICE OF THE COUNTY AUDITOR

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October 31, 2024

Honorable Mayor and Board of County Commissioners

We conducted a Follow-up Review of our Audit of Professional Standards/Human Rights Section (Report No. 22-03). On February 7, 2023, the Board of County Commissioners of Broward County adopted a resolution to amend the Broward County Administrative Code which eliminated the Professional Standards/Human Rights Section. The adopted resolution transferred professional standards responsibilities to the Professional Standards Section of the Human Resources Division and human rights responsibilities to the Human Rights Section of the Housing Options, Solutions, and Supports Division. As a result, our office performed follow-up reviews at both divisions. This report pertains to the implementation of recommendations at the Human Rights Section of the Housing Options, Solutions, and Supports Division only.

The objective of our review was to determine the implementation status of our previous recommendations.

We conclude that of the 15 recommendations in the original report, three recommendations were implemented, four recommendations were partially implemented, seven recommendations were not implemented, and one recommendation was not applicable. The status of each of our recommendations is presented in this follow-up report.

Please be advised that the information presented herein is not considered an audit in accordance with Generally Accepted Governmental Auditing Standards. Had we conducted an audit, we may have identified additional findings and concerns.

We appreciate the cooperation and assistance provided by the Housing Options, Solutions and Supports Division throughout our review process.

Respectfully submitted,

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

Bob Melton
County Auditor

Honorable Mayor and Board of County Commissioners

October 31, 2024

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cc: Monica Cepero, County Administrator
Andrew Meyers, County Attorney
Dr. Kimm Campbell, Deputy County Administrator
Kevin Kelleher, Assistant County Administrator
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IMPLEMENTATION STATUS SUMMARY

Implementation Status of Previous Recommendations from the Audit of Professional Standards/Human Rights Section related to Human Rights Section of the Housing Options, Solutions, and Supports Division

Rec. No.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
1.A	We recommended management take immediate action to establish internal investigative case milestones and timelines for each case type to assist in identifying and addressing cases timely that are likely to fail in meeting performance benchmarks.	✓			
1.B	We recommended management take immediate action to ensure complaints are investigated timely in accordance with regulations, agreements, and standards.			✓	
2.A	We recommended management prepare investigative case plans for housing discrimination complaints investigated under the Fair Housing Act (FHA).			✓	
2.B	We recommended management implement appropriate procedures to ensure cases are consistently completed in compliance with regulations, agreements, and standards.		✓		
3.A	We recommended management implement processes and allocate the resources needed to adequately meet all responsibilities prescribed in the Code of Ordinances.		✓		
3.B	We recommended management establish workload standards based on an analysis of standards and the average effort needed to investigate each case type and the mix of cases handled by investigators within the section.		✓		

Follow-up Review of Audit of Human Rights Section
of the Housing Options, Solutions, and Supports Division

Rec. No.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
3.C	We recommended management perform a staffing analysis and calculate staffing requirements based on historical and anticipated future case numbers. Once the analysis is complete, management should ensure that staffing within the section is adequate.			✓	
4.A	We recommended management create conflict of interest policies and procedures that would refer cases to another independent entity when the appearance of a conflict of interest cannot be adequately resolved.			✓	
4.B	We recommended management create conflict of interest policies and procedures that would require investigators to disclose any conflicts of interest when assigned a case prior to conducting an investigation.	✓			
5	We recommended management continue its efforts to develop an EEO Plan as required by federal regulations			✓	
6	We recommended management contact the Office of Civil Rights (OCR) to confirm that all required document submissions have been made and accepted. In addition, we recommended management obtain the initial award agreement and determine the due dates for these required documents based on the initial award date and implement procedures to ensure compliance.	✓			
7	We recommended management conduct annual Health Insurance Portability and Accountability Act (HIPAA) Privacy Audits as required by the CAPP.				✓
8	We recommended management continue its efforts to procure and implement a case management system.		✓		
9	We recommended management develop and enhance internal policies and procedures to adequately support internal operations and ensure compliance with the Code of Ordinances.			✓	

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Rec. No.	PREVIOUS RECOMMENDATION	IMPLEMENTED	PARTIALLY IMPLEMENTED	NOT IMPLEMENTED	NOT APPLICABLE
10	We recommended management adequately secure physical case files when not in the direct custody of an investigator.			✓	

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 our Audit of Professional Standards/Human Rights Section (Report No. 22-03). On February 7, 2023, the Board of County Commissioners of Broward County adopted a resolution to amend the Broward County Administrative Code which eliminated the Professional Standards/Human Rights Section. The adopted resolution transferred professional standards responsibilities to the Professional Standards Section of the Human Resources Division and human rights responsibilities to the Human Rights Section of the Housing Options, Solutions, and Supports Division. As a result, our office performed follow-up reviews at both divisions. This report pertains to the implementation of recommendations at the Human Rights Section of the Housing Options, Solutions, and Supports Division only.

