

INITIAL DRAFT RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT

Countywide Special Revenue Funds

GJ 06-023

SUMMARY

This El Dorado County Grand Jury report is the result of an investigation into the management of El Dorado County Countywide Special Revenue Funds. These funds represent approximately 85% of the special revenue funds managed by the County.

A beginning balance, July 1, 2006 financial report from the El Dorado County Auditor-Controller's Office provided data and information related to these funds. One hundred thirty three (133) separate funds were identified having a total balance of \$95,709,470.17. The Auditor-Controller's Mid Year Report 2006-2007 documented the total Countywide Special Revenue Funds appropriations at \$90,937,479.11.

Prior to 2003-2004, El Dorado County maintained the revenue currently deposited in Countywide Special Revenue Fund accounts in Trust Fund accounts. Unlike Trust Fund accounts, the Countywide Special Revenue Fund accounts are subject to budgeting and reporting requirements.

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Scope of the Investigation:

Twenty-five (25) departments and offices within El Dorado County manage the 133 El Dorado County Countywide Special Revenue Funds. The Departments of Transportation, Public Health and General Services were chosen for this investigation due to the number of funds, the amount of revenue and the range of revenue sources that these departments manage. These departments manage 63 of the 133 funds, which equates to 47.4% of the total Countywide Special Revenue Funds. Additionally, they manage 89.9% of the total revenue in these funds, which is \$86,019,912.08. Finally, in the case of the Department of Transportation, multiple revenue sources fund many of the Countywide Special Revenue Funds.

People Interviewed:

- El Dorado County, Auditor-Controller
- El Dorado County, Treasurer & Tax Collector
- El Dorado County, Director Department of Transportation
- El Dorado County, Director Public Health
- El Dorado County, Director General Services
- El Dorado County, Director Development Services Department
- El Dorado County, Deputy Director Development Services Department
- El Dorado County, Deputy Director Administration Department of Transportation

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El Dorado County, Deputy Director Transportation Planning & Land Development

El Dorado County, Senior Traffic Civil Engineer Department of Transportation

Documents Reviewed:

- *Notice of Availability of the Traffic Impact Mitigation Fee Program, Final Supplement to the El Dorado County General Plan, Environmental Impact Report, August 8, 2006*
- *2004 General Plan Traffic Impact Mitigation Fee Program Documents, August 8, 2006 and provided to the Board of Supervisors on August 22, 2006*
- *Office of Auditor-Controller, Countywide Special Revenue Funds Report, February 6, 2007*
- *Office of Auditor-Controller, Special Revenue Funds by Department Report, November 21, 2006*
- *Office of Auditor-Controller, Special Revenue Funds by Fund Type Report, August 21, 2006*
- *General Services Department, Interdepartmental Memorandum, Additional Information as Requested – Special Revenue Funds, February 14, 2007*
- *Public Health Department Policy/Procedure B-1, Monthly Fiscal Reports, revised October 1, 2003*
- *Public Health Department Policy/Procedure B-2, Current Year Budget Adjustments, revised January 10, 2007*
- *Public Health Department, Special Revenue Fund Reconciliation Reports, Balance Detail Reports and Revenue Expenditure Reports, for selected funds*
- *Office of Treasurer & Tax Collector, El Dorado County Pooled Investments, Statement of Investment Policy*
- *Office of Treasurer & Tax Collector, El Dorado County Treasurers Cash Balance Report by fund-type, fund and sub-fund, October 27, 2006*
- *Department of Transportation, Impact Fee Program Compliance Reporting Documents, March 21, 2006*
- *Department of Transportation, Traffic Impact Fee Reports including budgets, projects for FY 2006-2007*
- *El Dorado County Grand Jury, Final Report 2003-2004, Trust Funds*

1. Fact:

The El Dorado County Board of Supervisors (BOS) agreed to the recommendations in the 2003 2004 Grand Jury Report that County departments would conduct annual reviews of the El Dorado County Trust Funds.

1. Finding:

The BOS indicated that the recommendation pertaining to the maintenance and reconciliation of funds would result in an annual review of El Dorado County Trust Funds now maintained as Countywide Special Revenue Funds. A subsequent inquiry by the 2006-2007 Grand Jury to the County Administrative Officer (CAO) and the Auditor Controllers Office indicated that the BOS did not follow-up on their commitment to the 2003-2004 Grand Jury Report.

Response to Finding 1:

The respondent disagrees with the finding. All Special Revenue Funds are currently included in the annual budget and reporting process. A Summary of Special Revenue Funds was added to the summary budget schedules in the FY 2007-08 Proposed Budget document. Departments are required to review all funds within the department regardless of fund type. These Special Revenue Funds are not exempt from department or CAO review and are expected to be monitored under the same guidelines as all other funds.

1a. Recommendation:

The CAO should provide guidelines that will assist County departments in the management of Special Revenue Funds and in the preparation of uniform reports.

1b. Recommendation:

The CAO should establish due dates for the Department Special Revenue Fund Reports.

Response to Recommendations 1a and 1b:

The recommendation will not be implemented because it is not warranted. See response to Finding 1. Departments are already managing and reporting Special Revenue Funds via their standard department fiscal management. With more detail on the specifics of the perceived deficiency, the County would further evaluate the validity of the finding and if appropriate take corrective action.

2. Fact:

Effective management of Countywide Special Revenue Funds involves two major components associated with each account:

1. the budget component: tracking revenue and expenditures
2. the program or project component: tracking the accomplishment of activities.

Comprehensive and coordinated monitoring of above components is essential to effective management.

2. Finding:

In some instances current tracking methods are inadequate.

Response to Finding 2:

The respondent disagrees with the finding.

All Special Revenue Funds are subject to the countywide processes and controls, which are the same controls that are applied to the County General Fund. Additionally, special revenue funds by their very nature, must generally abide by a secondary set of requirements imposed by the authority that allocates the restricted funding (or grantor). For example, the Gas Tax revenue received by the Department of Transportation is managed in the Road Fund where the accounting for the expenditure of all funds in the Road Fund must comply with the requirements of the State of California Accounting Standard and Procedures for Counties Appendix A, Road Fund Accounting. All Counties and Cities in the State must submit a reporting of expenditures and revenues consistent with Appendix A on an annual basis and they are also subject to an annual audit by the State Controller's Office to verify compliance with numerous requirements. Specifically, the Department of Transportation receives upward of 30 funding sources to include Federal and State sources where each imposes compliance requirements unique to that funding where the department is subsequently subject to audit. The Department's track record on audits is exemplary.

The Department of Transportation has developed numerous software applications to accommodate the cost accounting system needed to meet the requirements of these various funding sources to create management reports to better control expenditures and produce billings in order to optimize revenue recovery. The FAMIS system is designed to manage expenditures on an annual basis. The Department's cost accounting software applications have been developed to allow for management of capital projects on a multi-year basis.

With more detail on the specifics of the perceived deficiency, the County would further evaluate the validity of the finding and if appropriate take corrective action.

2. Recommendation:

Program management tools should be implemented in those areas where automation would assist in the management of Countywide Special Revenue Funds.

Response to Recommendation 2:

The recommendation will not be implemented because it is not warranted or is not reasonable. As stated above, if the Grand Jury would provide more specific information on the tools envisioned (what intended purpose) the County would further consider the recommendation.

3. Fact:

Departmental procedures define how an entity conducts business. Departments cannot maintain control over how they operate without well-documented procedures that are followed and routinely reviewed and updated.

3a. Finding:

Not all El Dorado County Departments that have oversight responsibility for Countywide Special Revenue Funds have internal procedures that identify and define departmental processes and responsibilities as it relates to management and reporting of these funds.

3b. Finding:

Two of the three departments reviewed, Transportation and General Services, were found to be deficient in this area.

Response to Finding 3a and 3b:

The respondent disagrees with the finding. As discussed under Finding 2, expenditures from Special Revenue funds are subject to the same processes and procedures imposed on every operating fund in the County. Also, consistent with the discussion above, the processes employed within departments may vary in order to comply with the numerous requirements of the department's varied funding agencies. Grant documents and contracts contain compliance requirements such that they become the operating procedures relative to that grant. In the Department of Transportation for example, an examination of internal processes will not reveal a simple set of procedures as the department must employ varied and complex processes that are identified in Government Code, Public Contract Code, Streets and Highways Code, Caltrans Standard Specifications, Federal Code of Regulations, and contract and grant documents.

The County looks forward to receiving more specific information on the perceived deficiencies and further evaluating the validity of the finding.

3. Recommendation:

County departments that do not currently have procedures to manage their Countywide Special Revenue Funds, should develop and maintain procedures appropriate to their operations.

Response to Recommendation 3:

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

The County is still unaware of any specific areas of deficiency and therefore can not assess the validity of the finding or take any corrective action.

INITIAL DRAFT RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT

El Dorado County Advisory Committee to the In-Home Supportive Services

GJ 06-033

SUMMARY

The El Dorado County Grand Jury received a complaint from a former member of the Advisory Committee to the In-Home Supportive Services (IHSS) Public Authority (PA). At issue was the lack of orientation, knowledge and overall understanding of the role and responsibility of the Advisory Committee. Investigation into the administration of the Advisory Committee manifested inconsistencies between intent and practice.

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BACKGROUND

The Public Authority is a local agency established by an ordinance enacted by the El Dorado County Board of Supervisors. It is legally separate from the County and is the employer of record for IHSS PA care providers for the purpose of collective bargaining. The IHSS PA is a program under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their homes and avoid institutionalization.

The IHSS PA Advisory Committee is appointed by the El Dorado County Board of Supervisors to provide advice on the In-Home Supportive Services to the Board of Supervisors and the Public Authority.

SCOPE OF INVESTIGATION

People Interviewed

- El Dorado County Advisory Committee to the In-Home Supportive Services Public Authority, members, current and past
- El Dorado County IHSS PA, Program Manager
- El Dorado County Human Services, Director
- El Dorado County Human Services, Assistant Director
- El Dorado County Supervisor, District 2

Documents Reviewed

- Assembly Bill 1682
- Interagency agreement between the County of El Dorado and the El Dorado County IHSS Public Authority, signed August, 2004
- El Dorado County Advisory Committee to the In-Home Support Services Public Authority minutes, 2006-2007
- El Dorado County In-Home Support Services Public Authority Organizational Chart, 2006-2007
- El Dorado County IHSS PA, Advisory Committee web site

- The El Dorado County In-Home Supportive Services Public Authority Advisory Committee By Laws

1. Fact:

The Advisory Committee should be comprised of no more than eleven individuals. No less than 50% of membership should be individuals who are current or past recipients of personal assistance care services, up to two representatives that are current or past providers of private or IHSS PA homecare services, and up to three community members as representatives of community based organizations.

