



# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

August 28, 2012

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

## **RESPONSE TO THE 2011-12 CIVIL GRAND JURY REPORT (ALL DISTRICTS) (3 VOTES)**

### **SUBJECT**

This letter recommends that the Board: approve the responses to the findings and recommendations of the 2011-2012 Civil Grand Jury Final Report; instruct the Executive Officer of the Board of Supervisors to transmit copies of this report to the Civil Grand Jury upon approval by the Board; and instruct the Executive Officer of the Board of Supervisors to file a copy of this report with the Superior Court upon approval by the Board.

### **IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve the responses to the 2011-2012 findings and recommendations of the Civil Grand Jury that pertain to County government matters under the control of the Board.
2. Instruct the Executive Officer of the Board of Supervisors to transmit copies of this report to the Civil Grand Jury upon approval by the Board.
3. Instruct the Executive Officer of the Board of Supervisors to file a copy of this report with the Superior Court upon approval by the Board.

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

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## **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Section 933 (b) of the California Penal Code establishes that the county boards of supervisors shall comment on grand jury findings and recommendations which pertain to county government matters under control of those boards.

On June 30, 2012, the 2011-2012 County of Los Angeles Civil Grand Jury released its Final Report containing findings and recommendations directed to various County and non-County agencies. County department heads have reported back on the Civil Grand Jury recommendations; these responses are attached as the County's official response to the 2011-2012 Civil Grand Jury Final Report.

The recommendations directed to all future Grand Juries have been forwarded to the 2012-2013 Grand Jury for consideration. Recommendations that make reference to non-County agencies have been referred directly by the Grand Jury to those entities.

## **Implementation of Strategic Plan Goals**

These recommendations impact and are consistent with all three of the County Strategic Plan Goals:

- Goal No. 1 - Operational Effectiveness:
  - Maximize the effectiveness of the County's processes, structure, and operations to support timely delivery of customer-oriented and efficient public services.
- Goal No. 2 -Fiscal Sustainability:
  - Strengthen and enhance the County's capacity to sustain essential County services through proactive and prudent fiscal policies and stewardship.
- Goal No. 3 - Integrated Services Delivery:
  - Maximize opportunities to measurably improve client and community outcomes and leverage resources through the continuous integration of health, community, and public safety services.

## **FISCAL IMPACT/FINANCING**

Certain Civil Grand Jury recommendations require additional financing resources. In some cases, financing has been approved by the Board in the current fiscal year's budget. Departments will assess the need for additional funding during the 2013-14 budget cycle, as appropriate.

**FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

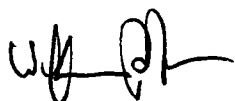
In accordance with California Penal Code Section 933 (b), the following departments have submitted responses to the 2011-2012 County of Los Angeles Civil Grand Jury Final Report:

| <b>ATTACHMENT</b> | <b>DEPARTMENT</b>             |
|-------------------|-------------------------------|
| A                 | Chief Executive Office        |
| B                 | Children and Family Services  |
| C                 | Community and Senior Services |
| D                 | Consumer Affairs              |
| E                 | Coroner                       |
| F                 | Fire                          |
| G                 | Health Services               |
| H                 | Mental Health                 |
| I                 | Office of Education           |
| J                 | Probation                     |
| K                 | Public Health                 |
| L                 | Sheriff                       |

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Not applicable.

Respectfully submitted,



WILLIAM T FUJIOKA  
Chief Executive Officer

WTF:EFS:MKZ  
FC:JH:mr

Attachments (12)

The Honorable Board of Supervisors  
August 28, 2012  
Page 4

c: Sheriff  
Auditor-Controller  
Executive Office, Board of Supervisors  
Community and Senior Services  
Children and Family Services  
Consumer Affairs  
Coroner  
County Counsel  
County Office of Education  
Fire  
Health Services  
Mental Health  
Probation  
Public Health

Attachment A

**Chief Executive Office**



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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WILLIAM T FUJIOKA  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

August 15, 2012

To: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

## 2011-2012 CIVIL GRAND JURY - FINAL REPORT

Attached are this Office's responses to the 2011-2012 Civil Grand Jury Final Report. We are responding to specific recommendations dealing with the following sections:

- Labor Code §4850
- Office of the Coroner
- DCFS and Child Death Mitigation in Los Angeles County
- The Patient Protection and Affordable Care Act – Challenges and Opportunities for Senior Care
- Probation Department

If you have any questions regarding our responses, please contact me, or your staff may contact Martin Zimmerman of this Office at (213) 974-1326, or [mzimmerman@ceo.lacounty.gov](mailto:mzimmerman@ceo.lacounty.gov).

WTF:EFS:MKZ  
FC:JH:ib

Attachment

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RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – Chief Executive Office, Office of Intergovernmental and External Affairs

**SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
LABOR CODE §4850**

**RECOMMENDATION NO. 9**

The Los Angeles County Board of Supervisors should sponsor or support legislation allowing a public jurisdiction to terminate LC 4850 benefits and authorize disability pension benefits when clear and convincing evidence exists that an employee's work-related disability will preclude the worker from ever returning to the performance of his duties.

**RESPONSE:**

The Board of Supervisors is aware of the issues surrounding Labor Code §4850 and will consider the prospect of pursuing legislation as part of the County's 2013 Legislative Agenda.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – Chief Executive Office, Public Safety Cluster

**SUBJECT: 2011-12 GRAND JURY RECOMMENDATIONS FOR  
OFFICE OF THE CORONER**

**RECOMMENDATION NO. 3**

The Los Angeles County Board of Supervisors should begin an immediate search for a replacement of the Chief Medical Examiner prior to the retirement of the current Chief Medical Examiner in 2012.

**RESPONSE**

The Board agrees with this recommendation and the Department of Human Resources is in the process of securing the services of an outside search firm that specializes in this type of unique recruitment. It is anticipated that this position will be recruited and filled within the next several months.



## RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – Chief Executive Office, Children and Families' Well-Being Cluster

### **SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR DCFS AND CHILD DEATH MITIGATION IN LOS ANGELES COUNTY**

#### **RECOMMENDATION NO. 1.2**

The BOS, CEO, and the Director of DCFS should take steps for Los Angeles County to become a national leader in the promotion and perpetuation of children's rights and adopt and maintain a charter for children's rights.

DCFS currently has a children's rights charter specifically for children in its care in the child welfare system, but the County does not have one for all children.

The United States is one of only three countries, including Somalia and South Sudan, which has not joined the international community in supporting the Convention on the Rights of the Child (CRC), an international human rights treaty setting out the civil, political, economic, social, health, and cultural rights of children.

The County of Los Angeles is often known nationwide as a trend-setter and a leader on social issues. Children's rights should be one of these areas. Although the United States has not adopted the CRC, the County of Los Angeles should reaffirm and promote its own child rights charter as an example for the nation. Children's rights to a safe and nurturing upbringing should be a societal commitment.

#### **RESPONSE**

DCFS will meet with leaders of key County departments to develop a plan for a countywide steering committee based on the Katie A. Executive Steering Committee model. That committee has facilitated alignment of programs between the Departments of Health, Mental Health, the Chief Executive Office, and County Counsel and has received state-wide recognition as a model for large-scale system integration and management. Through this committee, it is DCFS' goal that a community of government agencies can come together to develop a common understanding of the role each plays in protecting children. This committee will serve as a forum to hold agencies accountable for monitoring and improving the quality of the service providers they are ultimately responsible for.

#### **RECOMMENDATION NO. 1.2.1**

The Director of DCFS should ensure the County's child rights' charter for children in its care is updated and operational within DCFS.

The updated charter should also include tighter definitions of what constitutes psychological, emotional, or verbal abuse; neglect; and failure to thrive and are consistent with existing penal code definitions. Once tighter definitions and expectations are developed, the BOS will have the ability to lobby for improved legislation. This updated charter will help clarify DCFS' expectations of staff as they carry out their duties.

### **RESPONSE**

DCFS promotes the Foster Youth Bill of Rights that was developed by the California Youth Connection, as statewide organization of youth in foster care system. In addition, the California Code of Regulations, Title 22 requires that any child placed in a foster home or facility is advised of his or her personal rights, and that these rights are posted and accessible to the public.

The countywide Steering Committee discussed in 1.2 (above) will also serve as a committee in which the County of Los Angeles could reaffirm and promote its own child rights charter. We have obtained a copy of convention on the Rights of the Child (CRC) to analyze how to adopt a charter for Los Angeles County Children. We also will discuss the topics as recommended.

### **RECOMMENDATION NO. 1.2.2**

Although DCFS reports directly to the BOS, the BOS should direct the CEO and involved cluster Deputy CEOs to work with DCFS and the other County departments to develop a children's rights charter for the BOS to review, refine, and adopt.

### **RESPONSE**

See response regarding recommendations 1.2, 1.2.1 and 1.6.

### **RECOMMENDATION NO. 1.3**

The BOS should direct the CEO and Director of DCFS to establish objectives to mitigate child deaths in the County-wide Strategic Plan.

The County has a County-wide Strategic Plan that addresses BOS and CEO high priority initiatives often requiring collaboration across two or more County departments. The CEO should establish mitigating child deaths as one of the County's priorities in the next County-wide Strategic Plan update and establish and adopt objectives that address the recommendations in this CGJ investigation.

## **RESPONSE**

DCFS will act in accordance with Board of Supervisors' instructions. In addition, it should be noted that DCFS is currently establishing objectives in its development of departmental strategic plan that will assist in mitigating child deaths.

The countywide Steering Committee as discussed in 1.2 and 1.2.1 (above) will be the forum to establish objectives to mitigate child deaths and incorporate it into the County's Strategic Plan.

## **RECOMMENDATION NO. 1.6**

Under the direction of the BOS, the Office of the CEO should coordinate and monitor the County-wide effort to implement the CGJ recommendations adopted by the BOS and formalize the Child Death Mitigation Task Force.

As indicated earlier, the solutions for mitigating child deaths do not rest solely with DCFS – it takes a community. It will take the concerted efforts of the County and non-County agencies to implement these recommendations. The County should continue to work with County employees and their various unions (e.g., SEIU) to focus on the best interests of the children, even if it means amendments to Memorandum of Understanding (MOUs). As a starting point, the County family should work together in this joint effort to mitigate needless child deaths.

The BOS should direct the CEO to ensure that the Deputy CEOs convene at least quarterly meetings of the County department heads in charge of programs involving children and families, such as DCFS, DPH, DMH, Probation, Coroner, Sheriff, District Attorney, Department of Public Social Services, Community & Senior Services, and Los Angeles County Office of Education (LACOE).

These agencies should focus on the coordinated efforts needed to implement the recommendations in this investigation and take into consideration the input from the Child Death Mitigation Task Force.

The CEO and Director of DCFS should ask the Child Death Mitigation Task Force members to continue to meet and support DCFS. Besides the generation of good ideas, the Task Force has built stronger relationships and opened new lines of communication among the agencies. The Child Death Mitigation Task Force should meet at least twice a year to:

- Support and monitor progress made in implementing the CGJ recommendations
- Share their perspectives on child death mitigation strategies
- Develop new ideas, policies, and approaches to mitigate child deaths

- Continue the dialogue to keep the communication lines open and increase understanding and empathy for the various stakeholders
- Provide input as new issues arises and on new corrective action needed

## **RESPONSE**

DCFS will act in accordance with Board of Supervisors' instructions. Further, DCFS is planning a meeting with the leaders of key County departments as discussed in 1.2 and 1.2.1. Again, it is through this committee that a community of government agencies can come together to develop a Child Molestation Task Force.

## RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – Chief Executive Office, Health and Mental Health Cluster / Children and Families' Well-Being Cluster

**SUBJECT: 2011-12 GRAND JURY RECOMMENDATIONS FOR  
THE PATIENT PROTECTION AND AFFORDABLE CARE ACT -  
CHALLENGES AND OPPORTUNITIES FOR SENIOR CARE**

### **RECOMMENDATION NO. 1**

The Los Angeles County Chief Executive Officer should initiate a meeting with the Department of Health Services (DHS) and the Department of Community and Senior Services (CSS) and other community based services for seniors, to examine services in light of the Patient Protection Affordable Care Act (ACA), and propose an overall strategy to the Board of Supervisors to enhance collaboration and cooperation between the many county entities that serve seniors. While the focus of the ACA is related to health issues, the goal of comprehensive health care for seniors involves the range of services represented in the Seamless Senior Services Initiative (S3). There is an opportunity at this time as the DHS is planning for implementation of the ACA to make LA County a national leader in senior health care.

### **RESPONSE**

While the ACA's expanded health coverage applies to individuals 18 to 64 years of age, the CEO agrees that the three ACA concepts identified by the Civil Grand Jury are critical for health care provided to seniors, and are key elements of the Dual Eligible Demonstration Project. The CEO has already initiated meetings between DHS and CSS, and other affected County departments, in regard to working on the Dual Eligible pilot. Coordinating these services under the Dual Eligible Demonstration Project is the most efficient way to develop an overall strategy of enhancing the collaboration and cooperation between the many entities that serve seniors, as this will ensure that the strategy is in line with the State and Center for Medicare and Medicaid Services directions in regard to how funding will be provided to this population in the future, in concert with the ACA.

### **RECOMMENDATION NO. 2**

The Los Angeles County Board of Supervisors should take advantage of the California Dual Eligible Pilot Project for those dually eligible for Medicare and Medi-Cal. The CEO office, DHS and all other related departments should take necessary steps to support inclusion of Los Angeles County by the State of California in the initial project.

### **RESPONSE**

This has been completed. Both L.A. Care Health Plan and Health Net were selected to participate as an integrated health plan in the Dual Eligible Demonstration Project in Los Angeles County. The CEO, DHS, Department of Mental Health (DMH), CSS, and other County departments are working with L.A. Care Health Plan and Health Net in workgroups that have been set up to implement the Dual Eligible Demonstration Project in Los Angeles County.

#### **RECOMMENDATION NO. 4**

The Los Angeles County Chief Executive Officer should promote the integration of information technology systems related to senior services, including the Enterprise Health Record (EHR), and the Enterprise Master Person Index (EMPI) in consultation with CSS, DMH, DPH, IHSS services.

#### **RESPONSE**

The County has a Core Working Group (CWG) whose goal is to work on a shared information technology vision and strategy for our County departments. DHS, DMH, Department of Public Health, and other County departments are participating in this workgroup. The CEO will ensure that CSS and DPSS, for their IHSS role, participate in this workgroup. The County is also participating in the Los Angeles Network for Enhanced Services (LANES) Health Data Highway Project (HDHP) that intends to establish the information technology infrastructure for a health information exchange (HIE) in Los Angeles County to facilitate the sharing of health information among health care providers. In the future, the County's various information systems, such as the County's EMPI, DHS' EHR, and DMH's EHR, will be integrated with the LANES HIE. Further, L.A. Care Health Plan is a participant in the LANES HDHP and is planning to utilize the LANES HIE for the exchange of patient data as part of the Dual Eligible Demonstration Project.

## RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – Chief Executive Office Public Safety Cluster

### **SUBJECT: 2011-12 GRAND JURY RECOMMENDATIONS FOR PROBATION DEPARTMENT**

#### **RECOMMENDATION NO. 1**

The Los Angeles County Board of Supervisors should lift the hiring freeze for the Probation Department and authorize the hiring of additional Deputy Probation Officers (DPO) to work with probationers released to the County in order to limit the caseloads on each DPO.

#### **RECOMMENDATION NO. 2**

The Los Angeles County Probation Department should assign veteran and experienced Deputy Probation Officers at each Probation HUB whose sole responsibility is to monitor and supervise the incoming N3 probationers from the State prisons.

#### **RESPONSE**

Effective October 1, 2011, the Public Safety Realignment Act of 2011 (AB109) transferred responsibility for the custody, parole supervision, treatment/support services, and revocation of individuals (whose last conviction was a non-serious, non-violent, and non-sex offense) from the State to the counties. As of June 30, 2012, the Probation Department is: a) directly supervising 7,719 Post-Release Supervised Persons (PSP) who were released from State prisons and orientated at the Probation HUBs; and b) monitoring the status of 1,386 PSPs who were transferred to the custody of another local or Federal law enforcement agency but remain the responsibility of Los Angeles County. The Probation Department's supervision and custody monitoring of these 9,105 PSPs exceeds the State's estimate of 8,424 PSPs for FY 2011-12.

We concur with the Civil Grand Jury's recommendations that experienced Deputy Probation Officers (DPO) would be ideal for the supervision of this population and caseload size should be limited. However, there are logistical issues that remain to be resolved.

The Probation Department is currently authorized to hire 223 DPOs for pre-release screening, multi-disciplinary assessments and orientations at six local first contact "HUBs," and the subsequent ongoing case management and supervision at their field offices. Probation continues to actively recruit, screen and transfer experienced DPOs from within their bureaus and promote qualified DPOs from their juvenile camp system to fill these critical AB109 positions. However, this process is taking longer than

anticipated, due in part to: 1) the potential risks with transferring veteran DPOs en masse which could create a “brain-drain” cascade that adversely affects the active supervision and programming of the Probation Department’s other 18,000 juvenile and 46,700 adult probationers; 2) a bid process mandated by their union MOU; and 3) recruitment difficulties resulting from the temporary classification of AB109 positions (the last issue has subsequently been resolved with the Board of Supervisors’ authorization to convert AB109 positions to permanent classifications effective June 27, 2012).

The Probation Department currently has a PSP-to-DPO staffing ratio that ranges from 50:1 (high risk) to 100:1 (low risk) with “risk” based on the PSP’s risk to recidivate assessment score. Although this AB109 caseload model is significantly smaller than the average general probationer caseload, the Probation Department is proposing to enhance their staffing ratio to incorporate their first year of experience in which they had a higher than initially anticipated number PSPs who were assessed as high risk (64 percent of the population), had serious/violent/sex offense histories, and/or presented with severe mental health issues.

The Chief Executive Office is currently reviewing their FY 2012-13 budget proposal which will significantly increase the number of field supervision DPOs. The Board of Supervisors continues to be fully engaged with the evolution of public safety realignment as well as fully supportive of the necessary staffing, programming, and coordination between County departments, local law enforcement, and community stakeholders to successfully implement AB109 and safeguard communities.

The Board of Supervisors, however, also recognizes that the County must be fiscally prudent during these difficult economic times, and as a result, has reaffirmed the hard-hiring freeze during each fiscal year. In an effort to relieve the administrative burden of the hiring freeze process on County departments, CEO approval is not needed for positions on the Exempt Position List as well as those that are 100 percent revenue-offset. Public Safety Realignment positions would fall within this category. However, if a department projects a year-end deficit, the CEO’s hiring freeze guidelines must be followed.



## Attachment B

# **Children and Family Services**



County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020  
(213) 351-5602

PHILIP L. BROWNING  
Director

Board of Supervisors  
GLORIA MOLINA  
First District  
MARK RIDLEY-THOMAS  
Second District  
ZEV YAROSLAVSKY  
Third District  
DON KNABE  
Fourth District  
MICHAEL D. ANTONOVICH  
Fifth District

August 28, 2012

To: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: Philip L. Browning, Director 

**RESPONSE TO THE 2011-2012 LOS ANGELES COUNTY CIVIL GRAND JURY  
RECOMMENDATIONS**

Enclosed please find the Department of Children and Family Services (DCFS) responses to each of the Civil Grand Jury's recommendations for year 2011-2012. The responses to the recommendations have been prepared per the following Civil Grand Jury report section topics: (1) Aging-Out Transitional Age Youth (TAY), (2) Identity Theft, (3) Expanding Hub Clinics, (4) Child Death Mitigation, and (5) DCFS Review of prior recommendations for years 2006-2007, 2007-2008, 2008-2009, and 2009-2010.

If you have any questions, please call me or your staff may call Aldo Marin, Manager, DCFS Board Relations Section, at (213) 351-5530.

PB:HB

c: Executive Officer, Board of Supervisors  
Chief Executive Officer  
County Counsel  
Department of Mental Health  
Department of Health Services  
Department of Public Health  
Department of Coroner  
Probation Department

Enclosures

*"To Enrich Lives Through Effective and Caring Service"*

RECOMMENDATIONS TO THE 2011-2012 GRAND JURY REPORT

| APPLICABLE SECTION  | LEAD(S)                                | RECOMMENDATION NUMBER(S)   | PAGE NUMBER(S) |
|---|--|--|----------------|
| Aging-Out of the Foster Care System<br>Transitional Age Youth (TAY)                           | Children and Family Services<br>(DCFS) | 5  | 161-174        |
| Identity Theft for Foster Children  | DCFS                                   | 1  | 307-333        |
| Expanding the Role of the Hub<br>Clinics At Risk Children (0-5) and<br>Vulnerable Youth (18+) | DCFS                                   | 1.1-1.4, 1.6, 2.1, 3.1-3.6, 4.2,<br>4.4, 5.1, 5.3-5.6  | 247-306        |
| DCFS and Child Death Mitigation in<br>Los Angeles County                                      | DCFS                                   | 1.1-1.6, 2.1-2.10,<br>3.1-3.6, 4.1-4.5, 5.1-5.6  | 175-213        |
| Review of DCFS Responses to Prior<br>CGJ Recommendations                                      | DCFS                                   | <u>2006-07</u> : 1.3, 2.1, 3.1-3.2, 3.7,<br>4.1, 4.4, 6.1, 6.3-6.4, 9.9.1<br><u>2007-08</u> : 1f, 2, 2b, 3, 3d, 4a,<br>5, 5a-5c, 6, 7<br><u>2008-09</u> : 1, 3.1-3.2, 3.3.1, 4.2,<br>4.3.1-4.3.4, 4.4, 6.1, 7.1.1, 7.2<br><u>2009-10</u> : 1, 2, 8 | 351-375        |

## **Aging-Out Transitional Age Youth (TAY)**

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR AGING-OUT TAY

RECOMMENDATION NO. 5

The Department of Children and Family Services Youth Development Services Division, Independent Living Program reorganize the Emancipation Resource Directory to a more user-friendly document with the contact information for DCA listed as one of the first contacts in the directory, and that physical copies be bound for easy access and use by TAYs.

RESPONSE

The Department agrees with this recommendation and will complete this recommendation by January 1, 2013.

# Identity Theft

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR IDENTITY THEFT

RECOMMENDATION NO. 1

The Director of DCFS should immediately instruct the managers and personnel to place the foster child's name, date of birth and SSN into all three CRBs and immediately suppress these records as soon as the child becomes a ward of the DCFS. Foster children would be better served and protected from identify theft if their identifying information was immediately entered into CRB files as soon as they become wards of DCFS and these credit records were suppressed at the same time.

RESPONSE

The Department is in agreement that every foster youth should leave the child welfare system with their credit record intact. However, the Department proposes the following method to accomplish this goal. As of May 2012, DCFS entered into a MOU with Department of Consumer Affairs (DCA) to work directly with the three CRBs to run and clear the records of all foster youth who turn 16 years of age and once again before they turn age 17 ½. The records to be cleared for these youth come from the Department's Business Information Systems (BIS) Division where the information from the CWS/CMS system is collected and then sent to a secured website for the CRBs to run the credit reports on each youth. Every foster youth record which shows a "hit" on their credit record is then sent back to the secured website for DCA to provide the remedial services to clear the records.

## **Expanding Hub Clinics**



RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR EXPANDING HUB CLINIC

The Model Medical Hub Clinic

RECOMMENDATION NO. 1.1

The Directors of the Department of Health Services and Children and Family Services should consider amending their Memorandum of Understanding (MOU) to mandate coordination and oversight of the provision of mental health services (onsite or offsite of the Hub Clinics) for foster youth under the jurisdiction of DCFS.

RESPONSE

The recommendation requires further analysis between the Department of Children and Family Services, Department of Health Services, and Department of Mental Health. The target date for completion of analysis is January 2013. Currently there are mental health services provided at some of the Medical Hub Clinics.

RECOMMENDATION NO. 1.2

The Directors of the Department of Health Services and Children and Family Services should also consider amending their MOU to strongly encourage provision of ongoing primary care services at the Hub Clinics for high risk populations such as children between the ages of 0-5, non-detained youth who remain with their families while under DCFS jurisdiction, medically fragile Transition Age Youth 18 or older, or those with multiple placements.

RESPONSE

The recommendation requires further analysis between the Department of Children and Family Services and Department of Health Services. The target date for completion of analysis is January 2013. Currently the Medical Hub Clinics serve children considered to be high risk. As for the non-detained youth who remain with their families while under DCFS jurisdiction, the Medical Hub Clinics provide services as their capacity permits.

RECOMMENDATION NO. 1.3

The Directors of the Department of Health Services and Children and Family Services should also consider amending their MOU to mandate that the Hub Clinics serve as a “medical home” to youth under the jurisdiction of DCFS for ongoing medical services. If that is not feasible for their caregivers, have their medical care provided by a community provider, overseen by DCFS and the court. CSWs should be responsible for ensuring that each child continually has a medical home while under the jurisdiction of DCFS, whether being seen at a Hub Clinic or by a community provider, and that a medical home is maintained every time the child has a placement change.

RESPONSE

Partially implemented in regards to children in out-of-home care who have a community provider that provides medical care while under the jurisdiction of DCFS. Further analysis is required to ensure that a medical home is maintained every time the child has a placement change.

Not yet implemented in regards to the Hub Clinics serving as a medical home. A medical home pilot will be implemented at one of the Medical Hub Clinics during calendar year 2013.

RECOMMENDATION NO. 1.4

The Directors of the Department of Health Services and Children and Family Services should refer non-detained youth to a “medical home” at the Hub Clinics for ongoing medical services, to the extent feasible.

RESPONSE

Requires further analysis between the Department of Children and Family Services and the Department of Health Services to be completed by January 2013.

RECOMMENDATION NO. 1.6

The Directors of the Department of Health Services and Children and Family Services should support the expansion of the Children’s Medical Village at LAC+USC to provide comprehensive medical and mental health services to non-detained youth and Transition Age Youth.

RESPONSE

Requires further analysis between the Department of Children and Family Services and the Department of Health Services to be completed by January 2013.

## Standardizing the Hub Clinics

### RECOMMENDATION NO. 2.1

The Directors of the Department of Health Services and Children and Family Services should collaborate and establish staffing, resource, service level, and cost per patient visit standards for the Hub Clinics to ensure that the same mix and level of services are provided to all youth under the jurisdiction of DCFS.

### RESPONSE

The Department of Health Services has taken the lead on this recommendation. To date, progress is being achieved.

## DCFS Accountability

### RECOMMENDATION NO. 3.1

The Director of the Department of Children and Family Services should enforce the department's mandate for the utilization of Hub Clinics by revising the policies and procedures related to referrals to Hub Clinics and follow up for medical and mental health linkages.

### RESPONSE

Implemented by the Department of Children and Family Services in July 2012.

### RECOMMENDATION NO. 3.2

The Director of the Department of Children and Family Services should require the DCFS managers at the regional offices to 1) use management reports, 2) hold individual supervisors and CSWs accountable for making Hub Clinic referrals, 3) follow up on missed appointments and 4) troubleshoot and problem-solve for youth that consistently miss Hub Clinic and mental health appointments. These duties would include identifying miscommunication or the lack of information transfer among different CSWs assigned to the same case at multiple points in time.

### RESPONSE

Through the interface with the Department of Health Services' E-mHUB web based system that was implemented in April 2011, DCFS subsequently implemented a tracking report to assist with holding individual supervisors and CSWs accountable for making Hub Clinic referrals. In the future management reports may be implemented to further assist in this regard. The recently revised DCFS Procedural Guide on utilization of the Medical Hubs directs CSWs to address missed appointments.

### RECOMMENDATION NO. 3.3

The Directors of the Department of Children and Family Services and Mental Health should collaborate on a system that refers none-detained youth remaining in their family homes and their parents to outpatient mental health services for a period of six months after the date they enter into the child welfare system.

### RESPONSE

Requires further analysis between the Department of Children and Family Services and Department of Mental Health to be completed by January 2013.

### RECOMMENDATION NO. 3.4

The Director of the Department of Children and Family Services should modify the department's current Title IV-E waiver plan, or apply any new waiver funds, to enable expansion of Hub Clinics services for non-detained youth who live in their family homes.

### RESPONSE

Requires further analysis to be completed by January 2013.

### RECOMMENDATION NO. 3.5

The Directors of the Department of Children and Family Services and Health Services should collaborate on the assignment of co-locate Public Health Nurses (PHNs) or Children's Social Workers (CSWs) at every Hub Clinic to specifically follow up on missed appointments and referrals for specialized services (medical and mental). A strong emphasis and priority should be placed on non-detained youth who miss their Forensic Evaluations. When extended hours are an option at the Hub Clinic, the PHNs or CSWs should work during evening hours to conduct most of the follow-ups to increase the probability of reaching caretakers.

### RESPONSE

Implemented for CSWs as of May 2012. This includes two after hour CSWs at LAC+USC Medical Center which is a 24 hour operation.

Partially implemented for PHNs. On December 2011, the Board of Supervisors approved funding through Title IV-E Reinvestment Savings to implement a one year pilot to out-station CSWs and PHNs at each of the Medical Hubs. The Department is in the process of canvassing, interviewing and selecting temporary Public Health Nurses (PHNs) that will be out-stationed at the Hubs as part of the one-year pilot. The Department will continue with the process of interviewing, selecting and hiring PHNs who are willing and available to work temporarily at the Hubs.

### RECOMMENDATION NO. 3.6

The Directors of the Department of Children and Family Services and Health Services should promote the use of Hub Clinics as medical homes for children under the jurisdiction of DCFS by providing education to CSWs to communicate this information to caregivers.

### RESPONSE

Requires further analysis between the Department of Children and Family Services and the Department of Health Services to be completed by January 2013. The Department of Health Services is moving forward to implement a medical home pilot at one of the Medical Hubs during calendar year 2013.

### Mental Health Services Through DMH

### RECOMMENDATION NO. 4.2

The Directors of the Departments of Health Services, Children and Family Services, and Mental Health, with input from MAT Providers and Hub Clinic staff, should develop a structure that better integrates the MAT Assessment Process and ongoing mental health services conducted by MAT Providers and Initial Medical Examinations conducted at Hub Clinics. Similar to these processes at LAC+USC and Children's Hospital, in-depth mental health screening should be conducted in conjunction with Initial Medical Examinations, and ongoing mental health services should be coordinated with Hub Clinic medical care.

### RESPONSE

Requires further analysis between the Department of Children and Family Services, Department of Health Services and Department of Mental Health to be completed by January 2013.

### RECOMMENDATION NO. 4.4

The Director of the Department of Children and Family Services should revise department policies to require PHNs to attend MAT Assessment meetings, particularly those co-located at Hub Clinics that are not already contracted by DMH to be MAT Providers.

### RESPONSE

Implemented on April 9, 2012. PHNs are invited to attend MAT Assessment meetings involving children with medical problems.

Transition Age Youth Services

RECOMMENDATION NO. 5.1

The Director of the Department of Children and Family Services should require that CSWs refer Transition Age Youth to Adult Protective Services, where appropriate, if they are about to be emancipated from the jurisdiction of DCFS.

RESPONSE

This particular area of concern, as noted in the Civil Grand Jury's Final Report, relates primarily to those youth who are now eligible to remain under DCFS jurisdiction under Assembly Bill 12 as of January 1, 2012, as legal young adults and as Non-Minor Dependents. DCFS is currently developing policies and protocols by which Community Senior Services' Adult Protective Services Division will need to be contacted by CSWs on behalf of those Transition Age Youth 18 years of age or older who are in need of such services (allegations of adult/caregiver abuse). Target date for completion of policies and procedures is January 1, 2013.

RECOMMENDATION NO. 5.3

The Director of the Department of Children and Family Services should strongly encourage DCFS youth 18 years old and older with complex mental health needs to go the Children's Hospital for mental health services or the other Hub Clinics to the extent they begin to offer age-appropriate services similar to those offered at the Children's Hospital clinic.

RESPONSE

This recommendation requires further analysis between the Department of Children and Family Services, Department of Health Services, Department of Mental Health, and Children's Hospital Los Angeles to be completed by January 2013.

RECOMMENDATION NO. 5.4

The Directors of the Departments of Children and Family Services, Health Services, and Mental Health should collaborate to identify funding resources and provide transportation services for DCFS youth 18 years old and older with complex medical and mental health needs to obtain such needed services.

RESPONSE

Requires further analysis between the Department of Children and Family Services and Department of Mental Health to be completed by January 2013.