The objective of our review was to determine the implementation status of previous recommendations for improvement.

Please be advised that the information presented herein is not considered an audit in accordance with Generally Accepted Governmental Auditing Standards. Had we conducted an audit, we may have identified additional findings and concerns.

Our follow-up review included such tests of records and other auditing procedures, as we considered necessary in the circumstances. The review period was October 1, 2022, through July 31, 2024. However, transactions, processes, and situations reviewed were not limited by the review period.

Overall Conclusion

We conclude that of the 15 recommendations in the original report, three recommendations were implemented, four recommendations were partially implemented, seven recommendations were not implemented, and one recommendation was not applicable. The status of each of our recommendations is presented in this follow-up report.

OPPORTUNITIES FOR IMPROVEMENT

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

1. Complaints were not Investigated Timely in Accordance with Regulations, Agreements, and Standards.

During the previous audit, we found that the Professional Standards/Human Rights Section (PSHRS) did not conduct investigations timely. We performed data analytics on cases based on the manually maintained spreadsheets provided by management. We analyzed data provided by management for all complaints open and closed within the last 5 years and noted the following:

- A. The Human Rights functional area took an average of 256 days to complete an investigation with a range of 18 to 2,261 days. Approximately 76% of cases were not closed within 100 days as required by County Ordinance.

In addition, we aged 85 of 116 open cases within the Human Rights functional area to evaluate how long the cases were open as of the date management provided the data. These 85 cases were open an average of 458 days as of February 3, 2021.

- B. Case management and investigative steps were not performed timely contributing to the case statistics noted above.

We recommended management take immediate action to:

- A. Establish internal investigative case milestones and timelines for each case type to assist in identifying and addressing cases timely that are likely to fail in meeting performance benchmarks.
- B. Ensure complaints are investigated timely in accordance with regulations, agreements, and standards.

Implementation Status:

- A. **Implemented.**

- B. **Not Implemented.** Our follow-up review noted that the Human Rights Section takes an average of 284 days to complete an investigation with a range of 32 to 692 days. Approximately 88% of cases were not closed within 100 days as required by County Ordinance. In addition, 26% of the cases that exceeded 100 days did not include the required notice of 100-day benchmark delay.

We also noted that the number of open cases has increased by 88% since our prior audit. As of July 8, 2024, we found that cases were open for an average of 930 days, with a range of 13 to 3311 days. We found that 155 of the 176 (88.07%) open cases already exceed the 100-day benchmark.

We continue to recommend management take immediate action to ensure complaints are investigated timely in accordance with regulations, agreements, and standards.

2. Investigations were not Consistently Completed in Compliance with Regulations, Agreements, and Standards.

During the previous audit we reviewed a selection of cases for compliance with relevant regulations, agreements, and standards and noted the following:

- A. The Human Rights Section did not prepare investigative case plans for alleged discriminatory housing practices or policies as recommended by the U.S. Department of Housing and Urban Development (HUD) for housing discrimination complaints investigated under the Fair Housing Act (FHA).
- B. During our review of 35 closed discrimination (housing, public accommodation, employment) cases investigated by the section, we noted the following:
- i. Twenty-five (71%) respondents were not notified of a complaint within 10 calendar days.
 - ii. Three (9%) investigations were not started within 30 calendar days.
 - iii. One (3%) case was administratively closed without proper supporting documentation such as a Conciliation Agreement or Notice of Dismissal or evidence of supervisory review. This case also lacked evidence of supervisory review.

We recommended management:

- A. Prepare investigative case plans for housing discrimination complaints investigated under the Fair Housing Act (FHA).

- B. Implement appropriate procedures to ensure cases are consistently completed in compliance with regulations, agreements, and standards.

Implementation Status:

- A. **Not Implemented.** Management does not prepare investigative case plans for housing discrimination complaints investigated under the FHA.