1. Finding:

The Advisory Committee is currently composed of four members: three current and past recipients and one community member.

Response to Finding 1:

The respondent agrees with the finding. This was accurate during the Grand Jury review. Committee vacancies have since been filled.

1a. Recommendation:

Publicize the Advisory Committee in areas of senior assemblage in order to encourage awareness and participation in the committee.

Response to Recommendation 1a:

The recommendation has been implemented. Extensive outreach has been conducted over the past four years. Quarterly the Public Authority and Advisory Committee produces a free "Care Connection" newsletter with a circulation of 1,700. These are delivered to IHSS recipients and providers, the Family Caregiver Support Program clients, senior nutrition sites, doctor's offices, public health centers, libraries and other community agencies. There is a dedicated page for the Advisory Committee which features member spotlights, articles, meeting dates, and advertisement for Advisory Committee vacancies.

The Public Authority and Advisory Committee also have provided public outreach and education on the IHSS program and Advisory Committee opportunities through community engagements, such as the Senior Health Education Program's Health Fairs, Public Health and Safety Day, Placerville Lion's Club, Commission on Aging, and Job One Employer Forums. The Public Authority and Advisory Committee are coordinating a "Seniors & Adults with Disabilities Health Fair" for October 2007. In 2005, there were over 225 persons who attended the event, including 96 community vendors, where IHSS program and Advisory Committee materials were distributed.

The Public Authority has been committed to working on increasing the awareness of the Advisory Committee and increasing the IHSS Advisory Committee membership. Since 2005, there have been 567 providers who have attended orientation/registry sessions where they received a copy of the "Care Provider Handbook" which highlights the Advisory Committee's role and membership solicitation. The Public Authority also has contacted local advocacy groups for persons with disabilities and other non-profit organizations, sent letters and flyers to

surrounding IHSS recipients and doctor's offices, distributed press releases and sent recruitment advertising to the local and metropolitan newspapers, and solicited referral names from IHSS social workers and collaborative programs, such as Multipurpose Senior Service Program, Linkages, and Family Caregiver Support Program to recruit advisory members.

1b. Recommendation:

Solicit membership through a broader range of notices, e.g. utilize civic organizations, church groups, local and metropolitan newspapers, public service announcements via radio and TV, insertion in mailings of public utilities, etc.

Response to recommendation 1b:

The recommendation has been implemented. Please see above response to Recommendation 1a.

2. Finding:

There is difficulty in recruiting membership in the Advisory Committee.

- The work schedule of the providers may not allow sufficient time to attend meetings, or, respite care is not available to them.
- Recipients may not have the resources available to facilitate attendance at meetings.
- Community volunteers have expressed discouragement and confusion about their role in the Committee and the role of the Committee.

Response to Finding 2:

The respondent agrees with the finding.

2a. Recommendation:

Provide respite care for providers.

Response to Recommendation 2a:

The recommendation has not yet been implemented, but will be implemented in the future. Implementation of this recommendation will be contingent upon identifying and securing funding to provide respite care, with a goal of establishing this service by January 2008.

2b. Recommendation:

Provide transportation, as needed, for recipients to participate in Advisory Committee meetings.

Response to Recommendation 2b:

The recommendation has been implemented. This currently is being done.

2c. Recommendation:

Hold meetings at locations where eligible recipients/providers congregate.

Response to Recommendation 2c:

The recommendation has been implemented. This currently is being done. The location where meetings are currently held is both central and easily accessible. It should be noted that many service recipients are medically fragile and have health conditions that limit their ability to participate in congregate activities. This has been a more significant factor in filling committee vacancies.

2d. Recommendation:

Utilize conference calling for meetings as needed.

Response to Recommendation 2d:

The recommendation has been implemented. This service is already available and has been used in the past.

2e. Recommendation:

Clearly define the role and responsibility of the Advisory Committee to its members.

Response to Recommendation 2e:

The recommendation has been implemented. This information has been and is provided in training sessions and materials. Each potential member receives the Public Authority and Advisory Committee history and expectations of a committee member. Each committee member receives a binder which has Advisory Committee orientation material covering the general Advisory Committee information, Brown Act, By-laws, Acronyms & Glossary, IHSS Functional Roles, Ordinance no. 4612, and Interagency Agreement. They also receive a copy of the Public Authority and Advisory Committee Annual Report which features the IHSS program, Public Authority and Advisory Committee functions, reflects activities and accomplishments, and details future goals. An IHSS Advisory Committee Operational Guidelines also was created to identify the Advisory Committee structure and function, officers & duties, public representation, meetings and agenda process, committee correspondence, fiscal operations, and administrative staff support. Members are required to have ethics training every two years and each year the Brown Act and By-Laws are reviewed. Members have participated in the yearly California IHSS Advisory Committee/ Governing Board Spring Conference to learn how to improve and enhance their committee. In the past, the committee also has participated in several joint meetings with other county advisory committees to discuss board responsibilities and teamwork, generating and bringing ideas to action through group decision making.

3. Finding:

The IHSS PA is responsible for securing membership in the Advisory Committee.

Response to Finding 3:

The respondent agrees with the finding.

3. Recommendation:

The Board of Supervisors must exercise its responsibility to obtain appropriate Committee members.

Response to Recommendation 3:

The recommendation has been implemented. As noted, this responsibility is delegated to the IHSS Public Authority staff; vacancies have been filled.

2. Fact:

The Advisory Committee is established to be independent and charged with giving advice and making recommendations to the Board of Supervisors on the preferred modes of service to be utilized for in-home supportive service; and to provide advice to the IHSS PA.

2a. Finding:

The Advisory Committee members are unaware and uninformed regarding the needs of the population it is supposed to represent.

Response to Finding 2a:

The respondent disagrees partially with the finding. Advisory Committee members bring to the table various backgrounds and levels of knowledge regarding service needs. Orientation and training are provided as part of an ongoing learning process. The respondent concurs that some members may feel uncertain about the nature or extent of service needs; however, they have been and are being informed on an ongoing basis and staff do respond to informational and training requests. For the past four years the Advisory Committee has helped the Public Authority create and distribute either an IHSS recipient or provider customer service survey to determine the usage, knowledge and satisfaction of services of the IHSS and Public Authority staff. Results are reviewed with the advisory members to determine what enhancements the Advisory Committee can work on for the ensuing year.

2a. Recommendation:

The Human Services Department and the Human Resources Department should furnish to the Advisory Committee all relevant information as defined in their Interagency Agreement.

Response to Recommendation 2a:

The recommendation has been implemented. The Department of Human Services and Public Authority provide necessary information, and additional information is provided upon request. Advisory Committee members receive a written report by the Public Authority on monthly statistics of the IHSS and Public Authority services; updates on the advisory recruitment efforts; training workshops, newsletter and *Care Provider Registry* updates; State Department and Capitol reports; and labor union-management activities. The Interagency Agreement calls for the Human Resources Department to consult with the Advisory Committee on Public Authority labor relations and collective bargaining activities. This consultation occurs concurrent with collective bargaining negotiations, rather than on an ongoing basis.

2b. Finding:

Pertinent issues of providers/recipients, labor contracts, etc. are not discussed with Advisory Committee members.

Response to Finding 2b:

The respondent disagrees with the finding. The Public Authority discusses with the Advisory Committee relevant information about the status of collective-bargaining as it occurs. Labor negotiations have not taken place in two and one half years. As previously mentioned in Response 2a, the Public Authority does provide the members with updated recipient, provider, and labor union-management activities.

2b. Recommendation:

The Human Services Department and the Human Resources Department should furnish to the Advisory Committee all relevant information as defined in their Interagency Agreement.

Response to Recommendation 2b:

The recommendation has been implemented. Please see above response to Finding 2b.

2c. Finding:

The El Dorado County Human Services Department and the Human Resources Department are not providing input to the Advisory Committee as mandated in the Interagency Agreement between El Dorado County and the El Dorado County IHSS Public Authority signed August 2004.

Response to Finding 2c:

The respondent disagrees with the finding. Please see above response to Findings 2a and 2b.

2c. Recommendation:

The Human Services Department and the Human Resources Department should furnish to the Advisory Committee all relevant information as defined in their Interagency Agreement.

Response to Recommendation 2c:

The recommendation has been implemented. Please see above response to Findings 2a and 2b.

2d. Finding:

The Human Services Department has not facilitated communication between the Advisory Committee and the Board of Supervisors.

Response to Finding 2d:

The respondent disagrees with the finding. Communications have occurred between Advisory Committee members and members of the Board of Supervisors. At the request of the Advisory Committee, a member of the Board of Supervisors attended the September 2006 meeting. Every year there is a Public Authority and Advisory Committee Fiscal Report. This is created and reviewed by the Advisory Committee and submitted to the Board of Supervisors, and features the IHSS program, Public Authority and Advisory Committee functions. It reflects their activities and accomplishments, and details future goals. In October 2006, a representative of the Advisory Committee presented this report to the full Board of Supervisors.

2d. Recommendation:

The Human Services Department should develop a mechanism for the Advisory Committee to communicate directly with the Board of Supervisors.

Response to Recommendation 2d:

The recommendation will not be implemented because it is not warranted. This Advisory Committee is one of many committees in County government that assist in advising departments and the Board of Supervisors. Members have and do communicate directly with Board members, either on their own or while participating in committee activities, usually using established procedures for communications. It is neither necessary nor practical to establish another level (mechanism) of communication.

2e. Finding:

The Program Manager of the IHSS PA prepares and presents all reports of the Advisory Committee to the Board of Supervisors.

Response to Finding 2e:

The respondent agrees with the finding. The Advisory Committee guidelines request that formal communication with the Board be routed to the Public Authority Program Manager for it to be processed through county procedures. The Public Authority does prepare the official documents that are submitted to the Board, through the Human Services Department, with input from the Advisory Committee. All official actions taken by the Board are reported back to the Advisory Committee.