#### RECOMMENDATION NO. 5.5

The Directors of the Departments of Children and Family Services and Health Services should identify resources, possibly including reallocating already approved Title IV-E waiver funds, for LAC+USC to expand its Children's Medical Village to include medical services for Transition Age Youth, which would require staffing the Children's Medical Village with providers that have both pediatrics and adult medicine training, as well as access to Adult Protective Services social workers.

#### RESPONSE

This recommendation requires further analysis between the Department of Children and Family Services and Department of Health Services to be completed by January 2013.

#### RECOMMENDATION NO. 5.6

The Directors of the Departments of Children and Family Services and Health Services should provide additional training to current medical providers at the Hub Clinics to better identify medical and mental health needs of Transition Age Youth, and ensure linkages to specialized adolescent medicine and mental health, in order to provide age appropriate services for youth with expanded foster care services under AB 12.

#### RESPONSE

This recommendation requires further analysis between the Department of Children and Family Services, Department of Health Services, and Department of Mental Health to be completed by January 2013.

## **Child Death Mitigation**



RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – **DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS RE: CHILD DEATH MITIGATION

Strategic Directions

RECOMMENDATION NO. 1.1

It takes a community. The Director of DCFS should incorporate in the new departmental strategic plan the philosophy that: “It takes a community to mitigate the number of child deaths.”

DCFS must look both inside and outside of the organization to identify, coordinate, and collaborate with its sister agencies and community partners to build an effective child protection system. The Task Force was particularly supportive of more effective collaboration, building on the DMH model of “It Takes a Community” to mitigate the number of child deaths in the Los Angeles County.

Most child deaths are, directly or indirectly, the result of ignorance or poor parenting that is often rooted in drug addiction, mental instability, and domestic violence. Reducing the numbers of deaths will take a coordinated effort by:

- The Los Angeles County departments and agencies involved with children
- Police departments in other jurisdictions
- Mandated reporters (e.g., physicians, educators, sworn officers)
- State and Federal legislative and oversight agencies
- Community at large

They will need to:

- Collaborate closely to identify high-risk situations
- Implement effective interventions in these high-risk situations
- Follow up to ensure the interventions are working or make appropriate course corrections

These three priorities seem straight-forward, but they are often complicated because of conflicting protocols, limited communication, and poor coordination of efforts. The following recommendations seek to address these areas through a collaborative approach by applying the conceptual model of “It Takes a Community” and represent changes that have the best chance cumulatively to result in a reduction of child deaths.

## RESPONSE

Agree – Not yet implemented. The notion of “It takes a community” is reflected in the DCFS’ newly adopted Vision Statement, “Children Thrive in Safe Families and Supportive Communities.” However, we agree that we need to continue collaborating with the community around children in Los Angeles County.

To begin addressing this issue, we have recently assigned Executive Team managers to serve as liaisons with other partnering agencies such as Department of Mental Health (DMH), Department of Health Services (DHS), Probation, County Counsel, Department of Public Health (DPH), Law Enforcement, Court system and Education. We have also enhanced relationships with the Kinship Providers such as “Grandparents as Parents” by entering into Memorandum of Understandings (MOUs) that identify expectations.

In the DCFS’ developing strategic plan, DCFS leadership has identified a “Partnerships and Collaborations” strategy, which will focus on efforts to foster community service programs on behalf of children and families. While, as currently titled, the Strategic Plan’s strategy specifically addresses community service programs, and proposed objectives will include efforts to work with additional public and private partners and stakeholders.

The DCFS’ will also continue seeking opportunities to increase its presence in the community via the provision of education, information and the provision of resources for families in high- risk areas. An example of such includes a pilot that was initiated via the coordination of an Assistant Regional Administrator (ARA) in the Vermont Corridor Office, whereby Children Social Workers (CSWs) volunteered to conduct presentations in four to five housing projects in South Los Angeles to provide information on Infant Safe Sleeping. The staff also raffled off infant care packages and a bassinet to parents who attend the presentation that were donated by area retailers. The staff’s ability to gain access to the families and utilize the facilities to conduct the events was supported by Los Angeles Police Department (LAPD) and the Housing Authority via collaboration. Such efforts help mitigate risk in high-risk communities.

## RECOMMENDATION NO. 1.2

Child rights. The BOS, CEO, and the Director of DCFS should take steps for Los Angeles County to become a national leader in the promotion and perpetuation of children’s rights and adopt and maintain a charter for children’s rights.

DCFS currently has a children’s rights charter specifically for children in its care in the child welfare system, but the County does not have one for all children.

The United States is one of only three countries, including Somalia and South Sudan, which has not joined the international community in supporting the Convention on the Rights of the Child (CRC), an international human rights treaty setting out the civil, political, economic, social, health, and cultural rights of children.

The County of Los Angeles is often known nationwide as a trend-setter and a leader on social issues. Children's rights should be one of these areas. Although the United States has not adopted the CRC, the County of Los Angeles should reaffirm and promote its own child rights charter as an example for the nation. Children's rights to a safe and nurturing upbringing should be a societal commitment.

#### RESPONSE

Agree – Not yet implemented. We will meet with leaders of key county departments to develop a plan for a countywide steering committee based on the Katie A. Executive Steering Committee model. That committee has facilitated alignment of programs between the Departments of Health, Mental Health, the Chief Executive Office, and County Counsel and has received state-wide recognition as a model for large-scale system integration and management. Through this committee it is DCFS' goal that a community of government agencies can come together to develop a common understanding of the role each plays in protecting children. This committee will serve as a forum to hold agencies accountable for monitoring and improving the quality of the service providers they are ultimately responsible for.

#### RECOMMENDATION NO. 1.2.1

The Director of DCFS should ensure the County's child rights' charter for children in its care is updated and operational within DCFS.

The updated charter should also include tighter definitions of what constitutes psychological, emotional, or verbal abuse; neglect; and failure to thrive and are consistent with existing penal code definitions. Once tighter definitions and expectations are developed, the BOS will have the ability to lobby for improved legislation. This updated charter will help clarify DCFS' expectations of staff as they carry out their duties.

#### RESPONSE

Agree – Not yet implemented. DCFS promotes the Foster Youth Bill of Rights that was developed by the California Youth Connection, as statewide organization of youth in foster care system. In addition, the California Code of Regulations, Title 22 requires that any child placed in a foster home or facility is advised of his or her personal rights, and that these rights are posted and accessible to the public.

The County-wide Steering Committee discussed in 1.2 (above) will also serve as a committee in which the County of Los Angeles could reaffirm and promote its own child rights charter. We have obtained a copy of convention on the Rights of the Child (CRC) to analyze how to adopt a charter for Los Angeles County Children. We also will discuss the topics as recommended.

### RECOMMENDATION NO. 1.2.2

Although DCFS reports directly to the BOS, the BOS should direct the CEO and involved cluster Deputy CEOs to work with DCFS and the other County departments to develop a children's rights charter for the BOS to review, refine, and adopt.

### RESPONSE

Agree – Not yet Implemented. See response regarding recommendations 1.2, 1.2.1 and 1.6.

### RECOMMENDATION NO. 1.3

A County priority. The BOS should direct the CEO and Director of DCFS to establish objectives to mitigate child deaths in the County-wide Strategic Plan.

The County has a County-wide Strategic Plan that addresses BOS and CEO high priority initiatives often requiring collaboration across two or more County departments. The CEO should establish mitigating child deaths as one of the County's priorities in the next County-wide Strategic Plan update and establish and adopt objectives that address the recommendations in this CGJ investigation.

### RESPONSE

Agree – Not yet implemented. DCFS will act in accordance with Board of Supervisors instruction. In addition, it should be noted that DCFS is currently establishing objectives in its developing departmental strategic plan that will assist in mitigating child deaths.

The County-wide Steering Committee as discussed in 1.2 and 1.2.1 (above) will be the forum to establish objectives to mitigate child deaths and incorporate it into the County-wide Strategic Plan.

### RECOMMENDATION NO. 1.4

Mandated reporting. The Director of DCFS, working with law enforcement, should provide the BOS with a comprehensive strategy to improve mandated reporting in Los Angeles County.

Rates of mandated reporting by reporting class vary throughout Los Angeles County, suggesting a widespread lack of compliance. There have been few prosecutions for non-reporting. Although the County has no direct control or means to enforce compliance, the County can work with the licensing agencies and certification boards to heighten their awareness and encourage them to:

- Provide more training with remedial training programs on mandated reporting requirements, indicators, and process
- Issue regular updates on issues and communication with mandated reporters

- Share the results of the cases, within the confidentiality requirements, with the mandated reporters to reinforce their involvement and commitment to the protection of children

The County can also approach the State legislature to add new categories of mandated reporters to ensure more high-risk situations are identified.

#### RESPONSE

Agree – Not yet implemented. Each DCFS Regional Office will be responsible for coordinating and hosting three (3) open houses on a semi-annual basis (at least). The event planning will include invitations to local law enforcement (LE), hospitals, school districts and community agencies that are common sources of referrals to the Department. The event will be a collaborative between the regional operation, Emergency Response Command Post (ERCP) and Hotline staff. Efforts will also be made to coordinate the event as a collaborative effort between DCFS, the District Attorney, Coroner, Health Services, local hospitals and schools. The event will serve as a collaborative opportunity to reinforce the mandated reporting laws and critical nature of being in compliance with the law.

Child Protection Hotline staff will continue to provide training on Mandated Reporting to large groups in the community on a flow basis.

The DCFS' training section will continue to provide training on Mandated Reporting, as requested by the community.

County Counsel and the DCFS LE Liaison will continue to provide mandated reporting training to the LAPD Juvenile Procedures School. The DCFS/LE MOU contemplates that co-located CSWs would train LE officers/deputies at local offices and stations. The Department will implement a countywide effort to improve training on mandated reporting for law enforcement.

#### RECOMMENDATION NO. 1.5

Inadequate family support services in some County regions. The Director of DCFS should evaluate the variations in resources available to families by region and propose a strategy, for BOS approval, that would ensure underserved areas are brought up to minimum acceptable levels.

The current system requires effective family support if family maintenance and reunification is to be successful. Some local variation is probably a good thing to deal with the unique conditions of the region, but it is inappropriate for service levels and quality to vary dramatically from one part of the County to another.

#### RESPONSE

Agree – Not yet implemented. DCFS has worked with the CEO and the Casey Foundation to develop the Promoting Safe Child and Strong Family (PSSF) with the

goal of moving to performance based contract. The PSSF Redesign includes a provision to expand prevention services using Family Support funding and ensuring that funds are more available across the County through the use of community resource centers that can serve as a referral source for schools, LE, hospitals, the community at large as walk-ins, as well as other County departments such as Probation and Mental Health.

The Community Family Resource Centers will address the issue of resources in underserved communities in a number of ways. First, the allocations for funding will be based on the number of referrals and caseload sizes of each DCFS region. Underserved offices will justify larger percentages of the dollars. Further, in the new Promoting Safe and Stable Families redesign, a continuum of services has been developed to address the needs of children and families all throughout the service delivery continuum. The continuum suggests, "There is no wrong door for families." Whether a family is at the front-end of the DCFS system or in Continuous Services, resources will be available. The redesign consists of prevention services for families whether they are known to DCFS or whether they have never had contact with DCFS but may be in need of services. The components of the redesign are: prevention, assessment and intervention, adoptions services, and After Care services for families exiting the DCFS system. Whether referrals are evaluated out, deemed unfounded or inconclusive, or even substantiated and a case is opened, this continuum will provide resources and services to children and families.

#### RECOMMENDATION NO. 1.6

Implementation of the recommendation of this CGJ investigation. Under the direction of the BOS, the Office of the CEO should coordinate and monitor the County-wide effort to implement the CGJ recommendations adopted by the BOS and formalize the Child Death Mitigation Task Force.

As indicated earlier, the solutions for mitigating child deaths do not rest solely with DCFS – it takes a community. It will take the concerted efforts of the County and non-County agencies to implement these recommendations. The County should continue to work with County employees and their various unions (e.g., SEIU) to focus on the best interests of the children, even if it means amendments to Memorandum of Understanding (MOUs). As a starting point, the County family should work together in this joint effort to mitigate needless child deaths.

The BOS should direct the CEO to ensure that the Deputy CEOs convene at least quarterly meetings of the County department heads in charge of programs involving children and families, such as DCFS, DPH, DMH, Probation, Coroner, Sheriff, District Attorney, Department of Public Social Services, Community & Senior Services, and Los Angeles County Office of Education (LACOE).

These agencies should focus on the coordinated efforts needed to implement the recommendations in this investigation and take into consideration the input from the Child Death Mitigation Task Force.

The CEO and Director of DCFS should ask the Child Death Mitigation Task Force members to continue to meet and support DCFS. Besides the generation of good ideas, the Task Force has built stronger relationships and opened new lines of communication among the agencies. The Child Death Mitigation Task Force should meet at least twice a year to:

- Support and monitor progress made in implementing the CGJ recommendations
- Share their perspectives on child death mitigation strategies
- Develop new ideas, policies, and approaches to mitigate child deaths
- Continue the dialogue to keep the communication lines open and increase understanding and empathy for the various stakeholders
- Provide input as new issues arise and on new corrective action needed

## RESPONSE

Agree – Not yet implemented. DCFS will act in accordance with Board of Supervisor's instruction. Further DCFS is planning a meeting with the leaders of key county departments as discussed in 1.2 and 1.2.1. Again, it is through this committee that a community of government agencies can come together to develop a Child Molestation Task Force.

## Policies and Procedures

### RECOMMENDATION NO. 2.1

Refined decision-making tools. The Director of DCFS should work with the SDM® assessment tools. The CGJ was advised by staff that there are a number of areas that need to be updated and improved to provide more accurate assessments.

## RESPONSE

Agree – Not yet implemented. In February 2012, the Director surveyed all CSWs asking for recommendations to improve the SDM tools. The recommendations were forwarded to the SDM vendor for inclusion into the annual SDM meeting in Sacramento. Each year, at the annual SDM meeting all recommendations from the SDM counties are reviewed by county representatives and those that are approved are incorporated into the tools. In April 2012, 15 changes were discussed and subsequently approved at the SDM state-wide SDM counties meeting. This meeting included representatives from SDM counties and the California Department of Social Services (CDSS). There were several changes to the SDM online policy and procedures manual to address the enhancement of child safety. The Hotline tool received five changes to definitions and language to clarify dealing with non-minor dependent youth. The Risk Assessment had three enhancements to improve a definition, update to the wording of one of the items and add a new item to assess. The Family Strengths and Needs Assessment tool was enhanced to better assess youth in out-of-home care and in life skills development. There were additional changes to the SDM application to make it more user-friendly and intuitive.

Nevertheless, we are also considering working with various vendors to explore the use of Predictive Analytics and data mining techniques to enhance the risk assessment of new referrals. More analysis is needed to verify the reliability and consistency of these new research tools. DCFS is hopeful that progress can be made to utilize new data mining software to enhance referral assessments.

## RECOMMENDATION NO. 2.2

Policy simplification. The Director of DCFS should implement a comprehensive review of departmental policies with goals of strengthening, clarifying, simplifying, organizing, and reducing the number of policies. DCFS should provide the following types of information as part of the updated policies:

- User-friendly reference manuals with check lists and indexes to find policy information quickly
- “Roadmaps” that provide a clear way to navigate available resources and how to access those resources
- Contact information for internal and external support for front line staff

Simplification and clear communication of the policies and their relative priority will help produce more consistent performance across the organization. Removing the uncertainty and confusion will also improve both morale and performance.

## RESPONSE

Agree – Not yet implemented. DCFS’ Policy Section in collaboration with the Business Information Systems (BIS) Division has developed a new user-friendly Policy Web Page. Some of the new features of the web page include an enhanced search function to retrieve policies and forms. Procedural Guides will now have hyperlinks to relevant forms and related Procedural Guides. Phase one of this project is the Child Welfare Services (CWS) Handbook. The Clerical, Eligibility Handbooks, Management Directives and FYIs will also be converted to the new web page. Another feature of the new Policy Web Page will allow staff to select the entire Procedural Guide or only portions of the Procedural Guide. It is anticipated that the new Policy Web Page will be released by October 2012.

Additionally, the Director has been in discussions with Casey Family Programs, SEIU 721, and other groups to fund and identify resources capable of a complete re-write to DCFS’ policy manual. This initiative will result in an entirely new body of policy, more clearly highlighting child safety and practice over administrative procedure, and it will also provide an important window of opportunity to move staff away from compliance driven-work and towards work based on sound judgment, critical thinking, and reasoned discretion.

Although it will ultimately have a major impact on department operations, policy redesign is a large-scale undertaking which will not provide immediate relief. Therefore, to assist staff in the interim, we will implement the enhanced policy search engine with “key word” search capabilities.



### RECOMMENDATION NO. 2.3

Child safety before reunification. The Director of DCFS should clarify for all staff members that the overall goal of the department is the permanent placement of a child in nurturing, loving home, preferably with the child's natural family. Child safety is paramount.

Many DCFS staff members, Task Force members, and other stakeholders are concerned that the trend in favor of family maintenance and family reunification may have taken precedence over child safety. Some staff members seem to believe that taking a child into care is seen as contrary to DCFS' goals. Moreover, the death statistics indicate that children with a DCFS history are at risk when they remain at home, particularly in terms of accidental, homicide, and suicide-related deaths.

The Director of DCFS will need to evaluate, for the BOS, the Department's ability to provide effective care for the likely additional number of children taken into care as a result of this shift to child safety first and foremost. This likely need for greater placement capacity may require a coordinated campaign to recruit foster care families and families interested in adoption or expediting acceptable adoption, reunification, or guardianship options.

### RESPONSE

Agree – Implemented. DCFS recently established the following Vision and Mission in its developing strategic plan:

Vision: Children thrive in safe families and supportive communities.

Mission: By 2015, DCFS will practice a uniform service delivery model that measurably improves:

- Child safety
- Permanency
- Access to effective and caring services

The Director distributed the Department's Vision and Mission with a release to all staff on June 7, 2012. The release included a statement that the Vision and Mission, with emphasis on child safety and permanency, will guide DCFS' work over the next several years, and expressed an expectation that every employee become familiar with and share the Vision and Mission with partners and stakeholders. In addition, at a strategic planning event held on July 18, 2012, the Director reminded the 170 mid and senior level staff in attendance that child safety DCFS' number one priority.

Under the guidance of the Vision and Mission, the evolving strategic plan includes three overarching goals. One of these three goals, "Emphasize Child Centered Practices," will include numerous strategies and objectives that focus on child safety and permanence.

The importance of child safety must be recognized in every area of the community and efforts will be made to correct past impressions that caseload reduction or other initiatives were of equal importance to safety. In both ad-hoc and formal meetings with department managers and external partners, the Director has strived to make this message clear. To further reinforce this, the Director has issued a memorandum to managers at the Regional Administrator level and above instructing that internal and external communication stress the importance of child safety as a primary goal of the Department, that reduced reliance on out-of-home care is secondary to this concern, and that they are to meet with their staff to reinforce this at the line level.

We are also working on clarifying the responsibility for assessing and addressing child safety issues in team meetings and make recommendations regarding consolidating a variety of similar decision-making groups.

#### RECOMMENDATION NO. 2.4

Child death scene protocol. The Coroner, working with law enforcement agencies, should develop a death scene management protocol to be followed by all personnel who are called to child death scenes involving a DCFS child or suspicion of criminality, abuse, etc.

These protocols will need to be compatible with law enforcement's protocol to preserve evidence. To develop the protocol will require the Coroner to work with the Director of DCFS, the Sheriff's Department, police departments, emergency response services, and other appropriate officials.

Scene preservation is a difficult call for paramedics or others if there is a chance to resuscitate the child. Nonetheless, death scene preservation and avoidance of contamination is often critical to effective law enforcement and forensic medicine. Evidence can be compromised and can lead to an Undetermined cause of death or the inability of law enforcement to pursue a successful prosecution. Following a standardized protocol when the child is obviously dead will increase the odds of holding responsible parties accountable. More successful prosecutions should provide an enhanced deterrence.

#### RESPONSE

Agree – Not yet implemented. The Coroner is currently working with the Department of Justice Scientific Working Group on Medicolegal Death Investigation to develop a protocol for child death investigation. (1) The Coroner will work in collaboration with Law Enforcement and DCFS to implement the protocol. (2) Law Enforcement and DCFS workers will be asked to be trained in doll reenactment, which is a tool used to visually reenact the child death scene. This process can also be used for critical incidents, and ultimately helps the Coroner determine, more precisely the cause of death. (3) The Coroner will also prepare a PowerPoint presentation for Law Enforcement and DCFS once the protocol is completed.

DCFS is looking at different methods for Child death scene protocol such as, the use of non-social work staff to conduct front-end investigations which would represent a fundamental shift in practice. We have been reviewing other jurisdictions that have adopted such an approach and believe further consideration is warranted. Accordingly, we are examining the potential value of hiring “non-traditional” staff; such as former law enforcement officers and military OSI personnel and identifying any legal, regulatory, or other impediments which might prevent their use.

DCFS is also exploring the development of a unit of specially trained CSWs who will coordinate efforts with the Coroner, law enforcement and medical personnel to investigate to child deaths, particularly where the deceased child has received services from the Department. Such investigations often require special care in gathering and preserving evidence, and may present exceptional concerns for the safety and protection of surviving siblings. Assigning properly trained CSWs to such investigations would improve DCFS’ response, as well as minimize the risk of DCFS personnel’s compromising the investigatory work of other agencies.

DCFS will also implement an alert system whereby referrals are flagged at the Hotline similar to the process used to identify expedited response referrals.

#### RECOMMENDATION NO. 2.5

Reduction of the number of Undetermined child deaths. The Director of DCFS, working in conjunction with the Coroner and law enforcement officers, should undertake a comprehensive review of any child death the Coroner classifies as Undetermined.

Senior officials in the Coroner’s office advised that many child deaths are difficult to classify based on post-mortem examinations. In some cases, the Coroner can update the classification if new and relevant information is provided regarding the child, the family, activities leading up to the death, and the death scene. A review of these cases could:

- Provide a learning opportunity resulting in the avoidance of similar outcomes in the future
- Increase accountability in cases where the death is reclassified as a homicide

#### RESPONSE

Agree – Implemented. We agree that looking into these cases is important as many cases are assigned mode of death as Undetermined by the Coroner because there are suspicious circumstances. The Coroner has stated that a mode of death as Undetermined can signal law enforcement (and any other investigatory agencies) to see if they can do further investigation and gain more information so as to take the case out of the Undetermined category. Many of these cases are suspicious of being related to inflicted abuse but simply do not have enough information for the Coroner to mode them as a Homicide.

ICAN established an Undetermined Death Subgroup of the Child Death Review Team, made up of representatives from County Counsel, the District Attorney’s Office,

Emergency Medical Services (EMS), the City Attorney's office, Health Services and DCFS. The primary function is to screen cases to see which ones might warrant a full ICAN Team review and determine what can be learned through this process. This subgroup is currently reviewing information on Undetermined child fatalities from the first three months of 2011 to learn more about the types of Undetermined child fatalities, determine if these cases can be categorized and develop criteria as to which of these cases should receive a full Team review. According to the Coroner's Office, there were 93 Undetermined child deaths, ages 0-17 in 2011 and, as such, full Team reviews on all Undetermined cases is not possible at this time. The subgroup is also determining if there are any patterns or trends to these cases (i.e., many of them are related to co-sleeping or unsafe sleep surfaces) and is engaging in an initial review process for these cases by examining records and information from the Coroner, DCFS, law enforcement and criminal justice, EMS and Dependency Court. Findings from the work of this subgroup will be shared with the Team, Office of Coroner and DCFS.

#### RECOMMENDATION NO. 2.6

A check list of child death investigations. The Coroner, working with law enforcement officials and the Director of DCFS, should develop a check list for law enforcement and DCFS staff of unique factors to look for in child death cases.

To address reports that law enforcement officers and DCFS staff members have varying levels of experience and skill in investigating child deaths, a new comprehensive check list could be a first step toward standardization of this important procedure and would provide a valuable training tool that could be improved over time.

#### RESPONSE

Agree – Not yet implemented. The protocol discussed in 2.4 (above) will include a checklist to be used when conducting child death investigations.

#### RECOMMENDATION NO. 2.7

Guidelines for open DCFS cases. The Director of DCFS should evaluate current investigative standards and processes to determine improved methods to eliminate current and future backlogs and speed up the process.

The investigation process adds a level of turmoil and uncertainty to families already under stress. There appears to be multiple factors contributing to the delays and backlogs that need to be addressed, such as:

- Stricter requirements and thresholds self-imposed by DCFS
- Demanding and uneven caseloads
- Varying skill-levels of staff to handle the cases assigned
- Substantial and perhaps excessive administrative requirements
- Slow sign-offs by supervisors and management

## RESPONSE

Agree – Not yet implemented. Most California counties are experiencing backlog problems. As of July 21, 2012 the State's ER Over 60 was at 20% and ER Over 30 days at 18%. This issue is extremely important to the DCFS and is being closely monitored. DCFS is reviewing all barriers to timely referral closure and making changes as needed. Weekly reports are provided to managers. A workgroup has been formed to review the entire referral process and recommendations to improve performance are reviewed on a regular basis. Many offices have reassigned non-ER social workers to provide more support as needed.

We agree with five bullets mentioned above however, yes, DCFS has some self-imposed requirements, but many are legal requirements. For example, certain allegations (physical abuse, sexual abuse, severe neglect) require concurrent investigations with law enforcement and depending on the finding may also require HUB/forensic assessments/evaluation, which can be time consuming. Furthermore, State Regulations may require additional mandates such as collateral contacts, a prescribed amount of face-to-face contact and additional documentation. The self-imposed requirements include up-front assessments, joint response protocols with PHNs and reviews the regional staff receive on critical incidents, child fatality reports and referrals leading to very conservative decision-making and contributing to additional (but often necessary) delays in timely disposition.

We have developed, vetted, and implemented various strategies in support of sound emergency response service delivery and case/referral equity including:

Policy, Workload and Administrative Changes: While working to enhance child safety DCFS implemented specific actions to re-tool ER Referral flow and workload including policy clarifications/changes as well as revised and streamlined tools to assist SCSWs and CSWs in tracking key ER tasks and consolidating information for the purposes of critical thinking and referral disposition. These include but are not limited to: clarification and changes regarding collateral contacts, review of prior history, re-mapping of CPHL referrals, protocols for incidents on open DCFS cases, as well as design/implementation of a Revised Investigation Narrative that assisted consolidating information gathered during the investigation/assessment process to assist in review and decision making.

Staffing Approaches: Multiple strategies to manage ER referrals were implemented including the hiring of temporary staff trained and equipped to handle ER referrals, the temporary re-assignment and/or re-deployment of non-line and administrative staff to assist in ER and an in office strategy that utilized qualified volunteers equipped to investigate ER referrals during peak periods.

Review of CPHL and ERCP Intake: Supported the development and enhancement of recommendations for safe management and potential incremental reduction of intake based on screening/acceptance criteria and development of supports to assist ERCP after-hours to support completing referral investigations.

Tracking and Monitoring: Enhanced current (automated) systems for tracking the flow of ER referrals through ER in order to better manage the process and address workload and workforce issues. Additional tracking was institutionalized at the local office and program level. Key reports modified to assist in managing ER Referral flow included but are not limited to, the DCFS STAT Report and revisions of the Cognos ER referral tracking system.

ER Policy Review: Additional analysis of ER policy and workflow (including administrative sign off and referral requirements) is currently underway and additional recommendations are pending review and approval.

Caseload Equity: Initiated review and analysis of “caseload equity” by reviewing other jurisdiction’s methods for determining and weighting higher risk/need cases. We are also conducting an analysis of impacted communities to determine how caseload counts/yardsticks might be thoughtfully and equitably adjusted. To assist in the training, equipping and continuity of new staff in high need offices/communities, DCFS re-instituted Training Units (inclusive of ER) for new staff and is currently reviewing options for stabilizing staffing resources in these higher need offices.

Also please see response to recommendation number 4.2. These efforts will also help current investigative processes and improve methods to eliminate current and future backlogs and speed up the process.

#### RECOMMENDATION NO. 2.8

Cross-reporting standards. The Director of DCFS should develop clear working protocols that include standards for cross-reporting and information sharing among DCFS, DMH, and law enforcement. These protocols will need balance.

- Law enforcement’s requirement for evidence, intent, motive and measures needed to avoid prejudicing the case.
- DCFS’ approach to risk assessment and family maintenance

A clearer understanding and respect for all parties’ goals should lead to more effective actions and results for all involved.

#### RESPONSE

Agree – Implemented. DCFS and DMH have worked extensively over the past several years to strengthen and expand opportunities to share information to better respond to alleged child abuse and neglect and coordinate care for those children and youth who have been the subject of abuse and neglect. There are currently a variety of information-sharing protocols in place that provide for requirements for information sharing and opportunities to share information through such mechanisms as multidisciplinary teams (MDTs). Several examples of these mechanisms include:

- The Family and Child Index (FCI)
- Automated DMH Alerts to DCFS

- A DCFS and DMH workgroup related to sharing information.
- A DMH Policy regarding Mandatory Reporting of Child Abuse and Neglect
- A DCFS policy and form to expedite sharing of mental health information
- Training of Child Welfare and Mental Health Staff in a Shared Core Practice Model
- The Co-location of DMH staff in each of the eighteen DCFS Regional Offices
- The Coordinated Services Action Team (CSAT) and Training
- E-SCAR
- E-HUB

A DMH Policy Regarding Mandatory Reporting of Child Abuse and Neglect: In March of 2012, DMH issued an updated policy (DMH Policy 202.08) regarding the requirement for mandated reporters to report suspected child abuse and neglect. The policy requires all mandated reporters to fully comply with legal requirements and ethical codes in reporting suspected child abuse and/or neglect. The policy also specifies that, prior to commencing employment with DMH, all new staff shall be required to sign a DMH Child Abuse and Neglect Reporting Act Acknowledgement Form stating they have knowledge of the California Child Abuse and Neglect Reporting Act and have received a copy of the DMH policy on this subject.

A DCFS Policy and Form Outline Procedures for Children's Mental Health Information to be Shared with DCFS: In June of 2012, DCFS issued an updated Procedural Guide, 0600-500.20, Protected Health and Medical Information: Access and Sharing, and associated DCFS form, DCFS 179-PHI, providing the policy and procedures for release of mental health information from DMH to DCFS. Essentially, mental health providers are permitted to share mental health information deemed necessary to coordinate care and treatment of the child or youth without signed authorization from the parent or Court. However, the DCFS 179-PHI was developed for the CSWs to document authorization by the parent for mental health providers to share information. Although the law does not require the parent's authorization, the form was developed to assure providers who may otherwise have concerns to release or share information necessary for DCFS to coordinate the care and treatment of children in an open DCFS case.

Training of Child Welfare and Mental Health Staff in a Shared Core Practice Model: DMH, DCFS, and Probation have adopted a shared Core Practice Model which provides a set of values, principles, and practices to be adhered to when providing services to children, youth, and their families. The Core Practice Model emphasizes a set of practice standards that includes teaming with other service providers. In particular, for clients served concomitantly by DMH and DCFS, there is an expectation that each child will be served with a Child and Family Team (CFT). These CFTs are made up of the various formal and informal supports that are necessary to meet the needs of the child and family, including child welfare, mental health, and probation staff.

The County has devoted significant resources to training and implementing the Core Practice Model and the Child and Family Team process and has seen a significant increase in collaboration between the participating members.

The Concurrent Investigations: The Department has an existing Concurrent Investigations protocol, as there are staffing issues and logistical issues that impact the

ability to ensure that “joint” investigations are conducted on all cases when both DCFS and LE are responding to the same referral allegations. LE often arrives at the scene prior to the investigating social worker initiation of their investigation.

However, the Concurrent Investigation protocol directs that the investigating social worker and LE must have contact before an investigative conclusion is determined and a referral disposition is made. Compliance with the policy is monitored via the Supervising Social Worker’s review/approval of the investigative social worker’s referrals.

LAPD, LASD, and our independent police agency partners are committed to working with DCFS to revise and update policies and protocols on cross-reporting. They strongly support cross-reporting as vital to child safety and protection, as well as an aid to bringing child abusers to justice. We will also work with ICAN as one of ICAN’s roles is to integrate inter-agency systems around the issues of child abuse and neglect.

#### RECOMMENDATION NO. 2.9

Follow-up review when DCFS jurisdiction is terminated. The Director of DCFS should develop and implement a follow-up review after jurisdiction is terminated on a case, building on its efforts to date.

