



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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JUDI E. THOMAS

August 16, 2011

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

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **STATUS REPORT – REVIEW OF THE DEPARTMENT OF CHILDREN
AND FAMILY SERVICES' EMERGENCY RESPONSE COMMAND POST
(Board Agenda Item 7, July 12, 2011)**

On July 12, 2011, your Board instructed the Auditor-Controller to conduct an independent review of the Department of Children and Family Services' (DCFS) Emergency Response Command Post (ERCP) operations since 2005. The instructions were based, in part, on allegations that some foster children, who were awaiting placement in community care facilities, had remained at the ERCP longer than the maximum time allowed under State regulations.

We have started our review of ERCP operations, but have encountered delays. Specifically, County Counsel has advised that, because of State confidentiality laws, we cannot review the case files of children who were awaiting placement at the ERCP without an order of the Juvenile Court (Court).

On July 25, 2011, County Counsel filed a petition with the Court requesting permission for us to have access to the ERCP case files and to interview minors. Counsel indicated that the Court could rule on the petition in the next few weeks. In the interim, we are working with County Counsel to determine if there are other ways we may be able to access the ERCP information needed to continue our review, without violating confidentiality rules.

Board of Supervisors
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Pending Court action on the petition, we will provide you with a second status report by September 30, 2011.

Please call me if you have any questions, or your staff may contact Jim Schneiderman at (213) 974-8303.

WLW:JLS:RGC:YK

c: William T Fujioka, Chief Executive Officer
Jackie Contreras, Ph.D., Acting Director, DCFS
Phillip L. Browning, Director, Department of Public Social Services
Andrea Sheridan Ordin, County Counsel
Sachi A. Hamai, Executive Officer, Board of Supervisors
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WILLIAM T FUJIOKA
Chief Executive Officer

September 20, 2011

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

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
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First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

EMERGENCY RESPONSE COMMAND POST AND EMERGENCY SHELTER SERVICES

On July 12, 2011, your Board approved a recommendation to extend Emergency Shelter Care contracts with 13 contractors and to increase the capacity of three. In addition, your Board directed: 1) the Auditor-Controller to conduct an independent review of the Department of Children and Family Services (DCFS) Emergency Response Command Post (ERCP) operations since 2005; and 2) the Acting Director of the DCFS and the Chief Executive Officer (CEO), in conjunction with the Director of the Department of Mental Health (DMH), to report back in 30 days and quarterly thereafter, with a comprehensive analysis of Countywide need and placement capacity; and recommendations to better integrate and blend funding and services between the two departments. This report provides an update to the second directive. The Auditor-Controller is conducting an independent review of the ERCP operations since 2005 and will report back to your Board separately.

Representatives from the CEO, DCFS, and DMH have begun to meet and gather information to assess the need and capacity to place children who are referred to the ERCP. In describing the need for placement, we note the characteristics of children who are more difficult to place. Furthermore, we show the capacity of each placement type in all County contracted facilities. Our workgroup will keep your Board updated quarterly on our recommendations to improve placement capacity and inform of our planning efforts to integrate services and increase the number of children placed within four hours.

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Assessment of Placement Need at the ERCP

When placement is needed during evenings or after business hours, weekends, and holidays, children are brought to the ERCP. Staff take children to the ERCP, when they are initially taken into protective custody or are referred to the ERCP by regional staff. In the next quarterly report, the workgroup will review recent data collected by ERCP staff in order to identify: 1) characteristics of children who wait longer than four hours to be placed; and 2) barriers to placement for these children.

DCFS management and staff convey difficulty in placing children with mental health conditions, youth with a juvenile delinquent and runaway history and those with substance abuse issues. Providing immediate, intensive care coordination to youth experiencing a placement disruption and who are in crisis would be helpful to improve overall well-being and help to successfully place this population. DCFS and DMH continue to provide such services, but require additional resources to ensure a timely and effective response 24 hours a day and seven days a week for all youth, regardless of eligibility (see recommendations section). Based on information from managers and staff, children appear to wait longer at the ERCP are: 1) younger children (0-5 years of age); 2) teenage youth; and 3) youth with behavioral/emotional issues. In the next section, we explore placement capacity and then begin to make recommendations for improving overall placement capacity and for these special populations.

Analysis of Placement Capacity

The workgroup reviewed capacity for each type of out-of-home care placement. Moreover, the workgroup began to look more closely at placement capacity on the basis of gender, age, and youth with specific needs. DCFS tracks capacity of five types of out-of-home care providers: 1) State licensed foster homes, 2) foster family agency placements (FFA homes), 3) group homes and residentially based services (RBS), 4) emergency shelter, and 5) treatment foster care. Table 2 shows a total capacity of 13,006 beds and a vacancy of 1,459 as reported for five types of out-of-home care providers during June 2011. The table includes all County of Los Angeles contracted facilities.

Table 1 indicates that of the total rated capacity of all licensed foster homes and FFA homes, only a subset of these beds are actually available at any given time due to home study determinations. Therefore, the vacancy rate may overstate the number of beds actually available at any given time. Capacity refers to the total number of beds that are licensed (by State) or certified (by FFA) for placements. Typically, foster parents are licensed or certified for all bed space available in their home. However, during the home study process, DCFS (for licensed foster homes) or the FFA will

formally assess the number of children a foster parent is actually willing and able to successfully parent. The vacancy rate reflects the actual number of approved available beds for placements, and the recommendations section includes more information about improving the tracking of the actual number of approved beds.

Table 1: Out-of-Home Care Placement Capacity – June 2011					
OHC Type	Description	Homes	Capacity	Placed	Vacancy
1) Licensed Foster Homes	Homes collectively serve children of all ages	937	2,383	1,238	519 ¹
2) FFA Homes	Homes collectively serve children of all age	3,188	8,799	5,142	772 ¹
3) Group Homes (GH)²	Children 6-18, GH level of service and supervision varies by RCL	12	88	80	8
RCL 10,11,12	Intense supervision	49	1,431	1,315	116
RCL 14	Very intense supervision	4	84	61	23
Community Treatment Facility (CTF)	Youth with serious emotional and behavioral disorders; locked setting	2	64	58	6
RBS RCL 12	Pilot helping higher-risk transition to permanency	3	57	52	5
4) Emergency Care	30-day beds; teenage males and females	2	15	14	1
GH Emergency Shelter Care	14-day beds; males 13-17; and females 0-17	10	22	17	5
5) Treatment Foster Care	Therapeutic foster homes, less restrictive, intensive treatment for children ages 6-17; not for emergencies	38	38	38	-
Intensive Treatment Foster Care	Mental health service included with DMH	25	25	21	4
Multidimensional Treatment Foster Care					
TOTAL		4,270	13,006	8,036	1,459

¹ Only a subset of these beds are actually available at any given time due to home study determinations. Therefore, the vacancy rate may overstate the number of beds actually available at any given time.

² Group home rate classification level (RCL) includes four levels rated by services and supervision.

³ Capacity expected to increase to 28 in September 2011.

For all out-of-home care placements, DCFS staff updated capacity information into the Child Welfare Services/Case Management System (CWS/CMS). In addition, all agencies self-reported capacity information to the Out-of-Home Care Management Division at DCFS, with the exception of State licensed foster homes. Ultimately the capacity information is updated into CWS/CMS; however, there typically is a time lag in processing such changes and updating the information into CWS/CMS. Additionally, a foster care search engine is used to look for out-of-home care vacancies, and information is populated directly from CWS/CMS.

Further analysis to better understand the specific requirements of each type of out-of-home care agency is to be conducted. We intend to continue to gather information and review data so that we better understand the gaps in placement, especially for younger and older children, males, youth with behavioral/emotional issues, and siblings.

To date, we have reviewed data on the type of children who may be placed at FFA homes and Group Homes (GHs). As of June 2011, the FFA homes had the most vacancies for children 6-12 years of age (395) and the least for those children 13 years or older (173). This finding suggests that need for more out-of-home care placement resources for older children. In reviewing GHs, these agencies actually had more capacity for males (157) than females (89). We also have heard from staff that many providers state that they do not have capacity to care for older children with behavioral/emotional issues. As a result, DCFS would like to further understand such reasons that agencies provide for refusing placement. For children who wait longer than four hours to receive placement, ERCP staff make an average of 31 calls to providers prior to placing a child. Recognizing the need for more providers, DCFS continues to engage providers to add to their Directory of Approved FFA Sites. Currently 14 providers have expressed interest in adding their non-contracted FFA offices in surrounding counties to assist with placement resources, and six have confirmed as of early August.

