

# OFFICE OF AUDITS & ADVISORY SERVICES



## DATA LOSS PREVENTION AUDIT

### *FINAL REPORT*

Chief of Audits: Juan R. Perez  
Audit Manager: Laura Flores, CIA, CFE, CGAP  
Auditor II: Rani Gorgis, CPA

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# County of San Diego

**TRACY M. SANDOVAL**  
DEPUTY CHIEF ADMINISTRATIVE OFFICER/  
AUDITOR AND CONTROLLER

AUDITOR AND CONTROLLER  
OFFICE OF AUDITS & ADVISORY SERVICES  
5530 OVERLAND AVENUE, SUITE 330, SAN DIEGO, CA 92123-1261  
Phone: (858) 495-5991

**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 26, 2018

TO: Mikel Haas, Chief Information Officer  
County Technology Office

FROM: Juan R. Perez  
Chief of Audits

**FINAL REPORT: DATA LOSS PREVENTION AUDIT**

Enclosed is our report on the Data Loss Prevention Audit. We have reviewed your response to our recommendations and have attached it to the audit report.

The actions taken and/or planned, in general, are responsive to the recommendations in the report. As required under Board of Supervisors Policy B-44, we respectfully request that you provide quarterly status reports on the implementation progress of the recommendations. You or your designee will receive email notifications when these quarterly updates are due, and these notifications will continue until all actions have been implemented.

If you have any questions, please contact me at (858) 495-5661.

A handwritten signature in blue ink, appearing to read 'JRP'.

JUAN R. PEREZ  
Chief of Audits

AUD:RG:nb

Enclosure

c: Tracy M. Sandoval, Deputy Chief Administrative Officer/Auditor and Controller  
Damien Quinn, Group Finance Director, Finance and General Government Group



# County of San Diego

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**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 26, 2018

TO: Cathi Palatella, Director  
HHSA – Child Welfare Services

FROM: Juan R. Perez  
Chief of Audits

**FINAL REPORT: DATA LOSS PREVENTION AUDIT**

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If you have any questions, please contact me at (858) 495-5661.

JUAN R. PEREZ  
Chief of Audits

AUD:RG:nb

Enclosure

c: Nick Macchione, Agency Director, Health & Human Services Agency  
Tracy M. Sandoval, Deputy Chief Administrative Officer/Auditor and Controller  
Dean Arabatzis, Chief Operations Officer, Health & Human Services Agency  
Andrew Pease, Executive Finance Director, Health & Human Services Agency  
Christy Carlson, Group Program Manager, Health & Human Services Agency



# County of San Diego

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**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 26, 2018

TO: Glenn N. Wagner, D.O., Chief Medical Examiner  
County Medical Examiner

FROM: Juan R. Perez  
Chief of Audits

FINAL REPORT: DATA LOSS PREVENTION AUDIT

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If you have any questions, please contact me at (858) 495-5661.

JUAN R. PEREZ  
Chief of Audits

AUD:RG:nb

Enclosure

c: Ronald J. Lane, Deputy Chief Administrative Officer, Public Safety Group  
Tracy M. Sandoval, Deputy Chief Administrative Officer/Auditor and Controller  
Rosemarie Degracia, Group Finance Director, Public Safety Group



# County of San Diego

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**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 26, 2018

TO: Elise Rothschild, Director  
Department of Environmental Health

FROM: Juan R. Perez  
Chief of Audits

## FINAL REPORT: DATA LOSS PREVENTION AUDIT

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If you have any questions, please contact me at (858) 495-5661.

JUAN R. PEREZ  
Chief of Audits

AUD:RG:nb

Enclosure

c: Sarah E. Aghassi, Deputy Chief Administrative Officer, Land Use & Environment Group  
Tracy M. Sandoval, Deputy Chief Administrative Officer/Auditor and Controller  
Yuliya E. Leina, Group Finance Director, Land Use & Environment Group



# County of San Diego

**TRACY M. SANDOVAL**  
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**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 26, 2018

TO: Jack Pellegrino, Director  
Department of Purchasing & Contracting

FROM: Juan R. Perez  
Chief of Audits

FINAL REPORT: DATA LOSS PREVENTION AUDIT

Enclosed is our report on the Data Loss Prevention Audit. As there are no findings and recommendations in the report pertaining to your department, no audit response is required.

Thank you for the courteousness and cooperation extended to the Office of Audits & Advisory Services during the course of the audit.

