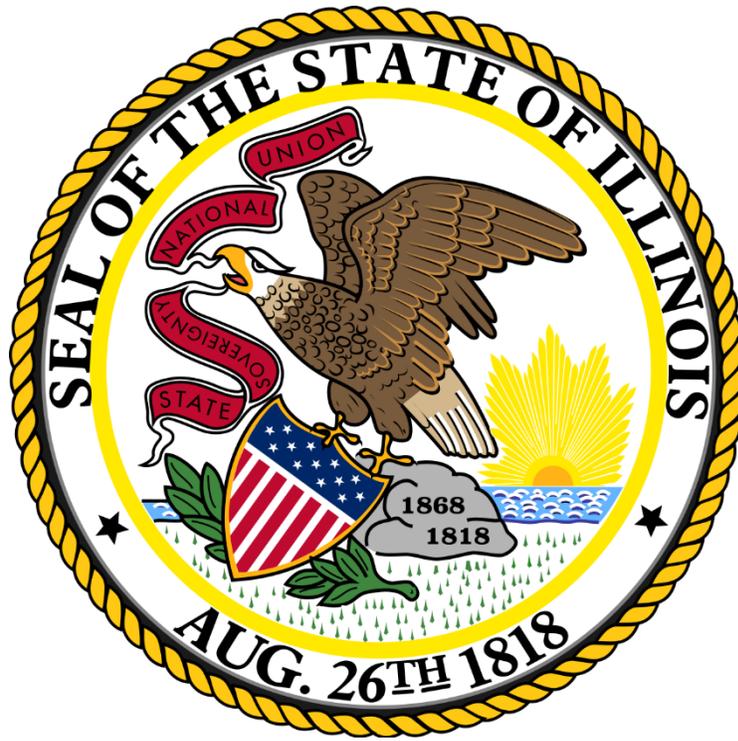


# LEGISLATIVE AUDIT COMMISSION



Review of  
Illinois Criminal Justice Information Authority  
for the two years ended June 30, 2021  
620 Stratton Office Building  
Springfield, Illinois 62706  
217/782-7097

**REVIEW #4551: FY21 Compliance Examination – Illinois Criminal Justice Information Authority**

**REVIEW: #4551  
ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY  
TWO YEARS ENDED  
JUNE 30, 2021**

**RECOMMENDATIONS – 14  
PARTIALLY IMPLEMENTED - 13  
IMPLEMENTED – 1  
ACCEPTED – All  
REPEATED RECOMMENDATIONS – 8**

**PRIOR AUDIT FINDINGS/RECOMMENDATIONS – 10**

Created in 1983, The Illinois Criminal Justice Authority (Authority or CJIA) is a state agency dedicated to improving the administration of criminal justice. The Authority brings together key leaders from the justice system and the public to identify critical issues faced by the criminal justice system in Illinois, and to propose and evaluate policies, programs, and legislation that address those issues. CJIA also works to ensure the criminal justice system in Illinois is efficient and effective.

The Authority's specific powers and duties are detailed in the Illinois Criminal Justice Information Act (20 ILCS 3930).

The responsibilities of the Authority generally fit into four areas: grants administration; research and analysis; policy and planning; and information systems and technology.

**Grants Administration**

- Implements and funds victim assistance and law enforcement programs under the Edward Byrne Memorial Justice Assistance Grant program, Victims of Crime Act, Violence Against Women Act, and other grant programs as they become available;
- Monitors program activity and provides technical assistance to grantees.

**Research and Analysis**

- Publishes research studies on a variety of crime trends and criminal justice issues;
- Acts as a clearinghouse for information and research on crime and the criminal justice system;
- Audits the state central repositories of criminal history record information for data accuracy and completeness; and
- Develops and tests statistical methodologies and provides statistical advice and interpretation to support criminal justice decision-making.

**Policy and Planning**

- Develops and implements comprehensive strategies for drug and violent crime law enforcement, crime control and prevention, and assistance to crime victims using federal funds awarded to Illinois;

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- Advises the governor and the General Assembly on criminal justice policies and legislation;
- Coordinates policymaking groups to learn about ongoing concerns of criminal justice officials; and
- Participates in initiatives that improve the impact and cost effectiveness of the criminal justice system.

### Information Systems and Technology

- Designs, develops, and supports systems which enhance the quality of victim service data;
- Serves as the sole administrative appeal body for determining citizen challenges to the accuracy of their criminal history records;
- Monitors the operation of existing criminal justice information systems to protect the constitutional rights and privacy of citizens; and
- Supports the development of an integrated criminal justice information network in Illinois.

### **CJIA Divisions**

**2021 Federal Funding** – Mission Statement: Effectively administer federal funding for crime prevention, crime control and victim assistance in Illinois.

#### Program Goals:

- Develop and implement procedures to ensure the efficient and effective administration of federal VOCA, VAWA and JAG awards and other grant funds.
- Target resources to geographic areas and populations with clearly described problems and needs.
- Monitor sub-grantee activities to ensure compliance with federal and state requirements.

**2021 Violence Prevention and Reduction** – Mission Statement: Reduce violence through prevention programming and violence prevention efforts in Illinois. These programs address all forms of interpersonal violence, family violence, youth violence and community safety by applying evidence-based practices.

#### Program Goals:

- Through the Bullying Prevention programs, address school climates and culture to help reduce bullying of school-aged children.
- Through the Ceasefire/Communities Partnering 4 Peace programs, prevent violence (shootings and homicides) through mediation of interpersonal conflicts that lead to initial violent incidents or retaliatory events.
- Through Community-Based Violence Intervention and Prevention programs, provide evidence-based direct services to youth and young adults at risk of experiencing or engaging in high risk behavior and violence, with an emphasis on trauma-informed practices.

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- Through Working 4 Peace programs, provide educational strategies and job credential skills training to prepare young adults experiencing violence, at risk for violence, and those with criminal records, for employment.