Recommendations to Enhance Placement Capacity

Information from managers and staff suggest that the following groups of children are more difficult to place: 1) younger children (0-5 years of age); 2) teenage youth; and 3) youth with behavioral/emotional issues. We will continue our analysis to learn about placement options for these groups as well as gaps in placement. Our workgroup came up with three initial recommendations to better meet the needs of all children, and we will continue to explore the feasibility of integrating services and blending funding in order to implement these strategies:

- **Increase placement capacity for younger children and older youth with behavioral/emotional issues.** Through targeted recruitment, both DCFS and DMH would develop and implement a plan to recruit for more beds for these children by increasing Emergency Shelter Care beds (FFHs and GHs) and Treatment Foster Care beds, increasing general recruitment for placement, and providing additional support for foster care. In addition, proposals to increase staffing for the current Resource Family Assessment Unit and to establish a unit of social workers to provide support to licensed foster parents, relative caregivers, and adopting parents are currently being reviewed.
- **Expand intensive care coordination for youth 12 years and older with urgent mental health needs.** Youth age 12 years and older with urgent mental health needs are admitted to Exodus Recovery Urgent Care Center for 23 hours. Such youth often exhibit intensive mental health needs and require specific placements/services to achieve stability. Placing one or more team members at Exodus to provide intensive care coordination for those youth admitted to Exodus would be very helpful. Currently, a relatively high number of DCFS children admitted to Exodus overstay and/or return to Exodus at a later date due to the complexities of their needs and the lack of services and/or placement to truly meet their needs.
- **Improve data management to better track placement capacity and find more placements in less than four hours.** A single data system that tracks all placements would allow for easier access to information and automated reporting. The system would track the actual capacity of licensed foster homes and FFA homes by reporting the number of approved beds during the home study process. This would provide more accurate information about capacity and assist in finding placement. DCFS management is also exploring the feasibility of automating the tracking of vacancies using the foster care search engine, rather than duplicating efforts and tracking these vacancies manually. In addition, DCFS plans to discuss reporting options with the Business Information Systems Division to improve tracking of ERCP placements and wait time.

The workgroup consisting of DCFS, DMH, and CEO staff will continue to provide quarterly updates on the analysis of Countywide need and placement capacity related to the ERCP. We will further define strategies that better integrate services and blend funding between DCFS and DMH to offer more support for a significant number of children.

Each Supervisor
September 20, 2011
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Please let me know if you have any questions regarding the information contained in this report, or your staff may contact David Seidenfeld, Acting Manager, at (213) 974-1457, or via e-mail at dseidenfeld@ceo.lacounty.gov.

WTF:DS
VD:ljp

Attachment

c: Executive Office, Board of Supervisors
Auditor-Controller
County Counsel
Children and Family Services
Mental Health

ERCP_Board Memo_September 2011.bm



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ROBERT A. DAVIS
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October 5, 2011

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

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **SECOND STATUS REPORT – REVIEW OF THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES' EMERGENCY RESPONSE COMMAND POST (BOARD AGENDA ITEM 7, JULY 12, 2011)**

On July 12, 2011, your Board instructed the Auditor-Controller to conduct an independent review of the Department of Children and Family Services' (DCFS) Emergency Response Command Post (ERCP) operations since 2005. The Board order was based, in part, on allegations that some children were spending too much time and were receiving inadequate care at ERCP, while waiting to be placed in a more permanent setting (e.g., relatives, foster families, group homes, etc.).

On August 16, 2011, we advised your Board that our review was being delayed because of State confidentiality laws, which prohibit access to children's records (e.g., case files, ERCP logs, etc.) without an order from the Juvenile Court. County Counsel filed a petition requesting Auditor-Controller's access to these records on July 25, 2011. The Court approved the petition on August 17, 2011.

After the delay in getting access to the ERCP records, we are now working on finalizing our review of ERCP, and expect to issue our report to your Board by November 18, 2011.

Board of Supervisors
October 5, 2011
Page 2

Please call me if you have any questions, or your staff may contact Robert Campbell at (213) 213-0101.

WLW:JLS:RGC:YK

c: William T Fujioka, Chief Executive Officer
Philip L. Browning, Interim Director, DCFS
Andrea Sheridan Ordin, County Counsel
Sachi A. Hamai, Executive Officer, Board of Supervisors
Audit Committee
Public Information Office



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ROBERT A. DAVIS
JOHN NAIMO
JAMES L. SCHNEIDERMAN
JUDI E. THOMAS

November 23, 2011

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

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **STATUS REPORT – REVIEWS OF THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES' YOUTH DEVELOPMENT SERVICES DIVISION (Board Agenda Item 51-B, June 14, 2011) AND EMERGENCY RESPONSE COMMAND POST (Board Agenda Item 7, July 12, 2011)**

On June 14, 2011, your Board instructed the Auditor-Controller (A-C) to review the Department of Children and Family Services' (DCFS) Youth Development Services Division (YDS). The Board order was related to a theft of funds from YDS' Transitional Housing Program (THP) clients. On July 12, 2011, your Board instructed the A-C to also review DCFS' Emergency Response Command Post (ERCP). That Board order was based, in part, on allegations that some children were spending too much time and may be receiving inadequate care at ERCP.

We previously advised your Board that we expected to issue the YDS Phase One report by November 15, and the ERCP report by November 18. However, based on some additional work required on both reviews, we are still finalizing our reports. We expect to issue both reports to your Board by January 5, 2012.

Please call me if you have any questions, or your staff may contact Robert Campbell at (213) 213-0101.

WLW:JLS:RGC:YK

c: William T Fujioka, Chief Executive Officer
Philip L. Browning, Interim Director, DCFS
Andrea Sheridan Ordin, County Counsel
Sachi A. Hamai, Executive Officer, Board of Supervisors
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WILLIAM T FUJIOKA
Chief Executive Officer

December 21, 2011

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

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
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EMERGENCY RESPONSE COMMAND POST AND EMERGENCY SHELTER SERVICES – SECOND QUARTERLY UPDATE

On July 12, 2011, your Board approved a recommendation to extend Emergency Shelter Care contracts with 13 contractors and to increase the capacity of three. In addition, your Board directed: 1) the Auditor-Controller to conduct an independent review of the Department of Children and Family Services (DCFS) Emergency Response Command Post (ERCP) operations since 2005; and 2) the Acting Director of the DCFS and the Chief Executive Officer (CEO), in conjunction with the Director of the Department of Mental Health (DMH), to report back in 30 days and quarterly thereafter, with a comprehensive analysis of Countywide need and placement capacity; and recommendations to better integrate and blend funding and services between the two departments. The first quarterly report was issued on September 20, 2011 to the second directive, and this report provides a second quarterly update. The Auditor-Controller is conducting an independent review of the ERCP operations since 2005 and will report back to your Board separately.

In the first report, representatives from the DCFS, DMH, and the CEO noted the characteristics of children who are more difficult to place and identified barriers to describe need. Furthermore, we showed the capacity of each placement type in all County contracted facilities. In this report, the workgroup updates the Board on five recommendations to improve placement capacity and inform of our planning efforts to integrate services and increase the number of children placed who receive timely and stable placement.

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Recommendations to Enhance Placement Capacity

When placement is needed during evenings or after business hours, weekends, and holidays, children are brought to the ERCP. Staff take children to the ERCP when they are initially taken into protective custody, or are referred to the ERCP by regional staff. Information from managers and staff suggest that the following groups are more difficult to place: younger children (0-5 years of age); teenage youth; and youth with behavioral/emotional issues. The workgroup's goal is to identify solutions to limit wait time at the ERCP and find the most stable placements for children in a timely manner.

From emergency shelter care in the short-term to longer-term, permanent placement, the workgroup presents five initial recommendations to better meet the placement needs of all children, and we will continue to explore the feasibility of integrating services and blending funding in order to implement these strategies:

Recommendations

- ① Expand Emergency Shelter Care at licensed foster homes and Group Homes for young children and older youth with behavioral/emotional issues.
- ② Expand Treatment Foster Care by enhancing support for foster parents to provide care and stable placement for youth with mental health needs.
- ③ Recruit foster parents for younger children, teenagers, and target populations in need of placement.
- ④ Advance intensive care coordination for youth 12 years and older with urgent mental health needs.
- ⑤ Strengthen data management to better track placement capacity and find more placements in less than four hours.

1. **Expand Emergency Shelter Care (ESC) at licensed foster homes and Group Homes (GHs) for young children and older youth with behavioral issues.**

Rationale – When a child is referred to the ERCP and placements are not readily available, the child may be placed in ESC foster homes for up to 14 days and ESC GHs for up to 30 days, until a suitable permanent placement is found. ESC can be especially helpful for more difficult to place populations such as younger children, teenagers as well as teen mothers and their young children. Having more than the existing 40 ESC beds would decrease waiting time at the ERCP and provide

additional time to search for the most suitable placement. The following strategies outline efforts to increase ESC at licensed foster homes and GHs.