If you have any questions, please contact me at (858) 495-5661.

**JUAN R. PEREZ**  
Chief of Audits

AUD:RG:nb

Enclosure

c: April F. Heinze, Deputy Chief Administrative Officer, Community Services Group  
Tracy M. Sandoval, Deputy Chief Administrative Officer/Auditor and Controller  
Brian M. Hagerty, Group Finance Director, Community Services Group



# County of San Diego

**TRACY M. SANDOVAL**  
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**JUAN R. PEREZ**  
CHIEF OF AUDITS

October 26, 2018

TO: Daniel V. McAllister, Treasurer-Tax Collector  
Treasurer-Tax Collector

FROM: Juan R. Perez  
Chief of Audits

FINAL REPORT: DATA LOSS PREVENTION AUDIT

Enclosed is our report on the Data Loss Prevention Audit. As there are no findings and recommendations in the report pertaining to your department, no audit response is required.

Thank you for the courteousness and cooperation extended to the Office of Audits & Advisory Services during the course of the audit.

If you have any questions, please contact me at (858) 495-5661.

A handwritten signature in blue ink, appearing to read "JRP", with a stylized flourish at the end.

JUAN R. PEREZ  
Chief of Audits

AUD:RG:nb

Enclosure

c: Tracy M. Sandoval, Deputy Chief Administrative Officer/Auditor and Controller  
Damien Quinn, Group Finance Director, Finance and General Government Group



## INTRODUCTION

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<b>Audit Objective</b>	The Office of Audits & Advisory Services (OAAS) completed an audit of the implementation of the Data Loss Prevention (DLP) initiative. The objectives of the audit are to evaluate the County's DLP risk exposure and to verify whether controls are in place and operating effectively to prevent unauthorized disclosure of confidential information.
<b>Background</b>	<p>To ensure compliance with County policies regarding data protection practices<sup>1</sup>, the County of San Diego (County) established the Data Loss Prevention initiative and developed procedures to safeguard personal information. As part of this initiative, the County uses WebSense software, an automated tool to prevent the inadvertent disclosure of Personal Identifiable Information and Protected Health Information (PII/PHI).</p> <p>WebSense software detects and alerts employees of the presence of certain confidential information on their desktops and requires a conscious decision to proceed with moving the data from its original source. If the employee proceeds, the action is logged along with a copy of the confidential data for department review.</p> <p>Each department has a DLP Coordinator responsible for analyzing and resolving DLP incidents containing PII/PHI data. DLP incidents are escalated for further review, as needed. If a possible unauthorized breach is found, the Office of Ethics and Compliance (OEC) is notified. OEC is responsible for conducting a formal investigation and determining if the event triggers any notification laws. The employee's manager and the Department of Human Resources (DHR) are notified if corrective action is necessary.</p> <p>The County Technology Office (CTO) provided WebSense software training to DLP Coordinators, including handling of incidents and running queries and reports. Also, the DLP Coordinators can refer to the Enterprise Data Loss Prevention Guidelines developed by the CTO.</p>
<b>Audit Scope &amp; Limitations</b>	The scope of the audit focused on DLP incidents from FY 2015-16 through FY 2017-18. OAAS judgmentally selected the following departments to evaluate DLP process controls:

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<sup>1</sup> COSD Administrative Manual 0400-11 defines the classification, protection level, proper security and handling of County Information as all information, data, records and documents, of any kind, including but not limited to "public records" as defined by the California Public Records Act, created, stored, contained or transmitted on County Information Systems.

COSD-T424 Security Management Plan states that all user access to County Information and Information Systems shall be provided on a need-to-know basis to protect the information from unauthorized disclosure, damage, modification, or misuse.

**Table 1: Departments Selected for Testing**

<b>Business Group</b>	<b>Department</b>
Public Safety Group	County Medical Examiner (CME)
Land Use & Environment Group	Department of Environmental Health (DEH)
Community Services Group	Department of Purchasing and Contracting (DPC)
Finance & General Government Group	Treasurer – Tax Collector (TTC)
Health & Human Services Agency (HHS)	Child Welfare Services (CWS)

Responsibility for analyzing, monitoring, and resolving DLP incidents for HHS Departments has been assigned to the Agency Compliance Office (ACO). As such, audit testing for CWS DLP incidents was conducted with the ACO.

This audit was conducted in conformance with the International Standards for the Professional Practice of Internal Auditing prescribed by the Institute of Internal Auditors as required by California Government Code, Section 1236.

