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HIRING ISSUES IN THE CORONER'S OFFICE

Too Many Bodies . . . Not Enough Staff

I SUMMARY

What do all of these scenes have in common?

...On a Los Angeles Freeway in the pouring rain...Inside a burned-out structure...On the side of a mountain in the Angeles National Forest...In a pack-rat cluttered house.

They are locations in the County of Los Angeles (the County) where a dead person was found. These are just a few of the places in the County where you will find personnel from the Operations Bureau of the Los Angeles County Department of Medical Examiner-Coroner (DMEC) conducting forensic investigations.¹

When the Los Angeles County Civil Grand Jurors (CGJ) took a tour of the DMEC in January 2017, we learned about the wide-ranging, extraordinary, and comprehensive DMEC services. Our interest was especially heightened to discover that much good work is being accomplished within the confines of severe personnel shortages in the DMEC. We were curious to learn what barriers there were to keeping these, what seemed to us, essential and vital personnel positions from being filled. Was it a budgetary issue? Was it an efficiency issue? Was it bureaucratic complexity?

Regrettably, especially for the hardworking personnel in the department, negative media coverage is abundant: “Coroner accidentally cremated wrong man as his family planned a funeral and viewing . . . The incident occurred as the coroner’s office is trying to reduce a major backlog in cases caused by staffing shortages. The backlog has sparked complaints from families and law enforcement officials”.² “(T)he office (DMEC) was poised to lose its accreditation because of a backlog in the toxicology lab, staffing vacancies, and a shortage of budgeted positions.”³

¹ County of Los Angeles Department of Medical Examiner-Coroner Website

<http://mec.lacounty.gov/wps/portal/mec/home/> <http://mec.lacounty.gov/wps/portal/mec/home/>

² Los Angeles Times, Richard Winton, October 28, 2016 <http://www.latimes.com/local/lanow/>

³ Los Angeles Times, Matt Hamilton, January 20, 2017 <http://www.latimes.com/local/lanow/la-me-ln-coroner-appointment-20170120-story.html>

Last year's 2015-2016 Los Angeles County Civil Grand Jury Final Report⁴ studied many issues related to the DMEC, some of which made headlines: "The Los Angeles County Board of Supervisors has failed to adequately fund and staff the county coroner's office, despite repeated warnings, and the inaction has led to a "sobering" backlog of bodies waiting for tests."⁵ This year's CGJ investigation focuses solely on personnel shortages: (1) the effect of personnel shortages, (2) the barriers and challenges to relieving the shortages, and (3) any efforts made to ameliorate shortages since last year's CGJ Final Report.

II BACKGROUND

The Department of Medical Examiner-Coroner (DMEC) is mandated by law to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.⁶ About 78,000 to 80,000 people die in the County each year. The coroner's office investigates about 22,000 to 25,000 of those deaths.⁷ "The department conducts more than 8,500 cases (autopsies) a year."⁸ The caseload continues to increase in the County due to a growing population in general and the indigent population in particular.⁹

The DMEC is comprised of five divisions: Administration, Operations, Forensic Laboratory, Modeling, and Continuing Medical Education. Our report focuses on staffing shortages for the largest and most diverse: the Operations Bureau and the Forensic Laboratory.

The Operations Bureau is the largest segment of the DMEC, consisting of the Investigations and Decedent Services sections. It is responsible for the 24 hour-a-day, 7 day-a-week operation of the DMEC. The Operations Bureau is also responsible for disaster and community services, fleet management, and other ancillary programs within the DMEC. The Special Operations Response

⁴ <http://grandjury.co.la.ca.us/pdf/LOSANGELESCOUNTY2015-2016CIVILGRANDJURYFINALREPORT.pdf>

⁵ Los Angeles Daily News, Mike Reicher, April 21, 2016, "400 Bodies Await Testing at Backlogged LA County Morgue, Grand Jury Says." <http://www.dailynews.com/general-news/20160421/400-bodies-await-testing-at-backlogged-la-county-morgue-grand-jury-says>

⁶ Department of Medical Examiner-Coroner Website
<http://mec.lacounty.gov/wps/portal/mec/aboutus/missionstatement>

⁷ Los Angeles Daily News, Sarah Favot, March 11, 2016, "Outgoing LA Coroner Describes Department in Turmoil 'It's Nuts'" <http://www.dailynews.com/government-and-politics/20160311/outgoing-la-county-coroner-describes-department-in-turmoil-its-nuts>

⁸ Senior Staff Member at the DMEC

⁹ Ibid.

