

**BOARD OF SUPERVISORS  
RESPONSE TO THE**

**2001 – 2002  
GRAND JURY  
FINAL REPORT**

## **2001/02 EL DORADO COUNTY GRAND JURY REPORT**

The following responses appear in the same order as presented in the Grand Jury Report. We have addressed all issues that are under the jurisdiction of the Board of Supervisors.

# AUDIT AND FINANCE COMMITTEE

## Confirming Purchase Orders

### **Reason for the Report**

During the course of its other investigations, the Audit and Finance Committee of the 2001/2002 Grand Jury heard several comments concerning the purchasing practices throughout the County, such as lack of pre-approval and circumvention of existing County purchasing contracts. Based on these comments, the Audit and Finance Committee investigated established policy (Purchasing Ordinance) and actual purchasing practices within the County.

### **Scope of the Investigation**

The following documents were reviewed:

- County Ordinance Code pertaining to Purchasing Procedures;
- General Services Department documentation;
- County final budgets for the Fiscal Year 2001/2002; and
- Past Grand Jury reports.

The following persons were interviewed:

- Interim Chief Administration Officer;
- County Auditor/Controller;
- Interim Director of General Services; and
- Three employees from General Services.

### **Findings**

F1: Chapter 3.12 of the El Dorado County Charter documents Purchasing Procedures and is known as the County Purchasing Ordinance. This section of the County Charter provides in part:

“3.12.020: The purpose of this chapter is to secure for the county taxpayers the advantages and economies which will result from centralized control over the purchase of supplies, materials, equipment and contractual services resulting from the application of modern, businesslike methods relative to government expenditures for such purchases. Further, this

chapter is to adopt policies and procedures governing the purchase of supplies, equipment and contractual services by the county in accordance with the Government Code, section 54201 et seq.

3.12.060: The purchasing agent may, and where legally required to do so, shall, authorize in writing any county department to purchase renewable types of office supplies and materials in total amounts of four hundred ninety-nine and 99/100 dollars (\$499.99) or less, utilizing the ‘direct’ purchase order form, independently of the county purchasing agent’s office; but such purchases shall be made in conformity with the applicable procedures. The purchasing agent may also rescind the authorization to purchase independently, by written notice to the county department unless otherwise prohibited by law.

3.12.070 A. Only department heads or their designated representatives may approve and sign direct purchase orders in total amounts of four hundred ninety-nine and 99/100 dollars (\$499.99) or less. Department heads may delegate such authority by filing a written authorization therefor with the purchasing agent and the auditor-controller. ... C. All departments shall strictly adhere to written purchasing procedures as they may be issued or amended from time to time by the purchasing agent or the board of supervisors.”

**Response to F1: The respondent agrees with the finding.**

F2: The General Services Department in conjunction with the Information Services Department developed a tracking system to report the number and percentage of confirming purchase orders. Confirming or “after the fact” purchase orders are not acceptable and are a violation of County Purchasing Ordinance requirements. The data reflects purchase orders issued between \$0 - \$10,000.00. Data was not extracted for purchases exceeding \$10,000.00 since the competitive bidding threshold is established at \$10,000.00 by ordinance. The data does not include the issuance of blanket purchase order purchasing activity, but rather independent purchase orders that were requisitioned by departments as confirming.

Following are the results of this tracking system:

<b>Reporting Period Ending</b>	<b>Total Purchase</b>	<b>Total Confirming</b>	<b>Percentage</b>
Fiscal Year 2000-2001	\$14,716	\$10,955	74%
September 30, 2001	2,544	1,901	75%
December 31, 2001	4,043	2,997	74%
March 31, 2002	4,552	3,070	67%

***Response to F2: The respondent agrees with the finding.***

- F3: Purchase orders are sometimes “split” in order to circumvent required signature authority. For example, while a \$15,000 purchase requires competitive bidding, two \$7,500 purchases would not. This is an unacceptable practice.

***Response to F3: The respondent agrees with the finding.***

- F4: There is no system in place to hold department heads accountable for failing to adhere to County Purchasing Ordinance Requirements.

***Response to F4: The respondent disagrees partially with the finding.*** When this Grand Jury was convened in July 2001 the General Services Department had already begun to hold Departments accountable for non-compliance with the Purchasing Ordinance. Several Departments were directed to get Board approval before the General Services Department would sign non-compliant purchasing documents. Compliance with the Purchasing Ordinance is insured through the efforts of the General Services Department, County Counsel, the Auditor’s office and the Board of Supervisors.

- F5: Purchasing practices that do not adhere to the County Purchasing Ordinance subject the County to risks of overspending and poor budget management.

***Response to F5: The respondent agrees with the finding.***

### **Recommendations**

- R1: All department heads must be held accountable for adhering to the County Purchasing Ordinance. Directors of departments ordering supplies and services without an appropriate purchase order or contract in advance of those orders should be required to appear before the Board of Supervisors, explain the reason(s) for such noncompliance, and obtain express approval for the unauthorized acquisitions.

***Response to R1: The recommendation has been implemented.*** The department has established a policy of not signing any item that has not been appropriately authorized. These items must go to the Board of Supervisors for review and approval.

- R2: Each department head should develop a system to hold subordinates exercising purchasing authority accountable for noncompliance with the County Purchasing Ordinance.



# AUDIT AND FINANCE COMMITTEE

## *Fixed Assets Report*

### **Reason for the Report**

The Grand Jury elected to inquire into whether the various departments of El Dorado County government are maintaining accurate records and/or inventory of equipment and fixed assets. This inquiry did not address the issue of record keeping in regard to disposal of assets by the County.

The inquiry occurred as a result of (1) observation of discarded items in an alleyway behind the Government Center and (2) testimony taken by the Grand Jury.

### **Scope of the Investigation**

- Interview with the County Auditor/Controller;
- A review of the County's Fixed Asset Inventory System - Property Inventory By Department ("Inventory Report"); and
- A random physical audit by the Grand Jury.

### **Findings**

F1: On September 5, 2001, miscellaneous property was observed in an unsecured alley behind County Administration Building B, adjacent to the Department of Veterans Services. The items appeared to be surplus and/or discarded equipment, including computer and radio equipment, shelving, bins and old furniture. The items remained in this area for several weeks.

***Response to F1: The respondent agrees with the finding.*** The response is qualified, however, as the respondent has no knowledge of what evidence the Grand Jury found.

F2: The existence and location of County assets is memorialized in the Inventory Report and listed by department only. The format of the report is not designed to contain information as to precise physical locations.

***Response to F2: The respondent agrees with the finding.***

F3: Departments selected for the random audit were, at best, only able to locate inventory assets noted in the Inventory Report by reference to individual memory or hand-written notes on the Report.

***Response to F3: The respondent agrees with the finding.*** The response is qualified, however, as the respondent has no knowledge of what evidence the Grand Jury found.

- F4: One audited department, with several locations, had particular problems locating items of inventory listed on the Inventory Report, which were housed at outlying department locations.

***Response to F4: The respondent agrees with the finding.*** The response is qualified, however, as the respondent has no knowledge of what evidence the Grand Jury found.

- F5: The software program that produces the Inventory Report is not adequate to maintain complete records of fixed assets and inventory. The software does not allow departments to keep accurate records of items being surplused out of the departments or relocated within the departments.

***Response to F5: The respondent agrees with the finding.***

- F6: Departments audited by the Grand Jury do not have independent computer systems for tracking fixed assets or inventory within their individual departments.

***Response to F6: The respondent agrees with the finding.*** The Auditor controls this report. Departments have no “real time” access.

### **Recommendations**

- R1: All equipment being surplused should be properly placed in a secured facility. Those items should not be allowed to accumulate in unsecured areas.

***Response to R1: The recommendation has been implemented.*** General Services worked with the department referred to above in the findings and reminded them of the procedures regarding notification and proper disposal of surplused property and equipment.

- R2: The Department of Information Services, in conjunction with the user departments, should design and establish standardized procedures for the surplusing, locating, and relocating or discarding of equipment.

***Response to R2: The recommendation will not be implemented because it is not warranted.*** The County Purchasing Ordinance establishes the Purchasing Agent as being responsible for the disposition of surplus property. The Department of General Services should develop the appropriate procedures for surplusing and discarding equipment.



R3: The existing Inventory Report program should be modified, or a new computer program designed, to provide for systematic notations useful to individual departments in maintaining accurate and up-to-date fixed assets and inventory records.

***Response to R3: The recommendation has been implemented.*** The Auditor-Controller's Office has the responsibility of the County's Fixed Asset System software. Staff in that office has developed a new database program for tracking countywide fixed assets and producing the annual inventory certification reports. The new program was put into place in July 2000 and has replaced the old system. The new system allows departments to enter data into two user-defined fields. Notations in these fields will allow departments to better track the specific physical location of each asset. Information Services' staff is working with the Auditor-Controller to test the user-department features and make recommendations on any changes or enhancements to the system prior to making it available to all County departments. The Auditor-Controller's Office hopes to have this program available to all departments on the County Intra-net by the end of this calendar year (December 2002). Departments would be able to enter data in the user-department fields, query the database, and generate reports at any time during the year.

Additionally, Information Services' staff is currently exploring a software tool that would enable us to identify and locate computer assets connected to the County's Novell network. A variety of information can be obtained from this type of software—workstation name, department ID asset tag number, user ID, equipment description, etc. This information could benefit all county departments to help track computer equipment and maintain physical inventories.

### **Commendations**

The Grand Jury commends county personnel for their creative means of maintaining records as best they can with what they have available. The Grand Jury was impressed by the fact that an employee in the Tax Collector's Office, from memory, could take the investigating members immediately to each item indicated on the Inventory Report.

### **Responses Required for Findings**

F1 through F6            El Dorado County Board of Supervisors

### **Responses Required for Recommendations**

R1 through R3            El Dorado County Board of Supervisors

## **AUDIT & FINANCE COMMITTEE**

### ***Independent Management Audit***

During the course of its investigations, the 2001/2002 El Dorado County Grand Jury concluded that there were several aspects of county government that deserved a more in-depth investigation than the Grand Jury was equipped to undertake.

Accordingly, with financing approved by the Board of Supervisors (Board), the Grand Jury retained the Harvey M. Rose Accountancy Corporation (HMRAC) to investigate and report on issues as directed by the Grand Jury. One of these issues was a review of the County's budget process (Budget Process).

The HMRAC report on the Budget Process is contained in its entirety within the Audit & Finance Committee section of the 2001/2002 Grand Jury's Final Report. The Grand Jury carefully reviewed and considered both the factual findings and the recommendations contained therein, unanimously concurs with those findings and recommendations, and adopts them as its own.

#### **Responses Required for All HMRAC Findings**

El Dorado County Board of Supervisors

#### **Responses Required for All HMRAC Recommendations**

El Dorado County Board of Supervisors

#### **Commendation**

The Grand Jury commends the Board of Supervisors for its willingness to authorize and fund the Grand Jury's independent Budget Process audit. The Board's willingness to engage in and to permit such analysis and potential self-criticism evidences a high degree of civic responsibility, to the benefit of the people of El Dorado County.

# **Analysis of El Dorado County's Budget Process**

**Prepared for the  
FY 2001-02 Grand Jury  
County of El Dorado**

***By the  
Harvey M. Rose Accountancy Corporation***

**May 2002**

## **Introduction**

### ***Purpose and Methods***

The FY 2001-02 El Dorado County Grand Jury retained the Harvey M. Rose Accountancy Corporation to conduct a review of the County's budget process. The objectives of the review were to review the process and its key milestones to determine:

- if the finally adopted budget reflects policies, goals and objectives established by the Board of Supervisors;
- if the process of creating the budget is efficient and involves sufficient analysis to identify the most cost-effective use of resources;
- if the process establishes management accountability; and
- if information provided to the Board of Supervisors at budget time and throughout the year facilitates rational budgetary decision-making.

To accomplish this, the following methods were employed. Interviews were conducted with key parties involved in the process including each member of the Board of Supervisors, the Interim Chief Administrative Officer, the Auditor-Controller and selected department heads and budget officers. Numerous budget-related documents were reviewed including:

- the County budget instructions for FY 2001-02 and 2002-03 prepared by the Chief Administrative Office
- the proposed FY 2001-02 budget and workplan document
- Budget Addenda documents for FY 2001-02
- the final budgets for FY 2001-02, Mid-Year Budget Status Reports and presentation materials presented to the Board of Supervisors for FY 2000-01 and 2001-02
- the independently prepared financial statements for the County for FY 2000-01 (the most recent year available while this project was underway)
- various budget related documents including budget request forms and ad hoc reports available from the county's financial information systems
- capital project monitoring documents used by the General Services and Transportation departments

County procedures were compared to State law and regulations governing the budget process and comparisons were made to practices in selected other counties. The review was conducted between March and April 2002.

### **Overview of County Budget**

For FY 2001-02 El Dorado County has budgeted \$250,073,563 in revenues and uses. On the expenditure side, this consists of \$246,321,223 in specific budgeted costs for the various County departments and \$3,752,340 in appropriated contingencies. On the revenue side, the \$250 million is comprised of 11 sources such as property taxes, licenses

and permits, intergovernmental revenue and carryover funds from the previous year (fund balance). Exhibit 1.1 shows budgeted revenues of \$220,669,990 for FY 2001-02, by source. The difference between the \$220,669,990 shown and the total \$250,073,563 in budgeted revenues is \$29,403,573 in fund balance carried forward from FY 2000-01.

**Exhibit 1.1**  
**Budgeted Revenues for FY 2001-02**  
**El Dorado County**

<b>Source</b>	<b>Amount</b>	<b>% Total</b>
Current Secured Property Taxes	\$32,054,017	14.5%
Current Unsecured Property Taxes	899,767	0.4%
Other Taxes	<u>13,354,928</u>	<u>6.1%</u>
<i>Total Taxes</i>	<i>46,308,712</i>	<i>21.0%</i>
Licenses and Permits	7,755,097	3.5%
Fines, Forfeitures and Penalties	2,423,749	1.1%
Use of Money & Property	1,847,731	0.8%
<i>Intergovernmental Revenue:</i>		
State	70,983,076	32.2%
Federal	28,777,865	13.0%
Other	500,559	0.2%
Charges for Services	42,833,880	19.4%
Miscellaneous Revenues	2,386,600	1.1%
Other Financing Sources	16,852,721	7.6%
Residual Equity Transfers	-	
<b>Total</b>	<b>\$220,669,990</b>	<b>100.0%</b>

Source: Final Budgets for FY 2001-02; El Dorado County Auditor-Controller

As shown in Exhibit 1.1, the State is the primary source of revenue for the County. Following that are property and other taxes, charges for services (development impact fees, planning and building fees, mental health service fees, and others), and Federal funds.

Exhibit 1.2 shows budgeted expenditures for FY 2001-02, by function. As can be seen in the table, public protection comprises the largest share of the County's budgeted expenditures with general government and public ways and facilities second and third in magnitude. The County's contingency appropriation of \$3,752,340 is also shown. This contingency amounts to 2.4 percent of total budgeted General Fund expenditures.

**Exhibit 1.2**  
**Budgeted Expenditures for FY 2001-02, by Function**  
**El Dorado County**

<b>Function</b>	<b>Amount</b>	<b>% Total</b>
General Government	\$60,467,389	24.2%
Public Protection	67,826,132	27.1%
Public Ways and Facilities	44,005,027	17.6%
Health and Sanitation	31,695,872	12.7%
Public Assistance	39,033,680	15.6%
Education	2,398,404	1.0%
Recreation & Cultural Services	894,719	0.4%
<b>TOTAL</b>	<b>\$246,321,223</b>	<b>-</b>
Contingency Appropriation	\$3,752,340	1.5%
<b>TOTAL BUDGETED</b>	<b>\$250,073,563</b>	<b>100.0%</b>

Source: Final Budgets for FY 2001-02; El Dorado County Auditor-Controller

Another way of viewing the County's budget is by fund, as presented in Exhibit 1.3. The table shows that most of the County budget is comprised of the General Fund and the Roads-Transportation Fund (80.2 percent of the total budget). All funds except the General Fund are restricted legally to certain purposes. The Board of Supervisors has discretion over the uses of the General Fund only. The Board has authority over the amounts appropriated for various uses such as salaries, professional services, supplies, etc within the other funds, but only for the purpose for which the fund is legally designated. General Fund monies on the other hand can be appropriated to any department or for any purpose within the County structure.

**Exhibit 1.3**  
**Budgeted FY 2001-02**  
**Expenditures and Revenues by Fund,**  
**El Dorado County**

<b>Fund</b>	<b>Amount</b>	<b>% Total</b>
General	\$157,249,680	62.9%
Roads-Transportation	41,367,152	16.5%
Health Department	19,719,350	7.9%
Mental Health Services	10,463,260	4.2%
Community Services	8,026,027	3.2%
Accumulated Capital Outlay	5,403,519	2.2%
Erosion Control	4,413,840	1.8%
County Road District Fund	2,617,875	1.0%
Tobacco Settlement	487,860	0.2%
Planning: EIR Development Fees	300,000	0.1%
Special Aviation	20,000	0.008%
Fish and Game	5,000	0.002%
<b>TOTAL</b>	<b>\$250,073,563</b>	<b>100.0%</b>

Source: Final Budgets for FY 2001-02; El Dorado County Auditor-Controller

It should be noted that a significant portion of the General Fund is actually used to match State, federal and other external funding so the Board does not actually have full discretion over all of General Fund monies.

As in all counties, much of the El Dorado County budget process is governed by State law and regulations and follows a sequence of events for the most part repeated each year.

The California Government Code contains a number of deadlines that govern the County's budget process and timetable. Highlights of these requirements include the following:

- ◆ Estimates of revenues and expenditures are to be provided to the County's auditor or administrative officer by June 10 of each year (§ 29040)
- ◆ A tabulated version of the estimated revenues and expenditures, or a budget, is to be provided to the Board of Supervisors by June 30 of each year (§ 29062)
- ◆ The Board of Supervisors shall act on the budget by July 20 of each year (§ 29063)
- ◆ Copies of the budget shall be prepared and made available to the public by August 10 of each year (§29065)
- ◆ The Board of Supervisors shall notice the public on or before August 10 of each year of public hearings on the proposed budget (§29066)
- ◆ On or before August 20 of each year public budget hearings must commence. (§29080)
- ◆ The budget must be adopted by the Board of Supervisors by August 30 of each year (§29088)

Unfortunately, these timing requirements do not coincide with the State budget cycle so some budget decisions have to be prepared without benefit of the finally adopted State budget.

El Dorado County has designed its budget process to enable it to meet these State mandated deadlines. The County's process includes:

- ◆ Some departments begin preparation of their revenue estimates and program plans starting in the fall
- ◆ Budget instructions prepared by the Chief Administrative Officer are provided to all departments in February
- ◆ Completed department budget requests are provided to the Chief Administrative Officer by April
- ◆ The Auditor-controller prepares estimates of non-departmental revenues in April and May
- ◆ Chief Administrative Office staff reviews the budget requests during April and May
- ◆ The Chief Administrative Officer's proposed budget is transmitted to the Board of Supervisors by June 15
- ◆ The Board of Supervisors accepts the proposed budget in June

- ◆ Budget addenda requests are prepared by departments and submitted to the Chief Administrative Office in early August
- ◆ Budget addenda reports and documents are submitted to the Board of Supervisors in August
- ◆ Budget addenda hearings take place in September

## **Acknowledgments**

The County's budget documents and midyear reports are very extensive documents, thoughtfully organized and containing much useful information. Preparation of these documents certainly requires a great deal of work by County staff and the Chief Administrator's Office. This process is made more difficult at present because the Interim Chief Administrative Officer's prior position of Assistant Chief Administrative Officer is vacant, temporarily reducing the number of staff positions available for budget analysis and preparation. Preparation of the budget document must take place at the same time as the Chief Administrative Office meets its other ongoing responsibilities.

The auditors wish to acknowledge the Interim Chief Administrative Officer who was extremely helpful in the conduct of this review. He was generous with his time and provided numerous budget related documents and reports for review and analysis.



## 1. Long Range Strategic Planning and the Budget

**F1.1** The County does not have a long range strategic plan with goals and objectives set by the Board of Supervisors to guide the allocation of County funds and resources. Without this, budget and program priorities are set primarily by County staff without the benefit of structured input from elected officials and the public. This has been particularly true in past years when the budget was adopted with very little discussion at the Board of Supervisors public hearings.

**Response to F1.1:** *The Respondent disagrees partially with the finding.* The Board of Supervisors does adopt goals and objectives, and did so most recently in May 7, 2002. Additionally, various actions by the Board incorporate goals and objectives as part of policy decisions. For example, goals and objectives are incorporated in the River Management Plan and the County's Economic Development Program. Some departments have developed, and follow, plans that are specific to their particular programs. These goals and objectives do serve the purpose, where applicable, of guiding the allocation of County funds and resources. It is also true that in their planning and operations, many County Departments continually receive structured input from citizens through a variety of advisory boards and committees, legal mandates and regulations, and direction by the Board of Supervisors, and those Departments respond to this input through their planned allocation of funds and resources. The recent process leading to the development of the rural Public Health Clinic illustrates just one example of strategic planning that occurs within El Dorado County government. However, in the comparative sense of a business plan as conventionally developed or used by many private corporations, the County does not have an official strategic plan.

**F1.2** for the current fiscal year, FY2001-02, the Board of Supervisors chose to hold more extensive public hearings as part of the budget addendum process and received detailed presentations from all departments. While these hearings allowed for more interaction between the Board and the Departments than has taken place in the recent past, this process would be even more valuable if the budgets submitted by the departments were prepared under policy direction already provided in a long range strategic plan. Another benefit of a strategic plan is providing a common set of goals and objectives for all County employees.

**Response to F1.2:** *The Respondent agrees with the finding.* The public hearings process conducted by the Board of Supervisors prior to final adoption of the 2001-02 County budget did provide for greater interaction between the Board and the departments than has taken place in the recent past. The budget public hearings are the culmination of a process that begins months earlier with the Board of Supervisors issuing budgeting directions and instructions. These directives are themselves policy statements indicating management direction and fiscal expectations for guiding departmental Budget preparation. The Respondent does agree that, in principle, a long range strategic plan can provide policy direction for managerial and financial decisions, but so can a number of other

valid, rational planning methodologies. The decision to utilize any form of strategic planning is itself a management choice, and there is no exclusively singular methodology of strategic planning. Neither is the county completely without such direction by not having a particular form of strategic planning in place.

**F1.3** As part of a multi-year strategic planning effort, a process for measuring individual department performance and plan outcomes is needed. This would also enhance the budget process by providing the Board of Supervisors with meaningful performance measures for each department and a method for measuring the effectiveness of allocated funds.

***Response to F1.3: The Respondent agrees with the finding.*** In his 2002-2003 Budget cover letter to the Board of Supervisors the Interim CAO states on page XXXVII.

“It has been over a decade since the Board of Supervisors and County managers have engaged in a strategic planning process for El Dorado County government as an organization.

Through strategic planning, County government decision makers from department front-line operations up through department management, County Administration and the Board of Supervisors, develop a common understanding of overall ultimate goals and objectives, and the relationship or importance of incremental decisions made each year at all organizational levels. Incremental decisions may help to advance the organization toward Board adopted goals or could inadvertently delay or otherwise interfere with achievement of those goals. It is recommended that we proceed with development of a County Strategic Plan.

As a precursor to the development of a strategic plan, the Chief Administrative Office will be undertaking an update of the Analysis of Financial Trends last updated in 1994.”

Many organizations, public and private, engage in a strategic planning process to accomplish the following: 1) confirm and refine the mission statement of the organization with which all employees and stakeholders agree; 2) establish a vision for the future of the organization; 3) develop goals, objectives and action plans to ensure accomplishment of the mission and vision; and 4) establish a mechanism for measuring and reporting on actual organization performance relative to the goals, objectives and action plans.

Generally, strategic plans are multi-year in nature with a five year horizon being fairly typical. A strategic planning process for El Dorado County should include the following steps:

- ❑ Assessing the current state of County operations including resources available and strengths and weaknesses of the organization
- ❑ Identifying likely future trends that will affect the County (e.g., population growth in El Dorado and neighboring counties, changes in State funding formulas, likely incorporation of cities, impacts of new technology, etc.)
- ❑ Identifying likely future service needs and resources available to meet those demands (i.e., likely revenue streams)
- ❑ Establishing service goals and objectives consistent with the mission and vision for the future
- ❑ Establishing a system for measuring the County's success in meeting the stated goals and objectives

Currently El Dorado County does not have a long term strategic plan. Some departments such as the Information Services Department have developed plans specific to their departments and programs but there is no overarching plan for the County as a whole. A countywide plan would be valuable for budget purposes as it would help guide the allocation of resources consistent with established goals and objectives.

Under the present system, department heads can set goals and objectives for their departments and Board members may provide direction on a case by case basis through budget hearings or other forums where department heads and Board members interact. But there is no formalized process by which the public and the Board as a group reach consensus and establish priorities that provide clear direction to all departments.

A multi-year approach helps get around the limitations of the single year budget process that often doesn't address projects and initiatives that span more than one year. Typical multi-year projects in the county include capital projects, service delivery improvements, improvements in administrative activities, computer installations and upgrades, and other initiatives. While final appropriations still have to be made in the annual budget to fund multi-year projects and initiatives, providing directives in a strategic plan will help guide funding decisions in the budget process and will provide direction to department managers about their priorities.

### **The County needs a system to measure department performance**

Measuring accomplishment of the goals, objectives and action plans in a strategic plan is probably one of the greatest benefits of embarking on such an effort and it is directly linked to the budget process. First, it makes the strategic plan a much more meaningful, results-oriented process. While establishing mission and vision statements, goals and objectives and action plans are all worthwhile activities, they can become meaningless if there isn't a method of measuring and reporting results. Setting an overall goal for the County such as making the County safe from crime is fine, but adding a method for measuring whether or not this occurs gives the process much greater impact. This could be measured in crime rate trends, arrest rates, successful prosecution and sentencing, community perception of safety, and other measures. These types of measures can be tied

to the budget process through, for example, reviewing law enforcement officers per capita, arrests resulting in successful prosecutions, response times, and other measures. The budget can be adjusted accordingly to improve these measures to meet the service goals of the strategic plan.

For each department, the proposed El Dorado County budget includes a mission statement, workload indicators, written summaries of all major programs, and staffing information. This is useful information but what is missing are goals and objectives for the department and outcome measures to provide meaning to the workload indicators. The workload indicators, shown for the proposed, current and previous two fiscal years, generally measure caseload but not program outcomes. For example, the Probation Department budget for FY 2001-02 shows 33 workload indicators for eleven program areas. The program areas include Juvenile Hall, Juvenile placement, Group Homes/Foster homes, Adult Court, Adult Supervision and others. Workload indicators include measures such as number of court disposition reports, number of intake hearings, average daily population at Juvenile Hall, number of Adult Court reports, number of adult probationers supervised, number of number of felony sentencing reports prepared and others.

The problem with the workload indicators in the Probation Department's budget is that none of them allow for an assessment of department outcomes. For example, a common objective for probation departments is to rehabilitate the probationer so they don't commit the same crime again and have subsequent encounters with the criminal justice system. To measure this objective, recidivism rates should be presented in the budget document rather than just the number of probationers supervised by the department. A high recidivism rate might indicate that Probation Department efforts are not succeeding and would lead to discussion about the level of funding for this effort and whether or not it is adequate and if the Department needs to operate its programs differently to achieve greater success.

The Probation Department's number of court reports workload indicator also measures work but not outcomes. It is not possible to tell from the numbers alone if the department is doing a good job of producing its reports for court. Two of the most important factors for court reports generally are whether they are delivered to the court timely and whether they contain the information needed by the judiciary to facilitate decision-making. Useful performance measures for this work might include number of reports delivered to the court on time and the results of a survey of the court's satisfaction with the content of the reports. As with the previous example, this type of information would enable a more informed discussion of the appropriateness of funding levels and program management.

Having broad countywide goals and objectives in a strategic plan would also help guide departments such as the Probation Department in that their goals, objectives and funding allocations and requests would need to be linked to the countywide goals and objectives. For example, countywide goals and objectives related to the Probation Department might be to improve coordination between all of the County criminal justice agencies and expansion of alternative programs to keep nonviolent offenders out of jail. The Probation Department would need to respond to these goals and objectives by presenting its

coordination efforts with other departments, and development or expansion of alternatives to incarceration programs.

Another link between the strategic plan and the budget is that the strategic plan should include financial goals and objectives for the County. These could include target reserve levels, target user fee recovery rates, a countywide approach to one-time revenues, approaches to funding levels for internal service funds, policies regarding deficit spending and others.

### **Departmental strategic planning in El Dorado County**

As mentioned above, El Dorado County's Information Services Department produced a strategic plan in 2000. The plan was prepared in response to a request from the Board of Supervisors and it states that it will be regularly updated. The purposes of the plan are to: anticipate future information processing needs and provide a strategy for meeting those goals; define an optimum sequence of events to achieve the strategy; facilitate common understanding and support for the department's future direction and goals by all key stakeholders (customers, staff, County management); provide a framework to manage and control the working environment; and, achieve optimum effectiveness and efficiency of resources. Its goals for the future include: expanding basic intranet/internet services; sharing and integrating data; providing business support data in multiple formats; providing multi-level integrated computing services; re-engineering business processes; guaranteeing the integrity and availability of County data; and, maintaining adequate and appropriate resources.

The Information Services plan and any other department strategic plan in the County should be used as underpinnings to a countywide strategic plan. The countywide plan would provide higher level goals and objectives and individual department plans would be more specific and detailed regarding their particular services. The various individual department plans should be consistent with the countywide plan prepared by the Board of Supervisors. As suggested for the countywide strategic plan, individual department success in meeting the goals and objectives in their plans should be measured on an annual basis.

### **Strategic planning in other jurisdictions**

As mentioned above, many private and public organizations have prepared and are implementing strategic plans. The public organizations include counties and cities throughout the country. In California, one of the more extensive county strategic plans was prepared in Riverside County. The plan, entitled Strategic Vision 2020, addresses the County's mission and business, vision for the next twenty years and guiding principles, service delivery priorities, service goals and strategies, inter-governmental relations, environmental issues, financial management fundamentals, land use planning principles, and related matters. Since many departments in the county have also prepared strategic

plans, the Countywide plan incorporates all of those plans. The Riverside plan addresses limits to County service and highlights what the County cannot do as well as areas where it should excel.

Maricopa County, Arizona initiated a strategic planning process in 2000 that integrated planning, budgeting and performance measures. For this effort, each department was required to prepare a strategic plan that included the following:

- ❑ The County mission and vision statement
- ❑ A department mission and vision statement<sup>1</sup>
- ❑ Department goals
- ❑ Identification of department issues
- ❑ Identification of all key programs in each department including:
  - Program name
  - Program purpose
  - Key results for the program (usually a quantifiable measure)
  - Activities and services within each program
  - Outputs for each activity
  - Actual results for each activity compared to key result expectations
  - Cost per output

Quarterly reports are produced for each department in Maricopa County. A sample report for the Maricopa County Information Systems department is shown as Attachment 1. As can be seen, performance data is not available yet for each key activity in this program. But efforts are now underway to regularly collect this data and to tie it to a cost efficiency factor shown at the end of the attachment.

There is a range of approaches for El Dorado County to consider in establishing a strategic planning process but the key elements should include:

- ❑ statement of purpose or mission;
- ❑ vision for the future;
- ❑ goals, objectives and action plans for accomplishing the mission and vision statements; and,
- ❑ a system for measuring results linked to the budget process.

The plan's goals and objectives will also drive the budget process as each department will be expected to show how they are contributing to the strategic plan's goals and objectives through their activities.

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<sup>1</sup> The department vision statement was optional in the Maricopa County plan.

## Recommendations

It is recommended that the Board of Supervisors:

- R1.1 Direct the Chief Administrative Officer to implement a strategic planning process for the County to include: an assessment of strengths and weaknesses of the County organization; input from all key stakeholders; a mission statement and vision for the future of the County; goals, objectives and action plans to achieve the mission and vision; and, a system for measuring and reporting the County's success in achieving the goals and objectives;

**Response to R1.1: The recommendation has not been implemented, but will be implemented in the future.** The Board of Supervisors has received the Interim CAO's recommendation to re-institute the development of a County Strategic Plan. As a precursor to this effort, management has indicated it is undertaking an updated analysis of historic financial trends. The selection by the Board of Supervisors of a Chief Administrative Officer is a key element in the organization of this effort, as this individual will be expected to play a critical, central role in both the development and the implementation of any Strategic Plan. Therefore, it is important that the pursuit of plan development not get ahead of the process for CAO selection. Although it is anticipated that a process for development of a County Strategic Plan will be among the first priorities of the new Chief Administrative Officer, once selected, the ICAO, in addition to providing an updated analysis of historic financial trends, will begin to lay the foundation for formulating a strategic plan. The ICAO will: report to the Board regarding methods with which to accomplish the plan (does the County need a facilitator, how is the public brought into the process, etc.); begin to familiarize the Board and departments as to what a strategic plan is (what are the key elements, what does it hope to accomplish, who should be the stakeholders); and finally, research other governmental jurisdiction strategic plans and disseminate examples of strategic plans to departments and the Board. It is further anticipated that the new CAO will forward recommendations to the Board of Supervisors regarding implementation strategies within required time frames.

- R1.2 Include financial goals, objectives and policies for the County in the recommended strategic plan addressing issues such as target reserve levels, cost recovery targets for County user fees, deficit spending policies and others;

**Response to R1.2: The recommendation has not been implemented, but will be implemented in the future.** Development of a County Strategic Plan will necessitate the design of the process and content for the Plan. The Board of Supervisors will give consideration to these, and other, criteria in the component makeup of such a Plan. As stated above, CAO selection must precede **complete** development of the plan, although the ICAO will begin the process as outlined in R1.1 above. A report from the new CAO regarding implementation strategies and alternatives will be forwarded to the BOS with appropriate recommendations written within required time frames.

- R1.3 Direct the Chief Administrative Officer and department heads to develop goals and program objectives for their departments consistent with the countywide goals and objectives developed in the strategic plan;

**Response to R1.3: The recommendation has not been implemented, but will be implemented in the future.** The integrity of the strategic plan depends on there being a logical consistency between individual department goals and objectives, and the mission and vision of the County as a whole. As stated above, CAO selection must precede development of plan for implementation, although the ICAO will begin the process as outlined in R1.1 above.

- R1.4 Direct the Chief Administrative Officer and department heads to include links in their budgets and funding requests to the strategic plan goals and objectives and to develop and report related performance measures for their departments based on outcomes rather than workload;

**Response to R1.4: The recommendation has not been implemented, but will be implemented in the future.** The integrity of the strategic plan depends on there being a logical consistency between individual department goals and objectives, and the mission and vision of the County as a whole. One way this is demonstrated is by the presence of linkages as suggested in the recommendation. The development and application of performance measures based on outcomes as opposed to workload factors must be carefully crafted because of the different ways that outcomes may be interpreted. As stated above, CAO selection must precede complete development of the plan, although the ICAO will begin the process as outlined in R1.1 above. It is anticipated that the new CAO will report to the BOS with appropriate recommendations within required time frames.

- R1.5 Conduct an annual evaluation and update process where accomplishment of plan goals and objectives is evaluated for the previous year and the plan is updated and revised for the future;

**Response to R1.5: The recommendation has not been implemented, but will be implemented in the future.** By definition, this part of a strategic planning process occurs after the plan is developed and implemented. The developed Plan will include provisions for yearly evaluation and updating. As stated above, CAO selection must precede complete development of the plan, although the ICAO will begin the process as outlined in R1.1 above. It is anticipated that the new CAO will report to the BOS with appropriate recommendations within required time frames.

- R1.6 Incorporate strategic plans developed by individual departments into the countywide plan.



***Response to R1.6: The recommendation has not been implemented, but will be implemented in the future.*** The developed Plan will include this provision. As stated above, CAO selection must precede complete development of the plan, although the ICAO will begin the process as outlined in R1.1 above. It is anticipated that the new CAO will report to the BOS with appropriate recommendations within required time frames.

## **Costs and Benefits**

The primary costs of implementing the above recommendations would be staff time. The County may choose to retain an outside facilitator for some workshops and compilation of information for which there would be direct costs. The benefits of the recommendations would include development of common objectives and direction for all County managers and employees, less time wasted by staff trying to second guess the wishes of the Board of Supervisors, and a system for measuring department performance and methods for linking budget allocations to achievement of agreed upon goals and objectives.

### **Responses Required for Findings**

F1.1 through F1.3                      El Dorado County Board of Supervisors

### **Responses Required for Recommendations**

R1.1 through R1.6                      El Dorado County Board of Supervisors

## 2. Capital Projects

**F2.1** Using County budget documents it is not possible to determine the status of capital projects or whether the projects are over or under budget. Capital project status reporting in the budget would be improved by including comparisons of originally proposed and actual costs and project timing.

**Response to F2.1:** *The respondent agrees with the finding.*

**F2.2** Funding and priority setting for El Dorado County's facility and transportation capital projects takes place without benefit of a multi-year capital improvement or facility master plan. As a result, department managers can set project priorities without formalized direction from the Board of Supervisors and the public. These priorities may or may not reflect the highest and best use of limited resources in the opinion of Board members and the public but a method doesn't exist to reach consensus, formalize and update those priorities.

**Response to F2.2:** *The respondent disagrees partially with the finding.*

**Transportation:** The Respondent agrees with the first statement in the finding, namely that priority setting and funding has not been driven over the last few years by a multi-year capital improvement program.

The Respondent disagrees with the second statement in the finding, namely that as a result management can set priorities without formal direction from the Board and public. First, as is described more fully in our response to the related recommendations, the Department of Transportation has gone to great lengths to obtain Board of Supervisors direction and authorization with respect to capital projects, surface treatment projects, and discretionary grant applications. All of these directions and authorizations have come during regularly-scheduled Board of Supervisors meetings.

Further, while it is not appropriate for departments to take direction from the public, significant, sustained efforts have been made to solicit public input on specific projects, priority setting, and long-range goal setting. Again, further details are listed in our response to the related recommendations. However, the Department of Transportation would be pleased to supply any or all of the following information, upon request. It is not provided here only in the interest of relative brevity:

T Dates, times, locations, and notes of the 10 + meetings held in the year Fees stakeholders meeting;

- T 2001 to solicit public input on a number of topics, including: Programmatic priorities for limited funds; and, criteria that should be used to prioritize expenditures on a programmatic basis, as well as to prioritize specific projects within a program;
- T Dates, times, notes, and members of the Department of Transportation Customer Advisory Committee that was formed in the year 2000 to provide input to the Department of Transportation Organizational Strategy; and,
- T Dates and times of dozens of other public meetings, both on specific projects, as well as general transportation issues, during which public input on priorities and needs was solicited and recorded. Examples include meetings on Cameron Park Drive improvements, Green Valley Road improvements, El Dorado Hills Boulevard Interchange aesthetic treatments, Latrobe Road stakeholders meetings, and public meetings on Lake Tahoe environmental improvement program projects.

The Respondent neither agrees nor disagrees with the third statement in the finding, namely that “department-driven priorities may or may not reflect the highest and best use of limited resources in the opinion of Board members and the public, but a method does not exist to reach consensus on priorities, or formalize and update those priorities”. The Respondent disagrees with the premise of the statement. As is described above, the Transportation Department has closely adhered to formal Board direction, based upon extensive public input, for its activities. Moreover, while far less desirable than more formal, countywide systems to set goals, establish priorities, and monitor and evaluate department performance, the Department of Transportation has created processes to ensure that its activities are directed by the Board of Supervisors. This is a function of the responsibility of all Department heads to follow Board direction. The Director of Transportation has very limited authorities with respect to establishing priorities without formal Board of Supervisor’s direction, and we have made unparalleled efforts to ensure that our obligations in this respect are fulfilled.

**General Services:** While the CIP program for General Services has not been driven by a multi-year Capital Improvement program, the Parks CIP has been. The Division of Airports, Parks and Grounds began using a five year capital improvement program approximately eight years ago which is updated every year in the budget process with advice from the El Dorado County Parks Commission and final approval by the Board of Supervisors. This past year the Department recognized the need for a multi-year CIP for facilities and is ready to create this program once the Facilities Master Plan is completed. We anticipate that the FMP will be completed and approved by the Board of supervisors in Late October 2002. A five year CIP will be developed and presented to the Board prior to the FY j03/04 budget preparation starting in March 2003.

The Capital projects for facilities recommended for funding in the FY02/03 budget were prioritized based upon health and safety compliance. The Board of Supervisors, with the approval of the annual budget has an opportunity to review, approve or disapprove any capital improvement project recommended by the Department. Many of the larger projects actually come before the Board again when bidding processes or contracts are needed to initiate CIP work. While the Board has not had the benefit of multi-year planning for facilities, they have been presented with annual CIP project recommendations. The Department agrees that this multi-year planning and prioritization is needed but disagrees that the Board of Supervisors has not had an opportunity to review the Department recommendations and to change priorities if needed.

F2.3 Both the General Services and Transportation departments have relatively new directors who have developed project tracking systems that allow for better project status reporting. The Department of Transportation has a five year capital project plan prepared in 1995 but it has never been updated. Staff is currently preparing a new document for review by the Board of Supervisors. With adoption of this plan and a similar one that County management reports is in the planning stages for County facility projects, project priorities will be clearer, the budget process simplified and department accountability for completing projects on time and on schedule improved.

***Response to F2.3: The respondent agrees with the finding.*** Moreover, the Respondent appreciates the Grand Jury's acknowledgements of our recent efforts!

On page 23 in Section 3 (Harvey Rose report) it is stated that "... attempts should be made to complete more of the budget process in June so that fewer staff hours are consumed in duplicative efforts between June and September..." The report focuses on the large variation between appropriations in the proposed budget compared with the addenda budget, in the Road Fund as well as General Fund. This is an important issue that DOT management and the CAO have discussed on a number of occasions, and DOT is increasing its efforts to deliver projects within the fiscal year in which they are budgeted.

One salient consideration is the overlapping of the County's fiscal year and the construction season, given our climate. As DOT's annual construction activity has risen dramatically (capacity-increasing projects and capital surface treatment) we have more work to deliver each year. The difference between awarding one or two contracts, and encumbering the expenditures, at the end of a fiscal year or the beginning of the next fiscal year, can dramatically influence the change in appropriations between our two submitted budgets (proposed and addenda). DOT's administrative staff spends a considerable amount of time with our capital project managers and maintenance staff in preparing the proposed budget, to determine where projects will be on June 30<sup>th</sup>, and associated

carryovers. A project can slip just a week and cause millions of dollars to be carried forward into the next year.

Historically, we have been extremely optimistic in our projections. Alternatively, had we been conservative, we might well have underestimated carryovers in the proposed budget.

From the perspective of public service, does it really matter if right of way or construction costs were incurred in July vs. June? It would appear that the important policy consideration is whether project costs have increased or a project has missed a construction season. Moreover, attempting to improve the accuracy of the guesstimates, even if possible, could easily result in more time spent, not an overall savings of time.

To the extent that more can be done to expend or encumber project costs prior to June vs. say July or August, a number of things are needed. First, DOT will need to augment its project delivery capabilities. We continue to run a high vacancy rate in our professional project delivery staff (e.g. engineers, right-of-way staff, etc.), due to a number of circumstances. Second, DOT will need to augment some administrative support staff in its engineering and maintenance divisions to ensure timely production of contracts, agenda items, and plans, specifications and estimates, etc. Third, other County departments may need to augment their resources to address the increasing load of DOT-related purchases, agreements, etc. DOT is actively working on all of these matters, and will be making recommendations in the budget to address them.

Fourth, the Board may need to consider the timing of its spring recess, or delegate additional authorities to staff. The late March/early April Board recesses create a gap in the project delivery timeline. In the last stages of project delivery the Board must approve a project and authorize the solicitation of bids, Staff then must advertise for bids, open bids, review bids, and prepare an agenda item. The Board of Supervisors awards the contract and staff finishes the administrative paperwork and issues a Notice to Proceed. Working back from the end of the fiscal year, the spring break by the Board coincides roughly with the needed authorization to advertise for bids.

DOT and the CAO need to have additional conversations to determine what additional, cost-effective steps could be taken to accommodate the unique nature of capital project budgeting compared to operations budgeting.

The Respondent agrees that improvements should be made to assist tracking the progress of the Capital Program. Two additional approaches that might be considered along with the recommendations in the Harvey Rose report are as follows.

Can we develop a process where capital projects are budgeted on a multi-year basis, which might allow a better vantage point for the CAO and Board, by shifting the focus from carry forward amounts to success or failure in on-time, on-budget project delivery?

Can the County adjust its budget submittal for capital project appropriations to a date later than early April? The closer the proposed budget submittal is to the end of the construction season, the more accurate the proposed budget forecasts of carryover appropriations will be. (This is currently undertaken through the Budget Addenda process.)

There are two primary types of multi-year capital projects in El Dorado County. First are construction and rehabilitation of County facilities such as parks and public buildings that are the responsibility of the General Services Department. Second are road, bridge and transportation system projects that are the responsibility of the Department of Transportation. These projects often span multiple years so their presentation in the budget document is different than presentation of annual operating revenues and expenditures for most departments.

**County Facility Projects**

The budget for the General Services Department includes a list of County facility projects categorized as either carryover or new. This list is first presented in the proposed budget submitted to the Board of Supervisors in June and then updated for the budget addenda report in September. Differences between the two lists for FY 2001-02 are shown in Exhibit 2.1.

**Exhibit 2.1  
Difference in General Services Department  
Capital Projects between the  
Proposed and Addenda Budget Documents  
FY 2001-02**

	<b>Proposed Budget</b>	<b>Budget Addenda</b>	<b>Change</b>
# Carryover Projects	45	72	27
Carryover Funding	\$2,077,786	\$2,827,090	\$749,304
# New Projects	22	43	21
New Funding	\$1,181,900	\$2,358,761	\$1,176,861
# Projects Total	67	115	48
Funding Total	\$3,259,686	\$5,185,851	\$1,926,165

Source: FY 2001-02 Proposed Budget & Workplan and Budget Addenda Report

As can be seen, there is a significant change in the number of projects and funding levels between the two documents. This reflects the timing of the two budget documents. The proposed budget presented to the Board in June has to be submitted to the Chief Administrative Officer by the departments by the end of March/early April. The September budget addenda information is prepared five to six months later. By then, more construction activity has taken place during the prime construction season and the department has more information regarding which projects will be carried over to the next year. In addition, the original budget submission does not include carryover parks

projects at all which added 19 more carryover projects and \$371,456 in costs to the carryover projects in the budget addenda. With a 59 percent change in funding between the June and September lists, the Board's approval of projects in June is somewhat meaningless.

Besides changes between the two lists, it is not possible to tell from either the status of the carryover projects in terms of time or costs. The lists simply present all projects with no indication of whether they are 10 percent or 90 percent done, when project completion is expected, or whether they are under or over budget. The lists are not prioritized so it is not possible to tell the order in which projects will be worked on and completed.

While there are many projects in progress and compilation of information on these projects can be complex, a simple report showing the original budget and schedule compared to actual costs and schedule could be readily compiled from Department records with a column for briefly explaining significant variances in time or cost. The Department already maintains a project tracking list for use internally by management. This document could be modified for reporting to the Board and for inclusion in the budget documents.

In addition to better reporting of the status of projects, the General Services Department needs a multi-year master plan, approved by the Board of Supervisors that establishes project priorities and includes estimated funding and timing for each project over a multi-year period such as five years. With agreed upon project priorities, Department management would have clear direction about how to allocate their resources. Project priorities and available funding would also be better aligned with such a plan as it would allow for determination of what should be done given limited resources and what cannot be done.

New projects could still be added and planned projects deleted after the plan is adopted if priorities change or funding becomes unavailable. The difference would be that the process would be formalized so the Board would have to make a conscious choice to delete a project rather than a project remaining on the list but never getting done. The interim Chief Administrative Officer reports that plans are underway at the time of preparation of this report to commence preparation of such a plan, including financing plans, for County facilities.

### **Department of Transportation Capital Projects and Maintenance Work**

Transportation capital projects are presented in a different format in the budget than General Service's projects. In the FY 2001-02 budget addenda document, the Department presents a list of approximately \$24 million worth of capital improvement projects. For each project, a breakdown of project costs (labor, overhead, fixed assets, etc.) and the project's revenue source(s) are presented. The budget addenda document submitted to the Board of Supervisors in September lists 25 capital projects but does not show the timing or funding status of any of the projects or sequencing or priorities for the coming year (see Attachment 2).

As with the General Services Department budget, information is not presented comparing planned and actual costs and timing of the Department's capital improvement projects. Nor are projects prioritized in accordance with a multi-year plan approved and updated by the Board of Supervisors. A five year roads capital improvement project plan was prepared in 1996 but it has not been updated since according to Department of Transportation management.

The Department's planned road maintenance projects are also shown with the same cost breakdown as presented for capital projects and with revenue source(s) identified (see Attachment 3). Though these projects tend to be single year in scope compared to capital improvement projects, the work to be done such as patching and overlay, chip seal and traffic signal maintenance, is not prioritized by long term County goals such as achieving an average road condition on the County network by a certain date in the future. If specific priorities such as these were established in a multi-year plan, the Department would have a stronger basis to justify the allocation of its maintenance dollars. Like most counties in California, El Dorado County faces extensive deferred maintenance costs in excess of available resources for road and bridge work. Officially adopted agreed upon priorities are all the more important when need exceeds resources available.

The Department of Transportation has prioritized its capital improvement projects by three tiers of priority and is in the process of preparing a new multi-year capital improvement plan. The Department is intending to use this document as a budgetary document as well as a work program so that project priorities and resources available will be linked. Department management's goal is to update the plan annually in advance of the April submittal to the Chief Administrative Officer and Board of Supervisors.

To develop the annual plans and budgets for the two departments' capital improvement plans, a process is needed in advance and in lieu of the budget hearing process in September. By September, or budget adoption time, it is too late to add capital projects which often require a fair amount of advance work to obtain funding or to plan in relation to resources available.