We continue to recommend management prepare investigative case plans for housing discrimination complaints investigated under the FHA.

- B. **Partially Implemented.** Seven of 15 (46.7%) cases reviewed were not completed in compliance with the Code of Federal Regulations and Broward County Code of Ordinances. Specifically, we noted:

- i. For 4 of 15 (27%) cases, the Human Rights Section did not, within ten calendar days after a complaint is filed or an additional respondent is identified, serve the respondent a notice identifying the alleged discriminatory practice and advise each respondent of his or her procedural rights and obligations under this Act, together with a copy of the original complaint.
- ii. For 5 of 15 (33%) cases, the Human Rights Section did not complete its investigation within one hundred (100) calendar days after the filing of the complaint, or notify the complainant, aggrieved person, and respondent, in writing, of the circumstance(s) prohibiting the timely completion of the investigation.
- iii. For one of 15 (7%) cases, the Human Rights Section did not complete its investigation, and any administrative proceedings related to the investigation within one year after the date the complaint was filed.

We continue to recommend management implement appropriate procedures to ensure cases are consistently completed in compliance with regulations, agreements, and standards.

3. PSHRS did not Have Adequate Resources and Processes to Address all Responsibilities Prescribed in the Code of Ordinances.

During our previous audit of PSHRS, we noted the following:

- A. PSHRS did not have adequate resources and processes to address all responsibilities prescribed in the Broward County Code of Ordinances.
- B. The average caseload per investigator was 33 cases as of September 30, 2020, which appeared to be excessive.
- C. A staffing analysis had not been adequately performed to estimate the number of staff needed to perform all functions required by the Code of Ordinances in a timely and effective manner.

We recommended management:

- A. Implement processes and allocate the resources needed to adequately meet all responsibilities prescribed in the Code of Ordinances.
- B. Establish workload standards based on an analysis of standards and the average effort needed to investigate each case type and the mix of cases handled by investigators within the section.
- C. Perform a staffing analysis and calculate staffing requirements based on historical and anticipated future case numbers. Once the analysis is complete, management should ensure that staffing within the section is adequate.

Implementation Status:

- A. **Partially Implemented.** Management has implemented processes and allocated additional resources with the approval of two additional investigator positions; however, as noted in Opportunity for Improvement #1 above, complaints are not yet completed timely as management still requires time to ramp up these resources and evaluate the operational impact.

We continue to recommend management implement processes and allocate the resources needed to adequately meet all responsibilities prescribed in the Code of Ordinances.

- B. **Partially Implemented.** Management has added two new additional investigator positions to assist in reducing investigator workloads; however, workload standards

based on an analysis of standards and the average effort needed to investigate each case type and the mix of cases handled by investigators within the section have not yet been established.

We continue to recommend management establish workload standards based on an analysis of standards and the average effort needed to investigate each case type and the mix of cases handled by investigators within the section.

- C. **Not Implemented.** Management has not performed a staffing analysis and calculated staffing requirements based on historical and anticipated future case numbers.

We continue to recommend management perform a staffing analysis and calculate staffing requirements based on historical and anticipated future case numbers. Once the analysis is complete, management should ensure that staffing within the section is adequate.

4. PSHRS did not Have Adequate Safeguards to Ensure its Independence and Address Potential Conflicts of Interest.

During the previous audit we found that PSHRS did not have adequate procedures to ensure its independence and address potential conflicts of interest. During our review we noted that PSHRS did not have conflict of interest policies and procedures that would;

- A. Define formal requirements to refer cases to either the County Attorney's Office, County Auditor's Office, Office of the Inspector General, or other independent entity when the appearance of a conflict of interest cannot be adequately resolved.
- B. Require investigators to disclose any conflicts of interest when assigned a case prior to conducting an investigation.

We recommended management create conflict of interest policies and procedures that would:

- A. Refer cases to another independent entity when the appearance of a conflict of interest cannot be adequately resolved.
- B. Require investigators to disclose any conflicts of interest when assigned a case prior to conducting an investigation.

Implementation Status:

- A. **Not Implemented.** Management has not established formal policies and procedures to refer cases to another independent entity when the appearance of a conflict of interest cannot be adequately resolved.

We continue to recommend management create conflict of interest policies and procedures that would refer cases to another independent entity when the appearance of a conflict of interest cannot be adequately resolved.