2e. Recommendation:

The Human Services Department should develop a mechanism for the Advisory Committee to communicate directly with the Board of Supervisors.

Response to Recommendation 2e:

The recommendation will not be implemented because it is not warranted. See above response to Finding 2d.

2f. Finding:

The El Dorado County IHSS PA organizational chart erroneously depicts a direct line of communication between the Board of Supervisors and the Advisory Committee.

Response to Finding 2f:

The respondent disagrees partially with the finding. The organizational chart is accurate since the Board of Supervisors appoints the Advisory Committee members and members can individually approach Board members. This, however, does not reflect how official requests, such as requesting the Board to take a position on pending legislation, are appropriately forwarded in accordance with normal County procedures. The IHSS Advisory Committee Operational Guidelines were developed to detail this process.

2f. Recommendation:

The El Dorado County IHSS PA organizational Chart should accurately reflect the lines of communication that are in place.

Response to Recommendation 2f:

The recommendation has been implemented. The Organizational Chart is accurate. IHSS Advisory Committee Operational Guidelines have been developed to accurately describe in more detail how the Committee corresponds and communicates with the Department of Human Services and Board, the structure of the fiscal operations and how official requests are processed.

2g. Finding:

The Advisory Committee has never met with the full Board of Supervisors.

Response to Finding 2g:

The respondent agrees with the finding.

2g. Recommendation:

The Board of Supervisors should initiate and maintain active involvement in the functions and responsibilities of the Advisory Committee.

Response to Recommendation 2g:

The recommendation will not be implemented because it is not warranted. As noted above, the IHSS Advisory Committee is one of many advisory committees in the County. Committee members can and do have contact with members of the Board of Supervisors. However, attempting to assign Board members involvement in the functions and responsibilities of the Advisory Committee would be neither practical nor conducive to the Committee fulfilling its own advisory functions.

2h. Finding:

The Board of Supervisors has not demonstrated sufficient support or interest in the Advisory Committee.

Response to Finding 2h:

The respondent disagrees with the finding. The Board of Supervisors has established the IHSS Public Authority, provided full staffing support and annual operating budgets, made Advisory Committee appointments as soon as willing participants have been identified and taken all reasonable measures to ensure that the IHSS Public Authority and its Advisory Committee have been able to function in full accordance with State legislation.

2h. Recommendation:

The Board of Supervisors should initiate and maintain active involvement in the functions and responsibilities of the Advisory Committee.

Response to Recommendation 2h:

The recommendation will not be implemented because it is not warranted. As noted above, the IHSS Advisory Committee is one of many advisory committees in the County. Committee

members can and do have contact with members of the Board of Supervisors. However, attempting to assign Board members involvement in the functions and responsibilities of the Advisory Committee would be neither practical nor conducive to the Committee fulfilling its own advisory functions.

2i. Finding

There is an awareness of elder abuse, but investigation into this area has been negligible.

Response to Finding 2i:

The respondent disagrees with the finding. El Dorado County, through its Elder Protection Unit, conducts one of the most responsive, well-coordinated and effective elder abuse investigation and prosecution programs in California.

2i (1). Recommendation:

Investigation and remedy of evidence of elder abuse must be given high priority.

Response to Recommendation 2i(1):

The recommendation has been implemented. El Dorado County, through its Elder Protection Unit, conducts one of the most responsive, well-coordinated and effective elder abuse investigation and prosecution programs in California.

2i (2). Recommendation: Initiate education and training of providers to recognize and report physical, emotional, sexual and financial elder abuse.

Response to Recommendation 2i(2):

The recommendation has been implemented. Since 2005, there have been 567 providers who have attended orientation/registry sessions where they received a copy of the "Care Provider Handbook" which highlights the provider's mandated duty to report any child, dependent or elderly abuse. It details the types of abuse, such as physical, sexual and financial abuse and which reporting agency to go to. The handbook also addresses the provider's legal responsibility to maintain confidentiality of the recipient's personal, medical or financial affairs. Of those care providers who responded to the 2005 Advisory Committee's "Care Provider Survey," 94 percent of care providers knew that they were mandated reporters. The Care Connection newsletter has also featured several articles on elder abuse.

3. Fact:

Meetings should be public and should be held monthly on a regular day at the locations and times designated by the committee. The IHSS PA Website, Advisory Committees section, states all efforts are made for transportation accessibility and that meetings may be offered via conference call.

3a. Finding:

Advisory Committee had ten meetings in 2006.

Response to Finding 3a:

The respondent disagrees partially with the finding. There were ten regular meetings and one special meeting in 2006 held by the Advisory Committee. There are two months in 2006 the Advisory Committee voted to not hold a meeting.

3a. Recommendation:

Hold meetings as mandated in By-Laws or change the By-Laws.

Response to Recommendation:

The recommendation has been implemented. Meetings are being conducted in compliance with the By-Laws.

3b. Finding:

January and February 2007 meetings were canceled due to lack of attendance.

Response to Finding 3b:

The respondent agrees with the finding.

3b. Recommendation:

The Board of Supervisors must exercise their responsibility to obtain appropriate members.

Response to Recommendation 3b:

The recommendation has been implemented. As noted, this responsibility is delegated to the IHSS Public Authority staff; vacancies have been filled.

3c. Finding:

There is no Vice Chair as mandated in the By-Laws.

Response to Finding 3c:

The respondent disagrees partially with the finding. The By-Laws require officers to be elected during the last meeting of each year. The co-Vice Chairs were elected at the November 2006 meeting.

3c. Recommendation:

Elect a Vice Chair per By-Laws.

Response to Recommendation 3c:

The recommendation has been implemented. See response to Finding 3c.

3d. Finding:

The agenda and minutes for the Advisory Committee are prepared and written by IHSS PA staff who also conduct the Advisory Committee meetings .

Response to Finding 3d:

The respondent disagrees partially with the finding. The Chair, in consultation with other members, prepares the agenda to be considered by the Committee for each meeting. The Chair forwards agenda items to the Public Authority for distribution to the members. The Chair runs the committee meetings. The Public Authority staff provide staff support in developing the agenda, minutes, reports, etc. The Advisory Committee approves the final agendas and minutes of their meetings.

3d. Recommendation:

The Advisory Committee must prepare their own agenda and be responsible for conducting their own meetings.

Response to Recommendation 3d:

The recommendation has been implemented. The Advisory Committee develops its own agenda and is responsible for conducting its own meetings.

4. Fact:

The 2006-2007 Budget for the Advisory Committee was prepared by the IHSS PA Program Manager.

4a. Finding

The Advisory Committee budget was included in the budget for IHSS PA.

Response to Finding 4a:

The respondent disagrees with the finding. The Advisory Committee budget was included in the budget for the overall IHSS program. The IHSS Public Authority budget does not include the IHSS Advisory Committee funding.

4a. Recommendation:

The Advisory Committee should prepare its own budget and this should be kept separate from the budget of the IHSS PA.

Response to Recommendation 4a:

The recommendation has been implemented. The Advisory Committee budget, allocations and activities are tracked separately from the IHSS PA budget. The Advisory Committee has had the opportunity to provide budgetary input and have reviewed the proposed fiscal budgets that are submitted.

4b. Finding:

The Advisory Committee members are uninformed about guidelines for spending their budget and its potential use.

Response to Finding 4b:

The respondent disagrees partially with the finding. The IHSS Advisory Committee funds are intended to support the direct costs incurred by the committee in carrying out its statutorily authorized functions. These funds are allocated by the State for the County to administer. The

IHSS Advisory Committee can make recommendations but cannot unilaterally authorize or approve spending nor do they administer the advisory funds. Members have been and are informed regarding guidelines for spending advisory funds and its potential use. This does not mean that budget questions do not arise requiring additional communication, or that members may feel uncertain about budget issues and desire additional training, which is provide on request. The IHSS Advisory Committee Operational Guidelines document also defines the fiscal operations of the committee.

4b. Recommendation:

The Advisory Committee should be provided with all information necessary to manage their budget.

Response to Recommendation 4b:

The recommendation has been implemented. Necessary information is provided, and additional information is provided upon request.

4c. Finding:

The members are unaware of a method for presenting budgetary requests to the Board of Supervisors.

Response to Finding 4c:

The respondent agrees with the finding. Individual advisory committees do not make their budget requests directly to the Board of Supervisors, anymore than individual program managers, or even individual departments, do. The Advisory Committee is appropriately involved in the budget process leading to the compilation of a department budget, which is then submitted to the Chief Administrator's Office for compilation of a draft County budget, which is presented to the Board of Supervisors. The IHSS Advisory Committee Operational Guidelines document was created to define the fiscal operations of the committee and the necessary approval request processes.

4c. Recommendation:

Human Services Department should develop a mechanism for the Advisory Committee to present budget requests to the Board of Supervisors independent of the IHSS PA.

Response to Recommendation 4c:

The recommendation will not be implemented because it is not warranted. Please see response to Findings 4b and 4c above.

INITIAL DRAFT RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT

El Dorado County Jail, Placerville

GJ 06-039

SUMMARY

Penal Code Section 919(b) mandates that the El Dorado County Grand Jury annually inspect custodial facilities within the county. The Grand Jury inspection on October 26, 2006 of the El Dorado County Jail (the jail) revealed several maintenance and procedural problems.

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Reason for the Report

After observing the general condition of the facility and conversing with staff, concerns regarding the safety and welfare of the staff and inmates arose, requiring further investigation.

Scope of the Investigation

People Interviewed:

- El Dorado County, Sheriff
- El Dorado County, Undersheriff
- El Dorado County, Division Commander, Jails and Courts
- El Dorado County, Director of General Services
- El Dorado County, General Services, Jail Maintenance staff.

Documents Reviewed:

- El Dorado County Sheriff's Office, Custody Division, Policy and Procedures
- California Code of Regulations, Title 15, Sections 1029-1032, Policy and Procedures Manual
- California Code of Regulations, Title 15, Section 1280, Facility Sanitation, Safety and Maintenance.

Background

The Grand Jury, per Penal Code Section 919(b), is responsible for annually inspecting all jail facilities within the county. After inspecting the jail, significant issues are:

- maintenance of the facility
- jail expansion
- lack of knowledge of the facilities emergency procedures.