### **Midyear planning workshops with the Board of Supervisors**

With five year plans in place for both departments, workshops should be held with the Board of Supervisors in January or at a more convenient time but well in advance of budget submission and adoption. The purpose of the workshops should be to revise and update the plans in accordance with any changes in circumstances, funding or Board priorities. From that point on, the plan for the next year should be established and budget submission and adoption should reflect the agreements reached at those workshops. This would make for a more clear and streamlined budget process for capital improvement projects as most of the projects and funding levels would have been previously agreed to or modified well in advance of the Board of Supervisors review and approval of the proposed budget.



The Department of Transportation does prepare a monthly report on its capital projects but this report does not include a comparison of planned and actual project timing and costs. While this does not need to be provided to the Board and public on a monthly basis, it would be useful to present it at budget time and once more during the year such as at the annual planning workshop discussed above. Similarly, the General Services Department should prepare such a report for Board review twice a year, once at its planning workshop and again at budget addenda submission time. The list of projects included in the proposed budget in June should match that resulting from the January planning workshop and then be updated for the addenda process in September based on actual projects completed during the prime construction period and identification of carryover projects.

## **Recommendations**

It is recommended that the Board of Supervisors:

- R2.1 Direct the Director of Transportation to complete its draft five year capital improvement plan now in progress and direct the General Services Director continue with reported efforts to develop such a plan for County facilities. The plans should include proposed priorities for projects, identification of revenue sources for projects, and proposed time schedules and milestones;

***Response to R2.1: The recommendation has not yet been implemented but will be implemented in the future.*** This recommendation is currently being implemented in General Services. A Completed Capital Improvements Plan (CIP) for General Services will be finalized with the completion of the Facilities Master Plan in October 2002.

The Department of Transportation is completing its draft five-year Capital Improvement Program. Although not yet released for public review, the Department of Transportation expects to release a draft well before the end of calendar year 2002.

The draft five-year Capital Improvement Program will include proposed priorities for projects, identification of revenue sources for projects, and proposed time schedules. The Capital Improvement Program will also identify some milestones for highest priority projects.

Separate from the Capital Improvement Program process the Department of Transportation is embarking on a major effort to implement strategic project delivery mechanisms. As part of that effort, the Department will be requiring the development of specific, detailed project schedules with milestone dates for active projects. In general, including this information in the Capital Improvement Program for all milestones of all projects is not expected to achieve what is

perceived as the desired result, namely creating a mechanism by which Department management, the Board of Supervisors, and the public can monitor and evaluate progress. A separate mechanism, similar to that described in the Grand Jury's R2.4 is believed to be more effective. See the specific response to R2.4 below for further details.

Finally, it is worth noting that previous Directors of Transportation were understandably reluctant to dedicate the substantial resources necessary to update the Capital Improvement Program given a fluid planning environment.

Typically, the road Capital Improvement Program flows from, and is consistent with, a General Plan. Since the last Capital Improvement Program update in 1995 the County has been in an on-going state of change with respect to its General Plan.

- ✓ In 1996 the County adopted a new General Plan. Before the County could prepare a new Capital Improvement Program consistent with the new General Plan voters approved Measure Y.
- ✓ The County spent a significant amount of time reviewing the requirements of Measure Y and determining the impact of Measure Y on the rate and location of development. The rate and location of development are two of the most significant factors in determining which projects should receive highest priority. This is particularly true since most (in terms of dollars) of the County's Capital Improvement Program projects are funded with impact fees on new development, and those fees can only be spent on specified improvements.
- ✓ Before the County completed its analysis of Measure Y the Superior Court vacated the Environmental Impact Report for the 1996 General Plan, and issued a Writ of Mandate under which the County is operating on an interim basis. The Writ of Mandate allowed for a significantly different pattern of development than the 1996 General Plan, regardless of Measure Y. County staff did develop an internal "plan" for determining which capital projects could legally be delivered under the Writ of Mandate.
- ✓ Now, the County is developing a new General Plan in response to the Court's ruling, and the provisions of Measure Y. Again, the likely rate and location of developments may be significantly different under a new General Plan, than under either the 1996 General Plan, or the Writ of Mandate.

**R2.2** Follow a process of collecting input from the public and other County departments on the proposed five year plans, and adopt both documents to guide the two department's work plans and budgets;

***Response to R2.2: The recommendation has not yet been implemented, but will be implemented in the future.*** This recommendation for General Services will be implemented as part of the budget preparation for Fiscal Year 2003-04.

Although the Department of Transportation has not updated a formal Capital Improvement Program for several years, the Department has actively engaged in communicating with the Board of Supervisors, other County Departments, and the public about future priorities and the status of projects, for the last two years.

Interaction with the public has been through publicly-noticed meetings on specific projects, ad hoc committees formed with “key stakeholders” for specific impact fee program areas, and other on-request presentations with large and small groups (El Dorado Forum, El Dorado County Taxpayers Association, Surveyors Architects Geologists Engineers aka SAGE, service clubs, etc.)

***For further information on interaction with the Board, and interim priority setting, reference the enclosed Board of Supervisors agenda item #59 of September 26, 2000.*** Since that time the Director of Transportation has provided ongoing updates to members of the Board on a formal, and an informal “as needed” basis.

Moreover, a number of presentations to public groups in the last 14 months have been used to specifically solicit information about priorities that are being included in the Capital Improvement Program.

Most importantly, the Department of Transportation has already developed a preliminary strategy for soliciting public input on the forthcoming draft Capital Improvement Program. Although details have yet to be finalized, the Department of Transportation plans on having several publicly-noticed meetings at which the Draft Capital Improvement Program will be presented and discussed. At least one meeting will be scheduled in the Tahoe basin. Feedback from the public will be encouraged.

Although not yet released for public review, the Department of Transportation expects to release a draft well before the end of calendar year 2002.

- R2.3** Implement a process where the five year plans for both departments are reviewed and updated annually in a workshop with the Board of Supervisors that takes place well in advance of the budget review and hearing process so that department management can secure funding and other resources in a timely manner to ensure that the highest priority projects are able to be accomplished in the targeted time frame; and,

***Response to R2.3: The recommendation will be implemented.*** General Services will be implementing this recommendation as part of the budget preparation for FY 03/04.

For the Department of Transportation the recommendation includes two components.

- ✓ The Department will implement a process where the five year plan is updated annually. This year the Board of Supervisors is expected to approve a budget addendum in September. The Department of Transportation anticipates beginning its Fiscal Year 2003/2004 budget process in October.
- ✓ With respect to having a workshop with the Board in advance of the budget review and approval (be it annual or biennial), the Respondent agrees with the recommendation. For the Department of Transportation's purposes, it is not effective to have the work program portion of the budget, including the Capital Improvement Program first be reviewed and approved by the Board of Supervisors as part of the budget addendum. At that point (nearly 3 months into the fiscal year) the practical ability of the Board of Supervisors to influence the Department's workload is limited. Rather, it would appear to be significantly more effective if a workshop could be scheduled with the Board of Supervisors and Department of Transportation 2-3 months prior to submitting the Proposed budget. The purpose of the workshop would be to discuss the Board of Supervisors preliminary priorities –projects, programs, and other activities. The Department could then prepare a budget based upon these agreed to preliminary priorities.

The proposed budget is currently submitted in April. In order for the Department of Transportation to be in a position to submit a proposed budget in April, a January workshop would be appropriate.

The purpose of this workshop would be to engage in a visioning process and develop a preliminary sense of the Board's relative priorities. The workshop would not be limited to the Capital Improvement Program, but rather would cover the broader work program of which the Capital Improvement Program is one part. There is significant policy discretion in the budget allocations of Road Funds that, similar to the Capital Improvement Program, would best be discussed prior to formulating our proposed budget rather than during the addenda process.

- R2.4** Direct the Directors of Transportation and General Services to develop and provide reports twice a year; once when the proposed budget is submitted to the Board and once at the recommended annual planning workshops, showing all projects in process, comparing original and actual costs and timing, and explaining any variances in either.

**Response to R2.4: The recommendation will be implemented.** General Services will be implementing this recommendation as part of the budget preparation for FY 02/03.

The Transportation Department fully agrees with the recommendation to provide reports to the Board showing all active projects, depicting original and current cost estimates, and depicting original and *current schedules*. In fact, during the current Director of Transportation's tenure as the Executive Director of the El Dorado County Transportation Commission, the regional transportation planning agency for the west slope of El Dorado County, a quarterly report with exactly this information was instituted. Quarterly reports were presented to, and reviewed with, its Board of Directors, at regularly scheduled meetings.

The Department of Transportation will work with the CAO and the Board respecting the frequency and timing of the reports.

The typical milestones that would be presented are: environmental clearances, design, right-of-way certification, and construction. On large-scale projects each of these processes can take more than a year, even under the best of circumstances.

Finally, the 1 year after implementing the new budget and reporting process, the CAO will work with General Services and DOT to analyze the initial effectiveness, and bring any recommended changes back to the Board for review.

## **Costs and Benefits**

The General Services Department is planning to use the services of an outside consultant in preparation of their multi-year facilities plan. The cost for this is unknown as of the writing of this report. There would not be any other new direct costs associated with the above recommendations. Benefits would include a better use of resources by focusing the General Services and Transportation departments on specific agreed upon capital project priorities and road maintenance work, a more streamlined budget process for capital projects, and greater accountability by department managers for delivery of projects on time and budget.

### **Responses Required for Findings**

F2.1 through F2.4                      El Dorado County Board of Supervisors

### **Responses Required for Recommendations**

R2.1 through R2.4                      El Dorado County Board of Supervisors

### 3. Budget Timing, Information and Analysis

**F3.1** The Board of Supervisors receives very comprehensive, well organized reports on the status of the budget at mid-year but no further formal reports until they receive the proposed budget for the next fiscal year in June. As stewards of the County's financial resources, more regularly produced status reports and updates should be provided with less detail than the mid-year reports but with enough information to allow the Board to monitor performance and receive early warnings of potential fiscal problems.

**Response to F3.1:** *The respondent disagrees partially with the finding.* The respondent agrees that the budget mid-year reports provide the Board with a comprehensive, well organized assessment of the county's budget status. However, the monitoring of county budget and financial conditions is continuously occurring through the employment of qualified staff analysts serving in the Chief Administrative Office, Auditor-Controller's office, and in every department. Established Board procedures also require that information about the budget and financial consequences of proposed Board actions be identified and included in departments' agenda presentation of recommendations and requests. The respondent disagrees with the assumption that more regularly produced reports as described by the Grand Jury in Finding 3.1 are necessary or required by the Board to fulfill its duty as the steward of the County's financial resources. At all times, the Board already has the ability to obtain full reports or assessments of any financial or budget matter affecting the County, and does call for and obtain such information when it determines the need to do so.

**F3.2** The County's financial information system allows for production of a wide variety of ad-hoc reports and analysis of expenditures and revenues accessible to all department managers. A monthly report to the Board showing actual expenditures and revenues by department, with a projection of the County's financial position at year end, could easily be produced and would facilitate more Board and public involvement in monitoring the County's fiscal status. It would eliminate surprise developments such as the increase from \$12.5 to \$21.5 million in fund balance available reported between the proposed and budget addenda for FY 2001-02. Information of this sort would also provide a basis for other questions and analyses of situations when revenues or expenditures are not at the level originally projected.

**Response to F3.2:** *The respondent disagrees partially with the finding.* The Respondent agrees that the County's financial system is capable of producing a variety of ad-hoc reports useful to department managers and others interested in county finances. The Respondent also agrees that such reports, by communicating financial information at any point in time, may be facilitative to Board and public involvement or understanding of the County's fiscal status. The

respondent disagrees with the assumption that unexpected developments in the County's fiscal status are due to the absence of such reports. Financial conditions may vary from expectations at any time and for any number of reasons, and such changes may manifest themselves as the result of many factors that are outside the range of information contained in a financial report.

**F3.3** The analysis of the proposed budget each year consumes many months of staff time but largely focuses on incremental appropriations requested by the departments or recommended by the Chief Administrative Officer but not the baseline budget. Oftentimes, savings can be realized in the baseline budget by improving the efficiency of operations, reorganizing or consolidating programs or increasing revenues. One of the most effective means of identifying opportunities for savings in the baseline budget is through departmental performance audits.

**Response to F3.3:** *The respondent disagrees partially with the finding.* The term "performance audit" is taken to mean a process which analyzes and evaluates the observed relationship between a set of defined inputs into an activity, and their results. The respondent agrees that the technique of performance auditing is useful as a tool to identify and evaluate opportunities for improving operational efficiency, including fiscal efficiency for budgeting purposes. The respondent disagrees with the assumption in the Finding that the current budget process ignores the application of performance auditing principles and criteria or disregards consideration of baseline budgets. In preparing budget proposals, all department managers are continually called upon to justify and substantiate the results of their use of fiscal resources. Many times, baseline budgeting is defined by legal mandates. Department managers are frequently expected to meet baseline performance requirements with reduced revenues, requiring them to reorganize and consolidate operations, or generate new sources of income.

The major points of public presentation and discussion about the County's budget are: 1) the mid-year budget report to the Board of Supervisors; 2) presentation of the proposed annual budget in June; 3) presentation of the addenda budget in August; and, 4) budget hearings in September. At all four points, a great deal of useful information is provided to the Board covering all departments, revenue sources and operational issues. The information is prepared by the Chief Administrative Officer and, in the past, discussion about the contents were largely between the Board and the Chief Administrative Officer and the Auditor-Controller. For the FY 2001-02 budget, the process was expanded when the Board of Supervisors requested that each department make a presentation about their budget and operations.

The mid-year budget report provided in February 2002 contained discussion of projected fund balance, expenditures and revenues by department, a discussion of expected increases in health benefits costs, detailed revenue projections (summarizing projections prepared by the Auditor-Controller), capital project highlights, a discussion of the State budget, a regional economic forecast, salary projections for FY 2002-03, and departmental savings. It provides a good deal of information of interest to the Board of Supervisors, department managers and the public.

The proposed budget document for the subsequent fiscal year is provided in June of each year and includes detailed revenue projections and proposed expenditures for each department. Information for each department is also presented including staffing detail, descriptions of all major programs operated by the department, workload indicators, actual revenues and expenditures for the previous two fiscal years and proposed revenues and expenditures by major programs or costs centers for all departments. An overview of the County's financial situation is presented including detailed revenue estimates for the budget year, changes in State and other funding sources, and roll ups of expenditure data by fund and functional areas.

The third and final budget report prepared by the Chief Administrative Officer is provided in August. This report provides final revenue and expenditure estimates for the year after the State budget has been adopted and actual fund balances are known based on better and more complete prior year actual data.

While all three reports provided to the Board of Supervisors include a substantial amount of useful information, there are no routinely produced reports between these three to keep the Board abreast of the overall fiscal situation of the County and to have early warnings of potential problems. Budget related items do come up at Board meetings if an individual department is requesting mid-year supplemental funding or if the supervisors request information on a particular department or a budget related topic. However, fiscal information is not otherwise routinely reported in a standardized report to the Board to allow for comparisons and trend analyses throughout the year.

### **Timing of County Budget Review and Approval**

Department budget staff spends many months of the year going through their internal budget review and preparation processes and then explaining and defending their proposals to the Chief Administrative Office before they are submitted to the Board of Supervisors. Then, for many departments, there are additional analyses and expenditure plans to be prepared between June and September as actual fund balance amounts become known, the State budget is adopted and other adjustments are made. The net result is a lengthy process consuming more than half the year and a budget mostly prepared six months earlier being reviewed by the Board of Supervisors in September.

While the County is subject to State timing requirements governing the preparation and adoption of the budget, attempts should be made to complete more of the budget process



in June so that fewer staff hours are consumed in duplicative efforts between June and September and so the budget reviewed and discussed by the Board of Supervisors is more current. A review of changes between the proposed and addenda budget for FY 2001-02 shows that budget appropriations increased by \$23 million between June and September. Most of the change, or 77.3 percent, was in the General Fund and Roads Fund. Exhibit 3.1 presents the changes for all funds.

**Exhibit 3.1**  
**Changes between Proposed and Addenda Budget**  
**By Fund, FY 2001-02**

<b>Fund</b>	<b>Proposed Budget</b>	<b>Addenda Budget</b>	<b>Difference</b>	<b>% Total Difference</b>
Roads Fund	\$31,856,908	\$41,367,148	\$9,510,240	41.2%
General Fund	147,900,815	156,236,963	8,336,148	36.1%
Health Department	17,128,851	19,719,350	2,590,499	11.2%
Accumulated Capital Outlay	3,673,718	5,403,519	1,729,801	7.5%
Mental Health Services	9,749,849	10,463,260	713,411	3.1%
Tobacco Settlement	-	487,860	487,860	2.1%
Road District	2,460,871	2,617,875	157,004	0.7%
Community Services	7,986,053	8,026,027	39,974	0.2%
Special Aviation	20,000	20,000	-	0.0%
Fish & Game	5,000	5,000	-	0.0%
EIR Development Fees	300,000	300,000	-	0.0%
Erosion Control	4,918,455	4,413,840	(504,615)	-2.2%
<b>TOTAL</b>	<b>\$226,000,520</b>	<b>\$249,060,842</b>	<b>\$23,060,322</b>	<b>100.0%</b>

Source: Proposed and Addenda Budgets, FY 2002-03

The \$9.5 million in Roads Fund monies was mostly from capital project carryovers and increases in estimated fund balance. For the General Fund, the increase was primarily generated from carryover fund balance, mostly due to a combination of capital project carryover, actual expenditures being less than budgeted, and actual revenues being more than budgeted the previous year. The fourth largest contributor to the increase, Accumulated Capital Outlay, was also the result of an increase in fund balance available compared to what was estimated in the proposed budget due to more projects being carried over from the previous year than anticipated in June.

By producing more detailed projections of revenues and expenditures throughout the year, particularly in the second half, and projecting year-end fund balance monthly, the County's estimates of carryover fund balance in June should become more accurate and closer to the amounts now not identified until September. With better tracking and reporting of capital project expenditures and timing, as recommended in Section 2 of this report, and monthly projections of year-end fund balance for the Roads and Accumulated Capital Outlay funds, the discrepancy between the June and September budget for capital project carryover funds should also be decreased. The net result of more accurate forecasting would be fewer changes between June and September and less work for all County staff in creating and analyzing a second budget document with numerous revisions for the September hearings.

Though the State budget could be and probably will be changed to some extent between June and September, most of it should be known and in place by June based on the Governor's budget. County estimates of the budget in June should be reasonably accurate for most of the State funding received. The County should endeavor to reduce discrepancies between the two budgets and complete most of the budget process in June, with only some minor changes to be approved in September.

While production of the three budget reports that the Board now receives involves a substantial amount of work for the Chief Administrative Officer and department fiscal staffs, other regularly provided information between these three reports is needed. Current budget information is readily available on the County's Financial Management Information System (FAMIS) and could be produced without extensive staff work. Of key importance for a monthly report is:

1. Budgeted vs. actual expenditures and revenues by department and major revenue source
2. Explanations of major variances between budgeted and actual expenditures and revenues
3. Projected expenditures, revenues and fund balances, by fund, for year end
4. Key performance indicators

This information would provide ongoing assessments of the County's fiscal situation and individual department performance and would serve as a supplement to the annual budget review and approval process by making the Board aware of issues affecting certain revenues or individual departments during the year. The Interim Chief Administrative Officer directed all department heads in April 2002 to undertake detailed re-computations of their estimated year-end Net County Costs to improve the forecast for FY 2002-03.

Even though monthly reports at the early part of the year would generally not be too revealing with so little time passed since budget adoption, the Board should still receive these reports as they will serve as the foundation for subsequent reports during the year. As the year progresses, the Board may want to request other special reports with more detail on a certain department or revenue or an issue such as turnover or workers compensation claims if a particular department is experiencing a high rate of claims.

### **The County needs to analyze its baseline programs and budgets**

Another type of information that would be useful to inform the annual budget process is evaluations or performance audits of individual departments and programs conducted throughout the year. This would provide the Board with more detail that could be used at budget time regarding all aspects of individual department operations and provide a stronger basis for decisions about baseline department funding levels.

The budget review process assumes that a baseline level of funding will be provided for all departments. The discussion in the proposed budget regarding funding changes almost entirely deals with incremental funding levels or additions to the base level of funding. As in most counties, the Chief Administrative Office's analysis of budget requests submitted by the departments is focused primarily on any increases to the baseline budget but generally does not question the existing level of funding. Comments in the proposed budget document focus on increases or changes in the budget and recommendations on what new positions or programs should be funded, if any. For the most part there is no discussion or recommendations to decrease funding of the baseline budget through improved efficiency and/or increased revenue. There is an implicit assumption in the budget review that existing allocation levels should not be changed.

In fact in many instances changes could be made to department operations or business processes and costs reduced through efficiency improvements or revenues increased through improved collections or establishing fee levels that capture more of the costs actually being incurred. One way of identifying such changes is through detailed review of department operations through performance auditing.

Performance auditing can briefly be described as a review of all aspects of a department's operations to determine if the department is operating in compliance with all applicable laws and as efficiently, effectively and economically as possible. Performance audits can be conducted by outside consultants or in-house staff. While regular conduct of performance audits might represent a new cost to the County, if new staff is hired or consultants are used,<sup>2</sup> over time audits should more than pay for themselves with cost savings and/or revenue increases for the departments reviewed. Another benefit would be improved service levels for the public by identifying improvements in business processes and methods of streamlining operations.

El Dorado County engaged a consultant to conduct a performance audit of the Department of Transportation and is planning one soon for the Department of Social Services. Efforts such as these should be continued and expanded to include all other departments on a multi-year cycle.

Performance audits should take place throughout the year but their recommendations could be used in the budget process by identifying areas where departments could operate more efficiently particularly in the base budget. For example, a recently conducted analysis of Sheriff's Department staffing conducted independent of their budget preparation process recommended adding more permanent positions to reduce overtime. An analysis of a department's management structure might reveal an opportunity to consolidate and reduce management positions based on an analysis of duties performed. An audit of user fees charged by the County might show that they are not fully recovering costs and should be adjusted accordingly.

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● <sup>2</sup> The County should explore the possibility of conducting performance audits with existing audit staff through re-prioritization of their current duties. If this is possible, new costs would not be incurred.

In some jurisdictions performance audits are conducted on an ongoing basis so that all departments are audited over a certain number of years. Other counties select audit topics annually based on an assessment of the risk or exposure of each department and the potential impact of realizing improvements in that department. Other jurisdictions conduct performance audits as the need arises. An ongoing performance audit program in El Dorado County would have multiple benefits including improved service levels, reduced costs of operations and making resources available for other purposes.

## Recommendations

It is recommended that the Board of Supervisors:

- R3.1 Direct the Chief Administrative Officer and/or the Auditor-Controller to begin producing monthly fiscal status reports showing a comparison of budgeted and actual expenditures and revenues by department, projected expenditures and revenues through year end, projected year-end fund balance for each of the County's funds based on the latest actual revenues and expenditures, and selected key performance indicators for individual departments;

**Response to R3.1: The recommendation will not be implemented because it is not warranted.** In concept, it appears beneficial. However, since the FAMIS system presents up-to-the minute comparisons of estimated revenues to actual as well as budgeted appropriations to actual much of the recommendation currently exists on-line. Although no formal report is prepared, none is needed unless there is an indication of revenue shortages or expenditure overages. The CAO analysts stay in close contact with departments. Departments monitor their own internal expenditures and revenue projects and make comparisons to budget. If there are problems the department works with the CAO and the CAO makes appropriate recommendations to the Board. The midyear report provides all of the information recommended by the Grand Jury and in addition provides a detailed narrative of financial position and environment. To perform this task on a monthly basis, particularly in the first quarter, would be burdensome to current staff workloads, without providing meaningful information commensurate with that effort. The CAO is directed to work with the Auditor to determine if EDCAT (An "access" report utilizing FAMIS financial information) could be utilized to automatically provide a projection of year end expenditures on a straight line basis. This tool, would give departments and the CAO an additional tool to monitor the County's fiscal position.

- R3.2 Direct the Chief Administrative Officer to develop and implement a plan to reduce differences between the proposed budgets in June and September and reduce County staff time spent preparing for the second budget hearing by using the recommended monthly projections of revenues, expenditures and fund balance and by more closely monitoring capital project progress and funding in the second half of the fiscal year;

**Response to R3.2: The recommendation will not be implemented because it is unreasonable.** The goals of reducing staff time consumed in preparation of the annual budget and improving the accuracy of budget estimates between June and September budgets are worthy of accomplishment. In actuality, the uncertainties of funding in any ensuing fiscal year will always remain uncontrollable in this process, and the amounts of funding so affected are significant. For example, it was impossible during budget preparation in early 2002 to foresee the financial impacts to the county which resulted from the state's failure to adopt its own budget by June 30<sup>th</sup> in that year. Given these conditions, it is unlikely that having regular, monthly budget reports or closer tracking of capital projects would generate any improvement to budgeting accuracy or efficiency. In particular, the DOT CIP program will continue to be updated during the addenda process. To add essentially a third step would be unreasonable – department budget, CAO review, department revision, CAO review, addenda, and the budget. However, the CAO is directed to work with General Services and DOT regarding capital projects (in other sections of the Grand Jury report, recommendations to more thoroughly review the status of CIP projects will be implemented and should positively impact this process) and to review the budget process to determine if a different time frame or system could be developed which would result in fewer budget addenda.

- R3.3 Direct the Chief Administrative Officer to implement a performance audit program to be conducted either in-house by staff in the Auditor-Controller's office, staff reporting directly to the Board of Supervisors, by consultants, or a combination of in-house staff and external consultants; and,

**Response to R3.3: The recommendation will not be implemented because it is unreasonable.** The recommendation assumes that undertaking performance auditing will lead directly to improvements which are undefined. To ensure that the proposed performance audit program is effective, the alternative means and methods described in the recommendation need to be considered, and a program needs to be developed which allocates time, schedules activities, and identifies resources necessary to support the effort. Given the current fiscal environment the County can not afford such a program. An effective program would likely involve a minimum of 4 professional level staff along with clerical support. It is estimated that outside consultants could cost as much as \$10,000 to \$20,000 per program (there are many programs within each department). The CAO is directed to analyze how such a program might be implemented once the fiscal situation changes. The analysis should consider in-house versus consultants and should consider what department such a program should reside in.

- R3.4 Establish a performance audit schedule using a risk assessment approach where all departments are evaluated against a set of criteria to indicate where the largest benefits are likely to occur from conducting performance audits.

**Response to R3.4: The recommendation will not be implemented because it is unreasonable.** Please see the response to R3.3.

## **Costs and Benefits**

The costs of implementing the above financial forecasting recommendations would primarily be existing staff time. The benefits would include staff time now spent preparing for the September budget addenda process becoming available for other purposes and more of the budget process being complete in June.

The costs of an ongoing performance audit program would depend on whether new staff is hired and, if so, the number and level of audits to be conducted in a year. Assuming two to three audits would be typical and two to three staff positions, estimated costs would be between \$100,000 and \$200,000 per year. To the extent existing audit staff could be used for this purpose by re-prioritizing their activities rather than adding new staff, additional costs would not be incurred. The benefits of a performance audit program should greatly exceed the costs in terms of cost savings and revenue increases identified through the performance audit process.

## **Responses Required for Findings**

F3.1 through F3.3

El Dorado County Board of Supervisors

## **Responses Required for Recommendations**

R3.1 through R3.4

El Dorado County Board of Supervisors

## 4. Internal Service Funds

F4.1 The County budget includes two internal service funds; the Risk Management fund covers centralized County insurance costs and the Fleet Management fund covers the County's vehicle maintenance and replacement services. Internal Service fund costs are not as predictable as Operating Departments because they rely on forecasts of future needs and variables such as the number of employees who will need health services or be injured on the job, the extent to which claims will be filed against the County and the number of vehicles that will need to be replaced. The budget for these two funds in FY2001-02 is approximately \$20.9 million and together the County maintains reserves for these two funds of another approximately \$16 million. This level of expenditure and reserves represents a larger budget than most County departments.

***Response to F4.1 The respondent disagrees partially with the finding.*** The Risk Management fund covers much more than the County's "insurance" costs. El Dorado County is self-insured for Liability, Workers' Compensation, and Health Benefits. For fiscal year 2001/02 overall insurance costs as compared to the total Risk Management program were 18%. Risk Management manages the county's loss control program (ergonomics, illness and injury reporting, OSHA, property safety, emergency evacuation, threat assessment training and management, contract review, etc.), medical and disability leave program (miscellaneous state and federal leave acts, short and long term disability, return to work, rehabilitation), employee benefits (life insurance, disability insurance, health, dental, employee assistance, vision, retiree and former employee health billing), workers' compensation, general liability, medical malpractice, property insurance etc.

F4.2 Key information on assumptions used for these funds is not fully disclosed in the proposed and addenda budget documents to assist the Board of Supervisors in determining the appropriate level of appropriations and reserves for these funds. The budget does not present actual expenditures for previous years or projections of expenditures for subsequent years. Without this information it is not easy to determine if appropriate funding and reserves are in place. If too much is budgeted and reserved, budget resources are tied up that could otherwise be used for other purposes. If too little is budgeted, the County may need to reduce expenditures elsewhere or use contingency funds to meet its insurance or fleet obligations.

***Response to F4.2: The respondent disagrees partially with the finding.*** Internal service funds follow the same budget procedures as all other fund types which includes reporting at a fundtype level the prior year actual expenditures, the current year approved budget, the department request, the CAO recommendation

and the difference from the prior year approved budget. There are three fundtypes larger than the internal service fund and two smaller. For example, during Fiscal Year 2001/02 the General Fund expenditures exceed \$100 million, the Special Revenue Fund exceeded \$67 million and the Special Revenue Board Governed Districts approximately \$28 million; the Enterprise fund was approximately \$.7 million and the Capital Projects fund \$2.5 million. Several department budgets equal or exceed the Risk Management such as General Services (\$17.5 million), Sheriff (\$33.56 million), DOT (\$42.75 million), Health (\$28.9 million) and Social Services (\$30.3 million).

Key information and assumptions are included in the CAO recommendations. The 2002-03 budget includes 6.5 pages of discussion regarding the assumptions included in the internal services' program budgets.

These departments are no more at risk for over or underestimating funding needs than any other program. All fundtypes, including the general fund, must budget for reserves and contingencies. The point is, every fundtype and department program is unique. That uniqueness or size alone, should not dictate special budgeting procedures falling outside the normal budgeting process of rest of the County.

- F4.3 The Risk Management budget for FY 2001-02 includes reserves based on five year projections for the County's risk management fund. The basis for these projections should be provided to the Board of Supervisors, who should then adopt a County policy regarding appropriate reserve levels for each type of insurance.

***Response to F4.3: The respondent partially disagrees with the finding.*** Although insurance amounts are a part of the expenses and amounts that the County must consider when budgeting, insurance is not a big consideration when establishing reserve levels. There are two types of reserves. The first type is based on claims that have been made. The County has reviewed these claims and established "reserves" that equal estimates of the worth of these claims. Since the County believes that these claims are liabilities that will have to be paid, it sets up a payable called a "reserve". In addition to the known claims, the County must estimate amounts for unknown claims. These are called "incurred but not reported" or IBNR. These are claims that the County does not know about yet, but that it must anticipate based on historical information and experience. These IBNR amounts are also set up as a payable or reserve.

Reserve amounts are then established based on known and unknown amounts, based on historical actual information, and finally something called "confidence level". "Confidence level" is a means of measuring how good the County's reserves are. Budgeting at a 50% confidence level is budgeting at the "expected" level of payment. Budgeting above 50% builds in "confidence levels" that amounts funded are sufficient to pay claims, since what the County ultimately



pays may exceed what was expected. If the County performs better than expected, future funding needs decline and the County takes a “credit” on funding future reserves, thereby reducing the possibility of overfunding.

Should the County choose to reduce funding of reserves, this would be a one-time only savings, as the amounts would need to be made up at a later point. Should later reserves not be adequate, and should unanticipated expenditures occur during any one fiscal year, amounts would have to be provided from another fund’s reserves or contingencies. Reducing reserves could negatively impact the cost applied process, which allocates charges to each program so that programs can pass those charges on to grant, state, and federally funded programs. If reserves are not being charged properly at the time that the liability is determined to exist, then reserve charges are not applied to programs. Later on, when the liability is paid, programs which should receive the charge may not exist. Therefore grant funding, state and federal funding, fees and charges would be lost forever.

Reserve and funding level information is an integral part of the proposed budget information to the Board. The County had adopted via the budget process the goal of a 60% confidence level with the fiscal year 1996/1997 budget and a 70% confidence level with the fiscal year 2001/02 budget. In fiscal year 2001/02 the County approved the first year costs of a five year plan to bring both the Workers’ Compensation and General Liability programs to a 70% confidence level. A discussion of the second year of this five-year plan was included in the fiscal year 2002/03 proposed budget.

Although the Health Plan also establishes payables or reserves, the reserves are much simpler. There is no long period of payout of liabilities associated with this self-insured program. Instead, the County has traditionally maintained an average amount of 2.5 months worth of costs to be in reserves (IBNR). The County does this because 2.5 months equals the average lag time between medical services being received and paid. Beginning in 1996/97 the County was also able to fund a “rate stabilization account” of approximately \$1 million. The account was established to help mitigate cost increases. Because of huge increases in expenditures, beginning in March 2001 and continuing through fiscal year 2001/02, the County spent its rate stabilization amounts along with its IBNR. Fiscal year 2002/03 increases are designed to stop spending over amounts anticipated for claims.

- F4.4 Historical and projected vehicle purchase expenditures are not presented in the budget. Such information would help the Board determine an appropriate level of funding and reserves for the County’s vehicle replacement fund.

***Response to F4.4: The respondent agrees with the finding.***

Internal service funds are defined as funds used to account for the financing of goods or services provided by one department or agency to other departments or agencies, on a cost reimbursement basis. El Dorado County has two such funds: 1) Risk Management and 2) Vehicle Replacement. The Risk Management fund is used to account for payments from all County departments to cover their share of the County's costs for general liability, employee health and workers' compensation insurance. The costs covered by the monies in this fund include claims payments, legal costs, insurance premiums for excess insurance<sup>3</sup>, a third party administrator and staff and indirect costs of the County Risk Management Office.

The fleet management fund charges each department for the costs of maintaining and acquiring and maintaining the department's vehicles and heavy equipment. The charges also cover the costs of County fleet management staff and related indirect costs.

Key budgetary decisions to be made for these internal service funds are: a) the level of appropriation to include in the budget to meet annual expenses; and, b) the level of reserves to include in the fund to cover known future liabilities. Charges to customer departments are based on appropriated annual expenditures and a proportionate share of reserves.

Annual appropriations are needed to cover the operating costs for a single budget year. Reserves are established for internal service funds to cover known or expected costs beyond what is expected in the budget year. Particularly with insurance, costs can be paid over multiple years. Although costs can be estimated for a claim filed in the current year, the case may not actually be settled for several years out. The risk management fund reserve provides funds for these types of situations and for unexpected pay outs in the event that a large claim against the County is settled sooner than expected or an unpredicted unusually high employee disability payment has to be made in a single year. Commercial excess insurance is also purchased by the County to cover high cost unusual cases. Fleet management fund reserves might be used if a number of vehicles or heavy equipment unexpectedly needing replacement in addition to what is expected in the County vehicle replacement schedule.

Insurance expenditures are determined with input from actuaries who produce multi-year projections of likely future pay outs based on historical loss and expenditure data, known claims filed, demographics of the work force, changes in law and other contributing factors. For fleet management, maintenance and replacement costs can be projected based on existing fleet characteristics such as age and mileage plus any projected increases in fleet size or mix needed based on new or expanded programs or workload in the County.

### **Risk Management Fund**

As mentioned above, El Dorado County's risk management fund is comprised of three components:

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- <sup>3</sup> The County is self-insured but buys third party commercial insurance only for incidents above a certain dollar threshold. This helps prevent any dramatic swings in pay outs from year to year.

- 1) employee health insurance;
- 2) general liability; and
- 3) workers' compensation.

Each represents a significant cost to the County but the budget document does not present details on the three components. Instead, the County risk management fund is presented in aggregate with no breakdown of how much of the total cost is attributable to each component. Total budgeted expenditures for FY 2001-02 were approximately \$18.1 million for all components of the risk management program. This amount is separate from the reserves kept in the risk management fund to cover known and projected insurance liabilities in future years. The budget document does not report the approximately \$12 million reserved for the risk management fund nor does it report how much of this is attributable to each of the three components of the fund.

Details on the risk management fund should be presented in the proposed budget for a number of reasons. First, it is important for the Board of Supervisors to know which costs are increasing, which are decreasing, and what, if anything, County management has done or can do to control these costs. For example, employee health insurance costs are expected to increase significantly in the next year, an issue that was widely discussed in the budget hearings for FY 2001-02, but it would be useful to present these costs in the context of overall health insurance costs, separate from general liability and worker's compensation costs.

Increases in workers' compensation costs cannot always be controlled but a large increase may raise questions about the extent to which County management has implemented safety training programs for employees. Similarly, a rise in risk management costs should be reviewed to determine if certain exposures resulting in frequent claims have been effectively dealt with by management.

The proposed budget document for FY 2001-02 presents information about the Risk Management office that is part of the Chief Administrative Office. The document presents revenues and costs for the Risk Management office, including County staff, claims payments and other administrative cost, as follows:

**Exhibit 4.1**  
**Risk Management Revenues and Costs**  
**Presented in the Proposed FY 2001-02 Budget**  
**FY 1999-00 through FY 2001-02**

	Actual FY 1999-00	Approved FY 2000-01	CAO Recommended FY 2001-02
<u>Revenues:</u>			
Charges to Departments	\$12,764,911	\$14,824,755	\$17,194,416
Use of Money & Property	684,255	594,007	527,506
Fund Balance	-	1,199,008	366,515
Other Sources	1,500	4,000	1,500

Miscellaneous	103,356	166,667	
Total	\$13,554,022	\$16,788,437	\$ 18,089,937
<u>Expenditures:</u>			
Salaries & Benefits	378,356	415,759	427,897
Services & Supplies	13,914,111	16,165,149	17,427,744
Other Charges	159,663	207,531	231,094
Intrafund Transfers	2,390		3,200
Total	\$14,454,520	\$16,788,439	\$18,089,935

As can be the Services and Supplies expenditure line items of \$17.4 million for FY 2001-02 represents the bulk of risk management annual costs. Since this is such a large amount and is comprised of a number of different costs, more detail should be provided in the budget including how much is for claims payments, legal services, the third party administrator, excess insurance premiums, and other costs, for each of the three risk management fund components.

Staffing for the office and workload indicators are presented in the proposed budget document as is a description of the office's programs and the Chief Administrative Officer's recommended changes in the budget.

### **Determining Appropriate Reserve Levels for Internal Service Funds**

The revenue discussion includes the statement that the fund will be relying less on fund balance than it has in the past for health and worker's compensation. The discussion reports that reserves for the General Liability program are greater than what is needed and that Worker's Compensation reserves are lower than needed according to an actuarial analysis performed for the County. The Chief Administrative Office reports that it has prepared a five year plan to achieve reserves at a 70 percent confidence level for both the General Liability and Worker's Compensation fund. The 70 percent confidence level is described as a reserve level that will statistically be sufficient or better in 70 percent of the cases and inadequate 30 percent of the time.

While it is laudable that the budget discloses the imbalance in reserves found in the two funds and a plan to correct it, the discussion has some deficiencies from a public decision making perspective. First, the actual amount of reserves in the two fund components are not presented in the budget nor is the fiscal impact of adopting the 70 percent confidence level approach clearly laid out. Alternative reserve scenarios are not presented so that the Board could see the fiscal impact of choosing other approaches to funding reserves for these funds at the 70 percent confidence level.

The choice of a lower reserve level, which would not prevent the County from meeting its current year claims payment obligations, could potentially mean millions of dollars available for other purposes in the budget. On the other hand, the Board of Supervisors may want to adopt a higher reserve level policy that would require increasing the charges paid by departments to increase reserve levels in the fund. To make an informed decision, the budget should include the following:

- ❑ Current amounts in reserve, shown separately for Workers' Compensation, General Liability and Health Benefits
- ❑ Three years of projected actual expenditures for the budget year and the next five to ten years, shown separately for Workers' Compensation, General Liability and Health Benefits
- ❑ The amount needed to fund reserves at alternative confidence levels, covering the spectrum of possible approaches ranging from no reserves for future year expenses if a "pay as you go" policy is adopted, funding to cover the current year and some future costs, funding to cover the current year and some but not all projected future costs, and funding to cover the current year and all projected future costs.

Counties and public jurisdictions have varying policies on reserves. On one end of the spectrum, some counties and other public jurisdictions simply budget for their expected payments in the budget year. Others choose to maintain reserves to fully cover all known current and future liabilities and some counties choose a position between these two.

The Board of Supervisors should be involved in deciding the level of reserves for each of these funds. To inform this decision, the budget document should include information in a table such as presented in the example in Exhibit 4.2:

**Exhibit 4.2**  
**Example of Information**  
**to Provide to the Board of Supervisors**  
**for Consideration of Alternative Insurance Reserve Levels**  
**for Internal Service Funds**

<b>Confidence level</b>	<b>Reserves required (000s)</b>
Pay as you go	None
20 %	\$3,000
35%	\$3,500
50%	\$4,000
65%	\$4,500
70%	\$5,000
80%	\$5,500
100%	\$6,000

The County's financial statement for the fiscal year ending June 30, 2001 showed that the Risk Management fund had approximately \$12.9 million in cash reserves for future costs. The liability for noncurrent insurance payments was reported in the financial statement as \$11.9 million. In other words, there was enough cash in the fund to cover all known and projected pay outs for the current and future years that would have to be paid if the County suddenly went out of business and never received any more payments from its customer County departments. Since the likelihood of the County actually going out of business is quite small, the Board may want to consider a lesser reserve level. By presenting the projected pay outs for future years in the proposed budget, the Board would be better informed for deciding the optimal level of reserves.

A summary of information that should be presented is shown in the following two exhibits. The numbers are for illustration purposes only and do not reflect the actual or projected expenses of El Dorado County. The information in Exhibit 4.3 would provide a snapshot of retained earnings, annual revenues, annual costs, and cash reserves on hand for the future and projected future liabilities, all in one table.

**Exhibit 4.3**  
**Example of cash reserve, revenue and expenditure**  
**information to be presented in the proposed**  
**General Liability and Workers' Compensation Fund budgets**  
**(in 000s)**

		<b>General Liability</b>	<b>Workers' Compensation</b>
a	Retained earnings: end of FY 00-01	\$2,900	\$3,600
b	Revenues from charges to departments FY 01-02	3,700	4,200
c	Total funds available (a+b)	6,600	7,800
d	FY 01-02 Claims pay outs/legal costs,	2,000	2,600
e	FY 01-02 Third party administrator costs	400	300
f	FY 01-02 Excess insurance costs	1,500	1,000
g	FY 01-02 Staff and administrative costs	150	200
h	Total costs FY 01-02 (d through g)	4,050	4,100
i	Retained earnings: end of FY 01-02 (c-h)	2,550	3,700
J	Cash reserves on hand	6,600	3,300
k	Future Year Liabilities	6,500	4,200

Note: Amounts shown are for illustration purposes only and are not actual El Dorado County amounts.

Actual historical expenditures should be shown to provide information about typical annual expenditures, what is likely to be needed in future years and to help determine how much cash should be kept in reserve to meet those expenses.

**Exhibit 4.4**  
**Example of payment data to be presented in budget**  
**for General Liability and Workers' Compensation Funds (in 000s)**

<b>Fiscal Year</b>	<b>General Liability</b>	<b>Workers' Compensation</b>
1995-96	1,500	1,600
1996-97	1,700	1,500
1997-98	1,800	1,900
1998-99	2,000	1,900
1999-00	2,700	2,500
2000-01	2,500	2,700

Information such as that shown in Exhibit 4.4 should be presented to the Board of Supervisors to identify average annual expenditures in the past and as a basis for future projections. The historical numbers would have to be tied to some sort of appropriate index such as number of employees to determine an average cost per employee and then project forward based on expected increases in the County work force. Other variables should also be considered in the projections such as changes in County services that might result in changes in risk exposures.

## Fleet Management Fund

Fleet management fund information in the budget document is less comprehensive than risk management fund information. The fleet management function is a function of the General Services Department and is included in that department's budget. Because the department covers so many functions, such as capital projects, communications, purchasing, airports and parks and grounds, and because the expenditure level is lower, the level of reporting is lower for fleet management than risk management.

In spite of its smaller size, similar information should be presented in the budget as discussed for risk management. The budget document should include cash on reserve (approximately \$3.7 million as of June 30, 2001), annual revenues and historical and five year projected fleet maintenance and replacement costs. Unlike insurance costs, the County would not have future vehicle maintenance and replacement obligations if it went out of business but some reserve level is appropriate to cover unanticipated expenses such as replacement of critically needed vehicles before their expected replacement dates due to accident or unplanned repair costs exceeding the vehicle's value. This information and reserve options would assist the Board of Supervisors in making decisions on funding levels and appropriate charges to customer departments for this fund.

## Recommendations

It is recommended that the Board of Supervisors:

- R4.1 Adopt a policy establishing reserve levels for the three components of the risk management fund and the total fleet management fund based on information provided by the Chief Administrative Officer including: (a) a year by year schedule of all known and estimated liabilities for the health benefits, workers' compensation and general liability funds; and, (b) the amount needed to fund reserves at alternative confidence levels ranging from "pay as you go" to fully funded.

**Response to R4.1: The recommendation will not be implemented because it is not warranted.** Fleet Management currently employs a straight forward policy and procedure to establish reserve levels based on actual accident experience of the prior three years. This information is reviewed, as part of the budget process, by the CAO office. Adding this administrative step to the Fleet program would not improve oversight of the County budget process.

Risk Management will present the annual actuary report (which contains all of the information that the Grand Jury is recommending be presented to the Board) on Workers Compensation and General Liability to the Board. This report is completed prior to December of each year. Risk Management will present this information to the Board prior to the CAO applying charges for these services to the upcoming budget. This report will be the basis for presenting the 5-year plan and allowing for Board discussion and direction regarding appropriate reserve, funding, and confidence levels.



Since Health reserves are simply 2.5 months worth of average costs, because outside consultants advise the County as to appropriate rates to charge for medical coverage and because this information is shared and discussed with the Health Plan Advisory Committee, and finally because this information comes to the Board for review each year, the procedures recommended by the Grand Jury are not necessary for adequate oversight by the Board for this program.

As stated above in F4.3, and in response to the “Cost and Benefits” section below: “Should the County choose to reduce funding of reserves, this would be a *one-time only savings*, as the amounts would need to be made up at a later point. Should reserves not be adequate, and should unanticipated expenditures occur, amounts would have to be provided from another source, i.e. other County fund reserves or contingencies. Reducing reserves could negatively impact the cost applied process, which allocates charges to each program so that programs can pass those charges on to grant, state, and federally funded programs resulting in the County maximizing revenues thereby benefiting all county programs. Later on, when the liability is paid, programs which should receive the charge may not exist. Therefore grant funding, state and federal funding, fees and charges would be lost forever.”

- R4.2 Require the Chief Administrative Officer to provide details on historical and projected claims payment expenditures each year in the proposed budget for all internal service funds, with the three components of the risk management fund presented separately;

***Response to R4.2: The recommendation will not be implemented because it is not warranted.*** The budget for the internal services funds should not differ from any other department program budget. As discussed above in F.3 each fundtype and department is composed of unique circumstances. The County has a budget process which includes financial and narrative information regarding County programs. Risk Management will continue to show the subfund budget information for general liability, workers compensation and health, that it included in the Fiscal Year 2002/03 budget at the urging of the Grand Jury, prior to this Final Report. The respondent believes that this procedure, coupled with the presentation of the actuary report mentioned in R4.1 above will provide the Board ample program and financial information and the basis for additional information if desired.

- R4.3 Require the Chief Administrative Officer to clearly present the amounts in reserve each year by each internal service fund or component thereof.

**Response to R4.3: The recommendation has not yet been implemented, but will be implemented in the future.** This information will be included in the fiscal year 2003/04 proposed budget and will also be presented to the Board along with the Actuarial report as mentioned below in R 4.4.

R4.4 Require the Chief Administrative Officer to provide more detail on the approximately \$17 million in annual Services and Supplies expenditures for the risk management fund and each of its component funds.

**Response to R4.4: The recommendation will not be implemented because it is not warranted.** The County proposed budget does not provide a line item detail of services and supplies by program. At any point in time, during or following the budget process, should the Board wish to see additional information, it can do so. All department proposed budgets provide summary financial information (by classification amounts) to the Board, concomitant with a narrative that explains it. As stated above in R4.2 the Risk Management program will be presented at the subfund, or component level. The respondent sees no need to require certain programs to perform differently. There are many departments with service and supply amounts that equal and exceed amounts budgeted for Risk Management. The amounts are large not because the program is complicated and needs additional oversight, but because claims are numerous. The County has 1800 employees that participate in the workers' compensation and employee benefit programs. The County manages liability claims through its claims adjuster, with review by the Board for specific procedures and large claim settlements. An actuary reviews the program annually, the next actuary report, scheduled for completion prior to December 2002, will be presented to the Board. In addition, all programs are subject to periodic financial audits.

## **Costs and Benefits**

There would be no new direct costs associated with the above recommendations. Benefits would include better information about internal service fund funding levels provided to the Board of Supervisors and the public and, potentially, one time funds available for other purposes if the Board should choose to reduce reserve levels allocated to the funds.

## **Responses Required for Findings**

F4.1 through F4.4

El Dorado County Board of Supervisors

## **Responses Required for Recommendations**

R4.1 through R4.4

El Dorado County Board of Supervisors

## CRIMINAL JUSTICE COMMITTEE

### *Allegations of Violation of Ethics in Government Act*

Citizen Complaint #01/02–C-025

#### **Reason for the Report**

A citizen complained that he gave two guns to the Sheriff's Department to be raffled and the money used to provide protective vests for the Sheriff's Department police dogs (K-9 Unit). The proceeds from the sale of the guns were not used for the intended purpose. The Grand Jury elected to inquire into the propriety of these events.

