County of Los Angeles
CHIEF EXECUTIVE OFFICE
713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
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WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
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First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

September 4, 2007

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:

CHIEF EXECUTIVE OFFICE: RESPONSES TO THE 2006-07 GRAND JURY FINAL REPORT (ALL DISTRICTS AFFECTED) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve the responses to the 2006-07 findings and recommendations of the Grand Jury that pertain to County government matters under the control of your Board.

2. Instruct the Executive Officer of the Board of Supervisors to transmit copies of this report to the Grand Jury upon approval by your 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 your Board.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

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

In June 2007, the 2006-07 County of Los Angeles Grand Jury issued its Final Report containing findings and recommendations directed to various County and non-County agencies. County department heads have reported back on the Grand Jury recommendations, and these responses are attached as the County's response to the 2006-07 Grand Jury Final Report.

The recommendations directed to all future Grand Juries have been forwarded to the 2007-08 Grand Jury for consideration. Recommendations associated with non-County agencies have been referred directly by the Grand Jury to the following agencies: the Los Angeles Homeless Services Authority (LAHSA) and the Department of General Services for the City of Los Angeles.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

These recommendations are consistent with the following Countywide Strategic Plan Goal:

Goal No. 3: Organizational Effectiveness: Ensure that service delivery systems are efficient, effective, and goal-oriented.

FISCAL IMPACT/FINANCING

Certain Grand Jury recommendations require additional financing resources. As an example, the Grand Jury recommends that the Department of Health Services establish a Clinical Coordinator at each hospital to manage Clinical Pharmacists and, as part of this effort, the Department allocate additional funding to training programs to provide for ongoing education and development of Clinical Pharmacists. In some cases, financing has been approved by your Board in the current fiscal year's budget. Departments will assess the need for additional financing to implement other recommendations and submit requests for Board consideration during the 2008-09 budget cycle, as appropriate.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

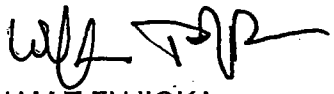
In accordance with California Penal Code Section 933 (b), the following departments have submitted responses to the 2006-07 County of Los Angeles Grand Jury Final Report:

ATTACHMENT	DEPARTMENT
A	Chief Executive Officer
B	Auditor-Controller
C	Child Support Services
D	Children and Family Services
E	Health Services
F	Internal Services
G	Mental Health
H	Probation Department
I	Public Health
J	Public Social Services
K	Sanitation Districts
L	Sheriff

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Not applicable.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:LN:MKZ
MLM:VLA:

Attachments

c: Sheriff
Presiding Judge of the Superior Court
Auditor-Controller
County Counsel
Grand Jury
Director and Chief Medical Officer of Health Services
Director of Child Support Services
Director of Children and Family Services
Director of Mental Health
Director of Internal Services
Chief Engineer and General Manager, Sanitation Districts
Chief Probation Officer
Director of Public Health
Director of Public Social Services

ATTACHMENT A

CHIEF EXECUTIVE OFFICE

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – CHIEF EXECUTIVE OFFICE

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR DCFS-FAST COMMITTEE

RECOMMENDATION NO. 1.7

The Board of Supervisors should consider lobbying the State Legislature for changes in law that would provide DCFS and other child protective agencies with discretion in sharing records and data about children in their system, based on a determination that such sharing is in the best interests of the child and clarifying that DHS can share other medical records relevant to DCFS, even if they are not for the current charge of child maltreatment, as appears to be allowed by Commonwealth of Virginia statutes.

RESPONSE

The Chief Executive Office, Office of Intergovernmental and External Affairs met with DCFS and DHS on this response.

The recommendation above is one of several made by the Grand Jury that the County consider policy and procedural changes or legislative remedies to facilitate sharing of medical records and data for children in the foster care system.

Under current Board-approved State Legislative policy, the County would support proposals to clarify and provide social workers' access to dependent children's medical, counseling and education records. We will consult with DCFS, DHS, and County Counsel to assess Recommendation 1.7 in relation to all of the Grand Jury recommendations regarding the disclosure of medical information to determine if there is a need for the County to consider legislative action to address this issue.

COUNTY OF LOS ANGELES – CHIEF EXECUTIVE OFFICE

SUBJECT: 2006-07 GRAND JURY RECOMMENDATIONS FOR DCFS FAST- COMMITTEE

RECOMMENDATION NO. 1.8

Request that the CEO assign an assistant to further implement the interagency Memorandum of Understanding that has been adopted by DCFS, DHS, DMH and Probation regarding data sharing across departments. Move to immediately implement data sharing between DHS (mHUB) and DCFS (my CSW) to promote the safety of foster children and their compliance with medical and mental health treatment plans and follow up care.

RESPONSE

The CEO has assigned a staff person from the Health and Mental Health Services Cluster to lead this effort. They have been working closely with DCFS, DHS, DMH and Probation in the development of a Memorandum of Understanding (MOU) dealing with the sharing of both health and mental health records of children served by these departments.

As indicated in DCFS' response to Recommendation 2.1, a direct electronic link between the mHUB and myCSW systems could place the County out of compliance with Federal regulations relating to the State Child Welfare Services/Case Management Systems. However, the CEO, DCFS, DHS and the CIO are working together to develop a solution and will make a joint recommendation to the CEO in September 2007.

RECOMMENDATION NO. 2.3

Request the CEO appoint an assistant to coordinate the implementation of new information technology and data sharing between DHS and DCFS.

RESPONSE

The CEO has assigned a staff person from the Health and Mental Health Services Cluster to lead this effort. This person has been given the responsibility of coordinating the implementation of new information technology and data sharing between DHS and DCFS.

RECOMMENDATION NO. 3.1

Appoint an assistant to assume countywide management responsibility for ensuring the effectiveness of countywide interagency collaboration and data sharing efforts directed toward abused and neglected children, including the medical HUBs and other multidisciplinary teams, including the enhanced support of HUBs to include POE and MAT services.

RESPONSE

Under the new administrative structure, the CEO has the responsibility, among other things, for ensuring countywide interagency collaboration. The CEO will continue to work with departments toward this effort. In regard to data sharing, although the CIO has the responsibility for ensuring consistent, effective and efficient information technology implementation countywide, the CEO has appointed a staff person from the Health and Mental Health Services Cluster to lead this effort. This person has been working closely with DCFS, DHS, CIO and County Counsel to access and share data within federal and State Child Welfare Services/Case Management System guidelines.

RECOMMENDATION NO. 4.1

Amend the Memorandum of Understanding between DCFS and the Department of Public Health, if necessary, to allow for dotted line reporting relationships so that Public Health Nurse supervisors report to DCFS District Office/SPA Regional Administrators, including allowing those Administrators to provide input to the PHN performance evaluations.

RESPONSE

On May 8, 2007, the CEO submitted a report to the Board of Supervisors titled "Blending of Department of Children and Family Services Public Health Nursing Function." In that report, the CEO recommended that DCFS and DPH develop an expanded Memorandum of Understanding (MOU) to delineate the specific roles, responsibilities and supervision for PHNs to serve children regardless of their placement status. The CEO will work with DCFS and DPH to allow DCFS Regional Administrators to provide input to the PHN performance evaluations.

RECOMMENDATION NO. 4.2

With input from DCFS line staff and managers, establish and begin collection data for monthly reports to the Regional Administrators using a consistent set of activity and outcome measures for which all PHNs can be held accountable, including measures of their effectiveness in obtaining healthcare documentation from DHS and other medical care providers, assessing healthcare services provided, assessing and verifying medical information prior to entering it into CWS/CMS, and facilitating the sharing of medical information with healthcare providers.

RESPONSE

The CEO's May 8, 2007 report to the Board of Supervisors titled "Blending of Department of Children and Family Services Public Health Nursing Function" includes recommendations for DCFS and DPH to continue to work together to develop appropriate protocols and consistent data collection activities to improve outcomes in safety, permanency, and a reduced reliance on detention. The CEO will continue to work with both Departments toward this effort.

RECOMMENDATION NO. 4.3

Assign a single DCFS manager responsibility for ensuring and documenting that the key case management function of entering medical records into CWS/CMS for all cases by either Public Health Nurses or other appropriate staff so that the records are available when needed for children's medical appointments.

RESPONSE

Consistent with DCFS' response to Recommendation No. 1.2: DCFS will be assigning the responsibility of ensuring and documenting that routine medical histories and information are provided timely to multidisciplinary teams and DHS medical personnel to a manager in the Department's Office of the Medical Director. It is our recommendation that this manager also be given the responsibility for ensuring and documenting that the key case management function of entering medical records into CWS/CMS for all cases by either Public Health Nurses or other appropriate staff so that the records are available when needed for children's medical appointments.

RECOMMENDATION NO. 5.1

The Board of Supervisors should direct the CEO to appoint an assistant to oversee the Departments in order to conduct the quantitative evaluation recommended in the Children and Families Research Consortium report and include the Department's other prevention activities such as the activities of the Community-Based Support Division.

RESPONSE

DCFS has sufficient personnel to conduct the quantitative evaluation recommended in the Children and Families research Consortium report and include the Department's other prevention activities such as the activities of the Community-Based Support Division.

RECOMMENDATION NO. 5.2

The Board of Supervisors should direct the CEO to appoint an assistant to oversee the Departments in order to evaluate POE as part of the integrated HUB service. This will guarantee inclusion of the medical and forensic assessments and extend the

connections of mHUB with myCSW to enable monitoring of intervention/prevention strategies.

RESPONSE

As indicated in DCFS' response to Recommendation 2.1, a direct electronic link between the mHUB and myCSW systems could place the County out of compliance with Federal regulations relating to the State Child Welfare Services/Case Management Systems. However, DCFS, DHS and the CIO are working together to develop a solution and will make a joint recommendation to the CEO in September 2007.

RECOMMENDATION NO. 5.3

The Board of Supervisors should direct the CEO to appoint an assistant to oversee the Departments in order to use DCFS data base linked with mHUB (or DCFS data base) to monitor safety of children identified as "at risk" (i.e., children identified early or brought to HUBs but not detained) to determine effective strategies to prevent children from abuse and mandated intervention by DCFS.

RESPONSE

As indicated in DCFS' response to Recommendation 2.1, a direct electronic link between the mHUB and myCSW systems could place the County out of compliance with Federal regulations relating to the State Child Welfare Services/Case Management Systems. However, DCFS, DHS and the CIO are working together to develop a solution and will make a joint recommendation to the CEO in September 2007.

RECOMMENDATION NO. 5.4

The Board of Supervisors should direct the CEO to appoint an assistant to oversee the Departments in order to involve the Department's Public Health Nurses in Point of Engagement Team Decision Making process and other planned prevention activities to ensure a source for information and data sharing with the Department of Health Services HUB clinics and other healthcare facilities regarding families served through the prevention activities.

RESPONSE

The CEO will work with DCFS and DPH to involve departmental Public Health Nurses in the Point of Engagement Team Decision Making process where feasible.

RECOMMENDATION NO. 5.5

The Board of Supervisors should direct the CEO to appoint an assistant to oversee the Departments in order to designate specific SPA/District Offices to be served by specific Community-Based Support Division staff to ensure that prevention services are

provided department-wide and that performance results can be tracked by each Department office.

RESPONSE

DCFS has sufficient personnel to designate an assistant to oversee that the Department designate specific SPA/District Offices to be served by specific Community-Based Support Division staff to ensure that prevention services are provided department-wide and that performance results can be tracked by each Department office.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – CHIEF EXECUTIVE OFFICE

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR DISASTER PREPAREDNESS COMMITTEE

RECOMMENDATION NO.

Not numbered – page 123

RESPONSE

The recommendations that require action have either been completed or will be completed by mid-July 2007. We provided written follow-ups to the Grand Jury on March 29, 2007 and May 24, 2007 on those items they requested further information on. The Office of Emergency Management is committed to making Los Angeles County as disaster resistant and prepared as possible.

COUNTY OF LOS ANGELES – CHIEF EXECUTIVE OFFICE, CHILDREN AND FAMILIES' WELL-BEING CLUSTER

SUBJECT: 2006-07 GRAND JURY RECOMMENDATIONS FOR GROUP HOMES COMMITTEE

RECOMMENDATION NO. 5

The CEO should immediately commission an organizational review to assess the CSW and DPO structure, staffing levels, and compensation.

RESPONSE

The CEO will continue to work with the Department to further reduce caseload as budgetary conditions permit. However, in recognizing CSW caseload, DCFS added 69.0 CSW III positions in fiscal year 2006-07.

RECOMMENDATION NO. 8

The CEO should ensure that DCFS and Probation's current practice of assigning dependents and wards to the same facilities ceases immediately.

RESPONSE

The CEO agrees and will instruct DCFS and Probation to work with the Residentially-Based Services Work Group for further consideration to end the current practice of assigning dependents and wards to the same facilities.

RECOMMENDATION NO. 11

The CEO should establish an inter-departmental task force charged with implementing these recommendations and the shift outlined in its Foundation white paper.

RESPONSE

The CEO has assigned a staff person from the Health and Mental Health Services Cluster to establish an inter-departmental task force charged with implementing these recommendations and the shift outlined in its Foundation white paper.

COUNTY OF LOS ANGELES – CHIEF EXECUTIVE OFFICE

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR GROUP HOMES COMMITTEE

RECOMMENDATION NO. 5:

The CEO should immediately commission an organizational review to assess the CSW and DPO structure, staffing levels, and compensation.

RESPONSE

We concur with the recommendation. The CEO routinely reviews the salaries for DPOs and CSWs for market competitiveness as a part of the preparation process for salary negotiations. DPOs are represented by the American Federation of State, County and Municipal Employees (AFSCME), and CSWs are represented by Service Employees International Union (SEIU), Local 721. The current salaries for both groups were mutually agreed to in multi-year collective bargaining agreements that expire on January 31, 2009 and September 30, 2009, respectively. If compensation based recruitment problems develop prior to the expiration of these agreements, the CEO may, without further negotiations, authorize recruitment of new hires at higher rates in the established ranges and/or authorize higher salary ranges for new hires and existing employees. The CEO will continue to monitor the situation and take action as appropriate. In addition, as funds become available, the CEO supports the reduction in caseloads for Regional Placement Deputy Probation Officers and Children's Services Workers to more manageable levels.

COUNTY OF LOS ANGELES – CHIEF EXECUTIVE OFFICE

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR LOS ANGELES HOMELESS SERVICES AUTHORITY (LAHSA) COMMITTEE

RECOMMENDATION NO. 1

LAHSA continues to develop and improve its fiscal and contract operations by improving ongoing partnerships with the County Chief Executive Office (CEO). Currently, LAHSA is "functioning as intended" and continues to build strong working relationships with both the County and the City of Los Angeles. LAHSA executive staff continue to meet on a monthly basis with the Board of Supervisor's Homeless Deputies to ensure proper communication and oversight. Additionally, the CEO communicates frequently with LAHSA regarding its overall operational capacity, community planning, annual budget development and implementation, and program monitoring. In summary, LAHSA continues to serve as a vital resource to the County and City of Los Angeles by: serving as the continuum of care for homeless programs; contracting with the federal government for homeless supportive service funding; and conducting proposal processes for and contracting with appropriate non-profit homeless service providers; serving as a the contractual conduit for City and County homeless funding programs; and providing significant data and guidance to County staff and the Homeless Deputies, on homeless planning issues that include program evaluation, budget development, needs assessment by Supervisorial District and Service Planning Area (SPA).