Team (SORT), which provides response in the event of any mass fatality or high explosive incident, is also under the control of the Operations Bureau.¹⁰

Deaths investigated by the Investigations Section of the Operations Bureau require dispatching a Coroner Investigator to the scene of the death regardless of the time or location. Coroner Investigators interview witnesses and emergency responders, photograph the scene, follow up on leads, collect evidence, make identifications, notify next of kin, secure valuables, and interface with law enforcement agencies. They prepare reports that are forwarded to the medical division for use in the determination of the cause and mode of death. Coroner Investigators are frequently summoned to court to provide testimony on coroner cases. Under the California State Penal Code, all Coroner Investigators are sworn peace officers.¹¹

The Forensic Laboratory conducts a scientific investigation into the cause and manner of any sudden, suspicious, or violent deaths occurring in the County. The Laboratory performs analysis in four distinct forensic disciplines: Drug Chemistry, Analysis of Biological Specimens, Toxicology, and Trace Evidence.¹²

The CGJ has found the DMEC, through its dedicated and indefatigable staff, embodies and strives to implement the mission and vision articulated in the 2016-2021 County of Los Angeles Strategic Plan: “Establish superior services through inter-Departmental and cross-sector collaboration that measurably improves the quality of life for the people and communities of Los Angeles County. (It is) a value driven culture, characterized by extraordinary employee commitment to enrich lives through effective and caring service, and empower people through knowledge and information.”¹³

III METHODOLOGY

The CGJ Committee members thank the people who gave their valuable time and expertise to inform this report. The committee members reviewed the County’s Civil Service Codes,¹⁴ the outside consultant Strategica, Inc.’s Report to the Board of Supervisors (BOS),¹⁵ the 2015-2016 CGJ Interim and Final Reports, news items, and websites. We interviewed senior staff members

¹⁰ Senior Staff member at the DMEC

¹¹ Department of Medical Examiner-Coroner Website, <http://mec.lacounty.gov/wps/portal/mec/home/>

¹² Ibid.

¹³ County of Los Angeles 2016-2021 Strategic Plan, <http://www.lacounty.gov/strategic-plan-and-goals>

¹⁴ County of Los Angeles Civil Service Commission Website

https://www.municode.com/library/ca/los_angeles_county/codes/code_of_ordinances

¹⁵ Strategica, Inc. Report to the County of Los Angeles Board of Supervisors 12/01/2016
http://file.lacounty.gov/SDSInter/bos/bc/1007230_ReporttoCEO-FINAL11-17-16.pdf

of the following relevant County departments: The DMEC, the Department of Human Resources (DHR), the Civil Service Commission (CSC), and the Chief Executive Office (CEO).

IV FINDINGS

Personnel Shortages

1. Unfilled staff positions are fully funded.¹⁶ Unlike many County challenges, solving this problem does not rely necessarily on increasing the personnel budget of the DMEC.
2. In February 2017, the DMEC requested 56 new positions from the County. Since that time, the DMEC has been able to hire personnel to fill 26 positions. The recruitment and examination process is currently underway to fill all open positions.¹⁷
3. The DMEC is attempting to build a redundancy of employees because they typically operate with a 10% - 12% labor decrease due to personal leaves. With a small department of 220 employees in addition to the diverse, extensive, and expert-specific work, the net effect of a variable (daily) reduced permanent workforce is problematic.¹⁸
4. The DMEC has been operating without a permanent Chief Medical Examiner-Coroner for over a year.¹⁹

Effect of Personnel Shortages and Barriers/Challenges to Relieving the Shortages

5. **Backlog Problems:** The CGJ committee found, in discussions with County staff and in reviewing media coverage,²⁰ lack of sufficient personnel in the DMEC creates a backlog of investigations and autopsies. This causes potential heartache for families and frustration for staff. In January 2017, when the CGJ toured the DMEC, there were in excess of 450 bodies awaiting disposition. It is the opinion of the CGJ, backlogs may be perceived by the public as the most egregious result of personnel shortages in the DMEC.
6. **Hiring Issues:** The County's hiring rules and procedures are created to implement a fair and transparent process. However, Civil Service Codes²¹ and complicated County hiring

¹⁶ Senior staff member at DMEC

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Ibid

²⁰ Los Angeles Daily News, Mike Reicher, April 21, 2016 <http://www.dailynews.com/genral-news/20160421/400-bodies-await-testing-at-backlogged-la-county-morgue>

²¹ Civil Service Codes

https://www.municode.com/library/ca/los_angeles_county/codes/code_of_ordinances?nodeId=TIT5PE_APX1CISE
[RU](#)

processes²² are particularly time-consuming and cumbersome for a small department of 220 people. Additionally, the hiring process can take up to 18 months. This includes formulating requirements, standards, examinations, interviews, background checks, and vetting.²³ Included in this process is “Banding” which is the process whereby an applicant’s name is put in a “band” based on test scores. By County rules, the DMEC must interview and hire from the top “band” (or the banded applicants need to voluntarily withdraw) before candidates from the next “band” can be considered.²⁴ It is the opinion of the CGJ, this is a highly restrictive and inefficient process for such specialized jobs within the DMEC. When these restrictions have caused hiring backlogs in specialty jobs in other County departments, “Alternative Banding” procedures have been instituted to fill critical shortages.²⁵ Alternative Banding opens the levels of banding, resulting in a larger pool of candidates available for consideration.