#### **Scope of the Investigation**

The Sheriff's Department property room was checked on April 17, 2002.

The following persons were interviewed:

- The Sheriff, twice;
- The Complainant, twice; and
- An Elections Department clerk.

The following documents were reviewed:

- Citizen Complaint #01/02–C-025; and
- The Sheriff's Form 700, Statement of Economic Interest, and Schedule E, Income-Gifts, for entries on April 1, 2001, April 1, 2002, and May 8, 2002.

#### **Findings**

F1: The complainant personally gave two guns (a Weatherby rifle and a shotgun) to the Sheriff to be raffled with the intention that the proceeds be used to buy protective vests for the K-9 Unit. He claimed that on several occasions dogs were injured because such vests did not protect them.

***Response to F1:*** ***Respondent disagrees partially with finding.*** The Sheriff agrees that the complainant gave two guns. While it may have been the complainant's intention that the two guns he gave to the Sheriff be raffled and the proceeds be used to purchase protective vests for the K-9 Unit; the Sheriff states that there was no discussion with the Sheriff about that intent. The Sheriff understood, and also states, that the guns to be a personal gift from the complainant to him. The respondent is unable either to agree with the finding or the Sheriff's response, or to disagree wholly with it, because it involves a factual

dispute between the parties about an oral conversation, which the Board cannot resolve. However, the El Dorado County District Attorney was requested to conduct an investigation of this matter (see R6 of this Complaint). Due to an appearance of a conflict of interest, as stated in the attached letter to the Attorney General's Office, Mr. Lacy requested that the State Attorney General conduct the investigation. The August 20, 2002 letter from the State Attorney General's Office concludes the following: "Based on our review it has been determined that insufficient evidence of criminal intent exists to warrant prosecution of this matter."

F2: It is the position of the Sheriff that there was no need for protective vests for the K-9 Unit, and that if there were such a need the Department would find the money to buy the vests.

***Response to F2: The respondent agrees with the finding.***

F3: It is the position of the Sheriff that the guns were a personal gift to him from the complainant.

***Response to F3: The respondent agrees with the finding.***

F4: The guns were not logged into the property records of the Sheriff's Department, as they should have been if they were a gift to the Department.

***Response to F4: The respondent disagrees partially with the finding.*** The Sheriff reports as follows: if the guns had been a gift to the Sheriff's Office, rather than to the Sheriff, they would not have been logged into the property records of the Sheriff's Office as those property records reflect only items valued in excess of \$1500. Neither gun had said value. As the guns were understood to be a personal gift to the Sheriff, the question of logging them into the property records of the Sheriff's Office never arose.

The respondent is unable either to agree with the finding or the Sheriff's response, or to disagree wholly with it, because of the factual disputes in the matter, which the Board cannot resolve, and because it would not be appropriate to take a position on the matter in light of the fact, as reported by the District Attorney, that the matter has been referred to appropriate authorities for investigation.

F5: The Sheriff is a "designated employee" as described in the County's Conflict of Interest Code, Resolution No. 25-98, adopted by the Board of Supervisors (Board) on February 24, 1998, and as amended by the Board by Resolution No. 036-2001 on February 27, 2001. Accordingly, pursuant to Title 2, California Code of Regulations, Section 18730(b)(7)(B)(1), the Sheriff was required to file, with the

County Elections Department, a Form 700, Schedule E, disclosing the value of each gift which he received if the gifts exceeded fifty dollars (\$50) in value.

**Response to F5: The respondent agrees with the finding.**

- F6: Section 89503(a) of the California Government Code, a portion of the Ethics in Government Act of 1990, provides that "[n]o ... elected officer of a local government agency ... shall accept gifts from any single source in any calendar year with a total value of more than two hundred fifty dollars (\$250)." Pursuant to Section 89503(f) of the Government Code, see Title 2, California Code of Regulations, Section 18730(b)(8.1), that monetary limitation has been adjusted upward to meet inflation, to the point where it is now three hundred twenty dollars (\$320).

**Response to F6: The respondent agrees with the finding.**

- F7: The instruction form for Schedule E of Form 700 informs that it is the acceptance of a gift, not the ultimate use to which it is put, that imposes a reporting obligation. Such gifts must be disclosed even if they are never used and even if they are given away to another person, unless, within thirty (30) days after receipt, they are returned to the donor or delivered to a charitable organization without being claimed as a charitable contribution for tax purposes.

**Response to F7: The respondent agrees with the finding.**

- F8: When the Sheriff filed his various Annual Statements of Economic Interest, he did not declare the receipt of or the value of the rifle or the shotgun, as he should have if they were personal gifts.

**Response to F8: The respondent agrees with the finding.**

- F9: The Sheriff sold the Weatherby rifle, through a consignment arrangement with a gun store for \$500.00. The \$500 was credited to the Sheriff's personal account at the store. The shotgun is still in the Sheriff's personal possession.

**Response to F9: The respondent disagrees partially with the finding.** The Sheriff reports that the sale price was \$450 not \$500. The respondent is unable either to agree with the finding or the Sheriff's response, or to disagree wholly with it, because of the factual disputes in the matter, which the Board cannot resolve. However, the El Dorado County District Attorney was requested to conduct an investigation of this matter (see R6 of this Complaint). Due to an appearance of a conflict of interest, as stated in the attached letter to the Attorney General's Office, Mr. Lacy requested that the State Attorney General conduct the investigation. The August 20, 2002 letter from the State Attorney General's Office concludes the following: "Based on our review it has been determined that

insufficient evidence of criminal intent exists to warrant prosecution of this matter.”

F10: The Sheriff decided to turn over the sale proceeds and the shotgun to the complainant to resolve the matter.

***Response to F10: The respondent agrees with the finding.***

F11: As of April 20, 2002, the complainant has received neither the money nor the gun.

***Response to F11: The respondent agrees with the finding.***

F12: On May 8, 2002, the Sheriff filed an amended Schedule E to Form 700, Statement of Economic Interests (Income – Gifts), with the County Elections Department. That amended Form 700 was "certif[ied] under penalty of perjury," with a representation that the Sheriff had "used all reasonable diligence in preparing this statement," and that "to the best of [his] knowledge the information contained [in it] and in any attached schedules is true and correct." Although the Form 700 indicated that "[t]he period covered [was] 12/31/99 through December 31, 2001," and not a "leaving office" type of statement, the amended Schedule E indicated that it was both a "2001/2002 Annual" and a "Leaving" type of statement.

***Response to F12: The respondent agrees with the finding.***

F13: The amended Schedule E filed by the Sheriff on May 8, 2002, contained the following statements:

- The Sheriff had received a Weatherby rifle and a single-barrel shotgun from a named individual
- The rifle was attributed a value of \$275 to \$375 as of 1999.
- The shotgun was attributed a value of \$25, with the explanation "used gun, hard to estimate."

***Response to F13: The respondent agrees with the finding.*** The Sheriff reports that the sales price was \$450, not \$500, which would make the discrepancy \$75-\$175. The respondent is unable either to agree with the finding or the Sheriff's response, or to disagree wholly with it, because of the factual disputes in the matter, which the Board cannot resolve. However, the El Dorado County District Attorney was requested to conduct an investigation of this matter (see R6 of this Complaint). Due to an appearance of a conflict of interest, as stated in the attached letter to the Attorney General's Office, Mr. Lacy requested that the State Attorney General conduct the investigation. The August 20, 2002 letter from the State Attorney General's Office concludes the following: "Based on our review it has been determined that insufficient evidence of criminal intent exists to warrant prosecution of this matter.”

F14: There is a \$125 - \$225 discrepancy between the \$500 actual credit received by the Sheriff and the valuation amount reported by him.

***Response to F14: The respondent disagrees partially with the finding.*** The Sheriff "guesstimated" the combined value of the two weapons at between \$300 and \$400. The actual value of the rifle was \$450 and the estimated value of the shotgun is \$25. Therefore, the discrepancy is between \$75 and \$175, not \$125 - \$225.

F15: In the "Comments" section of Schedule E, the Sheriff made the following statements:

"This man gave me a rifle and shotgun in 1999, I think. At the time I saw it as he wanted to get [sic] rid of them and so he gave them to me. At the time I did not think them a reportable gift. As I am finishing my term and leaving elected office I was advised that maybe I should file to set the record straight."

***Response to F15: The respondent agrees with the finding.***

## **Recommendations**

R1: The Sheriff's Department should review the need to purchase protective vests for its dogs.

***Response to R1: The recommendation has been implemented.*** The review determined no such need existed.

R2: The Sheriff should turn over to the complainant both the proceeds from the sale of the Weatherby rifle, and the shotgun.

***Response to R2: The recommendation has been implemented.*** The Sheriff reports that the sale proceeds and the shotgun have been returned.

R3: The County should review its Conflict of Interest Code policy regarding receipt of gifts by elected County officials.

***Response to R3: This recommendation has been implemented.*** The County's Conflict of Interest Code already requires all elected County officials to report gifts received pursuant to the requirements of the state law. The Code is updated biennially.

R4: Gifts received by County Officials should be recorded by their departments and letters of acknowledgement sent to the donors.

**Response to R4: The recommendation will not be implemented because it is not warranted.** State law requires the disclosure of gifts for purposes of identifying and avoiding potential financial conflicts of interest. There is no indication that state law is inadequate, or that the implementation of this recommendation would have avoided this dispute. Any recording or acknowledgement of gifts to County officers beyond what the law requires, therefore, should be left to the discretion of the recipient.

R5: The Board of Supervisors should review the list of "designated employees," the limitations on personal gifts from reportable sources, the County's Conflict of Interest Code, the Ethics in Government Act and the rules and regulations promulgated by the Fair Political Practices Commission thereunder, and disseminate all necessary information to ensure that all county employees are fully aware of gift acceptance and gift reporting requirements.

**Response to R5: This recommendation has not been implemented, but will be implemented in the future.** By December 31, 2002, County Counsel is directed to review the specified materials and prepare and disseminate a memorandum to all County employees advising them of gift acceptance and gift reporting requirements.

R6: The El Dorado County District Attorney should investigate the conduct of the Sheriff described above.

**Response to R6: The recommendation has been implemented.** The District Attorney reports that he has referred the matter to the appropriate authorities for investigation (see attached letter).



**Responses Required for Findings**

F1 through F14      El Dorado County Sheriff  
El Dorado County Board of Supervisors  
El Dorado County District Attorney

**Responses Required for Recommendations**

R1 through R6      El Dorado County Sheriff  
El Dorado County Board of Supervisors  
El Dorado County District Attorney

## CRIMINAL JUSTICE COMMITTEE

### *Allegations Regarding the 2002 Sheriff's Election*

Citizen Complaints #01/02-C-027 and #01/02-C-035

#### **Reason for the Report**

Two citizens' complaints were received alleging inappropriate and unprofessional election campaign conduct by Sheriff's Department employees. Both candidates for the office of Sheriff and their respective supporters were accused of inappropriate campaign conduct, such as misuse of county time and pressuring merchants to put up their campaign signs.

#### **Scope of the Investigation**

The following documents were reviewed:

- Complaint #01/02-C-027;
- Complaint #01/02-C-035;
- California Government Code §3206;
- Sheriff's Office General Order 3-07;
- Civil Service Ordinance 2.60.090;
- Human Relations Department draft policy regarding "Political Activities," May 2001;
- Sheriff's Department General Order, Section 3-07, July 2, 2001;
- Sheriff's Department General Order, Section 3-05, July 2, 2001;
- Memo from Sheriff's Department Captain to Sheriff, January 18, 2002; and
- Sheriff's Department Policy/Planning, April 1999.

The following persons were interviewed:

- Sheriff;
- UnderSheriff;
- Lieutenant, Sheriff's Department;
- Sergeant, Sheriff's Department;
- Deputy Sheriff, Sheriff's Department; and
- Community Services Officer.

#### **Findings**

F1: The only formal electioneering guidance given by the County, to County employees is Civil Service Code 2.60.090, which reads as follows:

“No person employed under the system created by this chapter shall seek or accept election, nomination or appointment as an officer of a political club or organization, take an active part in a county political campaign favoring or opposing any candidate for election or nomination to a county office, or distribute badges, pamphlets, dodgers or handbills of any kind favoring or opposing any candidate for election or for nomination to a county public office. This chapter does not prevent any such officer or employee from becoming or continuing to be a member of a political club or organization, from attending political meetings or from seeking or accepting election or appointment to public office.”

***Response to F1: The respondent agrees with the finding.***

F2: Section 3206 of the California Government Code provides as follows:

"No officer or employee of a local agency shall participate in political activities of any kind while in uniform."

***Response to F2: The respondent agrees with the finding.***

F3: To implement that provision of state law, El Dorado County Sheriff's Office General Order No. 3-07, after citing Section 3206, provides as follows:

"To ensure compliance with this section, no employee of the El Dorado County Sheriff's Office shall participate in any political activities, including but not limited to, appearing as a candidate or supporting a candidate for public office, either in person or in any visual media while wearing the official uniform or clearly identifiable official patch or badge of the El Dorado County Sheriff's Office.”

***Response to F3: The respondent agrees with the finding.***

F4: Restriction of campaigning by Sheriff's Department employees is especially important because of the possibility that members of the public may feel intimidated when confronted by law enforcement officers.

***Response to F4: The respondent agrees with the finding.***

F5: The Sheriff's election in 2002 was the first highly contested Sheriff's election in many years. Some inappropriate electioneering behavior and possible violations

of law occurred during the course of campaigning in 2002 for the position of Sheriff.

***Response to F5: The respondent agrees with the finding.***

F6: Both candidates claimed that they had specifically directed their active supporters to obey the law regarding elections, and that they enforced those directives.

***Response to F6: The respondent agrees with the finding.***

F7: The Sheriff requested that the Department of Human Resources (HRD) develop a policy which would specifically state what is appropriate, or inappropriate, employee campaign behavior.

***Response to F7: The respondent agrees with the finding.***

F8: HRD drafted a proposed policy in May 2001. The policy was sent to County Counsel's office for review, but has yet to be issued.

***Response to F8: The respondent agrees with the finding.*** In addition, the respondent provides the following information. County Counsel reviewed the draft policy, had a series of oral discussions with HRD about it, and then issued a confidential memorandum to HRD in January 2002. This is a sensitive and complex area of law involving constitutionally protected free speech rights, which makes the drafting of an effective and legally compliant policy a difficult task. County Counsel had previously provided written guidance on this topic to various County officers in 1990, 1992, and 1996. HRD had copies of these memoranda when drafting its policy, and County Counsel's January 2002 memorandum confirmed that these prior memoranda continued to reflect current law.

F9: Although the policy has yet to be approved, the Sheriff issued the draft policy to managers and supervisors prior to the 2002 election, to assist them in their direction of subordinates.

***Response to F9: The respondent agrees with the finding.***

F10: Managers were directed to discuss the draft policy in their management meetings.

***Response to F10: The respondent agrees with the finding.***

F11: Sergeants were directed to discuss the draft policy in pre-shift meetings.

***Response to F11: The respondent agrees with the finding.***

F12: Managers had follow-up discussions; most sergeants had such discussions, but at least one did not.

***Response to F12: The respondent agrees with the finding.***

F13: The draft policy regarding elections was to be incorporated into ongoing Sheriff's training programs.

***Response to F13: The respondent agrees with the finding.***

F14: The Sheriff claims that individually reported violations have been followed-up and dealt with appropriately.

***Response to F14: The respondent agrees with the finding.***

F15: Even when off-duty and out of uniform, law enforcement officers are viewed as officers. The distinction between on- and off-duty is blurred. Therefore, when an officer is handing out campaign literature in front of a business or nailing a campaign poster onto a telephone pole, civilians (or even other officers) probably would not know if that officer is off-duty.

***Response to F15: The respondent disagrees partially with the finding.*** Only if an off-duty law enforcement officer was known to be such might this confusion occur. Even if known to be a law enforcement officer, the respondent believes the public generally understands that when said officer is not in uniform said officer is off-duty.

F16: County managers, such as Sheriff's Department Captains and Lieutenants are allowed to utilize their respective 96 or 80 hours of management leave for personal purposes, including electioneering. These hours are sometimes used during regular eight-hour shifts, creating the impression that the Captains or Lieutenants may be campaigning on county time.

***Response to F16: The respondent disagrees partially with the finding.*** Management employees, such as Sheriff's Captains and Lieutenants are able to utilize their allotted management leave for personal use, including electioneering. Similarly, non-management employees are able to utilize their accrued leave time (vacation, compensatory time off) for personal use, including electioneering. As employees who are utilizing leave time should not be in uniform, the respondent disagrees that these employees create the impression that they may be campaigning on county time.

F17: Internal election battles waged within the Sheriff's Department and the resulting bad feelings affected relations among Sheriff's personnel and between Sheriff's personnel and the public.

***Response to F17: Respondent disagrees partially with finding.*** While some employees may have allowed the election to affect their relations with other Sheriff's employees, all employees of the Sheriff's Office are professionals and "internal election battles" did not affect their relations with the public they serve. To suggest otherwise does a disservice to the fine men and women who protect the citizens of El Dorado County.

F18: There are residual bad feelings among some of the Sheriff's personnel. Many believe it will take years for healing to take place.

***Response to F18: The respondent agrees with the finding.***

F19: There are seven elected county department heads. Elections for Sheriff are frequently contentious because:

- Opposing candidates are generally long time employees of the Department.
- The Sheriff's Department has a greater number of employees.
- Departmental employees are highly visible in uniform.
- The type of work, such as responding to emergencies, is stressful.
- Persons attracted to law enforcement are usually assertive, tough minded and confrontational.
- The culture and traditions of law enforcement encourage such contentiousness.

***Response to F19: The respondent disagrees with the finding.*** Any election that involves two or more internal candidates has the potential to be contentious; this is not unique to Sheriff's races.

F20: The Sheriff's Team of Active Retirees (STAR) is uniformed volunteers who assist the Sheriff's Department with a variety of functions. There are more than 200 STAR volunteers. They are viewed by the public as being departmental employees.

***Response to F20: The respondent agrees with the finding.***

F21: The 2002 election is over. The unsuccessful candidate has already announced that he will be a candidate in 2006. That announcement may result in continued contentiousness for the next four years.

***Response to F21: The respondent agrees with the finding.***

## **Recommendations**

R1: The draft policy entitled “Political Activities,” dated May 2001, should be immediately reviewed, approved or revised, and then disseminated and implemented.

***Response to R1: The recommendation has not been implemented but will be implemented in the future.*** It is the intention of the respondent to implement it within six months, or by the end of January 2003.

R2: County Counsel should provide legal advice in a timely manner. This is especially important in situations which could lead to acrimony among county employees and potentially affect the quality of services provided to the public.

***Response to R2: The recommendation has been implemented.*** It is County Counsel’s policy, and always its objective, to provide timely legal advice in all instances, including situations that could lead to acrimony among county employees and potentially affect the quality of services provided to the public. Numerous internal policies and tracking systems are in place to further that objective. For example, all contracts submitted for review are logged in and out, and policy is to complete review within 10 working days. All matters formally assigned are also logged and response times are tracked. The complexity of a particular issue, the press of other business, personnel constraints or other problems sometimes frustrate County Counsel’s ability to obtain the objective of timely legal advice, but all efforts are made to minimize such situations, and County Counsel believes that they are the exception, not the rule.

R3: The County should establish an independent body to investigate campaign violations by Sheriff’s Department employees.

***Response to R3: The recommendation will not be implemented because it is unwarranted.*** The respondent believes that creating an independent body to investigate campaign violations could create more problems than it solves. By its very existence it would encourage candidates to create issues that could then be publicized and by that publication create fact -- “where there’s smoke there’s fire”. Furthermore, it would be duplicative of the County to create such a body at the State has already created a similar body. The Fair Political Practices Commission is established by state law to conduct such investigations and has been regularly involved in investigating elections in El Dorado County. All County employees, not just employees of the Sheriff’s Office, need to be aware of and comply with state law and County personnel policies regarding elections.

R4: The Sheriff’s Department should develop procedures that specifically address appropriate and inappropriate election behavior for Sheriff’s Department employees.

**Response to R4: The recommendation has been implemented.** The Sheriff advised employees in writing during the course of the election of the state law and county personnel policies regarding elections.

- R5: The “Political Activities” policy should be incorporated into all Sheriff’s Department training programs.

**Response to R5: The recommendation has been implemented.** State laws and County policies applicable to public employees, including those related to political activities, are included in the Sheriff’s Office training programs on an as needed basis.

- R6: Sheriff’s Department Captains and Lieutenants should be held accountable for the campaign conduct of their subordinates.

**Response to R6: This recommendation has been implemented.** Lieutenants and Captains are held accountable for the conduct of their subordinates, including campaign conduct. Various types of corrective action were taken by Sheriff Department lieutenants and Captains during the recent election cycle when their employees engaged in inappropriate campaign conduct.

- R7: The personnel practice allowing Sheriff’s Department Captains and Lieutenants to use their respective 96 or 80 hours of personal management leave for election activities should be amended to preclude the use of such time for election activities.

**Response to R7: The recommendation will not be implemented because it is not warranted or is not reasonable.** Employees are allowed to utilize their personal time off (i.e., management leave, compensatory time off, vacation leave) as they see fit. The County does not have the authority to limit an employee’s activities while the employee is on approved leave time. Nor does the County have the authority to limit their employees’ political activities while they are utilizing their own time, as it would be deemed a violation of their civil rights.

- R8: STAR volunteers should receive training in appropriate election campaign behavior and be held accountable to the same standards as the sworn deputies.

**Response to R8: This recommendation has not yet been implemented, but will be implemented in the future.** This training will be completed by December 31, 2002.



**Responses Required for Findings**

F1 through F21	El Dorado County Board of Supervisors El Dorado County Sheriff Director, Human Resources Department
F8	County Counsel

**Responses Required for Recommendations**

R1 through R8	El Dorado County Board of Supervisors El Dorado County Sheriff Director, Human Resources Department
R2	County Counsel

## CRIMINAL JUSTICE COMMITTEE

### *El Dorado County Jail, Placerville*

#### **Reason for the Report**

The California Penal Code requires that Grand Juries inspect and report annually on the operations of all public prisons located within the boundaries of each county.

#### **Scope of the Investigation**

Members of the Grand Jury toured and inspected the El Dorado County Jail in Placerville twice during January 2002. The tours were conducted by the Administrative Lieutenant and a Senior Sergeant. After the second tour, members of the Grand Jury and jail management met for a discussion and review of the following documents:

- Policy and Procedure Manual;
- Board of Correction Report (2001);
- County Health Inspection Report (2001);
- County Fire Marshal Report (2001);
- United States Marshal Report (2000);
- Jail statistical reports;
- Prior Grand Jury Reports for 98/99, 99/00, and 00/01;
- Monthly Jail Profile Survey, two reports dated July 17, 2001 and December 4, 2001;
- Jail Organizational Chart;
- Jail Budget; and
- Jail forms: Personnel Complaint, Classification Questionnaire, and Custody Assessment Scale.

#### **Findings**

F1: This Grand Jury notes the concerns of the 98/99 Grand Jury. Those concerns have apparently been addressed. One of the major concerns then was that the inmate count was high and increasing. It is now considerably lower. We concur that the facility is well managed with a minimum of problems.

***Response to F1: The respondent agrees with the finding.***

F2: This Grand Jury agrees with the 1999/2000 Grand Jury's Report following Findings.

- The housing units were clean and the noise level was low.
- The kitchen and dining areas were clean and orderly, and the food adequate.
- The infirmary was in good shape.
- The Inmate Welfare Fund is adequate, providing telephones, the library and visiting amenities for families, e.g. vending machines, toys for the children, and athletic equipment, etc.
- Inmates may get some training in the kitchen.

***Response to F2: The respondent agrees with the finding.***

F3: This Grand Jury agrees with the 2000/2001 Grand Jury's Report following Findings:

- The laundry and shower areas were clean.
- The medical room was clean, and well organized, with licensed medical staff on duty 24/7.
- Some cleanliness problems still exist in loading dock area.

***Response to F3: The respondent agrees with the finding.***

F4: The Jail has 243 beds.

***Response to F4: The respondent agrees with the finding.***

F5: On January 15, 2002, there were 161 inmates: 133 men and 28 women. The jail was, therefore, at 66% of capacity with over 80 beds available.

***Response to F5: The respondent agrees with the finding.***

F6: The Jail is relatively new and is in very good condition.

***Response to F6: The respondent agrees with the finding.***

F7: When the Jail was constructed, it was designed for additional housing units to be built in the future. The Jail has an oversized booking area and kitchen anticipating future expansion.

***Response to F7: The respondent agrees with the finding.***

F8: The Jail was under a Federal Court Order to maintain the jail population at or below the 243-inmate capacity.

***Response to F8: The respondent agrees with the finding.***

F9: The Jail is staffed by 2 Lieutenants, 7 Sergeants, and 51 Correctional Officers.

***Response to F9: The respondent agrees with the finding.***

F10: The Jail was designed to be a "direct supervision" jail, and is staffed and supervised so that inmates are in direct contact with staff.

***Response to F10: The respondent agrees with the finding.***

F11: The inmates were well groomed and their clothing was clean.

***Response to F11: The respondent agrees with the finding.***

F12: Medical needs are met through a contract with a private medical services company.

***Response to F12: The respondent agrees with the finding.***

F13: The Jail is inspected by management monthly and other times as necessary.

***Response to F13: The respondent agrees with the finding.***

F14: There is an effective inmate grievance policy.

***Response to F14: The respondent agrees with the finding.***

F15: Upon arrival, inmates receive an orientation of procedures and policies, and are given a copy of the rules.

***Response to F15: The respondent agrees with the finding.***

F16: The Jail looks and smells clean and is well ventilated.

***Response to F16: The respondent agrees with the finding.***

F17: The voluntary jail education program had 34 students on the day the Committee toured. There is a teacher and several volunteers. Students may complete a GED or complete high school courses.

***Response to F17: The respondent agrees with the finding.***

F18: The Jail has an exceptional library, both in numbers of books and kinds of materials available including a law library.

***Response to F18: The respondent agrees with the finding.***

F19: Inmates assigned to the kitchen may receive training in culinary arts.

***Response to F19: The respondent agrees with the finding.***

F20: Some trusted inmates are assigned to jobs in the jail, e.g. janitorial, laundry, clerical, painting, and repairing, etc.

***Response to F20: The respondent agrees with the finding.***

F21: Male and female inmates are assigned to separate work duties.

***Response to F21: The respondent agrees with the finding.***

F22: Alcoholics Anonymous, Narcotics Anonymous, and a variety of religious programs are provided by volunteers from the community.

***Response to F22: The respondent agrees with the finding.***

F23: The booking area appeared cluttered.

***Response to F23: The respondent agrees with the finding.***

F24: The loading dock was not clean.

***Response to F24: The respondent agrees with the finding.***

F25: Overall, the management of the Jail appeared to be considerably above average.

***Response to F25: The respondent agrees with the finding.***

### **Recommendations**

R1: During January 2002, over 80 beds were available. The County, therefore, should rent jail beds to defray the daily expenses associated with managing a facility of this size. Potential renters are the Federal Marshal, Immigration Department, neighboring counties, and the State Department of Corrections (for detained parolees).

***Response to R1: The recommendation has been implemented.*** The Sheriff's Office already routinely seeks prisoners from other jurisdictions when beds are available. Because beds are available in Sacramento County jails, allowing state and federal prisoners to be housed closer to the respective courts dealing with them than would be the case when prisoners are housed in El Dorado County, there are not many opportunities to utilize beds in this manner.

R2: The booking area should be better organized.

***Response to R2: The recommendation has been implemented.*** Jail management has had several evaluations made of the booking area to make it as ergonomically correct as possible. Structural limitations preclude any additional remodeling. As to tidier and/or cleaner, this recommendation has been implemented by jail management being more diligent in overseeing the booking area.

R3: The loading dock should be clean.

***Response to R3: The recommendation has been implemented.*** Jail management is being more diligent in overseeing the cleanliness of the loading dock.

### **Commendations**

The Jail is a clean and well-managed facility. This can be attributed to the staff. Programs are available for interested inmates. The County is to be commended for its foresight in anticipating growth in the inmate population.

### **Responses Required for Findings**

F1 through F25                      El Dorado County Board of Supervisors  
El Dorado County Sheriff

### **Responses Required for Recommendations**

R1 through R3                      El Dorado County Board of Supervisors  
El Dorado County Sheriff

## CRIMINAL JUSTICE COMMITTEE

### *El Dorado County Jail, South Lake Tahoe*

#### **Reason for the Report**

The California Penal Code authorizes and directs Grand Juries to inspect and report annually on the operations of all public prisons located within the boundaries of each county.

#### **Scope of the Investigation**

Members of the Grand Jury made an announced inspection of the South Lake Tahoe Jail facility on August 15, 2001.

- Members of the Grand Jury were given a comprehensive tour of the jail by the Administrative Sergeant.
- Members of the Criminal Justice Committee had a post-tour meeting with the Jail Commander.
- The following written materials were reviewed by the Committee and discussed with the Jail Commander:
  - Policy and Procedures Manual;
  - Inmate Orientation booklet;
  - Job Description Manual;
  - Statistical Reports regarding Inmate Population;
  - Board of Corrections Inspection Report.
- Grand Jury Reports for 1998/99, 1999/00, and 2000/01 were reviewed.

#### **Findings**

F1: All areas of the jail were exceptionally clean.

***Response to F1: The respondent agrees with the finding.***

F2: The jail is generally well maintained – painting, equipment, appliances, etc.

***Response to F2: The respondent agrees with the finding.***

F3: Staff was well groomed and cooperative.

***Response to F3: The respondent agrees with the finding.***

F4: When arrestees are received and booked, the process is taped.

***Response to F4: The respondent agrees with the finding.***

F5: Personal visits are restricted to immediate family members; the visits are non-contact.

***Response to F5: The respondent agrees with the finding.***

F6: Staff training appears to be adequate.

***Response to F6: The respondent agrees with the finding.***

F7: Every security position has written orders, which are reviewed by the assigned correctional officer, and are signed and dated by that officer.

***Response to F7: The response agrees with the finding.***

F8: Non-lethal weapons, such as gas, are stored in a locked room – only staff has access. Within the room, the non-lethal weapons are in a locked locker – only the Jail Commander and the Sergeants have keys. Note: The 00/01 Grand Jury found a problem with weapons storage. The problem has been corrected.

***Response to F8: The response agrees with the finding.***

F9: Staffing appears adequate considering the type of facility, construction, and numbers and kinds of inmates:

- 1 Lieutenant
- 6 Sergeants
- 26 Correctional Officers
- 7 Sheriff's Assistants
- 1 Aide

Note: Only the Lieutenant is a peace officer. Therefore, the Sergeants and Correctional Officers cannot use lethal weapons (i.e. guns).



***Response to F9: The respondent agrees with the finding.***

F10: The medical program is provided by a contract company – RN on days, LVN at night, and an MD always on call.

***Response to F10: The respondent agrees with the finding.***

F11: Programs such as AA, Narcotics Anonymous, and Anger Management are provided to inmates by volunteers from the community.

***Response to F11: The respondent agrees with the finding.***

F12: Inmate appeals and discipline are handled appropriately as prescribed by the Board of Corrections, Title 15, California Code of Regulations.

***Response to F12: The respondent agrees with the finding.***

F13: No “musty odor” was noticed. The 00/01 Grand Jury Report documented a “musty odor” especially in the access area.

***Response to F13: The respondent agrees with the finding.***

F14: All members of the Grand Jury were impressed by the knowledge, dedication, and high level of interest of the Jail Commander.

***Response to F14: The respondent agrees with the finding.***

F15: Cracks in the concrete were observed in various parts of the jail. Of special concern were the cracks found in the kitchen.

***Response to F15: The respondent disagrees partially with the finding.*** General Services was unable to locate any cracks in the kitchen. A number of cracks in the floor outside the kitchen are noted. These cracks are typical settling cracks and were checked by an engineer who determined they pose no structural problem.

F16: The ADA pedestrian ramp located in the front of the jail is cracked and buckling. This is an obvious safety issue. Approval was granted to fix the ramp in 1998 and no action has been taken.

***Response to F16: The respondent agrees with the finding.***

## **Recommendations**

R1: The cracks in the concrete found in various parts of the jail need to be repaired, especially the one in the kitchen.

***Response to R1: The recommendation will not be implemented because it is not warranted or is not reasonable.*** General Services was unable to locate any cracks in the kitchen. A number of cracks in the floor outside the kitchen are noted. These cracks are typical settling cracks and were checked by an engineer who determined they pose no structural problem.

R2: The ADA pedestrian ramp located in front of the jail should be removed redesigned and replaces. In addition, a canopy should be placed over it so in the winter ice and snow are not a problem. This project has been authorized and approved since 1998, however has still not been started. This creates a hazard for all who need to use the ramp and a potential liability for the county. It is strongly recommended that this project be completed before winter of 2001-2002.

***Response to R2: The recommendation has not yet been implemented, but will be implemented in the future.*** General Services has patched the ramp. A complete redesign of the ramp has been incorporated into the Juvenile Hall construction project. As part of that project, the ramp will come into the building on the north end, not the east side as it does currently.

## **Commendations**

The Grand Jury again commends the Jail Commander, Lt. Lovell, and his staff for the outstanding work they are doing. The jail is clean, orderly, and the staff performs many tasks in a professional manner.

## **Responses Required for Findings**

F1 through F16      El Dorado County Board of Supervisors  
El Dorado County Sheriff

## **Responses Required for Recommendations**

R1 through R2      El Dorado County Board of Supervisors  
El Dorado County Sheriff

## **CRIMINAL JUSTICE COMMITTEE**

### ***El Dorado County Juvenile Hall***

#### **Reason for the Report**

The California Penal Code requires Grand Juries to inspect and report annually on the operations of all public prisons located within the boundaries of each county.

#### **SUMMARY OF IMMEDIATE CORRECTIONS NEEDED**

Fire and life safety measures are inadequate. The Juvenile Hall is constructed of materials that will not burn, but the interior contains flammable materials. In places of confinement, smoke is the primary threat. The facility does not have adequate equipment or procedures in place to deal with the potential devastating effects of fire in a locked facility.

#### **Scope of the Investigation**

The following inspections and presentations were made:

- Members of the Grand Jury inspected the facility on September 19, 2001.
- Members of the Criminal Justice Committee inspected the facility on three additional occasions.
- The Chief Probation Officer made a formal presentation to the Grand Jury.

The following documents were reviewed:

- The future plan for juvenile beds as presented to the Board of Supervisors (BOS);
- Title 15, Code of California Regulations (CCR), State Board of Corrections;
- South Lake Tahoe Juvenile Hall building plans;
- Detention Survey submitted monthly by Probation Department;
- Board of Corrections Inspection Report;
- Public Health Report;
- Fire Marshal Inspection Report (August 20, 2001);
- Building Department Annual Inspection (August 29, 2001);
- Juvenile Justice and Delinquency Prevention Commission Inspection Report (August 20, 2001);
- Environmental Management Inspection Report (September 5, 2001);
- Needs Assessment, 2000, Suzie Cohen and Associates;
- Grand Jury Reports, 1998/1999, 1999/2000, and 2000/2001;

- County budget; and
- Superior Court Order imposing population cap on Juvenile Hall.

The following persons were interviewed:

- Chief Probation Officer;
- Chief Deputy Probation Officer in charge of Juvenile Hall;
- City of Placerville Fire Marshal; and
- Chairman of the Juvenile Justice and Delinquency Prevention Commission.

### **Findings**

F1: This Grand Jury agrees with 98/99 Grand Jury's Report following Findings and Recommendations:

- Facility overcrowded;
- Good job by staff with the resources provided; and
- Build additional Juvenile Hall, South Lake Tahoe.

***Response to F1: The respondent agrees with the finding.***

F2: This Grand Jury agrees with the 99/00 Grand Jury's Report following Findings and Recommendations:

- Recreation space inadequate;
- Security and supervision good;
- Juvenile Hall is overcrowded; and
- Juvenile Hall needs to be expanded.

***Response to F2: The respondent agrees with the finding.***

F3: This Grand Jury agrees with 00/01 Grand Jury's Report following Findings and Recommendations:

- Generally clean and well run;
- Food, education services good;
- No running water, toilet, or blankets in Health Facilities Room;
- No room available for counseling;
- Males and females use common facilities on different schedules;
- Facility inadequate; and
- Especially need to correct the inadequacy of the Facility.

***Response to F3: The respondent agrees with the finding.***

F4: To the staff's credit, they are trying to function in a very inadequate facility.

**Response to F4: The respondent agrees with the finding.**

F5: Adequate space is not available for programs. For example, counselors are required to meet with wards in a corner of the general-purpose gym.

**Response to F5: The respondent disagrees partially with the finding.**

Situational counseling takes place at the time and location that it is needed. Staff are not mandated to meet with wards in a corner of the general-purpose gym. They are allowed to use day rooms, two secure holding rooms, and the Courtyards as the situation occurs. However, there is no "dedicated space" for counseling to take place, and space overall is at a premium.

F6: The Juvenile Hall was designed for 20 wards; the count is typically over 40. Accordingly, all space (living, recreation, program, visiting, administration, food service) is undersized.

**Response to F6: The respondent disagrees partially with the finding.** The Juvenile Hall was constructed January 1972, with a capacity to house 16 minors. During the two subsequent additions, the facility increased the capacity to 24, and later to 40. During each renovation, the dining room, kitchen, cells, courtyards, and control room was expanded. The initial construction took place prior to any Standards being established, and all renovations were approved (and later grandfathered) by the California Youth Authority. The respondent would agree that many of the spaces are undersized.

F7: The number of wards with mental problems continues to increase.

**Response to F7: The respondent agrees with the finding.**

F8: The number of wards with drug abuse problems is also increasing.

**Response to F8: The respondent agrees with the finding.**

F9: Juveniles who probably should be detained are not being detained because of lack of space. This problem exists in both the South Lake Tahoe and Placerville areas.

**Response to F9: The respondent agrees with the finding.**

F10: There are no rooms to place wards in need of removal from the general population of the Juvenile Hall.

**Response to F10: The Respondent disagrees partially with the finding.**

Minors that need to be removed from the general population of the Juvenile Hall are placed in the Juvenile Hall Holding Rooms. However, this resource is strained, as the Holding Rooms are also used for interview rooms, and for new intakes. This requires Juvenile Hall staff to "juggle" the use of the two Holding Rooms, which can be a challenge.

- F11: There are some cleanliness issues. For example, the windows need washing, and the kitchen should be cleaner.

**Response to F11: The respondent disagrees partially with the finding.**

The respondent agrees that on the date of the inspection, the outside window to the kitchen was in need of cleaning. This window has security grating, difficult to maintain, and is outside the facility itself. This window has been cleaned and will continue to be cleaned in the future. However, the respondent disagrees with the statement that the kitchen should be cleaner. The kitchen has an on-going cleaning schedule, and has been inspected and approved by the Board of Corrections and Environmental Health Department annually for cleanliness.

- F12: Outside and inside recreation space is inadequate.

**Response to F12: The respondent agrees with the finding.**

- F13: Several thousand square feet of the facility are being utilized for community programs. This space is found on the lower level of the facility.

**Response to F13: The respondent agrees with the finding.**

The several thousand square feet of the facility referred to by the Grand Jury, is space that is not considered part of the facility. This space was originally living quarters for the Superintendent and family when the facility was constructed for 16 wards. As the capacity of the facility increased, the space below the Juvenile Hall became office space for the Probation Department. In 1999, the space was converted into classroom and treatment space for probationers not incarcerated, for the purpose of participating in a transitional education program. It should be noted that should the County entertain the concept of expanding Juvenile Hall into the space located below the facility, the entire facility would be mandated to meet Title 24 Standards last revised in the year 2000. The County would not be able to meet the Title 24 Standards because of the lack of overall space to meet the minimum recreation space.

F14: The Ward Education Program is outstanding. The teachers have devised methods to individualize programs for wards and methods to interest them and reinforce learning.

**Response to F14: The respondent agrees with the finding.**

F15: The Chief Probation Officer must request waivers from the State Board of Corrections' Title 15 CCR requirements almost monthly because of the space and staffing problems.

**Response to F15: The respondent disagrees partially with the finding.** The Probation Department submits "crowding" reports to the Board of Corrections as mandated. These reports are not requests for waivers, as the Board of Corrections does not grant waivers. Specifically, the reports provide information on overall conditions within the Juvenile Hall, and documents efforts to mitigate crowding within the facility. The El Dorado County Juvenile Hall is chronically overcrowded and is required to report overcrowding.

F16: The current problems regarding the serious inadequacy of the facility have a long history of disclosure without having been corrected.

**Response to F16: The respondent disagrees partially with the finding.** The problems regarding the serious inadequacies of the facility have a history of being addressed. Back in 1978, the Probation Department first recognized that the capacity of 16 beds at that time was not adequate to handle their crowding issues. The Department subsequently secured grants and later increased the capacity to the present 40-bed capacity. During the past 8 years, many of the inadequacies have been addressed. For example, the kitchen floors were replaced, the entire HVAC was replaced, and the roof was replaced. New security doors were replaced for all exterior and cell doors, and the flooring and lighting fixtures within the facility were replaced. Presently, a new facility is being built in South Lake Tahoe, which will address some of the crowding issues presently being faced. With grant money from OCJP, the Juvenile Hall is constructing an overhead cover to the B-Wing Courtyard, to enhance recreational opportunities for minors and allow recreation to take place during the evening hours. This project was completed July 2003. The respondent does agree that crowding continues to exist, and will continue until the new Juvenile Hall in South Lake Tahoe is built. The Probation Department suggests that fire safety issues identified by the Grand Jury be addressed in a strategic plan over the next five years.

F17: The Juvenile Justice and Delinquency Prevention Commission are aware of the problems at the Hall and are supportive in developing short-term solutions.

***Response to F17: The respondent agrees with the finding.***

F18: The Probation Department has developed a plan, which the Board of Supervisors (BOS) has adopted, to correct the major juvenile bed deficiencies within the County. The elements of the plan are to:

- Build a 40-bed Hall in South Lake Tahoe, the opening of which is anticipated in 2003;
- Build a new 40-bed Hall, financing for which has been requested from the State Board of Corrections, next to the main jail in Placerville; and
- Renovate the existing Hall to house only 20 wards, in accordance with the original design capacity.

***Response to F18: The respondent disagrees partially with the finding.***

Unfortunately, the plan as outlined by the Grand Jury was contingent on the Board of Corrections awarding El Dorado County \$4,000,000 in Grant funding. El Dorado County did not receive this award and must look for other plans to address additional bed space. However, construction of a new facility in South Lake Tahoe will significantly reduce the strain on the old Juvenile Hall once it is completed.

F19: As the county population and its problems grow, the need to provide more juvenile beds and appropriate programs will certainly increase.

***Response to F19: The respondent agrees with the finding.***

F20: Fire doors were propped open on the day of inspection. This was a violation of both Juvenile Hall procedure, and fire and life safety requirements.

***Response to F20: The respondent agrees with the finding.***

F21: The Hall is constructed of non-flammable materials. Any fire, however, would create smoke conditions, which could cause serious harm to anyone in the facility. This potential problem is exacerbated because, within the facility, there are:

- No smoke alarms;
- No central fire alarm;
- No air packs (portable, self-contained breathing apparatus);
- No sprinklers;
- No training for smoke conditions; and
- No centrally controlled unlocking system (each room must be unlocked manually).



**Response to F21: The respondent disagrees partially with the finding.**

There are smoke alarms located in both classrooms. Purchase Orders have been initiated to purchase eight (8) additional smoke alarms throughout the facility. There is a central fire alarm in the control room. Sprinklers are only required in new construction, and are not mandated by the local and State Fire Marshall, and/or the Board of Corrections. Air Packs are not mandated and are not in any of the Juvenile Halls in California, except for fire camps. All permanent staff receives Fire and Safety training during their mandated CORE training. All cell doors are specifically numbered with large numbers at the bottom of the doors, to identify them when evacuating the facility in smoke. The Probation Department will continue to work with local fire authorities and the Board of Corrections, in an effort to address the above concerns of the Grand Jury, and must rely on their direction and expertise as the final authority. The State Fire Marshal indicates that other than the recommendation related to Air Packs, the other recommendations represent "best practices", and should be considered in time if the county intends to continue long-term use of the facility.

- F22: The Probation Department staff checks the rooms every 15 minutes, conduct regular security/fire inspections, conduct monthly fire drills, and keep combustible load, such as paper products in wards' rooms, to a minimum.

**Response to F22: The respondent agrees with the finding**

- F23: In their last inspection reports, the Fire Marshal, the County Delinquency Commission, and the Board of Corrections did not report that the fire and life safety issues, found by this Grand Jury, were a problem. This Grand Jury chooses not to ignore those issues.

**Response to F23: The respondent disagrees partially with the finding.** Grand Jury recommendations have not been ignored. Some of the previous recommendations, like alarms are in fact being installed. Failure to take action as desired may be attributed to the fact that the Grand Jury recommendations are not mandated, may be inappropriate for a facility our size, and are cost prohibitive at this time.

- F24: Since 1997, there has been a Superior Court Order limiting the number of wards in Juvenile Hall to 40. Any deviation triggers reports to the Court. The Hall count of 40 is frequently exceeded each month.

**Response to F24: The respondent agrees with the finding.**

F25: Renovating Juvenile Hall might mean that the State Board of Corrections would impose 2002 facility standards. The much greater risk, however, is doing nothing about these problems.

***Response to F25: The respondent disagrees partially with the finding.*** The respondent agrees with the need to improve conditions for minors at Juvenile Hall. However, due to the site limitations and outdated design, it would not be possible to make any significant improvements to the Placerville Juvenile Hall, unless it was leveled and rebuilt. Due to site limitations, should any major facility renovation take place, present Title 24 Standards would prohibit the approval of the facility for use at that location, since there is no way to meet Title 24 Standards for space requirements.

### **Recommendations**

R1. A sprinkler system should be installed throughout Juvenile Hall.

***Response to R1: The recommendation will not be implemented because it is not warranted.*** The facility is constructed of cinderblock and steel. Facilities like Juvenile Halls that rely on "direct supervision" are under constant surveillance, which includes room checks every 10 minutes or less (which is 5 minutes less than the standard).

It takes less than 45 seconds to walk from one end of the facility to the other, which makes the observation of any fire effortless and trouble free.

R2: Air packs should be made available in Juvenile Hall.

***Response to R2: The recommendation will not be implemented because it is unreasonable.*** Contact with Ellie Shelton, State Fire Marshall Consultant, indicates that she is not aware of any Juvenile Halls that utilize Air Packs. Although used in many jails, the on-going training required and specialized equipment requirements, makes the use unpractical. It should be noted that in large detention facilities, Air Packs are a necessity due to the poor response time of fire fighters. When considering the small size of El Dorado County Juvenile Hall, the quick response time of professional fire fighters, and high turnover rate of Juvenile Hall staff, calling the local Fire Department is the preferred practice.

R3: Smoke alarms should be appropriately installed in the control room.

**Response to R3: The recommendation has not yet been implemented, but will be implemented in the future.** A work order has been filed with General Services to install 8 smoke alarms in the Juvenile Hall. This work order was filed on May 2, 2002, and smoke alarms are expected to be installed on or before October 1, 2002.

R4: A central alarm system should be installed in the Control area of the Hall.

**Response to R4: The recommendation has been implemented.** There has always been a central fire alarm system in the Control Room of Juvenile Hall. It is manual, and requires staff to set the alarm. Due to practice of "direct supervision" of minors by Juvenile Hall staff, the use of a manual fire alarm system is the preferred system.

R5: Staff training in the use of air packs during smoke conditions should be conducted.

**Response to R5: The recommendation will not be implemented because it is not warranted.** The Juvenile Hall staff relies on the local Fire Department to use air packs as needed. The task of using air packs is not required by the Board of Corrections, and is not a job expectation. Furthermore, as stated in the response to R2 above the actual use of air packs is not appropriate for the county's small facility making the training issue moot.

R6: A centrally controlled unlocking system should be installed in Juvenile Hall.

**Response to R6: The recommendation will not be implemented because it is not warranted.** Title 24 Standards do not require centrally controlled electric locks on the detention doors at Juvenile Hall. Although the expense of new hardware would be cost prohibitive in itself, the concept of centrally controlled unlocking systems assume that staff would have a clear line of vision to do so. The El Dorado County Juvenile Hall has a design that would not allow a clear line of vision, and would open doors without having the ability to observe minor entering and leaving their rooms. A centrally controlled unlocking system would also require additional staff to operate this system.

R7: The BOS should contract with a space management expert to review the current facility and make recommendations about better utilization of the space in the upper and lower levels.

**Response to R7: The recommendation will not be implemented because it is not warranted.** The use of a space management expert cannot change the space limitations of the existing Juvenile Hall, nor change the restrictions in space usage due to Title 24 Standards imposed on the facility. It was determined

by General Services that all renovations made would not bring the facility to Title 24 Standards, and that the overall infrastructure would not accommodate the additional strain on the plumbing and electrical systems.

- R8: The BOS should continue to pursue the plan described in F18. If the State Board of Corrections decides not to provide funding for the plan this year, alternate sources of funds should be pursued and a request for funding should be made next year (2003).

***Response to R8: The recommendation will not be implemented because it is unreasonable.*** The recommendation as outlined by the Grand Jury in F18 is sound and has merit. However, pursuant to staff at the Board of Corrections, no future funding for Juvenile Hall construction is anticipated for at least another 3 years. El Dorado County Probation staff will continue to consult with Board Corrections staff every 6 months to see if any funding awarded to other counties has been reverted back to the State. El Dorado County continues to be on a list, and may be eligible for funds that are possibly reverted. It should also be noted that due to the State and Federal budget shortfalls, there is little likelihood that new funding will be available for at least 3 years. The South Lake Tahoe Juvenile Hall continues to be a priority of the Board of Supervisors and the Superior Court, and is anticipated to start construction in May of 2003.