A follow-up study would be a valuable learning opportunity analogous to an exit interview used by many organizations when an employee leaves the organization. Once jurisdiction is terminated, DCFS families are likely less reticent about telling DCFS what worked and what did not work for them. This type of research is a best practice employed by many public and private sector organizations that can lead to more efficient and effective practices.

Family participation would be voluntary and follow-up reviews might occur at pre-designated intervals – 6 months, 1 year, and 2 years – to be most effective.

#### RESPONSE

Agree – further analysis is required. We agree that conducting a follow-up study may be beneficial. We will explore the recommendation further to determine the resources necessary to implement as well as development of a study design, whether to include a random sampling, interview target families, and develop survey tools.

#### RECOMMENDATION NO. 2.10

Monitoring of court rulings and placement decisions contrary to DCFS recommendation. The Director of DCFS should analyze the adverse decision statistics it maintains in the courts.



It is beyond the scope of this investigation to review the details of these occurrences but, based on the Director's findings, the Director may need to work with County Counsel to address any concerns.

DCFS staff members raised concerns about courts over-ruling their recommendations. Therefore, DCFS case workers should continue to work closely with County Counsel to provide the necessary facts and evidence so a sound legal case can be made in support of DCFS' assessment of the best interests of the child.

## RESPONSE

Agree – Not yet implemented. A process is in place to file an appeal or Writ as needed. DCFS court staff work closely with County Counsel and regional staff reviewing any decision that is contrary to a CSW recommendation and may place a child at risk of harm. Our current process allows for the escalation of an adverse decision to include the Assistant Regional Administrator or Regional Administrator level. With the use of Title IV-E funds, we have recently expanded the presence of County Counsel staff in regional offices to promote regular case consultation.

We also have a computer application that tracks Adverse Decisions, however it needs to be enhanced to provide a report that better analyzes the data available. This enhancement is expected to be completed in 2013. Once the existing application is modified, a report to the Director will be generated on a regular basis.

## Programs and Services

### RECOMMENDATION NO. 3.1

A 23-hour assessment center. The Director of DCFS should evaluate the potential for implementing a 23-hour assessment center for children who are at risk, and seek BOS approval based on the results of that evaluation.

Such assessment centers, similar to Orangewood in Orange County, California, are staffed with skilled professionals, similar to DCFS CSWs, DMH psychiatric social workers, and DPH public health nurses. They can build trust and assess the child in a safe environment, and are more likely to make accurate assessments and appropriate placements if deemed necessary.

This recommendation is similar to one made by the CGJ in 1999-2000. (Note: The intent of this recommendation is not to replicate the McLaren model of the past.) Given the size of the County, DCFS should pilot one 23-hour assessment center and, once fully operational, evaluate its effectiveness and determine if additional centers are warranted.

## RESPONSE

Agree – Implemented. On July 16, 2012, the Child Awaiting Placement (CAP) Center was opened. It is a 23-hour screening and assessment center where children up to 10

years old can comfortably wait in a hospitable and restful environment as the Department conducts an after-hours and/or weekend placement search.

### RECOMMENDATION NO. 3.2

Build on DMH's community-based models and successes. The Director of DCFS should incorporate the following DMH programs and strategies into child death mitigation efforts:

- "Strengthening Families" framework
- The use of "protection factors" as part of the promotion and prevention efforts, combined with the "core practice" model
- "Parents in Partnership" program as a resource for families
- The piloted, community-based program, "It Takes a Community" (ITC), with the Magnolia Place Community Initiative

ITC provides a model for DCFS to adapt and apply as a community-based approach to child death mitigation. ITC requires a number a shifts in perception:

- DCFS must move from being a reactive "service-provider" to a proactive "capacity-builder."
- A common-held belief, "the way caregivers choose to raise their children is of no concern to anyone beyond the walls of the home," is challenged with greater community vigilance, involvement, and education.
- The focus shifts from a reactive approach of fighting child abuse, neglect, and bad parenting to a proactive focus on supporting families and communities to develop relevant skills, knowledge, and support to ensure that every child is raised in a safe and nurturing environment.
- This shift is coupled with the need to acknowledge and become comfortable with the role that law enforcement must play in child protection.

### RESPONSE

Agree – Not yet implemented. The first three models or programs, the Strengthening Families Framework, the use of protective capacities, and the Parents in Partnership (PIP) program have been implemented, while the ITC program requires further analysis.

DCFS has taken positive steps towards including community partners in its decision-making, as demonstrated by the extensive use of TDMs, RMPs and requirements for collateral contacts during investigations and assessments, while having co-located County Counsel, DMH/DPSS, educational and immediate E-SCARS notification of law enforcement all contribute critical input. We acknowledge that work is still needed in engaging with our educational providers (schools) who are responsible for a very large number of the calls to the Hotline.

The Strengthening Families Framework and protective capacities have been incorporated into the DCFS and DMH shared Core Practice Model and in-depth

coaching model currently rolling out. Additionally, the PIP program is currently operational and currently employs 37 PIPs.

The ITC offers much promise as a model of collaboration and proactive approach to addressing the conventional “silos” that dampen communications and focus on problems rather than solutions and on prevention rather than just intervention.

Managers from the DMH Children’s System of Care who have been involved in these efforts, along with community partners, will work with DCFS to incorporate the values, principles, and strategies associated with these initiatives into the DCFS death mitigation efforts. A determination about the feasibility of expanding the ITC will be completed by January 2013.

Also some of the strategies have been incorporated in the PSSF Redesign and community agencies have been asked to always consider protective factors when assessing families. DCFS’ Community Based Service Division (CBSD) will be providing training to staff and community providers on the Strengthening Families framework and protective factors, combined with our Core Practice Model. Through the PSSF Redesign, DCFS will fund 14 resource centers across the County to provide community based services.

### RECOMMENDATION NO. 3.3

Potential adaptation of the UCLA Focus program. The Director of Mental Health and the Director of DCFS should approach officials of the Focus program at UCLA to determine if it can be adapted to help reunified families.

The Focus program has been successful in helping soldiers return home after service in a war zone. According to DCFS, children who are taken into the system remain in out-of-home placements for an average of 8.5 months. These situations are often gut wrenching experiences that are exacerbated by the amount of time the children are away from their families during critical development stages of their lives.

While there is a world of difference between soldiers and children, the impact of the trauma they experience and their difficulty in reentering the now changed family situation can be a difficult ordeal. If successfully adapted to children, this programmatic approach could ease the transition and increase the probability of successful reunification.

### RESPONSE

Agree – further analysis is required. The UCLA Focus (Families Overcoming Under Stress) program provides resiliency training for military children and families, teaching practical skills to meet the challenges of deployment and re-integration. While this program has not been used to assist families who are re-unifying following a separation related to child abuse or neglect, DMH and DCFS are interested in examining whether this model could be adapted to help reunified families.

DMH and DCFS managers will meet with the developers of the FOCUS program to determine their interest and ability to extend their work to this population. A determination about the feasibility of such an effort will be completed by October 2012.

#### RECOMMENDATION NO. 3.4

Neo-natal risk assessment and parental training for high risk families. The Director of Public Health and the Director of DCFS should develop an in-depth neo-natal risk assessment and parental training program for high-risk families.

Neo-natal home nursing visits used to be standard in many North American jurisdictions, but have mostly been dropped, primarily because of the high costs associated with a universal program.

This recommendation refers to a more intensive program focused on high-risk families. It would be tailored to assess and address the needs of high-risk families, such as mothers who are teens, drug addicts, or in relationships with histories of domestic violence. The program should involve both training and follow-up support. First 5 LA is currently addressing this issue and is a potential source of funding through its recently approved \$74 million allocation for a new Universal Assessment of Newborns in all hospitals in Los Angeles County.

#### RESPONSE

Agree – Implemented. The Department of Public Health (DPH), Maternal, Child and Adolescent Health Programs has implemented several programs and initiatives that help to prevent child deaths. It has operated the Nurse-Family Partnership (NFP) Program that supports newly pregnant youth/women in learning how to parent and safely raise children since 1996, and has recently expanded by over 29 nurses using funding from both the Mental Health Services Act (24 nurses) and the Federal Home Visitation funds (4 nurses) who together will be able to serve an additional 725 clients countywide. NFP is an evidence-based program that has been scientifically proven to prevent child abuse and other risk factors that lead to infant/child deaths. It's expansion within the County, and recent development of a Memorandum of Understanding between DPH and DCFS will help to improve the referral of qualified pregnant youth who are served within protective services.

In addition, MCAH is working to develop a county-wide referral network for in-home support services for prenatal and early childhood families who are at risk. This work will be accomplished collaboratively through the recently convened "Home Visitation Guiding Coalition." The Home Visitation Guiding Coalition will pull together a larger group of home visiting agencies, experts in home visitation, funders and others interested in supporting home services to build a system of home visitation care that will match services to families so they can receive the best possible home visitation program for their own particular situation. In May 2012, MCAH convened the first meeting of the Home Visitation Guiding Coalition and is forming subcommittees to work on policy, operations and satisfy the need to have community advisory boards for the federally funded home visitation programs. It will also address the development of an

effective referral system and establish better monitoring and reporting standards for all County in-home services. MCAH is working closely with the First-5 Los Angeles to better coordinate services and program development as part of the Home Visitation Consortium.

### RECOMMENDATION NO. 3.5

Improved mental health services to families. The Director of Mental Health and the Director of DCFS should develop a more effective plan with needed funding to provide appropriate mental health services for high-risk children and their families.

### RESPONSE

Agree – further analysis is required. We are evaluating the impact of a recent data exchange program with DMH which sends CSWs specific information about the mental health services their client's children are receiving. This information includes contact names and phone numbers and it is expected that direct communication between CSWs and the mental health service provider will follow. We also hope to begin a pilot program with the Los Angeles Unified School District that allows CSWs direct access to school records; such as attendance, class schedules, and grades allowing them to more closely monitor their client's school performance.

DMH and DCFS share an interest in improving services to better meet the mental health needs of adults in high-risk families, such as those served by DCFS. The Mental Health Services Act (MHSA) has already provided support for the development of Full Service Partnership (FSP) services to address the mental health needs of those adults needing the most intensive levels of outpatient care, while Prevention and Early Intervention (PEI) funds have been used to implement a broad range of evidence-based practices related to trauma, anxiety, and depression.

### RECOMMENDATION NO. 3.5.1

The Director of Mental Health and the Director of DCFS should better address the mental health needs of adults in high-risk families.

The issue of providing mental health services to adults is complicated by the requirement that they willingly accept the service. DCFS front-line staff members need support in determining if an adult has a behavioral problem or a significant mental illness. Once the determination is made, an effective strategy needs to be developed to address any non-compliance by the adult.

### RESPONSE

Agree – further analysis is required. To date, the focus of mental health services for DCFS involved families has largely been on the children and youth who have been the subject of abuse and neglect and the development of programs and processes to ensure access to high quality mental health services for these individuals. Much of this

work has been driven by the County's obligations associated with the Katie A. class action settlement agreement. DMH and DCFS agree to form a workgroup that will include department managers and adult mental health providers to examine ways in which adult mental health services can be better targeted to meet the needs of adults involved in the child welfare system.

This group will issue a report of findings and recommendations by January, 2013.

#### RECOMMENDATION NO. 3.5.2

The Director of Mental Health and the Director of DCFS should consider creating a multidisciplinary group to:

- Identify best clinical practices to aid at-risk children and adolescents as they transition from mental health and substance abuse treatment to school, family and community support.
- Promote a more supportive transitional period through information exchange between in-patient providers and professionals and agencies in the community.

Participants should include:

- County departments – DMH, DCFS, DHS, Probation, and Los Angeles County Office of Education (LACOE)
- Los Angeles Unified School District (LAUSD)
- Acute in-patient treatment providers
- Out-patient mental health and substance abuse treatment providers
- Members of the Child Death Review Team

#### RESPONSE

Agree – Implemented. DMH established the Los Angeles County Suicide Prevention Network in September 2010. It consists of approximately 40 members that include mental health experts, providers, advocates, survivors, and researchers (including representatives from DMH, DCFS, Public Health, LACOE, LAUSD, mental health programs (inpatient & outpatient), and members of the Child Death Review Team). Among the Network's goals are: to identify best practices for suicide prevention, including clinical practices that address the needs of high risk populations (e.g., children and youth transitioning from mental health and substance abuse treatment to school, family and community support); and to promote information exchange between inpatient providers and community-based mental health and other agencies relative to discharge planning, case coordination, suicide risk assessment, etc.

#### RECOMMENDATION NO. 3.5.3

The Director of DCFS should ensure that all DCFS employees during their first year of employment and contract providers serving DCFS clients and families have skills training in suicide risk identification and management.

Proof can be some form of certification or evidence of completion of the skills training. A good source of such training is the 17 competencies of suicide risk identification and management, developed by the American Association of Suicidology and the Suicide Prevention Resource Center.

This certification of completion will ensure that all mental health clinicians providing service to DCFS clients are proficient in skills for assessing and managing suicide risk.

## RESPONSE

Agree – Not yet implemented. The DCFS Director has been meeting with leaders of the local schools of social work (the Inter-University Consortium or "IUC") to redesign basic classes, Academy training and other related skill-development and evaluation programs. Through this initiative, we intend to provide staff with critical thinking and problem solving skills that will allow them to function in stressful situations without over-reliance on policies and tools. We will ensure that skills training in suicide risk identification and management are included.

DCFS will also move away from traditional classroom-based training towards field-based education, which will include the use of one-on-one coaching and the modeling and evaluation of skills in simulations and in in-home encounters with actual families and children served by DCFS.

In cooperation with the IUC, DCFS is also specifically addressing the quality of front-end staff with targeted training and closer evaluation of staff for their suitability to perform front-end work. Specifically, we have begun developing specialized front-end training that would include particular focus on investigation skills and interview techniques. DCFS is gathering information from jurisdictions such as New York City, Indiana, and Texas regarding their use of former law enforcement detectives in their front-end investigation process in order to base our Department's formal plan to incorporate such skills on the experiences of like jurisdictions. Last, to address the need to hire staff suited to front-end assignments, or to require minimum experience levels for front-end service, we are speaking to the IUC about the development of a "certification program" for front-end investigators.

During the past three (3) years, DMH's Partners in Suicide Prevention (PSP) Team has sponsored as well as conducted ongoing trainings for clinicians (including contract providers serving DCFS clients and families) in best practice suicide prevention models such as ASIST and AMSR (Assessing and Managing Suicide Risk) that address the competencies of suicide risk identification and management developed by the American Association of Suicidology and the Suicide Prevention Resource Center. PSP Team members have further initiated 3-hour training sessions to provide suicide awareness, prevention, and intervention for DCFS staff and DMH staff co-located in DCFS regional offices. It is anticipated that nearly all frontline DCFS staff (e.g., CSWs), program representatives, supervisors, etc. will receive this training over the next two years.

### RECOMMENDATION NO. 3.6

Public education and media campaigns and strategy. The Director of DCFS should develop a more sophisticated approach to the media: a) for educating the public about behaviors or situations that can endanger children and b) to convey a more positive message to the public about what DCFS is achieving.

### RESPONSE

Agree – Implemented. DCFS' Director, through the Office of Public Affairs has made himself available to the media (electronic and print) taking every opportunity to educate the public on how the DCFS protects children and provides for their safety and well-being. We have made every effort to be responsive to the media to explain procedures and the nature of the issues involved. The Director has taped two video segments for the LA County Channel where the public can get a broad overview of DCFS and its operations. The DCFS News is now posted on our external website for public viewing and is mailed to many of our community partners. DCFS routinely promotes many of our special events providing the public with a more positive image of our successes. We've received positive media coverage on many DCFS programs and events including the "Heart Gallery," "Celebration," "Family Reunification Week," and "Spark of Love" holiday events to name a few.

### RECOMMENDATION NO. 3.6.1

The Director of DCFS, working with other agencies such as ICAN, Public Health, DMH, and LA First 5, should develop more sophisticated, comprehensive and regular public education programs on co-sleeping, water safety, baby safe surrender, care safety, pedestrian safety, suicide prevention, and gang violence. First 5 LA's new Universal Assessment of Newborns program can help to educate new parents regarding the risk associated with co-sleeping, in particular, as well baby safe surrender.

### RESPONSE

Agree – Implemented. The DCFS Office of Public Affairs, representing the Director, has been an active participant on ICAN's Safe Sleep Task Force which includes First5 LA, Public Health, DMH, the Coroner's Office, and many other County Departments. Public Affairs has posted Safe Sleep information on our internal and external websites. Additionally, Public Affairs, working with Harbor UCLA and the Coroner's Office, has produced a training video for nurses, social workers, and other health care professionals on Safe Sleep practices. Plans are underway for a second video to be used at community meetings that will provide pertinent information in a more user-friendly format. Public Affairs will promote a media campaign on Safe Sleep issues once the Task Force and the public relations firm contracted through First5 LA have concluded research from focus groups currently being conducted. DCFS is actively involved in educating social workers and community partners on issues relating to gang violence. The DCFS Multi-Agency Response Team, which accompanies law enforcement when children are at risk due to gang and drug violence, was recently featured on the LA County Channel's news magazine LA NOW, which is seen on 62



cable channels throughout the County. DCFS continues to partner with Supervisor Knabe's office in promoting Safe Surrender. Recently, DCFS participated in a press conference warning the public about the life-threatening danger of leaving children locked up in cars in hot weather.

Our Adoption and Permanency Resources Division recruits, investigates, prepares and supports families to provide healthy, stable, loving and permanent homes to children who can not safely live with their birth parents. Every Wednesday and Sunday night on the Fox 11 10 o'clock News, children looking for loving families to call their own are profiled on a weekly news segment called "Wednesday's Child." Since 1994, this program has been successfully finding homes for hundreds of Los Angeles County children waiting for adoption. Wednesday's Child" is a partnership between DCFS, Fox 11 and the Freddie Mac Foundation, and boasts a high success rate with many harder-to-place older youth and sibling sets finding new homes. Fox 11 reporter and anchor Christine Devine produces "Wednesday's Child" with the help of DCFS staff member William Wong, creating positive outcomes for foster children. Christine Devine has been honored numerous times by the community for her immense contribution to changing the lives of so many children. DCFS CSW William Wong was recently honored by the Congressional Coalition on Adoption Institute for his outstanding advocacy on adoption and foster care issues.

#### RECOMMENDATION NO. 3.6.2

The Director of DCFS should ensure the Department partners with the media to develop and broadcast Public Service Announcements to support child death mitigation efforts.

#### RESPONSE

Agree – Not yet Implemented. DCFS is an integral member of the ICAN Safe Sleeping Task Force which is formulating a comprehensive public campaign to educate the public on safe sleep practices that will prevent infant deaths. DCFS, along with representatives from other County Departments, and community partners, are strategizing on how to disseminate safe sleep messages. A public relations firm has been hired and is currently conducting focus groups, after which, a PSA(s) will be produced with a "media blitz" to follow to get the message out. A one-hour training video has already been filmed and is being distributed to nurses, social workers, and other health professionals throughout the country. Additionally, DCFS is working on a new PSA utilizing filmmaker and best-selling author Antwone Fisher which will touch on related issues.

#### RECOMMENDATION NO. 3.6.3

The Director of DCFS should develop a media and image strategy to improve DCFS' public image and acceptance.

#### RESPONSE

Agree – Implemented. As stated in response to 3.6, our Director has initiated a “culture shift” in how DCFS responds to media inquiries. Whenever possible, the Director will directly respond to media and has done so on numerous occasions since his appointment. This is a marked change from our previous practices, and hopefully is communicating to the public that DCFS welcomes scrutiny and has nothing to hide. While limited in what we can disclose regarding case specifics, DCFS will explain what steps DCFS typically takes in issues involving child abuse and safety. Staff has been instructed to cordially respond to media inquiries, directing them to the DCFS Office of Public Affairs. The Office of Public Affairs has worked to develop closer relationships with local media and has distributed copies of the DCFS News to media outlets so they may have a better understanding of our agency and how we operate. This newsletter is also posted on our public internet site as well. DCFS is already utilizing social media in promoting adoption and foster care recruitment, assisting and locating runaway youth, and finding family connections for our youth. Other ways that social media may be employed are under review.

## Information, Technology, and Processes

### RECOMMENDATION NO. 4.1

DCFS technology and information improvements. The Director of DCFS should work with the State of California to close the gap in the Department’s information needs and propose operational improvements to the systems, particularly interfaces with the State and County systems.

This information should then be integrated into DCFS’ own Information Technology (IT) Plan with quick milestones – six months or less – for enhancing access to information critical to effective DCFS operations. A DCFS IT Plan should also outline needed:

- Report writing tools
- Key performance indicators, metrics, and dashboards for monitoring performance and outcomes
- Standard management reports for analyzing data, identifying trends, and making empirically based decisions
- Priorities for approaching the State for system upgrades and refinements, making access to needed data and information easier

### RESPONSE

Agree – Implemented. BIS designed, developed and in October 2011 implemented the DCFS Data Dashboard using COGNOS. COGNOS is the county standard Business Intelligence tool. The DCFS Data Dashboard contains the measures on Safety, Permanency and Well-Being identified by the DCFS Executive Team. The Data Dashboard is used for the Monthly DCFS STATS Meeting which began in November 2011.

BIS has also submitted the IBM request to establish an interface file from the LA County Juvenile Justice System database to the State’s CWS/CMS database. We have also

collaborated with the State and all the other counties in the requirements definition for the CWS/CMS replacement system. The State is currently waiting for Federal approval.

#### RECOMMENDATION NO. 4.2

Tools for staff to perform their duties. The Director of DCFS should ensure that all front-line staff members have up-to-date technology tools to perform their duties effectively and efficiently, including improved connectivity and access to information.

Staff members indicated that they would be able to perform their job duties more effectively with such tools as:

- Reliable office equipment (i.e., computers, printers, and faxes)
- Field equipment (i.e., tablets and smart phones, cameras, voice recognition software, family assessment and child placement software, GPS, etc.)

#### RESPONSE

Agree – Not yet implemented. We have taken several steps toward improving our technology tools to assist CSWs to perform their duties effectively and efficiently, including improved connectivity and access to information. In 2011 DCFS migrated to the ISD Centralized Services that includes:

- Centralized Messaging and File/Print Services
- Centralized Desktop Services
- Account Management Support
- DCFS Application First level support
- LAN Management and Network Support
- Windows Server Hosting and Support
- Database Hosting Management and Support
- Data Recovery/Restoration and Disaster Recovery

In May 2011, the iPhone 4 was piloted for ER CSWs and we have since purchased 250 iPhone 4s to be distributed to all ERCP and MART ER workers and selected number of ER workers from the 19 regional offices.

In January 2012, DCFS received Advanced Planning Document (APD) approval for Tablet Replacement. The Tablet replacement workgroup was created and tasked to identify CSW's current needs and has submitted the final recommendations in July 2012 for management review and approval.

In April 2012, DCFS received Advanced Planning Document (APD) approval for 1009 Printer Replacement. BIS collaborated with ISD and the CIO to complete the Printer Statement of Work (SOW). ISD has posted the Request for Quotes (RFQ) on July 12, 2012. Lastly, DCFS is developing a Statement of Work (SOW) for the Foster Care Search Engine redesign to upgrade and increase functionality.

#### RECOMMENDATION NO. 4.3

Departmental administrative processes. The Director of DCFS should review the Departmental administrative and management processes to eliminate redundancy and streamline the processes and amount of documentation.

#### RESPONSE

Agree – not yet implemented. DCFS utilized its university based training resources (Inter University Consortium) to acquire specific training in Business Process Re-engineering and has developed and maintained internal capacity equipped to perform this review, analysis and planning ongoing. Specific application of Business Process Re-engineering techniques and subsequent action and re-structure has been applied to Emergency Response Services (and the associated workload), Adoptions, the ASFA Approval Process, General Relief (Revenue Enhancement), and the functions/roles the Resource Management and Mental Health Services Divisions. Additional projects and areas of focus are pending Executive Team direction and decision informed significantly by DCFS' (developing) Strategic Plan.

We will work with the Internal Services Department and Chief Information Office to undertake a review of DCFS' data systems (mySCSW, Data Dashboard, her, etc.) to determine whether opportunities exist to combine and streamline performance reports and automated management tools; which will further reduce the non-essential workload of supervising social work staff. We are also planning on providing report writing training to social work staff to improve their communication accuracy.

We intend to implement manager-level training, similar to that used in the Department of Public Social Services. That training addresses essential managerial functions, includes targeted human resource and discipline features, and has served as a model for similar training in other county departments.

We also intend to develop a proposal for human resource "Red Teams" composed of human resources, legal, and management experts that will be on-call and available to assist supervisors and regional managers in addressing problematic staff. This should have the dual benefit of better addressing the performance issues and reducing the burden and distraction in dealing with performance issues posed to supervisors and managers.

#### RECOMMENDATION NO. 4.3.1

The Director of DCFS should also review and standardized the management and systems processes across all regions. Some local variation is probably a good thing to deal with the unique conditions of the region, but it is inappropriate for processes' productivity and quality to vary dramatically from one part of the County to another. This is an opportunity to build on the practices of the most successful regions and ensure the highest quality of service is available to all children and families in all regions of the County.

#### RESPONSE

Agree – Not yet implemented. We agree, practice throughout DCFS offices should be consistent. Unfortunately, families vary in their experience with our Department based on the office that is serving the family. The number of policies and procedures may play a part in this as policies and procedures are in constant change and the understanding of the policies and procedures are different.

We will explore enlisting MSW Intern staff to complete a research study or thesis on the communities where offices are having the most challenges in this area so that specific community needs and strengths are identified. With this information, the Director can make better decisions on what's needed to ensure each regional office has the capability (access to resources) to meet Department goals.

As previously stated, DCFS is engaged in the development of a new Strategic Plan and has developed a Core Practice Model that all 19 offices must follow to ensure standardized best practice principles across the County. We will develop a uniform service delivery model in all offices to support the delivery of the Core Practice principles. The service delivery model tells us where the case goes once we have engaged, assessed and teamed. Is the decision to close the referral, open a case, and if the case is to be opened, do we detain or provide voluntary services? This will include seamless backend services to ensure no gap in services to the child and family. We believe that uniformity in how the services are delivered enhances the Core Practice.

We are also re-visiting all DCFS outcome measures to align our focus on the most important goals. For example, Katie A. goals, Federal Standards, Systems Improvement and goals related to Disproportionality, will be aligned with the performance ratings of managers.

In November 2011, DCFS began using the "DCFS Stats" process. The process involves the use of standardized reports and a formal monthly review process of individual and department-wide performance. The DCFS STATS process has already identified several areas of office performance variations. During the monthly review meetings managers share various practices and performance concerns and successes to help standardize practice department-wide.

#### RECOMMENDATION NO. 4.4

Placement facility vacancies and placements. The Director of DCFS should develop a system that requires Foster Family Agencies (FFAs) and other placement providers to provide up-to-the-minute capacity for placement of children in need of care.

DCFS is beginning to track vacancies now but the tracking is reliant on SCSWs and CSWs to call in and furnish this information daily. By placing the onus on the placement facilities to indicate their capacity and vacancies, by type of child (e.g., age, gender, or special needs), time-consuming steps can be eliminated from the placement process for DCFS staff. DCFS can make such capacity and vacancy reporting a requirement in new contracts negotiated with FFAs and other placement entities. If facilities do not

maintain this system, they should probably be removed from the list of acceptable facilities for placement.

## RESPONSE

Agree – Not yet implemented. DCFS has developed and implemented the Foster Care Search Engine (FCSE) which reports on all vacancy types within our system of placement resources. Information regarding vacancies for all placement types are automatically updated through CWS/CMS when a placement episode begins or terminates. These updates are done real time once a CSW moves a child, child is on AWOL and/or closes the case. We are developing a Statement of Work (SOW) for the Foster Care Search Engine redesign to upgrade and increase functionality. With regard to Foster Family Agencies (FFAs), our Bureau of Information Services has created the Foster Family Vacancy Website to which FFAs directly enters their vacancies. This information then uploads to the FCSE and allows agencies to self report and control the timeliness of their vacancy entries.

DCFS will continue to enhance its ability to capture real-time data with regard to placement resources by adding language to the contracts for our new solicitation requiring providers to update and enter data accurately and timely.

## RECOMMENDATION NO. 4.5

County contract monitoring of licensed care providers. The Director of DCFS should enhance oversight and improve the quality of the periodic review of care providers by the Foster Home Reevaluation Unit.

While the licensing of care facilities is a State responsibility, DCFS needs to ensure that there is sufficient capacity and skills in the care facilities they use to provide all potential placements with the care they require.

There were reports of some facilities refusing to accept babies and children with special needs, despite indicating they had capacity for these placements. It would be unusual if a child taken from a family did not have adjustment problems so any 'cherry picking' by care facilities to accept only easy placements is unacceptable. DCFS should establish some thresholds, such as three rejections may result in termination of contracts.

The Foster Home Reevaluation Unit should encourage these facilities to improve or weed them out if they do not improve. DCFS has this capability by not renewing or using existing contracts with providers.

## RESPONSE

Agree – Not yet implemented. There are three different units within DCFS Out-of-Home Care Management Division (OHCMD) which are responsible for oversight of licensed care providers as follows:

### **Foster Home Re-Evaluation Unit (FHRU)**

This unit of four Children's Services Workers (CSWs) and one Supervising Children's Social Worker (SCSW) are responsible for annually evaluating whether over 500 State licensed foster parents are providing a safe and healthy environment for children placed in out-of-home care. Re-evaluations of state licensed foster homes occur to determine that all standards and services are being maintained as detailed in Community Care Licensing (CCL) regulations and California Code provisions.

The FHRU is also responsible for placing Investigative Holds on licensed foster homes when requested by Assistant Regional Administrators (ARAs) and/or SCSWs as a result of substantiated and/or inconclusive allegations of abuse/neglect investigated by the regional offices. The FHRU assessment tool was recently updated to include self sufficiency and permanency elements.

### **Foster Family Agency (FFA) and Group Home (GH) Monitoring Units**

The FFA Monitoring Unit consists of one Children's Services Administrator II (CSA II) and seven CSA Is who conduct annual reviews of approximately 50 contracted FFAs. The GH Monitoring Unit consists of one CSA II and six CSA Is who conduct annual reviews of approximately 65 GHs and two Community Treatment Facilities (CTFs)

The primary focus of the Monitoring Section is to conduct annual monitoring reviews of contracted FFA and GH which serves Los Angeles County DCFS placed children. These reviews include outcome-based performance reviews and program contract compliance reviews. The purpose of conducting these reviews is to determine if Contractors meet the requirements set forth in the Foster Care Agreements, the Contractor's program statement(s) and DCFS policies by assessing the Contractor's service delivery and to ensure that Contractors are providing children with quality care and services in a safe environment, which includes physical care, emotional support, and other services to protect and enhance their growth and development. The agencies are held accountable for adherence to California Department of Social Services CCL Division regulations and DCFS policies for quantity and quality of service delivery. There may be additional reviews if there is a need for a focused review as a result of an assignment or Board inquiry, or a significant pervasive child safety issue. In accordance with Contract specifications, the Monitoring Units request corrective action when warranted and for more egregious concerns, impose Hold, Do Not Refer, or Do Not Use action.

In an effort to enhance the standard of the contracted agencies and facilities where our foster youth are placed, the Monitoring Unit has made some proposed contract language changes as it relates to certifying safer homes and hiring more experienced staff. These proposed changes to the contract should be effective November 1, 2012.

The Monitoring Units are also currently enhancing the monitoring process overall, by revising protocols, instruments, Needs and Services Plans, and Special Incident Report Guidelines, all of which speak to holding agencies more accountable for safety and service delivery to our placed children. The anticipated date of completion is August 31, 2012.

With regard to cherry-picking and the statement that there is a lack of capacity or willingness to take babies and or children with special needs, we looked into this and found that there are legitimate concerns. In meetings with the FFA providers, they have shared that one issue with placing younger children is the high level of visitation required. They are required to monitor and be involved with all of the visitations and lack of DCFS resources to support visitations makes it difficult to find placements. Another issue is that many of the foster parents are working and the high cost of child care makes it difficult to find families for this population. They have shared that most families who want younger children are interested in adoption. Overall, they have reported challenges in recruiting families due to issues such as the economy. To address these concerns, DCFS will look into raising the rates or providing an incentive payment for providers to accept babies and children with special needs.