7. Accreditation Issues: “An outside consultant’s report (Strategica, Inc.) completed in November 2016 found that the office was poised to lose its accreditation (with the National Association of Medical Examiners) because of a backlog in the toxicology lab, staffing vacancies, and a shortage of budgeted positions.”²⁶ In part, the National Association of Medical Examiners (NAME) “promotes the highest practice of medical professional and ethical conduct; acts as a clearinghouse of relevant scientific information and administrative procedures and policy matters; and provides leadership and advocacy.”²⁷ It is considered by many people we interviewed to be the standard-bearer of excellence and for the County to lose its accreditation would be regrettable.
8. Data Analysis: The County expressed concern for insufficient data analysis on the part of the DMEC to support the need to fill certain job vacancies.²⁸ Historically, lack of maintaining sufficient data recognized by the County has disadvantaged the DMEC in successfully advancing its justification for more personnel. The outside consultant Strategica, Inc.’s report to the BOS did not agree with the DMEC in its assessment of how many personnel were needed.²⁹

²² County Department of Human Resources <http://hr.lacounty.gov/our-organization/>

²³ Senior staff member at DMEC

²⁴ Senior staff members at DHR and DMEC

²⁵ Ibid.

²⁶ LA Times Local/LA Now, January 20, 2017, Matt Hamilton, <http://www.latimes.com/local/lanow/la-me-ln-coroner-appointment-20170120-story.html>

²⁷ National Association of Medical Examiners Website

<https://netforum.avectra.com/eweb/StartPage.aspx?Site=NAME&WebCode=HomePage>

²⁸ Senior staff member in CEO’s Office

²⁹ Strategica Report to BOS re DMEC, December 1, 2016 “Workload Analysis of the Department of Medical Examiner-Coroner” including DMEC’s response to the recommendations in the report. http://file.lacounty.gov/SDSInter/bos/bc/1007230_ReporttoCEO-FINAL11-17-16.pdf

Efforts Made to Ameliorate Personnel Shortages

9. This year's CGJ was pleased to learn that since the 2015-2016 CGJ Final Report, the BOS and the CEO have committed ongoing time and resources to help ameliorate the personnel shortages in the DMEC through the formation of a Work Group.³⁰
10. The Work Group is comprised of staff from the DMEC, the CEO's office, and the Department of Human Resources (DHR). Issues are reviewed in detail and solutions created where possible. Relevant staff members from other departments are brought into the Work Group when needed, i.e., Civil Service Commission and County Counsel. The Work Group has succeeded in creating an effective open dialogue between the three County departments (CEO's Office, DHR, and the DMEC).³¹ Most importantly, the Work Group has the authority to solve problems and implement solutions, as issues are researched and understood.³² In discussions with staff of the three County departments, the following issues were presented to the CGJ committee members:
 - Due to "Surging" (the application of extensive temporary overtime) the DMEC is close to eliminating backlogs and attaining the industry standard of 90% of all investigations completed within 90 days from time of autopsy.³³ However, this approach has resulted in 20,000 hours of overtime in twelve months.³⁴
 - A new labor resource for DMEC has been instituted using students studying for a Masters of Social Work (MSW) degree. Students from the USC School of Social Work are utilized as interns to assist indigent families in crisis and help identify available social service resources. This time-consuming but vital service releases permanent staff to perform other duties.
 - A nurse intern program is also being explored by the Work Group which would introduce a new discipline in the DMEC: The nurse intern would work with the investigators' unit and the doctors' unit to read through medical records and request reports from hospitals, etc., helping both units. This activity is also time-consuming

³⁰ Senior staff members of DMEC, CEO Office and DHR

³¹ Ibid.

³² Ibid.

³³ National Association of Medical Examiners (NAME) "Inspection & Accreditation Checklist"

<https://netforum.avectra.com/public/temp/ClientImages/NAME/c43b8bca-ad7b-4a40-990b-7f45283a66ab.pdf>

³⁴ Pasadena Star News, April 18, 2017 Susan Abram "LA Coroner cuts body backlog, but request for more funding rejected", <http://www.pasadenastarnews.com/government-and-politics/20170417/la-county-coroner-cuts-body-backlog-but-request-for-more-funding-rejected>

and requires certain expertise. If implemented, this nurse intern program also promises to relieve permanent staff to perform other duties.

- Transitional Subsidized Employees (TSEs) from the County’s Department of Public Social Service (DPSS) are being utilized to assist in clerical work. The TSEs work for ten months and those eligible are encouraged to take the County examination for fulltime permanent employment with the DMEC. There have been some successful transitions into fulltime employment.
- Due to the high media profile of the DMEC, the County established a new position of Public Information Officer (PIO) for the DMEC. The PIO will provide vital information to news organizations and the public for the myriad events occurring daily in the nation’s largest coroner’s office.