Strategies

- ESC expansion at licensed foster homes – The DCFS Out-of-Home Care Management Division (OHCMD) is releasing an ESC contract for licensed foster homes that will become effective October 1, 2012 through September 30, 2017. The Request for Statement of Qualifications was released on November 21, 2011, and a Statement of Qualification may be submitted through February 28, 2017. The DCFS Contracts Administration Division processed a mass mailing to all active State-licensed foster parents, released newspapers advertisements in four languages during November, and held a series of conferences in December to answer questions and assist ESC Services applicants.
- ESC expansion at GHs – The OHCMD also approached GHs to ask whether they would be interested in increasing capacity to provide ESC services. In May 2011, 15 GH contractors responded with interest to provide ESC services, and 13 GH providers met qualifications to increase program capacity. Of these 13 providers, five have chose to continue with the process. The providers are working on program statements to specify what and how they would operate the ESC services, and their statements will be reviewed for approval by DCFS and Community Care Licensing. Upon approval, DCFS will write a letter to the State to request an increase in GH capacity in order to make an exception to the current moratorium. A total of nine new ESC GH sites are being proposed, which would provide an additional 58 ESC GH beds. The targeted start time is expected in April 2012.

2. Enhance supports and services for foster parents who provide care and stable placement for youth with mental health needs who meet D-rate criteria.

Rationale – For children with mental health needs, therapeutic services by trained professionals are important for healing. A D-rate is a funding category for foster care providers who have received specific training to provide care for children with special needs due to a mental health diagnosis. D-rate foster homes are primarily licensed foster homes, relative homes or relatives/foster parents who have obtained legal guardianship of D-rate children. In an effort to expand mental health support for resource families serving youth who meet criteria for the D-rate, DCFS and DMH propose a pilot study. The pilot will focus on children currently placed in D-rate foster homes with relatives and non-relatives who also receive Wraparound services. With innovative treatment levels that rely on teams comprised of cross-trained professionals, foster parents, school representatives, and families,

D-rate foster homes could build capacity to effectively escalate the level of care that their children receive. Enhancing services, improving quality of training to staff and families, and developing additional supports will lead to increased identification of youth's needs and creative ways to meet those needs without placement disruption.

Strategy

- Addition of an intensive tier to the basic D-rate system with the support of Wraparound to develop a pool of professional D-rate caregivers (Table 1).

Table 1: Pilot for Children in D-rate Foster Homes

Component	Description
Training and support	<ul style="list-style-type: none"> • Providing foster parents with additional training and support would empower them to be more active participants on the team, enhance the quality and intensity of service provision, and improve placement stability for the children.
Training components	<ul style="list-style-type: none"> • Foster parent training would consist of: 1) a trauma-informed approach to service delivery; 2) pro-social skills development with behavior management strategies; and 3) in-home coaching supports.
Best practices	<ul style="list-style-type: none"> • Treatment and support services would focus on best practice standards offered from both the Intensive Treatment Foster Care (ITFC) and Multidimensional Treatment Foster Care (MTFC) programs.
Cross-training	<ul style="list-style-type: none"> • The pilot proposes to collaboratively cross-train TFC and Wraparound staff, as well as D-rate Foster Parents. This approach to cross-train staff in various service modalities along with caregivers is a best practice model used effectively in the County of San Luis Obispo.
Potential payment options	<ul style="list-style-type: none"> • DCFS and DMH are exploring three potential payment options for FFAs that offer TFC: 1) develop a legislative remedy to legalize a different payment structure so that TFC may be offered through licensed foster parents; 2) offer a patch rate to pay net County cost to provider to enable payment for certified foster parents at a higher level; and 3) work with the State to receive more flexibility through CDSS.

As a result of these preliminary discussions, the team has identified the need for a program evaluation including a qualitative review of services and a closer

examination of which type of foster parents are best fit to meet the needs of the children served.

3. Recruit foster parents for younger children, teenagers, and target populations in need of placement.

Rationale – In addition to general recruitment through faith-based organizations, the media (radio/TV/print ads), and community colleges, the DCFS Adoption and Recruitment Division recruits foster parents for infants, sibling groups, teenagers and other groups that are more challenging to place. For example, a recent targeted recruitment effort that focused on foster parents for infants involved distribution of flyers to local businesses. Additional recruitment strategies are highlighted.

Strategies

- Ambassador program – The Adoption and Permanency Resources Division created the Ambassador program where existing resource parents recruit and mentor new families as they go through the approval process.
- TFC recruitment strategies – DCFS and DMH are partnering to recruit for TFC for children and youth with behavioral/emotional issues as shown in Table 2.

Table 2: Recruitment Strategies for Treatment Foster Care

TFC Recruitment	Description
Needs assessment	<ul style="list-style-type: none"> • With existing foster parents and Parent Advocates, DMH and DCFS identify strategies to enhance targeted recruitment efforts. This review yielded a list of possible incentives, and a more refined approach to training and support that until now have been deterrents from working with FFAs.
Outreach	<ul style="list-style-type: none"> • Through Foster Parent Associations and Parent Advocacy support groups, DCFS and DMH began to market the programs and recruit for foster parent participants.
Support workgroup	<ul style="list-style-type: none"> • To address recruitment, training, and foster parent support with TFC providers in an effort to consolidate resources and collaborate on best practices, the workgroup is coordinating a foster parent training, support, and recruitment fair on February 17, 2012.
Screening level system	<ul style="list-style-type: none"> • The system incorporates a likert scale to evaluate the level of need for the client and to determine the appropriateness of this program to meet the client's needs and ensure enrollment.

4. Expand intensive care coordination for youth 12 years and older with urgent mental health needs.

Rationale – Youth age 12 years and older with urgent mental health needs can access the Exodus Recovery Urgent Care Center for 23 hours on a voluntary basis. Such youth often exhibit intensive mental health needs and require specific placements/services to achieve stability. Currently, a relatively high number of DCFS children admitted to Exodus overstay and/or return to Exodus at a later date due to the complexities of their needs and the lack of services and/or placement to truly meet their needs. A workgroup represented by DCFS, DMH, and Exodus is working on care coordination planning to decrease lag time in linking youth at Exodus with Wraparound and other mental health services.

Strategies

- Linkages to mental health services – Exodus staff was provided with brochures for the Wraparound program which included referral criteria. It was agreed that if a youth was identified as needing Wraparound services, Exodus staff could contact Wraparound staff and request that they contact the CSW about initiating a referral. They were also provided a list of Wraparound staff in each DCFS office.
- Expedited connections – Exodus was provided a list of the on-call numbers of each Wraparound provider in the event that a youth currently enrolled in Wraparound is admitted to Exodus. It was emphasized that Wraparound is a 24/7 program and the youth's Wraparound team should be engaged as soon as possible.
- Discharge planning – DCFS discussed the possibility of assigning a TDM facilitator to Exodus to assist with facilitating discharge planning meetings for youth leaving Exodus. The intent is to pull key members of the youth's team together to develop a comprehensive discharge plan.
- Placement search assistance – DCFS also discussed the possibility of assigning RUM staff to Exodus to assist with finding placement for youth once discharged. DCFS agreed to pilot the assignment of staff to determine if it is fruitful.
- Resources for linkages to mental health services – DMH provided an overview of the Specialized Foster Care Co-Located programs and indicated that co-located staff could be utilized as a resource for linking youth to mental health services.

- 5. Improve data management to better track placement capacity and find more placements in less than four hours.** DCFS has redesigned its process to track placements made by the ERCP. In January, DCFS will implement a new automated system to track the number of hours children wait at the ERCP, barriers to placement, and final placement information. In the next quarterly report, the workgroup plans to review recent data collected by ERCP staff in order to identify:
- 1) characteristics of children who wait longer than four hours to be placed; and
 - 2) barriers to placement for these children.

A new template and process was issued in December 2011 to ensure tracking of all placements and standardize definitions of 14 barriers. More than one of the 14 barriers may be selected on the template:

- Age
- Behavior
- Criminal history
- Gender
- Mental health
- Sexual identify issues
- Sibling set
- Substance abuse
- Teen with child
- Other
- Medical issues
- Education barriers
- Youth refuses placement
- Medications/prescription

Tracking of Placement Capacity

DCFS tracks capacity of five types of out-of-home care providers: 1) State licensed foster homes, 2) foster family agency placements (FFA homes), 3) group homes and residentially based services (RBS), 4) emergency shelter, and 5) treatment foster care. Table 3 shows a total capacity of 12,151 beds and a vacancy of 1,946 as reported for five types of out-of-home care providers during October 2011. In comparison to June, vacancy increased from 1,459 by 35 percent. The table includes all County of Los Angeles contracted facilities.