**2021 Adult Redeploy Illinois** – Mission Statement: To reduce correctional costs by diverting offenders from state incarceration to community-based corrections supervision and treatment.

Program Goal:

Support intensive community corrections supervision, treatment for substance use disorders and rehabilitation services in lieu of institutional confinement.

**2021 Restore, Reinvest, and Renew (R3) Program** – Mission Statement: Fund programs in Illinois communities that have been harmed by violence, excessive incarceration, and economic disinvestment.

Program Goal:

Administer funding to support and oversee R3 programs in the areas of assessment and planning, and service delivery.

**2021 Victim Services** – Mission Statement: Provide services to those affected by homicide, family violence and to children affected by violence.

Program Goals:

- Through Death Penalty Abolition Funds, serve the trauma and advocacy needs of loved ones of homicide victims (homicide survivors) and train law enforcement on maximizing officer and community safety and well-being.
- Through Family Violence Coordinating Councils, support judicial circuits in their work to improve the local justice system's institutional, professional and community response to family violence.
- Through Safe from the Start, provide services to identify, assess, and serve children who have been exposed to and traumatized by violence.

**2021 Mental and Physical Health** – Mission Statement: Deflect individuals with substance use disorders away from criminal justice involvement into treatment to help reduce drug usage, overdose deaths and collateral consequences of criminal justice sanctions.

Program Goal:

- Community Law Enforcement Partnership for Deflection and Substance Use Disorder Treatment (CLEP) Programs will facilitate treatment need assessments and referrals to community-based behavioral health for individuals with substance use disorders that come to the attention of law enforcement through 1) self-referral, 2) officer outreach/intervention, or 3) post-overdose response.

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**2021 Research Programs** – Mission Statement: The Research and Analysis Unit will assist in program planning, program evaluation, research and the dissemination of research findings to guide and inform criminal justice policies and practices in Illinois.

Program Goals:

- Identify areas of program development (evidence-based practices), program evaluation, and research on emerging topics of interest within Illinois' criminal justice system.
- Disseminate and make available research publications on the agency website.

**Key Performance Indicators**

	<b>FY20 Actual</b>	<b>FY21 Actual</b>	<b>FY22 Actual</b>
<b>Adult Redeploy IL (ARI)</b>			
CJIA funded prog.	55	50	52
Individuals diverted from prison	675	669	878
State costs avoided	\$24 million	\$36.3 million	\$51.7 million
<b>American Rescue Plan Act (ARPA)</b>			
Clients served	NA	NA	FY23 Est-68,500
Clients complete service	NA	NA	FY23 Est-34,250
<b>Federal Funding</b>			
Justice assist. grant	NA	\$3.2 million	\$3.7 million
Justice assist grant	NA	16	25
Victims of Crime	NA	\$69 million	\$70.3 million
Victims of Crime	NA	35	67
Violence against Women-funding	NA	\$4.2 million	\$1.9 million
Violence against Women-pro funded	NA	10	5
<b>Mental &amp; Physical Health</b>			
Comm. Law Enf (CLEP) post overdose response	NA	52	53
CLEP self-refer substance abuse	80	175	245
CLEP outreach number	NA	22	38
CLEP comm calls for help	NA	NA	FY23 Est-150

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<b>Research Programs</b>			
	<b>FY20 Actual</b>	<b>FY21 Actual</b>	<b>FY22 Actual</b>
CJIA website publications	NA	26	17
Assist provided notice of funding	NA	44	14
<b>Restore Reinvest Renew - R3 prog</b>			
Funded R3 prog	NA	89	353
Ind services R3	NA	3,027	34,251
Orgs awarded	NA	101	504
<b>Victim Services</b>			
Homicide victim family served	1,031	635	623
Family violence prevent trained	7,936	9,792	7,061
Info given crim justice providers	NA	614	362
Safe from Start-new clients	3,159	844	821
<b>Violence Prevention &amp; Reduction</b>			
Bullying prevention	NA	422	453
Bullying prevent training	NA	28	36
Ceasefire mediations	1,352	1,762	1,613
Ceasefire response within 72 hours	80%	81%	90%
Comm based viol prevent/intervention	8,754	10,148	7,905
Participant served	NA	NA	FY23 Est-20,000
Protective factor addressed	NA	NA	FY23 Est-36
Working4Peace-Safer Found. ind enrolled	121	60	206
Working4Peace-Safer Found. ind complete prog	69	39	28
Working4Peace-Safer Found. 30 day employ number	24	70	312

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**Appropriations and Expenditures**

	<b>FY20 Expend</b>	<b>FY21 Expend</b>	<b>FY20 HC</b>	<b>FY21 HC</b>
Federal Funding	\$83,845,600	\$93,597,700	18	24
Violence Prevent/Reduce	19,622,100	24,989,100	24	21
Adult Redeploy Illinois	7,595,300	7,542,400	12	13
Restore, Reinvest, Renew R3	702,500	5,362,200	5	11
Victim Services	4,951,500	4,460,100	6	6
Mental & Physical Health	198,400	410,100	1	1
Research Programs	18,200	183,600	1	1
<b>Totals</b>	<b>\$116,933,600</b>	<b>\$136,545,200</b>	<b>67</b>	<b>77</b>

Just for reference, In FY24 CJIA is requesting \$635.8 million and 141 headcount. The largest request is R3 \$202 million, Federal Funding \$152 million, Violence Prevention \$139 million and American Rescue Plan Act – ARPA \$100 million.

**Cash Receipts**

<b>Fund</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>
GRF 001	\$33,011	\$64,333	\$134,215
Violence Prevention 184	0	0	416
Viol. Prev Special Projects 318	20,000	0	364
CJIA Projects 335	154,212	227,623	199,753
Criminal Justice Trust 488	84,506,047	111,202,481	84,578,200
Death Penalty Abolition 539	0	0	48
Commitment to Human Services 686	210	0	0
Budget Stabilization 686	2,200	0	0
<b>Total</b>	<b>\$84,715,680</b>	<b>\$111,494,437</b>	<b>84,913,000</b>

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### **Property and Equipment**

At the end of FY21 the balance of equipment was \$967,400.