1. Fact:

The jail lacks proper and timely maintenance.

1. Finding:

The jail is deteriorating due to age and lack of maintenance, including:

- poor condition of the paint throughout the facility
- noticeable water leaks from an upstairs bathroom, onto the first floor hallway, leading into the kitchen
- antiquated and potentially dangerous kitchen equipment
- standing water in the kitchen
- uncertainty that the water shut-off valves work.

Response to Finding 1:

The respondent agrees with the finding.

1. Recommendation:

Increase resources to properly maintain the jail and continually document the maintenance efforts.

Response to Recommendation 1:

The recommendation has been implemented. An additional maintenance employee was assigned to the jail facility in February, 2007. With two full time maintenance staff, General Services personnel have been able to correct many of the inadequacies at the Jail. Maintenance and repair lists are coordinated through the jail staff and assigned to the two General Services employees. Additionally, the lists are entered into General Services' maintenance and repair database for tracking purposes.

2. Fact:

The level of preventive maintenance is insufficient.

2. Finding:

The maintenance person has little or no time for maintenance because he has to respond to immediate repairs on an event by event basis.

Response to Finding 2:

The respondent agrees with the finding.

2a. Recommendation:

Establish a comprehensive preventive maintenance schedule that includes short and long term preventive measures. Maintain maintenance log that includes the work completed.

Response to Recommendation 2a:

The recommendation has been implemented. General Services Building Maintenance personnel have a support database to plan, schedule and document completion of preventative maintenance. General Services and IT are currently exploring enhanced usage of the database to schedule short and long term preventive measures.

2b. Recommendation:

Provide sufficient staff to properly maintain the jail to include preventive maintenance.

Response to Recommendation 2b:

The recommendation has been implemented. A second General Services maintenance person has helped with routine maintenance. Additionally, facilities personnel assist with large maintenance items. For example, in 06/07 the following CIP projects were completed at the jail:

- 1) 07-27 Seal Coat Parking Lot
- 2) 05-12 Seal Caulk Outside Walls

And, the following CIPs are planned for 07/08 and beyond:

- 1) 07-48 Jail Expansion
- 2) 07-35 Replace Sinks and Cabinets
- 3) 07-34 Double Bunking
- 4) 07-32 Inmate Area Secure Storage
- 5) 06-20 Replace Countertops and Sinks
- 6) 06-16 Replace Smoke Detectors

2c. Recommendation:

Increase utilization of inmates in the maintenance and custodial responsibilities of the facility, under the supervision of the appropriate jail staff.

Response to Recommendation 2c:

This recommendation has been implemented. Inmates are currently being used to assist with janitorial duties. The extent and frequency this recommendation can be implemented is contingent upon staffing ratios.

3. Fact:

The jail capacity is insufficient to accommodate the current and future inmate population.

3. Finding:

Currently, plans exist to add two hundred (200) beds but the plans do not take into account the impact the new casino may have on the jail facility. The current County allocation of casino fees for law enforcement may not be adequate to offset the anticipated increase in demands.

Response to Finding 3:

The respondent disagrees with the finding. The County is in the process of conducting a needs assessment with preliminary estimates ranging up to an additional 200 beds may be necessary. The County will need to wait to determine if the allocation of casino fees for law enforcement is adequate to offset the anticipated increase in demands.

3. Recommendation:

Increase the scope of the current jail expansion plans to include the impact of the impending casino before expanding the facility.

Response to Recommendation 3:

The recommendation has been implemented. General Services, CIP 07-48, Jail Expansion. The County has hired an expert to assist with program planning and anticipated inmate population and takes into account projected inmate populations in years 2015 and 2030. The casino is but one of many variables included that influences the prediction of the future inmate populations.

4. Fact:

Emergency preparedness planning in the jail is insufficient.

4. Finding:

Management and staff on duty at the time of the inspection were unaware of emergency preparedness plans, including an evacuation plan for the jail. This Grand Jury is unable to ascertain if there are periodic safety drills to safely relocate inmates in the event of an emergency.

Response to Finding 4:

The respondent disagrees partially with the finding. Management is aware of emergency preparedness plans but agrees that periodic safety drills involving line staff is beneficial.

4a. Recommendation:

Review safety policy and procedures, note the date of each review, and revise policy and procedures if necessary. Ensure all emergency plans meet or exceed Title 15, Section 1029, Policy and Procedures Manuals and include:

- fire suppression preplan as required by Section 1032
- escape, disturbances, and the taking of hostages
- civil disturbance
- natural disasters
- periodic testing of emergency equipment storage, issue and use of weapons, ammunition, chemical agents, and related security devices.

Response to Recommendation 4a:

The recommendation has not yet been implemented but will be implemented in the future. The Sheriff's Office expects to implement this recommendation by year's end.

4b. Recommendation:

Schedule training in emergency procedures including periodic drills. Initiate and maintain documents that record the date, time, type of training and names of staff who attend the training and drills.

Response to Recommendation 4b:

The recommendation has not yet been implemented but will be implemented in the future. An emergency drill has been planned with the fire department and will be performed within six months. The training will be documented and maintained.

4c. Recommendation:

Place the emergency preparedness plan in locations easily observed and accessible to staff. Instruct personnel of its locations upon assignment to the facility and during training.

Response to recommendation 4c:

The recommendation has been implemented. Emergency plans are maintained in division policy manuals, which are placed in various workstations within the facility.

INITIAL DRAFT RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT

EL DORADO COUNTY GRAND JURY 2006-2007

El Dorado County Facilities

GJ 06-045

April 2007

SUMMARY

The El Dorado County Grand Jury conducts inspections of County, Municipal and Special District buildings, owned or leased, per Penal Code Sections 888, 914.1, 925, 925(a) and 928. The findings of these inspections associated with County owned or leased are presented in this report. County maintenance staff does an excellent job in identifying and addressing maintenance issues considering they are understaffed and they are working with a marginal budget. These facilities were chosen based on a number of factors including:

1. the length of time since last inspection
2. the reported condition of a facility
3. findings and deficiencies identified by previous El Dorado County Grand Juries.

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Facilities Inspected

El Dorado County Government Center

Building A

Building B

South Lake Tahoe

El Dorado Center

Library

Administrative Building

Courthouse

Facility

El Dorado County Government Center, Building A

1. Fact:

A wooden footbridge is the primary entrance to Building A and B of the Government Center.

1. Finding:

The wood decking on the bridge is deteriorating and is slippery when wet.

Response to Finding 1:

The respondent agrees with the finding.

1. Recommendation:

Correct the deteriorating and slippery conditions.

Response to Recommendation 1:

The recommendation has not been implemented, but will be implemented in the future.

General Services will schedule painting in the near future. General Services is currently researching a highly textured, anti-slip paint.

El Dorado County Government Center, Building B

2. Fact:

Stairways that are inadequately lighted are unsafe.

2. Finding:

The stairway from the main entrance leading to the atrium is inadequately lighted.

Response to Finding 2:

The respondent agrees with the finding.

2. Recommendation:

Add additional lighting to the stairway.

Response to Recommendation 2:

The recommendation has been implemented. New lighting has been installed by General Services maintenance personnel.

3. Fact:

Buildings A and B are both serviced by the cooling tower adjacent to building B. The cooling tower provides air conditioning to both buildings.

3. Finding:

The building tower is 34 years old and has deteriorated to the point that failure is imminent.

Response to Finding 3:

The respondent agrees with the finding.

3. Recommendation:

The cooling tower should be replaced.

Response to Recommendation 3:

The recommendation has not been implemented, but will be implemented in the future.

General Services, Facilities division, has the cooling tower listed, but not scheduled, as a future CIP.

South Lake Tahoe, El Dorado Center

4. Fact:

Severely worn carpeting may present a tripping hazard.

4. Finding:

Carpets are worn throughout the building.

Response to Finding 4:

The respondent agrees with the finding.

4. Recommendation:

Repair or replace worn carpet.

Response to Recommendation 4:

The recommendation has not yet been implemented but will be implemented in the future.

A Project Manager from General Services will inspect the carpeting in the near future. If necessary, we will schedule repair or replacement of carpet that may present a tripping hazard.

5. Fact:

Mold is a possible health hazard.

5. Finding:

Water stains appear on shingles inside and above entryway of the building. There is grey mold on bricks leading to the basement.

Response to Finding 5:

The respondent partially disagrees with the finding. There are stains on the bricks. The County is unable to confirm whether the substance on the brick is mold or not.

5. Recommendation:

Take action to eliminate the mold.

Response to Recommendation 5:

This recommendation has not yet been implemented but will be implemented in the future.

General Services Building Maintenance personnel will inspect, analyze and correct any substandard deficiencies in the near future.

6. Fact:

Inoperable toilets present a health hazard.

6. Finding:

There is an ongoing problem with a toilet in this facility being stopped-up.

Response to Finding 6:

The respondent agrees with the finding.

6. Recommendation:

Repair the plumbing.

Response to Recommendation 6:

The recommendation has been implemented. The toilet was repaired by a General Services Building Maintenance employee prior to June, 2007.

7. Fact:

Adequate temperature control is essential to a healthy and productive work environment.

7. Finding:

Temperature control throughout the building is inconsistent. The Recorder's office had the door to the parking lot wide open for ventilation even though it is not a regular entrance door and the alarm warning light was flashing.

Response to Finding 7:

The respondent disagrees partially with the finding. According to Building Maintenance personnel, all heat and air conditioning equipment is working according to design specifications and on-line (6/26/07). Due to the large expanse of windows and the large temperature variations between night and day in the summer, the system takes considerable time to adjust to the varying conditions. This condition is compounded by employees opening doors to the outside which disrupts the designed ventilation airflow in the building.

7. Recommendation:

Correct the deficiency to maintain an acceptable office temperature.

Response to Recommendation 7:

The recommendation will not be implemented because it is not warranted. See response to Finding 7.

8. Fact:

State and local fire codes call for evacuation signs to be displayed in appropriate areas of the building so that egress from the building in an emergency can be accomplished in a rapid and safe time period.

8. Finding:

Emergency evacuation signs are posted in a few offices, most did not have any.

Response to Finding 8:

The respondent agrees with the finding.

8. Recommendation:

Post emergency evacuation signs in appropriate areas.

