



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 5, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning, Director 

**RESPONSE TO THE MAY 22, 2012 BOARD MOTION ON EMERGENCY RESPONSE
COMMAND POST**

On May 22, 2012, the Board directed the Department of Children and Family Services (DCFS) to report back in two weeks on implementation plans to overhaul the Emergency Response Command Post (ERCP) operations and to ensure the safety of children as they await placement, including:

- I. A status update on the Auditor-Controller's recommendations set forth in early 2012;
- II. An assessment of the types of children who come into ERCP, clearly identifying their issues and needs that must be addressed, in order to quickly identify the appropriate level of services and placement options;
- III. The development of a dedicated case management unit to develop a case management methodology for high-risk, high-profile youth that includes conducting assessments and working with Regional Offices to develop case plans and track trends of migration in and out of ERCP;
- IV. The development and maintenance of a daily inventory of available placement options for detained children;
- V. Partnering with the Department of Mental Health to implement the recommendations outlined in the DMH ERCP Observations and Recommendations Report; and
- VI. Amending contracts with Group Homes; Foster Family Agencies and Licensed Foster Homes to include the stipulation that homes must remain available 24 hours per day, seven days per week, for placements.

The Board further directed the DCFS, in collaboration with the Departments of Mental Health (DMH), Health Services (DHS) and Public Health (DPH) to report back in 15 days with a recommendation and implementation plan and/or alternative options, if determined to be appropriate, that include the following:

- VII. How the youngest children currently sent to the ERCP can await placement in an alternative, safe, appropriate and therapeutic location where around-the-clock social support and placement services are available;
- VIII. Potential options to create an alternative, safe, appropriate and therapeutic waiting location for the older sub-set of children currently at the ERCP; and
- IX. Recommendations as to how to address overall challenges with placing the most difficult-to-place children.

I. STATUS UPDATE ON THE AUDITOR CONTROLLER'S RECOMMENDATIONS SET FORTH IN EARLY 2012

In July 2011, the Board directed the Auditor-Controller to conduct an audit of ERCP operations and to issue recommendations to address the issue of children awaiting placement at the ERCP in excess of 23 hours.

On February 29, 2012, the Auditor-Controller issued its final report containing 17 recommendations to correct deficiencies and improve operations at the ERCP across six broad categories. Throughout the course of the audit, DCFS agreed with the Auditor-Controller's forthcoming recommendations and had begun taking corrective actions to address them. A DCFS response, dated January 20, 2012, which was an attachment to the Auditor-Controller's February 29, 2012 final report, documented the department's progress in addressing the Auditor-Controller's forthcoming recommendations.

The following are the six broad categories identified by the Auditor-Controller in its February 29, 2012 final report, and a current status update addressing each:

1. Lack of Placement-Time Tracking

Auditor-Controller's Finding: DCFS does not track the total time children are waiting to be placed. Approximately 56% of children on the April 2011 log came from, or went to, a DCFS Regional Office. While the 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 ten children reviewed were transferred among various facilities for two or more days before they were placed. DCFS should develop a system to track the total time children spend in the department's custody.

DCFS' January 20, 2012 Commitment: To develop a department-wide, web-based electronic log to track the time that children spend at the ERCP; identifying those who are hard-to-place; and implementing the web-based log upon State approval.

Current Status Update: In December 2011, DCFS developed and launched a web-based log. The electronic ***Child Awaiting Placement Tracking System***, accessed through the DCFS intranet LAKids, is fully-implemented enabling daily technological data maintenance of the identities, ages, gender and other characteristics of children entering ERCP.

A close review of six months of data maintained, to date, is revealing the following trends, which merit closer analysis:

- a) The number of hours each child awaits placement at the ERCP, by age, gender and other characteristics, providing alerts at the 4-hour, 8-hour and 20-hour increments of the placement process;
- b) The specific areas countywide from which most child entries into ERCP are originating; specifically identifying when a child re-enters ERCP from a regional office;
- c) The most frequently-occurring reasons for entries; and
- d) The most-challenging barriers to placement efforts.

2. Incomplete ERCP Logs

Auditor-Controller's Finding: ERCP tracks how long children are at the facility on hard copy 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 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 in 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' January 20, 2012 Commitment: To issue a written policy for storing records and developing a web-based electronic log to track all children awaiting placement at the ERCP.