### **Emergency Purchases**

The Illinois Procurement Code (30 ILCS 500/) states, “It is declared to be the policy of the state that the principles of competitive bidding and economical procurement practices shall be applicable to all purchases and contracts....” The law also recognizes that there will be emergency situations when it will be impossible to conduct bidding. It provides a general exemption when there exists a threat to public health or public safety, or when immediate expenditure is necessary for repairs to state property in order to protect against further loss of or damage to state property, to prevent or minimize serious disruption in critical state services that affect health, safety, or collection of substantial state revenues, or to ensure the integrity of state records; provided, however that the term of the emergency purchase shall not exceed 90 days. A contract may be extended beyond 90 days if the chief procurement officer determines additional time is necessary and that the contract scope and duration are limited to the emergency. Prior to the execution of the extension, the chief procurement officer must hold a public hearing and provide written justification for all emergency contracts. Members of the public may present testimony.

Notice of all emergency procurement shall be provided to the Procurement Policy Board and published in the online electronic Bulletin no later than five business days after the contract is awarded. Notice of intent to extend an emergency contract shall be provided to the Procurement Policy Board and published in the online electronic Bulletin at least 14 days before the public hearing.

A chief procurement officer making such emergency purchases is required to file a statement with the Procurement Policy Board and the Auditor General to set forth the circumstance requiring the emergency purchase. The Legislative Audit Commission receives quarterly reports of all emergency purchases from the Office of the Auditor General. The Legislative Audit Commission is directed to review the purchases and to comment on abuses of the exemption.

CJIA did not have an emergency purchase related to COVID in FY21. In FY20, CJIA paid \$7,900 to CDW and \$9,000 to RKON Technologies for laptops/docking stations and Virtual Privacy Network, VPN. All of it was for EDP- Electronic Data Processing equipment.

### **Accountants’ Findings and Recommendations**

Condensed below are the 14 findings and recommendations included in the audit report. Of these, 8 are repeated from the previous audit. The following recommendations are

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classified on the basis of information provided by CJIA, via electronic mail received April 6, 2022.

- 1. The auditors recommend the Authority take immediate action to adequately conduct and document the site visits it performs during a State fiscal year for the purposes of monitoring grantees of the grant programs administered by the Authority.**

**FINDING:** *(Failure to Conduct Adequate Site Visit Monitoring of Grantees) – First reported 2017, last reported 2019*

CJIA failed to conduct adequate site visit monitoring of its grantees in accordance with its Federal and State Grants Unit's Policies and Procedures (FSGU P&P).

During testing of 78 programs, auditors noted site visits were not conducted for 42 (54%) programs, site visits were not timely conducted for two (3%) programs and site visits were not yet due for 11 (14%) programs. For the other 23 (29%) programs, auditors noted site visits were conducted timely and auditors tested the adequacy of the site visits conducted in relation to site visit procedures outlined in the FSGU P&P. See below for the discussion of the results of that testing.

### Adequacy of Site Visits Conducted During the Examination Period

Of the 23 programs which had a site visit timely conducted during the examination period, auditors selected a sample of 10 grants to determine if the Authority performed the site visits as required by its FSGU P&P.

During testing of 10 grant files, auditors noted the following:

- For one (10%) grant, the site visit report was not completed by the Grant Specialist within 10 days following the site visit. Specifically, the site visit report was completed 21 days late.
- For two (20%) grants, the site visit documentation did not contain the support to show the Grant Specialist sent the site visit follow-up letter to the grantee.
- For one (10%) grant, the site visit report was not approved by the Grant Specialist's Supervisor.
- For two (20%) grants, the site visit report/follow-up letter was not provided to the sub-grantee within 14 calendar days of the site visit. Specifically, the site visit report/follow-up letter was provided to sub-grantees 257 and 377 days late.
- For seven (70%) grants, site visit reports were approved by the grant monitor 120 to 474 days from the date of site visit.

### Site Visits Conducted as a Requirement of the Grant Agreements

In order to test if the Authority complied with the requirement of a site visit conducted as a result of a special fund requirement or as an award special condition in the applicable grant agreement, auditors requested, and the Authority provided, a listing of grant agreements for active programs during the examination period. Auditors selected a sample of 60 grants for detailed testing of the Authority's compliance with its

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responsibilities as outlined in grant agreements. Of those 60 grants, 59 grants contained a requirement for a site visit to be conducted. The results of the testing indicated the Authority did not conduct site visits for 17 grants (29%).

This finding was first reported during the fiscal year ended June 30, 2017. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

CJIA management stated, as they did in the prior examination, the lack of site visits was mostly attributed to workload, staffing levels, and an overly ambitious site visit policy.

Site visits are an integral part of the Authority's mission which is to develop, implement, and monitor State and local programs funded with State or federal funds administered by the Authority. Site visits ensure progress towards the goals of the grant-funded program and facilitate productive working relationships with grantees.

Failure to adequately conduct and document site visits of grantees could expose the State to unnecessary and avoidable litigation, excessive expenditures, and overreliance on grantee reporting.

### **AUTHORITY RESPONSE:**

CJIA agrees with the finding. The failure to conduct adequate site visits is mostly attributed to grant staff workload, staffing levels, and an ambitious site visit policy. The Authority has revised its site visit policy to incorporate remote videoconferencing technology and to schedule visits based on need and risk. In addition to the revised site visit policy, the Authority developed a site visit tracking system that records when a visit is completed and identifies which programs are needing a visit in accordance with the frequency described in the policy.