Response to Recommendation 8:

The recommendation has not been implemented but will be implemented in the near future. General Services maintenance personnel will work with a General Services design drafter and department personnel to develop and post emergency evacuation signs by the end of this year.

9. Fact:

Fire extinguishers require monthly inspections.

9. Finding:

One fire extinguisher has not been checked since September 2006 and others not checked since January 2007. Fire extinguishers in hallways were locked and could not be checked. Locked fire extinguishers can not be easily accessed in an emergency.

Response to Finding 9:

The respondent agrees with the finding.

9. Recommendation:

Ensure that the servicing agent provides monthly inspections and that fire extinguishers are easily accessed. Fire extinguishers should comply with Cal-OSHA requirements.

Response to Recommendation 9:

The recommendation has been implemented. General Services Building Maintenance personnel have recently contracted with Hangtown Fire Control for monthly fire extinguisher inspections at this location.

10. Fact:

Uneven floor surfaces are a tripping hazard.

10. Finding:

The entryway floor surface is uneven.

Response to Finding 10:

The respondent agrees with the finding.

10. Recommendation:

Eliminate the uneven floor surface.

Response to Recommendation 10:

This recommendation will not be implemented because it is not reasonable. The uneven floor surface is a design characteristic of the concrete, wood beam floor architecture.

11. Fact:

An unlocked door allows unauthorized people to enter.

11. Finding:

There is no lock on the door at the end of the hall leading to an area housing the janitorial equipment. Additionally, there is no lock on the door leading to an electrical and HVAC room.

Response to Finding 11:

The respondent agrees with the finding.

11. Recommendation:

Install locks as needed.

Response to Recommendation 11:

This recommendation will not be implemented because it is not reasonable. The door in question is an alternative fire exit.

South Lake Tahoe, Library

12. Fact:

Adequate temperature control is essential for a healthy and productive work environment.

12. Finding:

Heating and air conditioning temperatures are maintained at an uncomfortable level.

Response to Finding 12:

The respondent disagrees with the finding. According to General Services Building Maintenance personnel, all heat and air conditioning equipment is working according to design specifications and on-line (6/26/07). It is unreasonable to expect the heat and air system to accommodate differing individual preferences in an office environment.

12. Recommendation:

Correct the deficiency to maintain an acceptable office temperature.

Response to Recommendation 12:

The recommendation will not be implemented because it is not warranted. See response to Finding 12.

13. Fact:

State and local fire codes call for evacuation signs to be displayed so that egress from the building in an emergency can be accomplished in a rapid and safe time period.

13. Finding:

Emergency evacuation signs are not prominently posted.

Response to Finding 13:

The respondent agrees with the finding.

13. Recommendation:

Post emergency evacuation signs in appropriate areas.

Response to Recommendation 13:

The recommendation has not yet been implemented but will be implemented in the future. General Services maintenance personnel will work with a General Services design drafter and department personnel to develop and post emergency evacuation signs by the end of this year.

14. Fact:

Meeting rooms must have a maximum capacity sign.

14. Finding:

There is no maximum capacity sign posted in the library meeting room.

Response to Finding 14:

The respondent agrees with the finding.

14. Recommendation:

Post correct maximum capacity sign in the library meeting room.

Response to Recommendation 14:

The recommendation has not yet been implemented but will be implemented in the future. General Services maintenance personnel will work with a General Services design drafter and department personnel to develop and post a maximum capacity sign by the end of this year.

15. Fact:

Exits from building must be clearly visible.

15. Finding:

Exit signs are not clearly visible.

Response to Finding 15:

The respondent agrees with the finding.

15. Recommendation:

Install exit signs.

Response to Recommendation 15:

The recommendation has not yet been implemented but will be implemented in the future.
General Services maintenance personnel will install exit signs by the end of the year.

South Lake Tahoe, Administration Building

16. Fact:

Adequate temperature control is essential to allow for a healthy and productive work environment.

16. Finding:

Heat and air conditioning temperatures are maintained at an uncomfortable level.

Response to Finding 16:

The respondent partially disagrees with the finding. According to GS - Building Maintenance personnel, all heat and air conditioning equipment is working within design specifications and on-line (6/26/07). It is unreasonable to expect the heat and air system to accommodate differing individual preferences in an office environment.

16. Recommendation:

Correct the deficiency so that is it possible to maintain an acceptable office temperature.

Response to Recommendation 16:

The recommendation will not be implemented because it is not warranted. See response to Finding 16.

17. Fact:

Water entering through a leaking roof can destroy the integrity of a building structure.

17. Finding:

There is evidence of water leaking through the roof.

Response to Finding 17:

The respondent agrees with the finding.

17. Recommendation:

Repair leaks in roof.

Response to Recommendation 17:

The recommendation has not yet been implemented but will be implemented in the future.
El Dorado Roofing will address this issue in the by the end of the year.

18. Fact:

Mice can carry diseases.

18. Finding:

Mice are a periodic problem.

Response to Finding 18:

The respondent agrees with the finding.

18. Recommendation:

Eliminate the rodent problem.

Response to Recommendation 18:

The recommendation has not yet been implemented but will be implemented in the future. General Services Building Maintenance personnel will address this issue by the end of the year.

19. Fact:

Signs are needed to help the public find the building.

19. Finding:

Direction signs to the building are negligible.

Response to Finding 19:

The respondent agrees with the finding.

19. Recommendation:

Display prominent direction signs.

Response to Recommendation 19:

The recommendation has not yet been implemented but will be implemented in the future. General Services Building Maintenance personnel will address this issue by the end of the year.

20. Fact:

Noise in the workplace can disrupt productivity.

20. Finding:

A serious noise problem exists in the reception area.

Response to Finding 20:

The respondent partially disagrees with the finding. Staff will investigate the finding.

20. Recommendation:

Minimize or eliminate the source of the noise.

Response to Recommendation 20:

This recommendation requires further analysis. Staff will investigate the finding by the end of the year and take corrective action if appropriate.

South Lake Tahoe, Courthouse

21. Fact:

Walking surfaces should be even and free of defects.

21. Finding:

Carpets on second floor are buckled and duct taped in some areas.

Response to Finding 21:

The respondent agrees with the finding.

21. Recommendation:

Repair or replace carpet.

Response to Recommendation 21:

The recommendation has not yet been implemented but will be implemented in the future. Carpet replacement along with addressing ADA and ADR issues are current capital projects and are scheduled for completion in the near future.

22. Fact:

Obnoxious and nauseating odors are unhealthy.

22. Finding:

The mens restroom fan in Department Three is not functioning.

Response to Finding 22:

The respondent agrees with the finding.

22. Recommendation:

Repair or replace the exhaust fan.

Response to Recommendation 22:

The recommendation has not yet been implemented but will be implemented in the near future. General Services Building Maintenance personnel will schedule repair by the end of the year.

23. Fact:

State and local fire codes require emergency evacuation signs to be displayed.

23. Finding:

No evacuation signs exist.

Response to Finding 23:

The respondent agrees with the finding.

23. Recommendation:

Post emergency evacuation signs in appropriate areas.

Response to Recommendation 23:

The recommendation has not yet been implemented but will be implemented in the future. General Services maintenance personnel will work with a GS design drafter and department personnel to develop and post emergency evacuation signs.

24. Fact:

Signs are necessary to direct people to the closest exit.

24. Finding:

There are no exit signs in the second floor hallway.

Response to Finding 24:

The respondent agrees with the finding.

24. Recommendation:

Install clearly visible exit signage where needed.

Response to Recommendation 24:

The recommendation has not yet been implemented but will be implemented in the future. General Services Building Maintenance personnel will schedule installation of exit signage by the end of the year.

25. Fact:

A leaking roof can destroy the integrity of the building structure.

25. Finding:

There is evidence of water leaking through the roof.

Response to Finding 25:

The respondent agrees with the finding.

25. Recommendation:

Repair leaking roof.

Response to Recommendation 25:

The recommendation has been implemented. General Services Facilities personnel are currently working with a contractor to find roof leaks.

26. Fact:

Public buildings should be wheelchair accessible.

26. Finding:

Courtrooms do not accommodate wheel chairs.

Response to Finding 26:

The respondent agrees with the finding.

26. Recommendation:

Install wheelchair access where needed.

Response to Recommendation 26:

The recommendation has not yet been implemented but will be implemented in the future. General Services Facilities personnel are currently working on a contract to address ADA issues in the Court.

27. Fact:

Parking lots should be safe.

27a. Finding:

There are a few small lights on the parking lot wall. Lighting is inadequate and there are no flood lights or security cameras in the Courthouse parking lot. Staff is afraid to go into the parking area at night.

Response to Finding 27a:

The respondent partially disagrees with the finding. Staff will need to investigate the finding.

27b. Finding:

Employees are fearful of being in close proximity to prisoners on a frequent basis in the parking lot.

Response to Finding 27b:

The respondent partially disagrees with the finding. Staff will need to investigate the finding.

27. Recommendation:

Install appropriate lighting, security cameras and provide a secure and safe parking lot for employees.

Response to Recommendation 27:

The recommendation requires further analysis. GS- facilities personnel will work with Courts personnel to address the safe and secure parking issue in the near future.

28. Fact:

Infectious material is a hazard.

28. Finding:

Infectious materials are frequently found in the Courthouse parking lot.

Response to Finding 28:

The respondent partially disagrees with the finding. Staff will investigate the finding.

28. Recommendation:

Investigate and eliminate the source of the health hazard.

Response to Recommendation 28:

The recommendation requires further analysis. By the end of the year General Services facilities personnel will work with Courts personnel to investigate address the health hazard in the near future.

29. Fact:

A secure holding cell is required for prisoners prior to court appearance.

29. Finding:

There is no secure holding cell.

Response to Finding 29:

The respondent partially disagrees with the finding. General Services facilities personnel will work with Courts personnel to investigate the need for a secure holding cell and address the need as required.

30. Recommendation:

Provide a secure holding cell.

Response to Recommendation 30:

The recommendation requires further analysis. See response to Finding 29.