- R9: The Cohen and Associates Report of 2000 needs to be updated. It should set forth current county demographics and future trends. It should include not just numbers of juveniles anticipated to become wards in detention but also other relevant information such as gender, age, type of problems and type of programs that will be needed.

***Response to R9: The recommendation has been implemented.*** The Probation Department completed a comprehensive Needs Assessment update in January of 2002. This Needs Assessment included information as outlined by the Grand Jury, and included treatment needs, detention needs, and was accompanied by a Grant Request to the Board of Corrections for additional Grant funding. Unfortunately, El Dorado County was not recommended to receive this funding.

### **Commendations**

The El Dorado County Probation Department is well led by experienced, professional supervisors and managers. They know the problems and want them corrected. The line-staff are functioning with an inadequate facility not designed or constructed for the numbers of wards or programs. The educational program for wards is excellent. The Probation Department has developed a plan which should correct the problems by 2006.

**Responses Required for Findings**

F5 through F25                    El Dorado County Board of Supervisors  
   El Dorado County Probation Department

**Responses Required for Recommendations**

R1 through R9                    El Dorado County Board of Supervisors  
   El Dorado County Probation Department

## **CRIMINAL JUSTICE COMMITTEE**

### ***Growlersberg Conservation Camp, Georgetown, CA***

The California Department of Corrections and Forestry will respond under separate cover to the Presiding Judge.

#### **Reason for the Report**

The California Penal Code requires Grand Juries to inspect and report annually on operations of all public prisons located within boundaries of each county.

#### **Scope of the Investigation**

Members of the Grand Jury inspected the Growlersberg Conservation Camp on October 10, 2001. The members were given an escorted tour of the facility by the Assistant Camp Commander and the Camp's Stationary Engineer. Several hours were spent in a general discussion regarding all aspects of the camp operation. The following documents were reviewed:

- Inmate Orientation Handbook;
- Policies and Procedures Manual;
- Camp Reports;
- California Department of Corrections (DOC) Quarterly Reports issued October 1, 2001; and
- Grand Jury Reports for 1998/1999, 1999 /2000, and 2000/2001.

#### **Findings**

F1: This Grand Jury agrees with the 1998/1999 Grand Jury's Report following Findings and Recommendations:

- The DOC and the California Department of Forestry (CDF) administer the camp jointly.
- The design capacity of the camp is 80.
- Current population was 131.
- Inmates are typically confined at the camp for 9 months.
- This is a minimum-security facility, with open dorms and no fences.
- Only carefully screened minimum security inmates are assigned to the camp;
- Inmates do conservation and rescue work and fire suppression.
- Every inmate has a full-time job either working on a conservation crew or in camp (kitchen, clerks).
- The Grand Jury recommended that there be more publicity about the good work done by the inmates and staff.

***Response to F1:***

F2: This Grand Jury agrees with the 1999/2000 Grand Jury's Report following Findings:

- Housing areas were clean and well kept.
- The food preparation area was clean, and the food was good.
- Inmate welfare and recreation was provided for.
- The kitchen needed to be updated, especially the range vent hood.
- Management by the correctional staff seemed to be very efficient and professional.

***Response to F2:***

F3: This Grand Jury agrees with the 2000/2001 Grand Jury's Report following Findings:

- The range hood was a danger.
- Housing areas were clean and orderly.
- The food preparation area was clean and orderly, and the food was good.
- There was virtually no compliance with the Americans with Disabilities Act (ADA).

***Response to F3:***

F4: The camp is well organized; every inmate is fully employed. The camp is maintained by the inmates under staff supervision.

***Response to F4:***

F5: The CDF, subject to the Governor's planning and budget process and legislative approval, is planning to replace the original buildings (circa 1965) beginning in FY 03/04.

***Response to F5:***

F6: The camp is designed for 80 with a present population of 137. It is anticipated that the 137 will be reduced to 120 in the near future.

***Response to F6:***

F7: Over the past 37 years the camp has enjoyed excellent relationships with its neighbors and neighboring communities.

***Response to F7:***

F8: All staff assigned to this camp is experienced with many years' managing inmates, facilities, and programs.

***Response to F8:***

F9: No weapons are kept at the camp. All DOC staff members maintain weapons in their homes. If necessary they will arm themselves to respond to emergencies (for example, an escape).

***Response to F9:***

F10: Any inmate in need of a program not offered at this camp (such as education or mental health) is transferred to another State DOC facility.

***Response to F10:***

**Recommendations**

R1: The State should rebuild the 1965 buildings to bring the camp up to 2003 standards.

***Response to R1:***

R2: The State should increase the size of the living areas and all other parts of the camp to accommodate the increased number of inmates.

***Response to R2:***



R3: The State should insure that the public access areas of the camp meet ADA requirements.

***Response to R3:***

R4: The State should replace the range hood.

***Response to R4:***

**Commendations**

The State Departments of Corrections and Forestry are to be commended for their excellent work at this camp during the past 37 years. Although fire fighting is what they are best known for, they spend much of the year working on conservation projects such as maintaining forest roads, trails, camp sites, streams, parks and a host of other federal, state, county and community projects.

**Responses Required for Findings**

F1 through F10	California Department of Corrections California Department of Forestry
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**Responses Required for Recommendations**

R1 through R4	California Department of Corrections California Department of Forestry
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## EDUCATION COMMITTEE

### *Golden Ridge School, Juvenile Hall*

#### **Reason for the Report**

The Education Committee was concerned about the availability of educational opportunities for juveniles detained in Juvenile Hall (Hall).

#### **Scope of the Investigation**

Members of the Education Committee inspected Golden Ridge School on August 1, 2001.

The following persons were interviewed:

- Two teachers, one male and one female, both with 15 years experience in the Hall;
- Deputy Probation Counselor; and
- Supervising Probation Officer.

The Committee reviewed a myriad of educational materials used by the teachers and students, and the 2000/2001 Grand Jury Report.

#### **Findings**

F1: The Grand Jury agrees with the 2000/2001 Grand Jury's Recommendation that the Principal and County Superintendent of Schools be consulted when the County reviews plans for the new Juvenile Hall in Placerville.

***Response to F1: The respondent agrees with the finding.***

F2: There are two rooms being utilized for education.

***Response to F2: The respondent agrees with the finding.***

F3: Those rooms are crowded with students, furniture, equipment, computers, files and bookcases filled with books.

***Response to F3: The respondent agrees with the finding.***

F4: Each student has an individually assigned workstation.

***Response to F4: The respondent agrees with the finding.***

F5: Computers are available. Thirty percent of a class can be assigned to a computer at any one time.

***Response to F5: The respondent agrees with the finding.***

F6: Both boys and girls are detained at the Hall. Typically, classes consist of 10 boys and 3 girls.

***Response to F6: The respondent agrees with the finding.***

F7: Many of the students have the following traits in common:

- Have attended many schools;
- Are deficient in basic academic skills;
- Do not know how to learn;
- Have low maturity levels and cannot sit still in class for long periods of time;
- Have substance abuse problems;
- Come from dysfunctional families;
- Have been in the Hall more than once; and
- Their time in the Hall varies from several days to several months.

***Response to F7: The respondent agrees with the finding.***

F8: The educational program consists of the following:

- Individualized assessments when the wards are first assigned to the program;
- Individualized plans based on personal needs and school resources;
- Classes emphasizing both academic and social skills;
- Tokens for rewards granted for correct behavior;
- Consistent discipline;
- No ‘social promotions’; and
- Compulsory attendance.

***Response to F8: The respondent agrees with the finding.***

F9: The teachers are motivated and innovative. Because of their seniority, they could be assigned to any teaching positions in the El Dorado County Office of Education. They choose to remain at the Hall.

***Response to F9: The respondent agrees with the finding.***

F10: The teachers find ways to “make do” with the resources available.

***Response to F10: The respondent agrees with the finding.***

F11: There is a high level of cooperation between the probation and education staffs.

***Response to F11: The respondent agrees with the finding.***

### **Recommendations**

R1: More space should be provided for education programs in the present Hall.

***Response to R1: The recommendation will not be implemented because it is unreasonable.*** The respondent agrees that there is a need for additional space to assist in educational programs. However, previous analysis of the existing Juvenile Hall reveals that the facility has no ability to expand in order to benefit the detention, treatment, and educational programs. It should be noted that the Probation Department has completed construction of a partial cover to one of the facility courtyards, which will enable the Golden Ridge School to have school activities and classes outside, and thus free up existing space for programming.

R2: Education staff should be consulted as plans are developed for the new Hall in Placerville.

***Response to R2: The recommendation has been implemented.*** The El Dorado County Office of Education has been consulted in all plans to construct a new Juvenile Hall in Placerville. Unfortunately, the Probation Department has been unable to secure grant funding for construction, and limited local resources prohibit the County from constructing a new facility out of General Funds. The Office of Education has been active in the planning of the new Juvenile Hall scheduled to be constructed in South Lake Tahoe and we will continue to include their input should we secure funding for a new facility in Placerville.

### **Commendations**

The education staff of the Hall, supported by the probation staff, is doing an outstanding job. They “make do” with inadequate space and deal with troubled, socially crippled wards who are in classes for relatively short periods of time. This does not deter them from their mission of presenting the best individually designed programs possible.

### **Responses Required for Findings**

F1 through F13	El Dorado County Board of Supervisors El Dorado County Board Of Education El Dorado County Probation Department
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### **Responses Required for Recommendations**

R1 through R2	El Dorado County Board of Supervisors El Dorado County Board Of Education El Dorado County Probation Department
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## **EDUCATION COMMITTEE**

### ***Central Sierra Regional Occupational Program***

The Central Sierra RPO JPA Board, and Offices of Education will respond under separate cover to the Presiding Judge.

Citizen Complaint #01/02-C-006

**The respondent will reply directly to the presiding judge under separate cover.**

#### **Reason for the Report**

The Grand Jury investigated a complaint alleging that the El Dorado Union High School District (EDUHSD) had failed to advertise vacant positions for Regional Occupational Program (ROP) instructors and certificated teachers in that District. After investigating the complaint, the Grand Jury determined that the EDUHSD was not violating written policies in ROP hiring practices.

There were, however, other matters discovered relating to ROP governance and practices that warranted further investigation of the Central Sierra Regional Occupation Center/Program (ROC/P), hereinafter referred to as ROP, and participating school districts. The extent of program integration and collaboration between and among public education agencies is not generally understood. Accordingly, the Grand Jury's investigation of ROP was expanded to obtain information about policies, practices, and problems in connection with ROP in El Dorado County.

#### **Scope of the Investigation**

Members of the Grand Jury attended a regular meeting of the Joint Powers Authority (JPA) Governing Board, Central Sierra ROP.

The following documents were reviewed:

- Central Sierra ROP Policies relating to recruitment, hiring, and certification procedures, adopted January 6, 1983;
- Central Sierra ROP Vacancy Postings at EDUHSD between September 15, 1999, and September 25, 2001, for various positions;
- State of California Designated Subjects Vocational Education Teaching Credentials Regulations effective May 10, 1995;
- Central Sierra ROP Staff Check List, Fall 2001;
- Memorandum from EDUHSD Assistant Superintendent dated October 1, 2001, with attachments on Hiring Procedures for Trades and Industry Positions in the EDUHSD;

- EDUHSD Purchase Order Records for Central Sierra ROP "Help Wanted" Advertisements in the Placerville Mountain-Democrat Newspaper between September 7, 1999, and January 30, 2001;
- "Seven Ways to Form an ROC/P" with Education Code References;
- Minutes of Central Sierra ROP Board Meetings as follows:
  - September 13, 2000;
  - December 13, 2000;
  - March 14, 2001;
  - June 13, 2001;
  - September 12, 2001; and
  - December 12, 2001.
- Central Sierra ROP Board Agenda and attached information for the Regular Meeting on March 7, 2002;
- List of Central Sierra ROP Board Members from March 1995 through March 2001;
- Central Sierra ROP Participation Agreements dated March 17, 1995, for coordination of responsibilities and duties between the El Dorado County Board of Education/Office of Education (EDCOE) and the EDUHSD, the Black Oak Mine Unified School District (BOMUSD), and the Lake Tahoe Unified School District (LTUSD);
- Report for Central Sierra ROC/P End of Year Close, dated September 12, 2001;
- El Dorado High School Master Schedule 2001/2002 dated October 11, 2001, for teaching assignments and class periods;
- EDUHSD Annual Notice to Parents/Guardian for 2001/2002 School Year; and
- Mountain Democrat Newspaper Article dated May 15, 2002.

The following persons were interviewed:

- Coordinator for ROP, now called the Director of Career Preparation, in EDUHSD;
- Assistant Superintendent/Director of Personnel at EDUHSD;
- Assistant Superintendent of EDCOE;
- Director of ROP;
- The Complainant; and
- By telephone, a teacher in the EDUHSD.

## **Findings**

F1: The Central Sierra ROP is a state-funded vocational education program. The Central Sierra ROP is also a Local Education Agency (LEA). The governance structure of ROP is a Joint Powers Authority (JPA) consisting of three participating school districts. By agreement of the governing boards of EDUHSD, BOMUSD, and LTUSD, statistical records and centralized accounting for ROP revenues and expenditures are handled by EDCOE.

### ***Response to F1:***

F2: The regional Central Sierra ROP was originally comprised of school districts in three adjoining counties: El Dorado, Amador, and Calaveras. This arrangement was disbanded in 1994/1995. The ROP retained the name Central Sierra and state-required "regional" status by providing services to three districts (one 9-12 union high school district and two K-12 unified districts) with large attendance areas. The three districts together cover all of El Dorado County.

### ***Response to F2:***

F3: It is the stated goal of the Central Sierra ROP that all El Dorado County students, eligible and requesting ROP services, receive an appropriate program without regard to the district of residence.

### ***Response to F3:***

F4: It is the stated intent of the Central Sierra ROP JPA that ROP programs be coordinated and operated throughout the County in accordance with the JPA's governance structure. The current Director of ROP has occupied a .4 FTE (full time equivalent) position in EDCOE since Fall 2001, which means the employee is authorized to spend 40% of his time on ROP JPA administration and management. The preceding Director of ROP was a full time employee in EDUHSD responsible for administration and management of the Central Sierra ROP JPA and coordination of all ROP personnel and programs for EDUHSD.

### ***Response to F4:***

F5: ROP programs are intended to provide students, age 16 and older, advanced vocational instruction in occupations currently in demand in their communities. There is a minimum age requirement for enrollment in ROP classes, but no maximum age limit. ROP students need not be enrolled in other educational classes in a school district and need not be attending school for the purpose of earning a high school diploma.

### ***Response to F5:***



F6: Any adult seeking vocational training can enroll in an ROP class. Classes may be offered in fields such as: cosmetology, electronics, automotive repair, construction, medical services, etc. More than 20 ROP classes were offered in the County during the 2001 Fall Semester.

***Response to F6:***

F7: ROP class instructors are employed in two different ways. Some ROP instructors are hired directly by the JPA on contract and are called "joint powers teachers" or "categorical teachers." Other ROP class instructors are hired directly by school districts as contract employees. Contracts are offered to ROP instructors on a semester-by-semester basis with no tenure. The stated purpose of this "semester by semester" contract arrangement is to allow school districts the flexibility to try out and to change ROP class offerings as changes in technology and demands for skilled workers occur.

***Response to F7:***

F8: Some ROP instructors may have state-granted General Education teaching "credentials" earned by education and teaching experience in a "designated subject." Others may have state-granted "certifications" of work experience in a profession, skill or trade. Some ROP instructors may have teaching credentials that are unrelated to their certifications as ROP instructors. Regardless of the combination of credentials and certifications, however, ROP instructors must have the work experience required by ROP to teach ROP classes.

***Response to F8:***

F9: Confusion arises because a class may be offered as an ROP class one period and the same class may be offered as an elective class in the regular secondary school curriculum at another period in the same semester. The teacher may be the same teacher in each class. That teacher may have certification as an ROP instructor for a particular vocational class like "ROP Metals" and may also have a teaching credential for the "designated subject," called industrial arts or "metal shop" in the secondary curriculum.

***Response to F9:***

F10: ROP hiring practices are especially difficult to understand and to explain, even for those who are familiar with ROP. Practices vary. The Education Code of the State of California, however, **does not require** school districts to publish notices or advertise vacant positions for **credentialed** teachers.

***Response to F10:***

F11: The Central Sierra ROP Board Policies for Personnel have not been amended or updated since adoption on January 6, 1983. Policy 4111 states:

"Instructors and administrators for the ROP shall be recruited from university placement centers, organizational placement offices, local newspaper advertising or through personal correspondence with qualifying candidates. The objective in recruitment shall be to obtain the best possible certificated personnel."

***Response to F11:***

F12: Policy 4111 **does not require** the publication or advertisement of vacant ROP positions for **certificated** personnel, nor does it mention the most common current venues for recruitment efforts, the ROP and EDCOE websites on the Internet, among others.

***Response to F12:***

F13: Policy 4116, Personnel - Certificated, Probation, states:

"According to the provisions of Education Code, Section 44910, all teachers employed by the ROP shall be termed designated subject certificated staff and shall not require permanent status."

***Response to F13:***

F14: EDUHSD policy on advertising vacancies is not in writing, but EDUHSD's practice is to advertise all ROP vacancies in addition to posting vacant positions within the school district. District teachers do not usually qualify for ROP instructor positions, however, because they do not have recent work experience in the applicable profession, skill or trade.

***Response to F14:***

F15: Purchase order records at EDUHSD were examined to identify newspaper advertisements of vacant ROP positions. Paid purchase orders for advertisements in a local Placerville newspaper for approximately 10 ROP instructor positions were identified for the period between September 22, 2000, and January 30, 2001. According to paid purchase order records, no advertisements for vacant ROP positions for an entire fiscal year were placed in a more widely circulated Sacramento newspaper between July 1, 2000, and June 30, 2001.

***Response to F15:***

F16: EDUHSD does not keep a file of actual newspaper clippings of advertisements for vacant ROP positions (or for regular curriculum positions) to match the printed job descriptions attached to purchase orders, even though past practice **indicates** that they have been advertised. Without such clippings, EDUHSD has no proof that the advertisement was published.

***Response to F16:***

F17: Recruitment of ROP instructors for vacant positions often takes place by informal networking among ROP administrators at regional meetings and competitions.

***Response to F17:***

F18: The ROP JPA and EDUHSD do not keep formal contact lists of eligible and qualified ROP instructors who have indicated their interest in applying for vacant ROP teaching positions in specific schools or school districts. It is the practice of EDUHSD not to accept applications for ROP positions unless they have been posted or advertised. The complainant mistakenly believed that a position that was vacant and had been filled by EDUHSD without advertisement was an ROP instructor's position for an ROP class. In fact, that class was not an ROP class for that semester, although it had been an ROP class in previous years. At the time of the vacancy, the class was being offered as an elective in the regular secondary school curriculum.

***Response to F18:***

F19: The ROP JPA and EDUHSD do not have a review or appeal process, formal or informal, for applicants who are not selected for vacant ROP teaching positions and who believe they are as qualified or more qualified than the person(s) selected.

***Response to F19:***

F20: Some full time teachers who have both General Education credentials and ROP certifications are assigned to teaching positions in ROP classes because school districts have not been able to fill their teaching schedules with regular curriculum classes. Most ROP instructors, however, are given part-time contract assignments for one or two classes because they work at other full time occupations.

***Response to F20:***

F21: The student screening process for ROP classes is not rigorous. Some students are allowed to take ROP classes because of scheduling problems or as "elective classes" with the understanding that they will be "introduced" to the subject matter as a "survey course" to determine whether or not they are interested in that vocation, profession, skill or trade. This practice contradicts the intent of the original state legislation, which established ROP programs to provide advanced vocational training to serious students who are seeking career training.

***Response to F21:***

F22: It is important for the ROP JPA and participating school districts to maintain ROP enrollments and to increase ROP revenues. For example, by offering ROP classes in computer training to adults of all ages, including retired persons without job prospects or career plans, school districts circumvent the intent of state ROP legislation to augment the work force with well-trained, job-oriented, and career-minded graduates.

***Response to F22:***

F23: ROP JPA Board members select the Board's officers every year in March. JPA Board representation depends on the three participating school district boards, who select assignments from their own board memberships. The JPA Board meets once each quarter, and its members serve as liaisons with the school district boards they represent.

***Response to F23:***

F24: Almost no criteria are established for the selection of the three ROP JPA Board members, all of whom represent the participating school districts. The only criteria for those board members are that they (i) be registered to vote, (ii) reside in the school district they represent, (iii) be elected or appointed to one of the participating school boards, and (iv) be selected by their participating school district boards to sit on the ROP JPA Board. There are no attendance requirements.

***Response to F24:***

F25: JPA Board members are almost entirely dependent on the information, research and guidance provided by EDCOE administrative and management personnel, as well as the Executive Committee composed of the EDCOE Superintendent and the Superintendents of the participating school districts.

***Response to F25:***

F26: Understanding ROP JPA policies, agreements, financial reports, and complex financing issues involving asset transfers, program delivery costs, and enrollment caps are difficult at best. Making decisions based on independent research and investigation is impossible without extensive study and personal experience. Few ROP JPA board members are willing or equipped to do this. There is no JPA staff separate from EDCOE and school district administrative personnel.

***Response to F26:***

F27: It is extremely difficult for the ROP JPA Board to make independent decisions on ROP governance issues because of the lack of frequent interaction among the board members and because of the structure of the ROP JPA. Attendance at board meetings is inconsistent. Seven ROP JPA Board meetings were held between September 13, 2000, and March 7, 2002. The same three appointed board members were present at only two of the seven meetings. An alternate board member for one participating school district was present at another meeting. Only two board members, the bare minimum necessary to establish a quorum, were present at four of the seven meetings.

***Response to F27:***

F28: One of the objectives of the ROP JPA Board and administration is to preserve the base enrollment and maintain the revenues for the ROP program, currently in excess of \$1.8M, in order to supplement other revenues for general education purposes. The additional ROP allowance is \$3,100 per student over and above the standard average daily attendance (ADA) per pupil allowance. This \$3,100 allowance is a significant inducement to maintain and increase ROP enrollment, even though ROP enrollment is capped or limited by the amount of student eligibility established by funding formulas when the Central Sierra ROP was established.

***Response to F28:***

F29: The EDUHSD is serving more adults in ROP classes than in previous years by coordinating with the CalWORKs program to provide vocational training classes for welfare recipients. BOMUSD and LTUSD are just beginning to serve adults in ROP classes.

***Response to F29:***

F30: Enrollments in ROP classes generate more revenue for school districts than enrollments in Adult Education classes. Adult Education classes are also capped, but unlike ROP classes, they receive substantially less than \$3,100 per ADA. Accordingly, school district administrators and the ROP JPA Board have a dilemma. They can choose to provide instruction to enhance personal skills or hobbies, such as "Computer Applications for Adults Age 55 and Over," in Adult Education classes where it properly belongs, or they can attempt to generate greater revenue by designating the same course as an ROP class. The latter choice results in students taking ROP classes when they have no job-related purposes. This creates a credibility problem for ROP, which is regarded as a serious vocational training effort by some and a "cash cow" for school districts and a waste of taxpayer-generated state funding by others.

***Response to F30:***

F31: In-service training for school district teachers and support personnel also can be conducted under the auspices of ROP. This opportunity creates a potential conflict between the desire of school boards to generate revenue through ROP and their responsibility to protect the interests of taxpayers by spending tax-generated dollars only for bona fide vocational students.

***Response to F31:***

**Recommendations**

R1: The ROP JPA Board should review its 1983 policies and adopt up-to-date policies for governance of the Central Sierra ROP.

***Response to R1:***

R2: In order to obtain applications from a larger pool of qualified ROP certificated persons, the ROP JPA Board should amend Policy 4111 to require widespread advertising of vacant ROP positions.

***Response to R2:***

R3: The ROP JPA and participating school districts should consider establishing a formal review process for applicants who have not been offered contracts as ROP instructors and who wish to be reconsidered for ROP instructor positions.

***Response to R3:***

R4: The ROP JPA Board should address the issue of absenteeism by board members. Teleconferencing and/or video conferencing should be used to conduct business when a board member is unable to attend regular meetings in person because of weather, work, travel, or other reasons.

***Response to R4:***

R5: The ROP JPA Board should schedule regular board meetings more than four times a year.

***Response to R5:***

R6: The ROP JPA Board should initiate policy discussions with participating school districts to clarify the appropriateness of using ROP when the identical class can be provided either in ROP or in Adult Education programs.

***Response to R6:***

R7: The ROP JPA should require participating school districts to clarify the distinctions between admissions requirements for ROP classes and admissions requirements for regular elective classes. Students should be screened accordingly.

***Response to R7:***

R8: The ROP JPA should monitor more strictly school district screening of students who enroll in ROP classes to ensure that all ROP students meet the criteria for ROP vocational instruction.

***Response to R8:***

R9: Participating school districts should establish written policies requiring the publication of vacant positions and advertising for applicants for ROP instructor positions.

***Response to R9:***

R10: Participating school districts should keep files of clippings with corresponding purchase orders for printed advertisements and print-outs of web site postings in conjunction with advertised job openings, including positions for contract employees like ROP instructors.

***Response to R10:***

R11: Participating school districts should review student enrollment in ROP classes such as computer training to ascertain that all enrollees meet the criteria for ROP vocational instruction.

***Response to R11:***

**Commendation**

The Grand Jury commends Roger Musso, Board Member, Black Oak Mine Unified School District, for his commitment to vocational training, his support for the ROP program, and his years of dedicated service on the Central Sierra ROP JPA Board.

**Responses Required for Findings**

F1 through F31      Central Sierra ROP JPA Board  
El Dorado County Office of Education  
El Dorado Union High School District Board of Education  
Black Oak Mine Unified School District Board of Education  
Lake Tahoe Unified School District Board of Education

**Responses Required for Recommendations**

R1 through R11      Central Sierra ROP JPA Board  
El Dorado County Office of Education  
El Dorado Union High School District Board of Education  
Black Oak Mine Unified School District Board of Education  
Lake Tahoe Unified School District Board of Education



## GOVERNMENT & ADMINISTRATION COMMITTEE

### *Final Reports - Introduction*

The 2001/2002 El Dorado County Grand Jury (Grand Jury) issued a dated Final Report on January 23, 2002, recommending that the El Dorado County Board of Supervisors ("Board") strengthen the powers, duties and authorities of the position of the Chief Administrative Officer of the County of El Dorado (County).

In that Report, the Grand Jury noted that:

- It had observed a widespread lack of accountability in connection with the performance of the duties required of county employees.
- Some department heads, division heads and supervisors were attentive to the problem, while others were not.
- Lack of accountability for non-performance has a negative effect upon county efficiency.
- Many employees performed "above and beyond" the requirements of their positions.
- Outstanding performance was often unrecognized and uncompensated, although it was of substantial benefit to the County.
- Employees who do not meet performance standards cause considerable expense to the County.

The Grand Jury promised that it would continue to investigate and inquire into issues of accountability (and/or lack thereof) within county government, and that it would disseminate a more comprehensive Final Report on the subject at the end of its term.

This is the Government & Administration Committee's portion of that Report. It is divided into three separate segments, each of which is presented by a separate subcommittee of the Committee, as follows:

- Subcommittee on the Department of General Services;
- Subcommittee on Personnel; and
- Subcommittee on Government Structure.

The Subcommittee on Government Structure is presenting two separate reports. One is preliminary and addresses the way directives of the Board of Supervisors are (or are not) communicated to affected departments, employees and to the public. The other follows up on the Board's responses (or lack of response) to four "dated final reports" issued by the Grand Jury during the course of its term.

## **Scope of the Investigation**

Members of the Grand Jury reviewed:

- The County's Charter (Charter);
- The County's Ordinance Code (Ordinance Code);
- Various Board Resolutions, specifically including (but not limited to) the Compensation Administration Resolution (No. 227-84), the Personnel Management Resolution (No. 228-84), the Employer-Employee Relations Resolution (No. 10-83) as amended (No. 112-86), and others;
- Agendas, agenda packets and conformed agendas (minutes) of various meetings of the Board;
- The Board's manual of policies and procedures;
- Various departmental manuals of policies and procedures;
- Numerous internal memoranda, both intra- and inter-departmental in nature;
- The County's Personnel Policy No. 3, Management Evaluation Program, adopted February 2, 1988 and revised December 1, 1989;
- Job descriptions for various positions within the County;
- The County's Memorandum of Understanding (MOU) with the General, Professional, and Supervisory Bargaining Units of Public Employees Local Union No. 1 (Local No. 1), for the period from July 1, 1999 through June 30, 2003;
- The County's MOU with the Trades & Crafts Bargaining Unit of Operating Engineers Local Union No. 3 (Local #3, Trades & Crafts), for the period from November 21, 2000 through September 30, 2003;
- The County's MOU with the Probation Bargaining Unit of Operating Engineers Local Union No. 3 (Local #3, Probation), for the period from July 1, 1999 through June 30, 2004, plus the Letter of Understanding amendment thereto dated September 19, 1999, plus a further amendment thereto dated November 2000;
- The County's MOU with the Corrections Bargaining Unit of Operating Engineers Local Union No. 3 (Local #3, Corrections), for the period from January 1, 2001 through December 31, 2004;
- The County's MOU with the Deputy Sheriffs' Association Law Enforcement Unit (DSA, Law Enforcement), for the period from December 20, 2000 through December 31, 2007;
- The County's MOU with the DSA, Correctional Unit (DSA, Correctional), for the period from December 20, 2000 through December 31, 2007;
- The County's Salary and Benefits Resolution for Unrepresented Employees, as amended by Resolution 261-2000 on December 12, 2000;
- The 00/01 Grand Jury's Report on Employee Evaluations, and the Board's Response thereto;
- The County's 2001-2002 Proposed Budget and Workplan (Budget/Workplan);
- The 2001-2002 Budget for the County;

- The Board's Responses to the 01/02 Grand Jury's dated Final Reports of October 4, 2001, January 16, 2002 and January 23, 2002;
- The Sheriff's Response to the 01/02 Grand Jury's dated Final Report of October 10, 2001;
- The County's Purchasing Ordinance;
- The Reports of the Harvey M. Rose Accountancy Corporation, the Grand Jury's Consultant, on its reviews of the Child Protective Services division of the Department of Social Services and of the County's Budget Process; and
- Various redacted personnel files.

Members of the Committee and its subcommittees, and other members of the Grand Jury, interviewed numerous current and former county employees, including the Interim Chief Administrative Officer, the County Counsel, the Director and two former Assistant Directors of the Department of Human Resources, various other department heads, division heads, managers, supervisors, and clerical and field workers. They also interviewed several officers, directors, responsible employees and other members of Local No. 1 and of the DSA. Some of the most revealing information that the Grand Jury was able to obtain came from rank-and-file employees of the County.

Members of the Grand Jury also attended numerous regular meetings of the Board, and several Board "workshops," several countywide training sessions, and reviewed various newspaper articles pertaining to the issue of accountability.

## GOVERNMENT & ADMINISTRATION COMMITTEE

### *Department of General Services*

#### **Reason for the Report**

The Grand Jury investigates various departments of El Dorado County government to determine whether or not the Board of Supervisors (the Board):

- Adopts governance policies which identify clear levels of accountability;
- Selects qualified department directors to direct operations according to written departmental policies and procedures;
- Provides adequate oversight of department directors; and
- Provides adequate funding for the operation of specific departments.

The 2001/2002 Grand Jury conducted such an investigation of the Department of General Services (DGS) to determine whether the Board is fulfilling its above-described responsibilities and to evaluate problems that are apparent within DGS.

DGS serves a unique role in county government DGS provides to all county departments direct management of support services and resources that are critical to their operations, as well as direct services to the public at large. DGS, with a staff of approximately 90 employees, is organized in six divisions: Facilities Services, Support Services (Central Stores and Purchasing), Communications & Transportation (Vehicle Fleet Services), Airports, Parks & Grounds, Fiscal and Administration Services, and Real Property Planning and Administration.

DGS has a broad range of responsibilities for management of resources and provision of services to other county departments and the public. These include cemeteries, airports, river rafting permits, radio and telephone communications, fleet vehicles, purchasing, property leasing, equipment leasing, printing, park development, recreation programs, real estate acquisitions, grounds maintenance, cable television franchise contracts, museums, etc.

The DGS Director has presented a plan for reorganization. This plan includes revising the job description and then filling the position of Assistant Director, realigning divisions, and reassigning responsibilities for division managers. The Director is also transferring division equipment, budget, and responsibilities to other departments. The purpose of this reorganization is to increase accountability for use of the division resources and operations. To her credit, the Director is pursuing improved organizational strategies addressing many of the findings contained in this report.

## **Findings**

### **General Departmental Findings**

F1: DGS occupies a unique position and function as a department because the services provided by DGS are critical to the operations of every other county department. In addition, DGS provides direct services to the public.

***Response to F1: The respondent agrees with the finding.***

F2: DGS has had a significant and destabilizing turnover of department directors, amounting to nine directors, appointed and interim, within the last 10 years. One of them served on two separate occasions. This turnover has had an unsettling effect on DGS personnel and has affected the morale of employees negatively.

***Response to F2: The respondent agrees with the finding.***

F3: DGS has experienced significant reorganizations following the appointment of each new department director.

***Response to F3: The respondent agrees with the finding.***

F4: The DGS portion of the 2001-2002 Budget/Workplan provides for the continuance of the position of Assistant Director. This position, however, has been vacant for more than 10 months. Managers from divisions within DGS have been called upon to perform the duties of Assistant Director on an interim basis.

***Response to F4: The respondent disagrees partially with the finding.*** Only one Department Manager has served in an acting capacity as the Assistant Director. When the Board of Supervisors approved the new Procurement and Contracts Manager position, a portion of the duties assumed by the Assistant Director went to this new Division. The interim Assistant Director provided oversight to these functions. Currently the Director has assumed these duties including Fleet Management. The Director has purposely not filled the position permanently due to budget concerns and also wanting to take time to really assess what duties were best assigned to this position.

F5: When the duties of the position of Assistant Director of DGS are assumed by an assigned employee who holds another management position in DGS, that employee is required to carry out the duties of two full-time positions for only a 5% pay differential.

***Response to F5: The respondent agrees with the finding.***

F6: Divisions in DGS have operated for extended periods with interim managers or without assigned managers. The result has been under-filled or vacant positions, or positions filled by employees who have been assigned responsibilities and duties above and beyond their normal scope of duties. This frequently occurs without additional compensation. Job descriptions have been ignored.

***Response to F6: The respondent agrees with the finding.***

F7: Over the past few years, various responsibilities have been transferred from other county departments to DGS. Examples include Vehicle Fleet Services (Fleet Services), Radio, and Airports, which were transferred from the Department of Transportation (DOT) to DGS, when administration personnel were transferred from DOT to DGS. In the example of Fleet Services, staffing was reduced 50%, from six employees at DOT to three employees at DGS, without a reduction in workload. This is significant because the DGS Fleet Services unit does not have adequate staff to cover absences and vacancies.

***Response to F7: The respondent disagrees partially with the finding.*** Four Fleet staff was transferred to the General Services Department. The remaining 2 employees that the Grand Jury refers to were administrative DOT staff that helped support the program, but were not directly assigned to it. In addition to the six Fleet positions, other General Services' staff provides additional management oversight and fiscal assistance.

F8: Frequently, responsibilities for the performance of duties have been assigned based on individual personalities and abilities rather than structural efficiency.

***Response to F8: The respondent disagrees wholly with the finding.*** The respondent is not aware of assignments being made based upon individual personalities. Decisions based upon abilities are the protocol under the current director. The bottom line over the last year, while working towards a more efficient organizational structure, has been to get the work out.

F9: In February 2002, the current Director proposed another significant reorganization of the department into seven divisions, five of which would be headed by managers, one of which would be headed by a supervisor, and one of which would be headed by an Assistant Director. The Assistant Director would be assigned direct responsibility for Fleet Services and Special Districts.

***Response to F9: The respondent agrees with the finding.***

F10: As part of the proposed DGS reorganization, Radio would be transferred to the Sheriff's Department, and Communications (telephone services) would be transferred to the Information Services Department, thereby eliminating that portion of the DGS division called Communications.

***Response to F10: The respondent agrees with the finding.***

### **Facilities Services Division Findings**

F11: The Project Management unit of the Facilities Services Division now consists of four staff positions: one Senior Architectural Project Manager, two Architectural Project Managers, and one Senior Engineering Technician. The Senior Project Manager position is new; the Board approved it in September 2001 with the adoption of the 2001-2002 Budget/Workplan. This new position has not been filled. One Architectural Project Manager position has been vacant since November 2001. The Facilities Services Manager position is currently vacant. This leaves two employees to handle the project management workload until such time as qualified staff can be recruited and trained.

***Response to F11: The respondent partially disagrees with the finding.*** The Department has hired a new Architect and a part time extra help draftsman for the Division. The Facilities Manager Position will soon be out for recruitment. The Senior Project Manager position was approved by the Board in the FY 01/02 budget but the Department was requested to return to the Board for final approval if and when the position was to be filled. The Department is analyzing whether or not to delete this position and add a lower level support drafting position.

F12: Sixty-seven Capital Improvement Projects (CIP) were listed in the 2001-2002 Budget/Workplan. Responsibility for 63 of those CIP projects was assigned to the Facilities Services Division.

***Response to F12: The respondent agrees with the finding.***

F13: Of the 67 CIP projects named in the 2001-2002 Budget/Workplan, 18 were New Facility Projects, 45 were Carryover Facility Projects, and 4 were New Parks Development Projects. Some carryover projects, including those required by the Americans with Disabilities Act (ADA) and those relating to life/health/safety issues, have been set forth in budget proposals since 1997 without being completed.

***Response to F13: The respondent agrees with the finding.***

F14: Projects are not placed on the CIP list by priority, e.g., by the importance of ADA compliance and life/health/safety issues. The Grand Jury has been unable to determine what criteria are used to place projects on the New Facility Projects list or the Carryover Facility Projects list. Written policies or criteria do not exist within the Facilities Services Division for priority ranking of project requests.

***Response to F14: The respondent partially disagrees with the finding.*** While the Grand Jury did find that the Department had not formalized any criteria for the prioritization of projects in the past, the Department did implement a new procedure for prioritizing CIP requests and projects for the FY 02/03 budget requests. Projects for the FY 02/03 budget were selected and prioritized by a team consisting of the Department Director, the Buildings Maintenance Supervisor and the three project managers. The past Facilities Manager had selected projects for inclusion in the CIP budget; it is not clear that any particular criteria were applied or formalized. In addition to any department reviews, the CAO office, during its budget review analyzes the CIP list and also requests Risk Management to review the list. Risk will review and comment on the list making recommendations on priorities from a safety/health concern and in addition will recommend projects not on the list should they have knowledge of additional safety/health concerns.

F15: The Facilities Services Division purchased the software program MP2 for managing work orders, preventive maintenance, and facility planning over three years ago. As of November 26, 2001, \$16,246 had been expended to pay the vendor for software, services, and support. That expenditure did not include county staff time spent in training and working on the MP2 program.

***Response to F15: The respondent agrees with the finding.***

F16: Less than 30% of the capability of the MP2 program is used because of inadequate division staffing, limited training, and frequent staff turnover. Original data entered at the time of purchase has not been verified or maintained. Significant staff time will be required to update the existing MP2 database.

***Response to F16: The respondent agrees with the finding***

F17: MP2, as currently used, does not provide useful and reliable information for the Facilities Services Division and the new Maintenance Division, its proposed offshoot. More efficient operation and use of data in the MP2 program can be accomplished. That would result in major cost savings of thousands of dollars each year.

***Response to F17: The respondent agrees with the finding***



F18: Unlike the architectural, engineering and construction industries, the Facilities Services Division does not use computer-assisted drafting and design (CADD). The Division does not have designated hardware or software programs for CADD or trained staff able to perform CADD functions. The Division has made no effort to acquire this capability in order to achieve both prevailing standards of communication and efficiency and cost savings common in the referenced industries.

***Response to F18: The respondent agrees with the finding***

F19: Unbelievably, the County does not have an up-to-date Facilities Master Plan that addresses long range planning, acquisition of real property, disposal of real property, and leasing of facilities, even though a Master Plan has been a high priority of previous DGS directors.

***Response to F19: The respondent agrees with the finding.*** In 1989 the County began a Facilities Master Plan that resulted in additions to Building A, a new community development building – Building C, and the new Placerville jail. In 2000 the Board gave direction the General Services Department to complete a facilities master plan. Because of the numerous problems associated with staff turnover, this project was not begun until 2002.

F20: In adopting the 2001-2002 Budget/Workplan (P. 59), the Board authorized a budget allocation in Department 15 (General Fund Other Operations) of approximately \$250,000 for an "other capital projects/countywide capital facilities programming and financing plan." Notwithstanding the Board's adoption of this 2001-2002 Budget/Workplan in September 2001 and dissemination of a Request for Qualifications by the Facilities Services Division, a consultant has not signed a contract. It is unclear when, or if, this \$250,000 allocation will result in a comprehensive Facilities Master Plan.

***Response to F20: The respondent partially disagrees with the finding.*** The Department contracted with the consulting firm of TRG in June 2002 and the Facilities Master Plan process is underway. The Department anticipates this plan to be completed by October 2002.

F21: In the absence of a Facilities Master Plan, the Board has not made, and cannot make, informed decisions in the area of capital improvement projects. As one example, the Board purchased the vacant Logan Building in Diamond Springs, then searched for appropriate uses for the building, and then planned to expend discretionary funds for tenant improvements in amounts exceeding the County's original purchase price, which itself was more than the appraised value of the property. The total expenditures may exceed \$4.5 million.

***Response to F21: The respondent agrees with the finding.***

F22: The Interim Chief Administrative Officer, in August 2001, prior to the adoption of the proposed 2001-2002 Budget/Workplan, represented to the Board that capital facility construction needs were "unquantified" and that the State was in a budget crisis. In spite of this, the Board adopted a budget in September 2001 allocating \$7 million for a new Community Enhancement Fund (CEF). This Fund would be used to provide money for a myriad of constituent-requested projects and programs with little reference to department-requested New Facility Projects or Carryover Facility Projects.

***Response to F22: The respondent disagrees wholly with the finding.*** The Respondent notes that elected public officials take on a number of roles – from heading a public agency which provides numerous public services and oversight to hearing and understanding a citizen’s concern regarding lack of public play areas for children. As a governing body, the Board of Supervisors adopts policies and procedures designed to maintain a variety of operations to provide service to the public, it supports or opposes the efforts of other government and regulatory agencies that make laws and regulations affecting the County, works to obtain outside grant and governmental funding for community projects, and determines community needs using a variety of opportunities. All of these roles are important and worthy of the public official’s interest and concern. The Finding suggests that the Board ignored one responsibility at the expense of another. In a County with limited resources, all needs can not be met. At the end of fiscal year 2000-2001 the County found itself in the unique position of having a \$21,475,664 fund balance. This fund balance amount was \$9,025,086 over and above what the ICAO used in the fiscal year 2001-02 proposed budget. As indicated in an August 15, 2001 letter to the Board jointly authored by the Auditor Controller, “The ICAO made his estimate of carry forward in June after discussions with the Auditor Controller. The ICAO, as he was encouraged to do by the Auditor Controller used, a conservative estimated carry forward in the Proposed Budget for 2001-2002”. The Board heard and considered all information before making a decision to provide the community with funds for a variety of projects. The existence of an additional \$9 million “extra” fund balance, was an important factor in the decision-making process. The respondent acknowledges that legitimate differences of opinions can exist regarding this decision.

F23: Criteria for CEF projects were not written or publicly discussed by the Board. The Board did not instruct constituents to consider existing CIP projects, some dating back to 1997, in preparing "wish lists" for CEF funds. Moreover, members of the Board selectively chose, and recommended approval of, new CEF projects in November 2001 for the 01/02 fiscal year without direct involvement from the DGS Director or the Facilities Services Division. It does not appear that the Board gave any consideration to current workloads and staffing problems in existing divisions of DGS that would be directly responsible for coordination with requesting parties, contract issuance, and project management.

***Response to F23: The respondent disagrees partially with the finding.*** Each Board member worked with their own district community groups in order to ascertain what community needs existed. Board members did not ask citizens to consider other County government needs as this is the role of the Board. The Board could not expect citizens to be knowledgeable of County CIP projects. Armed with information from community groups as and from county management the Board made decisions regarding the allocation of funds. The respondent recognizes that the workload associated with the development and administration of contracts for the distribution of CEF has been substantial. General Services, Risk Management and County Counsel worked hard and diligently to provide the needed process. Their work is noted and appreciated. Board members did include in their CEFs park projects and CIP projects such as a new library for El Dorado Hills, Georgetown library facilities, funding for a new animal control facilities for South Lake Tahoe and “seed” funding for new animal control shelter on the west slope.

### **Support Services Division Findings**

F24: With its adoption of the 2001-2002 Budget/Workplan, the Board approved a reorganization of the Support Services Division and created a new Manager of Procurement and Contracts position. Support Services is now headed by that Manager, who has been delegated authority to act as the Purchasing Agent. Purchasing is now staffed by four full-time commodity buyers (one of whom is a Senior Buyer) and a Contract Analyst (Department Analyst) to write and process professional services contracts.

***Response to F24: The respondent agrees with the finding.***

F25: The purpose of this reorganization and increase in staffing was to relieve departments from the time required to obtain informal quotations and process service agreements. Increased staffing was intended to re-institute centralized purchasing practices and capture detailed commodity utilization information to provide data for trend analysis. In turn, trend analysis results are supposed to support appropriate recommendations for revisions to the Purchasing Ordinance.

***Response to F25: The respondent agrees with the finding.***

F26: Currently, limits for signature authority, purchase orders, and contracts without competitive bidding are being studied by the Manager of Procurement and Contracts in order to recommend appropriate changes for Board consideration.

***Response to F26: The respondent agrees with the finding.***

F27: Board policy and county ordinance establish departmental signature authority up to \$499.99 for direct or "over-the-counter" purchases of materials and supplies without formal purchase orders. The limit was increased from \$99.99 to \$499.99 in 1997 at the request of DGS. It has not been increased since 1997 in spite of

increasing costs for materials and supplies. The \$499.99 limit restricts the ability of the Facilities Services, Maintenance, Communications, and Radio units to respond quickly to requests for immediate repairs. As the County's buildings and equipment deteriorate from age and inadequate maintenance, and as inflation drives up costs, the \$499.99 limit for "over-the-counter" purchases appears to be unrealistic.

***Response to F27: The respondent agrees with the finding.***

F28: The County's purchase-order limit is currently \$10,000 without competitive bids. This limit has not been adjusted for inflation and may be unrealistic given the amount of inflation that has occurred since the limit was set.

***Response to F28: The respondent agrees with the finding.***

F29: The DGS Director is allowed to contract for services that do not exceed \$10,000. The Purchasing Officer can require a department to seek competitive bids for contract work under \$10,000. All contracts for services exceeding \$10,000 must be bid competitively. This limit, also, has not been adjusted for inflation, and it may no longer be efficient for handling service contracts.

***Response to F29: The respondent partially disagrees with the finding.*** The acquisition of professional services in excess of \$10,000 do not **require** a formal Request for Proposal or Request for Qualification process; however, nothing precludes the Director of DGS or the Purchasing Agent from entering into the formal competitive proposal process when it is in the best interest of the County. There are a number of criteria that may be considered when such a determination is made:

1. When grant funding requires a formal request for proposal process prior to entering into an agreement for services;
2. When multiple local vendors are available to provide the services;
3. When the County is unsure how to accomplish a specific task(s) and must rely on the expertise of a trained professional; and
4. When the County is unsure who is available to perform the needed and/or whether or not the available professionals retain the qualifications necessary to perform the needed services.

This is an example of a "short list" of criteria that may be used to determine whether the County needs to enter into the formal competitive proposal process for professional services. It may be the practice, at the sole discretion of the DGS Director or the Purchasing Agent to solicit formal competitive proposals for services in excess of \$10,000; however, it is not required pursuant to Government Code.

## Communications and Fleet Services Findings

F30: The existing call accounting system, a software program used for cost analysis and billing telephone charges to each department, has been in operation since 1993. Periodic upgrades have been installed, but the original vendor is out of business and no longer supports this software. A new call accounting system software costing approximately \$53,000 has been requested repeatedly, but those requests consistently have been rejected.

***Response to F30: The respondent partially disagrees with the finding.*** The finding indicates that the request for funding for a new call accounting system has been made repeatedly and consistently rejected. The Department has made the request twice through the budgetary process and both times the request was rejected. The last request was denied due to the pending proposal to transfer the Phone Unit to IS.

F31: The existing call accounting system software is exceedingly time-consuming to use for billing purposes, although it was considered "state of the art" at the time of purchase. Without vendor support, the time necessary to recover from software failures greatly impedes the ability of the Communications Division to perform interdepartmental telephone billing functions.

***Response to F31: The respondent agrees with the finding.***

F32: Although no official reorganization plan had been adopted to transfer radio and telephone operations out of DGS, Communications was informed in midyear that the Information Services Department would assist it in budget preparation for FY 2002-2003. Likewise, Radio was informed in midyear that the Sheriff's Department would assist it in budget preparation for FY 2002-2003. This unofficial midyear plan has created a problem for the employees in these units because the lines of authority are no longer clearly defined. There is uncertainty about how these units will operate in different departments in the coming fiscal year.

***Response to F32: The respondent disagrees partially with the finding.*** The DGS developed the budget for the Communications Division without assistance from the other two Departments.

F33: There are no apparent policies and guidelines in existence that deal with the preparation of budgets for Radio by the Sheriff's Department or for Telephones by the Information Services Department.

***Response to F33: The respondent agrees with the finding.***

F34: Fleet Services is responsible for purchasing, maintaining, disposing of, and interdepartmental billing for all county-owned vehicles.

**Response to F34: The respondent disagrees partially with the finding.** Not all County owned vehicles are maintained in the Fleet program.

- F35: There are presently over 550 county-owned and operated vehicles, approximately 100% more than existed five years ago. This has dramatically increased the workload of the entire staff in Fleet Services. The Board, in September 2001, approved a new position for a Fleet Services Technician in South Lake Tahoe.