The revised site visit policy was signed and dated by the Acting Executive Director on March 11, 2021. All Federal and State Grants Unit staff were emailed the revised policy on March 15, 2021 and trained on the new policy on March 17, 2021.

### **AUTHORITY UPDATED RESPONSE:**

Implemented.

- 2. The auditors recommend the Authority take immediate action to strengthen its control over records maintenance for each area in which a compliance requirement is present.**

**FINDING:** *(General Failure to Prepare and Maintain Documentation) – First reported 2017, last reported 2019*

CJIA failed to prepare and maintain adequate documentation supporting its administrative and fiscal operations.

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This finding was first reported during the fiscal year ended June 30, 2017. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

CJIA management stated, as they did in the prior examination, the exceptions noted were due to staff turnover and competing priorities.

Failure to prepare and maintain adequate documentation of the Authority's administrative and fiscal operations during the examination period inhibited the ability in completing the examination to provide useful and relevant feedback to the General Assembly regarding the Authority's compliance with applicable laws, rules, and regulations. Further, it resulted in the Authority being unable to demonstrate it met each compliance requirement it was subjected to during the examination period. In addition, not preparing and maintaining adequate documentation represents noncompliance with the State Records Act and the Fiscal Control and Internal Auditing Act.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority will pursue the adjustments to the policy, procedure, and training outlined in the various findings cited within the finding and train staff on the retainment of the necessary documentation to show compliance with the cited requirements.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. In addition to the steps outlined in the earlier response, CJIA is working toward shifting to an electronic filing system, which it believes will improve the execution of internal procedures. LAC staff considers Partially Implemented.

- 3. The auditors recommend the Authority ensure all reporting requirements are adhered to and ensure costs incurred prior to the execution of the grant agreement were timely submitted by the recipients or subrecipients.**

**FINDING:** *(Inadequate Controls over Monitoring Grant Agreement Requirements) – First reported 2017, last reported 2019*

The Authority uses the Grant Accountability and Transparency Act portal in conjunction with its grant-making to ensure grantees properly submit all certifications and information required prior to the grant being processed. During testing of grant agreements for 60 grants, auditors noted the following:

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<b>Applicable Grant Agreement Section</b>	<b># of Exceptions Noted</b>	<b># of Grants with the Requirement</b>	<b>Error Rate %</b>
<p><i>Failure to File in Timely Fashion:</i></p> <ul style="list-style-type: none"> <li>• Progress reports were submitted four to 288 days after the due date or not submitted. However, auditors noted the grant payments were processed prior to the receipt of progress reports.</li> <li>• Progress reports were not dated. As a result, auditors were unable to determine the timeliness of submission and if grant payments were made prior to the receipt of outstanding reports.</li> <li>• Fiscal reports were submitted one to 305 days after the due date or not submitted. However, auditors noted the grant payments were processed prior to the receipt of fiscal reports.</li> <li>• Closeout reports were submitted three to 51 days after the due date or report dates were not documented. As a result, auditors could not determine if closeout reports were timely submitted.</li> </ul>	<p>6</p> <p>3</p> <p>6</p> <p>5</p>	<p>60</p> <p>60</p> <p>60</p> <p>38</p>	<p>10%</p> <p>5%</p> <p>10%</p> <p>13%</p>

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<b>Applicable Grant Agreement Section</b>	<b># of Exceptions Noted</b>	<b># of Grants with the Requirement</b>	<b>Error Rate %</b>
<p>Requirement: In order to preclude the possibility of the lapsing of funding, the Authority required the grantees to timely file all required reports. Reports included but are not limited to, quarterly fiscal reports, quarterly progress reports, and all reports included in the closeout materials. The quarterly fiscal and progress reports were due not more than 15 days after the end of each quarter unless another reporting schedule had been required or approved by the Authority. The final date for submission for all of the closeout material reports was 30 days after the end of the grant period. Failure to meet the reporting dates established for the particular reports results in the “freezing” of all funds to the grantee. Funds would be released following the completion of all the reporting requirements.</p>			
<p><i>Budget Revision Request:</i></p> <ul style="list-style-type: none"> <li>The budget revision request from the grantee was approved 36 days late by the Authority.</li> </ul> <p>Requirement: Within 30 days from the date of receipt of the request for budget revisions, the Authority is required to review the request and notify the grantee whether the budget revision has been approved, denied, or the date upon which a decision will be reached.</p>	1	21	5%

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<b>Applicable Grant Agreement Section</b>	<b># of Exceptions Noted</b>	<b># of Grants with the Requirement</b>	<b>Error Rate %</b>
<p><i>Sub-grant Agreement:</i></p> <ul style="list-style-type: none"> <li>The grantee’s sub-grant agreement was not approved by the Authority.</li> </ul> <p>Requirement: Grantees may not subcontract nor sub-grant any portion of the agreement nor delegate any duties without prior approval of the Authority.</p>	1	18	6%
<p><i>Promotional Materials:</i></p> <ul style="list-style-type: none"> <li>The funding disclosure required by the agreement was not printed in the promotional material published by the grantee and an exception to the requirement was not requested by the grantee.</li> </ul> <p>Requirement: In the event the Authority’s funds are used in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, the grantee is required to disclose in the publications, announcements, reports, flyers, brochures and all other such material, noting the funding was provided in whole or in part by the Authority. Exceptions to this requirement are to be requested, in writing, from the Authority.</p>	1	1	100%
<p><i>Subcontracting:</i></p> <ul style="list-style-type: none"> <li>The subcontractor’s agreement was not on file. As a result, auditors were unable to</li> </ul>	1	15	7%