The County proposes to assist LAHSA in the ongoing refinement and development of its operational and fiscal systems by utilizing the annual County Internal Control Certificate Program (ICCP). The ICCP is an annual evaluation process that each County department/district submits that reviews and evaluates controls in key areas (e.g., cash, expenditures, revenue, etc.) and certifies that action is being taken to correct any deficiencies or weaknesses noted. Each County department is required to submit a written certification of such review and evaluation to the Auditor-Controller on an annual or biannual basis. The ICCP assists County departmental managers in evaluating and improving internal controls in all fiscal areas, thereby reducing the risk of error, fraud and other improper activities.

Auditor-Controller staff can work with LAHSA to tailor the ICCP for LAHSA's fiscal operations, and LAHSA can use the ICCP to evaluate controls in key fiscal areas on an on-going basis. LAHSA will be required to submit the ICCP to the Auditor-Controller annually for review. We believe this process will provide valuable information regarding LAHSA operations.

Further, with the addition of a new Executive Director and Chief Operating Officer, LAHSA, submitted a thorough budget to the County detailing the current financial status of the organization. The LAHSA proposed budget was subject to the same type of review process as all County departments undergo. Subsequently, the County

accepted the proposed budget with reasonable operational increases to account for additional contract and fiscal staff positions needed so that LAHSA could effectively adhere to its monitoring and contracting responsibilities. The City of Los Angeles matched the County's financial commitment to LAHSA to develop its needed capacity.

Lastly, the Los Angeles City Housing Department Director in a report to LA City Mayor Antonia Villaraigosa on 2/06/06 proposed that the County should carefully consider the City's recommendation to create a new LAHSA Commission to include the heads of various County departments. In addition, the County CEO performed research and submitted a report to the Board regarding various homeless governance structure models in place throughout the country. It appears, however, that the current governance structure of the LAHSA Commission is functioning effectively with the new management team in place.

ATTACHMENT B

AUDITOR-CONTROLLER

COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-2706
PHONE: (213) 974-8301 FAX: (213) 626-5427

J. TYLER McCAULEY
AUDITOR-CONTROLLER

WENDY L. WATANABE
CHIEF DEPUTY

August 14, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: J. Tyler McCauley
Auditor-Controller

SUBJECT: **RESPONSE TO THE 2006-2007 GRAND JURY RECOMMENDATIONS**

Attached is the Auditor-Controller's detailed response to the 2006-2007 Grand Jury Recommendations for report titled "Triple Jeopardy: Abandoned, Neglected, Abused Children of Los Angeles County." The Auditor-Controller independently reached its conclusion to the following responses.

In summary, our response to Recommendation 1 and 2.1 is that the recommended cost study cannot be performed due to a lack of cost tracking systems in the various County departments. Our response to Recommendation 2.2 is that the audits are under contract and are performed by the Auditor-Controller and Department of Children and Family Services (DCFS) with procedures to avoid unwarranted duplicate reviews of the same agencies. It would be a Board policy decision whether or not to combine the Auditor-Controller and DCFS reviews as recommended by the Grand Jury.

If you have any questions, please contact me at 213-974-0383.

JTM:fc

Attachment

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – AUDITOR-CONTROLLER

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR GROUP HOMES COMMITTEE

RECOMMENDATION NO. 1

Part of the Grand Jury write-up for Recommendation 1 states: "One of the key parts of the effort, led by the County Auditor-Controller, should be development of an estimate of what an average child entering the system costs. The estimate should include all potential cost components, including: a) lost productivity over a life-time as a result of a negative life trajectory and the explicit "out of pocket" costs while these children are in the child welfare, juvenile justice, and possibly adult justice and welfare systems. This estimate will help the Board make its "investment in prevention" decisions once the pilots identify the most effective prevention strategies."

RESPONSE

The Auditor-Controller has determined that this recommended cost study cannot be performed as there are no cost tracking systems in the various County departments (Children and Family Services, Probation, Mental Health, etc.) that could be used to develop the requested estimate of the costs for foster children while they are in the child welfare, juvenile justice, adult justice systems. Further, there are too many variables such as the length of time children are in one or more of the systems, the services each child receives while in the systems, etc, to provide a credible estimate of the average costs related to foster children while they are in the various systems. Likewise, there is no way to develop a credible estimate of the "...lost productivity over a life-time as a result of negative life trajectory..." for these children.

RECOMMENDATION NO. 2.1

The reference to the Auditor-Controller relates to the "...need for the Auditor-Controller to develop short- and long-term cost estimates." Recommendation 2.1 expands on Recommendation 1 suggesting that the cost estimates will"...weigh in the current costs against the life-time savings to government if the ward and dependents become adults who are contributing members of society."

RESPONSE

The Auditor-Controller's response to Recommendation 2.1 is the same as for Recommendation 1.

RECOMMENDATION NO. 2.2

DCFS and Auditor-Controller audits should be integrated into a single, comprehensive audit function.

RESPONSE

The audits referred to are contract compliance monitoring reviews of group homes and Foster Family Agencies that are under contract with the Departments of Children and Family Services (DCFS) and Probation to provide board and care services for County foster children. The monitoring reviews are performed by Auditor-Controller and DCFS staff to determine the contractors' compliance with their County contracts. Monitoring reviews are coordinated to avoid any unwarranted duplicate reviews of the same agencies.

The Board of Supervisors directed the Auditor-Controller to perform these contract monitoring reviews. Therefore, it would be a Board policy decision whether or not to combine the Auditor-Controller and DCFS reviews as recommended by the Grand Jury. Should the Board decide to combine the reviews, it would be necessary to determine how to deal with the Auditor-Controller's group home Children's Ombudsman, who not only performs the group home Ombudsman function, but also supervises the Auditor-Controller staff performing group home monitoring.

ATTACHMENT C

CHILD SUPPORT SERVICES DEPARTMENT

COUNTY OF LOS ANGELES
Child Support Services Department

STEVEN J. GOLIGHTLY
DIRECTOR

August 13, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: Steven Golightly, Director
Child Support Services Department

SUBJECT: **RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT COUNTY OF LOS ANGELES – CHILD SUPPORT SERVICES DEPARTMENT RECOMMENDATIONS FROM CROSS OVER COMMITTEE**

Provided is the response by the Child Support Services Department (CSSD) to the five recommendations of the Cross Over Committee, as indicated in the 2006-2007 Grand Jury Final Report, pages 47 – 54. Although CSSD is indicated only as a support agency, CSSD has conferred with the lead agencies, and specifically, the departments of Probation, Public Welfare and Public Social Services concerning the Grand Jury's report. CSSD concurs with the recommendations and responses submitted by said lead agencies and commits to work with these agencies in developing viable solutions to the communication and reporting protocol issues identified in the report.

RECOMMENDATION NUMBER 1: Establish liaison lists between Probation and DPSS and DCFS.

RESPONSE: CSSD is not mentioned. However, CSSD previously prepared and distributed liaison lists to DPSS and DCFS in an effort to improve communication with these agencies. The CSSD liaison lists will be provided to the Probation Department. Further, CSSD will participate in the collaboration efforts of the lead agencies.

RECOMMENDATION NUMBER 2: Notify each agency contributing to the support of a minor when the minor is in custody more than 30 days.

RESPONSE: CSSD will work with all lead agencies in developing notification protocols. CSSD has also offered to match the Probation Department's database against that of CSSD to identify those child support cases with children in long-term placement for appropriate action.

RECOMMENDATION NUMBER 3: Require a protocol to avoid replicate funding and seek recovery of overpaid monies.

RESPONSE: CSSD will work with the lead agencies in developing the necessary protocols to avoid replicate funding and recover welfare overpayments.

Recommendation Number 4: Require the Probation Department to expedite completion of financial screenings.

RESPONSE: This recommendation does not apply to CSSD.

Recommendation Number 5: Require the Probation Department to immediately communicate financial screening information to appropriate agencies.

RESPONSE: This recommendation does not apply to CSSD.

As indicated above, CSSD will work with the lead agencies in developing the communication and reporting protocols necessary to avoid replication of funding by the welfare agencies and the continuation of support in cases where the continuation of the same is deemed inappropriate. CSSD will participate in the collaboration workgroup formed by the lead agencies to further identify and address the issues raised in the Grand Jury's report.

Should you have any questions, please contact Lisa Garrett, my Chief Deputy Director, at (323) 889-2787.

SJG:LMG:lg

ATTACHMENT D

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PATRICIA S. PLOEHN, LCSW
Director

Board of Supervisors
GLORIA MOLINA
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ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

August 10, 2007

To: William T Fujioka
Chief Executive Officer

From: Susan Kerr for Patricia S. Ploehn, LCSW
Director

RESPONSE TO THE FINAL REPORT OF THE 2006-2007 LOS ANGELES COUNTY CIVIL GRAND JURY

This is to provide you with the Department of Children and Family Services' response to the recommendations contained in the Final Report of the 2006-2007 Los Angeles County Civil Grand Jury.

If you have any questions, please contact me, or your staff may contact Executive Assistant Norma Dreger at (213) 351-5527.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR CROSS OVER COMMITTEE

UN-NUMBERED RECOMMENDATION – 1 OF 5 (PAGE 54)

Establish a liaison between Probation, DPSS, and DCFS. These agencies need to work together to design and implement an information sharing process

RESPONSE

The Department agrees. The Department is working collaboratively with the other involved departments to establish a linkage to the DPSS eligibility system. An inter-departmental meeting to assign responsibilities and contact persons is scheduled to take place on August 15, 2007.

UN-NUMBERED RECOMMENDATION – 2 OF 5 (PAGE 54)

Notify each agency contributing to the support of a minor when the minor is in custody more than 30 days pursuant to the Welfare and Institutions Codes, Sections 900 – 914.

RESPONSE

The Department agrees and will coordinate with the other involved departments to develop protocols to implement this recommendation.

UN-NUMBERED RECOMMENDATION – 3 OF 5 (PAGE 54)

Require a protocol to avoid replicate funding. If payments are not discontinued or unjustified payments are made, actively seek recovery of unpaid monies.

RESPONSE

The Department agrees and will coordinate with the other involved departments to develop protocols to implement this recommendation.

UN-NUMBERED RECOMMENDATION – 4 OF 5 (PAGE 54)

Require the Probation Department to expedite completion of a financial screening.

RESPONSE

The Department agrees.

UN-NUMBERED RECOMMENDATION – 5 OF 5 (PAGE 54)

Immediately communicate this information of the financial screening to the appropriate agencies.

RESPONSE

The Department agrees.

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR DCFS – FAST COMMITTEE

RECOMMENDATION NO. 1.1

Amend Department policies to include protocols for expediting release of routine medical histories and information to multidisciplinary teams and DHS medical personnel who are providing services to children under the jurisdiction of DCFS.

RESPONSE

DCFS, the Probation Department, Department of Health Services (DHS) and the Department of Mental Health (DMH) have agreed to a Memorandum of Understanding (MOU) dealing with the sharing of both health and mental health records of children being served by these departments. In response to that MOU the Department has drafted Procedural Guide 0500-501.30, Disclosures of Health and Mental Health Information to and From County Departments Which Have Custody of a Child. County Counsel is currently reviewing the draft policy.

RECOMMENDATION NO. 1.2

Assign responsibility to a DCFS manager for ensuring and documenting that routine medical histories and information are provided timely to multidisciplinary teams and DHS medical personnel in compliance with the recommended new expedited protocol.

RESPONSE

The Department agrees. Responsibility will be assigned to a manager within the Department's Office of the Medical Director.

RECOMMENDATION NO. 1.3

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

RESPONSE

The Department disagrees. As such reports would violate confidentiality provisions contained in current Mandated Reporting law, which dictate that outcome information is to be provided to the mandated reporter who filed a report,

not to the agency employing the mandated reporter. This provision of the law protects a mandated reporter from possible reprisals by his/her employer in situations where the employer might disagree with the mandated reporter's decision to file a child abuse report.

RECOMMENDATION NO. 1.4

Research with County Counsel, and follow up with Juvenile Court as appropriate, the possibility of requesting that the Juvenile Court issue blanket orders authorizing release of DHS medical records to DCFS in instances when the parents or guardians have not provided such records to DCFS.

RESPONSE

In order to carry out its duties and responsibilities to a child under its supervision, the Department may require DHS' health records on the child in order to adequately coordinate and manage the child's treatment and care. For such a purpose, DHS is permitted by the Health Insurance Portability and Accountability Act (HIPAA) and by State law to provide such health records on a child to a third party like the Department.

The Department will continue to work with County Counsel and DHS to develop the appropriate protocols for the implementation of the recently executed inter-Departmental MOU and any other program or policies needed for the coordination and management of care of children who are under juvenile court jurisdiction.

RECOMMENDATION NO. 2.1

Implement mHUB and mCSW links between 1) all medical HUBs 2) medical HUBS and DCFS. Further assessment of CHEERS may be useful for inclusion of education and emancipation information in the countywide database.

RESPONSE

A direct electronic link between the myCSW and mHUB systems could place the County out of compliance with Federal regulations relating to the State Child Welfare Services / Case Management System. However, the Department, DHS and the CIO are working together to develop a solution. DHS and the CIO will make a joint recommendation to the CEO in September 2007.

The Department and DHS will also explore the feasibility of CHEERS if it can be determined that such a system would not violate federal regulations related to the state's Child Welfare Services / Case Management System.

RECOMMENDATION NO. 2.2

Direct the County Internal Services Department to work with DHS and DCFS to assess which of the alternative short term interface systems would be most able to be integrated with planned upgrades and improvements in DHS and DCFS information system.

RESPONSE

As stated above, County Counsel cautions against a direct electronic link between certain confidentiality-based systems, as this could place the County out of compliance with Federal regulations. The Department will work with DHS and ISD to develop a solution which will allow for DCFS and DHS staff to view or receive information on a timelier basis and electronically within regulatory guidelines. The Department will work closely with DHS' HUB automation team to review business processes and propose changes to implement short term alternative (s) in the earliest possible timeframes.

RECOMMENDATION NO. 3.2

Assign Public Health Nurses to staff the 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

The Department agrees in principle. DCFS is currently exploring assigning PHNs to the Hubs. The Department recognizes that DHS has a preference for out stationing PHNs at the Hubs. However, it may not be feasible to assign PHNs to the Hubs as other staff may better meet the duties identified by the Hubs. CSWs have also been identified as an alternative to PHNs.