In the interim, the OHCMD is collaborating with regional staff, including the Emergency Response Command Post (ERCP) regarding “cherry picking” and providers’ refusal to accept placed children when vacancies may appear in their facilities. To that end, contracted FFA and GH providers have been reminded of these concerns as the contract specifically states agencies are to accept children who meet their program statement criteria. The contract does however also state that agencies do have the right to deny placements of children within the limitation of information provided to them at the time of placement who may not meet their program statement criteria. An explanation of these denials of placements is to be provided to the placement worker (for GHs) and the Division Chief (for FFAs). In these situations, OHCMD has communicated and will continue to communicate with the regional offices and ERCP regarding the importance of placement matching and disclosing all available information to agencies when placing children. Additionally, in an effort to assure compliance for notifying the County of various contractual requirements, OHCMD has taken a proactive approach by sending a reminder to all contracted FFAs and GH that they are to comply with acceptance and denial of placements.

As a final note, for those FFAs, GHs, (corrective action, Holds, Do Not Refer, Do Not Use) and licensed foster homes (Holds only) who do not meet agency standards, OHCMD takes appropriate action in accordance with established protocols, contractual and State regulatory standards.

### Organizational Changes

#### RECOMMENDATION NO. 5.1

Organizational structure. The Director of DCFS should undertake a top-to-bottom organizational review of the structure and job design in DCFS.



The BOS should give the new Director of DCFS sufficient time to build a better organization. DCFS greatly needs continuity in leadership, particularly to tackle the problems of an organization that many staff members believe is top heavy and overly bureaucratic. In addition to streamlining processes, flattening the organization will improve lines of communication.

It will also provide resources to apply to critical areas of front-line services, including hard-to-serve areas. Possible strategies might be:

- Increased promotional opportunities for SCSWs and CSWs who have worked a certain number of years in two or more regions, including regions identified with higher concentrations of children and families at risk
- Additional pay – similar to “combat pay” – for SCSWs and CSWs working in regions with more at-risk clients
- Requirement that all SCSWs and CSWs work in at least one region with concentrations of at-risk clients for a minimum number of years

## RESPONSE

Agree – Not yet implemented. DCFS has retained the services of an expert in organizational change and development, Dr. Alan Glassman. Dr. Glassman is currently engaged in an extensive process to review the Department’s existing organization structure and will provide a recommended departmental structure to the Director within the next few months. Dr. Glassman’s proposed organizational structure will follow and build upon DCFS’ new strategic plan, address job design, and include ways to streamline the organization and increase organizational effectiveness. Upon approval by the Director, the proposed organizational structure will be presented to the Board of Supervisors for review.

In addition, it should be noted that the DCFS’ developing strategic plan includes Goal #2, “Pursue Workforce Excellence,” which will specifically address job/role expectations.

Please see response to recommendation 4.3 as these efforts will also address DCFS’ organizational structure.

## RECOMMENDATION NO. 5.2

Improved work culture. The Director of DCFS should include improving the culture at DCFS as a priority in the implementation of the new strategic plan. Staff members should exercise “common sense” and critical thinking when making calculated, professional decisions based on risk-factors. Although staff members should be held accountable for their decisions and actions, their ability to respond rationally is adversely affected if they fear they will be second-guessed and punished for what can only be defined as errors in hindsight.

A more positive culture that stresses learning and does not punish for errors when reasonable risk-taking goes bad will likely have a good impact on the quality, appropriateness, and efficiency of the work accomplished by all and to the benefit of families and children.

## RESPONSE

Agree – not yet implemented. Included in DCFS' developing strategic plan is Goal #3 to "Pursue Workforce Excellence," and under this goal we will include strategies and objectives designed to positively impact DCFS culture, including caseload/workload management, job/role expectations and human resources management.

The Director has been meeting with leaders of the local schools of social work (the Inter-University Consortium or "IUC") to redesign basic classes, Academy training and other related skill-development and evaluation programs. Through this initiative, we intend to provide staff with critical thinking and problem solving skills that will allow them to function in stressful situations without over-reliance on policies and tools.

We are also in the process of developing an education-based discipline proposal. We are looking into the Sheriff's Department's Education Based Discipline program, which provides an option of targeted training for staff as an alternative to traditional discipline. Through such a program, we can use incidents or poor performance as an opportunity to actually strengthen staff skills and practice in the specific areas where they were demonstrated to be deficient; instead of merely punishing staff with a suspension or other less-constructive remedies as we currently do.

We will also make changes to our Internal Affairs investigations to speed the discipline process and improve the chances of success of disciplinary action. We will identify law enforcement, legal, or other external resources to train DCFS Internal Affairs Investigations in investigation, report writing, and Civil Service processes.

To further shorten timelines for discipline, we will develop recommendations to more closely align the Human Resources and Internal Affairs/Investigation processes.

## RECOMMENDATION NO. 5.3

Multidisciplinary teams. The Director of DCFS should evaluate the relative cost and efficacy of multidisciplinary teams to undertake the initial entry, safety, and risk evaluations required of CPHL referrals. This approach should build on the lessons learned at DCFS with its multi-disciplinary Team Decision-Making (TDM) approach and co-location of DMH, DPH, and DCFS professionals stationed in the field at night.

Concerns were raised by front-line staff about their relative experience and ability to gain entry and undertake the complex assessments required by many referrals. They cited many challenges (e.g., contention at the time of entry, contentious assessments involving drugs or violence and abuse, or mental instability or behavioral problems).

The assessments can be done more quickly, efficiently, and accurately by having the specialized skills of a senior DCFS social worker, a public health nurse, and a mental health professional during contentious entries. DCFS also indicated that the skill set of an Emergency Room nurse, familiar with traumatic situations and distraught patients and families might be an added benefit. Each team member can assess the case from different perspectives (e.g., public health nurses' assessment of neglect vis-à-vis law enforcement's assessment of physical or sexual abuse).

Moreover, the multidisciplinary teams can make the best assessment of the optimal placement for a child, based on the continuum of need model used in the County. The cases with the greatest needs are candidates for FFA placements, the more costly placement option.

The creation of these specialized multi-disciplinary teams in each region to support the case workers who eventually take over the case would undoubtedly speed up the process and perhaps allow DCFS to meet the State's requirement to complete the assessment in 30 days and hopefully less.

Specialized units with additional skills and experience to deal with high-priority cases should be considered, as well as skills (as opposed to seniority) classification levels for social workers. This option of using different social workers for investigations versus support services and placement also addresses the inherent differences in the CSWs' relationship with the families.

## RESPONSE

The recommendation requires further assessment but it does not appear to be financially feasible.

DCFS is unable to hire the staff necessary to carryout this recommendation. That said, DMH, DCFS, and Probation have adopted a shared Core Practice Model, which provides a set of values, principles, and practices to be adhered to when providing services to children, youth, and their families. The Core Practice Model emphasizes a set of practice standards that includes teaming with other service providers. In particular, for clients served concomitantly by DMH and DCFS, there is an expectation that each child will be served with a Child and Family Team (CFT). These CFTs are made up of the various formal and informal supports that are necessary to meet the needs of the child and family, including child welfare, mental health, health, and probation staff.

DCFS has had good experiences with multidisciplinary team conferencing and specialized programs. The efficient and sound decisions that result from joint planning with co-located specialized staff and community partners who represent various specialized services are key to successful case planning. Also, one example of a specialized unit that has had great success for regional youth is the Youth Permanency Unit which works intensively with the needs of older more challenging youth who lack strong family or community ties and require very special assistance in becoming self reliant.

We are however exploring the use of specialized forensic training for first responders to include forensic interviewing (including physical/sexual abuse identification/assessment), drug identification and that of domestic violence, along with available resources and training from community partners who deal with each subject. We will also explore creating Multidisciplinary teams for every region (1 per region) to include DCFS, DPH, DMH and LE to conduct the investigations on more high risk cases. The Multidisciplinary Teams would include an experienced CSW, either a PHN or, preferably a Pediatric Nurse trained in evaluating forensic evidence, a DMH staff and a Detective. Ideally there would be one team in each region or SPA committed to working high risk cases including, child fatalities, sexual abuse, serious injuries and high profile media cases.

Also, in terms of Team Decision Making Meetings (TDMs), ER/Front-end TDMs account for more than half of TDMs. They remain an integral and highly influential strategy in addressing the efficient closure of ER referrals that originate from the CPHL.

Lastly, on July 16, 2012, the Child Awaiting Placement (CAP) Center was opened. It is a central location for children, ages 0 to ten to receive pertinent mental health and/or medical treatment while awaiting placement up to 23 hours. We will explore if this may be a suitable setting for TDMs as relevant staff (medical, mental health, and child welfare) is centrally located.

#### RECOMMENDATION NO. 5.4

Grief counseling for DCFS staff and families involved with child fatality cases. The Director of DCFS and the Director of DMH should develop a debriefing and support process for DCFS staff when a child or family member in one of their cases dies.

Strong bonds are developed between social workers and their families they work with. Grieving is a natural human reaction to a death of someone close. The healing process cannot normally be rushed but can be accomplished more effectively with professional support. DCFS should: a) work with the County's Employee Assistance Program (EAP) to design a program that is focused on these types of crises and b) encourage its employees, who have had to deal with a child fatality case, to take advantage of the EAP. ICAN's Peer Support Team Program (PST) might also provide a foundation to build on. The provision of these types of support will have a positive spillover and will strengthen staff members' ability to work through these situations with their clients.

Similar programs should be developed and offered to DCFS families who have lost children under such difficult circumstances. For example, DCFS can develop a network of resources through community-based organizations to work with such families.

#### RESPONSE

Agree – further analysis is required. Currently, DCFS staff and families involved with child fatality cases are referred for mental health services, however a consistent and routine process for all staff and families in such situations is not in place. By January of 2013, the DCFS Child Welfare Mental Health Services Division and the DMH Child

Welfare Division will work with DCFS Risk Management and DMH Emergency Outreach Bureau to develop and implement such a process.

RECOMMENDATION NO. 5.5

Coordination with university programs. The Director of DCFS should collaborate with the Inter-University Consortium and with faculty at local university and college programs that prepare the next generation of social workers to help students:

- Identify where children may be at risk for their safety and well-being
- Gain the more advanced skills and knowledge needed by social workers in Los Angeles County

RESPONSE

Agree – Not yet implemented. DCFS is directly engaging and partnering with local accredited Schools of Social Work (Inter-University Consortium) in the context of re-contracting which has focused on equipping social workers via classroom and field internship experiences with knowledge and skill to engage and assist families with multiple, complex and enduring need. While both DCFS and the CalSWEC sponsored internships provide 500-600 hours of supervised practice experience; further enhancements to the Intern program are under review/consideration in order to establish increased opportunities for application to more complex case situations. Current discussions focus on increased integration of assessment skills, critical thinking and decision making, safety planning and management throughout the life of a case, improved documentation and teaming with families. The Directors of DCFS and DMH respectively have met with the Deans of local Schools of Work to explore and implement these changes.

RECOMMENDATION NO. 5.6

Coordination with university programs. The Director of DCFS should ensure improved and increased training and tools, such as:

- Mandated reporting and cross-reporting within the County system
- Safe-sleeping and outreach tools and techniques
- Methods for investigating allegations
- Intervention strategies
- How to identify suicidal tendencies
- How to identify possible high-risk families or situations of child abuse or neglect
- Technology to support training (i.e., child abuse prevention applications)
- Support for the Practice Models' coaching and the mentoring practice as a means to provide training and development

Training modules should be made available to a variety of stakeholders, such as:

- All relevant agencies (line staff and relevant management)
- Service Planning Area (SPA) Public Health Centers
- Health-based organizations (i.e., WIC, physicians, hospitals, clinics, etc.)
- Formal and informal community-based organizations, (Neighborhood Councils, Child Abuse Councils, Neighborhood Watch, etc.)
- Faith-based organizations

## RESPONSE

Agree – Not yet implemented. The DCFS and the Inter-University Consortium (IUC) partners have incorporated practice skills into the DCFS Core Practice Model (CPM) documents which serve as the framework and foundation for both formal and on-the-job training for all professional staff. It provides a platform of child welfare and mental health practice focused on child needs and child and family outcomes. Priority focus is on improving practice through skill based training, supported by actual field based coaching and case conferencing with supervisors to support application. Information gathering, investigation, assessment, teaming, developing tailored plans that are behaviorally based and meet underlying needs of children and families are fundamental to the DCFS Practice Model.

Additionally, DCFS and its IUC partners have an established and on-going interface between the DCFS Quality Improvement Section, Risk Management Division, Training Section, and Executive Office. This interface helps ensure key practice and policy issues that surface in case reviews, child fatalities and special incident reports are incorporated, and additional training (including but not limited to those topics/areas listed in the report) can be developed by universities on an as needed basis to target and address the identified issues.

Regarding providing training modules to stakeholders and providers, DCFS has done this with select modules that update key providers and partners on key initiatives, programs and practices. These primarily have focused on core DCFS services. DCFS can make select modules suitable for broader audiences available on a case by case basis. More prominently, as DCFS works to implement practice improvements based on the DCFS practice model; joint and cross system training and coaching with providers and stakeholders in areas of shared/complementary practice is essential. As an example, teaming strategies that provide increased support to DCFS children and families and that involve community partners and providers, informal supports and advocates are a prominent component of the DCFS Practice Model and strategic direction. As implementation of this practice (teaming) is implemented in select DCFS offices, joint/cross training with stakeholders and team members (including but not limited to those listed) has been and will continue to be essential.

### RECOMMENDATION NO. 5.6.1

The Director of DCFS should ensure that the Department works with licensing organizations and certifying boards to encourage them to strengthen their mandated reporting training and closely monitor compliance.

## RESPONSE

Agree – Not yet implemented. DCFS currently offers training on mandated reporting to community partners, providers and other public agencies if and as requested. Many agencies with mandatory reporting responsibilities also have and provide this training internally to their respective staff. For contracted providers, DCFS has both the leverage and ability to monitor and insure compliance with mandatory training requirements. While DCFS support and encourage non-contracted licensing and certifying agencies to insure all staff required to report receive required training; the DCFS does not currently have a mechanism to monitor compliance of these agencies. If so approved through the Chief Executive Office and County Department of Human Resources, mechanisms to ensure other County Agencies with reporting responsibilities comply with ongoing training requirements could be organized and administered through the County's Learning Management System, which tracks and reports training for County employees.

## RECOMMENDATION NO. 5.6.2

The Director of DCFS should consider implementing the following training changes advanced by DCFS staff:

- Have the Academy training done in the regions versus at a central location to save travel time and costs
- Consider having additional Academies located in the regions with the more complex cases (e.g., South Central Los Angeles)
- Have supervisors and ARAs carry caseloads so they stay in touch with the new issues front-line staff members face
- Improve team process skills at all levels of the organization
- Offer specific training on how to present cases and recommended placements in court hearings
- Encourage a job rotation program so that case workers work in a variety of settings, particularly during the first 10 years of their careers, especially if they have career aspirations to move into supervisory or management ranks

## RESPONSE

Agree – Implemented. Consistent with this recommendation and following a pilot phase, DCFS re-designed the "Core Academy" to incorporate increased numbers of structured field days that link classroom training with increased opportunities for direct practice under the coordinated guidance of Training Unit SCSWs and Field Based Trainers in offices where newly hired staff are assigned. This re-balanced approach/schedule was designed to better ensure transfer and application of learning to practice as well as facilitate earlier and more rigorous assessment, feedback, coaching and evaluation for new hires.

Across the nine month probationary/academy period, the focus shifts from classroom and structured field experience to actual case-carrying duties under the supervision of

the assigned SCSW. Across time and based on acquired skill and demonstrated competence this also allows assignment of tasks and activities with more complex cases. This helps ensure assessment of the new hire's capacity to carry out actual casework judged against the probationary standards of the CSW classification. As such, passing DCFS probation and the Academy means interns have successfully engaged in classroom and field day experiences as well as the actual direct/primary work, improved if/as needed and demonstrated competence and capacity to carry out casework activities consistent with the probationary standards of the CSW classification based on their program/unit assignment.

In partnership with the IUC, line operations managers and DCFS Personnel, DCFS continues to focus on improving and strengthening this re-designed academy approach to ensure no one is advanced to do this important work without demonstrated ability to do so.

DCFS concurs that ensuring SCSWS and ARAs maintain keen awareness regarding the challenges line staff face and the complexity of case work is critically important. While it is not practical or advisable for ARAs and SCSWs to have primary case assignment; direct involvement in case review and consultation especially in high risk complex cases is essential. ARAs have specific case review and sign off requirements in select higher risk situations allowing them to not only stay connected with the work but also to provide support and accountability in decision making. Further, working with ARAs and SCSWs DCFS is institutionalizing ongoing coaching support groups in all offices allowing discussions to focus on key practices (and challenges in implementing them) to be ongoing points of development and learning. Though not universally applied due to time, workload and caseload constraints, many SCSWs do make field visits. Middle and senior managers are also conducting "ride alongs" with ERCP.



**Civil Grand Jury Report – Child Death Mitigation Response Log 2012**

| Reco  | Agree | Disagree | Status    |                     |                 |                    |
|-------|-------|----------|-----------|---------------------|-----------------|--------------------|
|       |       |          | Implement | Not yet Implemented | Future Analysis | Will Not Implement |
| 1.1   | X     |          |           | X                   |                 |                    |
| 1.2   | X     |          |           | X                   |                 |                    |
| 1.2.1 | X     |          |           | X                   |                 |                    |
| 1.2.2 | X     |          |           | X                   |                 |                    |
| 1.3   | X     |          |           | X                   |                 |                    |
| 1.4   | X     |          |           | X                   |                 |                    |
| 1.5   | X     |          |           | X                   |                 |                    |
| 1.6   | X     |          |           | X                   |                 |                    |
| 2.1   | X     |          |           | X                   |                 |                    |
| 2.2   | X     |          |           | X                   |                 |                    |
| 2.3   | X     |          | X         |                     |                 |                    |
| 2.4   | X     |          |           | X                   |                 |                    |
| 2.5   | X     |          | X         |                     |                 |                    |
| 2.6   | X     |          |           | X                   |                 |                    |
| 2.7   | X     |          |           | X                   |                 |                    |
| 2.8   | X     |          | X         |                     |                 |                    |
| 2.9   | X     |          |           |                     | X               |                    |
| 2.10  | X     |          |           | X                   |                 |                    |
| 3.1   | X     |          | X         |                     |                 |                    |
| 3.2   | X     |          |           | X                   |                 |                    |
| 3.3   | X     |          |           |                     | X               |                    |
| 3.4   | X     |          | X         |                     |                 |                    |
| 3.5   | X     |          |           |                     | X               |                    |
| 3.5.1 | X     |          |           |                     | X               |                    |
| 3.5.2 | X     |          | X         |                     |                 |                    |
| 3.5.3 | X     |          |           | X                   |                 |                    |
| 3.6   | X     |          | X         |                     |                 |                    |
| 3.6.1 | X     |          | X         |                     |                 |                    |
| 3.6.2 | X     |          |           | X                   |                 |                    |
| 3.6.3 | X     |          | X         |                     |                 |                    |
| 4.1   | X     |          | X         |                     |                 |                    |
| 4.2   | X     |          |           | X                   |                 |                    |
| 4.3   | X     |          |           | X                   |                 |                    |
| 4.3.1 | X     |          |           | X                   |                 |                    |
| 4.4   | X     |          |           | X                   |                 |                    |
| 4.5   | X     |          |           | X                   |                 |                    |
| 5.1   | X     |          |           | X                   |                 |                    |
| 5.2   | X     |          |           | X                   |                 |                    |
| 5.3   |       | X        |           |                     |                 | X                  |
| 5.4   | X     |          |           |                     | X               |                    |
| 5.5   | X     |          |           | X                   |                 |                    |
| 5.6   | X     |          |           | X                   |                 |                    |
| 5.6.1 | X     |          |           | X                   |                 |                    |
| 5.6.2 | X     |          | X         |                     |                 |                    |

**DCFS Review  
Recommendations for years 2006-2007, 2007-  
2008, 2008-2009, 2009-2010**

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR DCFS REVIEW: STATUS OF 2006-2007 RECOMMENDATIONS

Crisis in Communication – Preventing Child Fatality and Maltreatment

RECOMMENDATION NO. 1.3

Provide reports on a regular basis such as monthly to DHS hospitals on the outcome of all child maltreatment reports file for each hospital and other reporting facilities.

RESPONSE

The Department continues to disagree with the recommendation as such reports would violate confidentiality provisions contained in current mandated reporting law, which dictates that outcome information is to be provided to the mandated reporter who filed the report, not to the agency employing the mandated reporter. This provision of the law protects a mandated reporter from possible reprisals by the agency of employment in situations where the employer might disagree with the mandated reporter's decision to file a child abuse report.

RECOMMENDATION NO. 2.1

Implement mHub and myCSW links between 1) all medical Hubs 2) medical Hubs and DCFS. Further assessment of CHEERS may be useful for inclusion of education emancipation information in the countywide database.

RESPONSE

Completed. This recommendation was met by the implementation of the E-mHub data system at all 6 DHS Medical Hub Clinics, which was completed on February 28, 2011. The system links the clinics together, receives electronic referrals from DCFS, and electronically transmits appointment status alerts and links completed examination forms to DCFS.

RECOMMENDATION NO. 3.2

Assign Public Health Nurses to staff Hub clinics in addition to Children's Social Workers since all children in the DCFS system are already assigned a social worker who could serve on the multidisciplinary teams for the children on their caseload.

## RESPONSE

Implemented for CSWs. Partially implemented for PHNs. On December 2011, the Board of Supervisors approved funding through Title IV-E Reinvestment Savings to implement a one year pilot to out-station CSWs and PHNs at each of the Medical Hubs. CSWs have been out-stationed at the Hubs since May 2012.

The Department is in the process of canvassing, interviewing and selecting temporary Public Health Nurses (PHNs) that will be out-stationed at the Hubs as part of the one-year pilot. The Department will continue with the process of interviewing, selecting and hiring PHNs who are willing and available to work temporarily at the Hubs.

## RECOMMENDATION NO. 3.7

Assist ICAN in its integration efforts by incorporating it into DCFS so that it can continue to maintain its ongoing review of child deaths.

## RESPONSE

The department originally disagreed with the recommendation, however, in compliance with a Board Motion pertaining to a Single Entity, DCFS meets and confers with ICAN on child death data and participates in the various ICAN child death review meetings.

## RECOMMENDATION NO. 4.4

Consider an alternative system of medical record data entry, such as using Intermediate Typist Clerks or a similar County classification for the majority of routine cases so that Public Health Nurses are utilized in a more efficient and effective manner but would still be available for assisting with interpretations of the more complex medical information and records obtained by DCFS for entry into CWS/CMS.

## RESPONSE

Not implemented; Starting July 2013, and once budget constraints are alleviated, DCFS will work with the CEO to identify possible funding for this purpose.

## Triple Jeopardy – Abandoned, Neglected, and Abused Children of Los Angeles County

### RECOMMENDATION NO. 3.1

DCFS should develop new categories of Foster Family Care that will have the skills and ability to parent the more challenging dependents currently placed in home facilities.

## RESPONSE

Partially implemented; targeted for December, 2012. In partnership with the Department of Mental Health (DMH), DCFS has executed contracts with 12 eligible Foster Family Agencies (FFA) for Intensive Treatment Foster Care (ITFC) and four FFAs for Multidimensional Treatment Foster Care (MTFC). The goal is to have 220 ITFC slots and 80 MTFC slots by the end of 2012. As of June 30, 2012, there were 106 slots. Since its inception 200 youths have received ITFC or MTFC Services. In December 2011, a new Targeted Recruitment initiative was initiated and has generated an increased response from potential ITFC or MTFC certified foster homes.

MTFC is an evidence-based model of therapeutic foster care that has been rigorously evaluated in multiple studies with demonstrated success in providing positive outcomes for youth in out-of-home care. MTFC limits the number of children placed in a foster home to one, and provides extensive training for foster parents; therapeutic interventions for the child, their family, and foster parents; along with round the clock crisis stabilization. ITFC is a more flexible framework outlined in the Welfare and Institutions Code 18358 and allows up to two children (e.g. siblings) to be placed in an extensively trained foster home and receive in-home mental health services that include Trauma-Focused Cognitive Behavioral Therapy. ITFC is not based on a family's availability as a permanency resource. Therefore, youth with histories of placement instability and unmet mental health needs that interfere with permanency benefit from a home-based setting designed to meet these needs, as well as, enhancing the potential for finding a permanent caregiver. ITFC programs exist in several other counties in California and are considered a valuable and effective alternative to group home placements. In response to a proposal that came out of the joint efforts of the Katie A. State Implementation Work Group and the CDSS ITFC Model Re-evaluation Work Group, the new State budget increased the rates for ITFC programs, including a \$300 per month raise for all ITFC foster parents as of July 1, 2012. The increase will assist in recruitment efforts.

Currently, DCFS is undergoing a re-design of the D-Rate program that will build-in more support and guidance for the D-Rate foster parent. One of several actions stemming from this re-design is a DCFS and DMH work group that has begun exploring ways to extend a blend of the best practices found in treatment foster care and Wraparound to the D-Rate children and foster parents. The goal is to enhance the support and training of the D-Rate foster parents, as well as, the behavioral and mental health interventions for the D-Rate youth. In February 2012, a D-Rate Redesign subgroup was formed consisting of staff from DCFS, DMH, Public Counsel, and the Children's Law Center. An additional subgroup currently underway will focus on revising the training curriculum offered by the Community Colleges for D-Rate caregivers.

#### RECOMMENDATION NO. 4.1

DCFS and Probation should develop a comprehensive and integrated, automated information system containing all record and, reports that have been compiled on every child by all caregivers.

RESPONSE

Implemented as of October 2010, the Probation Department has had access to CWS/CMS, the same automated data management system used by DCFS. CWS/CMS contains all the records on children and caregivers supervised by DCFS and the Probation Department.

RECOMMENDATION NO. 6.1:

DCFS should implement assessment centers in existing residential-based facilities that have the qualifications, capabilities, and capacity to provide such services.

RESPONSE

The Department continues to discuss the possibility of developing assessment centers with contracted residential-based facilities. A review of the Probation Assessment Centers (PACs) will be completed to determine if they may be replicated with DCFS contracted providers. This review will be completed by August 2012.

RECOMMENDATION NO. 6.3

As part of the assessment process, DCFS and Probation should set goals, measure the effectiveness of their placements, and identify causes for ineffective placements or outcomes.

RESPONSE

The evaluation of RBS is ongoing. Although Probation does not have any youth enrolled in RBS, they participate in the RBS Advisory Board to keep aware of the efforts to achieve better outcomes for residential care, system and practice issues and funding limitations. The RBS pilot will conclude in 2012 and the State sponsored evaluation will report out in 2013 on all four RBS sites in California. Los Angeles County is conducting its own internal evaluation and preliminary results have shown promise. For example, there are shorter lengths of stay, and reduced Serious Incident Reports (SIR) for those youth in RBS.

RECOMMENDATION NO: 6.4

DCFS and Probation should assess and develop new strategies for their respective AWOL dependents and wards.

RESPONSE

The Department of Children and Family Services agrees with the Civil Grand Jury findings and has assessed and developed a strategy for its AWOL population. The recommendation has been implemented, with ongoing efforts to continually improve the program and its strategies.

In 2007 the DCFS Runaway Outreach Unit (ROU) was implemented as the Department's primary resource for locating, placing and stabilizing youth who run away from care. Previously, the program began as a primary case carrying unit called the Runaway Adolescent Project; however, it soon evolved into a secondary case carrying strength based practice model that focused more on developing rapport with dependents and fostering trusting relationships between Children's Social Workers and youths. This type of care provision proved more effective and beneficial, such that each youth in the program received a more focused service plan and more individualized attention in their case planning process.

The program provides services to both first time runners, as well as, the more hardened youth population that lives outside the scope of established policies and procedures. Over the past 5 years the program has successfully returned over 1,500 youth to care and reduced the Departments runaway recidivism rate in each year of service.

Since 2007 the DCFS Runaway Outreach Unit Manager has actively participated in a variety of community based partnerships that focus on strengthening the services provided to this transient population. The program manager represents the ROU in the Interagency Counsel on Child Abuse and Neglect (ICAN), facilitates the DCFS Runaway Task Force and sits at the table as an active member of the Juvenile Court's Crossover Youth Task Force which works directly towards collaborating and coordinating on-going services between the Department of Children and Family Services, Los Angeles County Probation and the Department of Mental Health to assure there are proper services in place for this at risk population. The primary systems involved in this strength based model are Juvenile Justice (Probation) and Child Welfare (DCFS). While each serves a different function, they both aim to improve the lives of their clients by creating greater efficiencies in their respective systems.

The DCFS ROU manager will continue to evolve the services of the program to meet the needs of the at risk youth population. The ROU will actively collaborate with its community based partners and continue its facilitation with existing committees, allowing the program to continue to be successful and effective.

#### RECOMMENDATION NO. 9

DCFS and Probation should strategically use congregate care facilities that meet quality assurance standards and provide awards for achieving meaningful outcomes.

#### RESPONSE

The collaboration between DCFS and Probation is proactive and productive. The departments have continued to discuss respective departmental processes for monitoring congregate care facilities, which now include a rating/weight scale in the

revised program contract monitoring tools. The revised tools are in the process of being tested by DCFS monitoring staff and it is anticipated that this scale will help determine which agencies are the higher/lower performing agencies. The results of the agencies' compliance based on the rating and based on an analysis of a three-year period of aggregate performance data will be at least two variables used as established criteria to determine how best to recognize agencies for achieving meaningful outcomes or whether to continue to contract with agencies if significantly substandard care, supervision and service delivery are evident. It is anticipated that final implementation will be completed by June 30, 2013.

RECOMMENDATION NO. 9.1

DCFS and Probation should study how best to improve group home facilities' programs, staffing skills and staffing levels

RESPONSE

As mentioned above, Probation and DCFS are working together to learn from the RBS demonstration project and explore ways to improve outcomes for youth in residential care. In fiscal year 2015-2016, DCFS and Probation plan to release a solicitation for residential care that is based on the lessons learned from the RBS demonstration pilot.



RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR DCFS REVIEW: STATUS OF 2007-2008 RECOMMENDATIONS

Helping Probation and Foster Youth Prepare for Adulthood and Independence

RECOMMENDATION NO. 1f

Identify potential TAY younger than 14 to intensify efforts earlier to improve their changes of success.

RESPONSE

Implemented – January 2012. A CEO lead Self-Sufficiency Committee developed and implemented self-sufficiency goals across all human services departments, including DCFS, to improve services and outcomes for child/youth between the ages of birth to 25 years of age.

RECOMMENDATION NO. 2

The Deputy CEO should develop and implement a regular and systematic process of program review and evaluation for TAY programs which includes a goal of periodic, streamlining of operations in DCFS, Probation and DMH.

RESPONSE

Not applicable – awaiting direction from the DCEO.

RECOMMENDATION NO. 2b

Agencies should cultivate community resources and partnerships to seek new revenue sources, including grants from private and governmental agencies, to fund the new program.

RESPONSE

Implemented – Ongoing. YDS has fostered discussions in meetings with its contracted providers and through other stakeholder forums to achieve the recommendation.

Thus far, these efforts have met with success; for example, a faith entity in the Service Planning Area (SPA 6) sponsored in May 2012 a TAY youth drop-in center day, leveraging funding through various resources.

### RECOMMENDATION NO. 3

DCFS, Probation, DMH, and DPSS should develop and implement innovative programs to target high-risk families and high-risk children for proactive early intervention.

### RESPONSE

The recommendation has been implemented as of July 2012. The Community-Based Support Division has implemented innovative programs to target high-risk families and children for proactive early intervention. The Prevention Initiative Demonstration Project (PIDP) is in its final year of Title IV-E Waiver funding with a budget of \$2.5 million for fiscal year 2012-2013.

The following programs have been implemented by our PIDP providers:

Decrease in Social Isolation, Increase in Relationship Building, as well as, Leadership and Skills Development through models such as the Relationship Based Organizing Model; for example, the Neighborhood Action Councils (NACs) were implemented in high risk areas identified by DCFS.

Other strategies also implemented include Adult and Youth Leadership Groups, Community Action Groups (CAGs), and Neighborhood Ambassadors Groups which build relationships and organize communities. Participants engage in networking, groups, meetings, and community projects focusing on strengthening bonds between families, neighbors, local government, school systems, and other community stakeholders.