- B. **Implemented.**

5. Professional Standards/Human Rights Section had not Developed an Equal Opportunity Plan as Required by Federal Regulations.

During the previous audit we found that PSHRS had not developed an Equal Employment Opportunity (EEO) Plan as required by federal regulations (28 C.F.R Section 42.30).

We recommended management continue its efforts to develop an EEO Plan as required by federal regulations.

Implementation Status: Not Implemented. Management provided their Fiscal Year 2023 EEO Program (Program). Upon further analysis, we noted that the Program includes an EEO Utilization Report, but it does not include an EEO Plan. The Utilization Report includes a policy statement, objectives steps to eliminate underutilization, and dissemination plans as required. However, the Program submitted does not include a written EEO Plan.

An EEO plan is a comprehensive document that analyzes a recipient's relevant labor market data, as well as the recipient's employment practices, to identify possible barriers to the participation of women and minorities in all levels of a recipient's workforce. Its purpose is to ensure the opportunity for full and equal participation of men and women in the workplace, regardless of race, color, or national origin. As a recipient of Department of Justice funding, Broward County is required to submit the Utilization Report portion of the plan to the Office for Civil Rights. The Utilization report is only part of the comprehensive plan.

We continue to recommend management continue its efforts to develop an EEO Plan as required by federal regulations.

6. PSHRS Did not Adequately Track the Department of Justice's EEO Program Submission Requirements to Ensure Compliance.

During the previous audit we found that PSHRS did not adequately track Department of Justice's Equal Employment Opportunity Program Submission Requirements to ensure compliance.

We recommended management contact the Office of Civil Rights (OCR) to confirm that all required document submissions have been made and accepted. In addition, we recommended management obtain the initial award agreement and determine the due dates for these required documents based on the initial award date and implement procedures to ensure compliance.

Implementation Status: Implemented.

7. Health Insurance Portability and Accountability Act (HIPAA) Privacy Audits Were not Conducted as Required by CAPP.

This Opportunity for Improvement from the previous audit is not applicable to the Human Rights Section of the Housing Options, Solutions and Supports Division.

Implementation Status: Not Applicable.

8. PSHRS did not Have a Case Management System to Support Internal Operations and the Adequate Tracking of Cases.

During our previous audit, we found that PSHRS used manually maintained spreadsheets to manage and track cases rather than an electronic case management system.

We recommended management continue its efforts to procure and implement a case management system.

Implementation Status: Partially Implemented. Management is in the process of procuring a case management system.

We continue to recommend management continue its efforts to procure and implement a case management system.

9. Policies and Procedures within PSHRS Required Enhancement to Adequately Support Internal Operations and Compliance with the Code of Ordinances.

- A. During the previous audit internal procedures to support internal operations were informal and the written procedures in place required enhancement. Specifically, we noted:

- i. Management had not documented policies and procedures for investigating employment discrimination and public accommodation complaints received by the Human Rights functional area.
 - ii. Management used externally developed policies and procedures for investigating housing discrimination complaints received by the Human Rights functional area. The procedures were developed by the United States Department of Housing and Urban Development (HUD) which was not tailored to the agency's operations and contained only 7 of the 10 protected classifications in the County's Human Rights Act.
 - iii. PSHRS had not established a privacy policy to describe how sensitive information (e.g., bank account information) is handled and whether the information is kept confidential when case files are shared with third parties.
- B. During the previous audit formal procedures had not been developed or implemented to ensure the following required of the Code of Ordinances are met:
- i. Carry out the authority and responsibilities mandated by the Broward County Human Rights Act, working to ensure all individuals have the ability to live, work, and enjoy equal access to facilities open to the public in an environment free of unlawful discrimination, harassment, intimidation, and retaliation.
 - ii. Complete and update a countywide Equal Opportunity Plan as required by federal law;

We recommended management develop and enhance internal policies and procedures to adequately support internal operations and ensure compliance with the Code of Ordinances.

Implementation Status: Not Implemented. Management has not developed and enhanced internal policies and procedures to adequately support internal operations and ensure compliance with the Code of Ordinances. The Division utilizes HUD's policies and procedures to govern internal operations. Management plans to develop internal policies and procedures.

We continue to recommend management develop and enhance internal policies and procedures to adequately support internal operations and ensure compliance with the Code of Ordinances.