11. There have been promising developments made in relation to hiring issues. “(The Work Group) has been very helpful in facilitating . . . issues with open positions. . . (the Work Group) helped prioritize and moved the process from 18 months to six to eight months.”³⁵ It is the opinion of the CGJ that shortening the timeframe even more would remove unnecessary delays to more quickly bring staffing to required levels. Also, the DMEC created new test criteria, reviews, job analysis, and re-designed the exam process. The following information was learned from CGJ discussions with senior staff with the DMEC, CEO’s Office, and DHR:

- The number of applicants, previously capped at 400, has been increased to 1000, thereby providing a larger pool of candidates.
- Applicants are advised in more detail as to what constitutes an extensive background check, thereby giving applicants the opportunity to withdraw their applications before time and effort is put into an applicant who will not pass the background check.
- A PowerPoint Presentation was designed by the DMEC and is given to prospective applicants, as well as scheduled possible “ride-alongs” and tours. These efforts are established to dispel the popular and misleading impression made by “CSI TV” (Crime Scene Investigation Television Series) that many applicants have of the work. Additionally, a strength and agility test was added so as to emphasize the physical strength and dexterity needed for lifting and moving bodies.

³⁵ Senior staff member at the DMEC

- Applicants can prefill applications enabling them to make submissions as soon as the job opening is posted.
 - Although the independent consultant’s report suggested combining different job functions to limit the need for more people, the DMEC was successful in explaining in its response to the report to the BOS, “to suggest that a criminalist could be an expert toxicologist on Mondays and Wednesdays, and then an expert microscopist and tool mark analyst on Tuesdays and Thursdays is not practical or realistic.”³⁶
 - Unfortunately, the DMEC has had a “revolving door” of top people in the last few years.³⁷ However, the DMEC just hired a new Chief of Labs who began work on April 17, 2017,³⁸ and a national search for a permanent Chief Medical Examiner-Coroner is underway.
 - Each department in the County has a dedicated Human Resources Manager (HRM). Each HRM is classified based on his/her level of experience. The size of the County department determines the classification level of HRM. Currently, the DMEC, being a relatively small department by County standards, is eligible only for the lowest Level I HRM. The complexity and uniqueness of the skill set of the DMEC personnel requires hiring a HRM with more expertise and a higher level rating.
12. The current provisional accreditation for the DMEC has been extended and will be reviewed later this year.³⁹ If positions continue to be filled and the 90% / 90 days standard continues to be met, the staff expressed hope that the DMEC will be re-certified, or at the very least, have its certification extended.
 13. With the support of the Work Group, and the assistance of the CEO’s Office, the DMEC is implementing an Electronic Case Filing System (ECFS) to better gather and disseminate data. Phase I of this system is scheduled to be in place and operational by May 2017, at which time Phase II will commence.
 14. In the County’s 2017-2018 proposed budget, \$57,000 less than the current fiscal year is recommended for the DMEC, which is \$5 million less than the DMEC requested. While the new proposed budget is not in the realm of this investigation, the CGJ is concerned that the DMEC receive sufficient funding to resolve longstanding concerns.

³⁶ DMEC Response to Recommendations of the Independent Contractor, Strategica, Inc. December 1, 2016
http://file.lacounty.gov/SDSInter/bos/bc/1007230_ReporttoCEO-FINAL11-17-16.pdf

³⁷ LA Times Section Local/LA Now, January 20, 2017, Matt Hamilton

³⁸ Senior staff member CEO’s Office

³⁹ Senior staff member at DMEC

V RECOMMENDATIONS

1. The BOS should commend the partners of the Work Group formed to ameliorate the myriad issues related to the DMEC. The three partners, DMEC, DHR, and the CEO, use open dialogue and effective problem-solving approaches in identifying issues. The Work Group has made significant progress in obtaining resources for the DMEC.
2. The DHR should implement “Alternative Banding” for the DMEC to fill budgeted positions.
3. The CEO should implement “Alternative Banding” for the DMEC to fill budgeted positions.
4. The DHR should decrease the timeframe of the hiring of DMEC personnel, currently at six to eight months.
5. The DHR should assign a Human Resources Manager to the DMEC with a higher classification level.

VI REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses shall be made no later than ninety (90) days after the Civil Grand Jury publishes its report and files it with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2016-2017 Civil Grand Jury must be submitted on or before September 30, 2017, to:

Presiding Judge
Los Angeles County Superior Court
Clara Shortridge Foltz Criminal Justice Center
210 West Temple Street
Eleventh Floor-Room 11-506
Los Angeles, CA 90012

Responses are required from:

Responding Agency	Recommendations
The County of Los Angeles Board of Supervisors	2.1
The County of Los Angeles Department of Human Resources	2.2, 2.4, 2.5
The County of Los Angeles Chief Executive Office	2.3

VII ACRONYMS

BOS	County of Los Angeles Board of Supervisors
CEO	Chief Executive Officer
CGJ	2016-2017 Los Angeles County Civil Grand Jury
CSC	Civil Service Commission
DHR	Department of Human Resources
DMEC	Department of Medical Examiner-Coroner
DPSS	Department of Public Social Service
ECFS	Electronic Case Filing System
HRM	Human Resources Manager
MSW	Master of Social Work
NAME	National Association of Medical Examiners
PIO	Public Information Officer
SORT	Special Operations Response Team
TSE	Transitional Subsidized Employees