**Response to F35: The respondent disagrees partially with the finding.** The Board approved a new Fleet Services Technician for the Fleet Services unit in Placerville in the 01/02 budget not South Lake Tahoe. We have no Fleet Services operation in South Lake Tahoe. There are currently 526 fleet vehicles and were 337 five years ago – a 58% increase.

- F36: Technicians provide specialized installation and maintenance of lights, consoles, radios, computers, etc., in vehicles. Routine maintenance continues to be performed countywide by outside vendors.

**Response to F36: The respondent partially disagrees with the finding.** While the Fleet Services Technicians do provide the services referenced in the Grand Jury Report, we also provide many aspects of routing vehicle maintenance as well.

- F37: Fleet vehicles are fueled at a county-owned gas pump operated by DGS. Fuel can be pumped without providing accurate vehicle identification numbers and odometer readings, thereby distorting records for interdepartmental billings. As a result, certain departments are not billed for all mileage and vehicle use by employees of those departments. Consequently, budget preparations by those departments do not incorporate accurate cost projections.

**Response to F37: The respondent disagrees partially with the finding.** Mileage charges are billed, not via the “Gas Boy” system but by mileage reading provided by departments on a monthly basis, so vehicle mileage and use is accurate. Fuel use and charges are distorted as stated because of problems with the “Gas Boy” system. Within the next six months General Services will replace the “Gas Boy” system or utilize an outside vendor for fuel provision.

- F38: Administrative responsibility for Fleet Services was transferred in September 2001 from the Supervisor of the Communications and Fleet Services Division of DGS to the Manager of the Airports, Parks and Grounds Division. The most current reorganization proposal is to transfer responsibility for Fleet Services from the Manager of Airports, Parks and Grounds, which is now a vacant position, to the Assistant Director of DGS, which is also a vacant position. Line authority has not been clearly defined for making and reporting decisions, and the continuing changes have had an adverse effect on employee morale.

***Response to F38: The respondent agrees with the finding.***

- F39: The position of Fleet Services Supervisor has been vacant for more than six months. During this time the duties and responsibilities of Fleet Services Supervisor have been carried out by an employee who has not been given official supervisory authority or a pay differential.

***Response to F39: The respondent partially disagrees with the finding.*** The position of Fleet Supervisor was not vacant for six months. The Fleet Supervisor was placed on Administrative Leave. Because the position was not vacated, recruitment could not be initiated with the HR Department until that Supervisor resigned some months later. The individual who voluntarily took over the supervision of the Fleet unit did receive a 5% pay differential.

- F40: Because of inadequate staffing and inconsistent management, interdepartmental billings for use of fleet vehicles fell months behind schedule. Requests for administrative assistance and for substantial fiscal and clerical help were ignored or denied. As a result, interdepartmental billings were not completed for certain departments in the 2000-2001 fiscal year, resulting in incomplete data for preparation of budgets for the 2001-2002 fiscal year. In an effort to address these problems, in September 2001 the Board approved a new position, Fiscal Technician, for Fleet Services.

***Response to F40: The respondent agrees with the finding.***

- F41: For years, Fleet Services was housed in an old leaky trailer with damp, moldy interior wall spaces. Even though this condition was reported, the Department allowed this unhealthy work environment to continue to exist and did nothing to remedy the situation. Finally, action was taken in August 2001 by the new Interim Director of DGS. The new Manager of Airports, Parks, and Grounds was assigned responsibility for Fleet Services, and the old leaky trailer was replaced with a new trailer.

***Response to F41: The respondent partially disagrees with the finding.*** Prior to the new General Services Director securing a new modular unit for the Fleet program, the Department would routinely caulk areas determined to be the cause of the leaks. In addition the department applied “cold patch” and asphalt emulsion to the roof. It is not only the Board policy, but CalOsha regulations, to provide safe and healthful working conditions for all County employees.

- F42: The Fleet Services trailer location is isolated from other DGS offices. This has contributed to administrative problems, separation of employees from support systems, and inadequate oversight by management.

***Response to F42: The respondent agrees with the finding.***

F43: Supervisory and management personnel at various levels of DGS have failed to address obvious conduct and performance issues. Some employees have performed well above required standards. Other employees have failed to meet standards for attendance and productivity. This has resulted in unfair workloads for some employees and a potential risk to the County of increases in workers compensation claims.

***Response to F43: The respondent partially disagrees with the finding.*** This is a very broad statement and the respondent has no specific references for response. When the Interim Director was appointed in May 2001 new accountability standards were applied to all Department staff. Those employees who were unable or unwilling to comply, for the most part, are gone from the Department. Continuity in Department management staff will result in greater accountability and performance.

F44: In the recent past, critical vehicle registration documents were not processed properly or timely for fleet vehicles. Among other consequences, this lack of proper documentation jeopardized the safety of law enforcement officers using Fleet Services vehicles in undercover investigations. Extra Help employees could perform critical functions in Fleet Services. With limited staff and no backup, absences for vacations, sick leaves, family leaves, administrative leaves, and scheduled training result in tremendous workloads for the remaining employees.

***Response to F44: The respondent agrees with the finding.***

F45: The "fleet rate" set by DGS for interdepartmental billing includes administrative costs. It is unclear why the "fleet rate" was higher when DOT administrative costs were a factor and why the "fleet rate" decreased after Fleet Services was transferred to DGS. The "fleet rate" is critical to develop accurate budget proposals for every county department.

***Response to F45: The respondent agrees with the finding.*** Each department coordinates the Fleet program to function within their department using an organization structure designed to produce the greatest amount of efficiency and effectiveness. Each department could therefore have a higher or lower administrative rate, depending on whether or not "line" staff perform a function for the program, or whether administrative staff perform a function. Then too, the department could assign the work to employees that may make more or less pay.



## **Airports, Parks, and Grounds Division Findings**

F46: The Airports Division is authorized to have one Airport Supervisor and two Airport Technicians to cover the Placerville and Georgetown Airports. The position of Airport Supervisor has been vacant for more than a year and currently is under-filled on a temporary basis by one of the Airport Technicians.

***Response to F46: The respondent partially disagrees with the finding.*** The Airport Manager retired and a recruitment was initiated which resulted with the hiring of the Airport Supervisor. Prior to this recruitment, a reorganization strategy recommended by an interim direction, deleted the Airport Manager position and replaced it with an Airport Supervisor position. The Airport Supervisor then resigned his position in December 2000 and another recruitment was initiated which resulted in the hiring of a new Airport Supervisor on January 8, 2001. This Airport Supervisor served as the Airport Supervisor until he transferred over the Planning Department in September 2001. The Airport Technician was appointed as the Acting Airport Supervisor in September and he received a 5% hourly increase in acting pay as specified in the Union Contract. He served in this capacity until a third recruitment resulted in rehiring one of the prior Airport Supervisors in April 2002.

F47: Board Policy F-9, dated October 19, 1993, Subject: Airports-Portable Hangar Color, and Board Policy F-10, dated April 19, 1994, Subject: Minimum Standards for Commercial Aeronautical Activities for El Dorado County Airports, refer to the Department of Transportation (DOT) as responsible for airport operations. DGS is currently the responsible department and has been handling all matters related to county owned and operated airports for more than three years.

***Response to F47: The respondent agrees with the finding.***

F48: Board Policies F-9 and F-10 refer to the Airport Commission as the recommending body to the Board for airport matters. The Airport Commission no longer exists; it has been replaced by two Airport Advisory Committees, one for the Placerville Airport and one for the Georgetown Airport.

***Response to F48: The respondent agrees with the finding.***

F49: Subsequently, the Board revised Policy I-3, September 16, 1999, Subject: El Dorado Airport Commission, to create two Airport Advisory Committees -- the Placerville Airport Advisory Committee and the Georgetown Airport Advisory Committee. This revised policy abolished the Airport Commission, but did not indicate which department has primary jurisdiction over airport matters. The original Policy I-3 indicated that DOT had primary jurisdiction. Primary jurisdiction, however, is now with DGS, but no written document has established this fact.

***Response to F49: The respondent partially disagrees with the finding.*** The Airport Program was transferred to the Department of General Services from the Department of Transportation by Board Resolution No. 274-97 on December 7, 1997. Although the Board of Supervisors abolished the Airport Advisory Committee and created two Committees, the Georgetown Airport Advisory Committee and the Placerville Airport Advisory Committee there was no further clarification needed about the program continuing to be assigned to the General Services Department.

F50: Administrators of Fleet Services and Airports must interface with federal and state transportation agencies regarding policies and operating requirements. These units in DGS clearly have management issues and reporting responsibilities that are aligned with federal and state transportation matters.

***Response to F50: The respondent agrees with the finding.***

#### **Fiscal and Administrative Services Findings**

F51: According to the 2001-2002 Budget/Workplan, DGS is responsible for work plans and budgets set forth in five separate funds: Fund 10 is the DGS General Fund Budget for general operations; Fund 12 is for Special Districts (County Service Areas #2, #3, #5, and #9); Fund 13, the Accumulated Capital Outlay (ACO) Fund, sets forth the County's capital improvement projects for facilities and parks; Fund 31, the Airports Enterprise Fund, provides separate budgets for the Placerville and Georgetown airports; and Fund 32 is the vehicle Fleet Management Internal Service Fund.

***Response to F51: The respondent agrees with the finding.***

F52: The Fiscal Administration Manager (FAM) is responsible for the operations of the Fiscal and Administration Services Division of DGS and for the work plans and budget preparations for the five Funds.

***Response to F52: The respondent agrees with the finding.***

F53: Considerable money was spent for overtime during February and March to prepare DGS budget requests for submission to the CAO's budget analyst in early April 2001. The process, however, extended into May, and the FAM and DGS Director (then interim) were required to make major revisions with insufficient notice to complete revisions without additional overtime. Communication with division managers during this process was insufficient to keep them informed of critical budget requests, which were deleted from the final proposal by the FAM and the CAO's budget analyst.

***Response to F53: The respondent partially disagrees with the finding.*** The Respondent recognizes that the Grand Jury was responding to concerns with the past budget processes between the DGS and the CAO's office. It is important to note that the FY 02/03 budget process went much smoother with the Department's new department head and fiscal administrative manager. The budget was submitted on time with accurate financial postings to the budget systems and complete and balanced financial schedules, and appropriate and accurate line item justifications. As a result there was sufficient time for CAO review and department response to questions.

The County must adopt a proposed budget by July 1 of each year. Due to the DGS management and administrative problems, in the past, the department budget package did not comply with annual Board of Supervisor budget policy guidelines and/or CAO directions for budget preparation. The department submitted inadequate and incomplete budgets. This required the CAO's office to work much more closely with the Department than normal and in compressed time frames due to the initial submittal delays coupled with the impending July 1 deadline. The department head is ultimately responsible for the department's final request and for communicating changes to the division heads at the time deemed appropriate by the department head.

Overtime is not unusual for department staff, as well CAO staff, to complete budget preparation. Staffing levels are geared to year long term operations and not the heavy additional workload which must be accomplished during the budget preparation season. Staff is expected to continue normal, routine operations and at the same time complete the extra work required for budget preparation.

- F54: The CAO presented the DGS budget to the Board for approval without including substantial details on the full scope of budget needs for each division. The Board was not informed as to the nature or priority of requests deleted from the final DGS budget. It appears that the CAO's budget analyst is too far removed from the operational requirements of DGS divisions, project design, and construction management to make critical budget recommendations. For example, at one time the construction of a toilet facility in a county park was approved, but, unbelievably, the septic system required for the toilet facility was deleted from the budget.

***Response to F54: The respondent partially disagrees with the finding.*** The Respondent recognizes that the Grand Jury was responding to concerns with the past budget processes between the DGS and the CAO's Office. The FY02/03 budget process allowed much better interaction between the Department and the CAO office as mentioned above in F53. The CAO Budget Analyst assigned to the Department of General Services was able to work with the DGS more efficiently and effectively on the FY 02/03 budget due to better and timelier budget information from the department. The CAO works primarily with the department head and chief budget analyst and expects that they in turn will work with their

department managers for needed information. For some prior DGS budgets, under former DGS directors, the Analyst was called upon to actually create parts of the DGS budget because of inadequate, inaccurate, unsupportable, and untimely budget information.

In prior years the department requested budget exceeded funding available as determined by the Chief Administrative Officer. Consequently additional work was required to determine priorities, since the department did not prioritize items in the request. Additional work was required to identify what budget request components could be reduced or eliminated in order to finalize the budget plan for the subject budget year. In the immediate preceding years, the prior department heads refused to identify and recommend adjustments to bring the requested budget plan down to the level specified by the Chief Administrative Officer, i.e. the level of funding available to General Services.

The Pioneer Park Septic System project was not included in the CAO Recommended Budget because sufficient funding was not available during the subject year. The Parks CIP consisted of a variety of projects throughout the County. The department head was requested to recommend priorities based on information from department staff and the Parks Commission. The Parks CIP request exceeded funding available, and the CAO was advised that "nothing could be cut". Because of the significant expenditures already incurred at Pioneer, and other higher priority projects identified at Pioneer and elsewhere, it was decided to recommend delay of the proposed septic system needed if a restroom were to be built in close proximity to the nearby ball field location. Funding was left for the restroom as seed money and as a placeholder in case additional funding or project savings from other projects became available. The "seed money" could also be used to initiate first steps in restroom project planning, design, etc., prior to construction. Actual construction would occur in a subsequent year when funding was available. It's not unusual for the annual CIP budget to include funding for only a phase of a proposed project.

CAO budget recommendations are developed based on the information provided by the department.

- F55: Some capital facilities projects for the county are identified in the budget of Department 15 (General Fund Other Operations), which is composed of discretionary county revenues and expenditures, rather than in the DGS budget for Fund 13 (Accumulated Capital Outlay projects). Examples of those discretionary projects set aside in the Department 15 Fixed Asset budget include the South Lake Tahoe Juvenile Hall (\$4.5 million) and the "capital facilities programming and financing plan" (\$250,000).

***Response to F55: The respondent agrees with the finding.***

F56: It is not clear why the Department 15 budgeted item of \$250,000 for a "capital facilities programming and financing plan" did not appear in the narrative for the DGS 2001-2002 Budget/Workplan. DGS has divisions of Real Property Planning and Administration and of Facilities Services, both of which should be (but have not been) fully informed and involved in the creation and execution of this "plan," referred to in previous Findings as "Facilities Master Plan."

***Response to F56: The respondent partially disagrees with the finding.*** The Department of General Services was not clear as to whether any funding was to be allocated for the development of a Facilities Master Plan in the FY 2001/2002. The County Administrator included this set aside in the Department 15 budget before the final budget adoption in September 2001 and included a discussion of the issue in the proposed budget. This respondent believes that both the Facilities Division and the Real Property Planning Division were fully informed as to the prospect of developing such a plan. This planning process has just now been initiated and both Divisions are full participants.

#### **Real Property Planning and Administration Division Findings**

F57: The Real Property Planning & Administration (RPPA) Division of DGS has authorized positions for a Manager, Administrative Secretary, Senior Administrative Analyst, and Administrative Technician. There is one additional position of Storekeeper for Records Management, which is filled by two "extra help" employees, each working one half time, or .5 full time equivalent (FTE).

***Response to F57: The respondent agrees with the finding.***

F58: RPPA is responsible for purchasing, leasing, and disposing of county facilities, analyzing space needs, contacting realtors and property owners, coordinating department moves, managing county cemeteries, negotiating cable television franchises, and monitoring property leases in the Sacramento Placerville Transportation Corridor.

***Response to F58: The respondent agrees with the finding.***

F59: In addition to the above listed duties, RPPA provides storage for all permanent county records and documents in the basement of the main library building and the lower floor of county-owned Building C. Record storage and retrieval requests are processed daily. Records disposal is accomplished on a schedule determined by county ordinances and departmental regulations. The Grand Jury's inspection of the records storage areas was conducted without notice. Storage areas appeared to be organized, clean, and adequate. The present library building and Building C, however, were not designed to provide permanent, safe storage for county records in the event of a manmade or natural disaster.

***Response to F59: The respondent agrees with the finding.***

F60: In 2001, RPPA prepared and published an excellent manual to assist county departments in planning, organizing and completing department or division moves from one facility to another, or reconfiguring existing space.

***Response to F60: The respondent agrees with the finding.***

F61: Administration of cable television franchise contracts with five different cable companies was assigned to RPPA without a commensurate increase in staff and resources. RPPA does not have sufficient staff or expertise to address all the issues that must be resolved if the County is to collect higher revenues from franchise contracts. Communication with the responsible people in each company is difficult because of constantly changing ownership resulting from mergers and acquisitions in the telecommunications industry. Franchise contracts have been difficult to track and renegotiate. One company is seriously delinquent in paying franchise fees to the County, and collection of these delinquent fees has not been accomplished.

***Response to F61: The respondent agrees with the finding.***

F62: Management of county-owned and county-operated cemeteries has required increased staff time and record keeping. RPPA personnel are required to respond frequently, often on very short notice, to the public, concerned citizens, and mortuaries in order to provide services and monitor compliance with state laws and county ordinances. They are required to be present at all interments in county cemeteries. Management of historic pioneer cemeteries has become a matter of public debate and concern.

***Response to F62: The respondent agrees with the finding.***

F63: The Sacramento Placerville Transportation Corridor (SPTC) is an abandoned railroad right-of-way that was deeded to El Dorado County. There are 537 parcels in the SPTC. The County is the lessor for 77 of these parcels. RPPA requested an initial budget allocation of approximately \$30,000 for Professional and Special Services. This money would be used for parcel appraisals in order to establish realistic values and lease rates. The Department has not been able to negotiate lease renewal contracts at realistic rates that are advantageous to the County. RPPA has begun eight parcel appraisals with the initial \$24,000 in approved funding. Additional appraisals will be completed for future lease agreements as these leases are renewed.

***Response to F63: The respondent partially disagrees with the finding.*** This finding is correct with the exception of the statement that the corridor was deeded to El Dorado County. The corridor was purchased by a joint power's authority with State and Federal funding.

## **Recommendations**

- R1: The Board should contract with a professional management consulting firm for a comprehensive management audit of DGS to determine if the department is organized in a manner which enables it to perform its assigned responsibilities and functions efficiently and effectively with current resources and personnel. Among other management issues, this study should address and explain reasons for frequent vacancies and high turnover of Directors, Assistant Directors, Managers, and Supervisors in DGS.

***Response to R1: The recommendation will not be implemented because it is not warranted.*** The Board hired the Interim Director of General Services into the permanent position during Fiscal Year 2001/2002. The Board is satisfied that the new director is performing well, solving past problems, and organizing the department in a manner to accomplish required activities. To stop the progress, or put it on hold, while an outside consultant comes in and by the very nature of the work, upset and disturb personnel and a program that is finally settling down and beginning to perform, risks abolishing the progress made to date and potentially harm future, continued progress.

- R2: The Board should consider consolidating the physical offices of all DGS divisions at one site to improve administrative oversight, accountability, communication, operational efficiency, and working conditions.

***Response to R2: The recommendation requires further analysis.*** The Respondent agrees that the consolidation of all County offices and programs would improve operations. The Facility Master Plan study will provide an analysis of how this might be accomplished and recommendations will be made to the Board of Supervisors within the next six months.

- R3: The Board should adopt general policies and identify specific procedures for the transfer of functions and responsibilities within departments and from one department to another.

***Response to R3: The recommendation will not be implemented because it is not warranted.*** County government is a dynamic organization and system. The way business is conducted today, may have no meaning or be completely unwarranted or inefficient tomorrow. The advent of faxes, the internet, computers, etc., have dissolved or created whole programs and departments. Departments can not transfer functions and responsibilities from one department to another without CAO review and Board approval. It is not that a general policy is inappropriate, it is just not needed. If a function needs to be transferred currently, the department presents the issue to the CAO, and the CAO makes a recommendation to the Board. The Board reviews the issue and justification and if approved the activity, along with the related budget are transferred.

- R4: The Board should immediately institute intensive manager and supervisor training programs for DGS personnel. The Department should require such training before those employees complete probation as managers and supervisors.

**Response to R4: The recommendation has been implemented.** Both the incumbent and new Supervisors in the Department have either taken or are scheduled to take the County Supervisory Academy. The Department Director further encourages any on-going training, targeting specific management weakness with specific training.

- R5: The Board should direct the Human Resources Department (HRD) and the DGS Director to remove unnecessary requirements for post-secondary degrees from job descriptions for DGS division managers when the jobs do not require certification, registration, or licensing.

**Response to R5: The recommendation has not been implemented but will be implemented in the future.** Human Resources will work with General services staff to review minimum qualifications for General Services Division Managers and related General Service's classes to determine appropriate required qualifications. This review and any amendments will be completed by September 30, 2002.

- R6: The Board should authorize the DGS Director to hire contract employees as "Extra Help" to work on construction projects which are short term and seasonal.

**Response to R6: The recommendation has been implemented.** The Department has hired a local architectural firm to take on some of the backlog CIP projects and has also hired an extra-help CADD drafter to assist the project management staff deal with backlog projects.

- R7: The DGS Director, with the assistance of the HRD, should recruit and hire staff for the Project Management unit who are proficient in CADD. The Director should budget for upgraded computer hardware and software to facilitate and expedite the design and construction management of facilities projects.

**Response to R7: The recommendation has been implemented.** The Department has hired both an extra-help CADD drafter to assist the project managers and an architect that is proficient in CADD. The CADD software has been purchased, installed and is currently being used.

- R8: The DGS Director should request, and the Board should make appropriate budget allocations for, staff and training to enable the Facilities Services Division and the proposed Maintenance Division to use the MP2 program consistently for repair orders, maintenance orders, and facilities planning.



**Response to R8: The recommendation has not yet been implemented but will be implemented in the future.** The respondent recognizes that the Department has not had adequate staff or expertise to adequately implement MP2. Department reorganizational strategies will be presented to the Board in FY 02/03 addendum that is targeted to this MP2 concern. We anticipate that the majority of the MP2 Program will be implanted by June 1, 2003.

R9: The DGS Director, the CAO, and the Board should undertake a comprehensive review of outside contract services available to expedite design, engineering, construction and repair of county facilities. The Board should determine the economy of abolishing the Facilities Services Division and contracting all design and construction management to private enterprise. Privatization of functions of the Facilities Services Division should be considered for the following reasons:

- Volume of work;
- Current vacant positions;
- Inability of current managers and staff to perform work in a timely manner;
- Difficulty in recruiting and training qualified project design and management staff;
- Antiquated manual construction project design and drafting methods; and
- Staff turnover.

**Response to R9: The recommendation will not be implemented because it is not warranted.** This respondent does not believe that contracting for outside services beyond that done currently would provide the County with any advantage and it would create a worse project backlog. Presently the County uses outside consultants for large complex projects such as the South Lake Tahoe Juvenile Hall. The project managers provide County project management for these projects representing the County interest in design and construction decisions. Without this in-house County representation, the County would not get the best project for the best price. This respondent does not believe that the project backlog or the perceived inability of staff to perform that work is a function of the organizational structure but a function of long standing poor management at the Division Manager level and the inability of Department Director to effect necessary changes. The new Director has reorganized and has taken steps to alleviate the backlog.

R10: The Board, with full participation of DGS administrative and management personnel, should proceed immediately to create a comprehensive Facilities Master Plan (the Plan) to guide this Board and future Boards in planning, acquiring, and disposing of real property and to assure more efficient and economical operation of all county buildings and facilities. The Plan must identify all currently owned and leased properties, determine the condition of current facilities, evaluate maintenance and repair requirements, estimate capital outlay

costs for future growth, establish priority for acquisitions based on department needs, and recommend adequate budgets for continuing maintenance and repairs for long term planning.

**Response to R10: The recommendation has been implemented.** Developing a comprehensive Facilities Master Plan is currently underway. The DGS anticipates that a draft document will be ready to present to the Board of Supervisors in October 2002. Once the Master Plan has been adopted, funding and long term maintenances strategies will result.

- R11: The Board and the CAO, with the assistance of DGS staff, should adopt policies, which establish criteria to prioritize all Capital Improvement Projects (CIP), including New Facility Projects, Carryover Facility Projects, and New Parks Development Projects.

**Response to R11: The recommendation has not yet been implemented, but will be implemented in the future.** The DGS will work with the Board and the CAO to develop policies and criteria for prioritizing the CIP projects annually. The Facilities Master Plan, once completed will provide DGS, the Board and the CAO with the information needed to develop a five year CIP for county facilities. This Master Plan is anticipated to be completed by the end of October 2002. The Department will have developed and presented to the Board of Supervisors a methodology and draft five-year CIP by November 30, 2002.

- R12: The CIP should be placed on a proposed list by the DGS director, CAO's Office, and Risk Management in order of priority, based on ADA compliance requirements, life/health/safety issues, and other established criteria.

**Response to R12: The recommendation has not yet been implemented, but will be implemented in the future.** See explanation for R11.

- R13: Assuming the Board is willing to delegate authority to the CAO based on the reasons set forth in the Grand Jury's Report on the CAO/CEO dated January 23, 2002, the CAO should determine, and explain to the Board, the reasons why each CIP project was not contracted or completed before recommending re-authorization of that project in the following fiscal year.

**Response to R13: The recommendation has not yet been implement but will be implemented in the future.** The CAO/CEO will work with the Department of General Services, will provide information to the Board regarding current-year CIP projects that require rebudgeting in subsequent fiscal years during the FY 03/04 budget process.

- R14: If CIP projects are not contracted or completed within the fiscal year, the Board should re-authorize each specific project for the following fiscal year only after determining to its satisfaction the reasons why projects were not contracted or completed as planned.

**Response to R14: The recommendation has not yet been implemented, but will be implemented in the future.** This step will be included within the fy 03/04 budget process.

- R15: The Board and the DGS Director should review the current ordinances on bidding requirements for service contracts. The Board should consider revising policies and ordinances for such contracts to increase the limit from \$10,000 to \$15,000. County ordinances requiring bids for New Facility Projects, Carryover Projects, and New Park Development Projects costing less than \$15,000 appear to be out-of-date and do not reflect increased costs resulting from inflation.

**Response to R15: The recommendation has not yet been implemented, but will be implemented in the future.** This respondent agrees with this recommendation. The DGS will work in coordination with County Counsel to bring forward recommendations to the Board for consideration within the next six months.

- R16: The Board should increase the present \$499.99 limit of signature authorization for materials and supplies to \$999.99 to expedite work by DGS personnel on installation, repair, and maintenance projects.

**Response to R16: The recommendation has not yet been implemented, but will be implemented in the future.** This respondent agrees that the \$499 limit for Department signature for materials and supplies should be amended. The Purchasing Ordinance revisions should be before the Board of Supervisors by October 30, 2002. These Ordinance revisions will include increasing this limit.

- R17: The Board should take appropriate action to approve and acquire new call accounting system software. This is a matter of urgency because the Communications Division cannot obtain software support for the original call accounting system.

**Response to R17: The recommendation will not be implanted because it not warranted.** The Communications Division may be transferred to the IS Department in September 2002. An evaluation of various cost accounting systems needs to be conducted by the IS Department. Technology and costs vary considerably for these types of systems and warrant a careful evaluation by staff with the appropriate expertise. An analysis of the need will be conducted following a final determination of where this program will reside.

R18: The Board should take appropriate action to transfer Fleet Services and Airports from DGS back to DOT.

**Response to R18: The recommendation will not be implemented because it is not warranted.** In 1997 both the Airports and the Fleet Management program were transferred from the Department of Transportation to the DGS. The Board of Supervisors, at that time, felt that the DOT should be divested of all functions that were not specifically related to the road program. Both programs enjoyed significant savings due to the lower overhead rate charge by the DGS versus that charged by DOT. Also the Airport program involves significant public interface with the Airport users and Advisory Committees and the DGS was felt to be better equipped to deal with these groups. The Board believes these programs have functioned fairly well, even under a revolving door of directors. With the new director, and every indication of stability, these programs are appropriately placed.

R19: A complete review and analysis of the formula used to establish the vehicle "fleet rate" in DGS should be undertaken by the DGS Director, the CAO, and the Board to determine why the overhead costs in the DOT formula and the overhead costs in the DGS formula are different. The Board should receive a full explanation of the reasons for any change in the "fleet rate" which would result from transferring Fleet Services from DGS to DOT.

**Response to R19: The recommendation has not been implemented because it is unreasonable.** As stated above in F45 each department will optimize staff and funding in order to achieve the highest level of service. Overhead costs will vary considerably depending on whether or not line or overhead staff is used to complete various work. In addition there are pay differences for various positions that can do the same work. Since the Board is not considering moving the Fleet program to DOT, the exercise of reviewing past data would not be useful.

R20: The DGS Director should immediately order the installation of a system that will require the identification of the county employee, the vehicle, and the vehicle's mileage before pumping fuel at the county fuel pump. Employees who attempt to bypass these identification requirements should be identified by the system, reported to the appropriate department, and disciplined.

**Response to R20: The recommendation has not been implemented, but will be implemented in the future.** The new Fleet Supervisor has begun an evaluation of the existing Gas Boy fueling system. The strategy will be to either upgrade that fueling system or purchase a newer system that can accommodate those features identified by the Grand Jury. A decision on this should be made within the next six to eight months.

- R21: If the Board does not adopt the recommendation to transfer Fleet Services back to DOT, the DGS Director, the CAO, and the Board should consider providing budget support, training, and authorizing positions for "Extra Help" in DGS.

**Response to R21: The recommendation has been implemented.** The Fleet Unit has been allocated considerable funding for extra-help to assist during peak periods. We also have been successful in securing a job training volunteer who has provided considerable support to the unit over the last six months.

- R22: The DGS Director, the CAO, and the Board, with the assistance of HRD, should initiate a thorough analysis of the compensation schedule for the authorized position of Airports Supervisor.

**Response to R22: The recommendation has not been implemented, but will be implemented in the future.** By October 1, 2002 the DGS will begin working with the Human Resources Department to conduct an analysis of this position description and salary range.

- R23: The Board should revise policies and adopt ordinances, which clearly state which department -- DGS or DOT -- is responsible for and has primary jurisdiction over Airports.

**Response to R23: The recommendation has not been implemented, but will be implemented in the future.** Although the Board action to bring the Airport program to DGS was very clear, cleanup of existing policies, ordinances with the DGS designation will be made by December 1, 2002.

- R24: The Board should recognize and take appropriate action to remedy the County's lack of expertise in the area of cable television franchise fee negotiations and collection of fees.

**Response to R24: The recommendation has not been implemented, but will be implemented in the future.** The Cable Franchise program is intended to be transferred to the IS Department from DGS in the FY 02/03 budget approval process. It will be the responsibility of the IS Department to insure that training is made available when staff assignments are made.

- R25: The Board should authorize immediately the full budget allocation which was requested by the RPPA to contract for property appraisals in the Sacramento Placerville Transportation Corridor.

**Response to R25: The recommendation will not be implemented because it is unreasonable.** The DGS has requested funding for the SPTC in the FY 02/03 budget. Budget hearings are scheduled for the second week in September 2002. The Board will consider this request in context with all other budget requests and needs.

R26: The DGS Director, with the assistance of the CAO's office, should be allowed to present the Department's entire budget request to the Board, including detailed justifications for expenditures, to assist the Board in understanding the unique and critical functions of DGS.

**Response to R26: The recommendation has been implemented.** The Fiscal year 2002/03 budget hearings will allow the DGS to present its entire budget request.

R27: The Board should establish a new method of budget preparation for DGS, which allows for full and open discussion of budget needs and requirements by the DGS Director, division managers and supervisors, the Fiscal and Administrative Manager, the CAO's budget analyst, and Board members. This new method must allow adequate time for input directly to the Board from supervisors and managers on recommendations.

**Response to R27: The recommendation will not be implemented because it is not warranted.** The County has a budget process which permits a full and open discussion of all budgets. Some budgets require more discussion and some less. In addition to permitting full discussion during the budget process, the Board can direct, and the department can request, that a workshop be conducted to provide additional understanding and information.

R28: The Board must establish new priorities in budget allocations for DGS staff recruitment, training, retention, and critical functions.

**Response to R28: The recommendation will not be implemented because it is not warranted.** The County has a budget process whereby the needs of all programs are considered. General Services' needs will be considered within the context of that process. Every department and program provides a critical need and/or service to its users. The Board must consider all of these needs and make the difficult allocation decision based on the needs perceived and the priorities developed.

R29: The DGS Director should identify, and the Board should authorize the transfer of, personnel and responsibilities before permitting budget proposals to be developed outside of DGS for divisions and units within DGS.

**Response to R29: The recommendation has been implemented.** Although the Respondent does not quite understand the reference here, it presumes this references the proposed transfer of the Communications Division to the IS Department and the Sheriff's Department. Only the DGS has budgeted for these programs. The three Departments have been instructed by the CAO's office to

address these transfer issues in the FY 02/03 budget addendum. The Board of Supervisors has been aware of this proposal and has been supportive of the transfer. Should the Board not approve the proposal, the transfer will not be done. Should the Board direct the transfer of programs from DGS after the budget process, the CAO will work with the Department and the Auditor Controller to affect a budget transfer for the Board to review.

**Responses Required For Findings**

F1 through F63                      El Dorado County Board of Supervisors.  
Director of the Department of General Services

**Responses Required For Recommendations**

R1 through R29                      El Dorado County Board of Supervisors.  
Director of the Department of General Services

# GOVERNMENT & ADMINISTRATION COMMITTEE

## *Subcommittee On Personnel*

### **Reason for the Report**

During the course of other investigations being pursued by the Grand Jury, a number of critical comments and statements were received dealing with the subject of personnel practices. This caused the Government & Administration Committee of the Grand Jury to form a Subcommittee on Personnel and to inquire into various issues pertaining to personnel matters. This Report is the result of those inquiries. The inquiries did not, however, look into the policies and practices of law enforcement agencies, except indirectly as those policies and practices contrasted with the policies and practices of the Department of Human Resources (HRD) and other civilian departments. Matters pertaining to personnel policies and practices of law enforcement agencies, however, are not encompassed in this report.

### **Department of Human Resources - General**

F1: Human Resources departments are established to assist department heads in the administration of personnel matters within their departments. In El Dorado County (County), HRD is responsible for the general administration of employment and personnel policies.

#### ***Response to F1: Respondent agrees with the finding.***

F2: As described in the 2001/2002 Budget/Workplan, HRD is responsible for the Employee Benefits Budget and six personnel programs:

- Recruitment & Testing;
- Training & Orientation;
- Classification/Salary Administration;
- Operations Support;
- Labor Relations; and
- Discipline, Equal Employment Opportunity (EEO) Discrimination Complaints.

#### ***Response to F2: Respondent agrees with the finding.***

F3: HRD has inadequate staff and expertise to carry out its many functions.

***Response to F3: Respondent disagrees partially with the finding.*** Respondent agrees that Human Resources has inadequate staff to carry out its many functions. And respondent agrees that additional staff would bring additional expertise. This is



particularly evident in that the vacancy at the Deputy Director level, which is being held vacant pending State budget decisions, leaves a significant hole in the collective expertise within the department. Respondent disagrees only to the extent that current staff has significant experience, knowledge, and expertise within the functions to which each is assigned.

## **Recruitment & Testing**

F4: In the 2001/2002 Budget/Workplan, the function of recruitment and testing is described as follows:

“Initiating appropriate advertising and outreach criteria to maximize reasonable competition. Identifying critical dimensions for testing; selecting appropriate testing devices; testing content; administering tests, and preparing departmental certifications, consistent with Federal, State and local laws and ordinances.”

***Response to F4: The respondent agrees with the finding.***

F5: Approximately 200 employees, or slightly over 10% of the County’s total workforce, terminate their employment with the County each year.

***Response to F5: The respondent disagrees partially with the finding.*** El Dorado County annualized turnover rates for the past several years were:

FY 96/97 - 8.32%  
FY 97/98 – 8.68%  
FY 98/99 – 8.08%  
FY 99/00 - 10.09%  
FY 00/01 - 10.31%  
FY 2001/02 - Turnover decreased to 8.73%.

F6: Many vacated positions are filled by people whose employment and/or educational history has not been verified.

***Response to F6: The respondent disagrees partially with the finding.*** There may be some employees hired whose employment and/or educational history has not been verified. Department Heads have been instructed to verify relevant background on candidates, and were provided information on how to do so in a memo to Department Heads from the Human Resources Director dated January 28, 2002. Additionally, Human Resources staff is available to assist when questions on background procedures arise. See later findings for additional relevant information.

F7: Section 404.2 of El Dorado County Resolution No. 228-84, the County's Personnel Management Resolution, reads as follows:

“Background Investigations - The Personnel Office **may** conduct such investigation of the applicant's training and experience and mental, physical and personal fitness as may be necessary to verify and clarify statements contained in the application.” (Emphasis supplied.)

***Response to F7: The respondent agrees with the finding.*** While this section is permissive, this section of the Personnel Management Resolution was written in 1984 and is in process of being updated.

F8: HRD does not conduct background investigations as a matter of consistent and uniform practice. To the extent that such checks are conducted, they are generally conducted by the department or division head of the particular department or division into which the successful job applicant would be assigned.

***Response to F8: The respondent agrees with the finding.***

F9: Department and division heads are not trained in the complexities of the many federal and state employment laws, which are often confusing and may seem contradictory even to human resources professionals. Department and division heads in county government, however, are expected to perform background investigations themselves rather than being able to rely upon HRD to do so.

***Response to F9: The respondent agrees with the finding.*** We agree that department and division heads may find employment law complex and confusing. However, department and division heads are provided direction and assistance by HRD as requested. The department head or designee is the appointing authority for the department and expected to perform appropriate inquiry and investigation of the selected candidate(s). To expand the HRD staffing levels sufficiently to take on a program that would include background investigations and/or verifications of all (thousands) individual applicants to El Dorado County would be a major and ongoing increase in HRD staff and related expense. The necessary increase in HRD staffing and facilities to house additional staff is not in compliance with the Board of Supervisors' current and prior years' fiscal directives.

An “up-front” investigation/inquiry process would also necessitate a longer period of time within the recruitment process and prolong the time until a certification list could be provided to the hiring authority. A longer processing time within the “recruitment” period is not desirable to departments as vacant positions burden existing employees with increased workload demands, which, over time, can increase turnover or burnout.

Finally, many applicants have the expectation that their application for employment with the County will remain confidential and that contact with current or, in some cases, prior employers will not occur until such time as a conditional job offer is made. Thus, it is more effective and efficient, both in time and money, to verify information only when a conditional job offer has been made.

- F10: This practice of requiring departments and/or divisions to perform background checks is purportedly justified by the proposition that the department or division head is the “appointing authority.” In fact, however, it is the County which is the employer, not the department or division to which a new hire would be assigned.

**Response to F10: The respondent disagrees partially with the finding.**

Personnel Management Resolution #228-84, Part 1 Definitions of Terms, 101, defines “appointing authority” as “the Department Head unless otherwise defined by statute or ordinance.” Personnel Management Resolution #228-84, Part 8, paragraph 802, Appointing Authority states: “The Board of Supervisors is the appointing authority for all County employees. The Board of supervisors, however, has designated department heads as the appointing authority for that department.

The department heads do act as the appointing authority for their departments as outlined by resolution, code and the direction of the Board of Supervisors. Additionally there are some departments, including Sheriff, District Attorney and Department of child support Services, where there are currently specially trained investigators in place to handle in-depth background investigations on selected applicants.

- F11: It is the position of HRD that the cost of verifying information provided on applications, estimated by HRD to be \$99.00 - \$250.00 per applicant, would be financially burdensome and too time consuming to justify. That estimate, however, assumes that the job applicants themselves are not required to furnish documentation verifying their education and experience claims.

**Response to F11: The respondent agrees with the finding.** The following information provides a context to this response:

The El Dorado County Employment Application currently states in Section 17, EDUCATION: “Written verification of education listed to meet minimum qualification will be required prior to offer of employment.” Section 18 of the application, CERTIFICATES, LICENSES OR PROFESSIONAL REGISTRATION WHICH APPLY TO THIS POSITION, currently requests the applicant to attach a copy of the certificate, license, or registration.

Notice on the application which requires applicants to provide education verification (transcripts) prior to offer of employment is designed to allow applicants time to secure such evidence from schools, colleges, universities, etc.

and permit the recruitment and testing process to continue expeditiously. Requiring an applicant to submit verification of education at the time of application may discourage them from applying because the applicant may not have transcripts/diplomas readily available. This can be counterproductive, particularly in difficult-to-fill professional positions.

Verification of work experience usually requires additional processes, such as telephone contact of prior employers. Cost estimates of \$99.00 to \$250.00 per applicant for background checking/investigation are based on outside vendor quotes. For each thousand applicants, the minimum cost would be approximately \$99,000. HRD staffing levels and facilities are insufficient to take on a program of this scope. If appropriate HRD staff were available, expenses could be estimated at approximately \$22 per hour for staff time only based on an average two to three hours per each applicant. At 2.5 hours per applicant, this cost minimally translates to \$55,000 for 2,000 applicants. Staff hourly cost does not encompass cost of increased facility and equipment needs for additional staff.

- F12: Copies of degrees, professional licenses, and/or other documents confirming education and prior experience are not routinely requested by HRD to be submitted with job applications.

***Response to F12: The respondent disagrees partially with the finding.*** The El Dorado County Employment Application currently states in Section 17, EDUCATION: “Written verification of education listed to meet minimum qualification will be required prior to offer of employment.” Section 18 of the application, CERTIFICATES, LICENSES OR PROFESSIONAL REGISTRATION WHICH APPLY TO THIS POSITION, currently requests the application to attach a copy of the certificate, license or registration.

If a position has requirements for licensure or specific education and the necessary information is not supplied, HRD staff currently contacts the applicant for such information/documentation. The request that applicants provide education verification (transcripts) prior to offer of employment, and not at the time of application, is designed to allow applicants time to secure such evidence from schools, colleges, universities, etc. and permit the applicant to progress into the testing processes.

- F13: Applications of persons who are qualified for the position they applied for, but were not hired, are only kept in an active file for a very short period of time. This has the effect of making those persons unavailable for possible consideration to fill other similar positions that become open after the expiration of that short period of time. This is significant because the County suffers from a limited supply of potentially qualified applicants.

***Response to F13: The respondent disagrees wholly with the finding.*** Respondent disagrees with the first statement that applications of persons who are qualified, but not hired, are only kept in an active file for a very short period of

time. The statement is unclear as to the definition of “short period of time.” Eligibility lists generated from any recruitment are considered “active” for a minimum of six months and may be extended for up to 18 months. Lists may be cancelled earlier if there are less than five candidates remaining on them. In the current economy, it is uncommon for candidates to still be available six months after the recruitment date.

Respondent also disagrees with the second statement in the finding that this has the effect of making those persons unavailable for possible consideration to fill other similar positions that become open after the expiration of that short period of time. During the six months an eligibility list is in effect, it is used for all open positions within the same job classification.

If the second statement is referring to using the list of applicants for openings that are not in the same job classification but may be considered “similar”, respondent offers the following as clarification. First, certain lists may be substituted for openings in truly similar positions. For example, if we have a list that was generated for Secretary and the new opening is for Senior Office Assistant, we may issue the list of applications for Secretary to interview for the Senior Office Assistant opening. This is possible because: 1) the duties have a high degree of similarity, and 2) the salaries and minimum qualifications are the same. We could not, and would not, substitute a list generated for Secretary for an opening as a Legal Secretary I/II as: 1) the minimum qualifications for Legal Secretary are more specialized than those for Secretary; therefore, the Secretary candidates may not be the most qualified available for Legal Secretary, and 2) the salary for Legal Secretary I/II is higher and more members of the public may have applied for that position than they would have for the lower salaried position of Secretary.

Finally, as a public sector employer, we have an obligation to the public and to employees to inform them of job openings and to conduct a competitive recruitment process to identify the most qualified candidates. This is in compliance with the basic rules of open competition as outlined in Section 19801, 19802 and 19803 of the Government Code and the Merit Principles outlined in State of California Administrative Code for Local Agency Personnel Standards. This open competition (and related public notice) premise requires El Dorado County to post each of our job openings separately and accept applications from persons who wish to apply for that classification. Applicants must file a separate application for each classification for which they wish to be considered. This is standard practice throughout local government agencies. Unlike the private sector, government agencies do not accept general applications and move them from consideration for one position to consideration for another.

Finally, a shortage of applicants, particularly in specialized fields, results from many factors including salaries/compensation issues and market shortages (e.g., nurses), etc.

F14: Initial testing of job applicants, even by HRD itself, does not always appear to address the requirements of the jobs being filled.

***Response to F14: The respondent disagrees wholly with the finding.*** When it is determined that a written testing format is needed, HRD leases the written tests from CPS Human Resource Services (CPS). CPS is a public agency offering a full range of human resource services with an emphasis on occupational and licensing/certification testing. Over 1,200 public agencies are CPS clients. CPS has an extensive, highly qualified staff including psychometricians with doctorates in related fields and extensive experience in assessment such as occupational analysis and test development. Therefore the testing materials meet the legal requirements of validity and reliability and provide that there is no adverse impact on various socio-economic segments of society.

When an oral board examination format is used, HRD works in collaboration with the department and appropriate subject matter expert(s) to select appropriate and knowledgeable panelists and develop questions in accordance with the requirements of the job.

The finding does not provide specific information to allow further investigation as to a particular class, testing process, or problem.

## **Employee Orientation and Training**

F15: In the 2001/2002 Budget/Workplan, the function of employee training and orientation is described as follows:

“Conducting orientation sessions for new hires; explaining County organization, mission, general employment standards, and employment benefits. The Training Program identifies and communicates information on topics of training which has applicability across departmental lines; and provides training as appropriate with budgetary limitations.”

***Response to F15: The respondent agrees with the finding.***

F16: Training for our new employees in El Dorado County is almost non-existent. What little training is available often fails in achieving its goal, and frequently is "on-the-job, sink-or-swim" training at best.

***Response to F16: The respondent disagrees wholly with the finding.*** The following information provides a context to this response. New employees attend four hours of new employee orientation. In addition, formal training in Effective Communication and Customer Service has been offered to all employees (new and current) and will continue to be offered to new and/or existing employees depending on fiscal constraints. Training specific to the employee's job duties is primarily provided on the job by the individual departments where the expertise exists to train new employees on departmental tasks and procedures, policy, and work standards. It may not be "formal" workshops paid by the department or sponsored by Human Resources, but it is training just the same and for many county positions this is all that is required. While respondent agrees that, in general, initial training is limited, the goal of successful performance of a new employee is dependent on many variables including, but not limited to, the skills and abilities of the new employee, supervisory skills, limits on departmental fiscal resources, and workload demands.

- F17: Effective training programs are critical in order to keep employees updated on technology and job specific issues, to prepare employees for increased responsibility and promotional opportunities, and to maintain morale.

***Response to F17: The respondent agrees with the finding.***

- F18: Notwithstanding the existence of current funding in excess of \$900,000 spread among all departments for staff development, there is a lack of coordination, planning, and accountability for the effective use of those funds. At least one department director, who had submitted a department budget to the Board of Supervisors (Board) for approval, had difficulty in identifying what monies were available to that department for training and staff development.

***Response to F18: The respondent disagrees partially with the finding.*** Respondent agrees that there is no centralized oversight and coordination for all training, seminars, and conferences attended by employees throughout the County. Given the varied nature of County programs it would be inefficient to do so. There is no need for a centralized Human Resources coordinator to make sure or monitor training for engineers at DOT, social workers at SS, environmental health specialists at EM. However, given limited resources, Human Resources is able to dedicate a small portion of one Senior Analyst's time to developing and coordinating training courses which are common to all departments such as Customer Service, Effective Communication, Supervisory Academy, Business Writing, and training offered through local consortiums. Respondent disagrees that there is no accountability for the \$900,000 budgeted to individual departments. Department heads are accountable to the Chief Administrative Officer and the Board of Supervisors to utilize those funds to ensure the adequate training of their staff.

F19: The only mandatory countywide employee training programs currently being conducted are prevention of workplace violence and four hours of new employee orientation within the first 60 days of employment.

***Response to F19: The respondent agrees with the finding.***

F20: There is no discernable documentation of on-the-job training (as distinguished from in-service training) given or received.

***Response to F20: The respondent agrees with the finding.*** Some departments may keep documentation to a greater extent than other departments.

F21: Review of proposed county budgets and workplans reveals no identified requests for a full-time training officer. This evidences a lack of concern or commitment to training both by the employee bargaining units and by senior county management.

***Response to F21: The respondent disagrees partially with the finding.*** The Director agrees that there has been no proposed allocation for a full-time trainer in prior budgets or the budget for FY 02/03. Respondent disagrees with the statement that this evidences a lack of concern by senior management staff. It should be noted that in FY 90/91, Human Resources had 10 allocated positions to provide services to a workforce of 1,537 full-time employees. In FY 00/01, Human Resources had 10.2 allocated positions to provide services to a workforce of 1,855. In FY 01/02, 2.1 positions were added to augment recruitment and labor relations activities. For FY 02/03, departments were directed to submit a zero-based budget.

It should be noted that \$150,000 was recommended for training in the FY 01/02 budget and was removed by Board action in final budget hearings. The failure to provide additional funds for training staff is not a reflection of a lack of concern for training, but is a reflection of senior management staff's attempt to be fiscally responsible in difficult economic times. In addition, the Board wanted assurances that this type of training program would best meet the training needs of the County. Besides the training that Human Resources provides, which is primarily focused on supervisory development and customer service, as well as state and federal laws like ADA and AB2222 – departments budgeted \$678,138 in staff development alone! This amount does not include, labor costs, travel expense, professional consultants, etc. that are also associated with training. In addition, as stated above in F18 above to centrally coordinate unique county training needs that one or possibly two departments would benefit from, is not necessary at best, and perhaps wasteful and duplicative at worst.

F22: Board Personnel Policy #9 mandates Drug and Alcohol Abuse training for all supervisors. This policy is “more honored in the breach than in the observance,” however. There is no accountability for noncompliance with the Policy.