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Applicable Grant Agreement Section	# of Exceptions Noted	# of Grants with the Requirement	Error Rate %
<p>determine if the Authority reviewed and approved the subcontractor’s agreement prior to the subcontract’s effective date and execution by the grantee.</p> <p>Requirement: Subcontracts over \$100,000 are to be submitted by the grantee for the Authority’s review and approval prior to the subcontract’s effective date and execution by the grantee.</p>			
<p><i>Subcontractor and Sub-grantee Transparency Act Compliance:</i></p> <ul style="list-style-type: none"> <li>The subcontractor’s and sub-grantee’s Addendum to the Agreement was not on file.</li> </ul> <p>Requirement: Grantees are required to provide the Authority with completed “Addendums to Agreements” for all subcontractors and sub-grantees.</p>	1	18	6%
<p><i>Nondiscrimination:</i></p> <ul style="list-style-type: none"> <li>Annual civil rights training certifications were not on file.</li> </ul> <p>Requirement: The grantee’s civil rights coordinator and any program staff and match volunteers who have direct contact with program beneficiaries are required to complete annual civil rights training as required and approved by the Authority.</p>	2	29	7%

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Applicable Grant Agreement Section	# of Exceptions Noted	# of Grants with the Requirement	Error Rate %
<p><i>Timekeeping:</i></p> <ul style="list-style-type: none"> <li>Quarterly time keeping certifications were not on file.</li> <li>The quarterly time keeping certification did not indicate total hours on the program or total compensated hours.</li> </ul> <p>Requirement: Along with each quarterly report, the Implementing Agency is required to submit a quarterly time keeping certification to the Authority. The quarterly timekeeping certification requires a certification detailing 1) total hours on the program, and 2) total compensated hours, for every employee and match volunteer.</p> <ul style="list-style-type: none"> <li>For personnel who spend less than 100% of their time on the program, a copy of the Personnel Activity Report (PAR) was not on file.</li> </ul> <p>Requirement: For personnel who spend less than 100% of their time on the program and whose salary is paid from more than one federal, state, or other source, the Implementing Agency is required to maintain a PAR that accurately reflects the time the employee spends performing the program and any other duties.</p>	<p>3</p> <p>1</p> <p>1</p>	<p>50</p> <p>50</p> <p>50</p>	<p>6%</p> <p>2%</p> <p>2%</p>

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Applicable Grant Agreement Section	# of Exceptions Noted	# of Grants with the Requirement	Error Rate %
<p><i>Costs incurred prior to the execution of grant agreement:</i></p> <ul style="list-style-type: none"> <li>Expenditure reports for grant expenditures incurred from the effective date of the grant up to the date of execution of the grant agreement were submitted 21 to 215 days late.</li> </ul> <p>Requirement: The Grant Accountability and Transparency Act (30 ILCS 708/125) requires in the event a recipient or subrecipient incurs expenses related to the grant award prior to the execution of the grant agreement but within the term of the grant, and the grant agreement is executed more than 30 days after the effective date of the grant, the recipient or subrecipient is required to submit to the Authority a report that accounts for eligible grant expenditures and project activities from the effective date of the grant up to and including the date of execution of the grant agreement. The recipient or subrecipient is required to submit the report to the Authority within 30 days of execution of the grant agreement.</p>	11	19	58%

This finding was first reported during the fiscal year ended June 30, 2017. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

CJIA management stated the exceptions noted were mostly attributed to staff workload and competing priorities.

**AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority has developed and implemented a pre-award policy on November 3, 2021. The policy details the required reporting needed by a grantee to incur costs prior to the execution of the grant agreement but within the period of performance.

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The Authority will work to refine its policies and provide internal/external trainings to address the timely submissions by the recipients and subrecipients.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. In addition to the steps outlined in the earlier response, CJIA is also working toward shifting to an electronic filing system, which it believes will improved the execution of internal procedures. CJIA is also conducting a review and building policy to address late filings by grantees. LAC staff considers Partially Implemented.

- 4. The auditors recommend the Authority take action to review its personnel involved with its expenditure processes to ensure no single person has incompatible duties, including segregating authorization, custody, recordkeeping, and reconciliation functions. Auditors also recommend the Authority take action to ensure timely reconciliation of its appropriation, expenditure, revenue, cash, and obligations activity to the Comptroller's records each month and investigate and resolve all discrepancies. Auditors further recommend the Authority retain records and document the date the reconciliations are performed.**

**FINDING:** *(Inadequate Controls over Expenditures and Obligations) – First reported 2017, last reported 2019*

CJIA failed to exercise adequate controls over its expenditures and obligations.

During testing, auditors noted several deficiencies and weaknesses within the Authority's expenditure and obligation processes, as noted below:

In FY20 and FY21, the Authority processed \$3,407,907 and \$4,500,936 in non-payroll and non-grant expenditures, respectively.

CJIA management stated the lack of staffing and competing priorities limited the Authority's ability to adequately segregate duties.

Failure to limit the ability of one person to perform all functions of a transaction increases the likelihood of errors and irregularities could occur and would not be found in the normal course of employees carrying out their assigned duties.

#### **(1) Inadequate Reconciliations Performed**

The Authority did not perform monthly reconciliations of the Authority's records to the Office of Comptroller's (Comptroller) records in accordance with the Statewide Accounting Management System (SAMS) Manual.

During FY20 and FY21, the Authority did not perform reconciliations of the Agency Contract Report (SC14).

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The Comptroller's records show the Authority had \$80,026,200 and \$93,962,905 in contracts at June 30, 2020 and June 30, 2021, respectively.

- During review of 54 monthly reconciliations for the Appropriations Status Report (SB01), auditors were unable to determine if the reconciliations were performed within 60 days of the applicable month end for 15 (28%) monthly reconciliations as the Authority did not document the date the reconciliations were performed.
- During review of 48 monthly reconciliations for the Cash Report (SB05), auditors noted the following:
  - For six (13%) monthly reconciliations, the Authority was unable to locate the reconciliations performed.
  - For six (13%) monthly reconciliations, auditors were unable to determine if the reconciliations were performed within 60 days of the applicable month's end as the Authority did not document the date the reconciliations were performed.
- During review of 18 monthly reconciliations for the Revenue Status Report (SB04), auditors noted the following:
  - For two (11%) monthly reconciliations, the Authority was unable to locate the reconciliations performed.
  - For one (6%) monthly reconciliation, auditors were unable to determine if the reconciliation was performed within 60 days of the month end as the Authority did not document the date the reconciliation was performed.
- During review of six-monthly reconciliations for the Obligation Activity Report (SC15), auditors noted the Authority was unable to locate the reconciliations performed for three (50%) monthly reconciliations.