Current Status Update: On February 7, 2012, DCFS provided training to both ERCP secretarial and support staff on the existing departmental record retention policy, protocols and procedures for storing hard copies of the daily electronic web-based **Child Awaiting Placement Tracking** logs. ERCP secretarial and support staff are now in full-compliance with the record retention policy and all children entering and exiting ERCP are being properly recorded.

3. Lack of Documented Employee Background Clearances

Auditor-Controller's Finding: 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 supporting documentation. DCFS indicated that they hired the group supervisors before they started tracking background clearances in December 2011, 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 Chief Executive Office (CEO) to resolve any policy issues and ensure they have obtained criminal clearances for all employees.

DCFS' January 20, 2012 Commitment: To work with the Department of Human Resources and the Chief Executive Office to resolve all policy issues related to obtaining criminal clearances on those DCFS employees who come into contact with children.

Current Status Update: On February 28, 2012, the Board directed DCFS to immediately begin live scanning all DCFS employees who have contact with children and who have not yet been live scanned. The first office DCFS selected for live scanning was the ERCP.

As of the end of February, of the 125 DCFS staff assigned to the ERCP, the job duties of 55 ERCP staff required that they be live scanned. As of May 31, 2012, of the 55 ERCP staff, the live scans of 44 (80%) ERCP staff have been completed. Of the remaining 11 (20%) ERCP staff, one (2%) ERCP staff has left County service and one (2%) ERCP staff is on medical leave. During the evening shifts between Monday, June 4, 2012 and Wednesday, June 6, 2012, the live scanning of the remaining 9 (16%) ERCP staff is scheduled for completion.

Departmentwide, as of the end of February, there were 1,928 DCFS employees whose job duties required that they be live scanned. As of May 31, 2012, the live scans of 1,429 (74.5%) DCFS employees have been completed. Of the 499 (25.5%) remaining DCFS employees, 10 (.001%) DCFS employees have left County service; 39 (2%) DCFS employees continue to be on medical leave; and 16 (.008%) DCFS employees were on vacation during the first round of regional office live scanning.

On May 4, 2011, a Departmental memorandum reminded Office Heads to ensure mandatory compliance with the Board-directed live scanning requirement. By July 31, 2012, completion of all required live scans, minus those with legitimate long-term absences, is projected department-wide.

4. Difficulties Separating Children in ERCP

Auditor-Controller's Finding: ERCP staff indicated that they need to separate various types of children (e.g. teen males and females, young children, children with behavior problems) 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 sometimes houses ten or more children at the same time some of whom may need to be separated. ERCP should consider using the additional space ERCP has in the building to expand the number of children's rooms, or moving ERCP to a different location.

DCFS' January 20, 2012 Commitment: To evaluate how to separate children, including moving facility to a new location or expanding the number of children's rooms; and ensuring that the laundry room remains closed.

Current Status Update: In February 2012, both DCFS ERCP and Property Management staff met with representatives of the Chief Executive Office Real Estate Division and architects to discuss a build-out plan. The goal was to expand the space for children awaiting placement at ERCP.

On March 14, 2012, two proposed plans were taken under advisement. Expansion costs have not been determined. Expansion planning remains on hold as consideration is now being given to moving a portion of the ERCP children's waiting room (for younger children) to a new location.

5. Need for Additional Beds

Auditor-Controller's Finding: 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 that they have additional beds and cribs available when needed.

DCFS' January 20, 2012 Commitment: To order four (4) additional beds and two (2) additional cribs.

Current Status Update: DCFS ordered and received the two (2) additional cribs. The order for four (4) additional beds remains on hold pending the decision to build out or move a portion of the ERCP children's waiting room (for younger children) to a new location.

6. Safety Risks

Auditor-Controller's Finding: The unlocked laundry room connecting ERCP's children's rooms has an un-enclosed 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' January 20, 2012 Commitment: To enclose the water heater and other appliances with a locked sliding door; and dispose of all peanut-based snacks, never to order them again.

Current Status Update: In November 2011, during the course of the audit, the ERCP management had already disposed of all its peanut-based snacks.

On February 2, 2012, locking sliding glass doors were installed in front of the washing machine, dryer and water heater. To date, the sliding glass doors remain locked at all times, preventing any child from gaining access.