INITIAL DRAFT RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT

Wraparound Program Audit

GJ 06-049

The following are responses to the observations, findings and recommendations contained in the Grand Jury Wraparound Program Audit background statement and the *Audit of Status of Recommendations from the January 2006 Audit of El Dorado County's Wraparound Program*, as prepared by Harvey M. Rose and Associates. The Departments of Human Services and Mental Health fully concur with the consultant auditor's finding that El Dorado County "is operating in compliance with all state mandates pertaining to the Wraparound program." Our County now develops integrated and creative service plans tailored to the strengths and specific needs of families served. We concur with the audit report emphasis on objectively evaluating program outcomes to achieve the highest quality Wraparound services for our at-risk youth. Human Services and Mental Health remain committed to the continued improvement of Wraparound services in line with the Grand Jury's vision of El Dorado County's program serving as a model for other counties.

In the background statement:

- Information is presented suggesting a link between the SB 163 Wraparound Program and the Proposition 63 Mental Health Services Act, which also may be used to provide wraparound services. It is important to note that these are two separate and distinct programs and funding sources, with their own guidelines, rules and eligibility criteria for service populations. While there is a potential for investing Proposition 63 resources in SB 163 Wraparound services, that has not occurred in El Dorado County. Importantly, the Mental Health Services Act survey referenced in the report should not be misinterpreted as being directly applicable to the SB 163 Wraparound Program, as the target populations are dissimilar.
- During the audit process, Human Services staff were provided a draft audit report by the consultant auditor with a request for feedback. Finding numerous errors, and taking the request seriously, staff provided twenty pages of relevant comment. While the final audit discounts some of the feedback as "typographical errors, requests for clarifications or other matters that have been addressed in this version of the report...", the fact that at least fifty needed changes were made in the final audit document validates the value of the comment process.
- The consultant auditor noted that he was in "fundamental disagreement" with Human Services on certain issues. The Department concurs. A principal concern was the purpose of the audit, which Human Services understood to be a review of the status of recommendations from the 2006 audit, as stated, rather than development of a new set of findings extending beyond program requirements. A second important concern was differences growing out of the Department's commitment to following planning documents as approved by its Interagency Advisory Council, Board of Supervisors and the State of California, while the consultant auditor noted that his work "was not bound by any plans made by DHS and the Board of Supervisors, though they were reviewed."

While acknowledging that “The County is operating in compliance with all State mandates pertaining to the Wraparound program”, the consultant auditor went on to make some recommendations which deviate from approved plans, policies and program guidelines developed to ensure a wise and appropriate use of program resources. Human Services is committed to following its Interagency Advisory Committee guidance, Board of Supervisors policies and procedures and State legislative requirements.

- Human Services encouraged the consultant auditor to talk with key community members and consumers for a first-hand view of program operations, to use more timely data, to look more in depth at comparator counties, and to learn more about the dynamics of family involvement in the Wraparound process. Had that happened, perhaps some of the “fundamental disagreements” would have been avoided.
- Human Services and Mental Health appreciate the acknowledgement of progress on 2006 goals, and Human Services especially appreciates having had the opportunity to discuss Wraparound developments and improvements with the full Grand Jury. Again, the Departments are fully committed to continuing to work to develop and improve Wraparound services in keeping with the Grand Jury’s vision of our program becoming a model for other counties.

Findings Section 1

1.1 Finding: Many of the recommendations from the January 2006 Wraparound program audit pertaining to compliance with Wraparound Program requirements have been implemented or partially implemented. Improvements have been achieved in the areas of management oversight and tracking and reporting of program participants and costs.

1.1 Response to Finding: *The respondent agrees with the finding.*

1.2 Finding: Audit recommendations still needing to be implemented are management establishment of annual program goals, objectives and operational guidelines and conduct of annual evaluations of program outcomes and cost-effectiveness. The Department of Human Services has not yet conducted its first evaluation of the program but is planning to conduct one at the conclusion of FY 2006-07 and provide it to the Board of Supervisors in the first quarter of FY 2007-08.

1.2 Response to Finding: *The respondent disagrees partially with the finding.* The first annual evaluation is scheduled as described, and was so scheduled during the response to the previous audit. Annual program goals, objectives, operational guidelines and plans for annual evaluations of program outcomes and cost-effectiveness already have been established in accordance with Wraparound Guidelines.

1.3 Finding: As demonstration of the need for program evaluation and Interagency Advisory Council involvement in setting annual goals, objectives and operational guidelines, 25 percent of participants exiting the program in the last year have been placed in group homes and 22 percent left because the family chose to withdraw. Since these two reasons for departure account for nearly half the program exits, they should be analyzed by program staff

and the Council and used to determine if changes in program protocols are needed or if this is an acceptable rate of program completion given the population served.

1.3 Response to Finding: *The respondent disagrees partially with the finding.* Program staff track and analyze all exits; this activity is regularly reported to the Cross-System Operations Team (CSOT) and Interagency Advisory Council; this information was made available to the auditor. Prior to this audit, Human Services staff began working with the State on a plan to implement the Wraparound Fidelity Index (WFI) evaluation tool, designed specifically to capture this type of information, for FY 07/08; this information was presented to the auditor. Program staff are scheduled to attend their first WFI training in August 2007.

Furthermore, while the audit report questions the significance of participants being placed in group homes or families choosing to withdraw from the program, no evidence is provided to suggest that these were inappropriate or negative outcomes. The audit suggests the importance of staff reviewing factors "to determine if changes are needed in the way services are currently being delivered to reverse these trends." This already is done on an ongoing basis with each case to ensure good and appropriate outcomes. As the audit goes on to acknowledge: "It may be that 43.8 percent is an acceptable rate of graduation given the population served or that a 25 percent group home placement rate is a positive outcome."

1.4 Finding: Graduations from the Wraparound program also need to be more fully defined and reported on so that County managers and the program's Interagency Advisory Council understand the outcomes of the youths who have participated in the program.

1.4 Response to Finding: *The respondent disagrees partially with the finding.* All required data is being collected and outcomes are well understood, but better definitions may be of value. The WFI evaluation tool will provide information which can be used to identify and implement any improvements which may be needed in this area.

Recommendations Section 1

The Board of Supervisors should:

1.1 Recommendation: Direct the Interagency Advisory Council to immediately establish measurable Wraparound program goals, objectives and outcome measures and methods for regularly monitoring and evaluating those goals and measures including an assessment of the reduction in number of group home placements resulting from the program, to ensure that it is operating effectively and cost efficiently and to be reported annually to the Board of Supervisors.

1.1 Response to Recommendation: *The recommendation has been implemented.* The Interagency Advisory Council is currently doing everything that is required by Wraparound legislation and by the State and County approved Wraparound Plan. Reporting to the Board of Supervisors is occurring on schedule with prior audit commitments.

1.2 Recommendation: Direct the Interagency Advisory Council to conduct some short-term, focused evaluation as soon as possible requiring staff to report on current program

outcomes including an analysis of the 43.8 percent graduation rate through January 2007 and to provide details on graduations and other exits by reason such as group home placements, stabilization of family situation, child arrested, child terminated from dependency, etc.

1.2 Response to Recommendation: *The recommendation has been implemented.* Data are being collected, assessed and reported in full compliance with Wraparound program requirements and guidelines. The Interagency Advisory Council and staff are implementing the County Wraparound plan as adopted by the IAC and the Board of Supervisors and approved by the State of California.

1.3 Recommendation: Direct the Interagency Advisory Council to continue current efforts to measure family satisfaction with the Wraparound Program so that these results can be included in annual program evaluation reports, the first of which will be presented to the Board of Supervisors by the Department of Human Services in the first quarter of FY 2007-08.

1.3 Response to Recommendation: *The recommendation has been implemented.* As noted, this is a recommendation to continue what is currently being done.

1.4 Recommendation: Direct the Interagency Advisory Council to identify specific characteristics about the Wraparound program target population for internal management purposes and for inclusion in the first annual evaluation report to be prepared for the Board of Supervisors in the first quarter of FY 2007-08.

1.4 Response to Recommendation: *The recommendation has been implemented.* This already has been accomplished through State legislation, the adoption of the revised Wraparound Plan and program activity reports, and will be included in the first annual evaluation report to be prepared for the Board of Supervisors in the first quarter of FY 2007-08, as was committed to in responding to the prior audit.

1.5 Recommendation: Direct the Interagency Advisory Council to prepare an analysis for the Board of Supervisors regarding why six Wraparound program service allocation slots are sufficient relative to total need of the program's target population in the County.

1.5 Response to Recommendation: *The recommendation has not yet been implemented, but will be implemented in the future.* As noted above, the County already is in the process of determining whether additional slots are needed, fully in compliance with the evaluating timeframes adopted by the Board of Supervisors in response to the 2006 Grand Jury report. It should be noted that determining a ratio of slots to target population is not a State requirement; our County's participation in Wraparound is a matter of County policy with State concurrence, and any change in number of slots would have a County General Fund impact.

Regarding the number of Wraparound slots, the audit contains a chart (Table 1.2) comparing El Dorado County to six other counties. The chart compares numbers of slots per 100,000 population. No explanation is offered for why these six particular counties were selected, but the

clear implication is that other counties are serving a higher percentage of youth than El Dorado County. However, at the time of the study there were no Wraparound programs in at least twenty-three California counties, none of which were included in the chart. Also, one of the counties listed (Alameda), was no longer providing Wraparound services, although it was planning to reestablish a program with more restrictive guidelines on use of funds than our own. Another county listed (Santa Cruz) had services focused on probation youth, again more restrictive than our program. There is no analysis of the percentage of slots that each county actually had filled at the time the chart was prepared (El Dorado would have shown 100%; Alameda may have shown 0%). There is no analysis of the many demographic factors involved in determining appropriate service levels.

Findings Section 2

2.1 Finding: Fiscal management and reporting for the Wraparound program has improved substantially since the January 2006 audit. The Department of Human Services has assumed the fiscal management role for the program and maintains an up to date database of expenditures and revenues and program participants, all of which is reported regularly to the program's Interagency Advisory Council. All six service allocation slots have been close to full for the first half of FY 2006-07 which maximizes state and County revenue available for the program. Budgeted and actual expenditures and revenues for the current fiscal year appear to be more closely aligned than they were in the years reviewed for the January 2006 audit.

2.1 Response to Finding: *The respondent agrees with the finding.*

2.2 Finding: The \$173,244 in unspent program funds identified in the January 2006 audit is still largely unspent. In fact, the amount has increased to approximately \$247,775 due to the collection of subsequent revenues in excess of expenditures and the discovery of approximately \$50,000 in previously unreported revenue by the Department of Mental Health. Though protocols are now in place for determining how these surplus funds will be spent, and most of the funds have been committed for contract services, the rate of expenditure for these services has been slow, with only \$15,467 of the \$247,775 spent. County staff point out that the County contracting process contributes to the time it has taken to expend these funds.