This finding was first reported during the fiscal year ended June 30, 2017. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

CJIA management stated since the conclusion of the examination period, the Authority had hired an additional staff member. In addition, CJIA management stated some reconciliations could not be located or were not performed in part due to staff transitions and competing priorities for staff who have multiple responsibilities.

Failure to prepare adequate and accurate reconciliations between the Authority's records and the Comptroller's records led to unidentified errors, reduced the overall reliability of the statewide financial information, and could result in overpayments and underpayments to vendors.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. Since the last audit period, the Authority has hired an additional staff to allow for further segregation of duties. The Authority has also automated certain aspects of the reconciliation process, including dating certain reconciliations done in the ERP system. The Authority intends to review its assignment

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of duties to segregate the duties as they relate to the transaction cycle, as well as ensure that staff are aware of, and prioritize, the required reconciliations.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

### **5. The auditors recommend the Authority comply with the requirements of the Gang Crime Witness Protection Act or seek legislative remedy.**

**FINDING:** *(Noncompliance with the Gang Crime Witness Protection Act of 2013) – First reported 2015, last reported 2019*

CJIA did not comply with the requirements of the Gang Crime Witness Protection Act of 2013 (Act). The Gang Crime Witness Protection Program (Program) has not received funding since its inception. During Fiscal Year 2019, the Authority requested funding from the General Assembly to establish and administer the Program in FY20 and FY21 but was unsuccessful.

As reported in the previous examination report, auditors noted the following:

- The Authority had not established and administered the Program. The purpose of the Program is to assist victims and witnesses who are actively aiding in the prosecution of perpetrators of gang crime, and appropriate related persons as required by the Act.
- The Authority did not adopt rules for the implementation of the Program.
- The Authority did not assist State's Attorneys and the Attorney General in protecting victims and witnesses who are aiding in the prosecution of perpetrators of gang crime, and appropriate related persons.

Subject to appropriation, the Act (725 ILCS 173/10) requires the Authority to establish and administer a program to assist victims and witnesses who are actively aiding in the prosecution of perpetrators of gang crime and appropriate related persons. The Act (725 ILCS 173/20) also requires the Authority to assist State's Attorneys and the Attorney General in protecting victims and witnesses who are aiding in the prosecution of perpetrators of gang crime, and appropriate related persons.

This finding was first reported during the fiscal year ended June 30, 2015. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

CJIA management stated, as they did in the prior examination, the Authority has been prepared to fulfill its responsibilities under this Act, but an appropriation was not made by the General Assembly.

Failure to establish and administer the Program and adopt rules for the implementation of the Program result in noncompliance with the Act.

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### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority has been prepared to fulfill its responsibilities under the Act in the event an appropriation to do so was made. The Authority has also requested an appropriation during the budgeting process, but has not yet received one.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

## **6. The auditors recommend the Authority strengthen its internal controls to ensure payroll deductions are properly supported and calculated.**

**FINDING:** *(Inadequate Controls over Payroll File Deductions) – First reported 2013, last reported 2019*

CJIA did not maintain complete payroll files which resulted in inaccurate payroll deductions for its employees during the examination period.

During testing of 19 employees' payroll files, auditors noted the following payroll deduction weaknesses:

- Employee authorization forms for payroll deductions were not maintained within employee files for:
  - o 13 (68%) employees' health insurance,
  - o Nine (47%) employees' union dues,
  - o Seven (37%) employees' other insurance,
  - o Seven (37%) employees' deferred compensation,
- Six (32%) employees' transit deductions, and o Six (32%) employees' Flexible Spending Accounts.
- For three (16%) employees, the Authority incorrectly calculated and withheld the employee's federal income tax, with discrepancies ranging from \$5.78 to \$141.51 per pay period.

This finding was first reported during the fiscal year ended June 30, 2013. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

CJIA management stated payroll deduction weaknesses were due to staff turnover and competing priorities.

Failure to exercise adequate internal control over employee payroll files resulted in inaccurate calculations of employee withholdings, subjects the State to unnecessary legal risks, and represents noncompliance with State and federal laws and regulations.

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### **AUTHORITY RESPONSE:**

CJIA agrees with the finding. Employees sign up for insurance, deferred compensation, transit and flexible spending accounts online. Employees are contacted directly by the union regarding union membership. Union dues are handled by the union. CJIA will revisit its policies and procedures related to the submission of deduction forms as well as address the payroll related federal income tax withholding discrepancies.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

- 7. The auditors recommend the Authority work with the Governor's Office to obtain the Board member appointment. Further, auditors recommend the Authority appoint a replacement to the Council.**

### **FINDING:** *(Non-Appointment of Members) – First reported 2017, last reported 2019*

CJIA did not appoint a member to the Illinois Advisory Council on Substance Use Disorders (Council) and the Authority's Board (Board) did not have the required number of appointed members.

During testing, auditors noted the following:

- Effective February 2019, the Authority's representative to the Council separated from the Authority; however, the Authority did not appoint a replacement to the Council.

CJIA management stated, as they did in the prior examination, the vacant position on the Council was not filled due to staff turnover.

- The Board was not composed of the required members as outlined in the Illinois Criminal Justice Information Act (Act). As of June 30, 2021, the Board did not have a public defender from a county other than Cook County and four Board members appointed by the Governor exceeded the 4-year term limit.

CJIA management stated, as they did in the prior examination, there were occasional delays in identifying appropriate replacements due to significant turnover of Board members.