RECOMMENDATION NO. 3.3

Define the multidisciplinary teams at the Hub to serve as "standing" teams responsible for direct and/or ongoing monitoring of cases and to be comprised of Hub physicians, Public Health Nurses, and mental health providers with rotating members for each case consisting of the child's biological parents and/or caregivers, Children's Social Worker, foster care providers, congregate-care providers and others.

RESPONSE

The Department agrees. The Department's Medical Director meets monthly with Hub Medical Directors to navigate issues and barriers in order to ensure seamless service delivery.

RECOMMENDATION NO. 3.6

Develop policies and procedures that give priority for HUB clinic services to children at high risk or with higher medical needs such as Medically Fragile cases in the form of direct services when this is the best medical option available or in the form of case management if the children need specialist care outside of the HUB structure. Enhance existing HUB services to provide expanded access to appropriate care for all medically fragile cases through either direct service or case management and referrals to community providers.

RESPONSE

The medical Hub program was originated in order to provide DCFS children as a priority population for expert medical care. This is built in to the existing DCFS-DHS MOU and existing departmental policies and procedures.

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 disagrees. In 1977 the Board of Supervisors established ICAN as the official County agency to coordinate the development of services for the prevention, identification and treatment of child abuse and neglect. ICAN established the first Child Death Review Team in 1978; there are now Child Death Review Teams in nearly every county in California, every state and internationally as well.

The ICAN Child Death Review Team (CDRT) is a multi-disciplinary body comprised of representatives from numerous county and city agencies whose mission is to engage in a comprehensive review of child fatalities so as to better understand why children die. In this process, the Team can identify patterns, high-risk indicators and systemic flaws and/or barriers that, if addressed, may do much to prevent future such tragedies.

The Department has been an active participant with the CDRT since its inception. As a participating agency, The Department is asked to provide information on any agency involvement with the child deaths that are reviewed by the Team. The Department reports this information at the Team meeting and is often asked to

provide follow-up information or take certain actions to ensure that any issues or concerns learned as a result of the review are addressed. In addition, the ICAN CDRT produces an annual report on child deaths in Los Angeles County. The Department provides agency history on those child deaths in the county that fit the ICAN protocol for this report (primarily child homicides by parent, caregiver or family member, child deaths moded as undetermined, and child deaths moded as accidental and suicides). The information provided by the Department is used to produce an accurate picture of child deaths in the county.

ICAN is a separate county agency formed by the Board of Supervisors and chaired by Los Angeles County Sheriff Lee Baca. Recently, in terms of county management structure, ICAN was placed within the Department's budget. Thus, while their staff, equipment and use of facilities is paid for through the Department, they remain independent of the Department. ICAN does not have administrative authority over county departments, but does have success through the collaborative nature of their work and all members are committed to working together to reduce the number of child fatalities in the county. Further, ICAN's structure is multi-disciplinary and requires them to work with multiple federal, state, county and city agencies in addition to the Department.

RECOMMENDATION NO. 3.8

Create an interagency pilot program as an extension of the hospital SCAN teams (or some interim system) to assist in investigating suspected child and abuse and neglect for all the dependents in DCFS.

RESPONSE

The Department disagrees. The previously existing SCAN teams have been incorporated into each geographic Hub in order to provide immediate forensic evaluation and initial medical examinations, both to include mental health screening.

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

The Department agrees with this recommendation. However, although much of the information documented by PHNs into CWS/CMS could be completed by

clerical staff, transcription of medical records is a complex and difficult task that is typically performed by persons who have under gone specialized training in this area. As a result, clerical staff would have to receive appropriate training and supervision to ensure health care/medical information is entered correctly into CWS/CMS. Due to the Department's current budget constraints, DCFS is unable to hire specially training clerical staff to assist PHNs at this time. However, the Department will continue to work with the CEO to identify funding for this purpose.

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR GROUP HOMES COMMITTEE

RECOMMENDATION NO. 1

The BOS should study ways for Probation & DCFS to develop & evaluate up to 5 pilot projects designed to prevent & reduce the number of new dependents & wards in the system.

RESPONSE

The Department agrees, and suggests that the BOS/CEO should consider expanding pilots currently underway.

Several initiatives are currently being piloted to prevent and reduce the number of dependents in the system. While studying new proposals for pilots, the BOS/CEO should consider expanding pilots currently under way. Under the Department's Point of Engagement Strategy, we have begun funding upfront assessments for high risk families where domestic violence, substance abuse or mental health problems may put children at risk of being removed from their homes. However this is only being funded for the Compton office this year, FY 2007-08. Additionally, the Department is developing new preventive services through a two year $5 million pilot called Healthy Communities, Strong Families, Thriving Children (HST). DCFS would like to see both of these pilots considered for expansion or continuation.

RECOMMENDATION NO. 2

Probation & DCFS should develop more sophisticated approaches to evaluate, monitor, and measure success.

RESPONSE

The Department agrees.

RECOMMENDATION NO. 2.1

Probation & DCFS should develop a better set of outcome goals & measurements that monitor how the system affects a child's life trajectory.

RESPONSE

The Department's first annual Performance-Base Contracting Scorecards for group homes and FFAs were produced in 2007 for the Calendar Year 2006. The Department leads monthly Performance Measures Work Groups (PMTGs) involving providers for group homes and FFAs and in those meetings new measures are being considered for future scorecards. Probation and DMH regularly attend the Group Home PMTG and concurrence around performance measures is being developed. For example, DCFS has agreed to use DMH's Outcome Measures Application (OMA) for Therapeutic Foster Care Homes and for Community Treatment Facilities (CTFs). Probation has agreed to work closely with DCFS to monitor performance at for children on probation at group homes.

RECOMMENDATION NO. 2.2

DCFS & Auditor-Controller audits should be integrated into a single comprehensive audit function.

RESPONSE

The Department agrees in part, and offers an alternative approach.

A distinction should be made between the fiscal and contractual audits done by the Auditor-Controller's staff and the Performance-Based Contracting monitoring done by DCFS staff. The A-C's office should continue to perform auditing functions when there are questions of fiscal propriety and when contract compliance is in question. However, the programmatic audits begun by the A-C's office should be eliminated and the DCFS items allocated to the A-C's office should be returned in order to increase the Department's ability to conduct more sophisticated monitoring of performance measures. Due to limitations on the number of staff available to do monitoring and the large number of group homes serving county children, the Department has not been able to review large enough samples of cases for performance on safety, permanency and well-being measures to get a very detailed picture of performance at individual agencies. With additional staff the Department could review more cases for qualitative performance, and spend a longer time in any one monitoring site visit to an agency.

RECOMMENDATION NO. 3

DCFS should implement new treatment models that are evidence-based and proven to be successful.

RESPONSE

The Department agrees.

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

The Department agrees and is currently developing two therapeutic (or treatment) foster care models, in addition to the "D-Rate" county foster homes that exist.

Working closely with the Department of Mental Health, DCFS has proposed to the State DSS a plan to contract for 300 new therapeutic foster care slots by 2009, including 80 Multi-Dimensional Treatment Foster Care (MTFC) beds and another 220 Intensive Treatment Foster Care (ITFC) beds. MTFC is a 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 slightly less structured model, which allows up to two children (e.g. siblings) to be placed in an extensively trained foster home, but is not conditioned on family availability as a permanency resource. Therefore the loneliest and most disconnected children who could benefit from a home-based setting are eligible and ITFC homes are encouraged to consider adoption. ITFC programs exist in several other counties in California and are considered a valuable and effective alternative to group home placements.

RECOMMENDATION NO. 3.2

DCFS, with involvement of Probation and the congregate-care facilities, should develop a plan to phase out facilities that do not meet quality assurance standards and are unable to provide the range of services needed by dependents.

RESPONSE

The Department agrees and has already made substantial progress.

The benefits of the newly developed DCFS Performance-based Contracting Annual Scorecards include the following:

- Alignment around identified system performance goals,
- Accountability for performance,
- Continuous quality improvement illustrated by trend data over time,
- Cross-systems collaboration through the identification of barriers, and
- Identification and promotion of best practices for achieving outcomes.

Even prior to the production of the first scorecards for 2006, the Department had been ending contractual relationships based on poor performance. When an agency has been determined to have serious problems they are placed on "Hold" status, ceasing any new child placements, until a satisfactory corrective action plan has been achieved. Since 2005, the Department has increased the number of group homes placed on "Hold" status, which is time-limited, and subsequently on "Do Not Refer" (DNR) or "Do Not Use" (DNU) to terminate placements entirely. The new Scorecard system provides an annual determination of each group home agency's performance and consequences for poor performance will be corrective actions plans and possibly probationary or DNR or DNU status if corrective action efforts are not successful.

RECOMMENDATION NO. 4

The CEO needs to assist DCFS and Probation in developing a comprehensive and integrated information system.

RESPONSE

The Department agrees, however federal regulations limit our ability to share information with other Departments and Agencies.

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

The Department is committed to exploring and identifying ways to integrate probation case management information with foster care information providing State and Federal regulations can be modified to allow the data sharing between the two departments as stated above. County resources will also be necessary to achieve the desired outcome of this recommendation. CEO involvement may be necessary in developing a plan to implement this recommendation. The Department will support the Probation Department and CEO in establishing a system that does not violate federal confidentiality requirements or duplicate Child Welfare Services /Case Management System data and functionality, but provides a system whereby caregiver information is shared and collected in an integrated, automated information system with the Probation Department.

RECOMMENDATION NO. 4.2

The CEO should appoint an individual in charge of the implementation of this new and integrated system.

RESPONSE

The Department agrees. Considerable County resources will need to be dedicated to this project and state/federal subvented funding approvals will be necessary. CEO involvement will assist in the collaboration of all County departments and legislative advocates that need to be a part of this important endeavor.

RECOMMENDATION NO. 4.3

The information in the DCFS and Probation systems should be partitioned to meet all current confidentiality requirements and should be easily linked to all other County systems to make additional, valuable information available for key decisions.

RESPONSE

The Department agrees. The Department currently utilizes the statewide Child Welfare Services Case Management System for all of its case management activities. To date, the Department has made several attempts in writing asking the State to allow Probation and Mental Health Department staff access to the system. The State has consistently maintained that these departments cannot directly access the Child Welfare Services Case Management System case records because Child Welfare Services Case Management System does not currently partition its case records and all information contained with the case record is viewable. The State will not approve Probation staff accessing Child Welfare Services Case Management System records unless they are under the direct supervision of a child welfare services agency.

The State plans to develop a new Child Welfare Services Case Management System that will allow the partitioning of case information, but the new system is not planned for implementation until 2011. In the meantime, the Department and Probation staff are working together to co-locate staff in an effort to allow the sharing of information in Child Welfare Services Case Management System for Probation youth foster care records.

RECOMMENDATION NO. 4.4

The information should be available in a real time basis (24/7) to all professionals involved in the Child's care subject to clearance (confidentiality) protocols established for each caregiver.

RESPONSE

The Department agrees. Any newly developed integrated system should provide information in a real time basis. When accessing Child Welfare Services Case Management System, the system is updated immediately with case information entered.

RECOMMENDATION NO.4.5

DCFS and Probation should conduct longitudinal studies on what happens to dependents and wards once they exit the system.

RESPONSE

The Department agrees. However, this is a research function best accomplished by independent academic, public policy or philanthropic entities such as the Los Angeles Children and Families Research Consortium (CFRC). The Department would need to find funding available to support longitudinal research, and will discuss this with the CEO, the CFRC and Casey Family Programs.

RECOMMENDATION NO. 6

In consultation with the congregate-care facilities' staff, DCFS and Probation management should develop and implement comprehensive assessment tools for making placement and exit decisions.

RESPONSE

The Department agrees and has made substantial progress in testing an assessment tool and beginning to develop a protocol.

After reviewing, evaluating and discussing three standardized assessment tools - the Child and Adolescent Functional Assessment Scale (CAFAS), the Child and Adolescent Level of Care Utilization System (CALOCUS) and the Child & Adolescent Needs and Strengths (CANS) - on the factors of ease of use, cost, training needs, validity, reliability and applicability, the Department chose to test the CANS tool in three offices. The Department's Resource Utilization Management (RUM) staff in three offices have been recording the strengths and needs of children faced with placement disruptions or entrance into group homes over the past year to get an idea of the general characteristics of children being placed into different out-of-home care settings.

The CANS tool is designed to be used either as a prospective assessment tool for decision support during the process of planning services or as a retrospective assessment tool based on the review of existing information for use in the design of high quality systems of services. The CANS tool is designed for use at two

levels - for the individual child and family and for the system of care. The CANS tool provides a structured assessment of children along a set of dimensions relevant to service planning and decision making. Also, the CANS tool provides information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. In summary, the CANS tool allows for individualized application and flexibility without jeopardizing validity.

The Department plans to expand this pilot into a Department-wide assessment protocol using multi-disciplinary teams in team decision-making meetings (TDMs) over Fall 2007 and 2008. At this point, the plan is for the Department to complete initial assessments prior to placement into residential settings, and for the group home staff to complete six-month follow-up assessments. While the development of a placement decision-making assessment protocol is underway, its successful implementation depends upon the increase in staffing resources, particularly for the RUM unit, DCFS has requested from the CEO's office as items needed to satisfy the requirements of the Katie A. Settlement Panel. Additionally, DMH has asked for items to assist in the mental health needs evaluations that are part of a comprehensive assessment process.

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

DCFS thinks this recommendation is worth considering, but does not currently have resources to fund such assessment centers.

RECOMMENDATION NO. 6.2

The CSWs and DPOs should furnish the courts with the initial assessment reports and their updates should include input from the facilities regarding their dependents and wards respectively.

RESPONSE

The Department agrees, and will look at the most effective way to include the information obtained through the assessments in court reports.

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 Department agrees and will make identifying goals and measuring effectiveness of placements part of the protocol for assessment and as consideration for performance measures.

RECOMMENDATION NUMBER 6.4

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

RESPONSE

The Department agrees and proposes that the Department and Probation form a committee to formulate a strategy to better engage and service the dependent AWOL population in both Departments.

RECOMMENDATION NO. 6.5

The assessment process should include an evaluation of a child's readiness to exit the system and outline a methodical transition plan with receptivity to creative solutions.

RESPONSE

The Department agrees in part.

The assessment protocol will include the consideration of the least restrictive most appropriate placement setting for children's therapeutic needs, and TDMs that include participation by staff from the residential placement will be held prior to another transition home, to another placement setting, or to emancipation. The transition plan however will have to be developed by the caseworker in conjunction with the staff from the residential setting. Many DCFS offices are now holding Family Group Decision Making meetings – called an Emancipation Conferences or E-Conferences – months prior to young adults leaving the foster care system, to bring together family members and empower them to help the young person make plans for the transition. This is a valuable practice and should be held for all youth.