The OHCMD is working with the Business Information Systems (BIS) Division to implement the FFA update tool to ensure FFA agencies have capability to update bed vacancy for FFA-certified homes. The BIS has also created and implemented a placement resources tool for the OHCMD staff. The tool allows staff to view licensed placement homes with facility information and children served.

Table 3: Out-of-Home Care Placement Capacity – October 2011					
OHC Type	Description	Homes	Capacity	Placed	Vacancy
1) Licensed Foster Homes	Homes collectively serve children of all ages	843	2,192	1,225	933 ¹
2) FFA Homes	Homes collectively serve children of all age	3,047	8,118	4,950	828 ¹
3) Group Homes (GH) ² RCL 7,8,9	Children 6-18, GH level of service and supervision varies by RCL	12	88	74	14
RCL 10,11,12	Intense supervision	49	1,431	1,294	137
RCL 14	Very intense supervision	4	84	62	22
Community Treatment Facility (CTF)	Youth with serious emotional and behavioral disorders; locked setting	2	64	59	5
RBS RCL 12	Pilot helping higher-risk transition to permanency	3	57	49	8
4) Emergency Care GH Emergency Shelter Care	30-day beds; teenage males and females	2	14	14	-
Emergency Shelter Care Foster Homes ³	14-day beds; males 13-17; and females 0-17	12	26	49	4
5) Treatment Foster Care Intensive Treatment Foster Care	Therapeutic foster homes, less restrictive, intensive treatment for children ages 6-17; not for emergencies	52	52	45	7
Multidimensional Treatment Foster Care	Mental health service included with DMH	25	25	19	6
TOTAL		4,051	12,151	7,840	1,946

The workgroup consisting of DCFS, DMH, and CEO staff will continue to provide quarterly updates on the analysis of Countywide need and placement capacity related to the ERCP. We will further define strategies that better integrate services and blend funding between DCFS and DMH to offer more support for a significant number of children.

¹ Only a subset of these beds are actually available at any given time due to home study determinations. Therefore, the vacancy rate may overstate the number of beds actually available at any given time.

² Group home rate classification level (RCL) includes four levels rated by services and supervision.

³ Capacity increased in September 2011.

Each Supervisor
December 21, 2011
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Please let me know if you have any questions regarding the information contained in this report, or your staff may contact David Seidenfeld, Acting Manager, at (213) 974-1457, or via e-mail at dseidenfeld@ceo.lacounty.gov.

WTF:DS
VD:ljp

Attachment

c: Executive Office, Board of Supervisors
Auditor-Controller
County Counsel
Children and Family Services
Mental Health

ERCP December 2011.bm



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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February 29, 2012

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

FROM: Wendy L. Watanabe
Auditor-Controller

*Wendy L. Watanabe
by Schneiderman*

SUBJECT: **DEPARTMENT OF CHILDREN AND FAMILY SERVICES – REVIEW OF
EMERGENCY RESPONSE COMMAND POST OPERATIONS (Board
Agenda Item 7, July 12, 2011)**

We have completed the Board of Supervisors' July 12, 2011 directive to review the Department of Children and Family Services' (DCFS) Emergency Response Command Post (ERCP). The Board order was based, in part, on allegations that children were spending excessive time, and receiving inadequate care, at ERCP, while waiting for more permanent placement with relatives, foster families, group homes, etc.

ERCP operates 24 hours a day, seven days a week, and is primarily responsible for investigating allegations of child abuse when DCFS' regional offices are closed. ERCP receives referrals of possible abuse from DCFS' Child Protection Hotline, and from other mandated reporters (e.g., law enforcement, hospitals, etc.) of suspected child abuse. If ERCP staff have to remove a child from a dangerous situation, the child is housed at ERCP while staff try to find a more permanent placement. ERCP also houses children from DCFS' regional offices. If a regional office cannot place a child before the end of the business day, the child is taken to ERCP for care, while ERCP staff continue to look for a suitable placement.

ERCP does not have a State license to house children, and can only provide temporary shelter until staff find a more permanent placement. If a child stays at ERCP for more than 24 hours, it is considered an "overstay", and is a violation of State law.

Our review was primarily focused on whether children were spending excessive time at ERCP, and the quality of care they received at the facility. We also briefly evaluated ERCP's child abuse investigations and placement efforts. Our review included examining ERCP records, and interviewing ERCP employees and management.

Summary of Findings

Our review of ERCP's logs identified a minimum of 41 overstays from January 2005 to December 2010, and one overstay from January 2011 to June 2011. The one overstay in 2011 was the same overstay identified by the State in their last review of ERCP. However, we could not determine the exact number of overstays from January 2005 to June 2011 because of issues with ERCP's logs.

We also noted that ERCP's food, clothing, and supplies generally met the children's needs. However, DCFS needs to improve recordkeeping for how long children are at ERCP and in DCFS' custody, correct some ERCP facility issues, ensure ERCP can adequately separate children at the facility, and ensure ERCP has additional beds available when needed. DCFS also needs to ensure it has criminal background clearances for all employees. The following is a summary of the results of our review:

- **Incomplete ERCP Logs:** ERCP tracks how long children are at the facility on hardcopy and electronic logs. The logs can be used to identify overstays. However, ERCP shredded all hardcopy logs completed before January 2011 (reportedly because of storage issues), and some of the electronic logs were missing. In addition, the logs may not have included all children who were housed at the facility, and staff did not always complete all of the information on the logs. ERCP management should establish a retention policy for hardcopy and electronic logs, and require staff to keep the logs accordingly. ERCP should also instruct staff to record all required information on all children housed at ERCP on the logs, and monitor for compliance.

DCFS' response (Attachment II) indicates that they have issued a written policy for storing records, including hardcopy and electronic logs. DCFS also developed a web-based electronic log to track all children housed at ERCP.

- **Lack of Placement Time Tracking:** DCFS does not track the total time children are waiting to be placed. Approximately 56% of children on the April 2011 ERCP electronic log came from, or went to, a DCFS regional office. While these children may not be considered overstays at ERCP, they may be in DCFS' custody for extended periods, waiting to be placed. For example, children could be held at a regional office during the day, taken to ERCP at night, and returned to the regional office the next morning to wait again. Four of the ten children we reviewed were transferred among various facilities for two or more days before they were placed. DCFS management should develop a system to track the total time children spend in the Department's custody before being placed.

DCFS' response indicates that they are developing a department-wide, web-based, electronic log to track the time children spend in the Department's custody, and identify children who are difficult to place. DCFS plans to implement the new electronic log once they receive State approval.

- **Lack of Documented Employee Background Clearances:** County policy requires departments to obtain criminal background clearances on individuals they are considering hiring or promoting to sensitive positions, such as employment in the ERCP or other DCFS units. However, we could not determine whether DCFS had obtained background clearances for all ERCP group supervisors, who supervise children in the unit, because DCFS did not keep any supporting documentation. DCFS indicated that they hired the group supervisors before they started tracking background clearances in December 2001, and that some were promoted before DCFS started requiring clearances for promotions in October 2008. Because DCFS employees have contact with children, DCFS should ensure they have background clearances for all employees. However, County policy appears to limit when background clearances can be performed. We recommend that DCFS work with the Department of Human Resources (DHR) and the Chief Executive Office (CEO) to resolve any policy issues, and ensure they have or obtain criminal background clearances for all DCFS employees.

DCFS' response indicates that they will work with DHR and the CEO to resolve any policy issues, and ensure they have or obtain criminal background clearances for all employees.

- **Difficulties Separating Children in the ERCP:** ERCP staff indicated that they need to separate various types of children (e.g., teen males and females, young children, children with behavior problems, etc.) to provide a safe and stable environment. However, ERCP's two children's rooms are connected by an unlocked laundry room. ERCP management should consider installing locks on the laundry room doors connecting the children's rooms. ERCP may also need more children's rooms. ERCP sometimes houses ten or more children at the same time, some of whom may need to be separated. ERCP management should consider using the additional space ERCP has in the building to expand the number of children's rooms, or moving the ERCP to a different location.

DCFS' response indicates that they are evaluating how to separate children at ERCP, including moving the facility to a new location, or expanding the number of children's rooms. ERCP staff will also ensure that laundry room doors remain closed, and separate children when necessary to maintain a safe environment.

- **Need for Additional Beds:** ERCP does not always have enough beds for all children. ERCP has six fold-away beds, one crib, and one playpen. As discussed earlier, ERCP sometimes houses ten or more children at night. ERCP

staff indicated that older children have slept on padded benches, and toddlers/infants have slept in car seats when they did not have enough beds. ERCP management should ensure they have additional beds and cribs available when needed.