**Response to F22: The respondent wholly disagrees with the finding:** Personnel Policy #9 implemented the Federal Omnibus Transportation Act and regulatory standards of the Federal Highway Administration, which governs employees within the Department of Transportation. The Transportation Department requires all supervisors and lead staff to attend Drug and Alcohol Abuse training as outlined in Personnel Policy #9. All employees know this training is mandatory and that failure to attend such training could lead to disciplinary action. Documentation is kept regarding who attends this training and when. These records are subject to audit by the CHP to ensure compliance with Federal law.

F23: Matters of fire and life safety in the workplace present major risk management issues. There is little attention given to them by way of training, and a lack of accountability for failure to take affirmative action to address them.

**Response to F23: The respondent disagrees partially with the finding.** Respondent believes that while Countywide training is desirable in these areas, every department has an Illness and Injury Prevention Policy (IIPP) of which all employees are to be aware. Each department has a safety coordinator who is responsible for conducting regular, periodic safety meetings for departmental staff. Issues covered in such meetings include, but are not limited to, responding to bomb threats, medical emergencies, threats of violence, how to use a fire extinguisher, utility failures, and evacuation procedures. Rosters are to be kept of all in attendance. Departments are held accountable for any fines levied by OSHA for failure to follow required IIPP and training guidelines. Risk distributes safety booklets on a monthly basis to the department safety coordinator so that issues can be discussed during safety meetings. Risk Management also notifies departments of pending outside workshops on a variety of issues and many times funds these workshops to optimize attendance. Workshops sponsored in the past are: asbestos awareness, blood borne pathogens, workplace violence, indoor air quality, mold/mildew, hanta virus, etc. In addition Risk Management alerts departments to specialized training needs within their programs such as respiratory policies, confined space policies, etc. and assists them in finding consultants, and at times funding, to put policies in place. Risk Management is developing an emergency evacuation policy for all departments and has been working with County departments to implement fire drills.

F24: Most supervisors and managers are skilled in technical matters, but may lack skills and techniques in the areas of human relations, training ability and supervision. Appropriate training programs can teach those skills and techniques.

**Response to F24: The respondent agrees with the finding.**

F25: Newly appointed supervisors and managers do not receive basic training in these skills prior to receiving their promotions, and do not receive specific, additional training upon promotion.

***Response to F25: The respondent agrees with the finding.***

F26: Although the County participates in a Supervisor Academy program, in many cases it is not available within a reasonable time of being promoted, and attendance or participation in the program is not mandatory.

***Response to F26: The respondent agrees with the finding.*** The County offers a Supervisor Training Academy approximately twice a year. Several areas of supervision are covered including, coaching and counseling of employees, team building, employee evaluation, planning and delegation, interviewing, and problem solving/conflict resolution. The Respondent does agree that conducting the Academy more frequently would be beneficial; however, current fiscal constraints limit our ability to do so.

F27: No feedback is given to the managers concerning supervisors' performance in the Academy. Such feedback would provide information for the manager to coach subordinates, focus on their weaknesses and further develop their strengths.

***Response to F27: The respondent agrees with the finding.***

#### **Classification/Salary Administration**

F28: In the 2001/2002 Budget/Workplan, the function of classification and salary administration is described as follows:

“Conducts analytical studies to ensure that employees are working within stated classifications; maintains and revises the classification plan to appropriately reflect span or responsibility, typical duties, and required qualifications in accordance with Federal, State and local laws, local ordinances, rules and policies. Includes responsibility for interpretation and correct implementation of wage and hour requirements mandated by the Fair Labor Standards Act and labor contracts.”

***Response to F28: The respondent agrees with the finding.***

F29: Barriers to promotion of competent and qualified (and sometimes superior) employees exist in job description education pre-requisites that appear to have little relevance to actual job requirements and responsibilities. Such prerequisites sometimes constitute absolute bars to employment and/or promotion regardless of the actual experience of the applicant. Moreover, lack of uniformity with regard to those education prerequisites appears to be arbitrary and capricious; for example, there is currently no educational prerequisite for the position of Chief Administrative Officer.

***Response to F29: The respondent disagrees wholly with the finding.*** In 1990, the County hired the firm of Personnel Associates to perform a classification and compensation study of approximately 1,400 County positions. As part of their function, Personnel Associates was charged with the development of appropriate and legally defensible qualifications for the approximately 338 classes they developed, including knowledge, skills, experience, education, and other qualifications required by each class for successful job performance. Since 1990, Human Resources has revised and/or developed approximately 400 existing or new classifications. Whenever possible, Human Resources has provided a substitution of equivalent/comparable experience and/or education when performing a Minimum Qualification screening to ensure that minimum qualifications do not pose an artificial barrier to employment or promotion. However, the County utilizes a number of classifications which have licensure/certification requirements or professional education standards (e.g., Accountant, Civil Engineer, Nurse, Physician, Attorney), as well as education standards which are required by state or federal grant funding or other requirements (e.g., Care Management Counselor, Librarian, Deputy Director of Mental Health, etc.).

A revised job specification with substantial changes in the education and experience qualifications for the classification of Chief Administrative Officer was recommended in April 2002 and was submitted to the Board of Supervisors as an update for the class description developed in 1990. Additional input from the consultant who will be performing the employment search for this position has been requested by the Board.

F30: Many county employees do not have current or updated official job descriptions, notwithstanding the fact that they are expected to perform duties and functions not set forth in job descriptions appropriate to their positions.

***Response to F30: The respondent disagrees partially with the finding.*** Respondent agrees that some employees do not have current job descriptions. Respondent disagrees that many employees do not have current job descriptions. In 1990, the County adopted approximately 338 job specifications which were created by Personnel Associates to cover the functions and duties being performed by County employees. Since that time, there have been approximately 200 revisions to El Dorado County's job specifications to encompass changes in technology, duties, knowledge, and skills for these classifications. Approximately

200 new job specifications have been created where new functions and duties have been identified outside the scope of existing classifications, and approximately 100 job specifications have been deleted because they no longer represented the work being performed. In addition, job specifications for other classes have been reviewed and found to still be appropriate and, therefore, no revisions were made.

Though some employees may believe they perform duties not included in the official job description, job descriptions (class specifications) are designed to include positions with a similarity of duties, responsibilities, supervision received and exercised, and required knowledge and skills. The examples of duties listed on job specifications are intended to be illustrative only, not restrictive. They are indicative of the general types of functions and duties which may be assigned to any position in the classification. The job specification does not list every duty that an individual will perform, nor is it meant to imply that every employee with that class title will perform all of the duties listed. The inclusion of the phrase “performs related duties as assigned” is included on all job specifications to indicate that additional related duties not specifically listed on the job specification may appropriately be assigned to the classification.

The following is specified in Personnel Management Resolution #228-84, Part 3, Section 306. Interpretation of Class Specifications:

“The following principles shall be applied in interpreting specifications for the various classes of positions:

- (a) The specifications are descriptive only and are not restrictive. They are intended to indicate the kinds of positions that should be allocated to the respective classes as determined by their duties, responsibilities and qualification requirements. Use of a particular expression or illustration shall not be held to exclude others not mentioned, if such others are similar in kind or quality.
- (b) In determining the class to which any position should be allocated, the specification for each class shall be considered as a whole. Consideration is to be given to the general duties, the specific tasks, the responsibilities, the minimum qualifications and the relationships to other classes as affording together a picture of the kinds of positions that the class is intended to include.
- (c) The duties statement shall be construed as a general description of a kind of work usually performed by the incumbent of a position that is properly allocated to the class, and not as prescribing what the duties of any position shall be, nor as limiting the expressed or implied power of the authority now or hereafter vested with the right to prescribe or alter the duties of any position.

- (d) The example of duties shall be construed as examples only, illustrative of the duties as outlined by the general statement. These examples are not intended to be complete or exclusive and the fact that the actual task performed by the incumbent of a position does not appear therein shall not be taken to mean that the position is necessarily excluded from the class, provided that the tasks constituting the main work or employment are duly covered by the general statement of duties. On the other hand, any one example of a typical task without relation to the general statement of duties and all other parts of the specifications shall not be construed as determining whether a position should be allocated to the class.
- (e) The statement of minimum qualifications constitutes a part of the description of the kind of employment included within the class, and expresses the minimum and any additional desirable qualifications expected of an appointee.”

Since approximately January 2001, prior to initiating a recruitment for a classification which is utilized solely within the requesting department, Human Resources has required the department to review the job specification for that classification to ensure it correctly reflects the functions and duties that will be performed by the position. In June 2002, Human Resources revised the Personnel Requisition form that is utilized by departments requesting to fill a vacant position. The revised form requires each department to review the job specification for all positions the department requests to fill. The department must certify that the job specification still accurately describes the functions and duties which will be assigned to the position. The department is required to submit any appropriate changes prior to a recruitment for that classification.

Finally, it should be noted that all current official class specification job descriptions are available on the HRD Website.

F31: There is not any formalized procedure for the reclassification of either employees or their job responsibilities, with built-in timetables or sequences for events.

***Response to F31: The respondent disagrees partially with the finding.***

Respondent agrees that there is no written reclassification procedure. However, since 1990 El Dorado County employees have utilized a specific form, Position Description Questionnaire, to request a reclassification review of the functions and duties assigned to the employee’s position when it is believed that the

classification to which the employee is assigned is no longer appropriate. Departments and employee organizations are aware that a request for reclassification can be submitted by the department, the employee, or the union. If the employee or union submits a request, staff will notify the department and request input from the supervisor and department head prior to proceeding with a study.

Respondent agrees that in prior years there were no established timetables or sequences for events due to limited staffing in the Human Resources Department. However, timetables for future reclassification requests have been developed which will enable departments to include reclassification recommendations in either the proposed budget or the addenda process as requested by the Board of Supervisors. Pursuant to a memo to department heads dated June 6, 2002, new reclassification requests received between May 2002 and October 2002 will be submitted to a contracted classification consultant to have studies finalized by February 2003. These reclassifications will be included in the proposed budget. Reclassification requests received between November 2002 and March 2003 will be submitted to the consultant to have studies finalized by July 2003. These recommendations will be reported in the addenda process, to be included in the final budget in September. This new process will be reviewed, and modified if necessary, in July 2003.

- F32: Some county employees are performing duties that have become more complex over time but which are not officially documented in their job descriptions.

***Response to F32: The respondent agrees partially with the finding.*** The following information provides a context to this response.

Respondent agrees that some County employees perform duties not included in their job description. As stated in the response to Finding 30, job specifications are intended as a summary of the general purpose of the classification, and duties listed are illustrative only; therefore, every duty performed by an employee in that classification may not be listed on the job specification. When job specifications are created or revised the duties, responsibilities, knowledge, and skills are reviewed to determine the appropriate level of the classification. The complexity of duties assigned to a classification must be reviewed in regard to industry standards. Changes in procedures or technology may be initially perceived by employees as more complex when such a change is an industry standard for that type of classification.

- F33: Some employees are not working within their position description at all. They perform the clerical work within their offices because of a lack of clerical support. Such employees have little or no time to do the technical work that they were hired to do. Clerical work is not within their job descriptions.

***Response to F33: The respondent disagrees partially with the finding.***

Respondent agrees that, though it is feasible that a person in a higher-level position performs some clerical tasks, appropriate classification of a position is based upon critical and most frequent duties, among other factors. Many professional, technical persons perform some clerical duties. Respondent disagrees and staff is not aware of existing cases where higher-level employees are functioning primarily or solely at a clerical level. When such a case does exist, the appointing authority must determine whether the department's budget can support the hiring of additional clerical staff. If so, the department may request a recruitment to fill a current clerical vacancy if one exists, or may request an allocation change to add an appropriate clerical classification. If the department does not have sufficient funding available to hire additional staff and the clerical work is deemed more critical than the technical work for which the referenced employee(s) were hired, the department may do one of the following: 1) A Position Description Questionnaire may be submitted to have the position downwardly reclassified to the appropriate clerical classification, resulting in the higher salary of the employee being held stationary until such time as the salary of the assigned clerical classification becomes equal to the employee's salary (y-rating), or 2) An allocation change may be submitted deleting the higher level technical classification and adding the appropriate clerical position, resulting in a layoff of the employee in the technical level position.

- F34: Conversely, some clerical personnel are required to perform technical, supervisory, and even managerial functions and duties without appropriate promotions or compensation. One of the reasons for this is that vacancies in such positions are not being filled expeditiously.

***Response to F34: The respondent disagrees wholly with the finding.***

Respondent is not aware of existing cases where lower level employees are performing a significant percentage of technical, supervisory, or managerial functions and duties outside the scope of the employee's classification without appropriate compensation. There are a number of mechanisms which have been established for departments to utilize when higher level duties must be assigned to an employee. First, the appointing authority must determine whether the higher level functions and duties have been assigned to the employee on a short-term/temporary or long-term/permanent basis. Based on this determination, the appointing authority may: 1) request Acting status for the employee if they are temporarily being assigned the full scope of duties of a higher level position, or 2) reassign the higher level duties to an appropriate classification within the department, or 3) if the duties have been assigned to the employee's position over time and must remain assigned to that position on a permanent basis, a Position

Description Questionnaire should be completed requesting reclassification of the employee's position to an appropriate classification, or 4) when higher level duties have been newly assigned to the employee's position and the department determines that an additional higher level classification is required to perform the work, an allocation change or a temporary overfill pursuant to Resolution #275-93 should be requested.

- F35: Some employees have to work more hours, in order to complete their work, than they are documenting and/or for which they are being paid.

***Response to F35: The respondent partially disagrees with the finding.*** The following information is provided as a context to this response.

Respondent agrees that management employees, who work in positions which are exempt from the overtime provisions of the Fair Labor Standards Act, are frequently expected to work more than 40 hours in a week. Exempt management employees are salaried employees and are not entitled to additional hourly pay for working more than 40 hours in one week, and therefore do not document such time. Management employees receive a management leave benefit of 80 hours per year as compensation.

Staff is not aware of existing cases where non-exempt employees are working more hours than they are documenting or being paid. It is the policy of El Dorado County, in accordance with the Fair Labor Standards Act, Salary and Benefits Resolution #323-2001, and applicable Memorandum of Understanding, that no hourly employee is to work more than 40 hours in one week without receiving appropriate overtime pay or compensatory time. Hourly employees who must work overtime to complete their assigned duties are normally required to notify their supervisor or manager in advance and receive prior approval to work overtime, except in emergency situations. All overtime is to be documented on the hourly employee's time sheet. Overtime is paid on the employee's pay check at time and one half, or the employee and department may agree that the employee will receive Compensatory Time earned at time and one half.

- F36: Policy makers are aware of these problems, but are not taking measures to address them.

***Response to F36: The respondent disagrees wholly with the finding.*** Persons who apply for exempt positions are aware of the compensation and expectation of "any and all hours needed to get the job done." In general, respondent sees no inherent problem; however, issues of degree in individual situations may alter this view. When the Human Resources Department becomes aware of any problem such as those that have been identified in these findings, the Human Resources Department, the Chief Administrative Office and County Counsel when appropriate, work closely with the appointing authority to resolve such issues.



## Operations Support

F37: In the 2001/2002 Budget/Workplan, the function of operations support is described as follows:

“Responding to all public and departmental contacts; processing and verifying all payroll/personnel changes; maintaining personnel files; developing and modifying payroll and personnel policies and systems; records maintenance, and all miscellaneous departmental support activities, including employee counseling; development of Countywide personnel programs, policies and supervision of staff.”

***Response to F37: The respondent agrees with the finding.***

F38: The County provides little leadership and systems organization to aid department heads. For example:

- Each department has its own time sheet forms;
- Each department designs its own personnel evaluation forms; and
- Each department devises its own Employee Recognition Program.

This lack of systems standardization and uniformity is purportedly justified as recognizing departmental independence and autonomy. Such a practice and procedure can also be interpreted, however, as constituting an abandonment of responsibility and a lack of leadership.

***Response to F38: The respondent disagrees partially with the finding.***

Respondent agrees that there is no “one size fits all” in the three categories mentioned. Respondent disagrees that this reflects lack of leadership and systems organization for the following reasons. Time and attendance processes and procedures are primarily within the purview of the Payroll Division of the Auditor’s Office. Because of specific reporting requirements due to differing funding sources, each department has been allowed to develop a time sheet that meets the requirements of the respective funding source, provides accountability to the public, and follows the guidelines set forth by the Fair Labor Standards Act (FLSA).

There is a Countywide Employee Recognition Program. The first year mission of the County-wide Recognition Committees was to develop a sense of unity and team among departments by carrying out a County-wide employee picnic, recognizing longevity of employees with 20 or more years of service to the citizens, and creating a prototype suggestion for departmental recognition programs to be a resource for the development of programs tailored to the needs

and wants of the individual department employees. All of these goals have been accomplished. Departments have been strongly encouraged to develop departmental recognition programs based upon the needs and desire of the departmental employees.

Regarding performance evaluation systems, there is currently one evaluation form for department heads and one for administrative management. After meeting and conferring with Local 1, a revised evaluation form for all Local 1 employees has been developed. This form is computer-based and is in the process of implementation in consultation with Information Services. Staff agrees and supports the department's ability to utilize the prototype and further modify the system to address their own needs. One size does not fit all; from Deputy Sheriff's to Public Health Nurses to Highway Maintenance Workers to Fiscal Technicians. What is important is that employees are evaluated in a system and a form that is meaningful to them.

Given the diversity and volume of workload demands, the diversity of governance and given legal requirements related to negotiation of changes in terms and conditions of employments, respondent disagrees strongly with the interpretation of "abandonment of responsibility and lack of leadership" but rather recognizes the diversity of service needs and the concomitant responsibility for providing flexibility and support to departments within overall policy guidelines.

- F39: Monthly meetings by HRD with department heads have only recently been initiated.

#### Telecommuting and Alternative Work Sites

***Response to F39: The respondent agrees with the finding.*** Monthly meetings with department heads on Human Resources topics were initiated in January 2002. Previously, Human Resources topics were included on the agenda for the CAO/department head meetings.

- F40: There is not a written policy permitting county employees to telecommute or otherwise work at home or other alternative work sites. The County's Compensation Resolution, No. 227-84, states that there is only one official duty site for county employees. Nevertheless, some county employees do in fact telecommute or work at alternative work sites. In the absence of written standards, including provisions for supervisory approval, the County cannot ascertain the propriety of those activities.

***Response to F40: The respondent agrees with the finding.*** Telecommuting has never been embraced by the Board of Supervisors as a Countywide standard because of issues associated with liability and accountability. Many FLSA exempt employees, particularly management employees, work at home in addition to the normal workweek. This occurs from the need to meet timetables and workload demands.

#### Exit Interviews

F41: As indicated in Finding F5 above, approximately 200 employees, or slightly over 10% of the County's total workforce, terminate their employment with the County each year. HRD does not have a policy, either written or oral, for exit interviews to be conducted when employees separate from the County. Accordingly, accurate information is unavailable to analyze, disclose and/or inform the County as to the reasons why employees terminate their employment. This lack of information also suggests that there are no ongoing plans aimed at reducing employee turnover and the costs to taxpayers associated with it. These costs are significant, both in terms of productivity and dollars.

***Response to F41: The respondent disagrees partially with the finding.*** Respondent disagrees with the turnover statistics cited (see response to Finding F5), however, respondent agrees with the need for exit interviews and is currently developing an exit interview process.

F42: Wages, benefits and other employee costs represent the largest portion of the County's budget. Accordingly, it is in the best interest of the County to retain qualified employees. Exit interviews would enable the County to obtain valuable information which it does not have. Such information would be useful in evaluating how County departments operate, why employees leave, and in developing strategic plans to reduce employee turnover.

***Response to F42: The respondent agrees with this finding.*** HRD is developing an exit interview process.

#### **Labor Relations**

F43: In the 2001/2002 Budget/Workplan, the function of labor relations is described as follows:

“Under the Meyers Millias Brown [sic] Act, negotiates and administers all labor contracts; investigates grievances; and meets and confers on the development and modification of all Countywide and Departmental policies affecting wages, hours, terms and conditions of employment. Includes responsibility for overseeing all

bargaining unit modifications and determinations; and responds to all grievances preparatory to binding arbitration or Civil Service hearings.”

***Response to F43: The respondent agrees with the finding.***

F44: The manner in which the County's existing procedures for interest-based bargaining is being implemented evades difficult county employee issues and hinders their resolution. The process protects neither the bargaining unit employees nor the interests of the County. Too much time and effort is wasted on the process, and not enough is directed toward the substance of the issues.

***Response to F44: The respondent disagrees wholly with the finding.*** The interest-based bargaining process was adopted by the Board of Supervisors in 1993 as an alternative to traditional bargaining which had resulted in protracted negotiations, job actions, and threatened and initiated litigation. Upon completion of training in the IBN approach, the first issue faced by the parties was the reduction of approximately \$1 million from the budget without a reduction in services resulting from layoffs. The matter was successfully resolved. Since that time, three multi-year contracts have been successfully negotiated covering a multiplicity of economic and non-economic substantive issues.

The intent of an interest-based style of negotiations is to free up the parties' ability to discuss issues freely and openly. This open type of negotiation or discussion of an issue is used to facilitate the discovery of what the real underlying issue or interest of the party is and to address that issue in a mutually beneficial manner. The fact that opposing parties with different interests in a subject concerning wages, hours, or terms and conditions of employment could be resolved at the lowest possible level is a demonstration of a willingness to arrive at a mutually viable solution. This can be more cost effective in the long run.

The evidence of relatively cost effective resolution to difficult labor relation issues through the interest based negotiation process is the lack of law suits or job actions such as: wildcat strikes, picket lines, sickouts, breakouts, slow-downs, sit-ins, injunctions, or other actions which interrupt services to the public.

The cost of an average formal grievance in staff time and investigation could range anywhere from \$2,000 to \$10,000. This excludes the cost of any finding or formal settlement. The average one-day cost of an arbitration hearing for the arbitrator and court reporter is approximately \$3,000.00. This does not include staff time or attorney fees. These estimated cost figures do not take into account the potential of the creation of an acrimonious bargaining relationship that develops from formal position bargaining, such as strikes or other job actions listed above.

The fact that during the time IBN methodology has been utilized there have been few lawsuits and only two arbitrations (none of which the County has lost), attests to the cost effectiveness of the approach and negates the conclusion stated in the finding.

- F45: Much of HRD's time and energy is expended on labor negotiations. Once those negotiations have been completed, it appears to be HRD's view that employee relations problems do not exist in the field unless specific complaints are received from employee bargaining representatives. Few such complaints have been received. This Grand Jury, however, heard many examples of serious employee relations problems throughout the County. The matters discussed in the following findings constitute examples of problems that have not been addressed by HRD.

***Response to F45: The respondent disagrees partially with the finding.***

Respondent agrees that for several HRD staff, much time is spent on labor negotiations. This includes contract negotiations as well as negotiation of new or revised policies, procedures, or other changes to terms and conditions of employment. The respondent disagrees wholly with the statement: "...it appears to be HRD's view that employee relations problems do not exist in the field unless specific complaints are received from employee bargaining representatives." The Human Resources Department does receive both informal and formal complaints or concerns. They come from many sources. Human Resources receives complaints from union representatives, directly from employees, from supervisors, from managers, department heads, the public, and from the Board of Supervisors. The vast majority of complaints or concerns are brought to our attention in an informal way. Most of the complaints or concerns that are brought to our attention are handled and resolved expeditiously. Not every issue or concern rises to the level of a meet and confer obligation on behalf of the employer. However, Human Resources would still engage in discussions in an attempt to resolve the issue. The Human Resources Department attempts to resolve issues at the lowest possible level.

**Probationary Employees**

- F46: The system whereby the County evaluates the performance of its probationary employees is dysfunctional. In addition to the generalized findings of the Personnel Subcommittee rendering this Report, an independent management audit of the Child Protective Services division of the Department of Social Services was conducted by the Harvey M. Rose Accountancy Corporation. That audit, a copy of which appears elsewhere in the Grand Jury's Final Report, reaches a similar conclusion.

***Response to F46: The respondent agrees with the finding.***

F47: The foregoing situation is the result of failures by both HRD and the county employees' bargaining representatives to ensure that there is compliance with the various Memoranda of Understandings (MOUs) between them.

***Response to F47: The respondent disagrees partially with the finding.*** The respondent agrees that the current system for monitoring performance and providing feedback to employees has not been successful. Initially, in 1999 and again in 2001, meetings were held with supervisors and managers to apprise them of the MOU requirements. In the next two years of the trial period, the Human Resources Department was made aware on several occasions that the monthly meetings between a probationary employee and the supervisor were not taking place. Upon this notification, Human Resources' staff would contact the operating department to remind and assist department staff of the process outlined in the respective Memorandum of Understanding. The County and Local 1, recognizing problems with the probationary system, have been meeting and conferring to change the current system.

Human Resources cannot interfere with the relationship between a union representative and its members. Therefore, the County cannot respond to whether or not the bargaining representatives failed to ensure that there is compliance with a Memorandum of Understanding.

F48: The Grand Jury attempted to review personnel files of probationary employees to ascertain whether the terms and provisions of the MOUs were being enforced. With the exception of two former probationary employees who gave the Grand Jury express waivers of confidentiality, the Grand Jury was significantly hindered and delayed in its attempt by the defiance of some managerial employees within the Child Protective Services division of the Department of Social Services, aided and abetted by representatives of County Employees Association, Local No. 1. This defiant attitude was particularly puzzling given the fact that the purpose of the Grand Jury's inquiries was to ascertain the extent to which, if at all, probationary employees (who presumably were under the protection of Local No. 1) were being abused by policies and practices of the County.

***Response to F48: The respondent disagrees partially with the finding.*** Respondent agrees that the Grand Jury attempted to access employee personnel files though no reason was given at the time nor was the scope of "personnel file" defined. Respondent disagrees wholly with the characterization of a "defiant" attitude of some managerial employees. In response to a lawsuit filed by Local 1 on behalf of employees, County staff worked with County Counsel to ensure compliance with constitutional and statutory requirements related to privacy issues and entitlement to access employee personnel files.

An express written waiver to release confidential records is required by Human Resources. Confidential records include, but are not limited to, personnel files. The two personnel files released by Human Resources for review by the Grand

Jury were done so with a written waiver for access granted by the two employees. Human Resources will grant access to confidential records once an employee grants a written waiver to identify the parties to have access to their file.

The privacy of personnel records is addressed in the Personnel Management Resolution 228-84, Part 12, and is titled Employee Records and Right to Privacy, Sections 1201 through 1203.7. Section 1201 reads as follows:

“It shall be the policy of the Board of Supervisors to prohibit access to or disclosure of any information collected by the County relative to any employee for personnel administration purposes except as provided by law and these procedures. For the purpose of this policy, the following definitions and procedures shall apply.”

The definition of personnel records is covered under Section 1202 Personnel Records. Sub-section 1202.1 reads as follows:

“Personnel records shall mean all information, data and documents collected by the County relative to an employee for personnel administration purposes. Such records shall include the official personnel file maintained on each employee in the Personnel Office, Personnel/Payroll Forms (PPFs), medical reports relative to an employee, individual payroll record information, Employee Evaluation Reports, personnel data stored and produced by data processing and any other material relating to and used in making employment decisions about an employee. An official personnel file shall be established and maintained in the Administrative Office for each employee. Only the information contained in the official personnel records shall be used to make employment decisions relative to any employee.”

Section 1203 Disclosure of Employee Record Information addresses the inspection of these files as follows:

“No employee record information shall be disclosed by any person to a third party relative to an employee of the County except as provided by law and the following procedures.”

- F49: The probationary period for most county employees, both newly hired and newly assigned to positions (excluding law enforcement employees) is one year. For some positions/employees, that period is too long. It does not always take that amount of time to determine new employees' skills and aptitudes **if** supervisors are alert and provide input to employees early in their employment.

**Response to F49: The respondent agrees with the finding.** However, the respondent offers the following clarification in order to clarify the response. Respondent is in agreement that the probationary period for newly hired

employees is one year. The respondent is in agreement that a one-year probationary period is not always needed to “determine new employees’ skills and aptitudes”. In some circumstances it may take a longer or shorter period of time to make a determination. However, the one-year probationary period was negotiated pursuant to direction from the Board of Supervisors in the collective bargaining process and was codified in resulting MOUs. Any change to those negotiated provisions require a negotiated agreement to amend the MOU.

- F50: A form entitled “Expectations Information” is given to new employees to read and sign, and a copy is supposed to be placed in their personnel files. No “Expectations Information” statements, however, were found in the files that the Grand Jury was permitted to examine.

***Response to F50: The respondent disagrees partially with the finding.*** The MOU between the County and Local 1 states, “The employee will receive a written statement of expectations signed by the supervisor and the employee. The supervisor shall retain the copy signed by the employee and provide a copy to the employee.” Though a recommended list of expectations was provided to departments as a model, departments were encouraged to adapt the model to the specific needs of the department, work unit, or position. As there is no requirement that the list of expectations be placed in file, the absence of this information is understandable.

- F51: Monthly performance reviews of probationary employees covered by MOUs are required. Month-by-month reviews or evaluations were not found in the files that the Grand Jury was permitted to examine. It appears to be HRD’s practice that any such reviews that may occur are not to be documented in records maintained by the County. This is a violation of Article 11, Section 1-D, of the Local No. 1 MOU, which requires that after the probationary period has ended the documents are to be submitted to HRD.

***Response to F51: The respondent disagrees partially with the finding.*** Respondent agrees that monthly reviews of probationary employees are provided in the MOUs for five of seven bargaining units. However, it should be noted that the respective MOUs which have this requirement also state:

“The employee shall be considered to have met expectations in any month in which the supervisor does not meet with the employee and provide the employee with a written summary.”

Respondent also agrees that documentation of such meetings was not found in the files inspected by the Grand Jury. However, that does not necessarily mean that monthly meetings are not held as provided in the MOU. The presence or absence of such documentation in departmental records or in HRD’s file is not the primary indication of the success or failure of a system.



F52: If reviews of probationary employees are in fact documented in writing, the MOUs direct supervisors keep those documents until the completion of the probationary period. This is so probationary employees cannot claim rights not to be terminated except for cause.

***Response to F52: The respondent agrees with the finding.*** The respondent provides the following information in order to understand the context of the response. The respondent agrees with the finding that the monthly meeting summaries, which cover job expectations and standards, are kept with the supervisor in the individual departmental files and that a “for cause standard” does not apply to newly hired probationary employees.

During the probationary period, which is an extension of the testing process, an employee for El Dorado County is not eligible for civil service status and due process rights as a permanent civil service employee. The intent of a probationary period is defined in the applicable MOU, ordinances, and resolutions of El Dorado County, Government Code section 18528, and by case law.

It is important to note at this time that if employees are given too much detailed information in regard to poor performance during the probationary period, this could entitle a person to claim a property right to a job or could, in some cases, raise a claim of a liberty interest in a public sector job. If the employee is subject to release from probation and contests the release based upon a “for cause” basis (i.e., they receive details about poor performance), then there is an increased legal exposure that a court would find that the employee has a property interest in the job (Williams v. County of Los Angeles (1978) 22 Cal. 3d 731, 736; Figueroa v. Housing authority (1982) 131 Cal. App. 3d 528, 533).

F53: When supervisors leave county employment or transfer to other departments, their continued possession of such documents may cause the County to be ignorant of the contents of those probationary employee reviews, or of the manner in which the probationary employee(s) performed.

***Response to F53: The respondent agrees with the finding.*** Respondent agrees that the cited situation is feasible. However, absent specific information, Human Resources cannot respond more fully to the finding. If the information were retained in the departmental file, the information would in future be accessible to supervisors in the department.

F54: If a supervisor does not meet with and/or review a probationary employee under his/her supervision, the employee’s performance is considered by the County to have met expectations. In the absence either of direct communication between the supervisor and the department head or delivery of such review documentation to the department head, there is no way for substandard performance of employees to be brought to the attention of department heads.

***Response to F54: The respondent agrees with the finding.***

F55: On two occasions, the employment of probationary employees was terminated in the eleventh month of their probationary terms even though those employees had consistently received satisfactory (or better) evaluations. This was contrary to the County's obligations under its MOU with the Employees Association. Local No. 1 took no action to support those probationary employees, however, when they were terminated.

***Response to F55: The respondent disagrees partially with the finding.*** The respondent agrees with the finding that any probationary employee may be let go at any time during the employee's probationary period. Respondent disagrees with the implication that the department's action was contrary to the County obligation under the MOU. Because an employee may have been evaluated as satisfactory at a point during the probationary period, does not necessitate nor require the employee to pass probation. Ultimately, absent an unlawful motive, the department head/supervisor decision is final.

Human Resources cannot respond to whether or not a bargaining unit "took no action to support those probationary employees" except to state that Local No. 1 has filed several grievances related to the issue of release from probation. Both grievants claimed there were no monthly meetings. Upon investigation by Human Resources, there was a finding that some monthly meetings did take place. In addition, Local 1 and the County have been in process of meeting and conferring on this issue to identify any necessary changes to the system.

F56: On more than one occasion, six-month "Satisfactory" evaluation forms, dated later than the sixth month of employment, appeared in the files. It appeared those forms had been generated on an "after-the-fact" basis, and they did not reflect contemporaneous reviews.

***Response to F56: The respondent disagrees partially with the finding.*** Respondent agrees that the cited situation is feasible. Absent more information Human Resources cannot respond fully to the finding.

**Promotions and Performance Evaluations**

F57: In September 1999, pursuant to negotiated agreements in MOUs, the policy and practice of annual written performance evaluations was "eliminated" on an experimental basis. Instead, it was agreed between the County and the employee bargaining units that, as a two year pilot program, there would be a practice of "encouraging" monthly "discussions" and feedback between employees and supervisors, and that those "discussions" would be documented.

**Response to F57: The respondent agrees with the finding.** Respondent provides the following information in order to understand and clarify the context of the response.

Yearly written performance appraisals were suspended for permanent civil service employees in the General, Professional, Supervisory, Probation, and Trades & Crafts bargaining units. This was negotiated for these bargaining units because it was determined during negotiations that the prior performance evaluation forms and the evaluation system was not being used appropriately, if at all. This negotiated change was an experimental attempt to try to fix the problem. Despite the suspension of annual evaluations for permanent employees, exemplary performance or performance problems and areas of concern were to be documented by memorandum as a “real time” feedback system.

Clarification needs to be made that the reference to monthly discussions between employees and supervisors stated in the finding only applies to probationary employees, not to all employees.

F58: The ambiguity of words such as "may," "encourage," and similar words in the context of rights and duties, renders them unenforceable.

**Response to F58: The respondent agrees with the finding.**

F59: Notwithstanding the language of the newly negotiated MOUs, some departments never adopted the experimental system, while other departments used it only for a short time. Within six (6) months when it became recognized that the new experiment was ineffectual, those departments followed neither the old system nor the new.

**Response to F59: The respondent disagrees partially with the finding.** HRD agrees with the finding that some departments may have never adopted the experimental system. HRD cannot confirm the remainder of the finding.

F60: The foregoing situation is the result of failures by both HRD and the county employees bargaining representatives to see to it that there is compliance with the various MOUs between them.

**Response to F60: The respondent agrees with the finding.** HRD cannot interfere with nor respond to the level of representation given employees by their bargaining unit representatives. However, after the two-year trial period, the parties engaged in the meet and confer process to address the probationary period/performance evaluation system problem.

F61: To this date, no systematic policy or practice for documenting employee performance has been either agreed upon or imposed, and no such policy or practice is presently in place. This results in such potential problems as:

- Risk of wrongful termination lawsuits;
- Increased costs because of substandard performance by employees; and
- Failure to recognize and reward superior performance by employees.

***Response to F61: The respondent disagrees partially with the finding.*** The Human Resources Department agrees with the findings that the county could be sued at any time for any reason and that substandard performance can create additional costs.

Human Resources disagrees with the finding there is no policy or practice in place to handle substandard performance by employees. Personnel Management Resolution 228-84, Section 11, provides a disciplinary action procedure. In FY2001/02, 39 documented disciplinary or corrective actions took place. This does not include the large volume of calls to Human Resources for assistance in addressing performance issues in compliance with due process requirements. The majority of assistance given to the 31 different departments in regard to corrective actions was resolved at the lowest possible level.

HRD has been in process of meeting and conferring to finalize changes in this system.

### **Discipline, EEO, Discrimination Complaints**

F62: In the 2001/2002 Budget/Workplan, the function of discipline, EEO and discrimination complaints is described as follows:

“Assists departments in the preparation of disciplinary actions; investigates discrimination complaints; interprets laws, rules and procedures, and maintains Equal Employment Opportunity (EEO) policies and standards to ensure compliance with Federal, State and local laws and regulations. Includes providing professional and clerical staff support to the Civil Service Commission.”

***Response to F62: The respondent agrees with the finding.***

#### Civil Service Commission

F63: The Civil Service Commission (Commission) is established by Section 502.2 of the County Charter. The Board appoints the members of the Commission. Each board member has one appointment, and that appointee’s term runs concurrently with the term of the appointing board member.

***Response to F63: Respondent agrees with the finding.*** A commissioner is nominated by each Supervisor and appointed by the Board as a whole.

F64: Section 205 of County Resolution 228-84 identifies those county employees who may potentially invoke the jurisdiction of the Commission.

***Response to F64: Respondent disagrees partially with the finding.*** Section 205 of Resolution 228-84 originally identified those employees who were eligible for Civil Service status and those who were exempt from Civil Service. While many of the named exclusions still apply, changes resulting from the adoption of the Charter and revisions to Ordinance 2.60.010, et seq. update and supercede Section 205 of Resolution 228-84. Resolution 228-84 is in process of comprehensive amendment.

F65: Matters are brought to the attention of the Commission through review of decisions of department heads. The Commission's caseload is generated through procedures initiated by employees through HRD. There is not a provision for the direct filing of complaints with the Commission. HRD attempts to resolve employee complaints before they are brought to the Commission, and employee complaints generally reach the Commission only as a last resort.

***Response to F65: Respondent disagrees partially with the finding.*** However, the finding appears to address several different procedures and Respondent provides the following clarification to ensure that its response is understood in context. The first sentence is inaccurate. The second sentence is generally accurate, in that parties invoke the jurisdiction of the Commission based on established procedures administered by the Director of Human Resources, acting in the capacity of Executive Officer of the Civil Service Commission. The Commission serves as an appellate body that reviews decisions made by department heads or actions taken by other County personnel. Matters within the jurisdiction of the Commission are brought to it through appeals by employees as prescribed in rules, policies or Memoranda of Understanding. Proceedings before the Commission are initiated through HRD. However, in receiving such filings, the HRD is, in fact, acting on behalf of the Commission and as part of the Commission's process, not separately from the Commission.

The finding states: "There is not a provision for the direct filing of complaints with the Commission." and "HRD attempts to resolve employee complaints before they are brought to the Commission." Respondent agrees with both statements. It is true there is no "direct filing" with the Commission, and the commission supports this process in part because it minimizes the possibility that improper ex parte contacts can occur. This is consistent with the Commission's role as a reviewing body, rather than a body having initial jurisdiction to decide or resolve complaints. However, if the statement is intended to indicate that an

appeal which is properly the subject of Commission review is not filed directly with the Commission, but with HRD, Respondent notes that the Director of HRD acts as the Executive Officer to the Commission and that the filing, therefore, is with the Commission.

With respect to the last sentence of the finding, efforts to resolve complaints are often made through the grievance procedure or through the informal processes of bringing a problem to the HRD's attention in order to have appropriate review and expeditious resolution, if possible. In these cases, HRD's efforts usually are to attempt to facilitate a resolution between the employee and the affected department, rather than to resolve the complaints directly. In cases of discipline, discrimination, or matters within the purview of the Commission, efforts at resolution of the appeal may continue after an appeal is filed. However, those efforts are made concurrent with the processing of the appeal to a hearing, not as a separate effort that defers the appeal process, although hearings before the Commission may be scheduled or continued when desired by both the County and the employee to facilitate discussions. It is correct that employee complaints generally reach the Commission only as a last resort since the Commission is the final reviewing body that is empowered to act only after completion of all other applicable review processes. Employees are not dissuaded from exercising their appeal rights to the Commission and are advised of those rights in any appealable proceedings.

F66: The Commission is authorized to hear only the following types of matters:

- Claims of unlawful discrimination in personnel matters;
- Disciplinary matters involving classified employees with permanent status; and
- Such other matters as may be provided for in personnel rules, MOUs between the County and recognized employee organizations, or Board Policy.

***Response to F66: The respondent agrees with the finding.***

F67: The Commission has authority to cause subpoenas duces tecum to be issued for matters within its lawful jurisdiction.

***Response to F67: The respondent agrees with the finding.*** The Commission may also issue subpoenas requiring the attendance of witnesses only.

F68: The Commission is empowered only to affirm, modify or reverse decisions of the “appointing authority,” generally the department heads, in disciplinary actions.

***Response to F68: The respondent agrees with the finding.***

F69: Findings and decisions of the Commission in disciplinary actions are final and binding, subject only to judicial review.

***Response to F69: The respondent agrees with the finding.***

F70: Remedies available to county employees through access to the Commission are seldom sought, and accordingly, the Commission is not used to its full capacity. The Commission has not had a contested hearing for approximately a year. The most recent contested matter brought before the Commission for hearing was the complaint of a sergeant in the Sheriff's Department.

***Response to F70: Respondent disagrees partially with the finding.***

Respondent agrees that contested hearings before the Commission do not occur frequently. The Commission's jurisdiction is invoked when appeals are filed. However, Respondent disagrees that this means that the Commission is not used to its full capacity. In fact, the Commission diligently works to its "full capacity" when hearing appeals, but the first sentence suggests that the commission should be hearing even more appeals, which does not make sense in the context of a complaint driven appeal process. Under the Charter and other governing regulations, the Commission acts as an appellate reviewing body, a court of "last resort" within the County personnel system as suggested in F65. If few appeals are filed, this could be construed that the Department of Human Resources is effectively resolving matters, thus obviating the need for appeals. The function of the Commission is to serve as a forum when the parties cannot otherwise resolve their complaints or grievances. The fact that this does not occur frequently is not an indication that the Commission is underutilized. The better the system works, then the less frequently the parties should need to resort to the Commission.

F71: On occasion, properly requested information has not been provided to the Commission in a timely manner.

***Response to F71: The respondent disagrees partially with the finding.*** There may have been isolated instances (for example, 2 or 3 in the past several years) when information requested by the Commission has not been timely provided by departments other than the Department of Human Resources. The commission does not anticipate further problems obtaining relevant documents.

F72: The Director and/or other employees of HRD:

- Act as the Executive Officer for the Commission;
- Receive all mail directed to the Commission concerning appeals and grievances;
- Provide a secretary to the Commission;
- Prepare the budget for the operation of the Commission, without the Commission's participation; and
- Administer the expenditure of funds for the Commission.

This state of affairs essentially removes any opportunity for confidential communications from employees to the Commission without the necessity of initiating formal proceedings.

***Response to F72: Respondent agrees with the finding.*** The Respondent does agree with the bulleted points and notes again that it is appropriate to avoid direct communications with employees in order to prevent improper ex parte communications. (See comment regarding F65.) Respondent disagrees with any negative implication contained in the finding or any implied suggestion that circumstances should be otherwise, given the jurisdiction of the Commission. The Commission is an adjudicatory body whose jurisdiction is prescribed by Charter Section 502.3. It functions essentially as an appellate hearing body that operates only in the context of formal proceedings. No role is assigned to the Commission to become involved in or to resolve employee complaints or grievances at an earlier stage of the process. Therefore, there is no need or appropriate role for communications between employees and the Commission, confidential or otherwise, in the absence of formally initiated proceedings before the Commission. In fact, receipt of such communications could prejudice the Commission's performance of its role as an adjudicatory body should an appeal later be filed.

## **Recommendations**

### **Department of Human Resources – General**

R1: An audit of HRD should be conducted to evaluate management procedures and practices, and to ascertain those functions that it is best equipped to perform and those that should be performed by other County entities or by outsourcing.

***Response to R1: The recommendation will not be implemented because it is not warranted.*** This is not to say that routine management reviews and audits are not good practices. The County should consider, once the economic environment and state budget situation has improved, establishing a performance audit program that would review, on a periodic basis, county departments and programs. However, the Board is satisfied that Human Resources is generally performing appropriately. Should problems arise in the future, the Board will consider, as it has in the past for other departmental problem areas, and address the situation by directing the CAO to perform a special study or contracting for an outside expert.

R2: Adequate staffing should be provided to HRD so that it can adequately perform the functions properly assigned to it.



**Response to R2: The recommendation will not be implemented because it is not warranted.** On an annual basis, through the budgetary process, the Board reviews county departments and programs. This process reviews requests for reorganizations and additional staffing in context with all other county needs and budget demands. In addition to the annual budget process, the Board reviews and makes decisions on requests to meet new needs and demands arising during the year.

## Recruitment and Testing

R3: All information provided in connection with employment applications should be verified. Applications should be screened prior to any testing and/or interviewing.

**Response to R3: The recommendation will not be implemented because it is not reasonable.** This response is based upon the expectation that all information should be verified prior to testing.

Applications are screened for minimum qualifications prior to any testing and/or interviewing. A Human Resources representative screens the application and all additional information submitted to determine whether the candidate has provided information which meets qualifications listed in the job specification/recruitment flyer. However, normally information is not verified prior to testing. The application form states that proof of educational attainments being used to meet the minimum qualifications will be required prior to an offer of employment. The appointing authority is responsible for verifying the education and experience listed by the applicant as part of a background check prior to actual hire.

The County hires approximately 180 - 190 employees annually. It receives in excess of 3,000 applications. It would be an ineffective use of resources and taxpayer dollars to verify information on those applicants (approximately 2,800) who are not being selected for hire. An up front application verification process as recommended would require approximately one to two additional staff at an approximate cost of \$55,000 to \$93,000. Additional considerations in implementing this recommendation would include the following factors. An “up-front” investigation/inquiry process would necessitate a longer period of time within the recruitment process and prolong the time until a certification list could be provided to the hiring authority. A longer processing time within the “recruitment” period is not desirable to departments as vacant positions burden existing employees with increased workload demands, which, over time, can increase turnover or burnout.

Finally, many applicants have the expectation that their application for employment with the County will remain confidential and that contact to current

or, in some cases, prior employers will not occur until such time as a conditional job offer is made. Thus, it is more effective and efficient, both in time and money, to verify information only when a conditional job offer has been made.

- R4: HRD or an outside contractor should conduct background checks of potential employees. This responsibility should not be delegated to individual departments.

***Response to R4: This recommendation requires further analysis.*** Some departments, including Sheriff, District Attorney and Department of Child Support Services, have specially trained investigators in place to handle in-depth background investigations on selected applicants. HRD is exploring the feasibility of establishing a contract with an outside vendor to conduct background checks for departments without background investigation resources. A final determination shall be made by December 30.

- R5: Job applicants should be required to provide copies of degrees, professional licenses, and/or other documents confirming education and experience along with their original job applications.

***Response to R5: The recommendation will not be implemented because it is unreasonable.*** The El Dorado County job application requests applicants to provide copies of any professional licenses required as a minimum qualification of the position for which they are applying. Additionally, the application states, "Written verification of education listed to meet minimum qualification will be required prior to offer of employment." This provides the applicant with notice that we will be requiring documentation of their relevant licensure and educational attainment. As many of our job postings are open for only two weeks, many applicants may not be able to readily obtain and provide copies of transcripts/certificates/licenses in time to submit them with the original application.

Verification of experience is more appropriately done at the time a conditional job offer is made for reasons stated in responses to R3, R4, and F9. Experience is verified through conversations with prior employers/supervisors.

- R6: Supplemental questionnaires specifically designed for each department or specific skill should be developed cooperatively by HRD and the departments/divisions.

***Response to R6: The recommendation has been implemented.*** Supplemental Questionnaires are used for many of the specialized or technical positions throughout the County. All questionnaires currently in use were developed cooperatively by HRD and the appropriate department. However, it should be noted that not all positions would benefit from use of a Supplemental Questionnaire. For example, Senior Fiscal Assistant is a classification that is used

in at least eight different departments. Use of a standardized, professionally developed written skill test is a much more objective measure of a common skill level than a supplemental questionnaire for this class since one recruitment generates an eligibility list that may be used by all departments with this classification.

- R7: Following all recruitment efforts, applications of qualified applicants should be kept on file for at least one year to create a pool of potential employees who might be able to fill similar positions should they become available.

***Response to R7: Recommendation has been implemented.*** This response is limited to situations where multiple positions in the same class, or directly related classes, are filled.

Applications of persons successfully completing the testing process are retained with the “eligibility list” resulting from the testing process. Eligibility lists are considered “active” for a minimum of six months and may be extended for up to 18 months. During the time an eligibility list is in effect, it is used for all open positions within the same job classification. In the current economy, it is uncommon for candidates to still be available after six months; indeed, we frequently find that after two to three months the majority of candidates on the list have found other employment.

If the recommendation is referring to using the list of applicants for other openings that are not in the same job classification, but may be considered “similar,” there are two possible responses. First, certain lists may be substituted for openings in truly similar classes. For example, if we have a list that was generated for the class of Secretary and the new opening is for Senior Office Assistant, we may issue the list of applicants for Secretary to interview for the Senior Office Assistant opening. This is possible because: 1) the duties have a high degree of similarity and, 2) the salaries and minimum qualifications are the same.

As the recommendation relates to use and inclusion of applications for testing in dissimilar classes, the recommendation will not be implemented because it is unreasonable. We could not, and would not, substitute a list generated for Secretary for an opening as a Legal Secretary I/II as: 1) the minimum qualifications for Legal Secretary are more specialized than those for Secretary so the Secretary candidates may not be the most qualified available for Legal Secretary and, 2) the salary for Legal Secretary I/II is higher and more members of the public may have applied for that position than they would have for the lower salaried classification of Secretary.

Additionally, in accordance with civil service principles and our rules, we have a responsibility to the public to inform them of job openings and to conduct competitive recruitment processes to identify the most qualified candidates. This is in compliance with the basic rules of open competition as outlined in Section

19801, 19802 and 19803 of the Government Code and the Merit Principles outlined in State of California Administrative Code for Local Agency Personnel Standards.

Use of a job bank approach would require extensive practical and legal analysis, extensive revision of our rules, and, if feasible, upgrades to existing computer software.