II. ASSESSING TYPES OF ERCP CHILDREN TO IDENTIFY THEIR NEEDS, APPROPRIATE LEVEL OF SERVICES AND PLACEMENT OPTIONS; DEVELOPMENT OF DEDICATED CASE MANAGEMENT UNIT/METHODOLOGY

DCFS' primary goals are to improve the safety, permanency and well-being/self-sufficiency outcomes of the 35,000 children currently under supervision. This requires appropriate health and mental health screening; the timely determination and linkage to the right

services/treatment; and the ensuring of adequate educational, workforce and social/emotional preparation for adulthood.

Meeting these expectations begins with organized data, regularly collected and analyzed, to determine the best service/treatment array that promotes healing and recovery from maltreatment/trauma; and builds key skills and capacity in both children and their parents or caregivers. Accordingly, taking the ***Child Awaiting Placement Tracking System*** a step further, DCFS developed the ***High-Risk Children Tracking System***.

High-Risk Children Tracking System

DCFS developed the ***High-Risk Children Tracking System*** by integrating data from the web-based ERCP - ***Child Awaiting Placement Tracking System*** with other data, independently-maintained within six databases throughout the department – Structured Decision-Making (risk assessment); Psychiatric Hospitalizations; Current Placements: D-Rated or RCL 12/14 Group Home; Current Assignment: Runaway Outreach Unit; Current Assignment: Youth Permanency Unit; and/or a noted frequency of 3 or more replacements within the last 12 months. On May 23, 2012, following two months of planning and development, the ***High-Risk Children Tracking System*** “went live.”

While still in its early evolution, data produced from the ***High-Risk Children Tracking System*** has already proven valuable in proactively identifying those youth, among the 35,000 children currently under DCFS supervision, ranked most at-risk from both a medical and psychiatric perspective.

III. DEVELOPMENT OF A DEDICATED CASE MANAGEMENT UNIT TO DEVELOP A CASE MANAGEMENT METHODOLOGY FOR HIGH-RISK, HIGH-PROFILE YOUTH THAT INCLUDES CONDUCTING ASSESSMENTS AND WORKING WITH REGIONAL OFFICES TO DEVELOP CASE PLANS AND TRACK TRENDS OF MIGRATION IN AND OUT OF ERCP

Acting immediately upon the compiled comprehensive profiles of each highest-risk youth identified through the ***High-Risk Children Tracking System***, DCFS launched the ***High-Risk Youth Case/Care Planning/Management Pilot***. The pilot entails the DCFS Medical Director lending his medical and psychiatric expertise to personally assessing the case/care plans for each identified highest-risk youth, in conjunction and consultation with the responsible Deputy Director and Regional Administrator assigned to the case; Resource Utilization Management and Revenue Enhancement managers. The purpose of the assessment, from a three-pronged medical, psychiatric and psychosocial perspective, is to determine the need for any additional and/or alternative screenings, services and supports; as well as, the appropriateness of the current placement for both the youth and his/her caretaker.

The DCFS Medical Director will then proceed to coordinate appropriate care services with the Departments of Health, Mental Health and Public Health respectively, based upon the outcome of the comprehensive analysis. As a follow-up, the responsible Deputy Director for each highest-risk youth will provide monthly reports to the DCFS Director on the progress of implementing each highest-risk youth's plan of care and quality of case management. The

outcome of the pilot and the volume of this evolving practice will inform the need for a dedicated case management/care coordination unit in the future.

IV. DEVELOP/MAINTAIN A DAILY INVENTORY OF AVAILABLE PLACEMENT OPTIONS

The DCFS *Foster Care Search Engine*, designed to automate the identification of the most appropriate placements for children, includes the names and contact information for County-contracted foster care resources.

As of April 2012, the contracted foster care resources available to DCFS are: (1) State-licensed foster homes – 770 homes that include 2,029 beds; (2) State-licensed small family homes – 67 homes that include 87 beds; (3) State-licensed group homes – 81 group homes with 177 sites that include 2,493 beds. Of these, 140 sites that include 1,915 beds are located within Los Angeles County limits; and 37 sites that include 578 beds are located outside of Los Angeles County limits.