2.2 Response to Finding: *The respondent agrees with the finding.* However, to simply suggest that expenditures have been slow is somewhat misleading. To clarify:

- Slightly less than nine months passed between the April 2006 County response to the 2006 Grand Jury Wraparound audit and the January 2007 initiation of a second audit. In keeping with Interagency Advisory Council, Board of Supervisors, and State of California guidelines and policies, and prior procedural recommendations from the consultant auditor, the process of obligating and spending funds was conducted with a community-involved planning process, Interagency Advisory Council review, communications with potential service providers, compliance with the County purchasing ordinance and contracting guidelines, the execution of contracts and the initiation of services. Emphasis was placed on ensuring that resources would be spent

timely and wisely, rather than simply quickly. Once services were being provided, vendors began the process of documenting activities and submitting invoices. Once invoices were received, posting began. Each step of the process was conducted in a timely manner and no evidence is presented to the contrary.

- Rather than use the most up-to-date data available, the auditor opted to use only expenditure information that had been posted by January 2007, implying that only limited activity had occurred when much was already underway.
- In acknowledging that “most of the funds have been committed for contract services”, it should be added that the Wraparound surplus has been fully obligated for services (with the exception of a contingency fund) and substantial services have been and are being provided.
- The amounts shown in this finding do not reflect all of the assistance being provided to program participants. For example, if participant benefits can be paid for using all federal and state resources rather than Wraparound resources, which involve expenditure of local dollars, the outside resources are utilized. Again, an effort is made to manage resources wisely.

Finally, to clarify, the approximately \$50,000 in recovered Mental Health funds reflect an adjustment for billing errors, and not previously unreported revenues.

2.3 Finding: Most of the planned uses of program surplus funds are for parent/staff trainings and services such as foster parent respite and transitional housing services that also could be provided directly to program participants if, consistent with the Wraparound program approach, that is what participant teams identified as most beneficial to them. But for the most part the program does not provide services to participants other than those offered by the Department of Mental Health and its contractors. The availability of a broader array of services such as tutoring, job training for youth and parents, substance abuse counseling, private mental health clinicians, parent coaching and others should be made known to program participants rather than only services planned and provided by County officials. Program funding is flexible and can also be used for services provided by other County departments, the private sector or community organizations.

2.3 Response to Finding: *The respondent disagrees with the finding.* Families are engaged in the process of selecting appropriate services and are made aware of the broad range of services available to them. Services are based on a family’s needs, rather than an arbitrary selection of types of service providers. Considerable services are provided to participants, not only by the Department of Mental Health and its contractors but by other providers as well. Examples of the range of services, with descriptions of their purpose, status and participation by program participants, are as follows (note: some of these programs are inaccurately described in the audit report):

- Incredible Years: An evidence based educational program for families, provided by Mental Health, designed to reduce aggressive behavior in young children by increasing parental knowledge, skills and support networks. Wraparound families are eligible for and do participate in this program. Three sessions have been held in Placerville and one in South Lake Tahoe.

- Celebrating Families: An evidence based educational program for families, provided by Public Health, designed to assist with substance abuse issues within the family. Wraparound families are eligible for participation in this program. A second Placerville session is in progress as of the date of this report.
- Foster Care Respite: Shelter and respite care (primarily provided by New Morning Youth and Family Services) for Wraparound and Foster care youth; of the 16 uses and \$7,588.80 that has been spent for this service to date, 15 of the uses were for Wraparound clients.
- Maxim Healthcare: Emergency mental health workers, provided by a private contractor, performing one to one behavioral and crisis stabilization services for youth. Over \$11,000.00 has been spent to date for these services; all but one of the children served was a Wraparound client.
- Foster Care Recruitment: Approximately 70% of El Dorado County children placed in the foster care system are placed outside of our County due to a shortage of qualified foster homes. Additional County homes enable youth to stay in the community within the school systems and support networks they are familiar and comfortable with. Recruitment is conducted by Human Services in cooperation with our local Foster Parents Association, County Office of Education Foster Youth Services and other partners.
- Foster and Wrap Youth Groups: Therapeutic social activities and interactions are provided for youth who are identified by the partner agencies as being in need of assistance building relationships with peers and developing appropriate social skills. The Girls Group, as requested by parent representatives, is provided by Mental Health. The Boys Group is provided by Sierra Family Services, the only community based organization which submitted a proposal for the project. Wraparound clients participate in these groups.
- Transitional Housing Program Plus: Housing, independent living skills and education program for youth aging out of (18 to 24) the foster care system. Wraparound clients are eligible for and participate in this program.
- Therapeutic Behavioral Services Training: A one-time \$2,500.00 allocation for training staff who work with children exhibiting serious behavioral issues. A shortage of trained staff contributes to loss of local placements for youth who cannot be quickly stabilized in the home by local responders. This service benefits all at-risk children in the community and is the only allocation for training staff.

Family team meetings are the appropriate venue for identifying both family needs and appropriate resources to meet those needs, and the above list is simply indicative of a wider range of services and goods already being discussed and provided.

Recommendations Section 2

The Board of Supervisors should:

- 2.1 **Recommendation:** Direct the Interagency Advisory Council to consider using a portion of the surplus program funds available to enhance or replace direct services provided to participants by the Department of Mental Health and their contractors and to report back to the Board of Supervisors a timetable regarding planned expenditure of the

surplus funds to ensure that services are provided within the next six months in a way that is most beneficial to youth at risk of group home placement as a first priority, and, second, to children's services in general.

2.1 Response to Recommendation: *The recommendation will not be implemented because it is not warranted.* The Wraparound Program already has a timetable regarding planned expenditures of surplus funds. The rest of this recommendation is covered by the County Wraparound Plan as approved by the Interagency Advisory Council, the Board of Supervisors and the State of California. Surplus funds are used, with a wide range of vendors, to enhance direct services or provide additional services to the community. Program savings are allocated by consensus of teams, with representation from our community partners, into child welfare services with the goal of reducing the number of at-risk youth and families in the community before their situations rise to a level where out-of-home placement is under consideration. No evidence is provided on how disrupting this carefully developed and well-functioning process with an arbitrary six month spending overlay plan would actually benefit family service recipients.

2.2 Recommendation: To ensure that Wraparound program parameters are clearly communicated to participants, their families and teams, direct the Interagency Advisory Council to include information in the "Family Guide to Wraparound Care in El Dorado County" document that funding is available for emergency support of necessities and for non-County services such as private clinician services, private lessons and fees for clubs and extracurricular programs, if determined to be in the best interests of the child.

2.2 Response to Recommendation: *The recommendation will not be implemented because it is not warranted.* The Family Guide is not meant to be all-inclusive; it is an introductory guide for the Family Team and the facilitator. The guide provides basic information that is an aid to the facilitator in introducing the program to families as well as providing topics of discussion for the family team. This guide stays with the family as a basic reference tool and for contact numbers. It is very misleading to suggest that family services are limited by the guide or that program parameters are not being clearly communicated to program participants. Families learn about the much wider range of available services as they work with their facilitator, parent partner and other team members. More detailed, individualized services are developed through team meetings, as they should be. Attempting to provide a comprehensive menu for selection of services and goods prior to assessing need is contrary to Wraparound principles. Realistically, the Family Guide could not contain a comprehensive list of potential Wraparound services without becoming a lengthy, non-introductory document. Even the National Wraparound Guide does not go into the proposed type of detail. Examples of the range of services that have been provided locally demonstrate that the current practices and procedures are working effectively in providing a wide range of resources. They include: home drug test kits, prescription eyeglasses, beds, soccer, softball, baseball or football team participation, gymnastics, swimming, karate and horseback riding lessons, head lice treatments, Boys and Girls Club fees, movie passes, gas cards, children's dresses, school or sports clothing, bicycles, work clothing and supplies, academic tutoring, driving lessons, sports equipment, emergency housing or rent, food, graduation celebrations, prescriptions or prescription co-pays, vehicle repairs, tires or DMV fees,

household utility bills, used washer and dryer, carpet cleaning equipment rental, fees for certified birth certificates, home alarm system to monitor youth activity and summer camp fees.

In short, current procedures are working well and family team meetings, rather than an introductory brochure, are the appropriate tool or venue for considering both family needs and available resources to meet those individualized needs.

Findings Section 3

3.1 Finding: Accurate staff time records were not in place for a number of the Wraparound program years reviewed for the January 2006 audit, resulting in charges to the program funds that were lower than actual costs. There were no records kept on the basis for which non-revenue generating children were admitted to the program. These records are now being maintained by the Departments of Mental Health and Human Services.

3.1 Response to Finding: *The respondent agrees with the finding.*

3.2 Finding: The January 2006 audit found that youth participating in the program were not always receiving the clinical mental health services specified in their plans and it was recommended that Wraparound program managers identify program capacity each year to enable the development of realistic service plans. These comparisons are no longer possible as the Department of Mental Health has discontinued specifying hours of services to be provided in their mental health services plans, making it difficult for program managers to determine staff utilization and to assess if more children can be accepted in to the program.

3.2 Response to Finding: *The respondent disagrees partially with the finding.* Mental Health has discontinued specifying hours of service in advance; that type of preplanned expectation of what the family will need is not consistent with the Wraparound model. Family Teams meet regularly and services are changed or adjusted in response to what is actually occurring within the family. However, to say that it is difficult for program managers to determine staff utilization and assess whether more children can be accepted into the program is inaccurate. Program staff establish the number of families that can be effectively served each month, monitor entries and exits weekly, and maintain a waiting list when necessary, and the County has contracted with a private healthcare agency to provide trained temporary staff in the event of an unexpected shortage of regular staff hours.

3.3 Finding: The range of services and funding available to children and families participating in the program are not publicly documented. Since a key tenet of the Wraparound approach is for participant teams to determine the services that best meet their needs, written information should be provided to participants in addition to oral representations at team meetings to document the flexibility in types of services and funding that can be made available.