### **Orientation and Training**

R8: The Board should provide resources separate from HRD to be accountable for training functions, including:

- Board mandated training;
- Orientation training;
- Supervisory and management training;
- Specially requested training for individual departments that employees from other departments could also attend;
- Training for trainers, aimed primarily at preparing each department to train its own new employees; and
- Training to prepare permanent employees for promotion and advancement within county government.

***Response to R8: The recommendation has been implanted.*** The Board already approves specific department training budgets annually and allocates funds separate from the HRD, budgeting within each departments' budget. In FY 2001/02 the County expended \$678,138 on staff development alone. This does include educational materials, labor costs, travel expense, professional consultants etc. that are also associated with training. Because of the unique nature of the training needs from department to department and program to program funds are not expended for staff to be hired to keep track of each type of training. Departments currently share training information and resources and invite other County departments as well as outside public agencies to participate when feasible.

In the past Human Resources has provided countywide training for areas that are common to all programs. The Departments FY 01/02 budget request included \$150,000 for training included Supervisory Training, Customer Service, Effective Communication, Employment Relations, Executive Leadership, Harassment/Discrimination Prevention, Cultural Diversity, Business Writing, and the extension of the current new employee orientation to include modules covering Workplace Violence Prevention and Harassment/ Discrimination Prevention (not to be taken in lieu of the more in depth mandatory training). During budget hearings these funds were eliminated as other county priorities were addressed. However, \$30,000 remained in the department's budget and

training was provided at a much lower level with certain training areas, such as executive leadership, cultural diversity, and expansion of orientation eliminated.

- R9: New employee orientation should be completed within 10 days of employment rather than the 60 days presently allowed.

**Response to 9: The recommendation will not be implemented because it is unreasonable.** There is value in having new employees attend orientation as soon as possible. Human Resources currently conducts new employee orientation twice a month, or approximately every 15 days. To add additional training days, so that all employees can be trained within days is unreasonable. For a variety of reasons departments may not be able to avail orientation to their employees within that time frame. However, not attending for up to 60 days is equaling unreasonable as training may encourage appropriate behavior, prevent accidents, insure that employees are aware of benefits and of benefit deadlines (such as specific deadlines for enrolling in the County health programs and voluntary life insurance).

Human Resources is currently working with Risk Management to expand new employee orientation adding a module covering Workplace Safety and Violence Prevention and expand the module covering Harassment/Discrimination Prevention. These additions, as well as other modifications will extend the New Employee Orientation to a full day.

Beginning January 1, 2003, employees will be required to attend orientation (provided twice monthly) within the first 30 days (including weekends) of employment.

- R10: Coordination of in-service training and advancement opportunities should be provided for permanent employees. For example, HRD should establish a two-phase training program for employees interested in promotion:

- Phase I: A pre-test voluntary training available to all non-supervisory personnel, which should cover basic elements of supervision.
- Phase II: Required training initiated prior to being placed in new supervisory position. The curricula would include County policies and procedures and expand on Phase I matters with emphasis on employee/employer relations.

**Response to R10: The recommendation requires further analysis.** The Human Resources Department will analyze and return to the Board, by December 10, 2002, with information regarding department interest and support for this type of training as well as recommendations as to funding, should the recommendation be implemented.

R11: All Board policies that mandate training should be reviewed and updated into one cohesive program policy statement.

**Response to R11: The recommendation will not be implemented because it is not warranted.** Training is required for a variety of reasons and training needs and programs change to respond to a number of needs – health, safety, government regulation. Although the respondent believes that the policies should be reviewed from time to time, it does not believe that one policy document is needed or required. Furthermore, the coordination to perform this on a periodic basis, would be unnecessarily time consuming. For efficiency and effectiveness the policies should instead be kept within the program area that governs them. For example, safety policies (violence in the workplace, respiratory policy, etc.) within the Risk Management program, and Personnel policies (sexual harassment) within the Personnel programs.

R12: There should be reliable records of participation in training (both on-the-job and in-service) programs.

**Response to R12: This recommendation has not yet been implemented, but will be implemented in the future.** A number of departments keep records of training. By June 2003, the CAO will return to the Board with a countywide policy regarding training and record keeping. It will be appropriate to maintain some records within the department and some centrally in Human Resources. Currently, the Human Resources Department is working with the Information Services Department to establish a training database where in-service training provided through the Human Resources Department can be documented. Perhaps this can be broadened and available to all departments. For example, Risk Management currently tracks participation in Violence in the Workplace training on an Excel spreadsheet. This training database may improve that system. Other departments are keeping rudimentary track by other means.

R13: All supervisors should annually attend mandatory refresher supervisory training.

**Response to R13: The recommendation has not been implemented but will be implemented in the future.** The scope and extent of refresher supervisory training will be developed by December 31, 2002.

### **Classification/Salary Administration**

R14: All county job descriptions should be reviewed and updated. In addition to HRD personnel, the individuals presently holding jobs whose descriptions are being reviewed should participate in those reviews.

**Response to R14:**

**Since this recommendation has two parts, and since the respondent agrees with one and not the other, the following responses are given.**

**The recommendation has been implemented.** Review and updating of job specifications is regularly performed by the Human Resources Department, either through a job description review process, reorganization review process or reclassification review process. County departments are also asked to review all job specifications prior to initiating any recruitment efforts, to ensure that the requested classification is still appropriate for the functions and duties which will be performed by the position.

**The recommendation will not be implemented because it is unreasonable.** The recommendation to have individuals participate in reviews of job descriptions will not be implemented, because it is not reasonable under current circumstances. When a job description, reorganization or reclassification review is conducted, employee participation in the review process is included whenever possible and/or appropriate. The general purpose of the classification, the level of responsibility, accountability and independent judgment assigned to the class, the level of complexity (entry, journey, advanced journey, office support, technical, professional, supervisory, managerial, etc.), the functions and duties performed by the class, the knowledge and skills needed for successful job performance, and the level of supervision both received and provided must be part of the review process. Though employee input is desirable, HR staff needs to look at the breadth of classification factor to ensure a consistent and broad application of classification principles. This often requires individual position audits. The number of existing staff in the Human Resources Department is insufficient to perform such intensive classification studies. Hiring of a classification consultation firm (at a cost of \$300 - \$600 per position review), or additional Personnel Analysts in Human Resources who could be dedicated solely to such classification reviews could make this recommendation feasible.

- R15: HRD should establish an orderly process for the reclassification of employees and jobs with reasonable deadlines built into the procedure. The process should include a requirement that managerial personnel document the specific matters requiring upgrade and/or reclassification.

**Response to R15: This recommendation has been implemented.** Since Personnel Associates completed the classification and compensation study in 1990, employees have utilized a Position Description Questionnaire form to request an audit of their position for possible reclassification. The form has sections for the supervisor/ manager to complete, as well as the department head. The form requires a list of the duties assigned to the employee and the percentage of time spent on each duty. A position audit including interviews with the employee, supervisor/manager and department head is conducted. A reclassification report is created which describes detailed findings from the position audit. The report also specifies any reclassification recommendations based on those findings.

Timetables for future reclassification requests have been developed which will enable departments to include reclassification recommendations in either the proposed budget or the addenda process as requested by the Board of Supervisors. New reclassification requests received between May 2002 and October 2002 will be submitted to a contracted classification consultant to have studies finalized by February 2003. These reclassifications will be included in the proposed budget. Reclassification requests received between November 2002 and March 2003 will be submitted to the consultant to have studies finalized by July 2003. These recommendations will be reported in the addenda process, to be included in the final budget in September. If this process is successful, it will be continued in future years.

- R16: All employees must be paid for all hours worked. All overtime or extra work time should be approved in advance. Repeated requests should be evaluated to determine if adequate staffing is in place.

**Response to R16: This recommendation has been implemented for non-exempt employees.** Each Department Head has the responsibility to ensure that employees are paid appropriately for their hours worked, including overtime for more than 40 hours worked in a week in accordance with the Fair Labor Standards Act, Salary and Benefits Resolution #345-2000 and the applicable Memorandum of Understanding. The Department Head or his/her designee may require and shall authorize the performance of any overtime work in advance of being worked. If prior authorization is not feasible because of emergency conditions, a confirming authorization must be made on the next regular working day. This information is shared with new employees during new employee orientation.

A review of departments' overtime expenditures is done by Chief Administrative Office staff as part of the mid-year budget status report. A review of each department's future overtime funding needs is done as part of the proposed budget and the budget addenda process. Departments must justify on-going overtime needs. Repeated requests are evaluated to determine if there are more effective staffing or other methods to limit the need for overtime expenses.

This recommendation will not be implemented for exempt employees because it is not feasible. Management employees, who work in positions which are exempt from the overtime provisions of the Fair Labor Standards Act, are frequently required to work more than 40 hours in a week. Exempt management employees are salaried employees, and are not entitled to additional hourly pay for working more than 40 hours in one week. Management employees receive a management leave benefit of 80 hours per year as compensation.



R17: HRD should review all minimum qualifications to determine their relevance to particular jobs. HRD should give recognition to relevant experience in lieu of higher education requirements. This recommendation does not, however, suggest that professional and other licensing requirements should be ignored.

***Response to R17: This recommendation has been implemented.*** The Human Resources Department includes a review of the minimum qualifications when job specifications are reviewed, modified and/or created. A review of Applicant Flow data (stages at which candidates were screened in/out of each recruitment process) is done as part of El Dorado County's bi-annual Equal Employment Opportunity Plan to determine if there are artificial barriers to employment. Human Resources regularly substitutes equivalent/comparable experience and/or education on all positions where there are no professional or other licensing/certification requirements.

## **Operations Support**

R18: Regular meetings between the HRD Director and department heads should continue to occur on a regularly scheduled basis.

***Response to R18: The recommendation has been implemented.*** The Human Resources/Department Head meetings are scheduled on a monthly basis.

R19: HRD should design and distribute standardized procedures that cross departmental lines, establishing uniformity in all matters, including but not limited to time sheets, personnel evaluation forms, and the Employee Recognition Program.

***Response to R19: This recommendation will not be implemented because it is not warranted.*** The Human Resources Department is committed to developing standardized policies and procedures whenever feasible. It is recognized that uniformity and standardization leads to the consistent implementation of rules and policies. The Human Resources Department has begun a broad revision and updating of its policies and rules. However, Countywide uniformity in the three areas mentioned is not feasible or warranted.

In reference to time sheets, some departments are required to give a detailed cost accounting of how each employee spends their time (e.g. Transportation, Social Services, Mental Health – every 15 minutes needs to be documented, and Health departments). Other departments with less complex accounting procedures and funding sources are able to effectively account for their employees' time utilizing much less complex methods. It would be infeasible to require all departments to utilize the same timekeeping methods.

Regarding personnel evaluation forms, it is infeasible to use the same evaluation form for department heads, administrative management, and represented employees. As we are required to meet and confer with representing employee organizations, different performance evaluation systems and forms may apply to different bargaining units. Staff has recently reached agreement with Local 1 on a new performance evaluation form; the form is in the process of being adapted to personal computer access.

The County does have a Countywide Employee Recognition Program. Components of this program include an annual employee picnic and the distribution of service pins to employees who have worked for the county for 30, 25, and 20 years. Departments were directed to establish their own Employee Recognition Program within their departments. It was felt that each department and its employees should determine what recognition meant to them, in what manner they wanted to be recognized, and the level of formality or informality with which employees felt comfortable. The Board recognized that a generalized approach, although an important component to the program, might miss meeting some of the more specific needs of employees in individual departments.

R20: The County should establish a written policy and standards, including a provision for management approval, for telecommuting and for work at alternate work sites.

**Response to R20: The recommendation will not be implemented because it is unreasonable.** The Respondent recognizes the value of the Grand Jury's recommendation. However, Human Resources staff is currently dedicated to updating out of date policies as a critical priority. Regarding this issue, a policy must be written that meets the needs of all departments. It may not be feasible for employees in one department to work off site or telecommute, where in another department there may be no problem with employees working in off site locations. It must be determined how supervision will be determined. Productivity measurements would have to be developed. Those employees working from home should have their workstations reviewed to ensure they are ergonomically correct. Work areas must also be deemed safe in accordance with OSHA rules and regulations. Issues of liability must also be reviewed. The administration of workers' compensation would have to be analyzed. Findings may or may not prove that telecommuting is in the best interest of the employees, the county and/or the public. In short, given the diverse needs of 31 departments, the analysis required would be extensive and a 6-month period, following the publication of the Grand Jury report, is an inadequate time period to accomplish an analysis regarding the desirability of establishing a policy and standards.

R21: HRD should establish and implement a policy of requiring exit interviews of County employees who are terminating their employment. The information should be memorialized, reviewed, analyzed and interpreted periodically.

**Response to R21: This recommendation has not been implemented but will be implemented in the future.** The respondent recognizes that valuable information is lost by not conducting exit interviews.

Human Resources staff is in the process of contacting the county's "comparable counties" to discover whether these agencies conduct exit interviews and in what manner they are conducted. The Human Resources Department will continue its research with the goal of having an exit interview process established by December 2002.

- R22: HRD should develop specific strategies aimed at reducing employee turnover, present them to the Board for approval, and evaluate the success of those strategies on an on-going basis.

**Response to R22: The recommendation has not been implemented but will be implemented in the future.** After implementing the exit interview process for six months, data gathered from the process will be analyzed to see what patterns, if any, exist among employees terminating employment with the county. It should be noted that certain "solutions" to employee turnover (i.e. higher salaries or increased benefits) may not be feasible at this time due to budgetary constraints facing the county.

## **Labor Relations**

- R23: The County should hire either an in-house unrepresented employee or an outside professional negotiator, to negotiate the terms and provisions of MOUs with recognized county employee associations.

**Response to R23: The recommendation has been implemented.** In the Human Resources Department the task of negotiating the MOUs with the respective bargaining units rests with the Director, the Deputy Director, and one Senior Personnel Analyst. The Deputy Director position is currently vacant and has been held vacant since March pending clarification of funding limits resulting from State budget decisions. The three positions assigned negotiation responsibilities are unrepresented management positions. In addition to negotiating new MOUs, these three positions handle contract administration issues, grievances, disciplinary or corrective actions, threat assessment and fitness-for-duty issues, meet and confer sessions, accommodation issues, and issues and questions affecting the terms and conditions of employment. The value of hiring an outside negotiator for future formal contract negotiation is a policy matter for consideration prior to initiating the negotiation process for negotiation of successor MOUs.

R24: HRD should develop a standard review and evaluation procedure for all employees, including probationary employees. Supervisors should give early and consistent feedback to all employees regarding their performance. Performance meeting or exceeding job standards should be recognized, and performance not meeting standards should be addressed and documented.

**Response to R24: The recommendation has not yet been implemented, but will be implemented in the future.** The Human Resources Department is currently engaged in concluding negotiations with Local 1 in regard to these issues. While supporting the principle of providing feedback to employees, the Human Resources Department must exercise due diligence to not establish procedures which create for probationary employees a property right to a job based upon detailed documentation of performance. Recognizing that different represented and unrepresented bargaining units have individually negotiated needs and requirements, the Human Resources Department expects this process to be implemented by October 15.

R25: The County should implement procedures to assure that monthly evaluations of probationary employees are performed and documented as required in MOUs.

**Response to R25: The recommendation has not yet been implemented, but will be implemented in the future.** The Human Resources Department is in the process of determining what is the most effective procedure to assure compliance with the MOU. These procedures shall be completed by October 15.

R26: Agreements establishing experimental programs should be reviewed, in accordance with predetermined standards and criteria, not less than quarterly. Provision should be made in those agreements for the immediate termination or adjustment of such programs if they are found to be ineffective.

**Response to R26: The recommendation will not be implemented because it is unreasonable.** Though the respondent concurs that experimental programs should be reviewed to determine if a program is effective, the frequency and scope of such review must be flexible depending on the size and extent of the program and agreements reached through the meet and confer process.

R27: HRD should anticipate alternative future courses of action if agreed-upon experimental programs fail, so that those alternative courses of action can be implemented expeditiously.

**Response to R27: The recommendation has not been implemented, but will be implemented in the future.** The respondent will institute such measures, within the guidelines and restrictions of established case law, recognizing that results of the experimental action may dictate an alternative course action that was not anticipated.

## Discipline, EEO, Discrimination Complaints

R28: To preserve the independence and appearance of impartiality of the County's Civil Service Commission, the Executive Officer of the Commission, secretarial and other clerical services to the Commission should be independent of HRD.

***Response to R28: The recommendation will not be implemented because it is unreasonable and unwarranted.*** As a matter of perception, it can be argued that having Commission staff independent of HRD would be desirable. However, Respondent does not believe that the current situation has prejudiced the operations of the Commission or jeopardized its independence. Nor have any complaints been received along these lines. The Commission does in fact, act as an independent adjudicatory body, and the Commission is impartial when carrying out its responsibilities. The commission has an effective and positive working relationship with the Human Resources Department. This relationship has not adversely impinged upon the Commission's responsibilities

Retention of independent legal counsel to advise the Commission currently provides a very substantial element of independence. In the absence of any demonstrated problem, the recommended change is not warranted in light of current fiscal constraints. It would not be practical or reasonable to have the Civil Service Commission assume the administrative responsibilities currently performed by HRD. This issue is further complicated by the infrequent nature of the hearings, accompanied by intense periods of activity that would impact the ability both to maintain such staff and to train such staff.

R29: The Chair of the Commission should be the Executive Officer of the Commission.

***Response to R29: The recommendation will not be implemented because it is unreasonable.*** This is unreasonable, and could undermine the Chair's efforts to remain impartial when hearing appeals. See also response to R28.

R30: The Commission's budget should be separate from HRD's budget, and members of the Commission should have input before the budgetary request is submitted to the Chief Administrative Officer.

***Response to R30: The recommendation will not be implemented because it is unwarranted.*** Again, in the absence of implementing R28, there appears to be no purpose served by establishing a separate budget for the Commission. If clerical and administrative services continue to be provided by HRD, the budget process would be most efficient by remaining within HRD's budget. There has never

been an instance where a concern regarding appropriate levels of funding has been a factor in conducting Commission hearings and business.

R31: Time should be scheduled during new employee orientation for one or more Commission members to explain what the Commission is, its functions, and how and when to contact it. A pamphlet containing such information should be prepared and given to new employees during their orientation.

***Response to R31: The recommendation will not be implemented because it is unreasonable.*** Information will be provided to new employees during employee orientation regarding the role and function of the Commission and how the appeal process is initiated. A pamphlet will be prepared for distribution. However, the recommendation that one or more members of the Commission be present to provide information during new employee orientation will not be implemented because of the frequency of such orientations, the impact on the schedules of the Commissioners, and the desire to develop and maintain a consistent presentation.

R32: All information properly requested by the Commission relevant to a pending proceeding should be furnished to it expeditiously.

***Response to R32: The recommendation has been implemented.*** The Commission has taken steps to ensure that it timely receives all properly requested information.

### **Commendations**

The Workplace Violence Prevention mandated training for El Dorado County employees appears to be an exemplary display of inter-departmental cooperation in this lonely field of training. Risk Management is doing a credible job in documenting the training. Reception of this training seems to be high at all levels of participation. The Office of Emergency Services (OES) staff has demonstrated excellent coordination effort in bringing competent instructors from Risk Management, Mental Health, and the non-profit Women's Shelter to bear on this critical issue.

El Dorado County employees have an opportunity to continue their education relating to their jobs. Upon successful completion they can be reimbursed for a portion of the cost of that continuing education. This opportunity is not widely known or used. It appears in the County's MOU with Employees Association, Local No. 1, General, Professional, and Supervisory Bargaining Units, July 1, 1999 to June 30, 2003. This policy is both a wise investment and displays the Board's concern for improving opportunity to those employees with initiative.

**Responses Required for Findings**

F1 through F72      El Dorado County Board of Supervisors  
Director, Department of Human Resources

F63 through F72      El Dorado County Civil Service Commission

**Responses Required for Recommendations**

R1 through R32      El Dorado County Board of Supervisors  
Director, Department of Human Resources

R28 through R32      El Dorado County Civil Service Commission

## **Government & Administration Committee**

### ***Procedures for the Board of Supervisors in Responding To Grand Jury Final Reports***

#### **Reason for the Report**

The 2001/2002 El Dorado County Grand Jury ("Grand Jury") has generally been pleased with the responsiveness of the members of the current Board of Supervisors in considering its concerns. The Grand Jury, however, is dissatisfied with the process followed by the Board in connection with its adoption of a Draft Response to the Final Report of the 2000/2001 El Dorado County Grand Jury ("Previous Grand Jury"), and with the manner in which the Board's ultimate Response to that Final Report was modified and then finalized. In particular, the Grand Jury is dissatisfied with the Board's failure, in several instances, to follow its own policies and procedures. Accordingly, the Grand Jury elected to inquire into methods and procedures whereby the response process can be improved.

#### **Scope of the Investigation**

The Grand Jury reviewed the following:

- Sections 933 and 933.05 of the California Penal Code;
- Section 703 of the El Dorado County Charter;
- Policy No. A-11 of the El Dorado County Board of Supervisors ("Board");
- Final Report of the Previous Grand Jury;
- Responses of public entities other than the County of El Dorado ("County") to that Final Report;
- Responses of the County's elected department heads to that Final Report;
- Draft Response of the Board to that Final Report, as disclosed in the Board's agenda packet for its September 18, 2001 regular meeting;
- Undated, unaddressed, unsigned letter-memorandum commenting on the contents of that Draft Response;
- Motion adopted by the Board at its September 18, 2001 regular meeting, directing further study of the Draft Response in light of that letter-memorandum;
- Memorandum from the El Dorado County Counsel ("County Counsel") to the Board, dated November 1, 2001;
- Conformed Agenda of the regular meeting of the Board on November 6, 2001; and
- Letter dated December 17, 2001, to the Honorable Suzanne Kingsbury, Presiding Judge of the El Dorado County Superior Court ("Presiding Judge"), from Penny Humphreys, Chair, Board of Supervisors.



The Grand Jury also considered reports of discussions which occurred at a meeting on October 5, 2001, between the Foreman and one member of the Grand Jury, the County's Interim Chief Administrative Officer ("CAO"), County Counsel, and a board committee consisting of two of its members.

Members of the Grand Jury also attended the regular meetings of the Board on September 18, October 16, and November 6, 2001, at which there were agenda items addressing the subject of the Board's Response to the Previous Grand Jury's Final Report.

Members of the Grand Jury also attended a special workshop meeting conducted by the Board, dealing with the subject of its Response to the Final Report of the Previous Grand Jury, on November 5, 2001.

### **Findings**

The Grand Jury first issued this report on January 16, 2002. The County prepared a response to the Grand Jury findings and recommendations on April 16, 2002. A number of items required further analysis and this was completed and approved by the Board on July 9, 2002. A copy of the April 16<sup>th</sup> Grand Jury responses and the further analysis presented to the Board on July 9<sup>th</sup>, were sent to the Presiding Judge and are appended to this report.

F1: Section 933(a) of the California Penal Code ("Penal Code") provides, in part, as follows:

"Each grand jury shall submit to the presiding judge of the superior court a final report of hits findings and recommendations that pertain to county government matters during the fiscal or calendar year. Final reports on any appropriate subject may be submitted to the presiding judge of the superior court at any time during the term of service of a grand jury. A final report may be submitted for comment to responsible officers, agencies, or departments, including the county board of supervisors ... ."

F2: Section 933(c) of the Penal Code provides, in part, as follows:

"No later than 90 days after the grand jury submits a final report on the operations of any public agency subject to its reviewing authority, the governing body of the public agency shall comment to the presiding judge of the superior court on the findings and recommendations pertaining to matters under the control of the governing body, and every elected county officer or agency head for which the grand jury has responsibility pursuant to Section 914.1 shall comment within 60 days to the presiding judge of the superior court, with an information copy sent to the board of supervisors, on the findings and recommendations pertaining to matters under the control of that county officer or agency head and any agency or agencies which that officer or agency head supervises or controls."

- F3: Penal Code § 933(d) provides that, as used in Section 933, the term “agency” includes a department.
- F4: For the reasons stated in Findings F5 through F8, it was the view of the previous Grand Jury, and is the view of this Grand Jury, that the word “elected” as used in Section 933(c) of the Penal Code applies only to the term “county officer,” and does not apply to the term “agency head.”
- F5: Section 933.05(b)(3) of the Penal Code provides that if a response to a grand jury’s recommendation is that the recommendation requires further analysis, the response shall include a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This requirement of agency or department head action is not limited to elected persons. The reference to “including” governing bodies of public agencies “when applicable” implies that the requirement may be imposed upon both non-elected agency or department heads and the governing bodies of those agencies.
- F6: Section 933.05(c) of the Penal Code provides, “If a finding or recommendation of the grand jury addresses budgetary or personnel matters or a county agency or department headed by an elected officer, both the agency or department head and the board of supervisors shall respond if requested by the grand jury, ... .” (Emphasis supplied.) Thus, Section 933.05(c) expressly addresses only county agencies or departments “headed by an elected officer.”
- 7: The difference in language between Section 933.05(b)(3) and Section 933.05(c) of the Penal Code, by referring to elected officers in the latter but not to elected agency or department heads in the former, implies that non-elected department heads may be required to respond, directly to the Presiding Judge, at least to some portions of some Grand Jury Final Reports.
- F8: Further, the use of the word “or” rather than of the word “and,” in Section 933(c) of the Penal Code, implies that the terms “county officer” and “agency head” refer to separate and distinct categories of respondents, and that the word “elected” is intended to refer only to the description which it immediately precedes and not to all descriptive terms within the sentence in which it appears.

- F9: Even ignoring the matters set forth in Findings F1 through F8, however, it appears to be the view of the Board of Supervisors that the word “elected” applies to both the terms “county officer” and “agency head.” The Grand Jury believes this view to be incorrect.
- F10: Section 703 of the El Dorado County Charter provides, “The Board of Supervisors shall establish the format for county responses to the Grand Jury Report.”
- F11: Board Policy No. A-11, “Responding to Grand Jury Reports,” has been adopted “to specify a uniform procedure and a standard format for all departments to follow when responding to the annual Grand Jury Report.” Among the stated benefits anticipated from Board Policy No. A-11 are the following:
- Provision to the Board of a structurally consistent document;
  - Assistance to appointed department heads and the CAO in providing appropriate draft responses;
  - Assistance to the Board in evaluating the proposed responses;
  - Ensuring continuity in the Grand Jury process from year to year; and
  - Assistance to the Grand Jury in tracking its findings and recommendations.
- F12: Board Policy A-11 contains the following relevant requirements and provisions:
- Paragraph 1 requires each county appointed department head to prepare responses in accordance with the Board Policy A-11 format, and to submit those responses to the CAO within 45 days from the issuance of the Grand Jury Report.
  - Paragraph 2 requires that the CAO, after receiving the responses of the appointed department heads, prepare a draft response, and that both the departmental responses and the draft response be presented to the Board. No time period for the preparation of that draft response, or for the presentation of the departmental responses and the draft response to the Board, is specified in Board Policy A-11.
  - Paragraph 3 provides that the members of the Board “shall be allowed at least one week to review the departmental responses and to comment on the draft response prior to including it on their agenda.”
  - Paragraph 4 provides that, after the review and comment period described in Paragraph 3 has elapsed, the CAO shall:
    - Prepare a proposed Final Draft Response and a proposed letter of transmittal from the Board Chairman to the Presiding Judge of the Superior Court (“Presiding Judge”), and

- Cause copies of the Final Draft Response to be (1) distributed to all members of the current and immediate past grand juries and (2) made available to the public in the office of the Board Clerk.
  - Paragraph 5 provides that members of the immediate past Grand Jury “shall be invited to participate in the public hearing review of the responses to the Final Grand Jury Report which they offered.”
  - Paragraph 8 requires that “responses received from the elected department heads ... be appended to the Board’s final response.”
  - Paragraph 9 provides (1) that the CAO shall send correspondence to all entities identified in the Grand Jury Report alerting them to their reporting obligation under Section 933(c) of the Penal Code, (2) that the CAO shall request a courtesy copy of their response, and (3) that such courtesy copies shall be made available for public viewing in the Board’s office.
  - Paragraph 10-E provides, where a response to a recommendation is that further analysis is required, that there be a detailed explanation stating the scope and parameters of the study with a time frame stating when, not to exceed six (6) months from the date of publication of the Grand Jury’s report, the matter will be prepared for discussion and disposition.
- F13: The previous Grand Jury publicly issued its final report on June 27, 2001. As required by Section 933.05(f) of the Penal Code, copies of that final report were delivered on June 25, 2001 to all persons and entities designated as “Respondents,” including but not limited to the members of the Board, 48 hours prior to public release. Some department heads, both elected and non-elected, were designated in that report as “Respondents.”
- F14: Numerous responses from respondents who were elected county officers or elected department (agency) heads were received by the 2001/2002 El Dorado County Grand Jury (“this Grand Jury”) in July and August, 2001.
- F15: Numerous responses from respondents who were public agencies and/or entities other than the County were received by this Grand Jury in July and August 2001.
- F16: No responses were received by the Presiding Judge or this Grand Jury at any time from respondents who were neither elected county officers nor elected department (agency) heads.
- F17: It was the view of the previous Grand Jury, and is the view of this Grand Jury, that responses and/or proposed responses to the previous Grand Jury’s Final Report, from respondents who were both elected and non-elected county officers or elected department (agency) heads, were required to be submitted to the Presiding Judge, on or before August 24, 2001.

- F18: It was the view of the previous Grand Jury, and is the view of this Grand Jury, that responses and/or proposed responses to the previous Grand Jury's Final Report, from respondents who were both elected and non-elected county officers or department (agency) heads, were required to be submitted to the Board, on or before August 24, 2001.
- F9: Responses from elected county officers or elected department heads to the previous Grand Jury's Final Report were submitted to the Board on some date, unknown to this Grand Jury, and prior to preparation by county staff and submission to the Board of the Draft Response on September 7, 2001.
- F20: Proposed responses to the previous Grand Jury's Final Report from respondents who were neither elected county officers nor elected department (agency) heads were not submitted to the Board. (See Finding F12-b.)
- F21: Proposed responses to the previous Grand Jury's Final Report from respondents who were neither elected county officers nor elected department (agency) heads have never been submitted either to the Presiding Judge, the previous Grand Jury, or this Grand Jury. (See Finding F12-d.)
- F22: The Draft Response to the previous Grand Jury's Final Report, prepared by the CAO, was not submitted to the Board until September 7, 2001. That draft response was not accompanied by proposed responses from respondents who were neither elected county officers nor elected department (agency) heads.
- F23: The Draft Response to the previous Grand Jury's Final Report was not made available to the public until it was included within the publicly available Board Agenda Packet for the Board's September 18, 2001 regular meeting on September 13, 2001.
- F24: The Board was required by Section 933(c) of the Penal Code, and Board Policy A-11, to submit its final response to the Previous Grand Jury's Final Report on or before September 23, 2001.
- F25: Insufficient time existed between September 7, 2001 when the Draft Response was submitted to the Board, and September 18, 2001 when the Board was scheduled to review, modify, change and/or adopt the Draft Response as its own Response, for the members of the Board to carefully and critically review and assimilate the contents of the Draft Response.
- F26: On September 17, 2001, an unaddressed, undated, and unsigned letter-memorandum ("Undated Letter") was delivered to a member of the Board. In summary, that Undated Letter asserted that the Draft Response appeared to contain and consist of responses from county staff rather than responses from the Board. The Undated Letter also asserted that, by adopting the Draft Response in

- response to the previous Grand Jury's Final Report without careful and critical review and assimilation of its contents, the Board would simply be "rubber stamping" the views of county staff rather than communicating its own views.
- F27: On September 18, 2001, at the Board's regularly scheduled meeting and in response to that Undated Letter, a motion was made, seconded and carried, that the Board "adopt the staff's recommended responses, with the exception of the responses listed on an attached list, and that two supervisors work with the CAO and the County Counsel to prepare potential alternative responses and bring them back to the Board no later than October 16, 2001.
- F28: The "attached list" appended to the Motion described in Finding F27 identified 60 specific Findings, and 26 specific Recommendations, contained in the previous Grand Jury's Final Report.
- F29: This Grand Jury believed that, pursuant to the Motion described in Findings F27 and F28, the Board intended, in fact, to review and consider "alternative responses" to each of the Findings and Recommendations identified therein, on an item-by-item basis, and that such review and consideration would have constituted appropriate action on the part of the Board.
- F30: No formal request was made to the Grand Jury by the Board at that September 18, 2001 meeting, or otherwise, for an extension of the September 23, 2001 deadline for responding to the previous Grand Jury's Final Report. Nevertheless, based on its understanding, as set forth in Finding F29, the Grand Jury did not object to the implicit extension of time to October 16, 2001, set forth in the Motion and action of September 18, 2001. (See Finding F27.)
- F31: On October 5, 2001, the Foreman and one member of the Grand Jury met with the CAO, the County Counsel, and a committee consisting of two Board members, to discuss the Undated Letter, specifically, the perceptions articulated in the Undated Letter that the Draft Response presented to the Board appeared not to view the previous Grand Jury's Final Report as a matter deserving of serious consideration by the Board itself. The meeting was an amicable one, although no specific actions were developed or agreed upon at the meeting.
- F32: By October 16, 2001, when the Board's regularly scheduled meeting was held, no "alternative responses" to the Draft Response, as required by the Board's action of September 18, 2001, had been prepared or brought back to the Board.
- F33: Accordingly, on October 16, 2001, the Board requested that the Grand Jury further extend the deadline for its response to the previous Grand Jury's Final Report to November 6, 2001. The Board represented to the Grand Jury that it would conduct a workshop devoted to that subject on November 5, 2001.

- F34: The foregoing request was presented to the Grand Jury on October 17, 2001 and was approved by the Grand Jury. The Grand Jury directed the Foreman to advise the Board that the Grand Jury would not look favorably upon any further request by the Board for extended time to submit its response. The Foreman so advised the Chairperson of the Board.
- F35: Thereafter, the County Counsel submitted to the Board a twelve-page memorandum dated November 1, 2001 (“November 1 Memo”), to which the Undated Letter was attached. A copy of that November 1 Memo was first delivered to the Grand Jury on the morning of November 5, 2001, shortly before the Board’s Workshop on the afternoon of November 5, 2001.
- F36: The November 1 Memo did not discuss, on an item-by-item basis, the 60 Findings or the 24 Recommendations that were the subject of the Board’s September 18, 2001 Motion and action described in Findings F27 and F28. Instead, it set forth a discussion of the Undated Letter described in Finding F26, characterizing that letter as “raising four ‘generic’ objections and seven specific concerns” regarding the proposed Response to the previous Grand Jury’s Final Report.
- F37: None of the matters discussed in the “generic objections” portion of the November 1 Memo identify, by number or page, any specific Finding or any specific Recommendation in the previous Grand Jury’s Final Report. Much of the content of the November 1 Memo, while legally and factually correct, was not responsive to the Board’s action of September 18, 2001 for the reasons set forth in Finding F36.
- F38: Numerous statements made in the November 1 Memo were incorporated either verbatim or substantially verbatim into a nine-page letter dated December 17, 2001, described in Findings F45 and F46 (“December 17 Letter”), signed by the Chairperson of the Board and addressed to the Presiding Judge.
- F39: The November 1 Memo contains the following policy statements, which the Grand Jury agrees:
- “In the final analysis, the critical requirement is that the Board feel confident in adopting the draft response as its own.” (Page 1)
  - “For this process to work properly, of course, the Board must have sufficient time to review and consider the proposed responses before finally adopting them. County Counsel agrees that there is valid concern in this regard. ... {T}iming problems are driven by the size and complexity of the required responses, ... .” (Page 2)
  - “Because there are areas of *overlapping* control, of course, it may often – although not necessarily always – be appropriate for the Grand Jury to receive responses from both [elected officials and the Board] on a single issue.” (Emphasis in original.) (Page 2)

- “County Counsel suggests that the Board clarify where appropriate whether (and why) it has adopted an elected official’s response without review, or only after some exercise of independent judgment.” (Page 3)
- “Developing a recommendation to address the timing issues raised by this portion of the letter is challenging. The fundamental problem is the tight statutory timelines.” (Page 3)
- “... ‘Past practice’ and unwritten policies are a poor basis for County operations – a point with which County Counsel, and no doubt the Board, agrees.” (Page 7)
- “In a time-pressured environment, the focus naturally is more on meeting legal requirements than on providing the most comprehensive response possible.” (Page 8)

F40: The November 1 Memo contains the following policy statements, which the Grand Jury disagrees, either in whole or in part:

- “Communication of the Board’s position to the Grand Jury may be by letter rather than amendment to the formal responses in order to avoid further delay.” (Page 1)

In the Grand Jury’s view, the exclusive procedure for responses to grand jury final reports is mandated by Section 933.05 of the Penal Code, as implemented by Board Policy A-11.

- “Given that each grand jury report requires responses to literally hundreds of factual findings and recommendations within ninety days, it is simply infeasible for Board members to personally investigate and respond to each one without staff assistance.” (Page 2) That statement is also set forth in the December 17 Letter. (Page 2)

In the Grand Jury’s view, that statement begs the relevant question. Because it is agreed (See Finding F39-a above.) that the Board must “feel confident in adopting the response as its own,” the question is how the Board reaches that “confidence level.”

In the Grand Jury’s view, an investigation by Board members is required where:

- Serious and substantial disagreements appear between findings and recommendations of a grand jury and responses thereto proposed by staff.
- The reason for the staff’s disagreement do not appear convincing or conclusive on their face.

This would not require investigations by Board members of “literally hundreds” of proposed responses, because it would not require investigations of:



- Those responses which agree with the findings and/or recommendations;
- Those responses which, although disagreeing in whole or in part with a finding or recommendation, set forth convincing explanations of reasons for such disagreement; and
- Those responses which propose a further investigation of the subject.

It is only those findings and/or recommendations which do not fall into any of the foregoing categories that the Grand Jury believes should be the subject of independent inquiries by the members of the Board before the Board adopts the responses which are proposed by staff.

- “The CAO and other senior staff members do spend considerable time providing review, oversight and drafting for Grand Jury responses.” (Page 3) The December 17 Letter (page 3) states, “The CAO and other senior staff members do spend considerable time providing review, oversight and drafting for *all* Grand Jury responses.” (Emphasis in original.)

The Grand Jury does not necessarily disagree with this statement as an accurate representation of present practice. Depending upon the meaning of the term “other senior staff members,” however, the Grand Jury may disagree that this is the way the process should operate. In the Grand Jury’s view, it is the division heads and managers who have the most hands-on operational knowledge of the matters which are the subject of Grand Jury reports. It is they who should have the primary responsibility for the preparation of proposed responses to factual findings in those reports, which the department heads, the CAO’s office, and perhaps County Counsel have only minimal editorial oversight responsibility with regard to such findings. Moreover, Board Policy A-11 requires that the original proposed responses of the department heads, as well as the Draft Response of the CAO, be presented to the members of the Board, but this policy has not been followed in practice.

- “The issue, therefore, is whether the Board should engage in a practice of ongoing updates and amendments to Grand Jury responses when relevant new information comes to light. County Counsel does not recommend adopting this practice, because it would turn the annual Grand Jury process into an ongoing, evolutionary dialogue with no finality. As a practical matter, Grand Jury reports and responses necessarily reflect snapshots in time.” (Page 10) The December 17 Letter (page 7) states that “the fundamental issue is whether the Board should engage in a practice of ongoing updates and amendments to Grand Jury responses when relevant new information comes to light. We respectfully decline to adopt this practice, because it would turn the annual Grand Jury process into an ongoing, evolutionary dialogue with no finality. As a practical matter, Grand Jury reports and responses necessarily reflect snapshots in time.”

The Grand Jury does not assert that “the annual Grand Jury process” should involve “an ongoing, evolutionary dialogue with no finality,” but precisely because Responses “necessarily reflect snapshots in time,” they should accurately reflect the facts as of the point in time at which they are adopted by the Board, and not at some undefined prior point. In the example referenced in the previous paragraph, the Draft Response was agendaized for action to be taken on September 18, but new information was available to the public at least by September 13, and was possibly available to at least some of the members of the Board prior to that date.

Additionally, the December 17 Letter (Page 9) refers to a subcommittee which “will be reporting back to the Board on December 11.” On December 11, however, as indicated in Findings F40-e and F46, the Board took action on the subject of closed session record keeping, but that action was not reflected in the December 17 Letter. It appears, from the dates set forth on Pages 2 through 9 of the December 17 Letter, which that letter may actually have been produced on November 21, 2001. The “snapshot in time” approach should have focused on information available as of the proposed response adoption date, September 18, and on the date of transmittal of the December 17 Letter to the Presiding Judge, respectively, and not some undefined prior date or dates.

Aside from “the annual Grand Jury process,” the Grand Jury believes that “an ongoing, evolutionary dialogue” between the Board and the Grand Jury is a desirable thing.

- “The Grand Jury’s convenience needs to be weighed against the chilling effect of a tape recorder’s presence in closed session discussions ... .” (Page 12) That statement was not included in the December 17 Letter. As indicated above, however, the December 17 Letter (Page 9) does recite that the Board “is still weighing the issue of closed session record keeping,” and that a “subcommittee will be reporting back to the Board on December 11.”

The Grand Jury does not believe that its efforts to obtain the most accurate information possible in pursuing its statutorily authorized and/or mandated investigations are matters of mere “convenience,” as indicated by County Counsel. The Grand Jury is heartened, however, by the Board’s actions in:

- Directing the establishment of a subcommittee to inquire into the issue of record keeping at closed sessions; and
- Adopting, on December 11 as Agenda Item No. 67, a resolution establishing that, henceforth:

- County Counsel would take limited notes [i.e., motions and votes] of actions taken in Closed Session.
- Notes would be circulated to and initialed by the Board members indicating their concurrence.
- The initialed notes would then be delivered to the Board's Clerk for safekeeping.

F41: At its regular meeting of November 6, 2001, the Board:

- Adopted the Response to the Previous Grand Jury Report as originally recommended by staff, subject to a rewriting of the response to Recommendation R1 on page 8 of the Draft Response, the specifics of which were to be developed by staff and brought back to the Board for approval.
- Appointed two of its members as a subcommittee to work on possible solutions to the issue of record keeping of closed sessions and to report back to the Board by December 11, 2001.
- Directed the CAO to establish a methodology to ensure that departments follow up on those recommendations for which the Board's Response states that follow up will occur.
- Directed County Counsel to prepare for signature by the Board's Chair, a letter to the Grand Jury transmitting the responses to "Generic Objections" as set forth on Pages 2-5 of the November 1 Memo, including clarifications proposed in the County Counsel's November 1 Memo to specific concerns, numbers 2, 3, 4, 7B, 7D and 7E. The Board's action on this point did not specify any date by which the letter is to be completed.

F42: The Board's action of November 6, 2001 was not a response to the eighty-four (84) specific items contained in the previous Grand Jury's Final Report as had been anticipated by the Grand Jury following the Board's Motion and action of September 18, 2001. (See Findings F27 and F28.)

F43: The matters discussed in the "Specific Concerns" portion of the November 1 Memo specifically identify eleven (11) [out of 60 listed on September 18] Findings, and seven (7) [out of 24 listed on September 18] Recommendations for specific response. Some other Findings and Recommendations may also have been intended for response, but they are not specifically identified by number or page in the November 1 Memo.

F44: The Board, on November 6, 2001, also adopted the County Counsel's recommendation "that staff be directed to contact other counties to see if they experience the same [insufficiency of time to prepare responses to grand jury reports] difficulties and report back on [his] findings." (Page 3 of November 1 Memo.)

- F45: In the Grand Jury's view, the proposed contact and inquiry described in Finding F44 is inadequate, in that it does not include inquiry of the grand juries in those other counties to ascertain whether those grand juries believe their counties' responses to their reports to be adequate or appropriate. Counties that profess to have no problems in rendering their responses to grand jury reports, but which submit responses that their grand juries believe to be inadequate or inappropriate, are not models which this Board should follow.
- F46: On or about December 17, 2001, the December 17 Letter was transmitted to the Presiding Judge. That letter purported to constitute compliance with the Board's directive of November 6, 2001. (See Finding F36.)
- F47: The contents of the December 17 Letter are substantially similar, but not totally identical, to the contents of the November 1 Memo. The December 17 Letter asserts that it "is meant to clarify some of the Board's adopted responses and to address certain objections and concerns ... that the Board believes are more appropriately addressed in correspondence to the Grand Jury than in its formal responses."
- F48: The December 17 Letter does not constitute an adequate or proper board response, or amendment or modification to the Board's Responses, to the prior Grand Jury's Final Report for the reasons set forth above in Findings F36, F37 and F40-a.
- F49: In the Grand Jury's view, the length of the 45-day response period for appointed department heads referenced in Finding F12-a creates an unnecessarily short period of time for independent review, consideration, and analysis of those responses by the Board.
- F50: Because departmental responses of the type described in Findings F12-b and F20 were not presented to the Board separately from the Draft Response presented by the CAO, the Board was unable to review or consider any changes that may have been made by the CAO to the departmental responses, in connection with the preparation of the Draft Response.
- F51: In the Grand Jury's view, a period of one week for the members of the Board to review departmental responses and to comment on a draft response, as referenced in Finding F12-c, is inadequate time for serious and thoughtful review and analysis of those documents, and for further inquiry by the Board members into the details contained therein.
- F52: No distribution of departmental responses of the type described in Findings F12-b and F20 was required by law or existing policy to be made, and no such distribution was made, to either the previous Grand Jury or this Grand Jury.

- F53: No distribution of the Final Draft Response was made to the members of either this Grand Jury or the previous Grand Jury, as required by Paragraph 4 of A-11 and described in Finding F12-c.
- F54: No invitation of the type referenced in Paragraph 5 of A-11, as described in Finding F12-e, was made. One member of the previous Grand Jury became aware of the contents of the Draft Response prior to the Board's September 18 meeting. That awareness occurred, however, only because the Draft Response was contained in the Board's Agenda Packet for its September 18 meeting, available in the Board Clerk's office.
- F55: No correspondence of the type referenced in Paragraph 9 of A-11 and described in Finding F12-g was sent, or request made, or copies of non-County responses made available for public viewing in the Board's office.

### **Recommendations**

*"Work expands so as to fill the time  
available for its completion."*

C. Northcote Parkinson, 1958

- R1: Because division heads and managers are presumed to be familiar with the operations of their units, the Board should amend Paragraph 1 of Board Policy A-11, referenced in Finding F12-a, to shorten the time period set forth for input to the CAO from 45 days to 21 days or less. (See Finding F40-c.)
- R2: Because input to the CAO should be submitted in substantially finished form, the Board should amend Paragraph 2 of Board Policy A-11, referenced in Finding F12-b, to establish a time period of 21 days or less from the date the CAO receives the responses of the appointed department heads for transmittal of the Draft Response to the Board, and to establish a procedure which assures that the responses of the appointed department heads are transmitted to the members of the Board concurrently with the transmittal of the Draft Response.
- R3: Whether or not it can require responses within such a time period, the Board should also amend Paragraph 2 of Board Policy A-11, referenced in Finding F12-b, to encourage elected department heads to respond to final reports of grand juries within 21 days or less, rather than 60 days, from their receipt of those final reports.
- R4: The Board should also amend Paragraph 2 of Board Policy A-11, referenced in finding F12-b, to require that the items to be presented to the Board also be presented concurrently to the Grand Jury.

- R5: In order to comply with the 90-day requirement of Penal Code § 933(c) while allowing the Board adequate time to perform its required duties, and in light of the foregoing recommendations and Paragraph 7 of Board Policy A-11, the Board should amend Paragraph 3 of Board Policy A-11, referenced in Finding F12-c, to expand its review and comment period from “at least one week” to “not more than 21 days,” to allow sufficient time thereafter for the agendaing of the Draft Response on the Board’s calendar for review, consideration, adoption and/or modification (“adoption hearing”).
- R6: The Board should establish a procedure which assures that there will be compliance with the provisions of Paragraph 4 of Board Policy A-11, referenced in Finding F12-d, requiring that copies of the Final Draft Response be distributed to all members of the current and/or issuing Grand Jury prior to the agendaing of that draft response on the Board’s calendar for adoption hearing.
- R7: The Board should establish a procedure which assures that there will be compliance with the provision of Paragraph 4 of Board Policy A –11, referenced in Finding F12-d, requiring that copies of the Final Draft Response be distributed to all members of the issuing Grand Jury prior to the agendaing of that draft response on the Board’s calendar for adoption hearing.
- R8: The Board should establish a procedure which assures that there will be compliance with the provisions of Paragraph 5 of Board Policy A-11, referenced in Finding F12-e, requiring that the members of the issuing Grand Jury be invited to participate in the public hearing review of the Final Draft Response to the Final Report of that issuing Grand Jury.
- R9: The Board should establish a procedure which assures that there will be compliance with the provision of Paragraph 9 of Board Policy A –11, referenced in Finding F12-g, requiring that the CAO send correspondence to all entities identified in the Final Report of the issuing Grand Jury:
- Alerting them to their reporting obligation under Section 933(c) of the Penal Code.
  - Requesting that those entities supply a courtesy copy of their responses to the County.
  - Making such courtesy copies available for public viewing in the Board Clerk’s office.
- R10: Whether or not such action is required by Section 933(c) of the Penal Code, the Board should amend Board Policy A-11 to require that non-elected County agency or department heads, when requested to do so by a grand jury, respond to final reports of grand juries in the same manner as elected County agency or department heads.

- R11: The Board should amend Board Policy A-11, referenced in Finding F11, by adopting the County Counsel’s suggestion that it “clarify, where appropriate, whether (and why) it has adopted an elected official’s response without review, or only after some exercise of independent judgment.”
- R12: The Board, as substantially suggested by County Counsel in the November 1 Memo, should adopt a resolution requiring that all County policies and procedures be set forth in writing, and that, in the absence of emergency circumstances and for reasons specified in writing at the time, there be no reliance upon “past practices” or “unwritten policies,” as referenced in Finding F39-f, particularly in connection with personnel matters.
- R13: The Board should establish a procedure that assures the contents of its final Responses to Grand Jury Final Reports are accurate as of the date of its adoption of those responses, rather than as of some unknown prior date.
- R14: The Board should establish a procedure whereby its members can discuss with division heads and/or managers those proposed Responses to Final Grand Jury Report findings, which disagree with Grand Jury findings for reasons which do not fully satisfy the members of the Board. Such a procedure could involve the establishment of workshops or other discussion groups at which the members of the Board, the affected division heads and/or managers, and one or more members of the Grand Jury and/or the issuing Grand Jury, would participate. Such discussions, in any event, should occur during the 21-day period prior to the commencement of the agendaing of the Draft Report for final action by the Board.