## **Methodology**

To achieve the audit objectives, OAAS performed the following procedures:

- Reviewed State laws and regulations related to DLP practices.
- Examined applicable County policies and procedures related to DLP processes.
- Discussed DLP risks and controls with the CTO.
- Interviewed DLP Coordinators in each sampled department to obtain an understanding of their DLP process and relevant policies.
- On a sample basis, conducted detail testing to evaluate the following:
  - Incident review
  - Incident documentation
  - Timely resolution
  - Incident update status

## AUDIT RESULTS

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### Summary

Within the scope of the audit, there is reasonable assurance that the County's DLP risk exposure is minimized by the implementation of the DLP system. We found no instances of non-compliance with state laws pertaining to data breaches. However, OAAS identified opportunities to further improve existing controls to mitigate the risk of unauthorized disclosure of confidential personal information.

A summary of noted exceptions by department is presented in Table 2 below:

**Table 2: Summary of Audit Test Results and Related Recommendations**

Department	Exceptions	Recommendations
CME	1	1
DEH	1	1
DPC	0	0
ACO	3	2
TTC	0	0
CTO	N/A	1

### Finding I:

#### **Data Loss Prevention Procedures Need Improvement**

OAAS selected a judgmental sample of DLP incidents for detail testing. Table 3 below shows the number of sample items selected by department:

**Table 3: DLP Incidents Sample Size<sup>2</sup>**

Department	TTC	DPC	ACO	CME	DEH
Sample Size	30	10	30	19	30

The following issues related to the procedures and internal controls to manage incidents reported by the DLP automated system were identified:

**DLP Incident Review Details Not Documented** – OAAS found that the details of the review conducted to analyze DLP incidents is not consistently documented by the departments. Specifically, DEH, CME and ACO provided information on the resolution and disposition of the incidents selected for review. However, no supporting documentation was on file to substantiate the extent of the review conducted for such incidents.

Lack of documentation with the details of an incident review results in the inability to verify whether incidents were properly reviewed and resolved.

According to the Committee of Sponsoring Organizations (COSO), documentation is a necessary part of an effective internal control system. Documentation is required to demonstrate the design, implementation, and operating effectiveness of an entity's internal control system.

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<sup>2</sup> The sample size selected was based on the respective populations of each department with a maximum sample size of 30. DPC had only a sample of 10 because that was the total population available to test and incidents rarely occur in that department. CME had a sample size of 19 because 11 of the 30 selected were test incidents, therefore not considered in the sample testing.

**Escalated DLP Incidents Not Monitored for Resolution** – According to the Enterprise DLP Guidelines provided by the CTO, DLP Coordinators are responsible for analyzing and escalating incidents to internal stakeholders, as necessary. They are also responsible for updating the incident status in the DLP system to ensure resolution.

OAAS identified one DLP incident at the ACO that was escalated for further review with no follow up conducted. As such, this incident has remained open since May 16, 2017.

Failure to monitor incident resolution and update the status in the DLP system, results in the inability to determine whether the incidents were properly resolved and could increase the risk of loss of confidential data.

**Delayed Review and Resolution of DLP Incidents** – OAAS found that DLP incidents are not consistently resolved in a timely manner. Specifically, the audit identified 4 out of 30 (or 13%) incidents tested within ACO that originated on January 4, 2016 with no action taken as of the date of audit fieldwork. Subsequent to OAAS' inquiry, the DLP Coordinator closed the incidents on January 5, 2018. However, they did not provide evidence that a review was conducted.

According to the Enterprise DLP Guidelines, the DLP Coordinator is responsible for analyzing DLP incidents, determining false positive, true positive/configuration issues, and updating the DLP incident in the system. Further, according to the California Civil Code 1798.29, a breach of data security should be disclosed in the most expedient time possible and without unreasonable delay. Delayed resolution of a potential data loss incident without justification could result in non-compliance with State law requirements.

While the CTO has provided training to DLP Coordinators on their responsibilities regarding analyzing, reviewing and reporting DLP incidents, the guidelines provided do not include procedures to ensure that the incident reviews are properly documented, monitored and resolved. In addition, the current guidelines provided by the CTO do not specify a reasonable timeframe of incident analysis and resolution. As such, there are no set criteria for departments to follow.

**Recommendation:** To increase compliance with State mandates regarding notification of data breaches and ensure that DLP incident review is properly conducted, the CTO should:

1. Supplement existing guidelines for DLP Coordinators and include procedures to document incident review and resolution within the system. Also, within existing guidelines, establish a timeframe for conducting incident review to ensure compliance with State Regulation.