DCFS' response indicates that they have ordered four additional beds and two additional cribs.

- **Safety Risks:** The unlocked laundry room connecting ERCP's children's rooms has an unenclosed water heater, washer, and dryer. These appliances could pose a safety risk. In addition, some snacks provided to children could cause allergic reactions in some children (i.e., peanuts). ERCP management should remove or enclose the water heater, washer, and dryer. ERCP should also dispose of all snacks with significant allergy risks, and stop ordering them in the future.

DCFS' response indicates that they will enclose the water heater and other appliances with a locked sliding door. DCFS has also disposed of all peanut-based snacks, and will not order them again.

The detailed results of our review and our recommendations for corrective action are included in the attached report (Attachment I). Although this report is a review of ERCP operations, DCFS should ensure that the regional offices also review the findings, and implement any applicable recommendations.

Review of Report

We discussed the results of our review with DCFS management on January 24, 2012. The Department's response (Attachment II) indicates general agreement with our findings and recommendations. DCFS' response also describes the actions they have taken, or plan to take, to address the recommendations in our report.

We thank DCFS and ERCP management and staff for their cooperation and assistance during our review. Please call me if you have any questions, or your staff may contact Robert Campbell at (213) 253-0101.

WLW:JLS:RGC:YK

Attachments

- c: William T Fujioka, Chief Executive Officer
Philip L. Browning, Director, DCFS
John F. Krattli, Acting County Counsel
Lisa M. Garrett, Director of Personnel
Audit Committee
Public Information Office

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
REVIEW OF THE EMERGENCY RESPONSE COMMAND POST**

On July 12, 2011, the Board of Supervisors directed the Auditor-Controller to review the Department of Children and Family Services' (DCFS) Emergency Response Command Post (ERCP). The Board order was based, in part, on allegations that children were spending excessive time, and receiving inadequate care, at ERCP while waiting for more permanent placement with relatives, foster families, group homes, etc.

Background

ERCP operates 24 hours a day, seven days a week, and is primarily responsible for investigating allegations of child abuse/neglect when DCFS' regional offices are closed. ERCP receives allegations of possible abuse/neglect from DCFS' Child Protection Hotline, and from other mandated reporters (e.g., law enforcement, hospitals, etc.) of suspected child abuse.

If ERCP staff have to remove a child from a dangerous situation, the child is housed at ERCP while staff try to find a more permanent placement. Prior to 2003, children were housed at MacLaren Children's Center while staff tried to place them. However, MacLaren was closed in March 2003, because of concerns that the facility was being used for long-term housing, and that children were not receiving proper care.

ERCP also houses children from DCFS' regional offices on nights and weekends. If a regional office cannot place a child before the end of the business day, the child is taken to ERCP for care, while ERCP staff continue to look for a suitable placement.

ERCP does not have a State license to house children, and can only provide temporary shelter until staff find a more permanent placement. As a result, children may not be housed at ERCP for more than 24 hours. If a child stays at ERCP for more than 24 hours, it is considered an "overstay", and is a violation of State law.

In April 2005, the California Department of Social Services' Community Care Licensing Division (CDSS) issued a citation to ERCP for operating an unlicensed community care facility because of a large number of overstays. In September 2011, CDSS investigated ERCP again, but did not issue a citation.

Scope

We have completed a review of ERCP operations. Our review was primarily focused on whether children were spending excessive time at ERCP, and the quality of care they received at ERCP. We also briefly evaluated ERCP's child abuse investigations and placement efforts. Our review included examining ERCP records, and interviewing ERCP employees and management.

Time Children Spend at ERCP

As noted earlier, the State's most recent review did not identify a significant number of overstays at ERCP. ERCP tracks how long children are at the facility by recording their arrival/departure date and time, demographic information (e.g., gender, age, etc.), and where they were placed on hardcopy logs. If children stay at ERCP for more than four hours, staff are supposed to transfer the hardcopy log information to monthly electronic logs.

Our review of ERCP's logs identified a minimum of 41 overstays from January 2005 to December 2010, and one overstay from January 2011 to June 2011. The one overstay in 2011 was the same overstay identified by the State in their last review of ERCP. However, we could not determine the exact number of overstays from January 2005 to June 2011 because of issues with ERCP's logs. Specifically;

- **Shredded/Missing Logs:** An ERCP staff member shredded all hardcopy logs completed before January 2011. The staff member who destroyed the logs indicated that she was given permission because the logs were taking up most of her workspace. However, ERCP management denied approving the shredding. We also noted that ERCP was missing 25 (35%) of 72 monthly electronic logs from January 2005 through December 2010.
- **Incomplete Logs:** ERCP logs may not include all children who were housed at the facility. We noted that ERCP issued clothing, supplies, and food vouchers to several children who were not listed on the facility's hardcopy logs. ERCP also detained some children (e.g., removed from home, etc.), but did not list them on the logs. We reviewed case records for ten of these children on the State's Child Welfare Services/Case Management System (CWS/CMS), but could not determine if the children were at ERCP, because staff did not enter the children's location into the System. However, it appears that two of the children were at ERCP based on other available information. We also noted that five children may have been at the facility because they were in ERCP staff's custody.
- **Inconsistent Electronic Logs:** As noted earlier, children housed at ERCP over four hours are supposed to be recorded on the electronic logs. We reviewed the April 2011 electronic log, and noted that it did not include five children who were at ERCP from four to eight hours. ERCP management indicated that they had changed the reporting criteria earlier in the year to only include children who were at ERCP for more than eight hours. However, it appears this change was not consistently followed because approximately 30% of the children on the April 2011 electronic log were at ERCP from four to eight hours.

We also noted that ERCP does not enter demographic information consistently on electronic logs. For example, some children were housed at ERCP because they had left their previous placements without permission (AWOL). However, the prior placement field on the electronic log indicated that some of these

children were AWOL, and indicated that others had come from various prior placements (e.g., foster family, group home, etc.), even though they were also AWOL.

- **Incomplete Information:** ERCP staff rarely complete all fields on the hardcopy logs, and some of the information on the logs is illegible.

ERCP management should establish a retention policy for hardcopy and electronic logs, and instruct staff to keep the logs accordingly. ERCP should also instruct staff to record all required information on all children housed at ERCP on the hardcopy and electronic logs, and monitor for compliance. Finally, ERCP should clearly define all fields on hardcopy and electronic logs, and restrict staff entries to pre-established options (e.g., checkboxes, numeric codes, etc.) to ensure information is reported consistently.

Recommendations

ERCP management:

1. **Establish a retention policy for hardcopy and electronic logs, instruct staff to keep logs accordingly, and monitor for compliance**
2. **Instruct staff to record all required information on all children housed at ERCP on the hardcopy and electronic logs, and monitor for compliance.**
3. **Clearly define all fields on the hardcopy and electronic logs, and restrict staff entries to pre-established options (e.g., checkboxes, numeric codes, etc.) to ensure information is reported consistently.**

Placement Times and Child Location

While the hardcopy and electronic logs are supposed to document how long children are housed at ERCP, they do not track the total time children are waiting to be placed. Some children housed at ERCP arrive from, or depart to, non-placement facilities, such as DCFS regional offices, health facilities, etc. Approximately 56% of children on the April 2011 electronic log arrived from, or departed to, DCFS regional offices. While these children may not be considered overstays at ERCP, they may experience long placement delays. For example, children could be housed at a regional office waiting for placement, taken to ERCP at night, and then be returned to a regional office the next morning to wait again. We noted that DCFS does not track the total time children wait to be placed.

We reviewed the case records for ten children on the electronic logs to identify their actual placement times. One child was taken into DCFS custody, and placed in an emergency shelter six days later. The child was transferred between ERCP, a regional

office, and a psychiatric urgent care center during that period. In addition, three children were transferred between ERCP and a regional office for two days before being placed.

The electronic logs indicated that these children were at ERCP on multiple occasions for less than 24 hours at a time. We could not determine whether the remaining six children were in DCFS custody for more than 24 hours before being placed because staff did not record the necessary information in CWS/CMS.

We also noted that DCFS does not track where children in custody are at all times. As indicated earlier, DCFS transfers some children to different facilities before placement, and their location is not always recorded in CWS/CMS, or may not be current.

DCFS management should develop a system to track the total time children spend in DCFS custody before being placed, and where children are at all times. DCFS can use this tracking system to monitor where children are at all times, identify children who are difficult to place, evaluate performance, and justify the need for additional placement resources.