Provide leadership for network development: Building Community Partners to plan joint events (Resource Fair, etc.), share organization activities, and discuss methods to improve program functionality and service provision. Strategies include (1) Increase access and utilization of beneficial services, activities, resources, and supports and building social networks and (2) relationship, empowerment, and community.

Develop Economic Opportunities: Volunteer Income Tax Assistance Programs (VITA) support families by helping families apply for the Earned Income Tax Credit. Other strategies to develop economic opportunities include disseminating information about checking and savings accounts, small business loans, financial asset building, financial coaching, financial literacy workshops, access to time sharing (non-cash economy), bulk buying, and community gardens. Other strategies to promote economic opportunities include connecting PIDP families to job training programs and resources, as well as, adult education and community college programs.

Direct access to counseling and mental health services; for example, comprehensive weekly counseling services to PIDP referred families.

Visitation Centers offer a place for foster children and their biological parent(s) to visit and strengthen relationships, and encourage family cohesiveness in a safe and comfortable setting. Centers are strategically placed at Faith Based facilities or community agencies throughout the County and are equipped with toys and educational materials for parents to utilize while engaging with children.

Provision of linkage services to community members through the utilization of Resource Navigators throughout SPA 6 to connect clients to a host of resources that include but are not limited to counseling, basic needs, employment, housing, and health. Family Resource Centers assist clients on a walk-in basis in addition to DCFS-referred families. Continuous outreach is performed to encourage community participation and network building.

High school equivalency courses are available to assist students work towards a high school diploma. In a classroom setting, participants are given personal and group instruction to achieve a common learning objective. In collaboration with Time Warner Cable and Vocational Services, fiber optics courses are offered to community members. Students are given the opportunity to learn from a hands-on experience. Participants are intimately involved with providing the wiring/networking at various Shields for Families sites under the expertise of professionals. Additional vocational services include, but are not limited to resume building, interview preparation, computer skills classes, and job development courses.

Weekly skills classes such as parenting and anger management are offered to DCFS referred and non-DCFS referred clients to provide families with tools that foster effective communication, personal improvement, and community building. Classes are facilitated in English and Spanish. Community-based parent meetings and activities focus on strengthening social connections, knowledge of parenting skills, child development, and community-resources/services (i.e. Project Fatherhood support groups, non-violent parenting classes, self defense classes, literacy programs, teen empowerment groups, parent and child art classes, and ESL classes.

Emergency Shelters offered to families for short term emergencies. Efforts to assist in linkage to organizations and services to re-establish stability of the family are further implemented.

Provision of comprehensive case management services to PIDP referred families including participation in Team Decision Making (TDM) meetings with parents, family members, DCFS staff and other community service providers.

Intensive Case Management/Cultural Broker Liaison services between DCFS and PIDP referred families. Families are encouraged to attend Team Decision Making meetings to advocate for family maintenance and reunification services, family support, and connection to resources. Parent advocates provide peer mentoring through home visits and provide parent instructions in improving life skills, youth development strategies, and emotional well-being while promoting a decrease in substance abuse.

Provision of auxiliary services and funds to assist clients with basic needs such as eviction prevention, utilities, clothing, food, vehicle repairs, rental assistance, etc. These auxiliary services are stop-gap and short-term measures used to assist families stabilize.

#### RECOMMENDATION NO. 3d

More Intensive programs on drugs and access to drug rehabilitation programs should be provided to parents for themselves and their children.

#### RESPONSE

Partially implemented with a target date of January 2013. The Department of Children and Family Services and the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) are working to strengthen collaborative efforts through Project SAFE (Screening an Assessment for Family Engagement). Specifically, the Project SAFE collaboration seeks to strengthen the screening and assessment process for better identification of the needs of clients with substance use disorders and provide timely access to treatment. The intent of this initiative is to develop a comprehensive screening and assessment protocol emphasizing clinical assessments and therapeutic interventions by substance abuse experts.

A formal evaluation of the pilot project, which ended on June 30, 2012, is currently underway.

#### RECOMMENDATION NO. 4a

A suitable overlap of mentors should be built into the program to ease a child's transition to the new mentor.

#### RESPONSE

This recommendation has not been implemented. There is currently no designated funding to contract for mentoring services for foster youth that would allow for a sufficient number of mentors to be matched with each youth. The Department continues to work with other County and community agencies to explore ways to promote mentoring and increase the number of agencies willing to implement a quality mentoring program. There are currently, relatively few mentoring agencies that have community based mentoring programs. However, DCFS works with community agencies that provide school based academic mentoring to several foster youth.

#### RECOMMENDATION NO. 5

The directors of DCFS, Probation, DMH and LACOE should design and implement jointly a curriculum that addresses practical educational skills for all children to better prepare them for independence.

## RESPONSE

Partially implemented. Over the past two years, DCFS has partnered with the Los Angeles County Office of Education (LACOE) Foster Youth Services (FYS) through eight (8) LACOE Education Counselors being out-stationed in DCFS regional offices to assist Children's Social Workers and DCFS families better address youth educational needs. Additionally, LACOE continues to allocate approximately \$600,000 each year, to provide one-on-one home based tutoring services for DCFS foster youth. Since 2008, DCFS has worked closely with specific school districts in implementing the Foster Youth Education Program, (formally known as the Gloria Molina Foster Youth Education Program). Beginning in August 2012, DCFS and Probation will expand this program to 15 additional schools and three (3) school districts countywide. This program will include out-stationing Children's Social Workers and Probation Officers at the school sites to work closely with school personnel in addressing and monitoring the academic needs and progress of DCFS and Probation youth.

## RECOMMENDATION NO. 5a

All programs should contain an identified minimum level of understanding on the part of the recipients before the program is considered delivered.

## RESPONSE

Implemented. DCFS Education Consultants and LACOE Foster Youth Services Education Counselors work closely with the school districts to support the educational needs of the many children served by DCFS. With the Title IV-E Waiver re-investment funds, the Foster Youth Education Program will be expanded to additional schools and school districts countywide to better support improving the academic outcomes for youth served by DCFS and Probation.

## RECOMMENDATION NO. 5b

Enhanced study skills and courses on practical living skills should be part of the curriculum of juvenile halls and camps. DCFS should include such courses in the schedules of students attending public schools, whenever possible.

## RESPONSE

Partially implemented. DCFS works with community based agencies who have school based tutoring and after school programs that serve DCFS youth. For the past 2 years, DCFS has worked closely with First Star and UCLA, who have hosted the First Star UCLA Bruin Scholars Summer Academy. This is a five (5) week residential camp and year round mentoring program that provides youth with education skills and guidance about college requirements.

#### RECOMMENDATION NO. 5c

Foster Youth should be encouraged to participate in music, art and other non academic programs. Probation should seek volunteers to provide these services in juvenile halls and camps.

#### RESPONSE

Partially implemented. DCFS continues to support non-academic enrichment programs. DCFS works with the Youth Opportunities United Board in hosting an annual Art Camp for DCFS foster youth. This is a weekend camp that allows youth who are interested in art, to better refine their skills and form friendships with other foster youth who have the same interests. DCFS continues to work with Children Uniting Nations in referring over 700 foster youth each year to participate in the Day of the Child event that matches youth with an "adult friend" for a day of fun and activities in a carnival atmosphere.

#### RECOMMENDATION NO. 6.

Under the leadership of the Deputy CEO, DCFS, Probation, DPSS and DMH, improve programs should be provided to youth 18 to 25 who have left the system.

#### RESPONSE

Implemented – December 2011. A CEO lead Self-Sufficiency Committee developed and implemented self-sufficiency goals across all human services departments, including DCFS, to improve services and outcomes for child/youth between the ages of birth to 25 years of age.

#### RECOMMENDATION NO. 7

Under the leadership of the Deputy CEO, DCFS, Probation, and DMH, in consultation with LACOE and other school districts, should develop a plan and a timetable for a comprehensive information system to capture all records on all children in the system. The plan should include: cost estimates to develop and operate the system, a proposal for funding, and a timetable for implementation should be reported every four months to the Board of Supervisors.

#### RESPONSE

Partially implemented. In October of 2011, DCFS began working with the Los Angeles Unified School District to develop an automated system to share information about youth under the supervision of DCFS. In March 2012, all school districts in Los Angeles County were notified by DCFS and advised of a password protected web based server that allows school districts to access the DCFS database of children to determine those youth enrolled in their respective schools. Existing legislation intended to preserve confidentiality provides a fairly substantial barrier with respect to school districts sharing information with DCFS absent of parental consent or individual hard copy minute orders. DCFS is currently exploring automated methods to verify specific minute order

language as needed to obtain approval from the school districts to exchange information via a protected web site. Additionally, the department is currently looking at design options for the system to determine whether it would be more advantageous to develop a system in house, or to use software that may be available "off the shelf". An option has been presented by San Diego to use a program that they have developed, and they have offered it at a reduced price. However, there have not been any detailed investigations as to the feasibility at this point. In the coming weeks the department along with representatives from Probation, school districts, CEO and the Court will be evaluating the system and will render a decision at that point. The intent is to have a preliminary version of the system available for use by social workers this fall. Following the construction and rollout of the system with LAUSD, the department will need to continue to develop data sharing plans and protocols with the other 80 school districts in Los Angeles County. The goal is to have a fully operational system by the start of the fall 2013 school year.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR: DCFS REVIEW: STATUS OF 2008-2009 RECOMMENDATIONS

Be Prepared. Keeping Kids Safe- Disaster Preparedness for Youth in County Custody

RECOMMENDATION NO. 1

The Director of DCFS should incorporate relevant sections of their plan into all new standard contracts with group homes, foster care families and foster family agencies, where appropriate. At a minimum, the contracts should add a section reinforcing caregiver responsibilities for preserving records and maintaining possession of the records at all times during a disaster.

RESPONSE

DCFS agrees with the finding. The recommendation has not yet been implemented; DCFS anticipates the recommendation will be implemented by December 2012.

Hub Clinics – An Underutilized Resource

RECOMMENDATION NO. 3.1

The Director of DCFS should direct the CSWs and PHNs to create age specific information sheets to be given to foster parents or caregivers at the time the detained child is placed in their care. These sheets should be sized for easy access, such as for posting on a refrigerator or note-board, and give information listing normal behavior and expectations and also what steps should be taken in emergencies.

RESPONSE

Not applicable. Detained children continue to receive initial exams at the Hubs that include caregiver education on developmental issues at the time of the exam. For subsequent well child exams, CHDP providers provide developmental, age-specific anticipatory guidance by the CHDP provider on a regular basis and as such, this recommendation is no longer applicable.

RECOMMENDATION NO. 3.2

The Directors of DCFS and DHS should, by the end of 2009, develop criteria for identifying children in the child welfare system for whom the Hub Clinics should serve as medical



home, with responsibility for their overall medical care coordination, focusing in those with special health care needs and sexual abuse victims.

RESPONSE:

Not yet implemented. The Department of Health Services is moving forward to implement a medical home pilot at one of the Medical Hub Clinics targeted for calendar year 2013.

RECOMMENDATION NO. 3.3.1

The Directors of DCFS and DHS should, by the end of 2009, develop criteria for children in the child welfare system for whom the Hub Clinics would not serve as a medical home, but should provide continuity of care by: periodic reassessments every six months; Case reviews of children with special health care needs who are being seen by private community providers; Those at risk of being victims of abuse again, such as when changes in placement occur; Those under the Family Maintenance program, still living in homes where they were abused.

RESPONSE

Not yet implemented. As we pursue creation of foster care medical homes, the Department of Health Services will work collaboratively with the Department of Children and Family Services to ensure that children requiring follow up for medical issues, and any other children DCFS feels would benefit from follow up at the Hub will be included on the medical home system. Otherwise, DCFS will work collaboratively with physicians in the community to ensure that medical follow ups are met. Target date of implementation is calendar year 2013.

RECOMMENDATION NO. 4.2

The Directors of DCFS and DHS should work in collaboration with the county CEO and CIO to develop a long term data and information sharing system by June 2011 that enables these departments and others involved with serving foster children and youth to access key information about children's health and mental health needs and case histories.

RESPONSE

Partially implemented – 1<sup>st</sup> phase Winter 2013. The Department of Children and Family Services is working with the Department of Health Services, the Department of Mental Health, and Chief Executive Office for the implementation of the Enterprise Master Person Index (EMPI). The EMPI will identify common clients of County services to facilitate the secured sharing of information for improving services and coordinating service delivery. The EMPI will facilitate identification of common clients, and when it is legally permissible to do so, will facilitate appropriate, accurate, and reliable sharing of client data.

#### RECOMMENDATION NO. 4.3.1

The Directors of DCFS and the DPH should proceed with implementing the Lakewood project model system wide, enabling PHNs to work on any of the cases that come into the office to which they are assigned, regardless of department affiliation.

#### RESPONSE

Unable to implement. The CEO researched finding sources for the Project, but any additional funding would require the Board's approval.

Mr. Wesley Ford, DPH Director for Children's Medical Services, has agreed to implement the Lakewood Project countywide if DCFS provided the lost revenue that would occur under the existing HCPCFC funding structure at the Federal and State level. Due to DCFS budgetary constraints, DCFS will not be able to provide DPH with the lost revenue and, as such we are unable implement this recommendation.

#### RECOMMENDATION NO. 4.3.2

The Directors of DCFS and the DPH should collaborate to implement department-wide the DCFS Lakewood Project pilot integrating the two departments' PHNs by the end of 2009. This will require DCFS to utilize Katie A. funding in the short run for the estimated 15% of PHN time that would not be covered by the State CHDP funding, and identifying funding for long-term implementation.

#### RESPONSE

Unable to implement. Please refer to 4.3.1 above

#### RECOMMENDATION NO. 4.3.3

The Directors of DCFS and the DPH should research and work to resolve the funding issues introduced by the Lakewood project and the recommended organizational structure change by the end of 2009. This may be done by applying for additional funding and/or a waiver through the CHDP program. It also may involve identifying other DCFS funds to cover any balance not covered by CHDP

#### RESPONSE

Unable to implement at this time.

DCFS has explored funding with DPH, CHDP and Title IV-E dollars. However, due to DPH's Health Care Program for Children in Foster Care (HCPCFC) strict funding restrictions, this recommendation is not feasible. Please refer to 4.3.1 above.

#### RECOMMENDATION NO. 4.3.4

The Director of DCFS and the DPH should revise the MOU between DCFS and DPH by the end of 2009 to provide for input by DCFS Regional Managers into the evaluation process for DPH PHNs.

#### RESPONSE

Partially implemented. DCFS will continue to pursue this request. In the interim, Nurse Managers of both PHN programs actively attend the monthly Regional Administrators meetings and monthly All Managers meetings. In addition, both Nurse Managers have been attending monthly Regional Manager's meeting at the different Regional offices to present information on the roles and responsibilities of the PHNs in the different programs. These opportunities present the different Regional Administrators with opportunities to address issues and provide input about performance of PHNs.

#### RECOMMENDATION NO. 4.4

The Directors of DCFS and the DPH should finalize and proceed with tracking caseload and outcomes to evaluate individual PHNs and overall effectiveness of their services

#### RESPONSE

Partially implemented. The Department has developed a method to electronically track PHN caseloads. PHNs assign themselves as a "secondary" on cases that they are assigned to and/or on those cases that they are collaborating with a CSW. A caseload report has been generated which the Department is reviewing and analyzing in order to determine that the appropriate information is being captured and to assess for necessary modifications. The PHN Program managers are collaborating with BIS in developing outcomes to evaluate effectiveness of PHN services.

#### Health Information-sharing for At-risk Youth – Overcoming Obstacles

#### RECOMMENDATION NO. 6.1

To the extent permitted by law, DCFS, DHS, and DPH should provide skilled healthcare professionals access to youths healthcare information regardless of the department in which the information was originally obtained.

#### RESPONSE

Completed. DHS already provides the recommended access and shares information to the fullest extent that current laws and regulations permit. An MOU between DCFS, DMH, DHS and the Probation Department in July 2007 further clarified and documented the information sharing between these departments. Confidential user names and passwords

for authorized users are required for all current electronic systems containing patient/client information and will continue to be required for new systems.

#### RECOMMENDATION NO. 7.1.1

The CEO should caucus with DCFS and DMH, as well as with the DCEO of the CFWBC and County Counsel, to develop strategies for implementation of standards, remedies, and legislative changes at both County, State and Federal levels that will enable continuing improvements of healthcare delivery to County residents, consistent with the improvements which have been achieved as a result of Katie A. Court and Advisory Panel supervision.

#### RESPONSE

In Progress. This recommendation has been forwarded to the CEO as the lead. This level of strategic development and implementation of standards, remedies and legislative changes at County, State and Federal levels that will enable continuing improvements of healthcare delivery to County residents, consistent with the improvements achieved as a result of the Katie A. Court and Advisory Panel supervision has not been considered.

#### RECOMMENDATION NO. 7.2

The CEO should work with DCFS and DHS to develop written assurances from the State that County actions taken in response to Katie A. rulings are continued beyond the expiration of the Federal court order(s).

#### RESPONSE

Disagree. The State reached a Settlement Agreement on the Katie A. state case and is currently developing a statewide implementation plan consistent with the terms and objectives of the Los Angeles County Katie A. Settlement Agreement.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR STATUS OF 2009-2010 RECOMMENDATIONS

Child Abuse Reporting and Response

RECOMMENDATION NO. 1

The Office of the District Attorney, Department of Child and Family Services and LASD should lead an effort to develop a Memorandum of Understanding or Operational Agreement, as appropriate, among all of the parties within Los Angeles County involved in the E-SCAR for communicating cases of suspected child abuse.

RESPONSE

Partially Implemented; target date of August, 2012. The MOU/MOA has been completed and reviewed by the E-SCARS Steering Committee and upon final review and approval by County Counsel and DCFS management the MOU between DCFS, DA, and LASD will be ready for department head signatures.

RECOMMENDATION NO. 2

The E-SCAR Memorandum of Understanding or Operational Agreement should define the roles of the participants as to the communication and transmission of data and information among themselves and their coordination of responses. Time-to-respond and best practices standards should be established by DA, DCFS, LASD and the other parties to the Memorandum of Understanding or Operational Agreement for use as benchmarks by the participants. The Memorandum or Agreement should not, however, attempt to define or dictate the operations of the various groups as to their internal processes and protocols used in investigating, prosecuting or resolving reported child abuse allegations.

RESPONSE

Partially Implemented; target date of August, 2012. The MOU/MOA has been completed and reviewed by the E-SCARS Steering Committee and upon final review and approval by County Counsel and DCFS management the MOU between DCFS, DA, and LASD will be ready for department head signatures.

### RECOMMENDATION NO. 8

DCFS should consider the employment of additional Human Services Aides to alleviate some of the less critical work performed by the social workers.

### RESPONSE

Partially Implemented; target date of July, 2012. It is the Department's objective to assign one HSA to each CSW unit. This objective is still in the discussion stage as Human Resources and Budget personnel are discussing the topic. However, formal discussions with CEO staff must occur to identify funding prior to formulating an implementation plan.

## Attachment C

# **Community and Senior Services**



County of Los Angeles  
**COMMUNITY AND SENIOR SERVICES**

3175 West Sixth Street, Los Angeles, CA 90020  
Tel: 213-738-2600 • Fax: 213-487-0379



lacounty.gov

css.lacounty.gov

Gloria Molina  
Mark Ridley-Thomas  
Zev Yaroslavsky  
Don Knabe  
Michael D. Antonovich


*Enriching Lives Through Effective and Caring Service*

Cynthia D. Banks  
Director

Otto Solorzano  
Chief Deputy

July 31, 2012

To: William T Fujioka  
Chief Executive Officer

From: Cynthia D. Banks   
Director

Subject: **RESPONSES TO THE 2011-2012 LOS ANGELES COUNTY CIVIL GRAND JURY FINAL REPORT**

Thank you for the opportunity to reply to the recommendations in the 2011-2012 Civil Grand Jury Final Report affecting Community and Senior Services (CSS). The response is formatted in the template provided in your correspondence/memorandum dated July 3, 2012 (attached). We look forward to the opportunity to implement the recommendations and partner with the identified County agencies in the process. In addition, I would like to take this opportunity to address other items in the report that are of concern to CSS.

The section on Senior Care entitled "*The Patient Protection and Affordable Care Act, Challenges and Opportunities for Senior Care*" offers insight into senior services provided by LA County in light of the federal Patient Protection and Affordable Care Act (ACA) and makes recommendations as to how Los Angeles County, Department of Community Senior Services (CSS) can play a role in and take advantage of the changes enacted by ACA to improve cost containment and the delivery of senior services.

In particular the Los Angeles Civil Grand Jury (CGJ) investigation notes and promotes the concept of "aging in place" that assumes that seniors can receive a variety of services in their own environment. Additionally, the CGJ investigation found that CSS has already taken steps that pave the way for implementation of the federally mandated ACA. The Seamless Senior Services (S3) initiative was launched in April 2008 with a charge to be proactive and better prepared to address the future needs of Los Angeles County's seniors and identified some 100 programs across 24 departments and named seven critical programs, three of which are administered by CSS. While the recommendations have yet to be fully implemented, they provide a strong basis for implementing ACA in the County, an opportunity to create a centralized "hub" for senior services and streamline access to services to seniors.



The CGJ made the following findings and recommendations, which are followed with our responses:

#### RECOMMENDATION

##### **Patient Protection and Affordable Care Act - Challenges and Opportunities for Senior Care: Recommendation Number 1:**

*“The Los Angeles County Chief Executive Officer should initiate a meeting with the Department of Health Services (DHS) and the Department of Community and Senior Services (CSS) and other community based services for seniors, to examine services in light of the Patient Protection Affordable Care Act (ACA), and propose an overall strategy to the Board of Supervisors to enhance collaboration and cooperation between the many county entities that serve seniors. While the focus of the ACA is related to health issues, the goal of comprehensive health care for seniors involves the range of services represented in the Seamless Senior Services Initiative (S3). There is an opportunity at this time as the DHS is planning for implementation of the ACA to make LA County a national leader in senior health care.”*

#### RESPONSE

As a support department to the CEO in this recommendation, CSS agrees with and supports the recommendations identified in the findings. CSS is committed to the goal of a comprehensive health care model for seniors that involve a range of services represented in the Seamless Senior Services (S3) Initiative. Additionally, CSS is committed to becoming a hub for senior services to streamline and facilitate the access to services by the County’s senior and disabled population. CSS will support and collaborate with the CEO and DHS in achieving this goal.

#### RECOMMENDATION

##### **Patient Protection and Affordable Care Act - Challenges and Opportunities for Senior Care: Recommendation Number 5:**

*“The Los Angeles County Director of Community and Senior Services should create and distribute written and web-based materials that provide a comprehensive list of resources available for older adults and their families as well as a compendium of who provides the services and how to access them.”*

#### RESPONSE

CSS agrees and supports the recommendations identified in the findings. CSS agrees that we should create and distribute written and web-based materials that provide a comprehensive list of resources available for older adults and their families. CSS is committed to becoming a centralized hub for senior services and the recommendation has been partially implemented through the creation of the Los Angeles City and County Network of Care Website. The site provides a comprehensive searchable list of resources and access information available to older and disabled adults, their families, caregivers and service providers. CSS agrees that a written resource that accomplishes this goal must be developed and distributed to the target population, as well as an effort to increase the visibility and use of available web-based materials. Given fiscal challenges

and the language capacity for our diverse population, CSS will implement the recommendations within 12 months contingent on available resources.

In reviewing the Civil Grand Jury's Final Report, we noted a statement pertaining to the Los Angeles County, Commission for Older Adults, which may be misleading to other stakeholders and would like to take this opportunity to clarify. Specifically, page 338 of *"The Patient Protection and Affordable Care Act, Challenges and Opportunities for Senior Care,"* states:

*"The goal of wellness has already been adopted by the Los Angeles County Commission for Older Adults (LACCOA; <http://css.lacounty.gov/laccoa.aspx>): "It is our mission to deliver quality services that promote independence, dignity, prosperity, choice, and social well-being to seniors, adults, youth, and the business community." LACCOA has a goal to integrate care management "to promote and maintain independent living for frail elderly and adults. Care managers link clients with a full range of appropriate services and available funding sources." The budget for 2010-2011 was \$138 million."*

As an advisory board to CSS, LACCOA shares and is committed to these goals but does not provide direct services, as the paragraph implies. Rather, LACCOA serves as an advisory capacity to CSS' Area Agency on Aging (AAA), committed to making Los Angeles County one of the best communities for older adults in the nation. CSS' AAA is responsible for ensuring clients are provided with appropriate services, which are funded through federal, State, and County sources.

Thank you for the opportunity to respond and voice our commitment to address the needs and recommendations identified through the CGJ report. Should you or your staff have questions or need additional information, please contact me at (213) 637-0798 or [cbanks@css.lacounty.gov](mailto:cbanks@css.lacounty.gov) or my Special Assistant, Rafael Carbajal, at (213) 738-2065 or [rcarbajal@css.lacounty.gov](mailto:rcarbajal@css.lacounty.gov).

c:     Antonia Jiménez  
       Otto Solórzano  
       Lorenza Sanchez  
       Joyce Washington

Attachment D

**Consumer Affairs**



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**COUNTY OF LOS ANGELES  
DEPARTMENT OF CONSUMER AFFAIRS**

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Members of the Board

Gloria Molina  
Mark Ridley-Thomas  
Zev Yaroslavsky  
Don Knabe  
Michael D. Antonovich

Brian J. Stiger  
Director

*"To Enrich Lives Through Effective and Caring Service"*

July 27, 2012

To: William T Fujioka  
Chief Executive Officer

From: Brian J. Stiger  
Director

SUBJECT: **RESPONSE TO THE 2011-12 LOS ANGELES COUNTY CIVIL GRAND  
JURY FINAL REPORT**

**I. 2011-2012 GRAND JURY RECOMMENDATIONS FOR "AGING OUT OF THE  
FOSTER CARE SYSTEM – TRANSITIONAL AGE YOUTH (TAYs)"**

**RECOMMENDATION NO. 1:** The Department of Consumer Affairs establish a dedicated hotline and webpage for TAYs.

**RESPONSE:** DCA has a dedicated phone number for TAYs and DCFS and Probation staff to call DCA for consumer counseling and assistance. Additionally, DCA and DCFS will provide information on their websites for TAYs, including how to protect themselves against consumer fraud and how to get assistance in resolving complaints.

**RECOMMENDATION NO. 2:** The Department of Consumer Affairs continue and expand their consumer education workshops for youth preparing to exit the foster care system (ages 16-18), at group homes, probation facilities, and designated locations per DCFS requirements for TAYs prior to their leaving foster care and probation. These consumer education workshops should address specific consumer issues facing TAYs as they prepare for adulthood to help them identify, prevent and resolve consumer issues, such as landlord/tenant disputes, car purchasing difficulties, education scams, credit/finance problems, and identity theft.

**RESPONSE:** DCA has an MOU with DCFS and Probation to work together in providing consumer protection services to foster youth, including educational workshops at group homes, probation facilities, and other designated locations.

**RECOMMENDATION NO. 3:** The Department of Consumer Affairs actively solicit volunteers, including those from the senior citizen population, to assist TAYs with consumer issues during their transition to adulthood, and also have volunteers accompany TAYs when they are seeking things such as transportation needs, renting of housing, banking, and applying for a job.

**RESPONSE:** DCA and DCFS both have strong volunteer and internship programs. The program coordinators from both departments will work together in recruiting volunteers to enhance consumer protection services for TAYs.

**RECOMMENDATION NO. 4:** The Department of Consumer Affairs provide unpaid internships for TAYs so they could gain first-hand experience in helping consumers resolve financial scams, and learn about how to protect themselves and their friends from consumer fraud. DCA consider establishing paid internships with a stipend.

**RESPONSE:** DCA and DCFS will work together to recruit TAYs to intern at DCA. TAY interns at DCA would learn how to be smart consumers and assist DCA in enhancing its consumer protection services.

## II. 2011-2012 GRAND JURY RECOMMENDATIONS FOR "IDENTITY THEFT FOR FOSTER CHILDREN"

**RECOMMENDATION NO. 2:** The Director of DCA, for all children that already exist in the foster care system, should clear and suppress the corrupted credit records of DCFS wards on a monthly basis as they turn 16. Assuming that birthdays are distributed evenly during any year, approximately 176 records would have to be checked by DCA each month or about nine records per day. When fraudulent credit records are deleted, they should be immediately suppressed to prevent further corruption.

**RESPONSE:** DCA, DCFS and Probation have an MOU that designates DCA as the agency to work with the major credit reporting agencies to run the credit reports of foster youth who turn 16 years old, remove corrupted records from compromised credit reports, and ensure that foster youths have a clear credit report at the time they age out of foster care.

**RECOMMENDATION NO. 4:** The Director of DCA should assume the lead role in correcting the corrupted CRB records of foster children. Corrupted CRB records of foster children should be corrected by a governmental agency such as DCA to prevent the foster child from being exposed to the expense and complexity of dealing with the various commercial agencies that deal with identity theft (see Exhibit 1).

**RESPONSE:** DCA, DCFS and Probation have an MOU that designates DCA as the lead agency to clear any corrupted records from the credit reports of foster youth. Through its outreach and education workshops to foster youth, DCFS social workers, and other stakeholders, DCA recommends against paying commercial businesses for identity theft assistance services. Instead, DCA recommends that foster youth and their caretakers contact DCA for this type of assistance, which is free of cost.

**RECOMMENDATION NO. 5:** The Director of DCA should expand its existing telephone voicemail system to add a menu number for the aged out foster children who

are encountering identity theft problems, and other problems unique to aging out of the foster care system.

**RESPONSE:** DCA has a dedicated phone line for foster youth to receive prompt and effective one-on-one assistance from an expert in identity theft crimes against foster youth. DCA believes that this level of personalized assistance is the best way to assist foster youth with identity theft crimes and other consumer issues.

**RECOMMENDATION NO. 6:** The Director of DCA should solicit, train, and encourage the use of senior citizen volunteers to aid the aging out foster youths in dealing with preventing future identity theft and fraud. Senior citizen DCA volunteers could be used to assist the foster youths by educating and acquainting them with resources such as the proper use of credit and debit cards.

**RESPONSE:** DCA and DCFS both have strong volunteer and internship programs. The program coordinators from both departments will work together in recruiting volunteers to enhance consumer protection services for TAYs.

Attachment E

**Coroner**



# COUNTY OF LOS ANGELES

**DEPARTMENT OF CORONER**  
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



**Lakshmanan Sathyavagiswaran, MD**  
Chief Medical Examiner-Coroner/Interim  
Director

July 27, 2012

William T Fujioka, Chief Executive Officer  
Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713  
Los Angeles, CA 90012

Dear Mr. Fujioka,

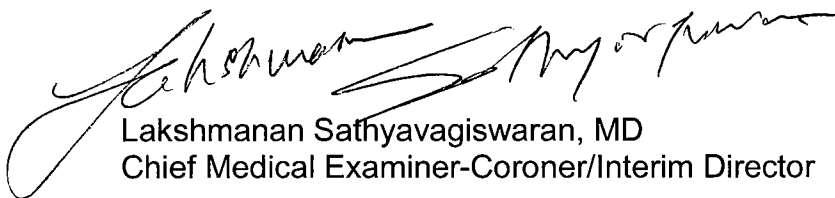
## LOS ANGELES COUNTY CIVIL GRAND JURY REPORT 2011-2012 CORONER RESPONSE

In regards to your memorandum dated July 3, 2012, attached is the Department of Coroner's response to the 2011-2012 Los Angeles County Civil Grand Jury Recommendations.

The Department agrees with all recommendations of the Civil Grand Jury which includes adoption of a new Electronic Case File System, enhanced training and response in emergencies and the replacement of the Chief Medical Examiner-Coroner upon his retirement.

If you have any questions please contact Sarah Ahonima at (323) 343-0784.

Sincerely,



Lakshmanan Sathyavagiswaran, MD  
Chief Medical Examiner-Coroner/Interim Director

### Accreditations:

*National Association of Medical Examiners  
California Medical Association-Continuing Medical Education  
Accreditation Council for Graduate Medical Education*

*American Society of Crime Laboratory Directors-LAB  
Peace Officer Standards and Training Certified*



**RESPONSE TO THE GRAND JURY FINAL REPORT**

**COUNTY OF LOS ANGELES-CORONER**

**SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR CORONER**

**RECOMMENDATION NO.: 1**

The Los Angeles County Office of the Coroner should assign specific employees to act as the Department Emergency Coordinator, Public Information Officer, Operations Section Chief, Logistics Section Chief, Finance/Administration Section Chief, and Coroner Representative to the County Emergency Operations Center. These positions should be filled by other specific, capable, and qualified employees in the event that those assigned employees are no longer employed by the Coroner or unable to perform the assigned duties.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

This recommendation is **completed**. Effective 7/1/2012.