VIII COMMITTEE MEMBERS

Joanne D. Saliba Chair
 Regi Block
 Sharon Muravez

MENDING THE SAFETY NET



Lucy Eisenberg **Co-Chair**
Shelley Strohm **Co-Chair**
Joyce Simily

MENDING THE SAFETY NET

Changes in the County’s Child Safety System

I SUMMARY

On May 24, 2013, an eight-year-old boy named Gabriel Fernandez died a tragic death in his home due to abuse and neglect. Gabriel’s problems were not unknown—there had been multiple calls and referrals to the County of Los Angeles Department of Children and Family Services (DCFS). But DCFS closed the case and a month later Gabriel was later found not breathing. His skull was cracked, three ribs were broken, his skin was bruised and burned and there were BB pellets in his lung and groin.¹

Faced with the facts of Gabriel’s case and other tragic fatalities, the County of Los Angeles Board of Supervisors (BOS) decided to establish a Blue Ribbon Commission on Child Protection (BRCCP), which was assigned to review child protection failures and develop a plan for reform. The BRCCP worked for eight months, conducted 13 public hearings and interviewed more than 300 stakeholders. On April 18, 2014 it issued a lengthy report calling for a fundamental transformation of the current child protection departments and providing the BOS with “a roadmap for creating an integrated, effective child safety system.”²

The Los Angeles County Civil Grand Jury (CGJ) reviewed the BRCCP report and investigated some of the recommendations in the report with the goal of determining whether the child safety system has indeed been reformed and improved. Specific areas that have been reviewed include: the training and supervision of the Children’s Social Workers (CSWs), who are assigned to oversee children at risk; what is being done to increase the number of children who are placed in the care of relatives after being removed from their homes; efforts to provide medical examination for children in DCFS care; and the development of resources to provide housing and care to high risk children for whom no relative is found.

II BACKGROUND

Since the BRCCP issued its report in 2014, the DCFS has hired approximately 2,100 additional social workers to staff its 18 district offices. The CSWs currently have an average caseload of 23 children,³ and there is one Supervising Children’s Social Worker (SCSW) for every 6-7 CSWs. DCFS established a new “University” for training newly hired social workers. But the real responsibility for helping social workers work with parents and children lies on the shoulders of

¹Melissa Etehad and Richard Winton, “Red Flags Were Everywhere,” Los Angeles Times, March 21, 2017

²Los Angeles County Blue Ribbon Commission on Child Protection, Executive Summary, p.2

³ A state-by-state study shows the standard case worker caseload to be significantly lower, at 12 per emergency responder and 15 for standard case workers.

the supervising social workers who may, or may not, accompany their social workers into the field, and who are responsible for monitoring their performance.⁴

When a child is removed from a home because of abuse and/or neglect, the first goal for placement is to find a relative to care for the child. In the last ten years, studies from Canada and Hawaii have provided strong support for the conclusion that placement with relatives should be the preferred choice when a child is removed from parental care. An article by retired Judge Leonard Edwards (Santa Clara County) quotes these and other studies which indicate that the best way to improve outcomes for abused and neglected children is to engage relatives early.⁵

The BOS moved to improve relative finding in Los Angeles County by passing a motion on May 31, 2016, instructing DCFS and the Los Angeles County Probation Department to establish a “Countywide Upfront Family Finding Protocol.” In response to the Board motion, a pilot project was established in two DCFS district offices, Glendora and Santa Fe Springs. The project began in November 2016, and is expected to finish in April or May 2017.

Overseeing the health condition of children under DCFS care is the joint responsibility of DCFS and the Department of Mental Health (DMH), with services provided by the Department of Health Services (DHS). DHS, DCFS, and DMH run a countywide Medical Hub system that includes six Medical Hub clinics: the High Desert Health system; Olive View-UCLA Medical Center; the Los Angeles County-USC Medical Center (LAC+USC) Medical Center; the LAC+USC East San Gabriel Hub; the Martin Luther King, Jr. Ambulatory Care Center; and the Harbor-UCLA Medical Center. (Another service center is located at Children’s Hospital of Los Angeles, which is a non-public entity but is available to provide services to DCFS-supervised children.)⁶

The Hub clinics are responsible for providing an initial medical examination for all newly-detained children. State regulations require the initial medical examination to be performed within 30 days after placement. Some of the Hubs are also staffed to conduct a forensic examination of a child when there are allegations of physical or sexual abuse.⁷ When a forensic examination is required it must be made within 72 hours of the time the child was taken into custody. (If allegations of physical abuse are made when a child is already in custody, the forensic examination must be made within 72 hours of the time the allegations were made.)

The Hub at LAC+USC is part of the Violence Intervention Program (VIP), which was established by a physician at the USC Keck School of Medicine and has become a model for hundreds of programs around the world. The VIP program is housed on the campus of the Los Angeles County-USC Medical Center (LAC+USC). In addition to the services provided by the

⁴ The supervising social workers in turn are monitored by an assistant regional administrator who in turn reports to a regional administrator in each district office.

⁵ The Bench, Summer 2016, p6.

⁶ Interview with Hub management.

⁷ The High Desert and the East San Gabriel Hubs do not currently conduct forensic examinations.