Recommendation

- 4. DCFS management develop a system to track the total time children spend in DCFS custody before being placed, and where children are at all times.**

Quality of Care Provided to Children

In August 2011, ERCP relocated to the LA Mart Building on Broadway. While ERCP uses the LA Mart space primarily for general operations (e.g., work stations, etc.), two rooms are used to house children awaiting placement. Each children's room is approximately 270 square feet, and has tables, chairs, and benches. At its previous location, ERCP had two rooms to house children that were approximately 340 and 260 square feet.

ERCP Facilities

The LA Mart Building does not appear to be an ideal location for ERCP. LA Mart rules do not allow lodging/sleeping in the building, which conflicts with ERCP's need to have children sleep overnight. The Chief Executive Office's Real Estate Division indicated that they discussed this issue with LA Mart management, and LA Mart has verbally agreed to allow ERCP to use the space for temporary lodging. In addition, LA Mart houses high-end interior design, gift, and art showrooms. Since ERCP staff cannot physically restrain children, and sometimes house children with severe behavioral problems, there is a risk of property damage. ERCP staff indicated that some children housed at ERCP have defaced elevators with graffiti, and have disturbed other tenants.

We also noted that the two LA Mart children's rooms are connected by an unlocked laundry room, with an unenclosed water heater, washer, and dryer that could create safety risks. In addition, the two children's rooms make it difficult for staff to adequately separate children. ERCP staff indicated that teenage males, teenage females, younger children, and children with behavior problems should be separated to maintain a safe and stable environment. However, as noted earlier, the two children's rooms at LA Mart are connected by an unlocked laundry room. ERCP may also need more children's rooms due to the number and type of children they shelter. For example, we reviewed the number of children sheltered at ERCP for one month, and noted that, during five nights, ERCP sheltered at least ten children at the same time, including teenage males and females, young children, toddlers, and infants. Three of the children had significant behavior problems (e.g., violent, aggressive, etc.) each night, and some had severe mental health conditions (e.g., bipolar, schizophrenic, suicidal, etc.) or substance abuse problems. ERCP staff indicated that they separate children using spare conference rooms, when necessary.

In addition, ERCP does not always have enough beds to accommodate all children at the facility. ERCP has six fold-away beds, one crib, and one playpen. During the five nights discussed earlier, ERCP housed seven older children and three toddlers/infants each night. ERCP staff indicated that older children have slept on the padded built-in benches, and toddlers/infants have slept in car seats when there were not enough beds.

ERCP should immediately remove or enclose the water heater, washer, and dryer, and consider installing locks on the laundry room doors connecting the children's rooms. ERCP management should also consider using additional space ERCP has in the LA Mart Building (e.g., conference rooms, etc.) to expand the number of children's rooms, or moving ERCP to a different location. ERCP management should also ensure they have additional beds and cribs available when needed.

Recommendations

ERCP management:

- 5. Immediately remove or enclose the water heater, washer, and dryer, and consider installing locks on the laundry room doors connecting the children's rooms.**
- 6. Consider using additional space ERCP has in the LA Mart Building to expand the number of children's rooms, or moving ERCP to a different location.**
- 7. Ensure they have additional beds and cribs available when needed.**

Supervision

ERCP group supervisors are stationed next to the children's rooms, and are responsible for directly supervising children. Group supervisors console children when they arrive, assess their physical and emotional condition, provide them with basic necessities (e.g., food, clothing, etc.), and explain future proceedings, if appropriate. They also entertain children with movies, toys, games, and coloring books. We reviewed group supervisor background clearances, scheduling, experience, and training, and noted the following:

- **Background Clearances:** County policy requires departments to obtain criminal background clearances from the State for individuals they are considering hiring or promoting to "sensitive" positions. Under County policy, all DCFS positions are considered sensitive because they involve dealing with children. However, we could not determine if DCFS obtained background clearances for all of the ERCP group supervisors because DCFS did not keep supporting documentation. DCFS indicated that they hired the group supervisors before they started tracking background clearances in December 2001, and some group supervisors were promoted before DCFS started requiring clearances for promotions in October 2008.

We selected 15 ERCP employees who should have had a background clearance since December 2001, and noted that two (13%) were not on DCFS' tracking logs. This indicates that DCFS either did not request a background clearance for these employees, or did not record it on the tracking logs. We also noted that the tracking logs did not always specify whether employees had criminal records. DCFS management could not provide an explanation for these discrepancies.

DCFS also requested subsequent arrest notification services from the State to be notified if an employee is arrested after the initial background clearance. However, the service only covers employees who were screened after DCFS requested the service. DCFS management could not determine when they requested subsequent arrest notification services. As a result, it is unclear if all ERCP staff are covered by the subsequent arrest notification service.

In February 2009, DCFS implemented a new web-based system to automatically track background clearance requests, results, and dispositions. While this system should resolve some of the issues noted above, it can be further improved by capturing subsequent arrest notification results and dispositions.

Because County policy appears to limit when background clearances can be performed, we recommend that DCFS work with the Department of Human Resources (DHR) and the Chief Executive Office (CEO) to resolve any policy issues, and ensure they have or obtain criminal background clearances for all employees. DCFS should also reconcile employees on the criminal background clearance tracking system to a list of DCFS employees annually, and update the

criminal background clearance tracking system for all subsequent arrest notifications and dispositions.

- **Experience & Training:** While 18 (90%) of the 20 group supervisors have at least ten years' experience, we noted that ERCP has not developed a training program for their staff, and many staff may not receive adequate training. We reviewed the training provided to group supervisors since 2005, and noted that 19 (95%) had not received First Aid/CPR training, and five (25%) had not received any training on supervising children. In addition, twelve group supervisors (60%) had only received general social work or workplace training that did not directly relate to supervising children (e.g., child maltreatment identification, employee conflict resolution, etc.). The American Academy of Pediatrics recommends that staff providing direct care to children have training in pediatric First Aid and CPR. ERCP needs to ensure group supervisors receive periodic training related to caring for children, including behavioral, mental health, substance abuse, and First Aid/CPR.
- **Staff Scheduling:** ERCP generally schedules group supervisors appropriately. We noted that group supervisor staffing levels appear to be adjusted based on the average number of children at ERCP.

Recommendations

DCFS management:

8. **Work with the DHR and CEO to resolve any policy issues, and ensure they have or obtain criminal background clearances for all employees.**
9. **Reconcile employees on the criminal background clearance tracking system to a list of DCFS employees annually.**
10. **Update the criminal background clearance tracking system for all subsequent arrest notifications and dispositions.**

ERCP management:

11. **Implement a training program for group supervisors, including training directly related to supervising children, including high-risk children.**

Food, Clothes and Other Basic Needs

ERCP provides children with meals from McDonald's and other snacks (e.g., granola bars, lunchables, etc.) while they are awaiting placement. They also have formula for infants. We noted that ERCP had enough food to meet children's needs. However, some of the snacks may cause allergic reactions in some children (i.e., peanuts).

ERCP management should immediately instruct staff to dispose of all peanut-based snacks, and stop ordering them in the future.

In addition, ERCP provides children with a variety of new clothing and bedding, bathing and grooming supplies (e.g., blankets, towels, deodorant, etc.). ERCP also has some donated clothing, which is inspected before it is issued to children. We noted that the quality, quantity, and type of clothing and supplies generally met the children's needs, and the children received appropriate privacy when changing clothes and bathing. However, ERCP staff raised reasonable concerns regarding the quality of some supplies (i.e., sheets made from thin plastic material, etc.). ERCP management should meet with staff to discuss concerns with the supplies used at the facility, and work with DCFS' purchasing unit to order more appropriate supplies, as necessary.

Recommendations

ERCP management:

- 12. Immediately instruct staff to dispose of all peanut-based snacks, and stop ordering them in the future.**
- 13. Meet with staff to discuss concerns with the supplies used at ERCP, and work with DCFS' purchasing unit to order more appropriate supplies, as necessary.**

Health & Mental Health Care

ERCP does not provide medical or mental health services to children. ERCP staff take children to LAC+USC Medical Center for medical treatment and evaluations related to alleged child abuse. They also contact on-call public health nurses to discuss medical concerns, and take children to emergency rooms or urgent care centers, when necessary. ERCP staff also complete a mental health screening checklist when they are concerned that a child may need treatment. For severe issues, ERCP staff will contact the Department of Mental Health's psychiatric mobile response team. For less severe mental health issues, if the children consent, ERCP staff take children to a psychiatric urgent care center. Otherwise, ERCP staff manage the children's behavior.

We noted that DCFS' regional offices have public health nurses available on-site to assess children's medical needs and assist staff. DCFS management should consider assigning a public health nurse to ERCP on nights and weekends.

