



## 2012 County Compliance Year-End Report

### **Background.**

Tompkins County Government embraces the importance of maintaining a culture of high ethical standards and public stewardship in its operations. Our accountability to the public includes our expectations that our external service partners and vendors share our values of transparency and commitment to protect against waste, fraud and abuse of the public's resources.

To minimize exposure of claims resulting from failure to fully comply with applicable state and federal regulations it was necessary to review operations and improve systems of internal control that enhance protections against waste fraud and abuse. Our Corporate Compliance Program has been developed to document systems and procedures that identify risks and protects against waste fraud and abuse. A Corporate Compliance Committee is charged with training and monitoring activities to facilitate the incorporation of compliance standards into operating procedures. During 2012 the Committee focused on efforts to foster a culture of compliance within the county.

### **Key Accomplishments.**

#### *Task 1: Develop an Internal Risk Assessment Protocol*

In 2012 the Compliance committee worked with Department Heads to help create awareness within the organization of potential vulnerability and risks; identify who or what may be at risk; recognize opportunities for improved efficiencies; underscore the organization's commitment to integrity and accountability; and ensure the County Compliance Program is an integrated part of all county operations.

As a first step of a multi-phased approach toward developing a countywide internal risk assessment protocol, the Compliance Committee distributed a risk assessment questionnaire to all departments. The questionnaire was intended to raise awareness about quality controls while also querying department needs for more education or assistance. Department Heads were asked to respond to the following:

1. Does your department have communication venues to route information regarding laws, regulations, county policies, and procedures to staff?
2. Does your department have policies and documentation outlining access to and distribution of information?
3. Does your department have professional conduct orientation for employees?
4. Does your department have protocols for identifying and reporting fraud, waste, and abuse?
5. Does your department have a training plan that addresses quality assurance (QA) issues and high-risk situations?

The Committee reviewed the responses to the risk assessment questionnaire to identify themes and trends (see Attachment A for a summary of results). The Committee also facilitated a discussion at a Department Head meeting about the meaning of risk. Questionnaire results and discussions revealed that continued education about risk beyond physical safety will be necessary. As an immediate action step, annual compliance training was integrated with the *Right-to-Know* training.

*Task 2: Assist with Developing an Approach to Implementing a County IT Security and Policy Compliance Plan*

The County ITS Department entered into a contract with Pervasive Solutions in 2012 to complete a Security Assessment that included recommendations for improving organizational IT governance, and the development of new policies and procedures. Results of the audit give guidance to best practice in the management of data protection, integrity, confidentiality and operational security across the County organization. The Compliance Committee is currently assisting with the review of draft IT policies (suggested by the contractor), which also will be reviewed by County IT employees, prior to processing per the requirements of Administrative Manual Policy 01-04. An implementation plan for the IT related policies is proposed for 2013 to promote employee awareness and to ensure organization compliance.

*Task 3: Develop a Procedure for Investigating and Reporting “Whistleblower” Complaints*

The Objective of Task 3 was to provide implementing guidelines based on the recently adopted County Whistleblower policy. We developed a best practice for handling all Whistleblower retaliation cases which may arise. The County Attorney reviewed sample guidelines from other entities as well as internal guidelines and developed “template” language. We then produced a rough draft for Committee review. After review and revision by the Committee, the guidelines were submitted to the County Administrator for approval. Once that was achieved and all new guidelines were approved, the Committee updated the Compliance Program document.

*Task 4: Design and Launch “Compliance and Ethics Week” Campaign*

The overarching goal of the 2012 work plan was to create compliance confidence so that department heads and staff might begin to recognize our County Compliance Program as an integral and continuous part of the organization. One element of the work plan included an education and outreach campaign to help with this, adopting a model from the Society of Corporate Compliance and Ethics. The campaign was slated for the first week in May, a time acknowledged by many companies and government entities across the country as “Compliance and Ethics Week.” The campaign plan included compliance training refresher sessions; an update to the compliance Web page that included a logo and tagline relevant to the campaign; and a complementary fact sheet for use by department heads and supervisors in talking with staff about the importance of compliance planning and monitoring.

Although campaign elements were put in place, the organization-wide launch of the campaign did not occur. Given the feedback provided by departments to the internal risk assessment questionnaire, the Committee made a conscious decision to focus the majority of its time and resources on Task 1, which limited greatly the amount of hands-on effort needed to make the “Compliance and Ethics Week” campaign successful. However, Task 1—which focused on the development of an internal risk assessment protocol—required outreach and education, albeit different from that envisioned for the week-long campaign. The act of assessing compliance readiness and the ability to manage risk yielded much of the same results anticipated for the outreach campaign: increased awareness of the need for department-specific compliance procedures; targeted education for staff on compliance issues related to their department operations; and giving department heads a forum for sharing compliance monitoring concerns as well as ideas for improvement.

Clearly, our County organization is still in the early stages of compliance program implementation. We have all of the elements of an effective program and, most importantly, we have the willingness from senior management to help create and sustain a culture of compliance. As we continue on this course, outreach campaigns like the one proposed for 2012 will be easier to design and execute. These types of learning activities add value to the program and highlight for staff the positive things that an informative compliance program does for the organization overall.

### **Issues and Opportunities.**

#### *IT Policy, Training and Education Plan*

As the IT Department, with assistance from the Corporate Compliance Committee, finalizes a number of policies that address issues of appropriate usage and security of the county-wide technology-based systems and forms of communication, it will become essential to develop a comprehensive plan for the education and training of county personnel regarding those policies. This plan will need to be general enough that all county employees understand their individual rights, privileges, and responsibilities under the policies, yet flexible enough to allow for each Department to address issues specific to the work of that Department, such as data storage, confidentiality, file sharing, etc. An overall plan for how the County will ensure compliance of the IT policies will also need to be developed.

### **What to Expect in 2013.**

1. Continue assistance to the ITS Director in the review of new IT security and acceptable use policies and procedures, and offer guidance on effective implementation strategies.
2. Continue training and outreach to all county employees, and provide guidance to the County Training Work Group on best approaches for incorporating the County Compliance Program into the overall established county training plan.
3. Improve current protocol and processes for exclusion screening (i.e., use of the K-Checks service) for all County Departments who issue RFPs, Bids and contracts for vendors considered or authorized by the County.
4. Establish an internal work group to examine the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, which promotes the adoption and meaningful use of health information technology, to determine how this law impacts current operations—particularly for our Health, Mental Health, and DSS departments, and what changes in “best practice” procedures might be needed to ensure compliance. Specific attention will be given to:
  - How confidentiality and information integrity is assured when creating, receiving, maintaining, or transmitting Electronic Personal Health Information (e-PHI).
  - What safeguards are in place (or may be needed) to protect against reasonably anticipated threats to or unauthorized disclosure of e-PHI managed by our departments.
  - Additions or enhancements to existing education and outreach practices to ensure workforce compliance.

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**COUNTY COMPLIANCE COMMITTEE**

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Deputy County Administrator  
County Compliance Officer  
Chair, County Compliance Committee

**Committee Members**

Patricia Carey, Commissioner  
Department of Social Services

Sue Romanczuk, Ph.D.  
Commissioner of Mental Health Services

Anita Fitzpatrick, Commissioner  
County Personnel Department

David Squires, Director  
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