10. Insufficient Space to Adequately Store and Protect Physical Case Files.

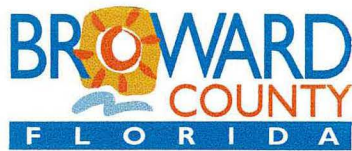
During our previous audit, we observed that physical case files were not adequately stored and protected within the PSHRS area.

We recommended management adequately secure physical case files when not in the direct custody of an investigator.

Implementation Status: Not Implemented. Management has not adequately secured physical case files when not in the direct custody of an investigator. Case files are held in unsecured boxes in the conference room.

We continue to recommend management adequately secure physical case files when not in the direct custody of an investigator.

MANAGEMENT'S RESPONSE




Dr. Kimm R. Campbell, Deputy County Administrator
115 S. Andrews Avenue, Room 409 • Fort Lauderdale, Florida 33301 • 954-357-7352 • FAX 954-357-7360

MEMORANDUM

DATE: October 18, 2024

TO: Robert Melton, County Auditor

FROM: Dr. Kimm Campbell, Deputy County Administrator 

SUBJECT: Management Response to the Office of the County Auditor's Follow-up Review of Audit of Human Rights Section of the Housing Options, Solutions and Supports Division.

The Housing Options, Solutions and Supports Division and County Administration have reviewed the Office of the County Auditor's Follow-up Review of Audit of our Human Rights Section and submits the following as Management's response.

Observation 1: Complaints were not Investigated Timely in Accordance with Regulations, Agreements, and Standards

Recommendation 1.A: Establish internal investigative case milestones and timelines for each case type to assist in identifying and addressing cases timely that are likely to fail in meeting performance benchmarks.

Status: Implemented.

Recommendation 1.B: Ensure complaints are investigated timely in accordance with regulations, agreements, and standards.

Status: Not Implemented

Response: Agree. Although the Human Rights Section is fully staffed as of May 2024, the Section has had staffing concerns due to the experience requirements associated with the investigator positions, which makes the recruitment of qualified staff challenging. Additionally, there is a lengthy training and onboarding process

that takes a year to complete before new investigators can be assigned a full caseload.

The Section has implemented strategies to encourage the complainants and respondents to participate in conciliation efforts early in the investigatory process to help close cases more quickly and reduce the number of cases per investigator. Semi-weekly team meetings/case reviews have also been instituted to ensure all investigations are on schedule, address challenges with individual investigations, and to provide training and technical assistance to the investigators. The Section has been working closely with HUD to learn new techniques and best practices to improve performance regarding timeliness. The Section expects continued improvement in the timeliness of case processing, as demonstrated by its recent success: in FY23, the Section closed 44 cases and in FY24, 56 cases were closed.

Observation 2: Investigations were not Consistently Completed in Compliance with Regulations, Agreements, and Standards.

Recommendation 2.A: Prepare investigative case plans for Housing discrimination complaints investigated under the Fair Housing Act (FHA).

Status: Not Implemented

Response: Agree. An investigative case plan was implemented on September 25, 2024. The Human Rights Section has requested additional technical assistance from the HUD monitor on developing investigative case plans during one of the regularly scheduled monthly meetings, with the date of a more comprehensive training still to be determined by HUD.

Recommendation 2.B: Implement appropriate procedures to ensure cases are consistently completed in compliance with regulations, agreements, and standards.

Status: Partially Implemented

Response: Agree. As noted above, the Section has implemented strategies to encourage the complainants and respondents to participate in conciliation early in the investigatory process to help close cases ore quickly and reduce the number of cases per investigator. Semi-weekly team meetings/case reviews have also been instituted to ensure all investigations are on schedule, address challenges with individual investigations, and provide training and technical assistance to the investigators. The Section has also been working closely with HUD to learn new techniques and best practices to improve performance regarding timeliness. The Section will continue the process of implementing new techniques and policies to improve overall performance.

Observation 3: PSHRS did not have Adequate Resources and Processes to Address all Responsibilities Prescribed in the Code of Ordinances.

Recommendation 3.A: Implement processes and allocate the resources needed to adequately meet all responsibilities prescribed in the Code of Ordinances.