The Department has made it a goal to reduce the number of youth who emancipate from foster care due to recent well-documented research on the very difficult challenges they face as young adults. The Department has a number of initiatives underway to pursue permanency for older youth, especially extended family members as permanency connections when parents are not available. However the County already has made a substantial number of transitional housing resources available and plans to increase those beds. The County also

has a Career Development Internship program through which former foster youth are hired into county jobs, as well as a position at the DCFS Youth Development Services Division called Community Workers, who are former foster youth who work with youth on independent living and transitional services.

RECOMMENDATION NO. 7

DCFS, Probation and the ECC should develop strategies that ensure their dependents and wards achieve education levels at or above their age groups.

RESPONSE

The Department agrees. The Educating Coordinating Councils (ECC) issued a Blueprint report in February 2006 focused on raising the educational achievement of foster and probation youth. Since the report has been issued, ongoing strategies are being developed to achieve the Blueprint report recommendations.

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 Department agrees.

RECOMMENDATION NO. 9.1

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

RESPONSE

The Department agrees and has been doing this for two years.

Since April 2005, the Department has been leading a monthly Residentially-Based Services Work Group, with Probation and DMH participation, collaborating with providers and stakeholders such as youth and parent representatives, the California Youth Connection, and the Commission for Children and Families. The Work Group has actively supported pending legislation, AB 1453, which would allow pilots to transform the residential based services system for foster youth into a short term intervention as focused on permanency needs as it is on treatment. Also this year in the state legislature a rate increase is likely to pass that will provide more resources beginning January 2008.

RECOMMENDATION NO. 9.2

Probation & DCFS should find ways of rewarding & acknowledging those congregate-care facilities that obtain exceptional results with dependents who age out, are permanently placed, or reunited with their families.

RESPONSE

The Department agrees. The Department has been pursuing this objective largely through the development of performance measures of safety, permanency and well-being and annual scorecards. For example, in the Calendar 2006 Scorecards, DCFS has included "noteworthy" examples of best practice and practice innovations, such as active mentoring programs. At the monthly Residentially Based Services Work Group, the Department will address this recommendation and seek input on other forms of recognition and rewards.

RECOMMENDATION NO. 10

DCFS and Probation should meet at least annually with congregate-care providers to share best practices.

RESPONSE

The Department agrees. Each Department holds periodic meetings with providers, and in the past joint meetings have been held. An annual joint meeting with a focus on practice improvement and best practices is a useful suggestion for DCFS and Probation, and we will likely hold these meetings each fall after the annual Scorecards have been distributed and analyzed.

ATTACHMENT E

DEPARTMENT OF HEALTH SERVICES

Health Services
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

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To improve health through leadership, service and education.

August 13, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **DEPARTMENT OF HEALTH SERVICES' RESPONSES TO THE RECOMMENDATIONS OF THE CIVIL GRAND JURY**

Please find attached the Department of Health Services' (DHS) responses to the recommendations of the Civil Grand Jury. DHS was identified as the lead department for sections of the following categories: DCFS-FAST Committee, Avoiding Code Blue – Safeguards for Outpatient Medications, Emergency Rooms Committee, and Jails Committee. The responses incorporate input received from the additionally designated departments.

An electronic copy of these responses has been sent via email to the attention of Vincent Amerson in your office.

If you have any questions or need additional information, please let me know.

BAC:ct
707:012

Attachments

c: Vincent Amerson

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RESPONSE TO THE GRAND JURY FINAL REPORT

LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES (DHS)

SUBJECT: 2006-07 CIVIL GRAND JURY RECOMMENDATIONS FOR AVOIDING CODE BLUE- SAFEGUARDS FOR PATIENT MEDICATIONS

Note: This report is divided into two parts:

Part A- Safeguards for Outpatient Medication and
Part B- Safeguards for Inpatient Medication

PART A: SAFEGUARDS FOR OUTPATIENT MEDICATION

RECOMMENDATION NO. 1

The Jury recommends that DHS continue and expedite the installation and implementation of the Pharmacy 2000 system.

RESPONSE

DHS concurs. The Pharmacy 2000 system has been demonstrated, through installation at four current DHS outpatient pharmacy sites, to improve medication dispensing safety and dispensing efficiencies through automated bar code dispensing and workflow tracking technology. Installations of the remaining automated outpatient pharmacy automated systems (Pharmacy 2000) are planned, as outlined in Exhibit 3 of the Civil Grand Jury report. Installation dates may be modified by facility earthquake retrofitting plans, as it is DHS' goal to coordinate remodeling plans and minimize interruption to patient care services.

RECOMMENDATION NO. 2

The Jury recommends that DHS implement the Structured Physician Order Form, to include the block lettering utilized at Harbor/UCLA, in all County healthcare facilities, to improve legibility and accuracy in orders.

RESPONSE

DHS concurs, and commonly utilizes printed medication directions on pre-printed inpatient clinical pathways. The use of block lettering on physician prescribing forms maximizes legibility of medication orders, enhancing prescribing safety. The physician is required to utilize a separate block for each letter of the medication name, resulting in increased legibility of written orders; this is an excellent interim measure for handwritten medication orders, until such time that computerized physician order entry (CPOE) is universally available. DHS has added block lettering to the DHS pilot medicine and

surgery admission forms, and will add block lettering formatting to future versions of inpatient clinical pathways.

RECOMMENDATION NO. 3

The Jury recommends that DHS implement a health literacy and drug safety program to educate the patients served about the medications used, when coming to a clinic or hospital.

RESPONSE

DHS pharmacies currently provide individual patient counseling to all outpatients dispensed new or modified outpatient prescriptions. At the time of counseling, the pharmacist provides medication-specific counseling, which includes instructions on the appropriate use of the medication and commonly identified adverse events.

RECOMMENDATION NO. 4

The Jury recommends that DHS implement the automated refill by phone prescription service as soon as possible.

RESPONSE

DHS concurs. As of August 2007, all DHS outpatient pharmacies have installed an automated interactive voice response system (IVR), with the exception of High Desert Health System. High Desert's IVR system is pending installation, and planned for late 2007.

RECOMMENDATION NO. 5

The Jury recommends that DHS have a system of tracking and interface between hospitals and outpatient clinics to maintain a continuity of care. Information technology should be used to facilitate this process. A similar tracking and interaction should be established between all County departments providing health and social services for the citizens of Los Angeles County, including the Jails.

RESPONSE

Goal 7 of the County's Strategic plan specifies the same system recommended by the Civil Grand Jury. Legal, policy and procedural barriers are planned to be defined and resolved by December 31, 2008. The Information Systems foundation to support the sharing of patient healthcare information is planned to be established by June 30, 2010. Routine electronic exchange of selected health and human services data between and among the Departments of Health Services, Mental Health and Children and Family services is scheduled to commence by June 30, 2013. Subsequently, additional County departments will be added to the system sometime after June 30, 2013.

PART B: SAFEGUARDS FOR INPATIENT MEDICATION

RECOMMENDATION NO. 1

The Director, Pharmacy Services, should be entrusted with the authority to carry out medication error risk and performance audits and business process reviews.

RESPONSE

DHS concurs. The Director, Pharmacy Services, will develop a medication error risk, performance audit and business review program, consistent with available resources, in collaboration with the Chief Executives at our Medical Centers.

RECOMMENDATION NO. 2

DHS should invest in medication management technology improvements, using life cycle costing that accounts for acquisition, installation, and maintenance of equipment. Funding for these investments should be drawn in part from medication cost savings such as those attributable to improved acquisition management.

RESPONSE

DHS has developed a plan for installation of state-of-the-art medication automation in our inpatient facilities, with the goal of enhancing patient safety and increasing efficiencies. The phased installation of this automation has commenced, but will require additional funding resources. DHS will work with the County CEO to review these plans and implement, pending identification of funding resources.

RECOMMENDATION NO. 3

As part of the implementation of automated medication dispensing cabinets (ADC) at Olive View, DHS should review the complete medication order, delivery, and administration process to ensure that both the baseline process and the plan to strengthen it with ADC technology are sound.

RESPONSE

On May 21, 2007, DHS conducted an onsite multi-disciplinary review and walkthrough to identify an appropriate ADC configuration. As a result, recommendations were identified to optimize the effectiveness of ADC use throughout the hospital units. A local Olive View-UCLA multi-disciplinary team was also formed to ensure the implementation of automated dispensing cabinets in a manner that enhances patient safety and improves operational efficiency. This team's efforts are ongoing.

A third party vendor is currently being engaged to conduct a review of medication management processes at Olive View-UCLA Medical Center, with a proposed review date of Fall 2007.

RECOMMENDATION NO. 4.

DHS should begin now to plan for the implementation of CPOE and EHRs.

RESPONSE

DHS Information Technology (IT) has committed to upgrading the Medication Management technology base with new systems, automation, and hardware. A comprehensive strategy presentation on hospital information systems was presented to the DHS IT Governance Committee on June 21, 2007 which identified Medication Management as one of 5 systems that needs to be funded and implemented as soon as possible. This system strategy is under review based on due diligence. The result of this decision is to move forward with the acquisition of software and hardware solutions in line with the Pharmacy Strategic Plan. This strategy also includes the plan with cost models to implement an electronic health record and computerized physician order entry which are key components of the overall closed loop medication management system.

RECOMMENDATION NO. 5.

DHS should expand the number of Clinical Pharmacists, institute a Clinical Coordinator position at each Hospital and use Tech-Check-Tech processes to free Pharmacists to perform other pharmaceutical duties.

RESPONSE

DHS is currently assessing the current clinical pharmacist staffing levels at each hospital site, and comparing against survey data published by the American Society of Health Systems Pharmacists. Once the analysis is complete, an assessment of the resource requirements necessary will be conducted, and implementation prioritized once resources are identified.

DHS concurs with the Tech-Check-Tech concept, which is permitted under a new California law. This concept allows for specific inpatient dispensing functions to be performed by a pharmacy technician, under supervision of a licensed pharmacist. DHS will investigate the possibility of enhancing the role of the pharmacy technician within our hospital sites to maximize dispensing efficiencies.

RECOMMENDATION NO. 5.1

DHS should increase Clinical Pharmacist staffing in Hospitals, targeting certain high-risk environments.

RESPONSE

DHS concurs that the optimal use of clinical pharmacists (in high risk environments) and clinical coordinators will enhance patient safety in inpatient settings. In fact, some of our DHS hospitals already utilize clinical pharmacists in high risk inpatient areas (e.g. intensive care units.) DHS will assess resource requirements to fully implement this recommendation, and develop a prioritization plan for high risk areas that is consistent with available funding.

RECOMMENDATION NO. 5.2.

DHS should establish a Clinical Coordinator at each Hospital to manage Clinical Pharmacists.

RESPONSE

See No. 5.1

RECOMMENDATION NO. 5.3.

DHS should allocate additional funding to training programs to provide ongoing education and development of Clinical Pharmacists.

RESPONSE

DHS will analyze current system funding for ongoing education and development of clinical pharmacists, as well as assess funding requirements for full implementation of this recommendation.

RECOMMENDATION NO.5.4

DHS should consider using Tech-Check-Tech processes to free Pharmacist resources.

RESPONSE

DHS concurs with the Tech-Check-Tech concept, which is permitted under a new California law permitting specific inpatient dispensing functions to be performed by a pharmacy technician, under supervision of a licensed pharmacist. DHS will investigate the possibility of enhancing the role of the pharmacy technician within our hospital sites to maximize dispensing efficiencies.

RECOMMENDATION NO. 6.

DHS should immediately establish a 24-hour Pharmacy at Olive View Medical Center, and monitor Rancho Los Amigos Rehabilitation Center off-hours demands for medication.

RESPONSE

DHS concurs. Olive View-UCLA Medical Center is continuing current efforts to recruit, hire and train new personnel to extend inpatient pharmacy operations to a full 24-hours per day. Olive View-UCLA is also evaluating the possibility of lengthening the inpatient pharmacy hours, as an interim measure, as the facility moves towards a 24-hour pharmacy operation. A full 24-hour inpatient pharmacy operation is planned for October 2007.

Positions were approved for Rancho Los Amigos (RLA) National Rehabilitation Center's 2007/08 budget. The County CEO's office is currently reviewing RLA staffing plans, before final approval, as part of the Acute Neurology/Stroke Unit expansion plans.

RECOMMENDATION NO. 7

The County should implement pre-employment drug screening and should develop a targeted program to provide for early identification and treatment of substance abuse among staff with access to controlled medications.

RESPONSE

Currently the County has a Reasonable Suspicion Drug and Alcohol Program that provides employee drug/alcohol testing should an employee demonstrate certain behaviors on the job. Training for this program is provided to all supervisors and managers through a web-based program offered by Department of Human Resources (DHR). Follow-up counseling and treatment referrals are facilitated through the County's Employee Assistance Program.

Pre-employment drug screening is controlled by the Chief Executive Office through their Occupational Health Program. All classifications for pre-employment screening must be approved by the Board of Supervisors prior to implementation. DHS will request that testing be extended to all positions assigned to areas with exposure to drugs.

RECOMMENDATION NO. 8

DHS should strengthen its "Safe and Just" culture

RESPONSE

DHS concurs. Traditional healthcare's culture has held individuals accountable for all errors or mishaps that befall patients under their care. By contrast, a "Safe and Just Culture" provides an environment where healthcare providers feel safe in reporting potential or actual events, recognizing that individual practitioners should not be held accountable for system failings over which they have no control. The concept of "Safe and Just Culture" also does not tolerate individual conscious disregard of clear risks to patients or gross misconduct. DHS will work with DHR to build on past endeavors to establish a safe and just culture within DHS.

RECOMMENDATION NO. 8.1

DHS should build on past efforts to establish a "Safe and Just" culture within DHS facilities.

RESPONSE

See No. 8

RECOMMENDATION NO. 8.2

DHS should work with the County's Department of Human resources (DHR) to build a consensus that training and process change are more effective than disciplinary action.

RESPONSE

DHS concurs. DHS will work with DHR to build on past efforts to establish a safe and just culture within the DHS healthcare system.

RECOMMENDATION NO. 9

DHS should analyze medication error trends, share aggregated information with Departmental and Facility leadership, and allow central review of medication error reports.

RESPONSE

DHS concurs, and has implemented review and trending of medication event reports as part of the DHS Quality Improvement Committee's responsibilities. The DHS Pharmacy Director is now trending and reviewing system medication events, and providing quarterly reports to this system-wide committee.

RECOMMENDATION NO. 9.1

DHS should analyze trends in medication errors regularly and Department-wide
RESPONSE

See No.9

RECOMMENDATION NO. 9.2

DHS should provide access to full reports on medication errors at all Hospitals to the Director, Pharmacy Services and the Departmental Chief Nursing Officer.

RESPONSE

DHS concurs. The DHS Director, Pharmacy Services and DHS Chief Nursing Officer will be provided access to each DHS facility medication event database by September 30, 2007.