3.3 Response to Finding: *The respondent disagrees partially with the finding.* Program documents do provide general information outlining the range of services and funding available

to children and families participating in the program, and Family Teams work to determine the services to best meet the needs of children and families. To attempt to document the entire range of possible types of assistance in writing in advance is not feasible, nor would it lend to the flexible and creative interaction which is integral to the Family Team process of addressing each family's unique needs. The current written and oral approach is working very effectively and is in full compliance with Wraparound guidelines.

Recommendations Section 3

The Board of Supervisors should:

3.1 **Recommendation:** Direct the Department of Human services to modify its "Family Guide to Wraparound Care in El Dorado County" and other Wraparound program literature to make clear the wide variety of services available to participants and their families and that it is the family team's choice, not that of County officials, about who provides needed services.

3.1 **Response to Recommendation:** *The recommendation will not be implemented because it is not warranted.* The Family Guide to Wraparound Care in El Dorado County is just one tool in the extensive interactive process that engages families in discussing the range of potential Wraparound services. It contains information on flexible funds planning; however, attempting to include a listing of the almost unlimited potential resources that can be accessed by families would not be feasible, nor appropriate for an introductory document, nor would a laundry list approach lend to the in-depth engagement of Family Teams in discovering and weighing which services are most needed and appropriate for meeting each family's special needs. The Family Guide is but one tool in an extensive process. Further, all Family Team facilitators have a protocol binder which includes copies of forms, stabilization (flex) funds guidelines and other information relevant to providing services.

Suggesting that it "is the family team's choice, not that of County officials, about who provides needed services" suggests a basic and serious misperception about how the Wraparound program functions. Wraparound has a legislated target population of children at risk of group home placement; group home placements are made by County agencies in response to risk factors.

This is clearly spelled out in a document entitled *Ten Principles of the Wraparound Process, October 2004 National Wraparound Initiative Revision*, which states: "Special attention to the balancing of influence and perspective within wraparound is also necessary when legal considerations restrict the extent to which family members are free to make choices. This is the case, for example, when a youth is on probation, or when a child is in protective custody. In these instances, an adult acting for the agency may take on caregiving and/or decision making responsibilities vis-à-vis the child, and may exercise considerable influence within wraparound." Approximately ninety percent of youth served by Wraparound in El Dorado County have open Probation, Child Protective Services or School Attendance Review Board cases.

Under Wraparound guidelines, County officials are an integral part of the family teams (not the either/or scenario that this recommendation suggests). While families are afforded extensive flexibility in choosing services and service providers, the County official has responsibilities in

ensuring that, for examples, a family does not choose counseling services from an untrained and unlicensed practitioner, or spend a clothing allowance unwisely, or fail to access valuable educational, tutoring and mentoring opportunities. Most families make very good decisions while participating in the Family Team process, but the County official is still there to provide guidance and to set limits when needed. To follow the above recommendation would be counterproductive and contrary to Wraparound program guidelines.

3.2 Recommendation: Direct the Department of Human Services to prepare a Wraparound program capacity analysis to estimate the level of Wraparound services that can be provided through the program through County, contractor and community-based service providers.

3.2 Response to Recommendation: *The recommendation will not be implemented because it is not warranted.* Because there is no shortage of available service providers and a nearly unlimited range of support services and goods available, and because capacity is but one variable, which should be weighed along with needs, resources and sustainability, as is currently being done, a separate capacity analysis is unnecessary.

3.3 Recommendation: Direct the Department of Human Services to combine the capacity analysis with the recommended target population analysis to determine if there is a need and opportunity to expand the program to ensure that services are available for and accessible to all County youth at risk of group home placement.

3.3 Response to Recommendation: *The recommendation will not be implemented because it is not warranted.* Although all youth at risk of group home placement are considered for Wraparound services, not all are appropriate for them. This recommendation fails to consider Court-ordered placements of youth whose needs are most appropriately met in facilities which specialize in treating certain high risk behaviors. Also, as noted above, a separate capacity analysis is unnecessary as capacity is already addressed in planning for services and is not a concern. To initiate another initiative to determine if there is a need and opportunity to expand the program would be duplicative of the work that is already being done in response to the 2006 Grand Jury Report. Information is being collected in keeping with the timeframes set forth last year and, following a needs analysis, recommendations will be forthcoming to the Board of Supervisors.

INITIAL DRAFT RESPONSE TO THE 2006-2007 GRAND JURY FINAL REPORT

EL DORADO COUNTY GRAND JURY 2006-2007

El Dorado County Information Technologies

GJ 06-050

May 2007

SUMMARY

The Grand Jury decided to review the El Dorado County Information Technologies (IT) Department to determine their efficiency and effectiveness in meeting the County's IT strategic goals. The Grand Jury's review shows that El Dorado County has a growing population, an aging IT infrastructure and software programs that are incompatible.

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Reason for the Report

The County's information technology system is not capable of meeting the current and future technological needs of the County and its citizens.

Background

El Dorado County Information Technology Mission Statement:

The Commitment of the Information Technology Department's staff is to deliver creative, practical solutions and services in support of the current and future technological needs of El Dorado County.

The IT Department operates, maintains, supports and develops the County's applications, mainframe computers, desktop computers, customer assistance and networks to meet County business goals and objectives. The El Dorado County's population growth increased by 13.1% from 2000 to 2005. Projected growth is 10% over the next five (5) years and will continue to place additional burdens on the County's antiquated IT systems. The IT Department is presently in a maintenance mode, not a growth mode. To efficiently and effectively service the County, the IT Department's goal is to advance the concept of Enterprise Resource Planning (ERP), which includes upgrading infrastructure and replacing aging systems. The goal of ERP is to integrate data and processes into a unified system. The benefits of ERP include standardization of data, lower maintenance costs and greater consistent reporting capabilities.

The following issues are impacting the County's aging technology systems.

- Older systems, software and hardware do not provide the flexibility and capability of newer systems.
- Hardware and software companies abandon support of older systems to focus on newer technology.
- The talent pool of IT technical resources is driven to stay current and learn the latest technologies. Few IT technicians have any interest in learning old obsolete programming used in limited IT applications.
- Departments need IT applications that allow them to easily enter and store data, extract information, have a secure system and network, have secure data, share information and control read/write access.
- Departments implement specific software applications to solve a specific issue. This creates:
 - islands of automation that do not interface with other IT systems
 - a unique requirement to backup and save data
 - a need for unique IT skills to train and assist the user.

New state and federal reporting requirements mandate that El Dorado County share information electronically across agencies, departments, states and local governments. Improving the collection, use and dissemination of government information requires short and long term planning and implementation. The rapid evolution of IT and the County's growing population creates challenges in managing and preserving electronic data. Advances in IT and the Internet are continuing to change the way the County communicates, uses and disseminates information, delivers services and conducts business.

The County faces serious challenges in effectively planning for updating and managing their IT resources. These challenges can be overcome with a strategic plan that includes a comprehensive implementation and funding program.

Scope of Investigation

Members of the 2006-2007 Grand Jury met with El Dorado County employees, elected officials, management and private industry professionals.

People Interviewed:

- El Dorado County, IT Director and Assistant Director
- El Dorado County, Auditor/Controller
- El Dorado County, Tax Collector
- El Dorado County, Departmental IT liaisons

- El Dorado County, Sheriff
- El Dorado County, District Attorney's Office, employee
- El Dorado County, Information Technology, former employee
- El Dorado County Superior Court, Information Technology Manager
- Information Technology, private industry manager
- Information Technology, private consultants

Documents Reviewed:

- *Information Technologies Strategic Plan*
- *Information Technologies Policy and Procedures*
- *Information Technologies Charter*
- County Information Technology Internet and Intranet Web sites
- *Information Technologies Customer Service Assessment Questionnaire*
- El Dorado County Grand Jury Report 2003-2004, Information Technology
- *Information Technologies Steering Committee and Acquisition Procedures*
- *Information Technologies Project Survey*
- Property and Human Resources, Payroll Maintenance and Project Logs
- Information Technologies Organizational Charts
- *Information Technologies, Budget Document 2006-2007*
- United States Census Bureau Web site population data

1. Fact:

Computer hardware and software applications become obsolete and the ability to access the data is compromised.

1. Finding:

There are nine (9) antiquated mainframe systems representing eighty percent (80%) of the County IT systems. The County's IT Department is operating in maintenance mode with the majority of staff time spent on meeting current system needs. Adequate funding has not been provided by the County to upgrade infrastructure, modernize and/or replace aging systems. There are four (4) major projects identified for replacement:

- Financial Systems:
 - Purchasing System (AD PIC)
 - Budgeting System (B Prep)
 - Financial Accounting System (FAMIS)
- Human Resources/Payroll System
- Property Tax System
- Land Management Information System (LMIS).

Response to Finding 1:

The respondent agrees with the finding.

1. Recommendation:

Contract with an independent professional IT consultant to evaluate the County's Information Technologies Strategic Plan and establish an ERP that meets the current and future business needs of the County. The consultant's Statement of Work shall include:

- evaluating and reporting on the County's ERP efforts
- assessing the efficiency of County IT Systems
- identifying the risks of continuing to operate in maintenance mode with current infrastructure and aging applications
- addressing IT budgetary challenges.

Response to Recommendation 1:

The recommendation requires further analysis. As indicated in the report any implementation of the recommendation will need funding in order to implement any modernization or replacement of systems in the future.

Funding in the amount of \$80,000 for the evaluation of the County's Financial System, to be conducted by an independent professional consultant, was requested by I.T. from savings in the Fiscal Year 2006-2007 budget request; however, due to budgetary constraints, funding was not appropriated. Additionally, funding in the amount of \$50,000 was requested in the Fiscal Year 2007-2008 budget request for consulting services for the Land Management Information System; however, due to budgetary constraints funding was not appropriated.

In the interim, I.T. is conducting further analysis as to the operational deficiencies of the various systems identified in the finding, and as to whether the appropriate action plan would be to replace or modify the systems. I.T. staff is currently meeting with key users of the systems, documenting the known deficiencies and shortcomings, along with recommendations for improvement, replacement or reengineering.

I.T. will continue to propose funding for fulfilling the recommendations in this report. However, given current budget constraints, funding is not expected until at least fiscal year 2009-10.

I.T. will continue to modify and/or enhance the systems to provide the best possible efficiency and effectiveness, given the available resources and budget constraints.