Status: Partially Implemented

Response: Agree. As indicated in response to Observation #1, the Section is now fully staffed and expects to be fully operational as new staff complete their training. The County allocated the necessary resources, however, the organizational transition from Professional Standards to HOSS-D and other delays impacted the utilization of the additional resources. The Section believes that the current resources are adequate to effectively manage the workload going forward.

Recommendation 3.B: Establish workload standards based on an analysis of standards and the average effort needed to investigate each case type and the mix of cases handled by investigators within the section.

Status: Partially Implemented

Response: Agree. The County has established workload standards which are based on HUD's recommendation of 15-20 cases per investigator and no more than 3 cases for the supervising investigator and distributes cases based on complexity and investigative experience. While the Section strives to reach these goals, the Section also must handle the backlog, which negatively impacts the ability to achieve the goals. Nonetheless, the Section is diligently working to manage the caseloads.

Recommendation 3.C: Perform a staffing analysis and calculate staffing requirements based on historical and anticipated future case numbers. Once the analysis is complete, management should ensure that staffing within the section is adequate.

Status: Not Implemented

Response: Agree. Because of the severe understaffing it has been impractical for the Section to complete a staffing analysis. Difficult choices had to be made regarding which cases to address on a priority basis with limited resources and an analysis in this environment would not accurately reflect the needs of the Section. Going forward an analysis will be completed as part of the FY26 budget funding request process.

Observation 4: PSHRS did not Have Adequate Safeguards to Ensure its Independence and Address Potential Conflicts of Interest.

Recommendation 4.A: Refer cases to another independent entity when the appearance of a conflict of interest cannot be adequately resolved.

Status: Not Implemented

Response: Partially Agree. The Section notes that the Memorandum of Understanding with HUD does provide for the reactivation of cases to HUD including when a conflict exists. Nonetheless, the Section will create a formal policy that requires referral of complaints to an independent entity when the appearance of a conflict of interest cannot be adequately resolved.

Recommendation 4.B: Require investigators to disclose any conflicts of interest when assigned a case prior to investigating.

Status: Implemented

Observation 5: Professional Standards/Human Rights Section had not Developed an Equal Opportunity Plan as Required by Federal Regulations.

Recommendation 5: Continue efforts to develop an Equal Employment Opportunity (EEO) Plan as required by federal regulations.

Status: Not Implemented

Response: Agree. The Section will work with the Evaluation and Planning Section to develop an EEO plan as recommended.

Observation 6: PSHRS Does not Adequately Track the Department of Justice's EEO Program Submission Requirements to Ensure Compliance.

Recommendation 6: Management contact the Office of Civil Rights (OCR) to confirm that all required document submissions have been made and accepted. In addition, we recommend management obtain the initial award agreement and determine the due dates for these required documents based on the initial award date and implement procedures to ensure compliance.

Status: Implemented

Observation 7: Health Insurance Portability and Accountability Act (HIPAA) Privacy Audits were not Conducted as Required by CAPP.

Recommendation 7: Conduct annual Health Insurance Portability and Accountability Act (HIPAA) Privacy Audits as required by the CAPP.

Status: N/A – This observation is not applicable to the Human Rights Section.

Observation 8: PSHRS did not Have a Case Management System to Support Internal Operations and the Adequate Tracking of Cases.

Recommendation 8: Continue efforts to procure and implement a case management system.

Status: Partially Implemented

Response: Agree. The case management system has been procured and will be implemented in FY25.

Observation 9: Policies and Procedures within PSHRS required Enhancement to Adequately Support Internal Operations and Compliance with the Code of Ordinances.

Recommendation 9: Develop and enhance internal policies and procedures to adequately support internal operations and ensure compliance with the Code of Ordinances.

Status: Not Implemented

Response: Agree. In FY25, the Section will formalize its policies and procedures, in addition to HUD regulation and policies, as recommended.

Observation 10: Insufficient Space to Adequately Store and Protect Physical Case Files.

Recommendation 10: Adequately secure physical case files when not in the direct custody of an investigator.

Status: Not Implemented

Response: Partially Agree. The Section has begun the process of shredding files that are eligible to be discarded and is presently archiving the remaining files. Significant progress has been made. 90% of the destruction has been completed and 50% of the archiving has been completed. The Section anticipates that it will complete the process by October 30, 2024.

- C. Mayor, Vice-Mayor, and Board of County Commissioners
Monica Cepero, County Administrator
Andrew Meyers, County Attorney
Kathie-Ann Ulett, Deputy County Administrator