Hub, the VIP program provides medical care for children suffering from sexual assault and includes an LGBTQ clinic. The VIP program provides services 24/7, and also does screening for Fetal Alcohol syndrome, a condition that may result in abnormal appearance, low intelligence, behavioral problems, and trouble in school.

Finding a placement for some “high risk” children has proven difficult. If/when a child is removed from his/her home and no placement is found immediately, the child will need a bed and shelter. In some cases the search for a placement will take more than 24 or 72 hours. In some cases it may take longer.⁸

Establishing and maintaining temporary placement shelters has not been easy either. In 2013 two “Welcome Centers” were opened, also on the LAC+USC campus, to house children and teens as they waited to be placed. The centers were initially licensed for only a 24-hour stay. A licensing process was begun to extend the stay to 72 hours. But in 2016 state regulators recommended that the centers be closed. The State then brought a lawsuit, alleging that children were staying for more than the allowed 72 hours and that the centers amounted to illegal foster care facilities.⁹

To address the problem, DCFS has established an Accelerated Placement Team (APT), which is dedicated solely to the job of locating placements for high risk children. Members of the APT can be contacted by social workers in any of the DCFS district offices, and they utilize their connections with organizations throughout the county to locate a placement. In the meantime, while waiting for a new home, the detained children stay at one of 4 facilities that together have 68 beds.¹⁰

III METHODOLOGY

The CGJ investigation of child safety included interviews with numerous members of the DCSFs staff including staff in charge of training social workers, staff working on the family finding project, staff in charge of the Division of Shelter Care, and the APT. The jurors visited two of the 18 district offices (Glendora and Torrance). The jurors also met with staff from the Office of Child Protection (OCP) and attended one of the Transitional Shelter Care (TSC) meetings hosted bimonthly by OCP. Regarding health care, the jurors met with staff members from the six Hubs and reviewed recent statistics on Hub services.

The CGJ began its investigation with a thorough review of the BRCCP report and a review of articles in the press about child fatalities and the need for change. The jurors also reviewed motions by the BOS, and reports by the OCP regarding the progress being made. The jurors received and reviewed large numbers of DCFS documents regarding caseloads and outcomes.

⁸ Interview with APT staff.

⁹ Barbara Davidson, “L.A. County is Shutting Down troubled Centers for Foster Kids With Nowhere Else to Go”, Los Angeles Times, 3/01/16.

¹⁰ Interview with APT team.

IV FINDINGS

1. Supervision of Social Workers

In the words of the Blue Ribbon Commission, the DCFS CSWs are “the most visible and accountable frontline practitioners,” and are “primarily responsible for case management services designed to protect children...”¹¹ And the CSWs are in fact on the frontline. They are the ones who respond to calls alleging abuse, and who, after a consultation with their supervisors, make the decision of whether a child should be removed from his or her home. The time they spend with children and families determines the accuracy of their decision; the decision of whether a child who has been abused should stay with the family under a Voluntary Family Maintenance (VFM) plan or be removed and placed with a relative or, if necessary, in foster care.

Reducing a CSW’s caseload is one step that can improve his or her performance. Recognizing this need, DCFS has hired approximately 2,100 new social workers since the BRCCP report was published in June, 2014. Important steps have been taken to ensure that the new CSWs are well trained. A DCFS “University” was built in collaboration with seven universities that have social worker programs.¹² The University training includes simulation labs in which CSWs are put in situations that they might encounter when they knock at the door of a home when a child has been reported to be in distress. Praising the program, a former senior staff member of DCFS said, “Now I think workers are much better prepared to handle those situations they’re going to deal with on a real time basis.”¹³

But simulation labs do not replace on-the-job learning, and one critical element for a new social worker is interaction with a supervisor who has had extensive experience dealing with children and families. A DCFS Management Directive issued on 9/28/10 makes clear the importance of the Supervising Social Worker’s (SCSW’s) work in training CSWs. The Directive states that the SCSWs “have an enormous impact” on the CSW’s performance and details their responsibility for training and guidance. One key requirement in providing supervision and training is that the SCSW “accompany CSWs during their investigations or home calls on a periodic basis (no less than two occasions per year/per CSW) to provide guidance and learning opportunities for the CSW in their field work practices.”¹⁴

On visits to two field offices the jurors were told that in many cases the SCSW does not make two or even one field visits per year with the social workers under their supervision during their investigations or home calls. This and other provisions of the Management Directive are not being followed; a staff member stated that the Management Directive is no longer in place and no new directive regarding the supervision of social workers has yet been issued.

¹¹ Los Angeles County Blue Ribbon Commission on Child Protection, p 20.

¹² L.A. Daily News, September 10, 2015.

¹³ Ibid.

¹⁴ Management Directive #MD-09-11, p.7 (f).

During their visits, the jurors also learned that another important thing is often missing when a CSW responds to a call regarding potential abuse: information about the child and family he/she is assigned to. CSWs are allowed to read the child/family files before they visit but they are not required to do so. A highly placed official at one district office stated that she thought the CSWs did so “often” but not always. The CGJ believes that if the CSWs were required to read the files before a visit they might more often recognize when the “minor” injuries they see are part of a large and terrifying pattern. More children might be spared months or years of abuse and possibly even death.