This finding was first reported during the fiscal year ended June 30, 2017. In the subsequent years, the Authority has been unsuccessful in implementing a corrective action plan.

Failure to appoint members to the Board represents noncompliance with state law and may inhibit the Board's ability to fulfill its duties and responsibilities effectively and efficiently. In addition, failure to appoint a member prevents or hinders the Council from carrying out their duties in accordance with the statutes.

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### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. CJIA will work with the administration to ensure Board vacancies are filled in a timely manner.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

### **8. The auditors recommend the Authority implement controls to ensure Public Accountability Reports and Worksheets are timely prepared and submitted to the Comptroller.**

#### **FINDING:** *(Inadequate Controls over Submission of Public Accountability Reports) - New*

CJIA did not exercise adequate controls over the submission of its Public Accountability Reports to the Comptroller.

During testing of the Authority's FY19 and FY20 Public Accountability Reports that were due during the examination period, auditors noted the following:

- The Authority did not prepare and file its FY20 Public Accountability Report with the Comptroller.
- The Authority did not timely file the FY19 Public Accountability Report with the Comptroller. Specifically, the report was submitted 23 days late.
- The Authority failed to submit FY19 and FY20 Program and Indicator Worksheets (Worksheet) to the Comptroller. The Worksheet includes a list of programs administered by the agency, as well as a list of the specific performance measures (input indicators, output indicators, outcome indicators, efficiency indicators, and external benchmarks) that the agency proposes for each of the programs to be included in the Public Accountability Report.

CJIA management stated the delay in the submission of the Public Accountability Report and failure to submit the Worksheets and Public Accountability Report to the Comptroller were due to competing priorities and also stated competing priorities combined with the transition to work from home during FY20 resulted in a dramatic shift in processes for many of the tasks the Authority completed in person from year to year.

Failure to timely submit Public Accountability Reports and Worksheets to the Comptroller results in noncompliance with the SAMS Manual and delays the Comptroller from posting the performance measures and results on the Comptroller's website.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. Upon learning about the lapse in submission of Public Accountability Report (PAR) data to the Comptroller in the summer of 2021, the newly hired Chief Financial Officer (CFO) immediately identified, and addressed, gaps in internal work plans that resulted in the finding. Notably, the CFO revised the PAR metrics

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to mirror the required GOMB Budgeting for Results metrics to lessen the overall workload on staff and ensure timely submission of data. In FY22, CJIA filed its FY21 Program and Indicator Worksheet and the PAR timely to the Comptroller, and will do so again in FY23.

### **AUTHORITY UPDATED RESPONSE:**

Implemented. LAC staff considers Partially Implemented.

### **9. The auditors recommend the Authority enhance its controls over employee verifications to ensure timely completion and retention of I-9 forms.**

#### **FINDING:** *(Inadequate Controls over I-9 Forms) - New*

CJIA did not exercise adequate internal controls over the Employment Eligibility Verification (I-9) forms.

During the review of 19 employees' I-9 forms, auditors noted the following:

- Four employees' (21%) I-9 forms were not found in their personnel files. As such, auditors could not determine whether the Authority examined the identity and employment authorization of those employees.
- Two of six (33%) new employees' Section 1 of I-9 forms were not timely completed. Specifically, the forms were completed 558 and 604 days late.
- Three employees' (16%) Section 2 of I-9 forms were not completed by the Authority.

CJIA management stated the exceptions were due to competing priorities and oversight.

Failure to complete and retain I-9 forms within the required timeframe is a violation of federal laws and could expose the Authority to penalties.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. A checklist will be developed and attached to each new employee's file confirming all paperwork has been collected and fully completed.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

### **10. The auditors recommend the Authority enhance its controls to ensure contracts are executed in accordance with State statutes by obtaining required signatures.**

**FINDING:** *(Noncompliance with Required Contracting Procedures) – First and last reported 2019*

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CJIA did not exercise adequate controls over contracts to ensure all contracts are signed or approved in writing.

During review of four contracts (totaling \$669,474) executed during the FY20 and FY21, auditors noted one contract (25%) (totaling \$260,000) was not signed by CJIA's Chief Fiscal Officer and Chief Legal Counsel.

The Authority had \$80,026,200 and \$93,692,905 in contracts at June 30, 2020 and June 30, 2021, respectively.

CJIA management stated the exception was due to work from home environment not being conducive to submission of documents with wet signatures.

Executing a contract without obtaining required signatures results in noncompliance with State statutes and exposes the Authority to unnecessary liabilities and potential legal issues.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority has submitted a revised SCO-470 form that will allow for electronic signatures. This should allow for smoother and more timely processing of contract documents in the current hybrid/work-from-home environment by not requiring as many wet signatures and therefore reducing the probability that a required signature will slip through the cracks. The staff will also be notified and retrained on signature requirements.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

- 11. The auditors recommend the Authority ensure accurate GAAP reporting information is submitted to the Office of Comptroller. Further, auditors recommend the Authority review and revise, as necessary, its current process to gather, compile, document, and review the financial information reported in the GAAP Reporting forms.**

### **FINDING:** *(Inadequate Controls over GAAP Reporting) - New*

CJIA did not accurately report Generally Accepted Accounting Principles (GAAP) Reporting information to the Office of Comptroller.

During testing of FY21 Grant/Contract Analysis (SCO-563), Inter-fund Activity - Grantee Agency (SCO-567), and Inter-fund Activity - Grantor Agency (SCO-568) GAAP forms, auditors noted the following:

- CJIA did not accurately report the pass-through amount to subrecipients on the SCO-563 form for Criminal Justice Trust Fund (Fund 488). The amounts were understated by approximately \$989,000 and \$20,000 for Crime Victim Assistance

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(CFDA No. 16.575) and Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program (CFDA No. 16.590), respectively.