Recommendation

- 14. DCFS management consider assigning a public health nurse to ERCP on nights and weekends.**

Child Abuse Investigations

ERCP staff investigate referrals of alleged child abuse to determine if the allegations are substantiated, and assess further safety risks. ERCP only receives two types of high-priority referrals; expedited and immediate. Staff must start an investigation within two hours for expedited cases, or by the end of their work shift for immediate cases. Investigations involve observing homes, examining children, interviewing family members, and contacting other relevant parties (e.g., law enforcement, etc.). If the level of abuse is serious enough, staff will remove children from the home.

We reviewed five ERCP referrals to determine whether staff completed investigations in accordance with DCFS policy. While ERCP staff responded to the referrals timely, and appropriately removed children when necessary, they did not always document required information in CWS/CMS. Specifically;

- **Medical Information:** ERCP staff did not document the child's medical conditions and prescription medication in the CWS/CMS Health Notebook for one (20%) of the referrals. The child's medical conditions included bipolar disorder, asthma, and attention deficit hyperactivity disorder. Health Notebook information is automatically recorded in the Health and Education Passport, which is used to inform placement facilities and physicians of the child's medical history.
- **Investigation Information:** ERCP staff did not indicate all the allegations against caregivers, and whether the allegations were substantiated in the appropriate CWS/CMS referral section for two (40%) of the referrals. They also did not indicate caregiver substance abuse problems and/or criminal history noted during the investigations in the CWS/CMS Client Notebook. In addition, staff did not complete an Investigation Narrative for one (20%) of the referrals. We noted that staff did include the missing information in the detention reports sent to the Dependency Court and other CWS/CMS sections. However, staff should record the information in the appropriate CWS/CMS section to ensure it is readily available for other DCFS staff, who may need to quickly review the information before investigating future referrals.
- **Family & Children's Index:** ERCP staff are required to search the Family and Children's Index to determine whether any family members have had contact with any other government agencies, and request any additional information they can provide. ERCP staff did not document whether they searched the Index and/or requested information from other agencies in CWS/CMS as required for two (40%) of the referrals. We searched the Index for the family members in question, and noted that they had prior contact with law enforcement and other government agencies.

ERCP management should instruct staff to document investigations as required by DCFS policy, and monitor future investigations to ensure compliance. In addition, we noted that staff are not required to record investigation start times in CWS/CMS. We

had to review other information to confirm that staff started the investigations as required. ERCP management should consider requiring staff to document when they start their investigations in CWS/CMS, and monitor to ensure they respond to referrals as required.

Recommendations

ERCP management:

- 15. Instruct staff to document investigations as required by DCFS policy, and monitor future investigations to ensure compliance.**
- 16. Consider requiring staff to document when they start their investigations in CWS/CMS, and monitor to ensure they respond to referrals as required.**

Placement Efforts

As noted earlier, the available ERCP logs indicate a minimum of 42 overstays from January 2005 to June 2011. ERCP management indicated that overstays occur primarily because of problems and delays in placing children.

ERCP staff use several methods to try and place children. ERCP receives nightly vacancy notifications from some foster family agencies and short-term shelter homes. In addition, DCFS' Foster Child Search Engine (FCSE) generates a list of placement facilities that have vacancies from CWS/CMS based on search criteria, including facility type and children's characteristics (e.g., age, gender, medical/behavioral issues, etc.). ERCP staff also keep notes on facilities that have been responsive in the past.

When staff identify a suitable facility, they contact them to see if they will accept the child. However, ERCP staff indicated that most placement facilities do not answer their phone calls at night, and FCSE vacancy information is not always accurate. We observed ERCP staff while they tried to place children, and noted that 11 of the 14 facilities (79%) they called did not answer the phone. In addition, the FCSE information for the three other facilities was not accurate. One facility did not have any vacancies, another phone number was incorrect, and the third facility had stopped providing foster care and should have been removed from the Search Engine.

DCFS management should review FCSE to ensure the vacancy information is correct, or consider implementing a web-based system for placement facilities to post current vacancies, types of children they will accept, and hours they are available. This system could also list the children currently awaiting placement.

In addition, ERCP staff indicated that some children are difficult to place (e.g., infants, children with mental health conditions, etc.) because very few facilities will accept them.

The CEO and DCFS are currently working to address this issue with a comprehensive analysis of County-wide placement need and capacity.

Recommendations

- 17. DCFS management review FCSE to ensure the vacancy information is correct, or consider implementing a web-based system for placement facilities to post current vacancies, types of children they will accept, and hours they are available.**



PHILIP L. BROWNING
Interim Director

**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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Fifth District

January 30, 2012

To: Wendy L. Watanabe
Auditor-Controller

From: Philip L. Browning 
Interim Director

**RESPONSE TO THE AUDITOR-CONTROLLER REVIEW OF THE DCFS EMERGENCY
RESPONSE COMMAND POST (ERCP)**

This is the response to the findings and recommendations contained in the Auditor-Controller's Emergency Response Command Post Review report. We agree with the recommendations and have taken corrective action (see attachment).

We appreciate the opportunity to include our response with your report, and we thank your audit staff for their professionalism and objectivity during their review of our operations. If you require any additional information, please contact me or your staff may contact Jennifer A. Lopez, Acting Deputy Director, at (213) 351-5692 or via email at lopezie@dcsf.lacounty.gov.

PLB:JAL:af

Attachment

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

RESPONSE TO THE AUDITOR-CONTROLLER REPORT EMERGENCY RESPONSE COMMAND POST REVIEW

AUDITOR-CONTROLLER RECOMMENDATION #1

Establish a retention policy for hardcopy and electronic logs, instruct staff to keep logs accordingly, and monitor for compliance.

DCFS response

DCFS agrees and has taken corrective action. ERCP clerical and secretarial staff will be instructed on the proper method to store and send child protective records to storage, including hardcopy and electronic logs. In addition, a written directive with clear instructions on how to store these records has been provided to clerical and administrative staff.

AUDITOR-CONTROLLER RECOMMENDATION #2

Instruct staff to record all required information on all children housed at ERCP on the hardcopy and electronic logs, and monitor for compliance.

DCFS response

DCFS agrees and has fully implemented corrective action. On December 1, 2011, ERCP launched the newly developed software program designed and created by the DCFS' Bureau of Information Services (BIS). This electronic web-based log titled "Child Awaiting Placement" is accessed through the DCFS LAKids, and is available only to ERCP staff. This log will facilitate the tracking of information for ALL CHILDREN that come through ERCP, (whether they were detained by ERCP, brought in by Regional Office staff for re-placement, brought in by Law Enforcement/Probation, or walked in). This log will also facilitate with the statistical analysis of data to assist in the development of resources throughout the Department.

AUDITOR-CONTROLLER RECOMMENDATION #3

Clearly define all fields on the hardcopy and electronic logs, and restrict staff entries to pre-established options (e.g., checkboxes, numeric codes, etc.) to ensure information is reported consistently.

DCFS response

DCFS agrees and has fully implemented corrective action. During the Auditor-Controller's visits to ERCP, the "Child Awaiting Placement" log had not yet been implemented. It was launched on December 1, 2011. The log's program design

RESPONSE TO THE AUDITOR-CONTROLLER REPORT
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contains many mandatory fields (mostly drop down menus) in order to “save” the data. This function allows for accurate, timely, and consistent reporting of information by staff. We have assigned our Children Services Administrator I to review and ensure that the data are entered correctly. Additionally, the program allows for easy access to administrative reports.

AUDITOR-CONTROLLER RECOMMENDATION #4

DCFS management should develop a system to track the total time children spend in DCFS custody before being placed, and where the children are at all times.

DCFS response

DCFS agrees and is taking corrective action. The DCFS BIS is working on the design and creation of a tracking log department-wide, similar to ERCP’s Child Awaiting Placement Log.

This new web-based tool will not only assist the Department in tracking the total aggregate amount of time children spend at each office and ERCP, but will also provide data to more clearly identify the reasons why children are difficult to place (age, behavior, mental health issues, past placement history, etc.).

Further, as recommended by the Office of County Counsel, BIS is preparing to submit a letter to the California Department of Social Services (CDSS) informing them of this proposed web-based application. Once approval is received from CDSS, BIS will implement the version for the Regional Offices that will integrate timeframes for child placement and replacement.

AUDITOR-CONTROLLER RECOMMENDATION #5

Immediately remove or enclose the water heater, washer, and dryer, and consider installing locks on the laundry room doors connecting the children’s rooms.

DCFS response

DCFS agrees and has taken corrective action. The water heater is placed in the laundry area, which is in the same area as the children’s restroom. This room is between the children’s rooms. In lieu of removing the water heater, the Chief Executive Office (CEO) requested the building owner’s construction company install a sliding door to enclose the water heater and appliances. The sliding door materials have been ordered. Additionally, we are requesting a bid from Internal Services Department (ISD) to install locks on the sliding doors, making the area inaccessible to children.