**RECOMMENDATION NO.: 2**

The Los Angeles County Office of the Coroner should provide ongoing training for all employees on a regular basis.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

The Department implemented ongoing training in responding to emergencies. Training has been identified for Floor Wardens and Disaster Response Staff. A comprehensive training program will be implemented 7/2013.

**RECOMMENDATION NO.:** 3

The Los Angeles County Board of Supervisors should begin an immediate search for a replacement of the Chief Medical Examiner prior to the retirement of the current Chief Medical Examiner in 2012.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

The CEO/Board of Supervisors is responsible for the implementation of this recommendation. The position of Chief Medical Examiner-Coroner will become vacant upon retirement in 2013.

**RECOMMENDATION NO.:** 4

The Los Angeles County Office of the Coroner should seek the necessary funding for the adoption of the Electronic Case File System (ECFS) necessary for the Coroner to track and manage coroner case documents, including evidence, photographs, and other related objects or materials.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

Prior to this recommendation the Department has submitted requests for funding for FY 10/11, 11/12 without success. The Department intends through the supplemental budget process to request the necessary funding for FY 12/13.

**RECOMMENDATION NO.:** 5

The Los Angeles County Office of the Coroner should create a Senior Criminalist position dedicated to quality assurance to ensure a successful ISO Laboratory Accreditation.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

This recommendation is **completed**. The position has been created and is budgeted. The Department is in the process of recruiting applicants.

**RECOMMENDATION NO.:** 6

The Los Angeles County Office of the Coroner should purchase four additional vehicles necessary for the Coroner to provide the services necessary for the County.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

The Department is currently working with CEO to establish a budget for the vehicle replacement program.

**RECOMMENDATION NO.:** 7

The Los Angeles County Office of the Coroner should seek and purchase/pursue three generators for the Coroner for use in case of power outages during emergency situations.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

The Department is currently researching the viability of rental versus purchase. Completion of this recommendation will be based on available funding.

**RECOMMENDATION NO.:** 8

The Los Angeles County Office of the Coroner should upgrade or replace the Antelope Valley Regional Office.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

The Department has communicated with the Capital Projects Team to consider moving the Antelope Valley Regional Office into the vacated High Desert Hospital which is located adjacent to the existing Regional Office.

**RECOMMENDATION NO.:** 9

The Los Angeles County Office of the Coroner should establish a keyless card entry system for security of the building used by the Coroner.

**RESPONSE:** The Department of Coroner agrees with this recommendation.

The Department is submitting a request for funding to CEO through supplemental budget 12/13.

# Attachment F

## **Fire**



# COUNTY OF LOS ANGELES

## FIRE DEPARTMENT

1320 NORTH EASTERN AVENUE  
LOS ANGELES, CALIFORNIA 90063-3294  
(323) 881-2401

DARYL L. OSBY  
FIRE CHIEF  
FORESTER & FIRE WARDEN

July 27, 2012

TO: EACH SUPERVISOR

FROM: DARYL L. OSBY, FIRE CHIEF

### RESPONSES TO THE 2011-2012 LOS ANGELES COUNTY CIVIL GRAND JURY FINAL REPORT ON CALIFORNIA LABOR CODE 4850

Below is the Los Angeles County Fire Department's response to the 2011-2012 Los Angeles County Civil Grand Jury Final Report on the California Labor Code (LC) 4850. As required by the Chief Executive Office via memo dated July 3, 2012, Fire was designated as the lead department in addressing Recommendations 2, 4, 5 and 8. The responses are provided below:

#### **RECOMMENDATION NO. 2**

*The Los Angeles County Fire Department should continue to review all cases involving presumptive injuries to assure that each injury in question is job-related.*

**RESPONSE:** The Los Angeles County Fire Department agrees with the finding.

The presumptions of industrial causation found in LC 3212 requires that the protected employee need only prove: 1) that the certain kind of medical condition designated by the statute developed or manifested during service, and 2) that he or she had the occupation designated by the statute.

Currently, the Department's Return-to-Work (RTW) Section provides the third party administrator (TPA) with the facts surrounding the alleged injury, employee's occupation, employee's length of service, and other pertinent information.

SERVING THE UNINCORPORATED AREAS OF LOS ANGELES COUNTY AND THE CITIES OF:

AGOURA HILLS  
ARTESIA  
AZUSA  
BALDWIN PARK  
BELL  
BELL GARDENS  
BELLFLOWER  
BRADBURY

CALABASAS  
CARSON  
CERRITOS  
CLAREMONT  
COMMERCE  
COVINA  
CUDAHY

DIAMOND BAR  
DUARTE  
EL MONTE  
GARDENA  
GLENORA  
HAWAIIAN GARDENS  
HAWTHORNE

HIDDEN HILLS  
HUNTINGTON PARK  
INDUSTRY  
INGLEWOOD  
IRWINDALE  
LA CANADA FLINTRIDGE  
LA HABRA

LA MIRADA  
LA PUENTE  
LAKEWOOD  
LANCASTER  
LAWNDALE  
LOMITA  
LYNWOOD

MALIBU  
MAYWOOD  
NORWALK  
PALMDALE  
PALOS VERDES ESTATES  
PARAMOUNT  
PICO RIVERA

POMONA  
RANCHO PALOS VERDES  
ROLLING HILLS  
ROLLING HILLS ESTATES  
ROSEMEAD  
SAN DIMAS  
SANTA CLARITA

SIGNAL HILL  
SOUTH EL MONTE  
SOUTH GATE  
TEMPLE CITY  
WALNUT  
WEST HOLLYWOOD  
WESTLAKE VILLAGE  
WHITTIER

Generally, the TPA delays all non-acute workers' compensation claims (including presumptions) to obtain a medical determination on job-relatedness. Workers' compensation job-related medical determinations are usually made by a panel of qualified medical examiners (QME) or agreed medical examiners (AME). Additionally, the TPA may request an employer-level investigation to verify exposure allegations.

The RTW Section verifies that the TPA delays all non-acute workers' compensation claims, including presumptions, and facilitates employer-level investigations initiated to verify exposure allegations.

The Department has and will continue to review all presumptive injury claims. Moreover, the Department will conduct these reviews in an expeditious manner as the Department and Labor recently executed a Workers' Compensation Carve-Out Agreement, which will:

1. Provide retirees claiming a presumptive injury, as defined by LC 3212, an expedited procedure to resolve medical disputes.
2. Reduce the number and severity of disputes between the County and covered employees, when those disputes relate to workers' compensation.
3. Provide workers' compensation coverage in a way that, including but not limited to, improves labor management relations and organizational effectiveness, expedites and enhances medical treatment to employees, expedites benefit delivery, and reduces costs to the County.

These resolutions will be achieved by utilizing an exclusive list of medical providers to be the sole and exclusive source of medical evaluations for disputed issues surrounding covered employees, in accordance with LC Section 3201.7(c).

#### **RECOMMENDATION NO. 4**

*The Los Angeles County Fire Department should scrutinize requests from injured workers seeking to renew additional years of LC 4850 by considering whether changes of medical tests, exams and treatment plans have occurred.*

**RESPONSE:** The Los Angeles County Fire Department agrees with the finding.

The TPA, as well as the RTW Section, closely evaluates multiple claims to ensure that excessive LC 4850 benefits are not paid. The County Workers' Compensation Program has taken the position that LC 4850 runs concurrently on multiple claims. It is essential that all medical records are scrutinized by the TPA to ensure that medical documentation substantiates an employee's entitlement to additional LC 4850 benefits. If medical documentation does not substantiate an employee's treatment plan or



entitlement to additional LC 4850 benefits, the TPA can initiate a dispute and request a medical determination or clarification from a QME.

In an attempt to improve this process, the Carve-Out Program will reduce the number and severity of disputes between the Department and covered employees by utilizing an exclusive list of medical providers to be the sole and exclusive source of medical evaluations for disputed issues surrounding covered employees in accordance with LC 3201.7(c).

#### **RECOMMENDATION NO. 5**

*The Los Angeles County Fire Department should ensure that guidelines and standards established by the Medical Treatment Utilization Schedule (MTUS), which includes American College of Occupational and Environmental Medicine (ACOEM) recommendations, are used when setting treatment plans and time off from work in order to reduce excessive absences.*

**RESPONSE:** The Los Angeles County Fire Department agrees with the finding.

The County of Los Angeles Workers' Compensation Program uses the MTUS, which incorporates ACEOM, in the administration of all workers' compensation claims. These services are performed by medical management and cost-containment vendors and applied as allowed under the workers' compensation laws.

It is important to point out that the MTUS, which includes ACOEM recommendations, are used when establishing treatment plans and does not provide evidence regarding time off from work in order to reduce excessive absences. However, it can be argued that evidence-based medicine will assist in determining an employee's ability to recover and the likelihood of returning to work.

The Department is compliant with the Grand Jury recommendations. However, as previously stated, MTUS does not specifically render or project an employee's absence from work for an illness or injury. In turn, the Carve-Out Program can be used to address the aforementioned. It is essential to understand that the Carve-Out Program does not replace the Utilization Review (UR) provisions of California law and the existing process in the County of Los Angeles but an Independent Medical Examiner (IME) shall be used for all medical disputes that arise in connection with a workers' compensation claim, including causation, nature and extent of permanent disability, ability to work, utilization review decisions and any other medical determination currently resolved by a QME or AME.

Each Supervisor  
July 27, 2012  
Page 4

**RECOMMENDATION NO. 8:**

*The Los Angeles County Fire Department should review and compare the frequency of employees' LC 4850 initial claims dates that immediately precede their retirement dates, to determine if the LC 4850 program is being used in accordance with its intent.*

**RESPONSE:** The Los Angeles County Fire Department agrees with the finding.

Currently, there is no tracking mechanism in place. However, after a joint evaluation conducted by the Department, in conjunction with the CEO's Risk Management Branch and the Los Angeles County Employee Retirement Association (LACERA), data will be evaluated to determine if there is a need to monitor the frequency of an employee's initial LC 4850 claim and its timing to the employee's retirement date. Furthermore, the Department, in collaboration with CEO's Risk Management Branch, will consult with LACERA and evaluate the utilization of LC 4850 benefits for the period immediately preceding an employee's service-connected disability retirement.

Additionally, the Department is in the process of establishing a detailed Early Return-to-Work Program for employees that are temporarily disabled due to an industrial injury or illness. The program was developed to utilize our injured workers in a temporary meaningful position other than their usual and customary job while recovering from a job-related injury.

The aforementioned program, in conjunction with the Carve-Out Program agreement, will allow efforts to be made whereby the TPA may request an Independent Medical Examiner (IME) to decide on an employee's ability to work that has already been determined by a primary treating physician, QME or AME. Hence, a potential decision on an employee's work status will allow the Department to try and reasonably accommodate an injured worker other than that of their usual and customary position until they have fully recovered. It is anticipated that LC 4850 time will be reduced by bringing injured workers back to work sooner.

If you have any questions or require further information, please contact me at (323) 881-2401.

DLO:at

c: James Hazlett- CEO

Attachment G

**Health Services**



**Health Services**  
LOS ANGELES COUNTY

Los Angeles County  
Board of Supervisors

**Gloria Molina**  
First District

**Mark Ridley-Thomas**  
Second District

**Zev Yaroslavsky**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

July 31, 2012

TO: William T. Fujioka  
Chief Executive Officer

FROM: Mitchell H. Katz, M.D.  
Director

**SUBJECT: RESPONSE TO THE 2011-2012 LOS ANGELES  
COUNTY CIVIL GRAND JURY REPORT**

**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

**Christina R. Ghaly, M.D.**  
Deputy Director, Strategic Planning

Attached is the Department of Health Services' response to the recommendations made in the 2011-2012 Los Angeles Civil Grand Jury Report. We generally concur with and have taken or initiated corrective actions to address the recommendations contained in the report.

If you have any questions or require additional information, please let me know or you may contact Tobi L. Moree at (213) 240-7901.

MHK:GCP:  
TLM:LLM

Attachment

c: Christine F. Ghaly  
Gregory C. Polk

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Los Angeles, CA 90012

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[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
EXPANDING THE ROLE OF THE HUB CLINICS: AT RISK CHILDREN  
(0-5) AND VULNERABLE YOUTH (18+)

RECOMMENDATION NO. 1.1

The Directors of the Departments of Health Services (DHS) and Children and Family Services (DCFS) should consider amending their Memorandum of Understanding (MOU) to mandate coordination and oversight of the provision of mental health services (onsite or offsite of the Hub Clinics) for youth under the jurisdiction of DCFS.

RESPONSE

DHS agrees with this recommendation. DHS and DCFS will consider amending our MOU to ensure coordination of health and mental health services for children who are either: a) medical home patients of the Hub clinics or b) seen during forensic and/or initial exams where DHS documents a behavioral or mental health issue as a prominent concern. DHS will also work with DCFS and Department of Mental Health (DMH) to establish mechanisms for information sharing across DHS, DMH and DCFS so that mental health screening and treatment information is known to both treating entities.

RECOMMENDATION NO. 1.2

The Directors of DHS and DCFS should also consider amending their MOU to strongly encourage provision of ongoing primary care services at the Hub Clinics for high risk populations such as children between the ages of 0-5, non-detained youth who remain with their families while under DCFS jurisdiction, medically fragile Transition Age Youth (TAY) aged 18 or older, or those with multiple placements.

RESPONSE

DHS agrees with this recommendation. DHS is working toward implementing expanded primary care services as part of a medical home model for children in foster care, with a pilot site at one Medical Hub clinic anticipated to be operational by March 2013. DHS and DCFS will consider amending our MOU to encompass these expanded services. High risk populations including children ages 0-5 and medically fragile youth will be among those targeted for empanelment. We agree that non-detained youth who remain with their families while under DCFS jurisdiction need close monitoring and could benefit from these services; however because they remain covered by their parents' health plans, it is often difficult for DHS to receive payment for serving this population

and additional sources of funding would be required.

RECOMMENDATION NO. 1.3

The Directors of DHS and DCFS should also consider amending their MOU to mandate that the Hub Clinics serve as a “medical home” to youth under the jurisdiction of DCFS for ongoing medical services. If that is not feasible for their caregivers, have their medical care provided by a community provider, overseen by DCFS and the court. Children’s Social Workers (CSWs) should be responsible for ensuring that each child continually has a medical home while under the jurisdiction of DCFS, whether being seen at a Hub Clinic or by a community provider, and that a medical home is maintained every time the child has a placement change.

RESPONSE

DHS partially disagrees with this recommendation. DHS is working toward implementation of a medical home model for children in foster care, with a pilot site at one Medical Hub clinic anticipated to be operational by March 2013. This will create an environment where children can have a continuity care relationship with a medical provider over time, improving coordination of care. DHS and DCFS will consider amending our MOU to encompass these expanded services; however Medi-Cal regulations do not allow DCFS to mandate that children receive ongoing care from a specific provider, so these services cannot be mandated and will be provided on a voluntary basis. DHS agrees that ensuring that each child has a medical home at either a community provider or a Medical Hub is an appropriate responsibility for CSWs to continue to perform, and we are available to assist DCFS in any work in strengthening this role as needed.

RECOMMENDATION NO. 1.5

The Director of the Department of Health Services should track primary medical care visits at the Hub Clinics, in order to accurately quantify follow-up care for youth under the jurisdiction of DCFS, and to measure any given Hub Clinic’s progress toward implementing the medical home model.

RESPONSE

DHS agrees with this recommendation. DHS will work with the vendor for the E-mHub system to develop a new standardized system report that separates “well child” and “sick visit” appointment classifications from “follow up” and “other” appointment classifications, so that primary care visits can be separately tracked. This will quantify

follow-up care for youth under the jurisdiction of DCFS and measure a Hub Clinic's progress toward implementing the medical home model. This is targeted for completion by December 2012.

RECOMMENDATION NO. 1.6

The Directors of the Departments of Health Services and Children and Family Services should support the expansion of the Children's Medical Village at LAC+USC to provide comprehensive medical and mental health services to non-detained youth and Transition Age Youth (TAYs).

RESPONSE

DHS agrees with this recommendation. DHS is working to implement the Children's Village model at LAC+USC Medical Center, and this model is designed to serve children and adolescents of all ages, including non-detained youth and TAY, and to provide both medical and mental health services when indicated. Initial implementation has begun in July 2012, with full implementation targeted for Fall 2012.

RECOMMENDATION NO. 2.1

The Directors of DHS and DCFS should collaborate and establish staffing, resource, service level, and cost per patient visit standards for the Hub Clinics to ensure that the same mix and level of services are provided to all youth under the jurisdiction of DCFS.

RESPONSE

DHS partially disagrees with this recommendation. DHS and DCFS will collaborate to conduct an analysis of staffing, resource and service levels to determine appropriate standards. It will not be feasible at this time to establish cost per visit standards across Medical Hubs, since each is embedded in a larger facility (hospital or ambulatory care center) with different cost structures.

RECOMMENDATION NO. 2.2

The Director of DHS should redefine Hub Clinic patient visits for the clinics' statistical reports so that the classification "Follow-Up Care" is refined to distinguish ongoing medical care from Initial Medical Examination and Forensic Evaluation follow-up services.

## RESPONSE

DHS agrees with this recommendation. DHS will work with the vendor for the E-mHub system to develop a new standardized system report that separates “well child” and “sick visit” appointment classifications from “follow up” and “other” appointment classifications, so that primary care visits can be separately tracked. This will allow data reports to distinguish between ongoing medical care, initial medical examinations and forensic evaluations. This is targeted for completion by December 2012.

## RECOMMENDATION NO. 2.3

The Director of DHS should produce monthly management reports for use by the countywide director of the Hub. These reports should include at a minimum:

- patient visits by type
- patient visits per medical provider
- cost per visit
- health outcomes
- suspected cases of abuse and neglect
- other measures of productivity and outcomes

## RESPONSE

DHS partially disagrees with this recommendation. DHS will work with the vendor for the E-mHub system to create new system reports with patient visits by type, patient visits per medical provider and other measures of productivity. It will not be possible to calculate cost per visit on a monthly basis, as facility cost reports are not available until after the end of the fiscal year. Health outcomes are also not feasible for a monthly management report, since these involve tracking longer term changes over time. Suspected cases of abuse and neglect are already captured as referrals for forensic evaluations.

## RECOMMENDATION NO. 3.5

The Directors of DCFS and DHS should collaborate on the assignment of co-located Public Health Nurses (PHNs) or CSWs at every Hub Clinic to specifically follow up on missed appointments and referrals for specialized services (medical and mental). A strong emphasis and priority should be placed on non-detained youth who miss their Forensic Evaluations. When extended hours are an option at the Hub Clinic, the PHNs or CSWs should work during evening hours to conduct most of the follow ups to



increase the probability of reaching caretakers.

#### RESPONSE

DHS agrees with this recommendation, which has been partially completed. A CSW was assigned by DCFS to each of the Medical Hubs in May 2012, including two after-hours CSWs at the LAC+USC Medical Center, the only 24/7 Medical Hub. Their duties include following up on non-detained youth who miss their forensic evaluation appointments. DCFS is also currently recruiting PHNs to outstation at the Medical Hubs to help with care coordination and other activities that support children in need of follow-up care. Their duties will include following up on missed appointments and referrals for medical and mental health services, including specialty and ancillary services.

#### RECOMMENDATION NO. 3.6

The Directors of DCFS and DHS should promote the use of the Hub Clinics as medical homes for children under the jurisdiction of DCFS by providing education to CSWs about the services and benefits of the Clinics and requiring the CSWs to communicate this information to caregivers.

#### RESPONSE

DHS agrees with this recommendation. DHS will collaborate with DCFS to educate CSWs about the availability and benefits of the Hub Clinic as a medical home for children under DCFS jurisdiction as part of the communication and outreach plan for the pilot site targeted for implementation in March 2013, and for any subsequent medical homes established at additional Medical Hubs. This will assist CSWs in communicating this information to caregivers.

#### RECOMMENDATION NO. 4.2

The Directors of DHS, DCFS, and the Department of Mental Health (DMH), with input from Multi-disciplinary Assessment Team (MAT) Providers and Hub Clinic staff, should develop a structure that better integrates the MAT Assessment Process and ongoing mental health services conducted by MAT Providers and Initial Medical Examinations conducted at Hub Clinics. Similar to the processes at LAC+USC and Children's Hospital, in-depth mental health screenings should be conducted in conjunction with Initial Medical Examinations, and ongoing mental health services should be coordinated with Hub Clinic medical care.

#### RESPONSE

DHS agrees with this recommendation. DHS supports the goal of more seamless

integration of the MAT and Medical Hub assessment processes, and will collaborate with DCFS and DMH on an analysis of the processes and development of a plan for any improvements, including input from the MAT providers and Hub clinic staff. A structure has already been developed by which the MAT assessment process incorporates findings from initial medical examinations conducted at the Hub Clinics. DHS will work with DCFS and DHS to ensure that ongoing mental health services are coordinated with Hub clinic medical care for children for whom the Hub clinics serve as a medical home.

#### RECOMMENDATION NO. 5.2

The Director of DHS should require that the Hub Clinics also serve as medical homes for the medically fragile/vulnerable TAY under the jurisdiction of DCFS who are receiving services from the hospital system affiliated with each Hub Clinic.

#### RESPONSE

DHS agrees with this recommendation. DHS is working to develop a medical home model for the Medical Hub clinics, with implementation of a pilot site anticipated in March 2013. Medically fragile/vulnerable TAY under DCFS jurisdiction are ideal candidates to receive continuity care in these medical homes, and to the medical homes will serve this population.

#### RECOMMENDATION NO. 5.3

The Director of DCFS should strongly encourage DCFS youth 18 years old and older with complex mental health needs to go the Children's Hospital for mental health services or the other Hub Clinics to the extent they begin to offer age-appropriate services similar to those offered at the Children's Hospital clinic.

#### RESPONSE

DCFS is the responding department for this recommendation.

#### RECOMMENDATION NO. 5.4

The Directors of DCFS, DHS, and DMH should collaborate to identify funding resources and provide transportation services for DCFS youth 18 years old and older with complex medical and mental health needs to obtain such needed services.

#### RESPONSE

DHS agrees with this recommendation. DCFS, DHS and DMH will collaborate toward the goal of assisting this population with transportation needs, and will work together to identify potential resources.

RECOMMENDATION NO. 5.5

The Directors of DCFS and DHS should identify resources, possibly including reallocating already approved Title IV-E waiver funds, for LAC+USC to expand its Children’s Medical Village to include medical services for TAY, which would require staffing the Children’s Medical Village with providers that have both pediatrics and adult medicine training, as well as access to Adult Protective Services social workers.

RESPONSE

DHS agrees with this recommendation. DHS has allocated resources for the Children’s Village to include providers trained in both Internal Medicine and Pediatrics (Med-Peds), and who are well-equipped to provide medical services for adolescent and TAYs into adulthood. In addition, there are Adult Protective Services social workers already working in the Children’s Village area. The Children’s Village has begun initial implementation in July 2012 and will be fully operational in Fall 2012.

RECOMMENDATION NO. 5.6

The Directors of the DCFS and DHS should provide additional training to current medical providers at the Hub Clinics to better identify medical and mental health needs of TAY, and ensure linkages to specialized adolescent medicine and mental health, in order to provide age appropriate services for youth with expanded foster care services under AB 12.

RESPONSE

DHS agrees with this recommendation. DHS Medical Hubs currently serve the TAY population. As Recommendation 1.1 is implemented, linkages and coordination with mental health services for the TAY population are expected to be improved. DHS will collaborate with DCFS and DMH to identify training opportunities for Medical Hub providers in identifying medical and mental health needs of TAY and ensuring linkages to specialized adolescent medicine and mental health. In addition, DHS will coordinate with DCFS TAY services to ensure case management is provided to ensure a successful transition from Hub services to adult medical services as needed.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
THE PATIENT PROTECTION AND AFFORDABLE CARE ACT –  
CHALLENGES AND OPPORTUNITIES FOR SENIOR CARE

RECOMMENDATION NO. 3

The Director of the Los Angeles County Department of Health Services (DHS) should:

- Take advantage of the opportunity to initiate change in delivery of care, and the integration of the “medical home” concept across department programs and services for seniors.

RESPONSE

DHS agrees with the recommendation to continue reform in the outpatient model of health care delivery. DHS is in the process of rolling out the Patient-Centered Medical Home (PCMH) model of care system-wide and anticipates that the majority of DHS primary care providers will practice according to a PCMH model of care by the end of 2012. The PCMH model is designed to integrate and coordinate care for empaneled patients, including seniors who have been assigned to and empaneled within DHS medical homes. Care managers serving patients within the PCMH will serve as a point person for optimizing and integrating services available within DHS for their empaneled patients.

- Seek opportunities for team building to address implementation of the Affordable Care Act (ACA) initiatives in an “aging in place” modality

RESPONSE

DHS agrees with the recommendation to build the awareness and capabilities of its medical home teams to work in partnership with other County Departments, health plans, and external agencies/stakeholders in order to encourage and support “aging in place.” DHS is in the process of implementing this recommendation over time; by the end of 2012, Managed Care Services will aim for education of all DHS PCMHs regarding available service linkages for empaneled patients. Additional information will be continually communicated to PCMHs over time as needed or as new information is available.

- Develop a strategy for the Board of Supervisors that extends the “aging in place” model for seniors in LA County

RESPONSE

DHS agrees with this recommendation of developing, in partnership with the CEO and Community and Senior Services, a strategy to present to the Board of Supervisors on extending the "aging in place" model for seniors in LA County. DHS and other County departments expect to gain substantial experience in the upcoming dual-eligible demonstration program on ways to extend the aging in place model to seniors broadly. CMS and DHCS project it will take approximately 3 years for the demonstration to lead to real improvements in the ability of dual-eligible individuals to age in place. As such, DHS will begin developing this strategy after the completion of the third year of the Dual-Eligible pilot in June 2016, with plans to present the strategy to the Board by the end of 2016.

- Participate in a Dual Eligible Pilot to the fullest extent possible.

RESPONSE

DHS agrees with this recommendation. DHS, as well as other County departments including DPSS, CSS, DPH, and DMH, plans to maximize participation in the Dual Eligible Pilot where feasible. The pilot is currently scheduled to begin enrolling dual-eligible beneficiaries in June 2013. In the intervening 12 months, DHS will continue preparations that will help to maximize participation. DHS will be at a point to initially evaluate the impact of its participation one year after the pilot starts (i.e., June 2014).

- Develop a comprehensive evaluation of the challenges and cost/benefits of the pilot at one and three years into implementation for the purposes of examining the merits and ways to expand the program to the general population.

RESPONSE

DHS agrees with this recommendation. DHS eagerly anticipates the launch of the dual-eligible pilot in June 2013 and agrees with evaluating the challenges and cost/benefits of the pilot beginning at Year 1 of implementation (i.e., June 2014) and Year 3 of implementation (i.e., June 2016) in order to examine the merits of the pilot and ways to expand relevant programs/services to DHS' general population, where applicable and feasible.

Attachment H

**Mental Health**

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.  
Director

ROBIN KAY, Ph.D.  
Chief Deputy Director

RODERICK SHANER, M.D.  
Medical Director



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DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601  
Fax: (213) 386-1297

July 30, 2012

TO: William T Fujioka, Chief Executive Officer  
Chief Executive Office

ATTENTION: James Hazlett, Operations Cluster

FROM: Marvin J. Southard, Director  
Department

SUBJECT: **DEPARTMENT OF MENTAL HEALTH RESPONSES TO THE  
2011-2012 GRAND JURY REPORT**

Attached are the Department of Mental Health's responses to the 2011-2012 Grand Jury Report. The sections pertaining to are Child Death Mitigation Sections 2.8, 3.3, 3.5, and 5.4, and Expanding the Role of the Hub Clinics At-Risk Children (0-5) and Vulnerable Youth (18+) Sections 3.3, 4.1-4.3, and 5.4.

Please feel free to contact me at (213) 738-4601, or your staff may contact Dr. Gregory Lecklitner at (213) 739-5466.

MJS:RK:MM:cm

Attachments

c: Dr. Robin Kay, Chief Deputy  
Bryan Mershon, Acting Deputy Director  
Dr. Gregory Lecklitner, District Chief

## RESPONSE TO THE GRAND JURY FINAL REPORT

### COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
CHILD DEATH MITIGATION

#### RECOMMENDATION

##### **Recommendation 2.8 – The Director of the Department of Children and Family Services (DCFS)**

Cross reporting standards. The Director of DCFS should develop clear working protocols that include standards for cross-reporting and information-sharing among DCFS, DMH, and Law Enforcement. These protocols will need to balance:

- Law enforcement's requirements for evidence, intent, motive and measures needed to avoid prejudicing the case.
- DCFS's approach to risk assessment and family maintenance.

A clearer understanding and respect for all parties' goals should lead to more effective actions and results for all involved.

#### RESPONSE

Agree. This recommendation has been implemented.

DCFS and DMH have worked extensively over the past several years to strengthen and expand opportunities to share information to better respond to alleged child abuse and neglect and coordinate care for those children and youth who have been the subject of abuse and neglect. There are currently a variety of information-sharing protocols in place that provide for requirements for information sharing and opportunities to share information through such mechanisms as multidisciplinary teams (MDTs). Several examples of these mechanisms include:

- The Family and Child Index (FCI)
- Automated DMH Alerts to DCFS
- A DCFS and DMH workgroup related to sharing information.
- A DMH Policy regarding Mandatory Reporting of Child Abuse and Neglect
- A DCFS policy and form to expedite sharing of mental health information
- Training of Child Welfare and Mental Health Staff in a Shared Core Practice Model
- The Co-location of DMH staff in each of the eighteen DCFS Regional Offices
- The Coordinated Services Action Team (CSAT) and Training

##### **The Family and Child Index**

The County's FCI is an existing interagency system whose creation was authorized by Welfare and Institutions Code (WIC) section 18961.5 which was written by ICAN and enacted in 1992. Essentially, the statute allows children services, health services, law



enforcement, mental health services, probation, schools, coroner, and social services agencies within counties to have the ability to share specific identifying information of families at-risk for child abuse or neglect for the purposes of forming a multi-disciplinary team (MDT). Specifically, the designated provider agencies can share: the name; address, telephone number, and date/place of birth of family members; the number assigned to the case by each agency; name and telephone number of each employee assigned to the case from each agency; and, date(s) of contact between each agency and family member(s). Family and Children's Index accumulates this basic family and case-level information by downloading, from participating agency databases, records that match certain "at-risk" thresholds. Participating provider agencies have entered into a Memorandum of Understanding (MOU) which sets forth the County's "at-risk" standards. Pursuant to the MOU, information contained in FCI can only be accessed by department heads, their designated representatives, and members of MDTs. Serving as a "pointer" system authorized end-users can use FCI to identify participating agencies. Once participants are pointed to the correct agency(ies) the statute mandates the convening of MDTs where confidential, substantive information about the family can be shared.

#### **Automated DMH Alerts to DCFS**

Beginning in April of this year, DMH initiated an automated process by which certain children's mental health information would be provided to case carrying Children's Social Workers for the purpose of coordinating care. Each week DCFS and DMH conduct a match of their client databases and determine which clients are being mutually served by the two departments. For those clients with open cases in both systems, DMH selects a limited but critical set of mental health service information from the department's Integrated System (IS) and shares this information with DCFS which, in turn, routes the information to the child's case carrying Children's Social Worker and their assigned Supervising Children's Services Worker. This information allows the Children's Social Worker to know the name of the agency which is providing services to the child, the name and phone number of the contact person within the agency, and the date and type of service being provided. The Children's Social Worker is also provided with a hyperlink which allows them access to several years of mental health service history for each of their clients. These alerts are provided on a weekly basis and are updated whenever there are significant changes in the mental health services history.

#### **A DCFS and DMH workgroup established to support information sharing**

In 2008, the DCFS Child Welfare Mental Health Services Division established an ongoing workgroup, inclusive of staff from DCFS, DMH, Regional Center, County Counsel, and Children's Law Center to identify and resolve barriers related to the authorization of consent for mental health services and release of information for children involved with DCFS. The group continues to meet on a monthly basis to develop policy, procedures, and training for staff and partners of DCFS and DMH.