To ensure that DLP incidents are properly reviewed and resolved, CME, DEH, and ACO management should:

1. Document incident review and resolution within the system. If supporting documentation exceeds the system capacity, documentation should be maintained in an alternate location.

In addition, ACO should ensure that:

2. Incident review status is monitored and updated within the DLP system, including incidents that have been escalated for further review.

## Office of Audits & Advisory Services

C Compliance R Reliability E Effectiveness A Accountability T Transparency E Efficiency

VALUE

**DEPARTMENT'S RESPONSE**  
**(COUNTY TECHNOLOGY OFFICE)**



# County of San Diego

**MIKEL HAAS**  
CHIEF INFORMATION OFFICER  
(619) 531-5570

**COUNTY TECHNOLOGY OFFICE**  
1600 PACIFIC HIGHWAY ROOM 308F, SAN DIEGO, CA 92101  
[www.sandiegocounty.gov/cto](http://www.sandiegocounty.gov/cto)

**SUSAN GREEN**  
ASSISTANT CHIEF INFORMATION OFFICER  
(619) 515-4337

October 22, 2018

RECEIVED

OCT 23 2018

OFFICE OF AUDITS &  
ADVISORY SERVICES

TO: Juan R. Perez, Chief of Audits  
Office of Audits & Advisory Services

FROM: Mikel Haas, Chief Information Officer  
County Technology Office (CTO)

DEPARTMENT RESPONSE TO AUDIT RECOMMENDATIONS: Report No. A18-019 Data Loss  
Prevention Audit.

**Finding I:** Monitoring and Tracking of Point of Sale (POS) Devices

**OAAS Recommendation 1:** Supplement existing guidelines for DLP Coordinators and include procedures to document incident review and resolution within the system. Also, within existing guidelines, establish a timeframe for conducting incident review to ensure compliance with State Regulation.

**Action Plan:** Agree. The DLP user guidelines will be updated to include:

- a) incident review and resolution procedures,
- b) timeframe for conducting incident review to ensure compliance with State Regulation.

**Planned Completion Date:** November 30, 2018

**Contact Information for Implementation:** Michael Teays, CISO

If you have any questions, please contact Mike Teays at (619) 316-5208.

  
MIKEL HAAS, Chief Information Officer  
County Technology Office

CTO:MT:bm

**DEPARTMENT'S RESPONSE**  
(HEALTH AND HUMAN SERVICES AGENCY)





# County of San Diego

**NICK MACCHIONE, FACHE**  
AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**  
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501  
SAN DIEGO, CA 92101-2417  
(619) 515-6555 • FAX (619) 515-6556

**DEAN ARABATZIS**  
CHIEF OPERATIONS OFFICER

Date: October 18, 2018

TO: Juan R. Perez  
Chief of Audits

FROM: Christy Carlson, Group Program Manager  
HHS, Agency Compliance Office

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OCT 18 2018

OFFICE OF AUDITS &  
ADVISORY SERVICES

## DEPARTMENT RESPONSE TO AUDIT RECOMMENDATIONS: DATA LOSS PREVENTION AUDIT

### Finding 1: Data Loss Prevention Procedures Need Improvement

**OAAS Recommendation #1:** Document incident review and resolution within the system. If supporting documentation exceeds the system capacity, documentation should be maintained in an alternate location.

**Action Plan:** ACO agrees that including additional information in the DLP system will provide greater clarity of issue resolution. HHSA ACO has developed an 'HHSA DLP Coordinators Procedures' to supplement the 'Enterprise Data Loss Prevention Guidelines' developed by the CTO, which includes the following requirements:

- Incident status of 'new' shall be updated to indicate that the incident was reviewed and was either 'escalated' for further investigation or 'closed'.
- A reason code for incident status change will be required within the system.
- Incidents that are escalated will be investigated by the HHSA DHRO and all records relating to the investigation will be maintained confidentially within HHSA Human Resources.
- Incidents will be 'closed' within the system by DLP coordinators after the HHSA DHRO completes their investigation.

ACO will provide oversight of the process and review DLP reports monthly to ensure timely investigation and DLP status update. The updated HHSA DLP Coordinator Procedures will be provided at the standing HHSA DLP Coordinator – Quarterly Meeting scheduled on October 31, 2018.