2. Family Finding

In many states, including California, a new movement is underway to reduce the number of children being placed in congregate care and to place them instead with relatives or Non-Related Extended Family Members (NREFM). Recent changes in federal law contain strong language requiring social workers to provide documentation of efforts made to obtain a family placement.¹⁵ And the State of California has enacted amendments to the Welfare and Institutions Code (WIC) which provide funding and services to support children in family settings and, perhaps most importantly, establishes that when a child is placed with a relative, the relative will receive the same level of reimbursement paid to foster care providers.¹⁶

As documented by Judge Edwards in his article on engaging relatives, finding a relative placement is a time-sensitive and difficult task for a single social worker to carry out.¹⁷ Recognizing the difficulty of the task and the importance of relative care, and in response to a motion from the BOS, DCFS prepared a “Countywide Upfront Family Finding Protocol” on September 20, 2016, which includes a plan “to increase relative placements and the overall role of relatives and Non-Related Extended Family Members (NREFMs) ...”¹⁸ The plan sets forth three steps for identifying relatives and engaging them in the case. The plan also proposed initiating a pilot program to take place in two DCFS regional offices and which was “tentatively scheduled” to begin in November 2016.¹⁹

The pilot program did begin in November 2016 and is underway in the district offices in Glendora and Santa Fe Springs. There are six half-time staffers working on the project in Glendora and five in Santa Fe Springs. In the pilot program the search for relatives begins immediately after a child is removed from the home. The staffers interview family members to

¹⁵ Preventing Sex Trafficking and Strengthening Families Act, (H.R. 4980)

¹⁶ California Welfare and Institutions Code Section 11462. <http://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-11462.html>

¹⁷ “Among her other duties she has to provide services that will prevent the need for removal, ensure that the child is safe, explain to the parents what is happening and why, identify and engage relatives and prepare reports for any proceeding which will occur in a day or two.” Leonard Edwards, “How to Improve Outcomes for Abused and Neglected Children: Engaging relatives Early”, *The Bench*, Summer 2016, p29

¹⁸ County of Los Angeles Department of Children and Family Services, Response to the May 31, 2016 Board Motion (Item No. 5) On a Countywide Upfront Family Finding Protocol, September 30, 2016, and attachment

¹⁹ *Ibid.* Attachment, p. 9

establish a family tree and typically send out 20-30 letters to relatives to notify them about the child who is seeking a home. The letters are sent one or two days after the initial detention. Before the pilot was in place the relative search typically took a year or more, but in the pilot project there is a ninety-day turnaround.²⁰

The (OCP) has been closely involved in the pilot project and meets with the project staff monthly. A senior staff official at the OCP strongly believes that placing a child with a relative (as opposed to foster care) will improve his/her chance for success after leaving the foster care system. The officer is hopeful that the success achieved by the pilot project, which in early months has resulted in close to 80% of placements with relatives in Santa Fe Springs, can be rolled out countywide and increase relative placements by 10 to 20%.

3. Providing Medical Services

There are six Medical Hubs in L.A. County run by the County Department of Health Services (DHS). These Hubs provide medical screening and services to children who might otherwise never be seen by a health care provider. In the last six months of 2016, a total of 15,582 children were referred to a Hub by DCFS and actually came to their appointment. Most of these children received an initial medical examination. Others who appear to have suffered from physical abuse received a forensic examination. Unfortunately, a report for Medical Hub visits for fiscal year 2016/2017 also shows that in a large number of cases the child did not show up for a scheduled appointment.²¹ The “no show” rate is distressingly high: it ranges from 14.7% at the LAC-USC Hub to 25.9% at Martin Luther King, Jr. and 29.1% at the Hub in the East San Gabriel Valley.²²

The Hubs see a large number of children who act out, are unable to cooperate, and have been in multiple placements. The Hubs are working on ways to connect these children with mental health providers, and to arrange for a home visit by a therapist as needed. There is a Community Mental Health Center, run by a private non-profit group that is adjacent to the LAC-USC Hub and is able to provide continuing mental health care to the difficult and hard-to-place children. Another group of children requiring mental health care are those who suffer from Fetal Alcohol Syndrome, which can result in growth abnormalities and learning disorders. These children are well served at the Community Mental Health Center.

The six Hub clinics are stationed around the County of Los Angeles. Unfortunately, not all of the clinics are adequately staffed. The LAC-USC Hub has a staff of nine physicians and 10 nurse practitioners but the clinic in East San Gabriel Valley has only one physician and two nurse practitioners. Senior staff stated that this clinic, along with some others, needs additional staff.

²⁰ Interview with pilot program staff.

²¹ L.A. County Department of Health Services, 1/09/2017, Medical Hub Visits, Fiscal Year 2016/2017

²² Ibid.