#### **A DMH Policy Regarding Mandatory Reporting of Child Abuse and Neglect**

In March of 2012, DMH issued an updated policy (DMH Policy 202.08) regarding the requirement for mandated reporters to report suspected child abuse and neglect. The

policy requires all mandated reporters to fully comply with legal requirements and ethical codes in reporting suspected child abuse and/or neglect. The policy also specifies that, prior to commencing employment with DMH, all new staff shall be required to sign a DMH Child Abuse and Neglect Reporting Act Acknowledgement Form stating they have knowledge of the California Child Abuse and Neglect Reporting Act and have received a copy of the DMH policy on this subject.

### **A DCFS Policy and Form Outline Procedures for Children’s Mental Health Information to be Shared with DCFS**

In June of 2012, DCFS issued an updated Procedural Guide, 0600-500.20, Protected Health and Medical Information: Access and Sharing, and associated DCFS form, DCFS 179-PHI, providing the policy and procedures for release of mental health information from DMH to DCFS. Essentially, mental health providers are permitted to share mental health information deemed necessary to coordinate care and treatment of the child or youth without signed authorization from the parent or Court. However, the DCFS 179-PHI was developed for the Children’s Social Worker to document authorization by the parent for mental health providers to share information. Although the law does not require the parent’s authorization, the form was developed to assure providers who may otherwise have concerns to release or share information necessary for DCFS to coordinate the care and treatment of children in an open DCFS case.

### **Training of Child Welfare and Mental Health Staff in a Shared Core Practice Model**

DMH, DCFS, and Probation have adopted a shared Core Practice Model which provides a set of values, principles, and practices to be adhered to when providing services to children, youth, and their families. The Core Practice Model emphasizes a set of practice standards that includes teaming with other service providers. In particular, for clients served concomitantly by DMH and DCFS, there is an expectation that each child will be served with a Child and Family Team (CFT). These CFTs are made up of the various formal and informal supports that are necessary to meet the needs of the child and family, including child welfare, mental health, and probation staff.

The County has devoted significant resources to training and implementing the Core Practice Model and the Child and Family Team process and has seen a significant increase in collaboration between the participating members.

### **The Co-location of DMH Staff in Each of the Eighteen DCFS Regional Offices**

DMH currently has over 170 staff members co-located within each of DCFS Regional Offices. These co-located staff provide an essential mechanism by which Children’s Social Workers and DMH Clinical Staff can exchange information and work together to promote the objectives of their respective departments, including safety, permanency, stability, and well-being. DCFS Children’s Social Workers conduct mental health screens of their clients and pass these screens along to their DMH counterparts who are able to provide consultation, intervention, and service linkage. To date, over 23,000 DCFS children have benefitted from this collaborative effort.

## **The Coordinated Services Action Team (CSAT) and Training**

Coordinated Services Action Teams (CSAT) are regionally based clinical management teams established in 2009 to help Children's Social Workers (CSWs) identify families' strengths and needs and match those needs with available community based services. The CSAT work with CSWs to help them identify and coordinate different types of assistance that would be of benefit to families and also reduce service duplication. CSWs receive support from clinical management teams to navigate the complexities of child welfare, health, mental health, education, the regional center and social services agencies, including when and how to access needed mental health information. CSAT training was provided to all DCFS staff from April 2009 – August 2011, which included training on the procedures for release and sharing of information.

## RECOMMENDATION

### **Recommendation 3.2 – The Director of Department of Children and Family Services (DCFS)**

Build on DMH's Community-based models and success. The Director of DCFS should incorporate the following DMH programs and strategies into child death mitigation efforts:

- "Strengthening Families" framework
- The use of "protection factors" as part of the promotion and prevention efforts, combined with the "core practice" model.
- "Parents in Partnership" program as a resource for families.
- The piloted, community-based program, "It Takes a Community" (ITC), with the Magnolia Place Community Initiative.

## RESPONSE

Agree. The first three models or programs, the Strengthening Families Framework, the use of protective capacities, and the Parents in Partnership (PIP) program have been implemented, while the ITC program requires further analysis.

The Strengthening Families Framework and protective capacities have been incorporated into the DCFS and DMH shared Core Practice Model and in-depth coaching model currently rolling out. Additionally, the Parents in Partnership program is currently operational at DCFS with 37 PIPs currently employed.

The ITC offers much promise as a model of collaboration and proactive approach to addressing the conventional "silos" that dampen communications and focus on problems rather than solutions and on prevention rather than just intervention.

Managers from the DMH Children's System of Care who have been involved in these efforts, along with community partners, will work with DCFS to incorporate the values, principles, and strategies associated with these initiatives into the DCFS death mitigation efforts.

A determination about the feasibility of expanding the ITC will be completed by January 2013.

## RECOMMENDATION

### **Recommendation 3.3 – The Director of the Department of Mental Health (DMH)**

Potential adaptation of the UCLA Focus program. The Director of Mental Health and the Director of DCFS should approach officials of the Focus program at UCLA to determine if it can be adapted to help reunified families.

## RESPONSE

Agree. This recommendation requires further analysis.

The UCLA Focus (Families Overcoming Under Stress) program provides resiliency training for military children and families, teaching practical skills to meet the challenges of deployment and re-integration. While this program has not been used to assist families who are re-unifying following a separation related to child abuse or neglect, DMH and DCFS are interested in examining whether this model could be adapted to help reunified families.

DMH and DCFS managers will meet with the developers of the FOCUS program to determine their interest and ability to extend their work to this population.

A determination about the feasibility of such an effort will be completed by October 2012.

## RECOMMENDATION

### **Recommendation 3.5.1 – The Directors of the Department of Mental Health (DMH) and Department of Children and Family Services (DCFS)**

The Director of Mental Health and the Director of DCFS should better address the mental health needs of adults in high-risk families.

## RESPONSE

Agree. This recommendation requires further analysis.

DMH and DCFS share an interest in improving services to better meet the mental health needs of adults in high-risk families, such as those served by DCFS. The Mental Health Services Act (MHSA) has already provided support for the development of Full Service Partnership (FSP) services to address the mental health needs of those adults needing the most intensive levels of outpatient care, while Prevention and Early Intervention (PEI) funds have been used to implement a broad range of evidence-based practices related to trauma, anxiety, and depression.

To date, the focus of mental health services for DCFS involved families has largely been on the children and youth who have been the subject of abuse and neglect and the development of programs and processes to ensure access to high quality mental health services for these individuals. Much of this work has been driven by the County's obligations associated with the Katie A. class action settlement agreement. DMH and DCFS agree to form a workgroup that will include department managers and adult

mental health providers to examine ways in which adult mental health services can be better targeted to meet the needs of adults involved in the child welfare system.

This group will issue a report of findings and recommendations by January, 2013.

#### RECOMMENDATION

##### **Recommendation 3.5.2 - The Directors of the Department of Mental Health (DMH) and Department of Children and Family Services (DCFS)**

The Director of Mental Health and the Director of DCFS should consider creating a multidisciplinary group to:

- Identify best clinical practices to aid at-risk children and adolescents as they transition from mental health and substance abuse treatment to school, family and community support.
- Promote a more supportive transitional period through information exchange between in-patient providers and professionals and agencies in the community.
  - Participants should include: County Departments-DMH, DCFS, DHS, Probation and LACOE, LAUSD, Acute in-patient treatment providers, Out-patient mental health and substance abuse treatment providers, members of the child death review team. [Dr. Greg Lecklitner and Dr. Brian Mershon]

#### RESPONSE

Agree. The recommendation has been implemented.

The Dept. of Mental Health established the Los Angeles County Suicide Prevention Network in September 2010. It consists of approximately forty members that include mental health experts, providers, advocates, survivors, and researchers (including representatives from DMH, DCFS, Public Health, LACOE, LAUSD, mental health programs (inpatient & outpatient), and members of the Child Death Review Team). Among the Network's goals are: to identify best practices for suicide prevention, including clinical practices that address the needs of high risk populations (e.g., children and youth transitioning from mental health and substance abuse treatment to school, family and community support); and to promote information exchange between inpatient providers and community-based mental health and other agencies relative to discharge planning, case coordination, suicide risk assessment, etc.

#### RECOMMENDATION

##### **Recommendation 3.5.3 – The Director of the Department of Children and Family Services (DCFS)**

The Director of DCFS should ensure that all DCFS employees during their first year of employment and contract providers serving DCFS clients and families have skills training in suicide risk identification and management.

Proof can be some form of certification or evidence of completion of the skills training. A good source for such training is the 17 competencies of suicide risk identification and

management, developed by the American Association of Suicidology and the Suicide Prevention Resource Center.

This certification of completion will ensure that all mental health clinicians providing services to DCFS clients are proficient in skills for assessing and managing suicide risk.

#### RESPONSE

Agree. This recommendation is being implemented.

During the past 3 years, the Department of Mental Health's Partners in Suicide Prevention (PSP) Team has sponsored as well as conducted ongoing trainings for clinicians (including contract providers serving DCFS clients and families) in best practice suicide prevention models such as ASIST and AMSR (Assessing and Managing Suicide Risk) that address the competencies of suicide risk identification and management developed by the American Association of Suicidology and the Suicide Prevention Resource Center. PSP Team members have further initiated 3-hour training sessions to provide suicide awareness, prevention, and intervention for DCFS staff and DMH staff co-located in DCFS regional offices. It is anticipated that nearly all frontline DCFS staff (e.g., CSWs), program representatives, supervisors, etc. will receive this training over the next 2 years.

#### RECOMMENDATION

##### **Recommendation 5.2 - The Director of the Department of Children and Family Services (DCFS)**

Multidisciplinary teams. The Director of DCFS should evaluate the relative cost and efficacy of multidisciplinary teams to undertake the initial entry, safety, and risk evaluations required of CPHL referrals. This approach should build on the lessons learned at DCFS with its multi-disciplinary Team Decision-Making (TDM) approach and co-location of DMH, DPH and DCFS professionals stationed in the field at night.

#### RESPONSE

Disagree. The recommendation will not be implemented because it is not financially reasonable.

The Departments are unable to hire the staff necessary to carryout this recommendation. That said, DMH, DCFS, and Probation have adopted a shared Core Practice Model which provides a set of values, principles, and practices to be adhered to when providing services to children, youth, and their families. The Core Practice Model emphasizes a set of practice standards that includes teaming with other service providers. In particular, for clients served concomitantly by DMH and DCFS, there is an expectation that each child will be served with a Child and Family Team (CFT). These CFTs are made up of the various formal and informal supports that are necessary to meet the needs of the child and family, including child welfare, mental health, health, and probation staff.

## RECOMMENDATION

### **Recommendation 5.4 – The Directors of the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH)**

Grief counseling for DCFS staff and families involved with child fatality cases. The Director of DCFS and the Director of DMH should develop a debriefing and support process for DCFS staff when a child or family member in one of their cases dies.

## RESPONSE

Agree. This recommendation requires further analysis.

Currently, DCFS staff and families involved with child fatality cases are referred for mental health services, however a consistent and routine process for all staff and families in such situations is not in place. By January of 2013, the DCFS Child Welfare Mental Health Services Division and the DMH Child Welfare Division will work with DCFS Internal Affairs and the DMH Emergency Outreach Bureau to develop and implement such a process.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
EXPANDING THE ROLE OF THE HUB CLINICS;  
SECTION 4. MENTAL HEALTH SERVICES THROUGH DMH

RECOMMENDATION

**Recommendation 3.3 – The Directors of the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH)**

The Directors of the Departments of Children and Family Services and Mental Health should collaborate on a system that refers non-detained youth remaining in their family homes and their parents to outpatient mental health services for a period of six months after the date they enter into the child welfare system.

RESPONSE

Agree. This recommendation has already been implemented.

The Department of Mental Health and the Department of Children and Family Services have established a system by which all children who are the subject of an open case within the County's child welfare system are screened for mental health issues, including those children and youth who are not detained. All children who screen positive are referred to DMH staff co-located in each of the DCFS regional offices who triage these referrals to community providers based upon the acuity and type of service needed. The services provided include a broad range of mental health care, including crisis stabilization, assessment, individual, family and group therapy, case management, medication support as well as intensive outpatient services such as Wraparound, Full Service Partnerships, Treatment Foster Care, and Therapeutic Behavioral Services.

RECOMMENDATION

**Recommendation 4.1 – The Director of the Department of Mental Health (DMH)**

The Director of the Department of Mental Health should make the more in-depth screening tool available to all Hub Clinics and train staff on how to use the more in-depth screening tool to standardize mental health screens.

RESPONSE

Agree. This recommendation has not yet been implemented, but will be addressed by December, 2012.

The Department of Mental Health will work with the Department of Children and Family Services and the Department of Health Services to encourage the Hub Clinics to use the Child Welfare Mental Health Screening Tool that is currently being used by the Department of Children and Family Services and the Department of Mental Health as a screening tool. This more comprehensive screening tool is available in alternative versions, one for children birth to five, and one for children and youth five and older.



This tool also provides information that is used to assist in determining the acuity of the presenting problems.

These screening tools are used in all 18 Department of Children and Family Services regional offices and are the basis of mental health referrals to the co-located Department of Mental Health staff.

#### RECOMMENDATION

##### **Recommendation 4.2 – The Directors of the Department of Mental Health (DMH) and Department of Children and Family Services (DCFS)**

The Directors of the Departments of Health Services, Children and Family Services, and Mental Health, with input from MAT Providers and Hub Clinic staff, should develop a structure that better integrates the MAT Assessment Process and ongoing mental health services conducted by MAT Providers and Initial Medical Examinations conducted at Hub Clinics. Similar to the processes at LAC+USC and Children's Hospital, in-depth mental health screenings should be conducted in conjunction with Initial Medical Examinations, and ongoing mental health services should be coordinated with Hub Clinic medical care.

#### RESPONSE

Agree. This recommendation has already been implemented.

Every newly detained child and youth receives an in-depth mental health assessment through the MAT program. The MAT assessor gathers information related to the child or the youth's functioning, strengths, needs, emotional, developmental, and educational and trauma history. As part of the MAT assessment process the MAT provider collaborates with the Hub clinics to obtain the initial medical exam and mental health screening tool to integrate into the MAT Summary of Finding report.

In addition to the MAT assessments, the MAT assessor participates in the MAT Summary of Finding Meeting for the purpose creating the Child and Family Team, collaborating on case plans and providing appropriate linkage for ongoing mental health services.

The Department of Mental Health will continue to collaborate with the Department of Health Services, the Department of Children and Family Services, the MAT providers, and the Hub Clinics to improving the coordination of MAT and Hub Clinic activities through the ongoing meeting structures established to coordinate these services.

#### RECOMMENDATION

##### **Recommendation 4.3 – The Director of the Department of Mental Health (DMH)**

The Director of the Department of Mental Health should address the following issues in amending agreements between DMH and MAT Providers in the same service area:

- Providing office hours for mental health screenings and/or ongoing services at all Hub Clinics.
- Considering alternative contracting options to better align services needed by youth with those actually provided by MAT Providers.

- Better oversight of the distribution of referrals and provision of ongoing mental health services among MAT Providers.

#### RESPONSE

Disagree. The recommendation will not be implemented because it is not warranted or is not reasonable.

The recommendations provided on this subject would appear to be contra-indicated and detrimental to the system that is currently in place. Mental health screening, assessment and treatment are largely driven through the Coordinated Services Action Teams (CSAT) process that was put into place pursuant to the Katie A. Strategic Plan (2008). This process ensures that all children who are entering the child welfare system, both newly detained and new cases that are not detained, as well as all existing cases are provided with a mental health screening. Those screening positive are either referred to a MAT provider (in the case of newly detained children) or to the DMH co-located staff in the DCFS regional offices. The MAT and CSAT operations are critical elements of the system that has been put into place to efficiently identify children in need of mental health services and to provide them access to needed services as quickly as possible. Since September of 2011 these systems have effectively triaged over 23,000 children into the children's mental health system.

DMH currently has a system in place by which MAT providers meet at the service area level to coordinate and improve services and there is also a MAT Best Practice Workgroup that meets on a regular basis to improve the quality of the MAT service and process.

DMH and DCFS also work closely with the MAT and Hub Clinic operations to coordinate service delivery and these efforts are ongoing.

There is also a strong relationship between the DCFS and DMH MAT operations and issues of service coordination and oversight of referrals is managed effectively through ongoing communications between the two departments.

#### RECOMMENDATION

##### **Recommendation 5.4 - The Director of the Department of Mental Health**

The Directors of the Departments of Children and Family Services, Health Services, and Mental Health should collaborate to identify funding resources and provide transportation services for DCFS youth 18 years old and older with complex medical and mental health needs to obtain such needed services.

#### RESPONSE

Agree. DMH will work in collaboration with DCFS and Health Services to identify funding resources and provide transportation services for DCFS youth 18 years old and older with complex medical and mental health needs to obtain such needed services.

Attachment I

**Office of Education**



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# Los Angeles County Office of Education

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Leading Educators ▪ Supporting Students ▪ Serving Communities

Arturo Delgado, Ed.D.  
Superintendent

July 27, 2012

**Los Angeles County  
Board of Education**

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## **2011-2012 Grand Jury Recommendations for Education of Incarcerated Juveniles**

### RECOMMENDATION NO. 1

Address the situation of the frequent use of substitute teachers. Long-term substitutes must be trained with the regular teachers for continuity of the education program. Change to a traditional, September-June calendar, to parallel other districts in Los Angeles, with staff development occurring primarily during the summer. Summer school could be provided for remedial and elective courses. This would give teachers, who prefer working year-round, an opportunity to do so.

### RESPONSE

LACOE agrees with this recommendation.

LACOE shares the concerns regarding the use of substitutes and has undertaken several efforts to manage their use. For example, LACOE now offers an attendance incentive program to reward those teachers with perfect attendance, with the intent of decreasing the number of substitutes requested in a given school year. Secondly, to maintain the integrity of instruction in a classroom taught by a substitute teacher, long-term substitutes, particularly at McAuliffe (Camp Jarvis, Camp McNair, Camp Onizuka), receive extensive training alongside the faculty. Training focuses on a variety of topics, including the use of instructional technology, student performance data (e.g., Datawise), use and implementation of the Northwest Evaluation Association (NWEA) assessment program, Professional Learning Community, English Language Arts, Literacy, and Positive Behavior Intervention System (PBIS). Day-to-day substitutes who are present during a day of training also participate in the training.

Thirdly, McAuliffe has taken the lead in grouping vacation days and eliminating most full-day trainings, opting instead to offer trainings after school or on weekends at McAuliffe and not at the LACOE administrative center in Downey. It is believed that these efforts significantly contributed to a decrease in the rate of absenteeism from 60 to 20 percent. LACOE appreciates that some staff orientation and training will be offered during summer to further minimize the need for substitutes, but recognizes that some ongoing staff development must be offered throughout the year to be most effective.

Finally, and perhaps more important, LACOE has successfully negotiated a change in the school year through the teacher collective bargaining agreement with LACEA, the teachers' union. Under the agreement, LACOE court schools will run a ten-month program (similar to a traditional calendar), with two five-week summer school intersessions. Teachers are required to work the ten-month calendar and one intersession. Earned vacation has been eliminated. This effort will allow teachers to take time off during their month off and not take vacation during the school year, thus minimizing the total number of substitutes used during the school year.

#### RECOMMENDATION NO. 2

Expand the use of computers and technology for students' education, and provide technical support for teachers.

#### RESPONSE

LACOE recognizes the need for integrating technology and instruction and has invested a significant amount of money and resources to implement a series of programs designed to bridge the technology gap among staff and students. For example, each school site is equipped with iPads, LCD projectors, and Smart Boards to make teaching and learning more engaging and interactive. Additionally, each school site now has mobile labs (laptop carts) and/or desktops to access Achieve 3000, a computer-based intervention program that focuses on vocabulary development, reading comprehension, critical thinking, and writing skills at each student's performance level; Read 180, a reading intervention program that targets students who read at or below the fifth-grade level; and NWEA, a computer-based comprehensive assessment program with the capacity to measure a student's immediate academic needs and long-term academic growth. Staff members are currently on a training schedule to effectively use the NWEA technology associated with their particular work assignment. School site data teams, counselors, and administrators were trained in early July, 2012; all teachers who are currently on track (working during first five-week intersession of the new summer work schedule) will complete their training by August 3, 2012; and all teachers who are currently off track (scheduled to work the second five-week intersession of new summer work schedule) are set to be trained October 2-4, 2012. Moreover, data coaches are assigned to each

school site and meet weekly with staff and then provide one-on-one instruction with individual teachers.

In addition to the technology-related programs and resources mentioned above, students in the math class at McAuliffe have access to five desktop computers specifically for Apangea Math, a math skills development intervention program that targets students who are performing well below grade level. Also, many students at McAuliffe are now enrolled in the recently established AdvancePath Academy, an online credit recovery program designed to help students make up credits at an accelerated, but self-paced, rate. LACOE plans to invest in additional technology as it seeks to launch its own computer-based credit recovery program at additional sites during the second half of the current school year.

### RECOMMENDATION NO. 3

Have teachers observe classes at the Road to Success Academy to better implement the reforms detailed in the CERC report to the Board of Supervisors.

### RESPONSE

Some LACOE teachers have observed classes at the Road to Success Academy, particularly at the end of the unit exhibitions where students have the opportunity to showcase their thematic projects through presentations to students, staff members, and guests. LACOE is in the process of exploring and assessing several project-based instructional models for incarcerated youth, including the Missouri Model and the Maya Angelou Academy. The goal is to take the most salient features of each model, including Road to Success Academy, and synthesize them into a viable model that complements existing reform projects such as Achieve 3000, Read 180, Paxton Patterson, online credit recovery, etc., to meet the needs of students at particular school sites. Such instructional models are currently being considered for Camp Kilpatrick, Camp Munz, and Camp Mendenhall. LACOE agrees that observation of successful programs can be enlightening for staff and instrumental to the process of making such programs available to more students served by its system of schools.

### RECOMMENDATION NO. 4

Strengthen the teacher evaluation process by frequent well-documented observations and counseling for improvement. With these provisions, teachers who do not meet expectations could choose to leave for a more suitable position, or they could be removed from their teaching positions at the camps and halls.

### RESPONSE

LACOE agrees.

All LACOE teachers assigned to a camp or hall who were due for an evaluation received an evaluation from their assigned supervisor this past school year. Site administrators were tasked with the responsibility of evaluating all staff and received adequate training and support on the teacher evaluation process. Site administrators discussed goals and expectations with their staffs to ensure a common understanding of teacher evaluation protocol and performance expectations. In addition to the scheduled formal evaluation instructional observations, all school administrators were instructed to conduct regular classroom visits to observe teaching and learning and provide constructive feedback to teachers. School administrators at McAuliffe completed informal (unscheduled) visits at least five times a week and offered informal feedback in writing each time. As part of the accountability process, LACOE chose to non-reelect eight first-year LACOE teachers and placed an additional nine teachers on performance improvement plans this past school year.

To further strengthen the evaluation process and, therefore, teaching and learning, LACOE has contracted with Cross and Joftus to train all school administrators on Focused Classroom Walkthroughs. Half of all administrators received the initial training in early July of 2012; the other half is scheduled to receive the training in mid August of 2012, with additional training, coaching, and structured classroom visits for all administrators scheduled to take place during the school year. Additionally, LACOE is in the process of establishing a professional development plan for all school administrators to enhance their capacity as instructional leaders.

#### RECOMMENDATION NO. 6

Address scheduling challenges of vocational education. Vocational education should be an integral part of the program at the camps.

#### RESPONSE

LACOE agrees that vocational education at times presents scheduling challenges. One of LACOE's goals is to include vocational education courses in the master schedule or traditional instruction day. Each of the camps and halls has initiated the implementation of vocational education courses as part of their instructional program. For instance, the Building Trades vocational program through Paxton Patterson has been fully implemented at McAuliffe and is currently in the process of initial implementation at Nidorf Juvenile Hall, Camp Munz, Camp Miller, Camp Scott, and partially at Camp Scudder. Also, the Life Skills module of the Paxton Patterson program is being implemented at each of the halls. Furthermore, courses in health care, culinary arts, and fashion design are offered at Road to Success Academy; automotive and culinary arts at Camp Gonzales; forestry services at Camp Paige; culinary arts at Camp Rockey; and culinary arts, veterinary services, and landscaping at McAuliffe.

Noticeable progress has been made in including vocational courses in the traditional master schedule. McAuliffe has led this change effort, although like other school sites, it too has experienced challenges given the relatively small size of its master schedule combined with the diversity of course offerings and the multiple academic needs of students. It is LACOE's expectation that all challenges to fully include vocational courses in the master schedules at all camps and halls will continue to be addressed to give all students access to a comprehensive and diverse curricular program.

RECOMMENDATION NO. 7

Implement a program for volunteers at the camps. A dedicated coordinator position in LACOE, or at various juvenile detention sites, would expand the involvement of the community.

RESPONSE

LACOE agrees that volunteers can be an important component of a successful program. Accordingly, great strides have been made to ensure that students have the opportunity to benefit from the knowledge and services of volunteers representing a variety of fields and areas of expertise. For example, several schools receive volunteers from local colleges (e.g., Pitzer) and universities (e.g., Pepperdine and Northridge) who assist students with academic support in various subject areas, particularly in English and math. Also, some schools have established relationships with volunteers (e.g., Talking In Class) who visit classrooms as guest speakers to discuss issues such as sexism, racism, and bullying. Road to Success Academy has, by far, the most volunteers of all schools, including designers, poets, film makers, film directors, managers, make-up artists, and historians. Volunteers have represented Homeboy Industries, Disney, Nestle, and other professions and agencies. In light of the fiscal hardships that currently limit LACOE's ability to staff full-time positions to coordinate a structured volunteer program at each school site, the schools, overall, have been relatively successful in establishing productive partnerships with local volunteers. LACOE will continue to support schools in improving their volunteer programs.

RECOMMENDATION NO. 8

Provide soft-back leisure reading books to promote book clubs at the camps and to give to the students as they leave.

RESPONSE

LACOE agrees with the recommendation.



LACOE's literacy program has been one strong component of its reform efforts, led by the dedicated literacy specialists at the camps and halls. Libraries come in various forms, including main school libraries, mini-libraries in the dorms, classroom libraries, one mobile library, and two Los Angeles County public libraries. Libraries are used to reinforce instruction, enhance reading skills, and offer students the opportunity to engage in recreational reading in topics of self-interest. Also, there are book clubs at several school sites, including McAuliffe, Camp Rockey, Pacific Lodge, and Central Juvenile Hall. True to the emerging emphasis on technology, the McAuliffe book club utilizes Kindles.

LACOE's goal is to provide free books to students once they leave the facility. Unfortunately, legal statutes prohibit the gift of public funds and thus limit LACOE's ability to give students books purchased through Title I and other public funds. However, LACOE and its schools will continue to seek donations from community partners to provide books as parting gifts to students upon their transition to the community.

#### RECOMMENDATION NO. 9

Form a task force to develop a process so that Probation staff and teachers can communicate and work together in a more meaningful way.

#### RESPONSE

LACOE and Probation continue to collaborate through a number of committees, commissions, and structured meetings inside and outside the camps and halls to foster communication and improve the quality of interaction between LACOE and Probation, especially between Probation personnel and teachers. For instance, the Comprehensive Educational Reform Implementation Committee meets twice monthly to address issues that affect the school sites (camps and halls), including student supervision and discipline, behavioral and academic interventions, and program development and improvement; the Los Angeles County Re-entry Operations Group, chaired by Superior Court Judge Donna Groman, meets monthly to address issues related to student transition to the community; and select personnel from LACOE and Probation meet monthly to address all facility-related matters at the camps and halls. Additionally, LACOE shares its office space at its Downey complex with Probation liaison staff who are tasked with resolving matters at the camps and halls. The results of the above meetings have strengthened the dialogue and interaction between Probation staff and school site personnel, particularly teachers.

At the camp or school site level, there are numerous regular meetings involving the line staff. As a general matter, LACOE staff and Probation work positively together. There are weekly meetings with camp directors, hall superintendents, and school principals and administrators. In addition, there are frequent or weekly meetings between Probation personnel/liaisons and school staff. At some camps, Probation

personnel participate in school activities (e.g., Open House and exhibitions). Furthermore, Los Padrinos Juvenile Hall is currently working with Probation to implement a project to improve student behavior. Moreover, the PBIS Team at McAuliffe, which includes line probation officers, meets regularly to discuss students and specific issues and is intended to improve interactions between teachers and Probation personnel. The most recent report of the monitoring experts in *Casey A* has credited this behavior system with creating a “general positive school climate” at McAuliffe. Probation staff members are in class every day at McAuliffe and are in direct contact with teachers in all camps and halls. Finally, reclassification and Multi-disciplinary Team (MDT) meetings bring LACOE, Probation, and other agencies together for the welfare of each student being discussed.

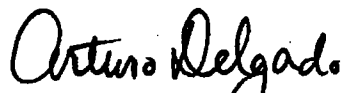
RECOMMENDATION NO. 10

Invite members of the juvenile court system to visit and observe the improved educational programs at the juvenile camps.

RESPONSE

LACOE concurs that the members of the juvenile court system should be invited to observe the improved educational programs at the camps and halls. The camps and halls welcome visitors from various agencies, including the juvenile court system, the Board of Supervisors, and other dignitaries. Staff from the juvenile court visited Camp Scudder in July of 2012. Previously, juvenile court staff members were invited to the opening of the state-of-the-art Construction Career Tech classroom and the unveiling of the AdvancePath credit recovery program at McAuliffe. LACOE will proceed with having scheduled visits by representatives from the juvenile court system throughout the upcoming school year.

Respectfully submitted,



Arturo Delgado, Ed.D.  
Superintendent

AD/CA:sb

Attachment J

**Probation**



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

July 26, 2012

TO: Supervisor Zev Yaroslavsky, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Jerry E. Powers *J.P.*  
Chief Probation Officer

**SUBJECT: RESPONSE TO THE 2011-2012 GRAND JURY'S FINAL REPORT**

Enclosed is the Probation Department's response to the Civil Grand Jury's recommendations contained in their 2011-2012 Final Report.

If you have any questions or need additional information, please contact DeWitt Roberts, Acting Administrative Deputy, Administrative Services Division at (562) 940-2516.

JEP:jmc

Enclosures (5)

c: William T. Fujioka, Chief Executive Officer  
James Hazlet, Chief Executive Office



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

July 26, 2012

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – LOS ANGELES COUNTY PROBATION  
DEPARTMENT

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
LABOR CODE 4850

**LABOR CODE 4850**

## RECOMMENDATION NO. 1

The Los Angeles County Probation Department should adopt the “carve-out” program, as used by the Fire Department, to expedite the process of referring injured workers to approved physicians and to reduce the frequency of LC 4850 eligibility disputes.

## RESPONSE

The Probation Department partially agrees with this recommendation. The Probation Department is committed to researching and subsequently implementing programs aimed at expediting the procedures for injured employees to obtain medical treatment and reducing the number of medical disputes between management and workers. The Probation Department is in communication with representatives of the Los Angeles County Fire Department tasked with developing and implementing the “carve-out” program. We recognize the possibilities that the “carve-out” program offers. However, the Fire Department is not scheduled to implement their “carve-out” program until early 2013. After its implementation, the Probation Department will defer to the Los Angeles County Chief Executive Office-Risk Management unit to determine the program’s effectiveness. If deemed effective and upon being provided authorization to adopt the “carve-out” program within the Probation Department, the program will be implemented.

## RECOMMENDATION NO. 2

The Los Angeles County Probation Department should continue to review all cases involving presumptive injuries to assure that each injury in question is job-related.

## RESPONSE

The Probation Department agrees with this recommendation. The Probation Department continues to be committed to ensuring that department employees receive all benefits rightfully afforded them through California Labor Code 4850 and Labor Code 3212 while also protecting the County of Los Angeles from unwarranted costs through benefit abuses. The Probation Department's Return to Work Unit reviews all claims and works closely with our Third Party Administrator, Acclamation Insurance Management Services (AIMS); especially when claims are deemed questionable or evidence exists to controvert the injury (Labor Code 3212). Beginning January 2012, the Probation Department's Return to Work unit began meeting with our Third Party Administrator (AIMS) on a monthly basis to review, discuss and explore methodologies to expedite resolution to existing injury/illness claims to include presumptive injuries.

## RECOMMENDATION NO. 3

The Los Angeles County Probation Department should adopt the practice of the Fire Department by gathering statistics to determine the most common and prevalent on-the-job injuries, and use these statistics to develop specific injury prevention and mitigation programs and training.