**Planned Completion Date:** October 31, 2018

**Contact Information for Implementation:** Pilar Miranda, Privacy Officer

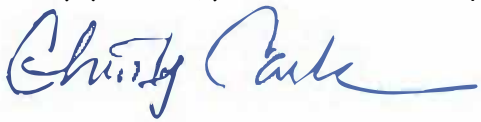
**OAAS Recommendation #2:** Incident review status is monitored and updated within the DLP system, including incidents that have been escalated for further review.

**Action Plan:** ACO agrees that monitoring of the DLP reports provides additional assurance that HHSA data is being properly safeguarded. As noted above ACO provides oversight of the process and monitors DLP reports monthly to ensure timely investigation and DLP status update.

**Planned Completion Date:** Completed

**Contact Information for Implementation:** Pilar Miranda, Privacy Officer

If you have any questions, please contact me at (619) 338-2807



Christy Carlson  
Group Program Manager

**DEPARTMENT'S RESPONSE**  
(MEDICAL EXAMINER'S DEPARTMENT)



## County of San Diego

**GLENN N. WAGNER, D.O.**  
CHIEF MEDICAL EXAMINER  
(858) 694-2895

**MEDICAL EXAMINER'S DEPARTMENT**  
5570 OVERLAND AVE, STE 101, SAN DIEGO, CA 92123-1215  
<http://www.sandiegocounty.gov/me>

**STEVEN C. CAMPMAN, M.D.**  
CHIEF DEPUTY MEDICAL EXAMINER  
(858) 694-2895

October 18, 2018

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OCT 22 2018

OFFICE OF AUDITS &  
ADVISORY SERVICES

TO: Juan R. Perez  
Chief of Audits

FROM: Glenn N. Wagner, D.O., Chief Medical Examiner  
Medical Examiner's Department

### DEPARTMENT RESPONSE TO AUDIT RECOMMENDATIONS: DATA LOSS PREVENTION AUDIT

#### **Finding I: Data Loss Prevention Procedures Need Improvement**

**OAAS Recommendation:** Document incident review and resolution within the system. If supporting documentation exceeds the system capacity, documentation should be maintained in an alternate location.

**Action Plan:** During the audit a recommendation was made and immediately implemented to provide a comment to each incident during the DLP review. Following the exit conference with OAAS staff, the Medical Examiner DLP coordinator is now adding their initials and date of review for each incident.

**Planned Implementation Date:** Completed

**Contact Information for Implementation:** Theresa Liget, Administrative Services Manager

If you have any questions, please contact me at (858) 694-3072.

  
Glenn N. Wagner, D.O.  
Chief Medical Examiner

GW:tl

Attachment: DLP incident closure

**DEPARTMENT'S RESPONSE**  
(DEPARTMENT OF ENVIRONMENTAL HEALTH)



# County of San Diego

**ELISE ROTHCHILD**  
DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH  
P.O. BOX 129261, SAN DIEGO, CA 92112-9261  
Phone: (858) 505-6700 or (800) 253-9933 Fax: (858) 505-6786  
www.sdcdeh.org

**AMY HARBERT**  
ASSISTANT DIRECTOR

October 19, 2018

RECEIVED

TO: Juan R. Perez  
Chief of Audits

**OCT 23 2018**

FROM: Amy Harbert, Assistant Director  
Department of Environmental Health

OFFICE OF AUDITS &  
ADVISORY SERVICES

SUBJECT: DEPARTMENT RESPONSE TO AUDIT RECOMMENDATIONS: DATA LOSS PREVENTION AUDIT

Finding I: Data Loss Prevention (DLP) Procedures Need Improvement

OAAS Recommendation: Document incident review and resolution within the system. If supporting documentation exceeds the system capacity, documentation should be maintained in an alternate location.

Action Plan: DEH agrees with the audit recommendations. The following actions were taken:

1. DEH's process was to review all DLP items, and when needed, take further action. However, the review effort was not being documented as written comments within the system. DEH agrees with the audit recommendation that written documentation of all actions, including the review step, is a good enhancement for documentation. DEH has developed a written procedure to address all findings and is documenting the review and resolution details of the DLP incident as comments in the system.

Completion Date: DEH began implementing this documentation enhancement on March 29, 2018. On June 11, 2018, a written procedure for this process was also formalized.

Contact Information for Implementation: Ryan Baxter, Information Technology Analyst

If you have any questions, please contact me at (858) 505-6672.

Amy Harbert  
Assistant Director