RECOMMENDATION NO. 10

DHS should consider establishing Nurse "Naïve Observation" auditing to reduce dependency on self-reporting for medication errors.

RESPONSE

DHS is in the process of evaluating the "nurse naïve observation" audit process to determine the optimal method of utilizing this tool, as well as assessing necessary implementation resource requirements.

RECOMMENDATION NO. 11

DHS should recognize best practices implemented at one facility and replicate them system-wide.

RESPONSE

DHS concurs that the recognition and communication of best practices is very useful in encouraging process improvements. In fact, DHS conducts an annual system wide event, the DHS Patient Safety Conference and Awards Ceremony, which highlights patient safety improvement practices. At this conference, DHS facilities are encouraged to provide presentations on patient safety best practices, with awards presented to projects that exemplify innovative best practices in patient safety. In addition, best practices are communicated amongst facility patient safety experts at the DHS Patient Safety Committee.

In an attempt to provide more frequent communication of best practices amongst facilities on medication safety practices, DHS is in the process of identifying additional forums that will allow for the identification and ongoing communication of best medication safety practices.

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR DCFS-FAST COMMITTEE

RECOMMENDATION NO.1.5

Assign hospital SCAN Teams responsibility for maintaining centralized lists of all child maltreatment reports filed by staff at their facilities and for analyzing and using child maltreatment report outcome data provided by DCFS to adjust training and protocols related to child maltreatment reporting at their facility.

RESPONSE

DHS will direct its health centers, comprehensive health centers and hospitals to provide a copy of each submitted Suspected Child Abuse Report form (SS 8572) to its affiliated hospital SCAN team. The SCAN teams will maintain a central record and will use report outcome data from DCFS (if provided) to adjust training and protocols related to child maltreatment reporting at their facilities. The Social Work departments at the hospitals are also involved in receiving, reviewing and monitoring these reports, and the SCAN teams will work closely with those departments in these efforts.

RECOMMENDATION NO.1.5.1

Data collection should be expanded to include outpatient clinics in tracking transfer of children from hospitals to clinics which would provide additional centralized list of all child maltreatment reports.

RESPONSE

Outpatient clinics will be instructed to provide a copy of each submitted Suspected Child Abuse Report form (SS 8572) to the hospital SCAN team affiliated with their facility. The centralized records maintained by the SCAN teams will include reports generated from both inpatient and outpatient services.

RECOMMENDATION NO.1.6

Research with County Counsel of laws, regulations and possible options to enable release of medical records to DCFS other than those related to a current incident as part of Department.

RESPONSE

County Counsel and DHS reviewed all pertinent laws and regulations regarding the sharing of DHS health records with DCFS. Currently, DHS releases medical records and information -- to the fullest extent of the law -- to DCFS to ensure a minor who is either under investigation for child abuse/neglect or is under Dependency Court jurisdiction is receiving coordinated care.

Although HIPAA is sometimes cited as a restriction to sharing information, DHS is permitted to share protected health information with a DCFS social worker in order to coordinate and manage the child's health care services. Further, HIPAA permits DHS to disclose medical records to DCFS for public health interventions and investigations in its role as "an appropriate government authority authorized by law to receive reports of abuse or neglect." In addition, under State law, DHS is permitted to release past medical records to current treating physicians and public health nurses in the child welfare services program.

DHS will continue to work with County Counsel, DCFS, and other signatory Departments to develop the appropriate protocols for the implementation of the inter-Departmental MOU and any other program or policies needed for the coordination and management of care of children who are under juvenile court jurisdiction.

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 and emancipation information in the county-wide data base.

RESPONSE

DHS, DCFS and the County's Chief Information Officer (CIO) are working closely together to assess the specific requirements for a data system at the Hubs and identify a solution which can be implemented in the next 18 months. DHS Information Technology staff has been assessing the feasibility of alternate solutions including the internal development of a system by DHS or contracting for the further development of the mHub system for implementation at all the Hubs.

Currently, County Counsel cautions against a direct electronic link between the DCFS and DHS systems, as this could place the County out of compliance with Federal regulations relating to the State CWS/CMS system. However, the solutions under discussion will allow for DCFS staff to view or receive information electronically from DHS that can be cut and pasted into CWS/CMS, and will allow all the DHS Medical Hubs to operate from a shared database. DCFS, DHS and the CIO will make a joint recommendation to the CEO in September 2007. Funding is being sought for the project, which currently targets system deployment for Spring 2008.

DCFS and DHS will also explore the feasibility of the CHEERS system if it can be determined that such a system would not violate Federal regulations related to the State CWS/CMS system.

RECOMMENDATION NO.2.2

Direct the County Internal Services Department to work with DHS and DCFS to assess which of the alternative short term interface systems would be most able to be integrated with planned upgrades and improvements in DHS and DCFS information systems.

RESPONSE

The selection of an interim data system solution, as described in 2.1 above, will take into account planned long-term upgrades and improvements in the DHS and DCFS information systems to the extent that such information is known. It is possible that the interim system may be able to be integrated with upgraded departmental systems once they are implemented. Alternatively, an interim system may be superseded when the County's final Strategic Plan Goal 7 objective (currently targeted for 2013) is achieved, enabling routine electronic exchange of selected health and human service data among DHS, DMH and DCFS. The departments are committed to working toward both the short and long term solutions simultaneously, to achieve better coordination of care for children referred to the Hubs.

RECOMMENDATION NO.3.4

Conduct a thorough evaluation of the workload and capacity of existing Hubs with a focus on potential efficiencies that may be gained in the existing system and ways to increase capacity, including their geographic and population coverage and how well the existing structure serves the County both in terms of area and population.

RESPONSE

DHS closely monitors Hub workload and capacity through monthly visit data reported from each Hub. At three of the five DHS Hubs, facility space issues have limited Hub capacity; at each of these sites, plans to provide additional clinic space are either in development or near completion. DCFS and DHS have worked together to identify the highest need geographic areas which are underserved by the Hubs, and have prioritized the San Gabriel Valley as a site for establishment of a satellite Hub. A potential site has been identified. Additional funding will be required for renovations. The satellite Hub would be operated by staff from the LAC+USC Hub.

RECOMMENDATION NO.3.5

Collaborate with DCFS, Department of Mental Health and other key stakeholders to expand the existing system as necessary to ensure that eventually all or most children in the DCFS system can be served by the Hubs. All children should initially be assessed by the Hubs and DCFS and DHS should provide additional staff to adequately case management services at each Hub.

RESPONSE

Hub visits have increased steadily during the first year of operation (July 2006–June 2007). In June 2007, the Hubs provided initial medical examinations to 757 children, or 87% of the originally projected capacity, despite ongoing space limitations at several of the Hubs. The number of examination rooms will be expanded at two of the Hubs in FY 07-08, allowing the Hubs to reach the goal of providing an initial medical examination for all newly detained children. DCFS and DHS agree that additional staff is needed at the Hubs to provide case management and coordination between the Departments and DCFS is seeking to identify funding to provide additional co-located staff for this purpose.

RECOMMENDATION NO.3.6

Develop policies and procedures that give priority for Hub clinic services to children at high risk or with higher medical needs such as medically fragile cases in the form of direct services when this is the best medical option available or in the form of case management if the children need specialist care outside of the Hub structure. Enhance existing Hub services to provide expanded access to appropriate care for all medically fragile cases through either direct service or case management and referrals to community providers.

RESPONSE

Current policies and procedures already exist for all newly detained high risk children to receive their initial medical exams at the Medical Hubs. They are required to receive their initial medical exams within 72 hours of placement. Additionally, for medically fragile children, the Medical Hubs are used when these children are not connected to a clinic that specializes in their specific medical condition. In many cases, the Special Care Centers are more appropriate than the Hubs for serving the needs of medically fragile children, so DCFS and DHS will attempt to link children to these centers if possible, rather than providing ongoing direct care at the Hubs. For both high risk and medically fragile children, at detention, or when medical services are lacking or in need, the case-carrying CSW, in conjunction with the assigned Public Health Nurse, will assist the caregiver in obtaining or managing specific medical needs and in obtaining appropriate referrals.

DCFS will continue to collaborate with California Children's Services (CCS) to improve communication and collaboration on medically fragile children in foster care to explore the possibility of CCS eligibility and expedite a referral(s) to the appropriate authorized pediatric board certified specialist and/or Special Care Center for their medical condition. Furthermore, for children who do not meet CCS eligibility, DCFS will work with the Hubs to refer these children to the appropriate specialty clinics that the Hubs are associated with.

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

As indicated in the CGJ Report, ICAN was established by the Board of Supervisors in 1977 as the official county agency to coordinate the development of services for the prevention, identification and treatment of child abuse and neglect. ICAN established the first Child Death Review Team in 1978; there are now Child Death Review Teams in nearly every county in California, every state and internationally as well.

The ICAN Child Death Review Team (CDRT) is a multi-disciplinary body comprised of representatives from numerous county and city agencies whose mission is to engage in a comprehensive review of child fatalities so as to better understand why children die. In this process, the Team can identify patterns, high-risk indicators and systemic flaws and/or barriers that, if addressed, may do much to prevent future such tragedies.

DCFS has been an active participant with the CDRT since its inception. As a participating agency, DCFS is asked to provide information on any agency involvement with the child deaths that are reviewed by the Team. DCFS reports this information at the Team meeting and is often asked to provide follow-up information or take certain actions to ensure that any issues or concerns learned as a result of the review are addressed. In addition, the ICAN CDRT produces an annual report on child deaths in Los Angeles County. DCFS is asked to provide agency history on those child deaths in the county that fit the ICAN protocol for this report (primarily child homicides by parent, caregiver or family member, child deaths coded as undetermined, child deaths coded as accidental and suicides). The information provided by DCFS is used to produce an accurate picture of child deaths in the county.

Recently, the DCFS Risk Management Section determined that DCFS should engage in a more systemic review of child fatalities that went beyond internal affairs concerns and personnel issues. They began to set up such a review and realized that this effort would be duplicative of the efforts already undertaken by the ICAN CDRT. As a result, ICAN engaged in a collaborative effort with the Risk Management Section to utilize the ICAN CDRT Review process to enable DCFS to engage more fully in systemic reviews. We anticipate that this collaboration will continue to grow and evolve over time.

ICAN is unclear about the vision of the CGJ in its statement of integrating ICAN into DCFS. ICAN is a separate county agency formed by the Board of Supervisors and chaired by Los Angeles County Sheriff Lee Baca. Recently, in terms of county management structure, ICAN was placed within the DCFS budget. Thus, while our staff, equipment and use of facilities is paid for through DCFS, we remain independent of DCFS. ICAN does not have administrative authority over county departments, but does have success through the collaborative nature of our work and all members are committed to working together to reduce the number of child fatalities in the county. Further, ICAN's structure is multi-disciplinary and requires us to work with multiple federal, state, county and city agencies in addition to DCFS.

ICAN has been fully committed to the child death review process since introducing the nation's first team, and much of ICAN's work revolves around improving systems and responses to reduce the number of child fatalities in the county. In addition, ICAN works to support similar child death review processes on a local, national and international basis. ICAN will continue to engage in this process and is most pleased to view DCFS as a key partner in this most important work.

RECOMMENDATION NO.3.8

Create an interagency pilot program as an extension of the hospital SCAN teams (or some interim system) to assist in investigating suspected child abuse and neglect for all the dependents in DCFS.

RESPONSE

DHS and DCFS will assess the feasibility of such a pilot program. The DHS hospital SCAN Teams are already providing such services to some extent, in addition to community hospitals/resources. These resources include private entities that focus on SCAN/forensic evaluations. The DHS SCAN Teams operate as part of the Medical Hub System. The DHS hospital teams are involved in not only assisting mandated reporters at the hospitals to determine if a case is appropriate to report to DCFS, but also in evaluating a large number of cases referred from DCFS and law enforcement. Currently, DCFS CSWs are also referring children with an injury in foster care or allegation of abuse or neglect in foster care to the Hubs for evaluation by the SCAN Teams.

As the Hubs continue to increase their capacity, additional referrals of this type will be considered for expansion. For a larger pilot program, additional funding and staffing for the SCAN Teams may be necessary.

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR EMERGENCY ROOMS COMMITTEE

RECOMMENDATION NO.1

Mandate the completion and upgrade of electronic records for Emergency Rooms.

RESPONSE

The mandating of the completion and upgrade of electronic records for Emergency Rooms and all Department of Health Services (Department) patient records is included within Goal 7 of the County of Los Angeles Strategic Plan which was approved by the Board of Supervisors on November 16, 1999. Specifically Goal 7 states:

> In order to improve health and mental health outcomes and maximize utilization of scarce resources, implement a client-centered, information-based health and mental health services delivery system that provides cost-effective and quality services across /County departments.

Among the objectives the Department is pursuing to meet the intent of Goal 7 is the full implementation of an electronic health record (EHR) for all County patients and a computerized provider order entry (CPOE) system—both of which are progressing according to established Department plans. These plans are consistent with guidelines issued by the White House in January 2004 to have EHRs implemented in all hospitals by 2014. These systems will greatly enhance Emergency Room services.

RECOMMENDATION NO.2

Encourage changes in regulations and support the development of non-profit private clinics and programs. Camino de Salud is a program where the patient is encouraged to visit a County or private clinic in his or her neighborhood.

RESPONSE

The Department has a long and positive record of support for the development of non-profit private clinics and programs and actively participates in networks, associations, and grass-roots organizations to facilitate such development. For the past several years the Department has placed a very high priority on the development of Public-Private-Partnerships (PPP) to expand patient access to health and medical care. At the present time the Department has contracts with over 50 providers operating over 100 sites throughout Los Angeles County. The Department will build on these efforts by providing additional funds this year through the State-funded Coverage Initiative program.

RECOMMENDATION NO.3

Lobby for the modification of EMTALA regulations and funding because of the burden it places on the taxpayers of Los Angeles County.

RESPONSE

Congress enacted the Emergency Medical Treatment and Active Labor Act in 1986 to ensure public access to emergency services regardless of ability to pay. The County of Los Angeles continues to support this legislation because (1) it requires all hospital and medical center emergency departments to treat all patients equally upon presentation of an EMTALA-eligible emergency condition and (2) it prohibits the "dumping" of poor and indigent patients from privately-run hospitals to already over-crowded County Emergency Rooms (ERs). It is recognized that the burden of EMTALA exists but that it exists for all hospital ER systems.

RECOMMENDATION NO.4

Develop a system of associated urgent care clinics where patients can be directed, rather than utilizing emergency rooms.

RESPONSE

The Department offers extended-hour urgent care clinics at all six (6) Department of Health Services' Comprehensive Health Centers and the High-Desert Multi-specialty Ambulatory Care Center. In addition, many of the County's PPP clinics offer urgent care services as well. The Department has also developed a very sophisticated triage system in all of its ERs that, in cases where patients are determined not to meet EMTALA guidelines, can offer the patient a scheduled clinic visit in lieu of waiting several hours for non-emergency medical care.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR JAILS COMMITTEE

RECOMMENDATION NO.5

Electronic Records: Medical electronic record available within the jail should be accessible when the inmate transfers to another facility

RESPONSE

A written Discharge Summary is provided for jail patients and access to the LAC+USC electronic record (Affinity) has been offered to practitioners at the Jail Ward.

