



**A Report to the
Audit Committee**

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Audit Recommendations Follow-up – Audit of MNPDP Early Intervention System

August 30, 2024

Metropolitan
Nashville
Office of
Internal Audit

EXECUTIVE SUMMARY

August 30, 2024



Why We Did This Audit

To evaluate management's implementation of previous audit recommendations as of August 15, 2024.

What We Recommend

There are no recommendations as management successfully implemented the initial audit recommendations.

Audit Recommendations Follow-Up – Audit of the MNPD Early Intervention System

BACKGROUND

On November 14, 2023, the Metropolitan Nashville Office of Internal Audit issued an audit report on the Metropolitan Nashville Police Department's Early Intervention System. The audit scope for this engagement was between January 1, 2020, and December 31, 2022. The audit report included five recommendations. All recommendations were accepted by management. The Office of Internal Audit guidelines require monitoring and follow-up to ensure that the recommendations assessed as high or medium risk are appropriately considered, effectively implemented, and yield intended results.

OBJECTIVES AND SCOPE

The objectives of this follow-up audit were to determine if the recommended actions or an acceptable alternative were implemented.

The scope of the follow-up audit included five accepted recommendations that management reported as implemented.

WHAT WE FOUND

The Metropolitan Nashville Police Department has fully implemented all five recommendations. Details of the implementation statuses can be seen in **Appendix A**.

AUDIT FOLLOW-UP RESULTS

The initial audit report encompassed the operations of the Metropolitan Nashville Police Department's Early Intervention System for the period between January 1, 2024, and August 15, 2024. The audit report included five recommendations, all of which were accepted by management for implementation.

The Office of Internal Audit will close a recommendation only for one of the following reasons:

- The recommendation was effectively implemented.
- An alternative action was taken that achieved the intended results.
- Circumstances have so changed that the recommendation is no longer valid.
- The recommendation was not implemented despite the use of all feasible strategies or due to lack of resources. When a recommendation is closed for these reasons, a judgment is made on whether the objectives are significant enough to be pursued later in another assignment.

The scope of the follow-up audit included the five accepted recommendations that management reported as implemented. All five recommendations were fully implemented. Details of the implementation status and updated implementation dates, if applicable, can be seen in **Appendix A**.

METHODOLOGY

To achieve the audit objectives, we performed the following steps:

- Reviewed applicable policies and procedures.
- Reviewed training materials, applicable Outlook emails and calendar events to various stakeholders.
- Reviewed a sample of 10 Alert Memorandum's issued from January 1, 2024, to August 15, 2024.

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

AUDIT TEAM

Bill Walker, CPA, CIA, CFE, CCFO, Audit Manager

Lauren Riley, CPA, CIA, CFE, ACDA, CMFO, Metropolitan Auditor

APPENDIX A – PRIOR RECOMMENDATIONS AND IMPLEMENTATION STATUS

The following table shows the guidelines followed to determine the status of implementation.

Table 1

Recommendation Implementation Status	
Implemented / Closed	The department or agency provided sufficient and appropriate evidence to support the implementation of all elements of the recommendation and the recommendation’s implementation caused or significantly influenced the benefits achieved.
Partially Implemented / Open	The department or agency provided some evidence to support implementation progress but not of all elements of the recommendation were implemented.
Not Implemented or No Longer Implemented	The department or agency did not implement a recommendation because: a) of lack of resources; b) an alternative action was taken that achieved the intended results; c) circumstances have so changed that the recommendation is no longer valid.

The following are the audit recommendations for the MNPD Early Intervention System made in the original audit report dated November 14, 2023, and the current implementation status of each recommendation based on our review of information and documents provided by the Metropolitan Nashville Police Department.

Recommendation	Implementation Actions	Outstanding Issues	Implementation Status
A.1 Provide additional training to all supervisory and command personnel on the operational aspects of the EIS. Assessed Risk Level: Medium	Advisory and Action alerts include contact information for key parties involved in the EIS process. Additionally, a SharePoint Folder has been created with all training information including a three videos. MNPD is also working to have a link to training material related to the Early Intervention System included on every Advisory and Actionable alert issued. A sample of 10 alerts issued in 2024 out of 47 was selected for review. All 10 included contact information for the key parties within the process and a reference to the specific policy manual for the EIS System.	None	Implemented / Closed
B.1 Develop formal written procedures and reporting structure for the EIS First Sign Evaluation process. Assessed Risk Level: Medium	Formal written procedures and reporting structures for the annual evaluation of the EIS system have been added. Actual evaluation of the system was conducted and communicated to applicable parties in July 2024. Meetings with various	None	Implemented / Closed

APPENDIX A – PRIOR RECOMMENDATIONS AND IMPLEMENTATION STATUS

Recommendation	Implementation Actions	Outstanding Issues	Implementation Status
	stakeholders was also conducted in July 2024.		
<p>C.1 Ensure Form 114 are completed within 21 days of receipt.</p> <p>Assessed Risk Level: Medium</p>	<p>Formal written procedures and reporting structures were modified to increase the response timeline from 21 days to 35 days. MNPDP is working with Benchmark Inc. to incorporate an additional notice of flagged alerts outstanding at 29 days.</p>	None	Implemented / Closed
<p>C.2 Clearly define the responsibility of the HR representative or personnel who are responsible for enforcing the alert action plan and ensure the fully compliance of the EIS policies.</p> <p>Assessed Risk Level: Medium</p>	<p>Formal written procedures and reporting structures were modified to clearly define the responsibility of the HR Designee into one section.</p>	None	Implemented / Closed
<p>D.1 Have various stakeholders such as supervisors, officers and MNPDP command play a more involved role in the evaluation process of the EIS system.</p> <p>Assessed Risk Level: Medium</p>	<p>Meetings with various stakeholders were conducted in July 2024. Meeting materials were comprehensive, and feedback was obtained.</p>	None	Implemented / Closed