4. Finding a Place for “Hard to Place” Children

The DCFS is responsible for a large number of “high-risk” children who are difficult to place. Twice a month the OCP convenes a Transitional Shelter Care (TSC) meeting which brings together members of multiple agencies as well as non-profit groups that are dedicated to child welfare.²³ The TSC pilot program puts together a team to help prepare a high-risk child for placement.

A recent TSC meeting, attended by jurors, profiled a 14-year-old girl, “Jane Doe,” who had been in and out of the court system since the age of six. She had had 17 placements in group homes, foster homes, and relative placements. At the time of the meeting Jane Doe was currently living at one of the six TSC facilities run by the DCFS Division of Shelter Care.

Jane Doe is not the only “high risk” child in need of a placement. Staff estimates that at any given time there are approximately 900 children with difficult behavioral and mental health needs who have been removed from their homes. To assist these children (i.e. to find them a home or at least a bed) DCFS established an Accelerated Placement Team (APT) within the Division of Transitional Shelter care.(TSC). The APT team focuses on a number of critical placement issues, including placement for children leaving a hospital and children in “shelter care” (with a limited stay of 72 hours). The APT is currently staffed by nine SCSWs and two Eligibility Social Workers. The number of children referred to the APT varies from day to day—in many cases children who have left placement because the caregiver is unable to deal with their behavior. Of those referred to APT, most will go to a TSC facility to stay for up to 72 hours before being placed. Approximately 12% of these children are very high risk, with a history of sexual exploitation or having been severely molested. Many overstay the 72-hour limit. Every child in a TSC shelter receives a medical screening at the VIP Hub in the LAC+USC medical center, and each child is linked to a mental health field worker.

The APT is also part of the pilot program established by the OCP to provide services to the very high risk children, those who have exceeded 72 hours at a TSC facility or 30 days in an Emergency Care shelter. A child who agrees to join the OCP pilot program receives care from a mental health team including a CSW and a SCSW who meet with the child to identify the behaviors that impede the child’s progress and what triggers them. By identifying the “triggers” and working with the ultimate caregiver, the team increases the chance of a final successful placement.²⁴

²³ The participants at a TSC meeting on March 20, 2017, attended by civil grand jury members, included staff from the Department of Child and Family Services (DCFS), the Department of Mental Health (DMH) the Department of Health Services, Probation, County Counsel, Court Appointed Special Advocates (CASA), Children’s Law Center of California (CLC), Mental Health Advocacy Team (MHAT), and the Alliance for Children’s Rights.

²⁴ Interview with APT staff.

V RECOMMENDATIONS

The 2016-2017 CGJ recommends:

1. The DCFS should prepare and implement a new Management Directive for Supervising Social Workers which would require that Supervising Children's Social Workers have hands-on supervision of their assigned Children's Social Workers in the field and on home visits, at least twice yearly.
2. The DCFS should make finding a relative to care for a child that has been removed from his or her home a first priority, and ensure that a search for relatives is initiated within 30 days following a child's detention.
3. The DCFS should keep records of missed Hub appointments, and when an appointment is missed, require that the Supervising Social Worker ensures that the appointment is rescheduled and that the child is taken to the Hub.
4. The DCFS should require that each Children's Social Worker, prior to his or her first three visits to a child or a child's home, read the child/family file and sign off that the file has been read. DCFS should track and enforce compliance with this rule.
5. The DCFS should develop a plan to ensure that all children in Transitional Shelter Care receive mental health screening, and if appropriate, receive continuing mental health care.
6. The OCP should define and adopt measures of success for the performance of DCFS, and require quarterly reports from DCFS on its performance with respect to those measures.

VI REQUIRED RESPONSES

California Penal Code Sections 933(c) and 933.05 require a written response to all recommendations contained in this report. Responses shall be made no later than ninety (90) days after the Civil Grand Jury publishes its report and files it with the Clerk of the Court. Responses shall be made in accord with Penal Code Sections 933.05 (a) and (b).

All responses to the recommendations of the 2016-2017 Civil Grand Jury must be submitted on or before September 30, 2017, to:

Presiding Judge
 Los Angeles County Superior Court
 Clara Shortridge Foltz Criminal Justice Center
 210 West Temple Street, Eleventh Floor-Room 11-506
 Los Angeles, CA 90012

Responses are required from:

Responding Agency	Recommendations
County of Los Angeles Department of Children and Family Services	3.1, 3.2, 3.3, 3.4, 3.5, 3.6
County of Los Angeles Office of Child Protection	3.6

VII ACRONYMS

APT	Accelerated Placement Team
BRCCP	Blue Ribbon Commission on Child Protection (BRCCP)
CSW	Children’s Social Worker
DCFS	Los Angeles County Department of Children and Family Services
DHS	Department of Health Services
DMH	Department of Mental Health
LAC + USC	Los Angeles County/ University of Southern California
NREFM	Non-Related Extended Family Members
OCP	Office of Child Protection
SCSW	Supervising Children’s Social Worker
TSC	Transitional Shelter Care
VIP	Violence Intervention Program
VFM	Voluntary Family Management

VIII COMMITTEE MEMBERS

Lucy Eisenberg
 Shelley Strohm
 Joyce Simily

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