RECOMMENDATION NO.6

Medical Care: Complete and activate the telemedicine system in order to decrease the number of inmates transferred out of the jail system.

RESPONSE

A Telemedicine Committee has been formed and is chaired by Marie Russell, M.D., Medical Director of the LAC+USC Jail Ward. A clinic area has been identified and the installation of the necessary computer cabling has begun. We expect the completion of the installation to be within the next six months. The Replacement facility's Jail area also has a telemedicine area identified.

RECOMMENDATION NO.7

Medical Care: A system to need to document medical indications for transfer to LAC+USC for emergency, inpatient and outpatient care. Analysis of this data should facilitate a decrease of inmates transferred.

RESPONSE

The Department has clinic criteria for all of its specialty clinics and referrals are screened for appropriateness. The Jail is currently setting up an Urgent Care program to minimize unnecessary referrals to the Jail ER. Dr. Russell attends Jail Medical Grand Rounds monthly and keeps an open communication with the Sheriff's department's Quality Improvement section regarding referrals and admissions.

ATTACHMENT F

INTERNAL SERVICES DEPARTMENT

LOS ANGELES COUNTY
ISD
INTERNAL SERVICES

COUNTY OF LOS ANGELES
Internal Services Department
1100 North Eastern Avenue
Los Angeles, California 90063

Dave Lambertson
Director

To enrich lives through effective and caring service.

Telephone: (323) 267-2101
FAX: (323) 264-7135

August 8, 2007

VIA ELECTRONIC AND COUNTY MAIL

To: William T Fujioka
Chief Executive Officer

From: Dave Lambertson
Director

Subject: **RESPONSE TO THE FINAL REPORT OF THE 2006-2007 LOS ANGELES COUNTY GRAND JURY**

Attached are the ISD responses to the 2006-2007 Los Angeles County Grand Jury Final Report for Recommendations 2.2 of the DCFS-FAST Committee and the Recommendation (unnumbered) by the Hybrid Committee.

If there are any questions, you may contact me or have your staff contact Rebecca Wells, Compliance Auditor, at (323) 881-4617 or rwells@isd.lacounty.gov.

DL:rw
Attachments

c: Vincent Amerson, Chief Executive Office

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES INTERNAL SERVICES DEPARTMENT

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATION FOR DCFS-FAST COMMITTEE

RECOMMENDATION 2.2

Direct the County Internal Services Department to work with DHS and DCFS to assess which of the alternative short term interface systems would be most able to be integrated with planned upgrades and improvements in DHS and DCFS information systems.

RESPONSE

ISD has contacted the department CIOs at DCFS and DHS regarding assisting them in performing an assessment of the short term interface solutions proposed with consideration of the respective departments planned upgrades and improvements. Both departments have indicated that they have already started the process of assessing their short term interface solutions and ISD assistance is not required at this time.

COUNTY OF LOS ANGELES - INTERNAL SERVICES DEPARTMENT

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATION FOR HYBRID COMMITTEE

RECOMMENDATION

The Grand Jury recommends that the County and the City of Los Angeles continue efforts to investigate, test, and evaluate new offerings as well as to continue with the planned replacement of vehicles with hybrid and alternative fuel options. It is the committee's recommendation that the County accelerate its effort to add AFVs. With this action, the County will comply with the direction of the Board of Supervisors and contribute to cleaner air and lower fuel costs.

RESPONSE

County of Los Angeles will continue planning and efforts to replace non-emergency passenger sedans with hybrid vehicles per Board Policy 3.020 on Clean Fuels. County will also continue to investigate, test, and evaluate new hybrid and alternative fuel opportunities to promote clean air and lower fuel costs.

ATTACHMENT G

DEPARTMENT OF MENTAL HEALTH

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Acting Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

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

August 10, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health

SUBJECT: **RESPONSE TO THE FINAL REPORT OF THE 2006-2007 LOS ANGELES COUNTY GRAND JURY**

As instructed by your office, attached are the responses from the Department of Mental Health on recommendations for:

Applicable Sections	Recommendation Numbers
DCFS-FAST Committee	1.8 and 3.5
Group Homes Committee	11
Jails Committee	4

In addition, I have also sent an electronic copy of the response to Mr. Vincent Amerson.

If you have any questions, please contact me.

MJS:RK:tld

Attachments

c: Sheila Eaton, Deputy CEO
Robin Kay, Ph.D.

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR DCFS-FAST COMMITTEE

RECOMMENDATION NO. 1.8

Request that the CEO assign an assistant to further implement the interagency Memorandum of Understanding that has been adopted by DCFS, DHS, DMH, and Probation regarding data sharing across departments. Move to immediately implement data sharing between DHS (mHUB) and DCFS (myCSW) to promote the safety of foster children and their compliance with medical and mental health treatment plans and follow up care.

RESPONSE

Given that each impacted department is required to develop distinct protocols and procedures to implement the MOU, DMH is in agreement with the assignment of an assistant to coordinate this effort. Also, DMH will appoint a workgroup to develop protocols and procedures that reflect the operative principle of the MOU while ensuring adherence to all privacy and disclosure laws. DMH will work closely with the other departments ensuring alignment and consistency in the protocols and procedures.

RECOMMENDATION NO. 3.5

Collaborate with DCFS, Department of Mental Health and other key stakeholders to expand the existing system as necessary to ensure that eventually all or most children in the DCFS system can be served by the HUBs. All children should initially be assessed by HUBs and DCFS and DHS should provide additional staff to adequately case management services at each HUB.

RESPONSE

The interagency collaboration to expand the existing systems necessary to ensure that eventually all or most children in DCFS can be served by the DHS medical hubs is already in process. DHS convenes a monthly meeting of the HUB medical directors that includes participation from DCFS, DMH, and other stakeholders. The purpose of this meeting is monitor the progress and effectiveness of the HUBs, along with problem solving. Additionally, a manager from the DMH Child Welfare Division convenes regular meetings with DMH, DCFS, and DHS providers to facilitate the seamless delivery of service that includes screening, assessment, and treatment of children in the foster care

system who are in need of mental health services. Further, the Enhanced Specialized Foster Care Mental Health Services Corrective Action Plan includes an expansion of the staff to work with the DHS HUBs. Lastly, executive managers from DMH, DCFS, DHS, and Probation meet on a weekly basis to address any issues related to service delivery and program implementation.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR GROUP HOMES COMMITTEE

RECOMMENDATION NO. 11

The CEO should establish an interdepartmental task force charged with implementing these recommendations and the shift outlined in its Foundation white paper.

RESPONSE

The Department of Mental Health currently collaborates with the leadership of the Departments of Probation and Children and Family Services to improve and enhance the quality of services to wards and dependent children placed in group homes and to achieve better outcomes for youth who require this level of care. If the CEO establishes an interdepartmental task force, the Department of Mental Health welcomes the opportunity to participate in the development of new and improved child focused programs with our pubic agency partners, to the extent resources are available.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR JAILS COMMITTEE

RECOMMENDATION NO. 4

Develop a formal academic training program for the speciality of providing mental health services in a jail environment. (The Department of Mental Health has already applied for a couple of research grants to study specific populations – women prisoners, 18-24 year old inmates). Currently the academic training of mental health professionals does not really have curricula for this speciality.

RESPONSE

The Department of Mental Health is in agreement with the Civil Grand Jury's recommendation that a formal academic training program for the speciality of providing mental health services in a jail environment should be developed. The Department has already initiated academic partnerships with the Departments of Psychiatry at the University of California at Los Angeles (UCLA) David Geffen College of Medicine, Harbor-UCLA Medical Center, Charles R. Drew University of Medicine and Science, Cedars-Sinai Medical Center, and Schools of Social Work and Social Welfare at California State University at Los Angeles, University of Southern California, and UCLA as well as community partnerships with the National Association for Mental Illness, Urban Los Angeles, Kedren Community Mental Health Center, and Homeboy Industries to establish an all encompassing educational curriculum and training experience in the jails. A Correctional Academic Advisory Board that includes academic and community leaders will convene August 27, 2007, to guide and oversee the development and implementation of educational programs (list of participants is attached).

It is envisioned that excellent learning opportunities that are in jail/community-based programs will inspire students and trainees to seek employment in those settings, but not without the development of competitive employee salary and benefit packages. Significant challenges to recruitment have resulted since the State Correctional Department raised salaries for permanent employees and also increased locum tenens contract amounts leaving the County in a less competitive position. The development of a quality workforce may not only require higher salaries that are currently being offered, but additional inducements such as expansion of tuition reimbursement and loan repayment programs.

(See Attachment)

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE – JAIL MENTAL HEALTH SERVICES

Jail Academic and Research Programs
Academic Advisory Board

Membership Roster 2007

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California State University Long Beach

Mace Beckson, M.D.
Clinical Professor of Psychiatry, UCLA
UCLA Psychiatry & Biobehavioral Science

Eric Bing, M.D., Ph.D., M.P.H.
Assistant Professer
Charles R. Drew University, Department of Psychiatry and Human Behavior

Curley L. Bonds, M.D.
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Mary Kay Oliveri, LCSW
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UCLA School of Public Affairs

Jennifer Skeem, Ph.D.
Associate Professor, Department of Psychology and Social Behavior
University of California at Irvine

ATTACHMENT H

PROBATION DEPARTMENT

ROBERT B. TAYLOR
Chief Probation Officer

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY — DOWNEY, CALIFORNIA 90242
(562) 940-2501

August 13, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: Robert B. Taylor
Chief Probation Officer

SUBJECT: **RESPONSE TO THE FINAL REPORT OF THE 2006-2007 LOS ANGELES COUNTY GRAND JURY**

As requested, attached is my Department's response to the recommendations included in the Final Report of the 2006-2007 Los Angeles County Grand Jury.

If you have any questions, please contact me or your staff may contact Amalia Lopez of my staff at (562) 940-3553.

RBT:dn

Attachment

c: Doyle Campbell, Deputy Chief Executive Officer

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – PROBATION

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR CROSS OVER COMMITTEE:

UN-NUMBERED RECOMMENDATION NO. 1 of 5

Establish a liaison between Probation, DPSS and DCFS. These agencies need to work together to design and implement an information sharing process.

RESPONSE

The Probation Department concurs. DPSS, Probation and DCFS are collaborating to establish an interface between the two Departments and the DPSS eligibility system, LEADER. The meeting is scheduled for August 15, 2007 and will include designated contact persons from Information Technology Division and Program and Policy Division. The meeting will define initial parameters/requirements and identify any potential obstacles, in addition to assigning responsibilities in developing a project plan. Representatives from DCFS and the Child Support Services Department will also be in attendance.

UN-NUMBERED RECOMMENDATION NO. 2 of 5

Notify each agency contributing to the support of a minor when the minor is in custody more than 30 days pursuant to the Welfare and Institutions Codes, Sections 900 – 914.

RESPONSE

The Probation Department concurs. Notification protocols will be developed with the Probation Department, DCFS, and DPSS as part of establishing the interfaces.

UN-NUMBERED RECOMMENDATION NO. 3 of 5

Require a protocol to avoid replicate funding. If payments are not discontinued or unjustified payments are made, actively seek recovery of overpaid monies.

RESPONSE

The Probation Department concurs. Protocols will be developed among the three departments, Probation, DCFS, and DPSS.

UN-NUMBERED RECOMMENDATION NO. 4 of 5

Require the Probation Department to expedite completion of a financial screening.

RESPONSE

The Probation Department concurs with this recommendation and will expedite the completion of its financial screening process.

UN-NUMBERED RECOMMENDATION NO. 5 of 5

Immediately communicate this information of the financial screening to the appropriate agencies.

RESPONSE

The Probation Department concurs with this recommendation to immediately communicate financial screening information as is legally permissible to the Department of Public Social Services and other appropriate agencies.

COUNTY OF LOS ANGELES – PROBATION

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR GROUP HOMES COMMITTEE

RECOMMENDATION NO. 1

The Board of Supervisors should study ways for Probation and DCFS to develop and evaluate up to five pilot projects designed to prevent and reduce the number of new dependents and wards in the system.

RESPONSE

The Probation Department agrees. The Probation Department and DCFS have partnered in the Title IV-E Capped Allocation Demonstration Project (CADP). The Title IV-E CADP allows the Departments to test the effect of flexible funding strategies on Child Welfare Outcomes. The Waiver has specific goals which are structured to attain not just better services, but better outcomes for youth and families. Title IV-E CADP will allow the Departments funding flexibility to use Title IV-E funds for preventive services for those youth that are identified as at "imminent risk," and for Placement aftercare services. Thus, the Title IV-E Waiver provides funds to acquire intensive home-based services which have proven effective in reducing child maltreatment and delinquency and reducing out-of-home placements. The Probation Department's priority initiatives are:

- Enhanced Cross-Systems Case Assessment and Case Planning;
- Expansion of Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT), evidence-based programs aimed at serving Probation foster care youth;
- Aftercare Transition Support Services;
- Multi-Agency Community Crisis Intervention Teams;
- Expansion of Placement Assessment Centers (PACs);
- Expansion of Family Preservation Services;
- Expansion of Family Finding; and
- Expansion of Special Investigations Unit (SIU) / Dual Supervision.

DCFS shares in three of the preceding initiatives and has developed additional initiatives aimed at the service needs that are specific to the population they serve. All initiatives are aimed at child welfare reform for our County, with the ultimate goals of safety, permanency, and well-being.

RECOMMENDATION NO. 2

Probation and DCFS should develop more sophisticated approaches to evaluate, monitor, and measure success.

RESPONSE

The Probation Department agrees. Consistent with the Title IV-E Waiver outcome goals which underscore success in Child Safety, family well-being and permanency, the Probation Department and DCFS have moved toward a more sophisticated approach in determining and measuring outcome success. In addition, the Probation Department is developing outcome measures for its program bureaus. These outcome measures will be consistent with the evidenced-based programming which requires rigorous evaluation and continuous program improvement.

RECOMMENDATION NO. 2.1

Probation and DCFS should develop a better set of outcome goals and measurements that monitor how the system affects a child's life trajectory.

RESPONSE

The Probation Department concurs. Beyond the Title IV-E outcome goals, the Probation Department is in the process of developing outcome measures for enhanced family functioning and capacity, as well as improved school performance. There are many factors which impact a child's life trajectory. Family and school are two of the critical life domains which the Probation Department can impact by increasing family and school protective factors. The County has a current Master Group Home Agreement (County Contract) with Group Homes. These contracts are due to expire late this year. The new County Contract includes Performance Measures. These measures will be tracked and monitored by Probation, DCFS, and the County Auditor-Controller's Office. The Measures were developed to ensure that youth in our systems are receiving the best possible care and that outcomes/expectations of the County are met. Through a rigorous quality assurance process, service delivery will be scrutinized and corrective action plans will be developed to address gaps in service. Outcome data will be collected, analyzed and evaluated to ensure that we are using appropriate strategies for addressing the needs of our foster care youth population.