- CJIA incorrectly reported four program titles on the SCO-563 form for Fund 488.
- The Assistance Listing (CFDA) number was not specifically identified on an interagency agreement.

Upon bringing the issues to the Authority's notice, the Authority corrected those and submitted the updated SCO-563, SCO-567, and SCO-568 forms to the Office of Comptroller.

CJIA management stated the underreporting of pass-thru amounts was primarily due to an internal system error at the time the initial GAAP reports were completed. In addition, Authority management stated reporting incorrect program titles and not identifying the Assistance Listing number on the interagency agreement were due to oversight.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority currently relies on one staff member to prepare the GAAP reporting forms for the Criminal Justice Trust Fund (Fund 488), increasing the opportunity for an error to arise. CJIA intends to supplement its GAAP completion by contracting with an outside firm to assist in the preparation of the forms starting in FY22. The Authority anticipates this additional level of assistance and review will improve the preparation and completion of the annual GAAP reporting.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

## **12. The auditors recommend the Authority enhance controls to ensure new employees timely complete all required trainings.**

### **FINDING:** *(Noncompliance with Ethics and Harassment Training Requirements) - New*

CJIA did not comply with the ethics and harassment training provisions of the State Officials and Employees Ethics Act (Act).

During testing of six new employees' training records, auditors noted the following:

- Four (67%) employees did not complete the ethics training within 30 days after the commencement of employment. Specifically, the training was completed 183 to 356 days late.
- Three (50%) employees did not complete the harassment and discrimination prevention training within 30 days after the commencement of employment. Specifically, the training was completed 234 to 356 days late.

CJIA management stated the exceptions identified were due to competing priorities of staff.

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Failure to timely complete employee training sessions could result in employees not being fully informed about their ethical requirements and rights and responsibilities, and represents noncompliance with the Act.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority will ensure new employees timely complete all trainings.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

**13. The auditors recommend the Authority work with DoIT to determine cybersecurity roles and responsibilities. Additionally, auditors recommend the Authority:**

- **Review and update their policies at least annually.**
- **Develop a project management framework, including system development policies, to ensure new applications are adequately developed and implemented in accordance with management’s expectations.**
- **Develop a cybersecurity plan.**
- **Develop a risk management methodology, conduct a comprehensive risk assessment, and implement risk reducing internal controls.**
- **Ensure all staff members upon employment and annually thereafter complete cybersecurity training.**
- **Develop policies and procedures related to the reporting of security violations and suspected violations.**
- **Develop and maintain documentation of remediation efforts for identified vulnerabilities.**
- **Ensure their data has been classified.**
- **Require employees and contractors to annually acknowledge receipt of the Authority’s security policies and procedures.**
- **Ensure all newly hired employees complete the Handbook Policy acknowledgement upon hiring.**

### **FINDING:** *(Weaknesses in Cybersecurity Programs and Practices) - New*

CJIA had not implemented adequate internal controls related to cybersecurity programs, practices and control of confidential information.

As a result of the Authority’s mission to improve the administration of the criminal justice system in the state through centralized information, the Authority maintains computer systems that contain confidential information derived from both criminal and violent incidents.

During the examination of the Authority’s cybersecurity program, practices and control of confidential information, auditors noted the Authority had not:

- Reviewed and updated established policies.

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- Developed a project management framework (including policies and procedures governing system development) to ensure new applications were adequately developed and implemented in accordance with management's expectations.
- Developed a cybersecurity plan.
- Developed a risk management methodology, conducted a comprehensive risk assessment, or implemented risk reducing internal controls.
- Developed policies and procedures related to the reporting of security violations and suspected violations.
- Provided documentation of remediation for identified vulnerabilities.
- Provided support for classification of their data.
- Required employees or contractors to annually acknowledge receipt of the Authority's security policies and procedures.

In addition, 3 of 105 (3%) employees did not complete security awareness training during calendar year 2020. Further, auditors noted 1 of 7 (14%) new employees did not complete the Handbook Policy acknowledgement.

CJIA management indicated the lack of resources and the belief DoIT was responsible for cybersecurity controls resulted in the weaknesses.

The lack of adequate cybersecurity programs and practices could result in unidentified risks and vulnerabilities, which could ultimately lead to the Authority's confidential and personal information being susceptible to cyber-attacks and unauthorized disclosure.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority does not have a permanent Information Technology (IT) Director and is working to fill that position. The IT Director will work with DoIT and the Authority's executive staff to create policies based upon best practices.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

## **14. The auditors recommend the Authority establish formal procedures for requesting and authorizing access to its systems and data.**

### **FINDING:** *(Information Technology Access Weaknesses) - New*

CJIA had not implemented adequate internal controls related to its system and application access and control.

The Authority maintains computer systems that contain confidential information derived from both criminal and violent incidents as part of their mission to improve the administration of the criminal justice system in the state through centralized information. In order to determine if access was appropriate, auditors tested a sample of 60 users,

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noting the Authority was unable to provide documentation that access was properly approved for the 60 users.

Further, the Authority had not developed access provisioning policies and procedures.

CJIA management indicated a process was in place, but the process was not formally documented due to the Authority not having a permanent Information Technology (IT) Director.

The lack of adequate controls over access could result in unauthorized access and disclosure of confidential information.

### **AUTHORITY RESPONSE:**

The Authority agrees with the finding. The Authority does not have a permanent IT Director and is working to fill that position. The IT Director will work with the Department of Innovation and Technology and the Authority's executive staff to create policies based upon best practices.

### **AUTHORITY UPDATED RESPONSE:**

Accepted. LAC staff considers Partially Implemented.

## **Headquarters Designations**

The State Finance Act requires all state agencies to make semiannual headquarters reports to the Legislative Audit Commission. Each state agency is required to file reports of all its officers and employees for whom official headquarters have been designated at any location other than that at which official duties require them to spend the largest part of their working time.

As of July 2022, CJIA had 1 employee assigned to locations others than official headquarters.