## RESPONSE

The Probation Department agrees with this recommendation. Since July 2011, the Probation has partnered with the Los Angeles County Chief Executive Office (CEO) Risk Management unit in the review of each industrial accident filing and on-the-job accident. Statistics have been compiled that capture the frequency of specific types of claims such as probationer restraints, trips, slips and falls. Based on a review of the industrial accident claim, investigative findings and compiled statistics, Los Angeles County Probation Risk Management Division may be called upon to offer further investigation of the reported injury and to offer insight to corrective action to eliminate or reduce the likelihood of future injuries. In 2011-2012, Los Angeles Probation Department Risk Management Division began conducting Health and Safety training sessions within the department in an effort to reduce the occurrence of accidents and injuries in the workplace.

## RECOMMENDATION NO. 4

The Los Angeles County Probation Department should scrutinize requests from injured workers seeking to renew additional years of 4850 status by considering whether changes of medical tests, exams and treatment plans have occurred.

## RESPONSE

The Probation Department agrees with this recommendation. The Probation Department in partnership with the Los Angeles County Chief Executive Office reviews

all industrial accident claims filed within the department. During this review, careful scrutiny is made of injury cases of employees receiving Labor Code 4850 benefits and who are seeking an extension of LC 4850 benefits or who recently returned to work after the exhaustion of such benefits. In November of 2011, the Probation Department began reviewing all injury claims more strictly and claims for employees with consecutive years of Labor Code 4850 benefits are referred to the department's Third Party Administrator for investigation.

#### RECOMMENDATION NO. 5

The Los Angeles County Probation Department should ensure that the guidelines and standards established by the Medical Treatment Utilization Schedule (MTUS), which includes American College of Occupational and Environmental Medicine (ACOEM) recommendations, are used when setting treatment plans and time off from work in order to reduce excessive absences.

#### RESPONSE

The Probation Department agrees with this recommendation. Since November 2011, the Probation Department has made a concerted effort to scrutinize the processing and handling of work-related injury claims. The department has strengthened its existing partnerships with the Los Angeles County Chief Executive Office and Third Party Administrator, AIMS, in an effort to more effectively process and handle work-related injury claims. Critical to our handling of injury claims is our reliance on the Medical Treatment Utilization Schedule (MTUS) which incorporates American College of Occupational and Environmental Medicine (ACOEM) guidelines.

#### RECOMMENDATION NO. 8

The Los Angeles County Probation Department should review and compare the frequency of the employees' LC 4850 initial claim dates that immediately precede their retirement dates, to determine if the LC 4850 program is being used in accordance with its intent.

#### RESPONSE

The Probation Department agrees with this recommendation. The Probation Department remains committed to overseeing the appropriate utilization of Labor Code 4850 benefits for its qualifying public safety employees. A review of departmental Labor Code 4850 records and statistics do not support that Probation Department employees utilize Labor Code 4850 benefits with any more frequency in their final year preceding retirement in more frequency than such benefits are utilized at any other time during qualifying employees' careers. The Probation Department will continue to maintain statistics to monitor trends in Labor Code 4850 benefit utilization to, among other things, detect misuse and to ensure that benefits are only being utilized in accordance with the spirit in which the law was enacted.



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

July 26, 2012

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – LOS ANGELES COUNTY PROBATION  
DEPARTMENT

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
EDUCATION OF INCARCERATED JUVENILES

## **EDUCATION OF INCARCERATED JUVENILES**

### RECOMMENDATION NO. 5

Negotiate and provide a contract with local hospitals for inoculations and medical services so that juveniles are not absent from classes, and staff is not away from camp for extended periods of time.

### RESPONSE

The Probation Department agrees with this recommendation. The Los Angeles County Juvenile Court Health Services (JCHS) has oversight responsibility over medical services rendered to minors within the Probation Department's juvenile camps and halls. Although certain services are rendered at juvenile facilities, in an effort to render the most comprehensive and quality medical care available, there are times when transporting minors to outside medical treatment facilities becomes imperative. It is the priority of the Probation Department to provide ready access for minors requiring medical treatment while not interrupting educational, vocational or other programmatic commitments. It is for this reason that Probation Department management participated in a meeting with JCHS representatives on July 13, 2012 to address the impact that transporting minors for medical services away from camp and hall facilities was having on educational programming. JCHS is currently engaged in efforts to identify local medical treatment options in the northern portion of Los Angeles County that would be able to provide medical services to juvenile camps and halls in that geographical region. When such services are identified, it is incumbent upon JCHS to negotiate a contract with said facilities. When such contracts are negotiated and approved, the Probation Department will unreservedly support the conditions of the contract.



RECOMMENDATION NO. 6 (The Chief of the Los Angeles County Probation Department and the Superintendent of the Los Angeles County Office of Education)

Address scheduling challenges of Vocational education. Vocational education should be an integral part of the program at the camps.

RESPONSE

The Probation Department agrees with this recommendation. The Probation Department understands the importance of introducing vocational programming opportunities to minors within the department's care that will equip minors with marketable skills that will better prepare them for employment opportunities upon their release from the juvenile camp environment. Due to the success of the department's pilot culinary program at Camp Gonzalez, the Los Angeles County Probation Department in conjunction with the Los Angeles County Office of Education; expanded the culinary arts program to three additional juvenile camps (Rockey, Scott and Challenger). All four programs continue to thrive and minors have shown a significant interest in participating in the Culinary Arts programs. Also in conjunction with LACOE, the Probation Department has recently implemented a Career Technical Education (CTE) program at Challenger Memorial Youth Center in the area of crafts associated with Building Trades. The curriculum consists of 20 construction trade areas (blueprint reading, cabinet making, communications, concrete, drywall, electrical, estimation, finish carpentry, green construction, hand tools, HVAC, masonry, painting, plumbing, power tools, roof framing, surveying and site planning, tile setting, wall framing and weatherization).

Due to the overwhelming interest in the program as well as its success, there is a joint effort between the Probation Department and LACOE to implement the Building Trades vocational programs at camps, Munz, Mendenhall, Miller, Scott and Scudder. Planning is underway to begin these programs in 2013. Minors at camp Paige can take advantage of our Camp 17 Forestry Vocational Program, facilitated by the Los Angeles County Fire Department that trains participants to complete routine brush clearing and plantation maintenance. Recently, as a result of familiarity with the Marshall Canyon area, near camp Paige, some of the program's participants assisted in the rescue of an elderly woman who while hiking, became overcome with heat exhaustion and dehydration and was unable to complete her group's hike.

The Los Angeles County Probation Department in partnership with the Los Angeles County Office of Education is extremely committed to incorporating additional vocational programs into the camp environment that better prepare our minors for success.

Recently, the Probation Department hired a Director of Schools that began on July 25, 2012. The expectation is that the Director of Schools will be a liaison between the Los Angeles County Probation Department and LACOE that will ensure smooth and effective collaboration, effectiveness and expansion of educational programming within the juvenile camp and hall environments. The Director of Schools will also be a key

participant in the Probation Department and LACOE's Comprehensive Educational Reform Committee formed to ensure success in implementing the provisions of the Comprehensive Educational Reform MOU entered into by the Probation Department and LACOE executed on July 14, 2008.

RECOMMENDATION NO. 7 (The Chief of the Los Angeles Probation Department and The Superintendent of the Los Angeles County Office of Education)

Implement a program for volunteers at the camps. A dedicated coordinator position in LACOE, or at various juvenile detention sites, would expand the involvement of the community.

RESPONSE

The Probation Department partially agrees with this recommendation. Although the Probation Department would welcome additional resources by way of a dedicated LACOE Volunteer Coordinator, we believe that our current system allows for adequate community and volunteer participation within the department's camps and halls.

The Probation Department's Behavior Management Program is a collaborative effort between the Los Angeles County Probation Department, the Los Angeles County office of Education, the Department of Mental Health and the Department of Health Services. It is designed to provide minors with information and services to meet their physical, emotional, social and educational needs and assist them in making appropriate decisions to avoid re-offending. The program identifies rules/expectations and reinforces positive behaviors through a mechanism that links rewards, incentives, and consequences to the minor's behavior, and encourages progress toward positive behavior change. The program also utilizes a skills training curriculum of interactive exercises that train minors in the essential coping, adapting and functioning skills they need to experience success in life. Through skills training minors are provided with information on how to replace ineffective and maladaptive emotional and behavioral responses with more effective and skillful responses.

Programs are designed to address the needs of the minors and to decrease their ability and desire to commit criminal acts by involving them in activities that increase self-efficacy and social responsibility. These objectives are achieved by engaging minors in pro-social activities and community engagement. All volunteers are processed through the Volunteers In Service To Others (VISTO) office. Volunteers provide many services to minors including talking with individual minors, conducting group discussions on topics of interest to minors, tutoring and assisting minors in letter writing, organizing and officiating at games and recreational activities and conducting groups in dance and yoga.

RECOMMENDATION NO. 8 (The Chief of the Los Angeles Probation Department and The Superintendent of the Los Angeles County Office of Education)

Provide soft-back leisure reading books to promote book clubs at the camps and to give to the students as they leave.

### RESPONSE

The Probation Department agrees with this recommendation. In 2011, the Probation Department implemented a plan to expand libraries at each juvenile camp and hall facility. The department consistently seeks and receives donated reading materials from community partners to expose minors to increased opportunities for learning. Currently, the Probation Department in collaboration with LACOE, is planning a book drive for November 2012 and plans have been made to sponsor a volunteer book drive twice a year to ensure that age specific and topic appropriate books are readily available in libraries, schools and housing units throughout the juvenile and camp environments. In planning future book drives, a concerted effort will be made to obtain multiple copies of the same publication of books to encourage minors to form self-lead book clubs. Currently, if a minor has not completed reading a book upon discharge and the minor expresses an interest in completing the book, the minor is allowed and encouraged to take the book home upon release. The Probation Department and LACOE will continue to encourage this practice.

### RECOMMENDATION NO. 9 (The Chief of the Los Angeles Probation Department and The Superintendent of the Los Angeles County Office of Education)

Form a task force to develop a process so that probation staff and teachers can communicate and work together in a more meaningful way.

### RESPONSE

The Probation Department agrees with this recommendation. Currently, Multi-Disciplinary Teams (MDT) provide comprehensive assessments of youth with the participation of the juvenile court, parents, other caregivers or surrogates, mental health, educational service providers and probation. The format of the MDT meetings encourages collaborative partners to engage in open dialog about specific minors for the purpose of developing a comprehensive and effective treatment and service plan for the minors. Each collaborating partner is thus provided an opportunity to affect the overall treatment or service delivery in a significant way.

Within the juvenile camp environment, weekly meetings are facilitated by the camp director and attended by LACOE personnel, health services, mental health and religious service leaders. These meetings provide collaborative partners an opportunity to engage in meaningful dialog aimed at sharing pertinent programmatic information, conflict resolution and ways to promote enhanced collaboration among partners.

Probation officers are an integral part of school activities, often being assigned to several classrooms during instruction as well as afternoon programming. The officer's presence signifies the partnership between custody and education and allows for the

sharing of information to enhance a more meaningful collaborative relationship between the Probation Department and its LACOE partners; both of which are committed to creating more opportunities to enhance the existing partnership and improve the quality of service delivery to minors, their families and the community.

RECOMMENDATION NO. 10 (The Chief of the Los Angeles Probation Department and The Superintendent of the Los Angeles County Office of Education)

Invite members of the juvenile court system to visit and observe the improved educational programs at juvenile camps.

RESPONSE

The Probation Department agrees with this recommendation. The Probation Department and its LACOE partners accepts that a more deliberate effort to invite juvenile court system partners into probation facilities to allow them to observe improvements in educational programming occurring within the juvenile camp and juvenile hall environments must take place. Plans are currently underway to increase the number of open houses and other outreach activities that will allow juvenile court system personnel more opportunities to visit the Probation Department in an effort to showcase educational and vocational improvements. Probation and LACOE staff currently attend regular meetings at the courts to offer information on program content and changes. The Chief Probation Officer meets with the Presiding Judge once a month which also allows for information on educational program enhancements to be shared.



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

July 26, 2012

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – LOS ANGELES COUNTY PROBATION  
DEPARTMENT

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
IDENTITY THEFT FOR FOSTER CHILDREN

**IDENTITY THEFT FOR FOSTER CHILDREN**

## RECOMMENDATION NO. 3

The Chief of the Probation Department should work with DCFS and take the necessary steps to include Probation Department wards' information into the CRBs in the same manner as DCFS wards.

## RESPONSE

The Probation Department agrees with and has implemented this recommendation. This recommendation has been implemented. The County of Los Angeles Departments of Children and Family Services (DCFS), Probation, and Consumer Affairs (DCA) have entered into an Agreement to provide identity theft protection services to foster youth who are under the care of DCFS and Probation.

Based on the successful completion of pilot project initiated by 5th District Board Supervisor Michael Antonovich in 2009, all three Departments recognize the importance of transition age foster youth leaving the jurisdiction of either child welfare or juvenile delinquency with the greatest opportunity to become successful and self-sufficient young adults. To this end, the purpose of this Agreement for every foster youth between the ages of 16 and 17.5 to have their credit records reviewed and through remedial services, leave with an accurate credit record as young adults. We have a current MOU with DCFS and DCA until April 2015.



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

July 26, 2012

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – LOS ANGELES COUNTY PROBATION  
DEPARTMENT

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
PROBATION DEPARTMENT

## **PROBATION DEPARTMENT**

### RECOMMENDATION NO. 2

The Los Angeles County Probation Department should assign veteran and experienced Deputy Probation Officers (DPOs) at each Probation HUB, whose sole responsibility is to monitor and supervise the incoming N3 probationers from the State prisons.

### RESPONSE

The Probation Department partially agrees with this recommendation in that we assign experienced Deputy Probation Officers (DPOs) to work at Probation HUBs and Supervision to the degree possible. Implementation is ongoing.

The Probation Department has existing Memorandum of Agreements (MOAs) with impacted bargaining units which do not necessarily allow the unilateral movement of staff. These agreements require our adherence to a bid process which allows interested staff to apply for positions followed by the Department's obligation to select staff on the basis of seniority. Once the bid process is exhausted we must move forward with the promotional process which may not net experienced or veteran staff. We therefore seek experienced staff to the degree possible and then seek to thoroughly and adequately train the less experienced staff hired through the promotional process. Apart from these options, the Department can utilize the Special Recruitment process for new and/or pilot programs. This option does allow selections based on special skills and the needs of the program, however this process is limited based on the number of items to be filled.

We must also be clear in distinguishing the role and purpose of the DPOs at Probation HUBs versus DPOs in Supervision. Probation HUBs are designed as multi-disciplinary assessment and orientation centers for Post-release Supervised Persons (PSPs) returning to county jurisdiction from State prison for supervision. As such, the primary goal of the HUB is to conduct initial orientations, initiate case plan development, and make referrals as indicated by assessment results. Thereafter, cases are transferred to Supervision field office DPOs responsible for tracking PSPs to ensure that connection is made to referral agencies.



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242  
(562) 940-2501



**JERRY E. POWERS**  
Chief Probation Officer

July 26, 2012

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – LOS ANGELES COUNTY PROBATION  
DEPARTMENT

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
DETENTION COMMITTEE

## **DETENTION COMMITTEE**

### RECOMMENDATION NO. 21

Juvenile Detention Facilities: Challenger (Y12-14), Mendenhall (Y21), Munz (Y23),  
Scott (Y27) and Scudder (Y28)

- Negotiate and provide contracts with a local medical hospital or an appropriate facility for medical services.

### RESPONSE

The Probation Department agrees with this recommendation. Please see Section "Education of Incarcerated Juveniles" recommendation number 5 for an explanation on the Probation Department's initiatives to ensure compliance with this recommendation.



Attachment K

**Public Health**



COUNTY OF LOS ANGELES

**Public Health**



JONATHAN E. FIELDING, M.D., M.P.H.  
Director and Health Officer

JONATHAN E. FREEDMAN  
Chief Deputy Director

313 North Figueroa Street, Room 806  
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**BOARD OF SUPERVISORS**

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Fifth District

July 27, 2012

TO: William T Fujioka  
Chief Executive Officer

ATTENTION: James Hazlett

FROM:  Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

SUBJECT: **DEPARTMENT OF PUBLIC HEALTH'S RESPONSE TO THE 2011-2012  
LOS ANGELES COUNTY CIVIL GRAND JURY FINAL REPORT**

As requested, attached is our response to the 2011-2012 Civil Grand Jury Final Report. The Department of Public Health (DPH) was named as a supporting department to address Recommendation 3.4, which focuses on neo-natal risk assessment and parental training for high-risk families.

DPH's Maternal, Child and Adolescent Health (MCAH) Programs has implemented several programs that help prevent child deaths. It has operated the Nurse-Family Partnership (NFP) Program that supports first time pregnant youth and women living in poverty. In addition, MCAH is working with First 5 LA to develop a county-wide referral network for in-home support services for prenatal and early childhood families who are at risk. Details of these programs are included in our response.

Please contact me if you have any questions or comments.

JEF:cb

c: Sheila Shima  
Richard Mason

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

**RESPONSE TO THE GRAND JURY FINAL REPORT**  
**2011-2012 GRAND JURY RECOMMENDATIONS FOR DCFS AND CHILD DEATH**  
**MITIGATION IN LOS ANGELES COUNTY**

**RECOMMENDATION # 3.4:**

Neo-natal risk assessment and parental training for high-risk families. The Director of Public Health and the Director of DCFS should develop an in-depth neo-natal risk assessment and parental training program for high-risk families.

**DPH RESPONSE:**

Agree - The recommendation is being implemented. The Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Programs has implemented several programs and initiatives that help to prevent child deaths. It has operated the Nurse-Family Partnership (NFP) Program that supports newly pregnant youth/women in learning how to parent and safely raise children since 1996, and has recently expanded by over 29 nurses using funding from both the Mental Health Services Act (24 nurses) and the Federal Home Visitation funds (4 nurses) who together will be able to serve an additional 725 clients countywide. NFP is an evidence-based program that has been scientifically proven to prevent child abuse and other risk factors that lead to infant/child deaths. It's expansion within the County, and recent development of a Memorandum of Understanding between the Department of Public Health and Children and Family Services will help to improve the referral of qualified pregnant youth who are served within protective services.

In addition, MCAH is working to develop a county-wide referral network for in-home support services for prenatal and early childhood families who are at risk. This work will be accomplished collaboratively through the recently convened "Home Visitation Guiding Coalition." The Home Visitation Guiding Coalition will pull together a larger group of home visiting agencies, experts in home visitation, funders and others interested in supporting home services to build a system of home visitation care that will match services to families so they can receive the best possible home visitation program for their own particular situation. In May 2012, MCAH convened the first meeting of the Home Visitation Guiding Coalition and is forming subcommittees to work on policy, operations and satisfy the need to have community advisory boards for the federally funded home visitation programs. It will also address the development of an effective referral system and establish better monitoring and reporting standards for all County in-home services. MCAH is working closely with the First-5 Los Angeles to better coordinate services and program development as part of the Home Visitation Consortium.

Attachment L

**Sheriff**



LEROY D. BACA, SHERIFF

County of Los Angeles  
Sheriff's Department Headquarters  
4700 Ramona Boulevard  
Monterey Park, California 91754-2169



July 27, 2012

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
Los Angeles, California 90012

Dear Members of the Civil Grand Jury:

**RESPONSE TO THE FINAL REPORT OF THE 2011-12  
LOS ANGELES COUNTY CIVIL GRAND JURY**

Attached is the Los Angeles County Sheriff's Department's (Department) response to the 2011-12 Civil Grand Jury Report recommendations (Attachment A). The Civil Grand Jury's areas of interest specific to the Department included: the procurement and dispensing of medications for inmates, our processes related to the State of California Labor Code §4850 (on duty injuries), and a wide range of recommendations regarding staffing and facility improvements at Department patrol stations, jails, and several Los Angeles County Courthouses.

Should you have questions regarding our response, please contact Division Director Victor Rampulla at (323) 526-5357.

Sincerely,

LEROY D. BACA  
SHERIFF

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – SHERIFF

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
LABOR CODE §4850

RECOMMENDATION NO. 1

The Los Angeles County Sheriff (LASD) and Probation Departments should adopt the “carve-out” program, as used by the Fire Department, to expedite the process of referring injured workers to approved physicians and to reduce the frequency of LC 4850 eligibility disputes.

RESPONSE

LASD agrees with this recommendation. At this time, the Fire Department’s “carve-out” program has not been fully implemented. Once the program has been implemented, the Sheriff’s Department will evaluate it, and if appropriate, develop a process modeled after the Fire Department’s program.

RECOMMENDATION NO. 2

The Los Angeles County Sheriff, Fire and Probation Departments should continue to review all cases involving presumptive injuries to assure that each in question is job related.

RESPONSE

LASD agrees with this recommendation, and will continue this practice through our third party administrator, Tristar Risk Management.

RECOMMENDATION NO. 3

The Los Angeles County Sheriff and Probation Departments should adopt the practice of the Fire Department by gathering statistics to determine the most common and job prevalent on-the-job injuries, and use these statistics to develop specific injury prevention and mitigation programs and training.

RESPONSE

LASD agrees with this recommendation. The Department's Risk Management Bureau is responsible for compiling the statistics associated with on-the-job injuries. This information is then compiled in the Injury, Illness and Prevention Program (IIPP) report and is used to develop training sessions and informational bulletins educating employees on how to best avoid or prevent injuries related to specific activities.

RECOMMENDATION NO. 4

The Los Angeles County Sheriff, Fire, and Probation Departments should scrutinize requests from injured workers seeking to renew additional years of 4850 status by considering whether changes of medical tests, exams, and treatment plans have occurred.

RESPONSE

LASD agrees with this recommendation. The Department and Tristar Risk Management will continue to review all worker's compensation claims to ensure employees do not manipulate the system to extend their LC 4850 benefits. Some employees submit claims for separate injuries, which allows for a year of LC 4850 benefits for each admitted injury. However, if appropriate, Tristar and the Department will ensure the claims are evaluated and run concurrently, rather than consecutively, thus eliminating potential abuse.

RECOMMENDATION NO. 5

The Los Angeles County Sheriff, Fire, and Probation Departments should ensure that the guidelines and standards established by the Medical Treatment Utilization Schedule (MTUS), which includes American College of Occupational and Environmental Medicine (ACOEM) recommendations, are used when setting treatment plans and time off from work in order to reduce excessive absences.

RESPONSE

LASD agrees with this recommendation. The Department, through Tristar Risk Management and Corvel Corporation, our medical management company, will continue to use the ACOEM guidelines to establish appropriate treatment plans. In addition, this effort is overseen and monitored by the Chief Executive Office of Los Angeles County.

RECOMMENDATION NO. 6

The Los Angeles County Sheriff's Department should consider using non-sworn personnel to transport and accompany injured workers to the primary treating physicians, allowing sworn officers to continue mission-specific duties.

RESPONSE

LASD agrees with this recommendation, where appropriate. The Sheriff's Department's policy is for a supervisor to take the injured employee to be treated. In many cases, the supervisor may be non-sworn. There are cases where the supervisor is a sworn employee and public safety, as well as the overall mission of the Department are not negatively impacted. In many instances, more than one supervisor is on duty, allowing one to accompany the employee. Additionally, the role of the supervisor, whether sworn or non-sworn, is to provide the treating physician with information related to the availability of limited duty positions and the specific duties to be performed by the employee. This effort has proven effective in reducing or eliminating time off as the physician can make an educated determination if the employee's condition qualifies them to be returned to work in a limited duty capacity.

RECOMMENDATION NO. 7

The Los Angeles County Sheriff's Department should consider the use of non-sworn personnel or sworn personnel on modified duty to monitor the activities of workers on LC 4850 leave to ensure full compliance with medical plans, allowing sworn officers to continue with mission-specific duties.

RESPONSE

LASD does not agree with this recommendation. It is the practice of the Sheriff's Department to utilize a supervisor, typically in the unit's operations staff, to manage injured employees. Sworn, non-supervisory, employees are not used to monitor and/or manage employees. It would not be appropriate to have non-supervisory personnel privy to information about other employee's medical condition and personal information. By utilizing the operation's staff, public safety and the overall mission of the Department are not compromised.

RECOMMENDATION NO. 8

The Los Angeles County Sheriff, Fire, and Probation Departments should review and compare the frequency of employees' LC 4850 initial claim dates that immediately precede their retirement dates, to determine if the LC 4850 program is being used in accordance with its intent.



RESPONSE

LASD agrees with this recommendation. The Sheriff's Department will conduct a review of 2011 LC 4850 expenditures compared to 2011 retirements in an effort to reduce or eliminate possible abuse. However, it should be noted, many sworn employees postpone the treatment of injuries to the latter part of their careers in order to minimize the negative impact on the overall mission of the Department.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – SHERIFF

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
MEDICATIONS FOR INMATES

RECOMMENDATION NO. 1

The Los Angeles County Sheriff's Department should provide a system similar the C-2 PYXIS system for maintaining a perpetual inventory system for all medications supplied to the Los Angeles County Sheriff's Department pharmacies.

RESPONSE

LASD agrees with this recommendation. The Department is actively working on identification and selection of a perpetual drug inventory system that integrates with Jail Health Information System (JHIS), the LASD Medical Services Bureau electronic health record, the Cardinal drug wholesaler's technologies, and eCAPS, a countywide purchasing and accounting system.

RECOMMENDATION NO. 2

The Los Angeles County Sheriff's Department pharmacy personnel should reduce the daily costs of medications prescribed by doctors for inmate needs through the increased use of generic drugs as they become available.

RESPONSE

LASD agrees with this recommendation and is already in compliance. As generic forms of medications become available, AutoMed machine cassettes are recalibrated to accept the generic form of the medication.

RECOMMENDATION NO. 3

The Los Angeles County Sheriff's Department pharmacy personnel should increase the use of automated dispensing of medications via the AutoMed System to a staff-recommended level of 75% of all medications to provide better control and accuracy of dispensed medications.

RESPONSE

LASD agrees with this recommendation, and has purchased two (2) additional AutoMed machines to expand automated medication dispensing at Men's Central Jail and the Pitchess Detention Center, North County Correctional Facility.

RECOMMENDATION NO. 4

The Los Angeles County Sheriff's Department pharmacy should use an automated system for monitoring and recording all medications dispensed via the AutoMed System.

RESPONSE

LASD agrees with this recommendation. The Department's Medical Services Bureau Jail Health Information System (JHIS) already records patient specific drugs dispensed via the AutoMed system. The JHIS system records all medication administration records as medication is administered to patients by nursing personnel.

RECOMMENDATION NO. 5

LASD should provide additional space to maintain adequate working areas for pharmacy personnel and storage of all medications at Men's Central Jail and Century Regional Detention Facility.

RESPONSE

LASD agrees with this recommendation. The Department's Medical Services Bureau plans to re-evaluate the operational needs of both the MCJ and CRDF pharmacies and seek additional space to maintain adequate working and storage areas as recommended.

RECOMMENDATION NO. 6

LASD should continue its plans to open a State-licensed pharmacy at Pitchess Detention Center within the next fiscal year.

RESPONSE

LASD agrees with this recommendation. Medical Services Bureau has already obtained the pharmacy license for the North County Correctional Facility. Facilities Planning Bureau has completed the cost estimate to renovate the location, and funds have been identified for the project. Equipment and supplies for the new pharmacy have been ordered.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – SHERIFF

SUBJECT: 2011-2012 GRAND JURY RECOMMENDATIONS FOR  
DETENTION COMMITTEE

RECOMMENDATION NO. 1

Alhambra Courthouse

- Provide secure holding cell for detainees awaiting court procedures on the 2<sup>nd</sup> floor.

RESPONSE

LASD agrees with this recommendation. The State of California has jurisdiction regarding any physical changes, upgrades or repairs to courthouses within Los Angeles County. This recommendation should be forwarded to Acting Director Henry Hernandez, Superior Court Facilities and Capital Projects. He can be contacted at (213) 974-5305.

RECOMMENDATION NO. 2

Avalon Station

- Repair electrical wiring in the station.
- Improve ergonomics in the workstations.
- Provide video surveillance in the station.
- Provide soft floor in the sobering cell.

RESPONSE

LASD agrees with these recommendations. The Department's Facilities Planning Bureau will conduct an assessment of the station's electrical system, sobering cell and employee work stations as well as the potential effectiveness of a video surveillance system.

RECOMMENDATION NO. 3

Century Regional Detention Facility

- Increase staffing ratios to allow for overtime if necessary.

RESPONSE

LASD agrees with this recommendation. Current budget restraints preclude any significant increases in permanent staffing or the use of overtime.

RECOMMENDATION NO. 4

East Los Angeles Station

- Provide standard soft flooring in sobering cell.
- Provide jail with a dedicated telephone line.

RESPONSE

LASD agrees with these recommendations. The Department's Facilities Planning Bureau will conduct an assessment of the station's sobering cell and the effectiveness of installing a dedicated telephone line into the jail.

RECOMMENDATION NO. 5

Glendale Courthouse

- Arrange transportation so public does not share open area with inmates waiting for transportation.
- Address sally port for public and personnel safety.

RESPONSE

LASD agrees with these recommendations. The State of California has jurisdiction regarding any physical changes, upgrades or repairs to courthouses within Los Angeles County. This recommendation should be forwarded to Acting Director Henry Hernandez, Superior Court Facilities and Capital Projects. He can be contacted at (213) 974-5305.

RECOMMENDATION NO. 6

Industry Station

- Repair visitation booth.

RESPONSE

LASD agrees with this recommendation, the Department's Facility Services Bureau will make the necessary repairs.

RECOMMENDATION NO. 7

Men's Central Jail

- Improve and increase number of grab bars in shower area.
- Increase staffing ratios to allow for overtime if necessary.

RESPONSE

LASD agrees with these recommendations, and in the last several years has made significant physical improvements at Men's Central Jail to inmate housing, recreation, and educational areas. Budget restraints preclude any significant increases in permanent staffing or the use of overtime.

RECOMMENDATION NO. 8

Mental Health Courthouse

- Remodel the facility as possible.

RESPONSE

LASD agrees with this recommendation. The State of California has jurisdiction regarding any physical changes, upgrades or repairs to courthouses within Los Angeles County. This recommendation should be forwarded to Acting Director Henry Hernandez, Superior Court Facilities and Capital Projects. He can be contacted at (213) 974-5305.

RECOMMENDATION NO. 9

Metropolitan Traffic Courthouse

- Provide video equipment for security.
- Update toilets.

RESPONSE

LASD agrees with this recommendation, the Department's Facility Planning Bureau will assess the potential effectiveness of a video surveillance system, Facilities Services Bureau will assess the toilets.

RECOMMENDATION NO. 10

Pitchess Detention Center – East Facility

- Increase staffing for security.

RESPONSE

LASD agrees with this recommendation. Current budget restraints preclude any significant increases in permanent staffing or the use of overtime.

RECOMMENDATION NO. 11

Pitchess Detention Center – South Facility

- Increase staffing for security.
- Provide video surveillance in the barracks and dining rooms in the South facility.

RESPONSE

LASD agrees with these recommendations. Current budget restraints preclude any significant increases in permanent staffing or the use of overtime. The Department's Facilities Planning Bureau will conduct an assessment of the facility to determine the effectiveness of installing a video surveillance system.

RECOMMENDATION NO. 12

Pitchess Detention Center – North County Correctional Facility

- Increase staffing for security.

RESPONSE

LASD agrees with this recommendation. Current budget restraints preclude any significant increases in permanent staffing or the use of overtime.

RECOMMENDATION NO. 13

Santa Clarity Valley Station

- Provide soft flooring for sobering cells.
- Provide video equipment to monitor cells.
- Construct a sally port.
- Address staffing issues.

RESPONSE

LASD agrees with these recommendations. The Department's Facilities Planning Bureau will conduct an assessment of the station's jail area as well as the effectiveness of installing a video surveillance system. Regarding staffing, the Department ensures on a regular basis that vacancies are evenly distributed throughout the Department, as to not place an unfair burden on the personnel of any individual station.

RECOMMENDATION NO. 14

Van Nuys (West) Court

- Provide a printed copy of Policies and Procedures for staff use.

RESPONSE

LASD agrees with this recommendation in principle, however all Department and unit policies and procedures are available online, saving the County printing and administrative costs. Court Services Bureau personnel will ensure that all units possess up-to-date policies and procedures.