RECOMMENDATION NO. 4

The CEO needs to assist DCFS and Probation in developing a comprehensive and integrated information system.

RESPONSE

The Probation Department agrees. The current information systems are systems specific and do not allow for the integration of case information. Inasmuch as 49% of youth with a DCFS history cross over into the delinquency system. An integrated information system would enhance case assessments and allow for better case planning and case services. Further, there are statutory laws and legal regulations that will require revisions to allow for this type of information sharing. Thus, the County will need to use its resources to effect change at the federal and State levels.

RECOMMENDATION NO. 4.1

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

RESPONSE

The Probation Department agrees. While this is desirable, it requires funding for both the information systems and staffing and will require that the County employ its vast resources to achieve this. Beyond the systems issue, there are statutory and State and federal regulations which must be overcome and revised for this to occur. Nevertheless, we are committed to exploring and identifying ways to integrate case management information as well as records and court report information. There are a number of committees which are looking at ways to share information. Perhaps the CEO can consolidate or guide these committees and charge them with developing a plan to implement this recommendation. This recommendation is beyond the Probation Department's scope to address within existing resources.

RECOMMENDATION NO. 4.2

The CEO should appoint an individual in charge of the implementation of this new and integrated system.

RESPONSE

The Probation Department agrees. This is a complex cross-systems project. It would require the resources of the County to bring this into fruition. Aside from funding requirements, other impacted County departments, such as County Counsel, Department of Mental Health, and Internal Services Department, as well as the Los Angeles County Office of Education would need to be involved in the process of

constructing and implementing a comprehensive information system. As previously indicated, a revision to State law and federal regulations would be necessary to implement this system.

RECOMMENDATION NO. 4.3

The information in the DCFS and Probation systems should be partitioned to meet all current confidentiality requirements and should be easily linked to all other County systems to make additional, valuable information available for key decisions.

RESPONSE

The Probation Department agrees. The Statewide CWS/CMS system houses information on foster care youth in the dependency and delinquency systems. Historically, the Probation Department has been denied access to this system unless Probation staff use the system in close physical proximity to DCFS staff. Probation and DCFS are working together to co-locate staff in an effort to maximize the use of information contained in the CWS/CMS system, and allow for increase of sharing of information. Recent inquiries made to CDSS indicate that Probation may achieve access to CWS/CMS by 2010 as the State moves to upgrade the system. Although the Probation Department concurs with this recommendation, there are legal and statutory barriers that preclude the sharing of certain types of information. In some instances, legislation would be required to remove these barriers.

RECOMMENDATION NO. 4.4

The information should be available in real time basis (24/7) to all professionals involved in the child's care subject to clearance (confidentiality) protocols established for each caregiver.

RESPONSE

The Probation Department agrees. However, there are safeguards which need to be built into such a system and protocols need to be established for accessing the system and sharing information. County Counsel would need to increase their role in making this happen. This is a challenging recommendation which would require cooperation and collaboration from federal, State, and County government agencies. Additionally, as indicated previously, statutory and State and federal regulations would need to be overcome before this recommendation can be implemented. Overall, this recommendation is ideal, although it would require extensive steps to make it happen.

RECOMMENDATION NO. 4.5

DCFS and Probation should conduct longitudinal studies on what happens to dependents and wards once they exit the system.

RESPONSE

The Probation Department concurs. However, the Department believes that implementing this recommendation requires enhancing its information systems to track and capture data on youth leaving the systems. In addition, conducting a longitudinal study is a major and costly effort. The Department would need to solicit assistance from a university to conduct a longitudinal study as this is beyond the scope of the Probation Department to address within existing resources.

RECOMMENDATION NO. 6

In consultation with the congregate-care facilities' staff, DCFS and Probation management should develop and implement comprehensive assessment tools for making placement and exit decisions.

RESPONSE

The Probation Department agrees and believes that steps have already taken place in this direction through the Title IV-E Waiver initiative as we are implementing a cross-systems case assessment and case planning process. This enhanced assessment process will aid in placing probation foster care youth in the most appropriate setting at the onset of their foster care experience, taking into consideration their mental health, educational, medical, and behavioral issues, as well as family needs.

In addition, the Department of Mental Health advises that additional positions would be necessary to assist in the mental health needs evaluations that are part of a comprehensive assessment process.

RECOMMENDATION NO. 6.2

The CSWs and DPOs should furnish the courts with the initial assessment reports and their updates should include input from the facilities regarding their dependents and wards respectively.

RESPONSE

The Probation Department currently provides joint (DCFS) assessment information in the preparation of court reports for dependent minors who enter the delinquency system (241.1). The six-month judicial reviews for placement minors include information obtained from conducting group home visits and the group home providers' quarterly reports. The Department anticipates that the AB 129 Pilot will assist in determining how much and the type of information we can furnish to the court.

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 Probation Department agrees. We are working with DCFS to become a part of their "Score Card" system which scores group homes and gives a rating that allows for the ranking of group homes, with an emphasis on outcomes based on standardized Performance Measures. DCFS is currently using a standardized evaluation tool that demonstrates overall outcomes which was developed by DCFS, Probation, Department of Mental Health, Education, Auditor Controller's Offices, Association of Community Human Services Agencies (ACHSA), and Group Home providers. Work groups met monthly for well over a year in the development of this tool. The Score Card is web-based. The Performance Measures outlined in this tool will be included in the upcoming County contract for group homes. Those that fail to meet the standards will receive a Corrective Action Plan (CAP). Those that fail to meet the CAP jeopardize maintaining a contract with the County.

Probation and ACHSA initiated the development of a standardized Needs and Service Plan (N&S). DCFS joined the effort and took the lead in the development of a comprehensive electronic N&S Plan. This document was developed by representatives from the following agencies:

- County Auditor & Controller's Office
- County Department of Mental Health
- Group Home and Foster Family Agency providers
- California Department of Social Services, Community Care Licensing Division
- Education
- ACHSA
- Probation, and
- DCFS.

The N&S Plan outlines every service need (psychological, physical, and developmental), minimally every 90 days, and includes point of engagement, performance measures, and outcomes. This is a living document that will follow the youth for the duration of their stay in both the welfare and Probation systems. This document mandates a cross-system approach requiring input from all disciplines. The family and/or relative/non-relative and youth participate in the development of the plan. This document was piloted for approximately six (6) months in 2007. Training began in July 2007 for complete rollout. This document will be mandated in the upcoming County contract for all group homes to use and submit to the County quarterly.

RECOMMENDATION NO. 6.4

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

RESPONSE

The Probation Department agrees. It is believed that the enhanced cross-system assessment at the on-set will enable the Department to place youth in settings which can address the needs of the youth. This assessment will allow for appropriate placement decisions that should reduce the number of AWOLs. Cross-systems case assessments and case planning will be provided by the Department of Mental Health, LACOE, and Probation when the youth is detained, prior to his/her release to an out-of-home care facility. This process will aid in connecting Probation youth with the most appropriate setting at the onset of their foster care experience, taking into consideration their mental health, educational, medical, and behavioral issues.

RECOMMENDATION NO. 6.5

The assessment process should include an evaluation of a child's readiness to exit the system and outline a methodical transition plan with receptivity to creative solutions.

RESPONSE

The Probation Department agrees (see response to 6.3). The aforementioned documents, as outlined in response 6.3 (Score Card Outcome Evaluation and the N&S Plan) will aid in the assessment and transition process. Additionally, the upcoming County contract for group homes includes the mandate that the group home provider must develop a transition plan for youth that are seeking family reunification. The group home will be held responsible for developing community support for both the family and youth several months prior to the minor's return home. Additionally, under the Department's Title IV-E plan, there is an aftercare component to ensure a continuity of services and successful family reunification.

RECOMMENDATION NO. 7

DCFS, Probation and the Education Coordinating Council should develop strategies that ensure that their dependents and wards achieve education levels at or above their age groups.

RESPONSE

These agencies have implemented strategies and program initiatives to enhance the educational achievement of DCFS and Probation youth. One of these agencies' goals is to improve educational outcomes for client populations.

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 Probation Department is looking at the Correctional Program Assessment Inventory (CPAI), an assessment tool used to ascertain how closely correctional programs meet known principles of effective intervention. This tool is designed to improve program effectiveness and the integrity of treatment. The CPAI has been validated on adult and juvenile programs and has demonstrated strong correlations with outcome and good psychometric properties. The advantages of the CPAI include its applicability to a wide range of programs, the ability to quantify the quality of a program through a scoring process, and the quick completion time for the process.

RECOMMENDATION NO. 9.1

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

RESPONSE

The Probation Department agrees. DCFS and Probation, along with group home providers, have established a residential-based service work group to develop best practices for group home providers. In addition, we are working with ACHSA and our other group home partners to convene work groups around integrated services, evidenced-based practices and programs, transition services and aftercare service.

RECOMMENDATION NO. 9.2

Probation and DCFS should find ways of rewarding and acknowledging those congregate-care facilities that obtain exceptional results with dependents who age out, emancipate, are permanently placed, or reunited with their families.

RESPONSE

The Probation Department agrees and will work to develop a system and mechanism for implementing this recommendation.

RECOMMENDATION NO. 10

DCFS and Probation should meet at least annually with congregate-care providers to share best practices.

RESPONSE

The Probation Department agrees. We are currently meeting quarterly and plan to meet monthly effective September 2007.

ATTACHMENT I

PUBLIC HEALTH DEPARTMENT

COUNTY OF LOS ANGELES
Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JOHN F. SCHUNHOFF, Ph.D.
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August 13, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **RESPONSE TO THE FINAL REPORT OF THE 2006-2007 LOS ANGELES COUNTY GRAND JURY**

As requested, the Department of Public Health (DPH) has reviewed the recommendations in the Final Report of the 2006-2007 Los Angeles County Grand Jury. Attached are the recommendations and our responses.

If you have any questions or need additional information, please let me know or you may have your staff contact Shavonda Webber-Christmas, Director, Children's Medical Services, at (626) 569-6001.

JEF:tw
10706

Attachment

c: Joseph Duke, M.D.
Shavonda Webber-Christmas

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR DCFS – FAST COMMITTEE

RECOMMENDATION NUMBER 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 in to CWS/CMS.

RESPONSE

The Health Care Program for Children in Foster Care (HCPCFC), a program of the Los Angeles County Department of Public Health (DPH), is funded by a grant from Children's Medical Services State Branch. Funding for the program's staff is restricted to public health nurses and their supervisors. The existing Memorandum of Understanding (MOU) between HCPCFC and DCFS assigns to DCFS the responsibility of providing adequate clerical support for HCPCFC Public Health Nurses (PHNs). HCPCFC PHNs currently do not have access to clerical staff who have been trained to enter routine medical data and must integrate clerical data entry into their daily schedules. Access to adequately trained and monitored clerical staff for routine data entry would permit the nurses to utilize more of their skills and time in assisting Children's Social Workers with their cases.

RECOMMENDATION NUMBER 4.5

Apply for a waiver from the state Health Care Program for Children in Foster Care program definition of a foster child, enabling its PHNs to serve any child who is referred to, or is part of, an open case at DCFS.

RESPONSE

The State Budget Act of 1999 appropriated State General Funds to the California Department of Social Services (CDSS) for the purpose of increasing the use of Public Health Nurses (PHNs) in meeting the health care needs of children in foster care. These funds were transferred to the California Department of Health Services (CDHS) for distribution through the local Child Health and Disability Prevention (CHDP) Program as an augmentation to operate the Health Care Program for Children in Foster Care (HCPCFC). The legal authority for the HCPCFC is the Welfare and Institutions Code,

Section 16501.3 (a) through (e). The source of funds for the HCPCFC Administrative Budget is State General Funds matchable with up to 75% Title XIX Federal Funds.

The definition of a foster child is determined by federal and state laws. Federal law defines a child to have entered foster care on the earlier of the date of the first judicial finding that the child has been subjected to child abuse or neglect; or the date that is 60 days after the date on which the child is removed from the home (42 U.S.C. 675). CDSS has defined a foster child as a court dependent placed with a relative, foster family, foster family agency, or group home. A ward of the court placed in foster care, whose placement is funded by AFDC-FC funds is also eligible (All County Letter Number 99-108, December 21, 1999).

A request for a waiver from the current definition of a foster child for the HCPCFC may be submitted to the Branch Chief, Children's Medical Services, Sacramento, California. Subsequent discussions about the definitions of appropriate cases for HCPCFC PHNs will necessarily also involve CDSS, which has an Interagency Agreement (IAA) with CDHS regarding the HCPCFC.

RECOMMENDATION NUMBER 4.6

Collaborate with DCFS to amend their Memorandum of Understanding to enable all Public Health Nurses to serve any child in the DCFS system who is referred to, or is part of an open case at DCFS.

RESPONSE

On May 8, 2007, the Chief Administrative Officer (CAO) submitted a report to the Board of Supervisors with a title of "Blending of Department of Children and Family Services' Public Health Nursing Functions." One conclusion recommended that the Department of Children and Family Services (DCFS) and the Department of Public Health (DPH) develop a new local Memorandum of Understanding (MOU) "to delineate the specific roles, responsibilities and supervision for all PHNs to serve all children regardless of their placement status." DCFS and DPH have already initiated preliminary steps which will lead to a revision of the current MOU.

As noted in the response to Recommendation Number 4.5, the California Department of Health Services (CDHS) has distributed funds to the local Child Health and Disability Prevention (CHDP) Program as an augmentation to operate the Health Care Program for Children in Foster Care (HCPCFC). The local CHDP Program is an administrative agency for Children's Medical Services (CMS) State Branch and does not have the authority to enter into an agreement to change the population the HCPCFC Public Health Nurses (PHNs) may serve with the current funding. A waiver would be required, as recommended in Recommendation Number 4.5, or the local CHDP Program would be out of compliance with CMS guidelines.

The use of a blended funding model, common in other counties, is described more fully in the response to Recommendation Number 4.7. This type of model, used successfully in both large and small programs, would enable all PHNs to serve any child in the DCFS system and would obviate the need for a waiver from CDSS and CDHS.

RECOMMENDATION NUMBER 4.7

Evaluate the situation in other counties to see if Public Health Nurses are restricted from serving certain children in the DCFS system and, depending on the findings, amend its definition of foster child to enable PHNs to serve any child welfare referral or open case.

RESPONSE

Since the Health Care Program for Children in Foster Care (HCPCFC) is a program within the local CHDP Program, the required administrative activities of budget preparation and management, nursing supervision and implementation of the HCPCFC Memorandum of Understanding (MOU) are the responsibility of the CHDP Program. A major disadvantage of the program lies in the fact that the program is limited by regulations to provide services to children in out-of-home placement; this limitation precludes diverting staff or services to assist social workers with children outside the designated population. A review of alternative models suggests the possibility of eliminating these disadvantages.