In the meantime, we will make every effort to keep these connecting room doors closed when children are present, and the supervising staff will make sure that older teenage youth are kept separate from the younger children, and remain segregated for safety reasons.

AUDITOR-CONTROLLER RECOMMENDATION #6

Consider using additional space ERCP has in the LA Mart building to expand the number of children's rooms or moving ERCP to a different location.

DCFS response

DCFS agrees and has taken corrective action. ERCP Management has requested to meet with DCFS Property Management to explore ideas regarding this recommendation. While it is true that ERCP just moved to the LA Mart building, we have found that it is not an ideal location for the function of ERCP (a county-wide after-hours program serving the needs of not only ERCP but provides assistance to all 19 regional offices serving more than 3,700 children in a year).

If ERCP is not able to relocate to a different location, we will fully explore expanding the number of children's rooms.

AUDITOR-CONTROLLER RECOMMENDATION #7

Ensure they have additional beds and cribs available when needed.

DCFS response

DCFS agrees and has taken corrective action. Currently, ERCP has a crib, a portable playpen, and six foldable beds. We have placed a purchase order for four additional beds and two cribs.

AUDITOR-CONTROLLER RECOMMENDATION #8

Work with the Department of Human Resources and Chief Executive Office to resolve any policy issues, and ensure they have or obtain criminal background clearances for all employees.

DCFS response

DCFS agrees. Our Human Resources Division stated that, upon hire, all DCFS employees obtain criminal clearances. When an employee is promoted or transfers in from another County department, a new criminal clearance is also obtained. Aside from the above scenarios, DCFS is currently unable to complete or update criminal background clearances for employees because DCFS does not have authority to do so. DCFS will work with the Department of Human Resources and the Chief Executive Office to resolve any policy issues, and ensure DCFS has or obtains criminal background clearances for all employees.

AUDITOR-CONTROLLER RECOMMENDATION #9

Reconcile employees on the criminal background clearance tracking system to a list of DCFS employees annually.

DCFS response

DCFS agrees and has taken corrective action. Beginning, February 1, 2012, DCFS will reconcile employees on the criminal background clearance tracking system to a list of DCFS' employees annually.

AUDITOR-CONTROLLER RECOMMENDATION #10

Update the criminal background clearance tracking system for all subsequent arrest notifications and dispositions.

DCFS response

DCFS agrees and will update the criminal background clearance tracking system for all subsequent arrest notifications and dispositions.

AUDITOR-CONTROLLER RECOMMENDATION #11

Implement a training program for group supervisors, including training directly related to supervising children and high risk children.

DCFS response

DCFS agrees and has taken corrective action. The DCFS Training Section has made a request/purchase order for the *Red Cross* to provide CPR and pediatric first aid training for the Group Supervisors. Further, the Training Section is also assisting ERCP in developing a basic child development training program for Group Supervisors.

AUDITOR-CONTROLLER RECOMMENDATION #12

Immediately instruct staff to dispose of all peanut-based snacks, and stop ordering them in the future.

DCFS response

DCFS agrees and has fully implemented corrective action. ERCP Management has assessed the food and supplies on hand for children awaiting placement. All peanut snacks and food containing peanuts were removed and are no longer available to children. We have removed snacks containing peanuts from the request lists.

RESPONSE TO THE AUDITOR-CONTROLLER REPORT
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In addition, we have contracted a food vendor to deliver fresh food on an almost daily basis, such as sandwiches, frozen pizzas, "Hot Pockets," "lunchables," fruit snacks, milk, juice, etc.

AUDITOR-CONTROLLER RECOMMENDATION #13

Meet with staff to discuss concerns with the supplies used at ERCP and work with DCFS' purchasing unit to order more appropriate supplies, as necessary.

DCFS response

DCFS agrees and has fully implemented corrective action. Supplies are monitored by clerical (supply) staff, and supply needs are provided by the Group Supervisor staff to the clerical staff who submits appropriate procurement requests when needed.

Further, thin, plastic disposable sheet coverings for the bedding have been replaced with disposable cloth sheets to ensure a more comfortable, healthy and sanitary sleeping environment.

AUDITOR-CONTROLLER RECOMMENDATION #14

DCFS management consider assigning a public health nurse to ERCP on nights and weekends.

DCFS response

DCFS agrees and has taken corrective action. ERCP Management is working with the Office of the Medical Director and Human Resources to explore implementation.

AUDITOR-CONTROLLER RECOMMENDATION #15

Instruct staff to document investigations as required by DCFS policy and monitor future investigations to ensure compliance.

DCFS response

DCFS agrees and has taken corrective action. ERCP Management will strive to reinforce DCFS Policy on investigations and disposition of referrals through in-house training, section meetings, and one-on-one mentoring and coaching of staff. Documentation is a key element in child abuse investigations, particularly for those referrals that are sent to the Region for follow-up investigations.

AUDITOR-CONTROLLER RECOMMENDATION #16

Consider requiring staff to document when they start their investigations in CWS/CMS, and monitor to ensure they respond to referrals as required.

DCFS response

DCFS agrees and has taken corrective action. ERCP Management will strive to reinforce policy, which is to document in CWS/CMS the start and end times of each contact in the Contact Notebook.

AUDITOR-CONTROLLER RECOMMENDATION #17

DCFS management review FCSE to ensure the vacancy information is correct, or consider implementing a web-based system for placement facilities to post current vacancies, types of children they will accept, and hours they are available.

DCFS response

DCFS agrees and has taken corrective action. The Foster Care Search Engine (FCSE) system pulls vacancies from CWS/CMS. Vacancies are updated by Revenue Enhancement via CWS/CMS. CWS/CMS already shows the characteristics of children state licensed foster parents are willing to accept and the hours the foster parents are available, as well as current vacancies. However, vacancies are updated when a placement is processed and the foster care payment is completed, which may take some time. DCFS will evaluate other methods of updating vacancies, including the development of a web-based system, to ensure they are as accurate and current as possible.

A mass clean-up of the FCSE began in September 2010 and was completed in December 2011. This involved updating phone numbers, placing inactive homes on hold, adding and removing "LA-After Hours" indications, updating foster care rate certifications (D or F), reporting all address changes to Community Care Licensing (CCL) and the DCFS Foster Home Re-Evaluation Unit (FHRU), and reporting all "no longer interested in fostering" homes to CCL and the FHRU. These updates were monitored closely by the Emergency Shelter Care (ESC) staff to ensure that all data is kept current and up-to-date.

To ensure the continued accuracy of information and reduce the time required to locate appropriate homes for children and youth in need of placement, a FCSE Email link was implemented on February 9, 2012 in the FCSE. When clicked, Microsoft Outlook will open up and the users can write their comments or corrections and the email will be expedited to the person(s) responsible for the corrections in the Out-of-Home Care Management Division.



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Chief Executive Officer

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Fifth District

September 14, 2012

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

From: William T Fujioka
Chief Executive Officer

EMERGENCY RESPONSE COMMAND POST AND EMERGENCY SHELTER SERVICES

On July 12, 2011, your Board approved a recommendation to extend Emergency Shelter Care contracts with 13 contractors and to increase the capacity of three. In addition, your Board directed: 1) the Auditor-Controller to conduct an independent review of the Department of Children and Family Services (DCFS) Emergency Response Command Post (ERCP) operations since 2005; and 2) the Acting Director of the DCFS and the Chief Executive Officer (CEO), in conjunction with the Director of the Department of Mental Health (DMH), to report back in 30 days and quarterly thereafter, with a comprehensive analysis of Countywide need and placement capacity; and recommendations to better integrate and blend funding and services between the two departments. The first quarterly report was issued on September 20, 2011 to the second directive, and the second quarterly report was issued on December 11, 2011.

Subsequently, on May 22, 2012 the Board directed DCFS to report back on implementation plans to overhaul the ERCP operation and to ensure the safety of children as they await placement, and on June 26, 2012, the Board directed DCFS to report back on a plan to ensure the safe placement of children over the age of ten coming into the ERCP. In response to these motions, DCFS created an ERCP Task Force, which is now overseeing ERCP overhaul strategies.

At this time, all efforts to enhance ERCP operations have been consolidated, and going forward DCFS will be reporting back on the progress of ERCP overhaul strategies.

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only**

Each Supervisor
September 14, 2012
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Please let me know if you have any questions, or your staff may contact Antonia Jiménez, Deputy Chief Executive Officer, at (213) 974-7365, or via e-mail at ajimenez@ceo.lacounty.gov.

WTF:AJ:DS
RT:ljp

c: Executive Office, Board of Supervisors
Auditor-Controller
County Counsel
Children and Family Services
Mental Health

ERCP Board Memo-September 2012.bm