There are also 51 State-licensed, County-contracted Foster Family Agencies (FFA). Los Angeles County depends upon FFA self-reports to know the number of the certified homes, beds and vacancies within each. Following the correction of networking difficulties experienced early in 2012, all 51 contracted FFAs are projected to complete data entering their certified-home vacancies into the *Foster Care Search Engine* by June 2012. Furthermore, no later than June 2012, DCFS projects to resolve other internal technological challenges related to a limited number of data fields as well as to update contact information in the database.

V. IMPLEMENT RECOMMENDATIONS OUTLINED IN THE DMH ERCP OBSERVATIONS AND RECOMMENDATIONS REPORT

Throughout the years and particularly through the Katie A. lawsuit, the Departments of Children and Family Services and Mental Health have worked increasingly more collaboratively to integrate service delivery and expand the array of placement resources to improve mental health outcomes for children under DCFS supervision. The DMH ERCP Observations and Recommendations Report an example of the inter-agency collaboration that resulted from evenings that DMH staff spent in the ERCP during March 2012.

The recommendations in the DMH report focus on three aspects of ERCP operations -

- (1) Preventing placement failures;
- (2) Supporting new placement efforts; and
- (3) Improving supports while at the ERCP for both children and staff.

Some DMH recommendations can be implemented within existing resources. The implementation of others will require additional resources.

DMH Recommendations (Within Existing Resources)

1. ***Identify placement options prospectively to reduce time required to place youth who must be moved.*** DMH is expanding an existing centralized gate keeping function, which will enable making information about available RCL 14 and Community Treatment Facility group homes to DMH col-located Specialized Foster Care staff in DCFS Regional Offices. The co-located DMH staff can then engage in early teaming efforts with DCFS Children’s Social Workers regarding all available mental health placements throughout Los Angeles County in order to minimize the time devoted to a placement search.

STATUS: The DMH centralized gate keeping function has been coordinated, providing up-to-date information regarding RCL 14 group home and Community Treatment Facility group home vacancies to DMH Specialized Foster Care staff co-located in DCFS Offices.

2. ***Streamline the RCL 14 group home admission process for youth coming into ERCP;***

STATUS: DMH has revised the existing RCL 14 group home admission protocol to provide emergency screenings and has already begun to implement the new procedure.

3. ***Involve existing mental health intensive treatment program clinicians*** (Full Service Partnership or Wraparound) in identifying and transitioning ERCP youth to appropriate community-based placements.

STATUS: The initial focus of this effort will be to work with DMH co-located staff, Wraparound and Full Service Partnership providers, along with DCFS ERCP and Regional Office staff to identify Wraparound and Full Service Partnership clients who are at risk of ERCP overstays and to implement a shared plan to address client needs in a way that minimizes the potential for youth to enter ERCP. This will require the development of shared protocol and training. DMH and DCFS anticipate full implementation within 9 to 12 months.

4. ***Train ERCP staff in:***

- a) The ***Shared Core Practice Model*** of service delivery, which is the skill-based framework for best practice standards that define how DCFS, Probation and DMH work together with children and families. The Model emphasizes skills related to child and family engagement and the establishment of trust-based relationships focusing on needs and strengths; and teaming with community partners; and
- b) Non-violent crisis intervention and suicide prevention/intervention, supported by ongoing coaching to enhance and maintain skill development.

STATUS: DMH will develop training curricula and provide the training regarding non-violent crisis intervention and suicide prevention/intervention to ERCP staff. DMH proposes that the Los Angeles Training Consortium provides the ongoing coaching

related to Shared Core Practice Model. DCFS and DMH will continue collaborating in this training and coaching effort, full implementation of which is projected within 6 to 9 months.

DMH Recommendations (Outside Existing Resources)

1. ***Establish a dedicated effort to preserve placements:***

DCFS and DMH are in discussions about how to reduce ERCP entries through a team approach that will avert placement disruptions before they occur. Under consideration is the use of existing DCFS Resource Utilization Management staff and existing DMH Psychiatric Mobile Response Team staff with an augmentation of new DMH staff, trained in mediation and conflict resolution; and knowledgeable in de-escalating volatile situations; and resolving acute crises involving emotionally-disturbed youth. The latter new staff can also mentor and coach foster families and group home staff in similar skills.