Four other county programs of various sizes were examined: San Diego, Orange, Shasta and San Bernardino counties. San Diego County, for example, receives no additional funds from social services, but places some nurses in Child Welfare Services offices, where day-to-day supervision is provided by public health nursing supervisors. Shasta, Orange and San Bernardino counties utilize PHNs with more than one funding source in support of the local social services departments. The nurses are utilized for both detained and non-detained children and the amount of time allocated for various activities is monitored through time studies. In these counties, the reporting lines are in the local public health department. All four models described above have successful elements, which suggest alternatives to the current structure found in Los Angeles County. These elements can be outlined as follows:

FUNDING

San Bernardino County has utilized blended funding streams, from both HCPCFC and the local social services department, successfully for years. Maximizing the state grant allocation and coupling the funds with money from DCFS will permit the local program to train nurses as foster care generalists. At the same time, such positions as Probation nurses, which deal solely with children in out-of-home placement can be funded completely with HCPCFC funding. Since the nursing staff will have a uniform scope of work, they will be able to assist social workers with all cases and will be more easily assigned to areas of greatest need.

JOB DUTIES

Job duties for HCPCFC PHNs in Los Angeles County are already well delineated and summarized in a current MOU among CHDP, DCFS and Probation. The long-standing, successful experience of San Bernardino County CHDP and DFCS programs can be mirrored in Los Angeles County by the extension of additional job duties in proportion to funding provided by DCFS; additional job duties, defined by a revised MOU, would expand the range of services provided by PHNs to include pre-detained children and would allow the implementation of innovative DCFS projects.

TIME STUDIES

Apportioned by activities, time studies for nurses funded by different funding streams are common in small counties. Apportioned time studies have also been successfully utilized by the San Bernardino County program to maximize both the state grant and additional funds transferred from the social services department. The Finance Section of Los Angeles County Children's Medical Services (CMS) has experience in monitoring detailed time studies and in obtaining appropriate reimbursement from funding agencies.

SUPERVISION

The CMS State Branch has delegated oversight of the local HCPCFC to county CHDP Programs. The San Bernardino County CHDP Program has contracted with the social services department to utilize additional funds transferred to CHDP by social services to provide oversight and training for PHN generalists. These foster care nurses are supervised by nursing supervisors hired by the HCPCFC program.

MEMORANDUM OF UNDERSTANDING

To assist and monitor local program implementation of the HCPCFC, the California Department of Health Services (CDHS) through a Letter of Agreement with the California Department of Social Services (CDSS) develops budget methodology, provides guidance on required program activities and performance measures and recommends content of the local interdepartmental HCPCFC MOU. Each local CHDP Program currently has an existing MOU with the local social services department.

In San Bernardino County, the CHDP Program has also developed an MOU with its local social services department. This document, reviewed annually, outlines the amount of funding to be transferred from the social services department to the CHDP Program and the expected job duties of the funded nurses. A separate agreement between the Los Angeles County DCFS and the CHDP Program is equally feasible and would permit longer term, annual planning for new projects. In addition, this agreement would include a clearly documented procedure for conflict resolution.

These variations from other counties suggest the possibility of successfully modifying some aspects of Los Angeles County's HCPCFC services, including the use of blended funding streams, to meet local needs.

ATTACHMENT J

DEPARTMENT OF PUBLIC SOCIAL SERVICES

County of Los Angeles
DEPARTMENT OF PUBLIC SOCIAL SERVICES
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August 9, 2007

TO: William T Fujioka
Chief Executive Officer

FROM: Philip L. Browning, Director

SUBJECT: **DPSS RESPONSE TO THE FINAL REPORT OF THE FISCAL YEAR 2006-2007 GRAND JURY REPORT AND RECOMMENDATIONS ON JUVENILE CUSTODIES**

Enclosed is our Department's response to the Fiscal Year 2006-2007 Grand Jury Report and Recommendations, which addresses the Cross Over Committee's segment entitled, "Juvenile Custodies - Are We Paying Twice?" We have also provided an electronic copy to Vincent Amerson of your staff.

In response to the recommendations, we are pleased to report that DPSS is engaged in collaborative efforts with the Departments of Probation and Children and Family Services (DCFS) to work in partnership. Each Department has selected program/policy and information technology management liaisons to: (1) develop an interface for information sharing, and (2) strengthen and enhance protocols and procedures to avoid replicate funding.

If you have any questions, your staff may contact Gail Dershewitz, Chief, Research, Evaluation and Quality Assurance Division, at (562) 908-5879 or gaildershewitz@dpss.lacounty.gov.

PLB:er

Enclosure

c: Bryce Yokomizo

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC SOCIAL SERVICES

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR THE CROSS OVER COMMITTEE

RECOMMENDATION NO. 1

Establish a liaison between Probation and DPSS and DCFS. These agencies need to work together to design and implement an information sharing process.

RESPONSE

DPSS agrees with the Recommendation.

The Department has established program/policy and information technology management liaisons to design and implement an interface for information sharing with Probation and DCFS. The Departments will design parameters/requirements, identify any potential obstacles and assign responsibilities with the ultimate goal of having electronic data sharing.

RECOMMENDATION NO. 2

Notify each agency contributing to the support of a minor when the minor is in custody more than 30 days pursuant to the Welfare and Institutions Codes, Sections 900-914.

RESPONSE

DPSS agrees with the Recommendation.

The Departments will develop protocols to ensure notification when a minor is in custody more than 30 days. DPSS will work with DCFS and Probation Department to develop a data exchange.

RECOMMENDATION NO. 3

Require a protocol to avoid replicate funding. If payments are not discontinued or unjustified payment are made, actively seek recovery of overpaid monies.

RESPONSE

DPSS agrees with the Recommendation.

Existing procedures are in place to seek recovery of overpayments when removal of a child from the home is not reported timely. Protocols among the three Departments will be established to avoid replicate funding.

RECOMMENDATION NO. 4

Require the Probation Department to expedite completion of a financial screening.

RESPONSE

DPSS defers to the Probation Department.

RECOMMENDATION NO. 5

Immediately communicate this information of the financial screening to the appropriate agencies.

RESPONSE

DPSS defers to the Probation Department.

ATTACHMENT K

SANITATION DISTRICTS

WATER RECLAMATION
SOLID WASTE MANAGEMENT

COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998
Telephone: (562) 699-7411, FAX: (562) 699-5422
www.lacsd.org

STEPHEN R. MAGUIN
Chief Engineer and General Manager

August 10, 2007

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 Final Report of the 2006-2007 Los Angeles County Grand Jury

As required by Section 933(c) of the California Penal Code and requested in your letter dated July 25, 2007 to the Sanitation Districts, the Sanitation Districts is providing the enclosed responses to the Grand Jury recommendations in the subject report. In addition, an electronic version is being submitted to Mr. Vincent Amerson at the Chief Executive Office of the County of Los Angeles.

If you have any questions regarding this transmittal, please do not hesitate to contact me.

Very truly yours,

Stephen R. Maguin

Stephen R. Maguin

SRM:AM:drs
Attachments

cc: Vincent Amerson, County of Los Angeles Chief Executive Office

Recycled Paper

RESPONSE TO THE GRAND JURY FINAL REPORT

LOS ANGELES COUNTY SANITATION DISTRICTS

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR SANITATION COMMITTEE

RECOMMENDATION NO. 1

"The recommendation, therefore, is for the Districts to encourage the pursuit of environmental engineering careers by students by offering scholarships and fellowships to promising young people. The Jury understands there may already exist some activity along such lines, but the time seems right for the expansion of such a program."

RESPONSE

In addition to participating in and administering the Environmental Engineers of the Future program (http://www.engineeringmastersfunding.org/) that has provided fellowships to environmental engineering graduate students for three years through a partnership of environmental agencies and private environmental engineering firms, the Sanitation Districts have recently implemented and funded an undergraduate fellowship program that will provide $10,000 per year to Los Angeles County universities, with accredited undergraduate civil engineering programs, beginning in the 2007-2008 academic year. While it will increase awareness of the Sanitation Districts' environmental efforts and mission at the local university level, the program is primarily aimed at garnering interest in the environmental field amongst entry level undergraduate students who may have the talent required to succeed in the field but have yet to make their career choice. The Sanitation Districts plan to continue working closely with the universities after this inaugural academic year to improve the effectiveness of the program.

RECOMMENDATION NO. 2

"The proposed Discovery Center is seen to be an excellent educational asset, and in view of the indications that it will be used to educate the public and students in class outings which visit the Center, the recommendation is that the location be utilized as a recruiting venue for visitors, with scholarship and/or fellowship applications available on site."

RESPONSE

The Sanitation Districts agree that the Discovery Center will be a significant educational asset and an information hub for local environmental career opportunities. It is anticipated that the venue may include literature on local environmental projects and needs, environmental degree programs at local universities, scholarship information and career opportunities at the Sanitation Districts.

RECOMMENDATION NO. 3

"With regard to the proposed Discovery Center and its intent to seek to expand the school user base to attract school classes from a wider region, the recommendation is

that broadside invitations to visit the facility should be circulated throughout educational institutions in as wide an area as feasible which would be likely to develop interest and professional participation in an environmental engineering career."

RESPONSE

The Sanitation Districts intend to market the resources of the Discovery Center widely. In addition to promoting the Discovery Center in current educational programs such as Sewer Science, Sanitation Districts' facility tours and World Water Forum, promotion of the Discovery Center can be enhanced through expanded outreach efforts to new schools as well as schools that have previously taken advantage of and continue to participate in Sanitation Districts' outreach efforts.

RECOMMENDATION NO. 4

"In terms of recruitment of environmental engineers, a Speakers Bureau of the Districts is recommended for the purpose of going out into the community, and to educational institutions in particular, in order to carry the message for this particular career field."

RESPONSE

Because a significant portion of the Sanitation Districts' engineering workforce is a product of local high schools or universities, outreach to these local educational institutions is ongoing and will continue to flourish as the Sanitation Districts continue to partner with community instructors on research projects, scholarship programs and environmental education. The Sanitation Districts offer the services of a Speakers Bureau to provide instructional presentations to the community about the agency and its projects. Historically, these presentations were given to civic organizations such as the Elks and Kiwanas. However, with the decline in enrollment in these organizations, the Sanitation Districts plan to focus increasingly on other groups that may provide more effective access to the community, such as city committees and chambers of commerce.

RECOMMENDATION NO. 5

"If funding for scholarships, fellowships, speakers and recruiters is not in the blueprint for the Discovery Center, it is recommended that a Foundation be created from among those institutions and individuals concerned with its purpose and operations to develop ways and means of securing such funding as an ongoing effort on behalf of the Center."

RESPONSE

While the Discovery Center is not intended to provide funding for scholarships, fellowships, speakers or recruiters, the Sanitation Districts currently provide these programs and aim to bolster the future impact of the programs through increased partnerships with the institutions and individuals who are supporters of the Discovery Center.

ATTACHMENT L

SHERIFF'S DEPARTMENT

County of Los Angeles
Sheriff's Department Headquarters
4700 Ramona Boulevard
Monterey Park, California 91754-2169

LEROY D. BACA, SHERIFF

August 13, 2007

The Honorable Board of Supervisors
Civil Grand Jury
Clara Shortridge Foltz Criminal Justice Center
210 West Temple Street, Room 11-506
Los Angeles, California 90012

Dear Members of the Grand Jury:

RESPONSE TO THE FINAL REPORT OF THE 2006-2007 LOS ANGELES COUNTY GRAND JURY

Attached is the Los Angeles County Sheriff's Department's (Department) response to the 2006-2007 Grand Jury Report's recommendations (Attachment A). The Grand Jury area of interest specific to the Department includes the Jails Committee section of the report.

Should you have questions regarding our response, please contact Commander Thomas Laing, of my office, at (323) 526-5000.

Sincerely,

Lee Baca

LEROY D. BACA
SHERIFF

RESPONSE TO THE GRAND JURY FINAL REPORT

COUNTY OF LOS ANGELES - SHERIFF'S DEPARTMENT

SUBJECT: 2006-2007 GRAND JURY RECOMMENDATIONS FOR JAIL COMMITTEE

RECOMMENDATION NO. 1

The Los Angeles County Civil Grand Jury recommends that Men's Central Jail increase treatment of cell areas to remove infestation of vermin.

RESPONSE

Men's Central Jail currently has a contract with a pest control company to come into the facility Monday thru Friday, for a total of 23 hours every week. Upon investigation, it was determined that the pest control company was not complying with the contract. The exterminator was only working at the facility 8 hours a week, as opposed to the 23 hours the contract states. The Department is in contact with the pest control company to ensure an aggressive eradication. In addition, policy is being revised to ensure that leftover food is reduced.

RECOMMENDATION NO. 2

The Los Angeles County Civil Grand Jury recommends that the escalators at Men's Central Jail be removed or repaired with a safe walkway that meets commercial building codes and ADA (Americans with Disability Act) requirements.

RESPONSE

The replacement of the escalators located on the Old Side of Men's Central Jail was completed approximately eight months ago. These escalators are fully operational. The escalators located on the New Side of Men's Central Jail have been completed and will be inspected by the end of August.

RECOMMENDATION NO. 3

The Los Angeles County Civil Grand Jury recommends that electronic medical records, within the Los Angeles County jail system, be accessible when an inmate transfers to another facility.

RESPONSE

Starting in 2000, Medical Services Bureau began utilizing a system-wide Electronic Medical Record (Power Chart). The Power Chart allows medical staff to review every inmate's medical record, each time he/she is transferred and housed within the Los Angeles County jail system.

RECOMMENDATION NO. 4

The Los Angeles County Civil Grand Jury recommends that the Telemedicine system be completed and activated in order to decrease the number of inmates transferred out of the Los Angeles County jail system.

RESPONSE

The Telemedicine system is being systematically brought on line at the Twin Towers Correctional Facility, Tower One, and the Century Regional Detention Facility. It is being expanded to include: Men's Central Jail, portions of the Pitchess Detention Center, and the new LAC/USC Medical Center. The project should be completed by early 2008.

RECOMMENDATION NO. 5

The Los Angeles County Civil Grand Jury recommends that a system to document medical transfers from the Los Angeles County jail to LAC/USC Medical Center be implemented. Analysis of this data should facilitate a decrease of inmates transferred.

RESPONSE

When an inmate is transferred via paramedics to LAC/USC Medical Center, the information is relayed to the 24 hour nursing office at the Twin Towers Correctional Facility. The inmates' information is then documented in the unit's "red pass-on" book. Radio car and ambulance transfers can also be reported in the same manner. The "red pass-on" book data, in conjunction with the Telemedicine, should decrease the number of inmates being transferred to LAC/USC Medical Center.