2. ***Build a seamless transition to a new placement with mental health involvement by placing a specialized mental health provider at ERCP:***

DCFS and DMH are currently discussing the scope of this project; the necessary funding; and the procurement method.

VI. **AMEND GROUP HOME, FOSTER FAMILY AGENCY AND LICENSED FOSTER HOME CONTRACTS TO REMAIN AVAILABLE 24 HOURS PER DAY, 7 DAYS PER WEEK**

On May 14, 2012, DCFS, the Department of Probation and California Community Care Licensing held a successful "Request for Statement of Qualifications" meeting, in part, to amend existing group home and foster family agency contracts with the stipulation of establishing availability 24 hours per day, 7 days per week. Many providers already have the extended intake capacity already in place. Others expressed interest in contract amendments. The amended contracts will be executed by September 30, 2012.

Of additional note is an existing stipulation within the current Group Home and Foster Family Agency Statement of Work. The stipulation requires that, prior to discharging a child, the Group Home or Foster Family Agency is to provide several levels of DCFS line and administrative management with a "Notice of Intent to Discharge." The "Notice of Intent to Discharge" must include the contractor's documented efforts, including mental health and/or law enforcement services, to stabilize the child's existing placement in advance of any anticipated replacement. In an effort to reduce placement disruptions and corresponding ERCP entries, DCFS is currently enhancing its tracking, monitoring and management of the "Notice of Intent to Discharge" process.

The contracted group home and foster family agency provider network has been an active partner with DCFS in support of addressing viable solutions to ERCP placement barriers. The combined impact of the forthcoming contract amendments, further expanding the 24 hours per day, 7 days per week intake capacity; the tighter departmental management of the contractor "Notice of Intent to Discharge" process; and the DCFS/DMH partnership to avert placement disruptions are projected to reduce ERCP entries.

VII. **HOW THE YOUNGEST CHILDREN CAN AWAIT PLACEMENT IN AN ALTERNATIVE, SAFE, THERAPEUTIC LOCATION, WITH AROUND-THE-CLOCK SOCIAL SUPPORT AND PLACEMENT SERVICES**

Beginning in November 2011, the Departments of Children and Family Services, Health Services and Dr. Astrid Heger began preliminary discussions about the use of the Children's Village at the LAC-USC Medical Center to serve as an assessment and waiting center for DCFS children brought to the ERCP. The Department of Health Services has unused space, formerly housing a daycare center, adjacent to the LAC-USC Medical Hub. With child-friendly space both indoors and outdoors, this space could be an ideal location to comfort very young children awaiting placement.

On May 29, 2012, DCFS, DHS, DMH, DPH and County Counsel met and established that DCFS could, in fact, utilize the space to operate a ***Child Awaiting Placement Center***, as an up-to 23-hour location exempt from licensing regulations. In this location, a child, ages birth to 10, could be comforted, nourished and closely supervised while concurrent multidisciplinary aggressive efforts are underway to locate an appropriate placement. Once the departments agreed upon the age limitation (up the 10th birthday), under continuing discussions are children's rights – the positive accommodation of sibling sets (that include children over age 10) and parenting minors with their babies. Completion of the necessary Memoranda of Understanding between DCFS and DMH are anticipated no later than September 2012.

On May 31, 2012, DCFS, DHS, DMH, and DPH met to continue discussions about an ideal service delivery model at the alternate location – including intake processes (with corresponding staffing configurations); concurrent multidisciplinary placement processes (with corresponding staffing configurations); and security (with necessary staffing). Analysis is in progress to determine and distinguish those staffing needs that would fall within and outside of existing resources. The primary goal of ideal service delivery planning is to guarantee, to the extent possible, appropriate placement success within the 23-hour threshold.

VIII. **POTENTIAL OPTIONS – ALTERNATIVE, SAFE, THERAPEUTIC WAITING LOCATION FOR THE OLDER SUB-SET OF ERCP YOUTH**

If the ***Child Awaiting Placement Center*** is established, then the plans to reconfigure the existing Children's rooms at the ERCP can proceed with a focus on older youth safety, security and comfort.

While a preliminary, conceptual discussion for an up-to-30-day alternative pediatric psychiatric assessment center for older youth has also begun, any such planning must be carefully-balanced with safeguards against recreating MacLaren Children's Center. As the Departments of Children and Family Services, Health Services, Public Health and Mental Health join to intensively case/care plan and manage the highest-risk DCFS youth identified by the ***High-Risk Children Tracking System***, "lessons learned" from the process will inform both the future need, if any, and the new paradigm for an alternative therapeutic waiting location for older youth.

IX. RECOMMENDATIONS TO ADDRESS OVERALL CHALLENGES WITH PLACING THE MOST DIFFICULT-TO-PLACE CHILDREN

ERCP Task Force

Shortly upon his permanent appointment in February 2012, DCFS Director Philip L. Browning assembled an inter-departmental Task Force to begin identifying inter-agency solutions to the ERCP placement barriers and children awaiting placement over 23 hours. The Task Force is comprised of representatives from the Departments of Children and Family Services, Probation, Health, Public Health, Mental Health, County Counsel and the Chief Executive Office.

The first general ERCP Task Force meeting took place on February 27, 2012. ERCP Task Force sub-committee meetings took place on May 29, 2012 and May 31, 2012. Much of the planning for the progress detailed throughout this report was accomplished at these meetings. The second general ERCP Task Force meeting is scheduled to take place on June 6, 2012.

Continued planning and implementation discussions during future ERCP Task Force meetings will include, but not be limited to the following:

1. Children Awaiting Placement Center – DCFS, DHS, DMH, DPH
2. Highest-Risk Youth Intensive Care Coordination - DCFS, Probation, DHS, DMH, DPH
3. DCFS/DMH Placement Failure Aversion Teams and ERCP Co-located Mental Health Provider – DCFS, DMH

ERCP Strike Team

In addition to a focus on external solutions, DCFS also turned its attention to internal solutions. Effective Monday, June 4, 2012, Director Browning temporarily transferred ERCP oversight to an experienced Administrative Deputy and Regional Administrator. This ERCP Strike Team will assume responsibility for the ERCP's daily operations and develop an operational plan with the goal of bringing forth the efficiencies and outcomes consistent with the Board of Supervisors' expectations and the Department's mission.

Utilizing the unique observations and recommendations from the ride-alongs of the entire DCFS Executive Team, which took place every evening between May 11, 2012 and May 24, 2012; in addition to input from ERCP social workers, supervisors, support staff and management, and in consultation with the Union, the Strike Team will identify placement procedure solutions; coordinate necessary staff training to assure adherence to applicable policies and procedures; and establish both a management and staffing configuration to support optimal ERCP operational efficiency.

Critical to the operational efficiency of the ERCP is the safety and security of both the children awaiting placement as well as the ERCP staff. ERCP handles referrals of suspected abuse and neglect that require immediate response. The ERCP is the only after-hours site where law enforcement delivers minors who may be chronic runaways, who may have been released from juvenile detention centers with no family available, or who may have been involved in

illegal activities, such as prostitution. The Strike Team will explore the feasibility of shelter placement resources through public-private partnerships, such as Children of the Night.

Finally, the Strike Team will design, develop and implement an **ERCP Assignment Tracking System**. This database will issue hotline referral assignments and track workloads for each ERCP staff electronically, eventually replacing the existing manual processes, instilling operational efficiency and accountability.

The projected completion date of the Strike Team's initial analysis and overall operational plan is within 30 days, by early July 2012. The Strike Team's plan will include, but not be limited to:

1. Completing live scans for required ERCP staff;
2. Further refining the **Child Awaiting Placement Tracking System**;
3. Improving/enhancing the **Foster Care Search Engine**;
4. Coordinating expanded Group Home/Foster Family Agency 24/7 intake capacity with tracking/monitoring "Notice of Intent" submissions; and
5. Finalizing ERCP Children's Room "build out" plans.

CONCLUSION

The Department of Children and Family Services thanks the Los Angeles County Board of Supervisors for the heightened attention to the challenges facing the Emergency Response Command Post. While many of the strategies and actions detailed above were already in various stages of planning and progress, there is no question that the increased awareness brought forth by the Board of Supervisors supported the tighter and more urgent service integration of all affected County agencies in pursuit of viable and cutting-edge solutions.

We plan to provide an additional progress report on all of the above within 60 days. If you have any questions, please call me or your staff may call Aldo Marin, Manager, DCFS Board Relations Section, at (213) 351-5530.

PB:HB

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