**Responses Required for Findings**

F1 through F55

El Dorado County Board of Supervisors

**Responses Required for Recommendations**

R1 through R14

El Dorado County Board of Supervisors

## GOVERNMENT & ADMINISTRATION COMMITTEE

### *Communication of Board of Supervisors' Directives*

#### **Reason for the Report**

During the course of its various inquiries, members of the Grand Jury ascertained that, with some frequency, county employees (and sometimes even department heads) were unaware of Resolutions and other directives made by the Board of Supervisors (Board) which impacted their duties and responsibilities. This fact sometimes resulted in the communication to the public, by those employees, of incorrect information. One example of this situation is discussed below.

Because this information came to the Grand Jury late in its term, this Grand Jury was unable to undertake anything more than a preliminary investigation of the problem, which is potentially widespread. Accordingly, this Grand Jury recommends that its successor undertake a full investigation on the problem.

#### **Scope of the Investigation**

The County Registrar of Voters was interviewed.

The following documents were reviewed:

- Memoranda to the 2001/2002 Grand Jury Members from the Office of the Registrar, signed by the County's Registrar of Voters and dated June 27, 2001 and March 1, 2002;
- Resolution No. 25-98 and the attached Conflict of Interest Code adopted on February 24, 1998, and signed by the Chairman of the County Board of Supervisors (Board);
- Resolution No. 036-2001 and the attached amended Conflict of Interest Code adopted on February 27, 2001, and signed by the Chairman of the Board; and
- The County Ordinance Code published on the County's website at [www.co.el-dorado.ca.gov](http://www.co.el-dorado.ca.gov).

#### **Findings**

F1: Members of the Grand Jury received written memoranda in June 2001 and April 2002 from the Registrar of Voters in El Dorado County (County) with instructions for filing "conflict of interest" disclosure forms. Reference was made in the memoranda to Board Resolution #25-98 as the County's "Conflict of Interest Code." The members assumed that the information which had been given to them was correct, that Resolution #25-98 was currently operative, and that they were required by that Conflict of Interest Code to file Form 700 -- Statement of Economic Interest. That information was not correct.



***Response to F1: The respondent agrees with the finding.***

- F2: Board Resolution #25-98 was adopted in February 1998. It identified the position of Grand Juror as a "designated position," requiring the filing with the County by Grand Jurors of Conflict of Interest disclosure forms.

***Response to F2: The respondent agrees with the finding.***

- F3: Board Resolution #25-98 was superseded in February 2001 by Board Resolution #036-2001. Board Resolution #036-2001 deleted all reference to the position of Grand Juror, and thus abolished the County's requirement that Grand Jurors file Conflict of Interest disclosure forms.

***Response to F3: The respondent agrees with the finding.***

- F4: The Grand Jury is informed and believes that the reason for that deletion was the County's recognition of the transfer of jurisdiction over the Courts from County control to State control, pursuant to the Trial Court Funding Act of 1997, which became effective on January 1, 2001.

***Response to F4: The respondent agrees with the finding.***

- F5: Nevertheless, for reasons unknown to this Grand Jury, the members of this Grand Jury were advised by the Registrar of Voters, in June 2001 and again in April 2002, that they were required to file Conflict of Interest disclosure forms with the County.

***Response to F5: The respondent agrees with the finding.***

- F6: After the transfer of authority over the Courts from County jurisdiction to State jurisdiction, there does not appear to have been any corresponding state legislation or regulation requiring the filing of Conflict of Interest disclosure forms or statements by members of Grand Juries.

***Response to F6: The respondent agrees with the finding.*** For years, the El Dorado County conflict of interest code included the "Unified Courts" as a county department since court employees were county employees. The county code designated which court employees were required to file disclosure forms and described the economic interests to be disclosed. The county conflict of interest code also included the "Grand Jury" as a county agency, and grand jurors were required to file in a limited disclosure category. However a series of amendments to state law has gradually changed the status of the court from a county department to a state department. During its biannual review of its conflict of

interest code in 2001, the County eliminated the “Unified Courts” because by then it had become clear that court employees were no longer county employees. The County also reviewed the status of grand jurors, and determined that they were not agents or employees of the County and should no longer be listed in the county’s conflict of interest code. The superior court, however, was not convinced that its conflict of interest code should cover grand jurors. There is no clear consensus whether grand jurors should be listed in a conflict of interest code, or if so, in which agency’s code. This situation is no doubt a consequence of the unique functions of grand jurors. The County has written the Fair Political Practices Commission for an opinion on the subject of which agency should list grand jurors in its code. Unless and until grand jurors are listed in a local conflict of interest code, they do not have a legal obligation to file statements of economic interest.

- F7: This Grand Jury has not received any instruction from the Superior Court on the subject of whether Grand Jurors are or are not required to file Conflict of Interest disclosure statements, and if so, on what forms and with whom.

***Response to F7: The respondent agrees with the finding.***

- F8: Because of the shortness of time, this Grand Jury has not investigated the policy and practice of communicating Resolutions to the affected department heads, recipients, and the public.

***Response to F8: The respondent agrees with the finding.***

- F9: The County's Conflict of Interest Code is not published on the County's website, [www.co.el-dorado.ca.gov](http://www.co.el-dorado.ca.gov). That website contains the County's Ordinance Codes, but does not contain the Resolutions adopted by the Board if they do not adopt or amend specific Ordinances, even though some and perhaps many of those Resolutions contain information that impose requirements and directives upon county employees and members of the public.

***Response to F9: The respondent agrees with the finding.***

- F10: The County's Ordinance Code, as it appears on the County's website, is not updated on an ongoing basis. Frequently, it has not been updated for periods in excess of a year; it was last updated on January 23, 2001. This fact causes members of the public who rely upon the County's website for information to be misinformed with regard to any county rules, regulations and requirements which may have been adopted subsequent to the updating of the website.

***Response to F10: The respondent agrees with the finding.*** The County disagrees with the statement that the Ordinance Code on the website is not updated on an ongoing basis. The County contracts with Sterling Codifiers to update the Ordinance Code on the website quarterly. The preface to the

Ordinance Code was written when the Ordinance Code was first published, and notes that the code was up to date as of January 23, 2001. This statement was correct when made, but could create confusion since it does not reflect subsequent updates. County Counsel's Office has asked Sterling Codifiers to change the preface to state that the code is updated quarterly.

### **Recommendations**

- R1: The Board should establish a procedure by which all of its Resolutions which impose duties and obligations upon either the County's employees or members of the public are (i) disseminated to the County Department Heads responsible for compliance with those duties and obligations, and (ii) published on the County's website and (not or) otherwise disseminated to the public.

**Response to R1: *The recommendation will not be implemented because it is not warranted.*** In regard to the recommendation that the Board establish a procedure by which all of its resolutions which impose duties and obligations upon either the County's employees or members of the public are disseminated to County Department Heads, County Department Heads already have the continuing obligation to monitor the actions of the Board of Supervisors, determine which Board actions affect their department, and carry out the Board's directions faithfully. The Board agenda describes in advance each item the Board will consider at its next meeting. After each meeting a conformed agenda is published which summarizes each Board action. Both are published on the website and are also freely available to members of the public (including Department Heads) at the Board Clerk's Office. Nevertheless, in response to the grand jury recommendation, the Board will send a letter to all department heads reminding them of their obligation to keep abreast of Board actions.

In regard to the recommendation that the Board establish a procedure by which all of its resolutions which impose duties and obligations upon either the County's employees or members of the public are published on the County's website, all Board actions are already published on the County website in summary form in the agendas and conformed agendas. The full text of all resolutions is not published on the website since this would be prohibitively expensive and not necessary. The full text of any resolution, or other Board action, is available at the Board Clerk's office.

In regard to the recommendation that the Board establish a procedure by which all of its resolutions which impose duties and obligations upon either the County's employees or members of the public are "otherwise disseminated to the public," the Board feels that the various methods by which the Board's agenda is published in advance of each meeting in full compliance with the Brown Act, and by which the conformed agenda summarizing every Board action is published

immediately after each meeting, plus press coverage of significant actions, sufficiently alerts the public to its actions. The full text of any Board action is available to the public at the Clerk's Office. The incident cited in this report, without more information, does not appear to warrant additional County action at this time. If the successor grand jury investigation recommended in the report documents a more widespread problem, the issue can be revisited.

- R2: The County's Conflict of Interest Code should be published on the County's website.

***Response to R2: The recommendation has been implemented.*** County Counsel has requested that Sterling Codifiers add the Conflict of Interest Code to the website, and update it when it is amended every two years.

- R3: The County's Ordinance Code should be updated on the County's website not less frequently than every three months.

***Response to R3: The recommendation has been implemented.*** The Ordinance Code on the website has been updated quarterly since its first posting, although this fact was not reflected on the website.

- R4: The El Dorado County Counsel and/or the County's Registrar of Voters should request, from the Attorney General of the State of California and/or Legal Counsel to the Fair Political Practices Commission of the State of California, a definitive opinion as to the disclosure obligations, if any, of members of Grand Juries.

***Response to R4: The recommendation has been implemented.*** County Counsel's Office has requested a formal opinion from the Fair Political Practices Commission on whether the Grand Jury should be in the county conflict of interest code, the court conflict of interest code, or some other agency code.

- R5: The Board, the County Counsel and/or the County Registrar of Voters should formally advise the Court Executive Officer and/or the Presiding Judge of the El Dorado County Unified Superior and Municipal Courts that the County is no longer requiring Grand Jurors to file Conflict of Interest disclosure forms, and that the Court may wish to make inquiry into the question of whether it should impose such a requirement.

***Response to R5: The recommendation has been implemented.*** County Counsel's Office has previously advised the court orally that grand jurors are no longer listed on the county conflict of interest code, and has notified the court of the same in writing, and has given to the court a copy of the county request for an opinion from the FPPC.

**Commendation**

The Grand Jury commends the Registrar of Voters for her immediate reaction upon being informed of the foregoing matters. Within a period of less than 24 hours, she requested appropriate advice from County Counsel’s office, including, if necessary, a request for an opinion from the Fair Political Practices Commission. This type of immediate reaction speaks well for the administration of the County's Elections Department.

**Responses Required to Findings**

F1 through F10	Board of Supervisors Registrar of Voters County Counsel
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**Responses Required to Recommendations**

R1 through R5	Board of Supervisors Registrar of Voters County Counsel
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# GOVERNMENT & ADMINISTRATION COMMITTEE

## *Subcommittee on Government Structure*

### *Report Replying to Responses of Board of Supervisors to Dated Final Reports of October 4, 2001, October 10, 2001, January 16, 2002 and January 23, 2002*

#### **Reason for the Report**

The 2001/2002 El Dorado County Grand Jury (Grand Jury) adopted a new procedure of issuing periodic "Dated Final Reports" during the course of its term, rather than leaving all of its reports for issuance at one time by way of "year-end final reports" as had been the tradition with previous Grand Juries. One purpose of doing so was to enable the Grand Jury to Reply to Responses of the Board of Supervisors (Board) to those reports, instead of leaving matters of follow-up exclusively to succeeding Grand juries. Copies of the Board's Responses to the Grand Jury's Dated Final Reports of October 4, 2001, January 16, 2002 and January 23, 2002, are attached to this Report as exhibits. Also attached as an exhibit to this Report is the Grand Jury's Dated Final Report of October 10, 2001, to which the Sheriff has responded but the Board has not.

The Grand Jury has also issued two additional Dated Final Reports which are set forth in this Report by the Committees responsible for them. One, the result of inquiry by the Criminal Justice Committee, was issued on May 1, 2002 [Juvenile Hall Facility]. The other, the result of inquiry by the Special Districts Committee, was issued on May 15, 2002 [Golden West Community Services District]. The time available by law for the making of any responses to those Dated Final Reports has not yet elapsed, however, and accordingly, replies to any such responses are not possible.

This Report, by way of reply, constitutes the Grand Jury's follow-up with regard to the first four of those Dated Final Reports. Because there is not an express provision in the law requiring that there be responses to such replies, the Grand Jury has elected not to require a response to this Report. The Grand Jury would, however, certainly encourage and welcome any response which the Board might care to make.

#### **Findings re Responses to Dated Final Report of October 4, 2001**

F1: The Grand Jury issued a Dated Final Report, dated as of October 4, 2001 (October 4 Report). The subject of that Report involved follow-through by the Board with regard to its promises and representations contained in responses to Grand Jury reports generally.

***Response to F1: The respondent agrees with the finding.***

F2: In its Response to Finding F15 of the October 4 Report, the Board "acknowledge[d] that future actions promised in prior Grand Jury responses have not always been performed," and represented that "[a]s part of finalizing [its] responses to [that] Report, we **have established** procedures to avoid this problem in the future." (Emphasis supplied.)

***Response to F2: The respondent agrees with the finding.***

F3: Similarly, in its Response to Recommendation R1 of the October 4 Report, which recommended that the Board "implement and follow through" on its representations that it will take, and communicate to the Grand Jury, specific identifiable action, the Board stated that the recommendation "has been" implemented, and that it "ha[s] already established procedures" to avoid lack of follow-through in the future.

***Response to F3: The respondent agrees with the finding.***

F4: As part of that same Response, however, the Board also stated that it "directed the Interim Chief Administrative Officer (ICAO) to work with department heads **to develop a procedure** to schedule actions required to follow through on Board commitments to the Grand Jury, and that the ICAO "is in the process of carrying out that direction." (Emphasis supplied.)

***Response to F4: The respondent agrees with the finding.***

F5: Statements that the Board "has established" a procedure, on the one hand, and that it has directed the ICAO "to develop" a procedure and that the ICAO "is in the process of" doing so," are mutually inconsistent unless it is the intention of the Board to treat a delegation of responsibility as a "procedure."

***Response to F5: The respondent partially disagrees with the finding.*** The Board gave direction to the ICAO to establish a procedure to ensure that Grand Jury follow through occurred. This has occurred and is now instituted in the Revised Policy A-11 in the section "Pending Items".

F6: In its Response to Recommendation R2 of the October 4 Report, the Board represented:

- that "it is the intention of the [Board] to implement" the Grand Jury's recommendation that it be supplied with certain information on the subject of "line authority" of the CAO over department heads, although not precisely in the manner recommended by the Grand Jury;
- that "the CAO should return to the Board with a recommended third party and scope of work no later than **February 12, 2002;**" and

- that "the review and report should be completed no later than **April 15, 2002**, and the report should be made available to the public and the Grand Jury." (Emphasis supplied.)

***Response to F6: The respondent agrees with the finding.***

F7: In its Response to Recommendation R4 of the October 4 Report, the Board represented that "a definite timeline is set by these responses to ensure that the work will be completed in a timely and appropriate manner."

***Response to F7: The respondent agrees with the finding.***

F8: The foregoing responses have merged and/or melded the Board's responses to two separate issues raised in the Grand Jury's reports. One issue is the procedural issue of follow-up. The other issue is the substantive issue of whether the position of CAO should be converted into a position of CEO. The latter issue is discussed below, in the Grand Jury's Reply to the Board's Response to the Grand Jury's Dated Final Report of January 23, 2002 (January 23 Report). It does not appear, however, that the Board has established a procedure for following up on the implementation of its responses to Grand Jury Reports generally, as opposed to having furnished an ad hoc response to the January 23 Report.

***Response to F8: The respondent disagrees partially with the finding.*** The Board has incorporated into Policy A-11 the requirement for the CAO to "coordinate pending items and report back to the Board regarding completion status of implementation plans and analysis results and recommendations for Board review".

**Findings re Dated Final Report of October 10, 2002**

F9: The Grand Jury issued a Dated Final Report, dated as of October 10, 2001 (October 10 Report). The subject of that Report involved the County Jail at South Lake Tahoe. Responses were requested from the El Dorado County Sheriff and from the Board.

***Response to F9: The respondent agrees with the finding.***

F10: The October 10 Report contained two Recommendations for construction repair and/or maintenance work, one of which was needed to correct a hazardous condition which created a potential liability for the County. The Grand Jury "strongly recommended" that that particular project "be completed before winter of 2001/2002."



***Response to F10: The respondent agrees with the finding.*** This respondent believes that the two projects that have been referenced here are the handicap ramp at the South Lake Tahoe Jail and cracks in the floor of the jail kitchen. The Department patched cracks in the handicapped ramp immediately and a relocation of the ramp will be included in the construction of the new Juvenile Hall to be located to the north of the jail. A civil engineer and the Department maintenance supervisor investigated the report of floor cracks in the jail kitchen floor. No cracking could be found in the kitchen floor. Several cracks were noted in the adjacent hall but were found to be typical settling cracks that in no way are structural.

F11: On December 7, 2001, the Sheriff transmitted his Response to the October 10 Report to the Presiding Judge of the Superior Court, who in turn furnished that Response to the Grand Jury. No similar Response by the Board, however, has been furnished either to the Presiding Judge or to the Grand Jury.

***Response to F11: The respondent agrees with the finding.*** The respondent regrets that a formal response was not forwarded to the Presiding Judge. A formal response to the October 10 report is included within this response – see the Grand Jury’s report on the El Dorado County Jail, South Lake Tahoe.

The respondent takes this opportunity to note that Grand Jury Interim Final reports are problematic for the county. When these reports are included in one final report, the County establishes a system to review, respond, and track all the issues. Receiving numerous interim final reports tends to create confusion. Each interim Final report has a series of deadlines that must be tracked and met. County operations, Board agendas and hearing dates create additional challenges for staff. When these interim final reports are then repeated in the “final” Final Report, it creates a dilemma as to the response methodology – does the County again respond, does the Grand Jury want only one final response, what additional materials might be required? One report a year can be efficiently managed by the County. Several reports add geometrically to staff workload. If the County were able to devote an entire position to this task, it might not be so difficult. However, the County does not have this luxury, and given the fiscal outlook may even need to consider staff cutbacks.

The County respectfully requests the Grand Jury consider returning to the practice of one Final report per year. This practice would eliminate the possibility of the County regretfully “dropping the ball” and not responding to the Grand Jury’s issues, and furthermore would provide efficiencies to the process. If there is anything government needs today, it is efficiencies!

F12: Construction repair and maintenance projects are under the control of the Facilities Services Division of the County's Department of General Services (DGS), not the Sheriff's Department. This Grand Jury has reported elsewhere on

the performance of DGS, including its Facilities Services Division. The Grand Jury is informed and believes that DGS has implemented a temporary repair of the hazardous condition and is in the process of taking steps to affect a permanent repair. It is disappointing to the Grand Jury, however, that the Board itself (as opposed to the Sheriff) has not seen fit to communicate a response to the Grand Jury's recommendation on the subject.

***Response to F12: The respondent agrees with the finding.*** The respondent regrets that a formal response was not forwarded to the Presiding Judge. The response to R1 and R2, within the Criminal Justice Committee report on the El Dorado County Jail – South Lake Tahoe, addresses the Grand Jury's specific concerns.

### **Findings re Dated Final Report of January 16, 2002**

F13: The Grand Jury issued a Dated Final Report, dated as of January 16, 2002 (January 16 Report). The subject of that Report involved a review of the County's procedures pursuant to which the Board responds to Grand Jury Reports generally.

***Response to F13: The respondent agrees with the finding.***

F14: In several of its findings in the January 16 Report, in an effort at politeness, the Grand Jury prefaced its substantive findings with the statement "In the Grand Jury's view" or words of similar import. See, e.g., Findings F45, F49 and F51, and see also Findings F17 and F18 ("It was the view of the Previous Grand Jury, and is the view of this Grand Jury"). The Board, in responding to those findings, evaded the substance of the findings by agreeing that the statements represented the views of the Grand Juries, without either agreeing or disagreeing with the substance of the findings.

***Response to F14: The respondent disagrees partially with the finding.*** The confidentiality of Grand Jury proceedings leaves respondents with only the language of the finding themselves as a guide to the motives or intentions that lie behind them. In that context, the Grand Jury's attempts at politeness were read literally as statements of the Grand Jury's opinion. It was not the Board's intent to evade the substance of any finding. Rather, it was the Board's intent to respond appropriately to the finding as stated, without engaging in conjecture or interpretation that could be viewed as evasion or "gamesmanship". Future Grand Juries might avoid this problem by placing findings that state the Grand Jury's views or opinions in a separate section, to which no response is required. All other findings would require a response and could be worded more directly, to make it clear that substantive response is expected.

F15: Responses of the type described in the preceding finding, while literally correct, exhibit a type of "gamesmanship" which makes it difficult to give credence to the

statement, prepared by county staff and adopted by the Board in its Response to Finding F15 of the October 4 Report, that the Board "disagree[s] that the Board or the Chief Administrative Officer's Office regards the work of ... Grand Juries as a nuisance."

***Response to F15: The respondent wholly disagrees with the finding.*** Please see the response to F14 above. No "gamesmanship" was intended. Any appearance of gamesmanship was entirely inadvertent. Both the Grand Jury and public can and should give credence to Response to Finding F15 of the October 4 Report, which states that the Board and CAO do not regard the Grand Jury's work as a nuisance.

F16: Responses of the type described in the two preceding findings appear to have been made selectively on the basis of some criteria unknown to the Grand Jury. It appears that when it has served the interests of the persons drafting the Board's responses, or the Board in adopting those responses, the Board has adopted and issued responses which reach the substance of Grand Jury Findings and Recommendations, even where they:

- are expressed as "the views of" the Grand Jury, see, e.g., Board Responses to Finding F3 of the January 23 Report ("generally agrees with the main thrust of the finding"); or
- contain obvious clerical or ministerial errors, see, e.g., Findings F27 and F42 of the January 16 Report.

***Response to F16: The respondent disagrees wholly with the finding.*** It is always the Board's goal to respond fully and accurately to Grand Jury Reports. To further this goal, additional explanatory passages are sometimes included, and obvious clerical or ministerial errors in the Reports are sometimes corrected. The criterion employed in these efforts is simply to respond as fully and accurately as possible to what the Board perceives the Grand Jury's finding or recommendation to be. As in all dialogues, some misunderstandings, mistakes, and inconsistencies are inevitable.

F17: The Board, in its Response to Recommendation R3, states that "[t]he time within which the final responses of elected department heads are to be filed is established by statute." While that is true, the statute does **not** say that elected department heads **must take 60 days** to file their responses; it says that such responses shall be submitted **within 60 days**. See California Penal Code §933(c). This is consistent with the Board's direction to the ICAO "to incorporate into the Study consideration of a change to Policy A-11 that would simply encourage elected department heads to expedite their review of Grand Jury final reports and to file their responses as early as is reasonably feasible." It is also consistent with the fact that, where grand jury findings or recommendations "address budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and

the board of supervisors [sic] shall respond if requested by the grand jury, ... ." See California Penal Code §933.05(c). It is inconsistent, however, with the Board's Response that the "recommendation will not be implemented because it is not warranted." The Board cannot meaningfully respond to such budgetary and/or personnel findings or recommendations if the agency or elected department heads do not give the Board the relevant information in sufficient time for the Board to respond.

**The respondent disagrees partially with the finding.** Whether or not the elected official responds to the presiding judge in 60 days, the elected official assists the Board in responding when the Board must provide a response relating to an elected official's program area. County administration staff works closely with all department heads, including elected officials, in order to provide a recommended draft response to the Board. On July 9, 2002, the Board adopted a revised Policy A-11 which includes language encouraging elected officials to respond within 21 days of its receipt of the Grand Jury's Final Report (section "Timelines" #3). Furthermore, the revised Policy A-11 and #5 of the Section "Initial Draft Response Process", includes language as follows: "When Grand Jury findings and recommendations require responses from elected officials as well as other county officials over which the Board has some decision-making authority, elected officials should provide a response to the CAO using the format prescribed by the CAO and this policy, within the timelines specified by the CAO and outlined in the policy." The ICAO has sent elected officials a summary listing of required responses to the Grand Jury's 2001-2002 Report. Language in the memo, requested that elected officials respond within the 21 day period, to the ICAO, when the Grand Jury Finding or Recommendation, required a joint response from the Board.

- F18: The Board, in its Response to Recommendation R12, has properly articulated a distinction between "policies and procedures" and "more or less 'formal' practices." In moving forward with the study which the Board has directed the ICAO and the County Counsel to conduct, both "policies and procedures" and "all practices of the County" should be included.

**Response to F18: The respondent agrees with the finding.** The Board completed a review of this item on July 9, 2002 and directed staff to advise the Presiding Judge of actions taken. Staff so advised the Presiding Judge in a letter dated July 23, 2002.

### **Findings Regarding Dated Final Report of January 23, 2002**

- F19: As indicated above in Finding F8, the Grand Jury issued a Dated Final Report, dated as of January 23, 2002 (January 23 Report). The subject of that Report involved the scope of authority of the County's Chief Administrative Officer (CAO), and a general recommendation that the occupant of that position be

empowered to act more like a Chief Executive Officer ("CEO"), in various specified regards.

***Response to F19: The respondent agrees with the finding.***

F20: On **January 15, 2002**, prior to the January 23 Report and pursuant to the recommendation of a Supervisor that "discussion of a desired methodology for the Chief Administrative Officer position be scheduled," the Board had previously scheduled a "special Board meeting (workshop) on February 11, 2002 for [that] purpose." At that **February 11, 2002**, meeting, three consultants, one of whom was Don Peterson, were invited to, and did, make presentations. The Board resolved to "enter into a collaborative approach with staff to look at the issues identified in the Grand Jury Report on the matter of a CEO vs. a CAO, and to draft **by March 15, 2002**, a response to same, thereby, at the same time, providing clarity that will assist the Board in its decisions regarding recruitment of an administrative or executive officer." (Emphasis supplied.)

***Response to F20: The respondent agrees with the finding.***

F21: Such a response was not drafted by March 15, 2002, and the Board did not take any other public action on the subject by that date.

***Response to F21: The respondent agrees with the finding.***

F22: At its **April 9, 2002**, meeting, "Staff [was] directed [by the Board] to draft a response [to the January 23 Report] indicating that the Board generally supports the concept of a stronger Chief Administrative Officer but that further analysis is required to determine exactly what changes will require a Charter amendment and which would not."

***Response to F22: The respondent agrees with the finding.***

F23: On **April 16, 2002**, substantially adopting a proposed response which had been submitted to it by its consultant Don Peterson, the Board responded to the January 23 Report generally. It agreed "that the CAO should be given greater authority over and responsibility for the proper and efficient administration of the business of the County," including "a more direct reporting relationship between appointed department heads and the CAO, and a greater degree of accountability of the appointed department heads to the CAO." Board's Response to Recommendation R1 of January 23 Report. Also in that Response, however, the Board stated that:

- It "has not yet completed its review of this matter;" and
- It "has [not] reached a final determination on the extent to which such authority should be vested in the CAO."

**Response to F23: The respondent agrees with the finding.**

F24: In that same Response, the Board stated that "the CAO, in conjunction with County Counsel, **is directed** to compile the available information which has been marshaled in the course of the Board's study of this matter, including any additional information deemed relevant, as well as a delineation of possible areas of delegation of authority to the CAO along with analysis of the steps required to implement the alternative courses of action. The study shall be completed and returned to the Board within **six months** of the publication of the Grand Jury's report." (Emphasis supplied.) Similar comments were made in the Board's Response to Recommendation R2. The term of this Grand Jury will expire prior to that six-month return date.

**Response to F24: The respondent agrees with the finding.** County and the CAO returned to the Board on July 9, 2002 with the required study.

F25: In Recommendation R3 of the January 23 Report, the Grand Jury recommended that the Director of Human Resources be directed to draft a revised job description for the CAO position. The Board responded to that Recommendation on April 16, 2002, by stating:

- that it "**has directed** staff to work with County consultants to develop and present to the Board a new job description for the CAO reflecting increased authority to the extent feasible without amendments to the County Charter" (Emphasis supplied.);
- that "[f]inalization of the job description will require the results of the studies being conducted under the responses to R1 and R2"; and
- that "[t]he job description will be presented to the Board not later than the studies referenced above," i.e., "within six months of the publication of the Grand Jury's report."

**Response to F25: The respondent agrees with the finding.** The revised job description was presented to the Board of Supervisors on July 9, 2002 in conjunction with the study referred to in the response to F24.

F26: Statements in the Board's April 16 Response to the January 23 Report that the Board "has directed" that a job description be developed and presented, on the one hand, and that County staff "is directed" by that Response to compile available information for purposes of a subsequent report to the Board, are mutually inconsistent.

**Response to F26: The respondent disagrees partially with the finding.** In its response to Recommendation R1, the Board directed County staff to compile much more information than simply a job description. This was a separate, subsequent, and broader assignment than the direction referred to in the response to Recommendation R2, which had already been given, for staff to work with

Mr. Peterson on a draft job description. The document Mr. Peterson ultimately produced in fact became the template for the study the ICAO and County Counsel completed and returned to the Board on July 9, and the job description prepared by the Director of Human Resources (see Finding 28, below).

- F27: The Board received, and placed on its **April 30, 2002**, agenda, a recommendation from its consultant Don Peterson concerning a proposed job description to be used in connection with recruitment procedures for a new CAO. That recommendation, while substantially similar in tone and content to the Grand Jury's January 23 recommendations, did not specifically and formally set forth "a new job description for the CAO" as had been requested by the Board.

***Response to F27: The respondent agrees with the finding.*** In February 2002, the Board held a special meeting, programmed by Mr. Peterson, to consider the CAO/CEO issue. The document Mr. Peterson produced following that meeting was not a draft job description per the original Board direction; rather, it was an attempt to be more responsive to the ideas, views and direction expressed by the Board in its February meeting.

- F28: The day before the April 30, 2002, meeting, the Director of the Department of Human Resources (HRD) submitted a proposed job description. Because that proposed job description had not been submitted in time to be made a part of the Board's public agenda packet, the Board continued the item once again, to **May 14, 2002**. One member of the Board indicated an intention, in the interim, to consider augmenting and/or revising some of the contents of the proposed job description. On May 14, however, that member was not present, and the matter was further continued by the Board to **May 21, 2002**, a date subsequent to the writing of this Reply.

***Response to F28: The respondent agrees with the finding.*** Continuing the chronology, on May 21 the Board appointed a subcommittee to work with County Counsel (and the HRD as necessary) to draft a job description, receive proposals for a recruiting firm, and to return to the Board on June 4. On June 4 the subcommittee returned with a proposal for a recruiter. As previously stated, the job description accompanied the CAO/County Counsel report to the Board on July 9.

- F29: There does not appear to be any substantial reason, when the subject of CAO authority had first been agendaized on January 15, 2002, at the request of a member of the Board and without reference to the January 23 Report, why it should take more than four months from the date of Board action on that agendaized item for staff and the County's consultants to produce an acceptable job description. The Grand Jury is aware of various public statements which have been made and reported in the media as to the reason or reasons for that delay. Without attempting to place blame or fault, the Grand Jury believes that the relevant issue is progress, or lack thereof. Accordingly, the Grand Jury

merely notes the fact of the delay and makes no finding as to the validity or invalidity of any of those conflicting public statements. The Grand Jury simply says, about the CEO project, "**GET IT DONE!**"

***Response to F29: The respondent partially disagrees with the finding.*** As the findings and responses above detail, there were valid and substantial reasons to modify the original schedule. Besides those reasons, the scope of authority for this position is a key personnel and governance issue for the County that requires full and public deliberation and thoughtful resolution. The Board believes that it has progressed as rapidly as circumstances and prudence would allow. The job description has been prepared. On July 9, less than six months from the Grand Jury's Report, the Board received the CAO/County Counsel report, which indicated that it would require amendments to the County Charter and the County Ordinance Code to convert the CAO position to a CEO position. The Board directed staff to prepare the appropriate ordinance and Charter amendments, and to assign the latter to the Charter Review Commission when it is formed. It will require a vote of the people to enact the necessary Charter amendments, without which the Board is powerless to "get done" with the CAO/CEO project.



## **MENTAL HEALTH COMMITTEE**

### ***El Dorado County Department of Mental Health***

Citizen Complaint #01/02-C-018  
Citizen Complaint #01/02-C-032  
Citizen Complaint #01/02-C-041  
Citizen Complaint #01/02-C-042  
Citizen Complaint #01/02-C-043  
Citizen Complaint #01/02-C-048  
Citizen Complaint #01/02-C-049  
Citizen Complaint #01/02-C-050  
Citizen Complaint #01/02-C-051

### **Reason for the Report**

The Grand Jury investigated the Department of Mental Health (DMH) with particular focus on the South Lake Tahoe Mental Health Clinic (Clinic). A number of complaints were received raising serious issues, such as lack of space and deficiencies in programs. Preliminary investigation revealed that there were, in fact, problems. The County's population is increasing, as is the number of mentally ill people who need county mental health services.

### **Scope of the Investigation**

Members of the Grand Jury toured these facilities:

- South Lake Tahoe Mental Health Clinic on two occasions;
- Barton Memorial Hospital in South Lake Tahoe;
- Tahoe Manor Residential Care (Tahoe Manor) in South Lake Tahoe;
- El Dorado County Jail at South Lake Tahoe;
- DMH Psychiatric Health Facility (PHF) in Placerville; and
- El Dorado County Juvenile Hall in Placerville on several occasions.

Members of the Grand Jury attended a Jail Diversion Seminar in South Lake Tahoe.

The following documents were reviewed:

- The County's 2001-2002 Proposed Budget and Workplan (2001-2001 Budget/Workplan);
- County contract with Tahoe Manor;
- Letter from California Department of Social Services (CDSS) regarding Tahoe Manor;
- Copy of complaint to CDSS regarding Tahoe Manor;

- Complaint Investigation Report, CDSS, regarding Tahoe Manor;
- Facility Evaluation Reports, CDSS, regarding Tahoe Manor dated April 24, 2001, and April 14, 2000;
- CDSS Denial of Request for Dementia Waiver for Tahoe Manor dated October 16, 2000;
- County Environmental Management Report for Tahoe Manor dated December 13, 2001;
- County Contract with Barton Memorial Hospital;
- Report by Barton Memorial Hospital titled "Response Time of Mental Health Crises Workers;"
- Minutes for Meetings of the Mental Health Commission, South Lake Tahoe for the past 12 months;
- Letter and Report from the Program Manager regarding unmet needs for South Lake Tahoe Mental Health Clinic dated April 17, 2002;
- DMH Program Costs and Services Statistical Analysis comparing workloads and costs in the month of January 2001 to the month of January 2002;
- Document listing grant funding efforts from 1987 to present;
- Correspondence from Superior Court Judge pertaining to mental health issues at South Lake Tahoe;
- Barton Memorial Hospital Report "Indicator Profiles on Mental Health Services in Emergency Room"
- Last DMH performance evaluation for Clinic Program Manager dated October 18, 1991;
- National Association for Mentally Ill (NAMI) documents "Homeless and Incarcerated: Untreated Mentally Ill";
- Time Study by DMH on psychiatric emergency services from October 16, 2000, to November 22, 2000;
- Clinic Program Summaries;
- Organization Chart for the Clinic;
- Letter from concerned parent about the Clinic;
- NAMI report to Board of Supervisors " Proposal for Improving Mental Health System" dated August 22, 2001;
- Job Description for the DMH Deputy Director;
- DMH Report to the Board of Supervisors titled Facility and Space Needs Assessment, dated December 2000;
- Letter from DMH Director on "Space Needs in South Lake Tahoe Mental Health Clinic" dated September 3, 1999;
- Summary of correspondence to acquire additional clinic space in South Lake Tahoe written by the Clinic Program Manager between January 23, 2000, and March 25, 2002;
- NAMI correspondence "Emergency Crisis Hot Line Service Compared to Other California Counties"; and
- Various pieces of correspondence relating to contracts and complaints.

The following persons were interviewed:

- DMH Director;
- DMH Deputy Director;
- Clinic Program Manager;
- Clinic Adult Day Treatment Program staff;
- Clinic Adult and Emergency Services staff;
- Clinic Children's Services staff;
- Clinic Administration staff;
- DMH Patient's Rights Advocate;
- Concerned parents;
- Mentally ill jail inmate;
- Social Worker, Barton Memorial Hospital;
- NAMI, South Lake Tahoe, President and three members; and
- The Complainants.

## **Findings**

### **Structure, Organization and Budget**

F1: The DMH is organized to deliver services through five program divisions and two administrative divisions. The program divisions are Adult Day Treatment, Adult Services, Children's Services, Mental Health Clinical Services, and the Psychiatric Health Facility (PHF) in Placerville, referred to as the PUFF unit. There are two administrative divisions: 1) Central Administration, and 2) Administration of State Hospital and Institute for Mental Disease (IMD) beds.

***Response to F1: The respondent disagrees partially with the finding.*** The Department does not have two administrative divisions. Instead, there is only the Central Administration, which oversees administration of State Hospital and Institute for Mental Disease (IMD) beds. There are four program divisions: Psychiatric Health Facility, Western Slope Outpatient – Adult, Western Slope Outpatient – Children, South Lake Tahoe Outpatient Clinic. The PHF unit is not referred to as the PUFF unit.

F2: DMH has approximately 99 employees in the County. The department is housed in four separate locations: three in Placerville and one in South Lake Tahoe.

***Response to F2: The respondent agrees with the finding.***

F3: The position of Deputy Director of DMH was authorized and budgeted in 2000 and filled in January 2001. The Deputy Director has no line authority in the organizational structure of the Department and does not conduct performance evaluations. Program manager's report directly to the Director. The Deputy

Director functions as a coordinator. His job description is non-specific. It appears that the Deputy Director's primary responsibilities are to:

- Promote the use of Inter Trac for electronic records;
- Improve coordination and communication between the administrative staff in Placerville and the management staff in the Clinic;
- Work on the budget and fiscal policy issues; and
- Implement improvements in mental health services at Juvenile Hall in Placerville and the anticipated South Lake Tahoe Juvenile Hall.

***Response to F3: The respondent disagrees partially with the finding.*** The Deputy Director has line authority over all staff in the organizational structure under the direction of the Director. The Deputy Director has direct supervisory and evaluation authority over all fiscal and accounting staff and functions, including the Fiscal Administrative Manager. The Deputy Director does not function as a coordinator but as a Deputy Director. The job description is specific while allowing for assignment of duties and special projects based on the expertise of both the Director and Deputy Director. In addition to those responsibilities listed the Deputy Director is also responsible for formulating policy, developing goals and objectives, and fiscal management. The position is currently responsible for developing standards and methods of measurement of activities and work performance and productivity. The incumbent oversees the County's compliance, quality assurance and reporting requirements associated with state and federal mandates. The incumbent is also responsible for development and monitoring of the Management Information System, including accounts receivable and payable.

- F4: The DMH budget for 2001/2002 is approximately \$9.75 million, which includes \$345,581.00 from the County's General Fund. This General Fund contribution is at the same level of support the Department has received from the County's General Fund (Department 15) during the previous two fiscal years.

***Response to F4: The respondent disagrees partially with the finding.*** The DMH County General Fund contribution for 2001/2002 was reduced to \$305,000 based on realignment increases.

- F5: The General Fund contribution of \$345,581.00 to the Department provides a \$30,000.00 match required by the State of California (State) for mental health services and \$315,581.00, primarily for approximately 10 children who require high levels of mental health services in foster care and psychiatric facilities where costs range from \$3,000.00 to \$12,000.00 per month per child.

***Response to F5: The respondent agrees with the finding.***

F6: The \$315,581.00 contribution is referred to as an "overmatch" in the 2001/2002 Budget/Workplan (P. 237) because the County is not required by the State to provide this additional financial support for the County's mental health programs.

**Response to F6: The respondent agrees with the finding.**

F7: According to the 2001/2002 Budget/Workplan (P. 238), which was approved by the Board of Supervisors (Board) in September 2001, "beginning in Fiscal Year (FY) 2002/2003 the County will reduce its overmatch by 50%" until in FY 2003/2004 "the County match will include only the required \$30,000.00."

**Response to F7: The respondent agrees with the finding.** However, the ICAO recommended FY 2002/03 proposed budget included \$272,000 in overmatch. This equals a 14% reduction rather than a 50%. In addition, during the recent budget hearings the Board approved The ICAO's Addenda recommendation which includes an additional \$150,000 in overmatch, for a total recommended overmatch of \$422,000. The rationale behind the graduated reduction was the plan to allocate SB90 funds, as noted in F9 below, to the Mental Health budget.

F8: The Interim Chief Administrative Officer (ICAO) recommended the elimination of the "overmatch" over a two year period based on estimated increases in Sales Tax Realignment revenue for the Department. Sales tax growth projections are calculated by the County's Auditor Controller.

**Response to F8: The respondent disagrees partially with the finding.** The recommendation was not based on Sales Tax growth.

F9: The ICAO's recommendation to eliminate the "overmatch" and the Board's approval of that recommendation by adopting the 2001/2002 Budget/Workplan, also make the assumption that the County's claims for reimbursement of state-mandated services will be paid according to the requirements of Senate Bill 90 (SB90). The Department received these reimbursement funds for the first time during FY 2001/2002 for mental health related SB90 mandated services. Most of these reimbursement funds were used to relocate the Adult Day Program in Placerville to a new facility on Mallard Lane, a move that was long overdue.

**Response to F9: The respondent disagrees partially with the finding.** While SB90 funds were budgeted for the first time in Mental Health in Fiscal Year 2001/02, they were not targeted, nor were they expended on, any relocation of the Adult Day Rehabilitation Program in Placerville. The Placerville program has been in its existing location since April, 1996. Those funds were not received due to a state controversy. The planned use of those funds was for facility expansion in South Lake Tahoe and the Western Slope.

F10: The State of California and the "claiming counties" have not resolved all of the disputes arising from the interpretation of SB90's requirements and State-mandated services. The State could discontinue reimbursing claims at any time, especially given the State's current budget crisis.

***Response to F10: The respondent agrees with the finding.***

F11: The Board's allocation of discretionary revenues from the General Fund is a clear indication to the public of the Board's priorities for projects and programs. In adopting the 2001/2002 Budget/Workplan, the Board neither agendaized nor discussed a policy decision to eliminate discretionary General Fund support for mental health programs in the County. Nevertheless, except for the County's mandated "match" of \$30,000.00, such an elimination will be accomplished no later than FY 2003/2004.

***Response to F11: The respondent disagrees partially with the finding.*** The State establishes its priorities regarding the funding of state programs. The Mental Health program is a County program mandated by state and laws and regulations. It receives a variety of funding from the federal and state governments, grants, and fees paid by clients and insurance. Over the years, the State has had a variety of funding schemes to fund Mental Health Services. Given the various County programs and public demands on limited funds, the State's raid on County funding over the last 10 years through its "property tax shift" (ERAF - Education Revenue Augmentation Fund), the current state budget situation, the respondent considers providing the required County match an appropriate funding level. Given that the information was included in the Proposed Budget, this issue was agendaized and discussed by the Board. As mentioned in F7 above, the Proposed Budget recommendation reduces the overmatch by 14%. The ICAO has further recommended, in the Addenda, an additional \$150,000 (for a total overmatch of \$422,000), which, if approved, would be a 34% increase over the prior year overmatch of \$315,581.

F12: DMH uses Inter Trac, a computer software tracking system. Inter Trac software is used by every county mental health department in the State. It is primarily a management tool, utilized to record contact information, collect and transmit data, and compile statistical reports. The County obtained 40 licenses with the original software vendor agreement several years ago and pays \$50.00 per license per year.

***Response to F12: The respondent disagrees partially with the finding.*** The statement that InterTrac software is used by every county mental health department in the state is incorrect. While other counties are utilizing similar software for clinical purposes, DMH selected the InterTrac software for use in this county.

F13: Inter Trac is currently being used by 72 licensed therapists in DMH, including the PHF unit. Administrative and management personnel can review the number and quality of therapist/client contacts on a regular basis to improve service and to identify discrepancies in the delivery of services. The use of Inter Trac has improved the efficiency of case management. It makes transmittal of records and coordination of services for clients transferring between counties or from the Clinic to Placerville (and vice versa) much easier and faster. This is particularly important in providing crisis intervention services for clients in South Lake Tahoe who are transported to the PHF unit in Placerville.

***Response to F13: The respondent agrees with the finding.***

### **South Lake Tahoe Mental Health Clinic (Clinic)**

F14: The Clinic has been allocated 36 positions out of the 99 total authorized positions in DMH.

***Response to F14: The respondent disagrees partially with the finding.*** The South Lake Tahoe Clinic is allocated 22.3 full time equivalent (FTE) permanent positions. The discrepancy probably involves staff who is employed as part time extra help.

F15: The Clinic, under the South Lake Tahoe Mental Health Program Manager, is organized in seven units: one administrative services unit, one accounting services unit, and five program delivery units,

***Response to F15: The respondent agrees with the finding.***

F16: The Clinic's Administrative Services unit has three authorized positions: Mental Health Program Manager, Administrative Assistant, and Medical Records Technician.

***Response to F16: The respondent agrees with the finding.***

F17: The Clinic's Accounting Services unit has two authorized positions for a Senior Fiscal Assistant and a Fiscal Assistant II.

***Response to F17: The respondent agrees with the finding.***

F18: The Clinic's Medication Services unit consists of two Consulting Psychiatrists, one specializing in adult services and the other in children's services.

***Response to F18: The respondent agrees with the finding.***

F19: The Clinic program for Adult Emergency (Crisis Services) and Adult Mental Health Services is managed by a Mental Health Program Coordinator II and staffed by two Mental Health Clinicians (one position is vacant) and a Psychiatric Case Manager. Two interns assist this unit.

***Response to F19: The respondent agrees with the finding.***

F20: Adult and Emergency Services is responsible for providing:

- Psychiatric emergency services, 24/7, for all client emergencies, including children, and new emergency calls;
- Mental health services, assessment, and counseling for adults;
- Case management services to assist clients with obtaining other services as needed;
- Medication services for clients;
- Coordination of services in liaison with 10 other agencies in the community;
- Recruitment, supervision, and training of extra-help staff; and
- Cardiopulmonary resuscitation (CPR) and first aid training for staff.

***Response to F20: The respondent agrees with the finding.***

F21: As of December 2001, Adult and Emergency Services provided services to 150 clients on a regular basis. In addition to providing services to regular clients, Adult and Emergency Services staff must respond quickly to mental health crisis calls. For example, the unit had 142 crises and triage assessments in September 2001 and 120 crises and triage assessments in October 2001.

***Response to F21: The respondent agrees with the finding.***

F22: The Adult and Emergency Services staff handles crisis line calls on weekdays during regular business hours between 8 a.m. and 5 p.m.. Contract employees handle after hour's calls between 5 p.m. and 8 a.m. weekdays and on a 24-hour basis on all weekends and holidays.

***Response to F22: The respondent disagrees partially with the finding.*** After-hours crisis staff is extra-help employees not under contract.

F23: After regular business hours, crisis calls are routed through an answering service, where information is collected and forwarded by pager to one contract employee who has been scheduled as the crisis worker for that shift. That crisis worker must then call the answering service back, and then call the person reporting the emergency. Each of these steps requires time and creates delays in the communication process.



**Response to F23: The respondent disagrees partially with the finding.** The answering service also calls the crisis worker at their home phone or cell phone and patches the call directly to the crisis worker. This is usually the case unless the crisis worker is on another call.

- F24: Because of the response time, the mental condition of callers experiencing mental health crises and/or threatening suicide is aggravated by delays inherent in the procedure described in the preceding Finding.

**Response to F24: The respondent disagrees partially with the finding.** Delays may increase aggravation but do not necessarily cause this state. Not all callers experiencing mental health crisis and/or threatening suicide have aggravated problems because of the answering service transfer of calls.

- F25: Typical response time ranges from five to 10 minutes when the after-hours crisis worker responds by telephone to the pager. This type of crisis line response procedure is not adequate, particularly in comparison to the immediate response to 911 calls by trained dispatchers.

**Response to F25: The respondent disagrees partially with the finding.** Over the last twelve years of this on-call crisis procedure, we have received very few complaints from consumers using the crisis line. Staff is effective in responding timely to crisis calls within the department established guidelines. However, the DMH crisis line in Tahoe as well as in Placerville does not compare to the immediate response of 911 calls by trained dispatchers.

- F26: There is an extremely high turnover in crisis workers employed as contract employees. Training is ongoing because of the nature of the work. Crisis workers must have Bachelor of Arts degrees in mental health or a related field. Work experience is not required.

**Response to F26: The respondent agrees with finding.**

- F27: Contract employees are paid on a standby basis at a rate of \$1.20 per hour to carry a pager. They are paid \$16.49 per hour if they have to respond to a call. Their time starts at the time they respond to the pager. This payment system is not adequate to recruit and to retain trained contract employees for crisis call responses.

**Response to F27: The respondent agrees with finding.**

- F28: Prior to 1992, the Adult and Emergency Services unit operated a three-shift system with a professional crisis team of two employees on duty on all shifts. Funding cuts resulting from establishment of the State's Education Revenue Augmentation Fund (ERAF) eliminated the professionally staffed shift system.

***Response to F28: The respondent disagrees partially with the finding.*** The two staff worked 24-hour shifts, not three shifts, and were “on call” not “on duty on all shifts.” Funding cuts were based on reduced state realignment revenues as well as reduced County General Fund contribution.

F29: The elimination of the three-shift schedule was a budgetary decision. The original procedure was very effective because it significantly reduced response time for a client in crisis.

***Response to F29: The respondent disagrees partially with the finding.*** The original procedure was seldom more effective or reduced response time unless a worker was dealing with a crisis already when the call came in. The answering service was still used. The change in procedure was based on the very limited number of contacts or calls received after-hours and on weekends as well as budgetary concerns.

F30: The Adult and Emergency Services unit must rely on the rest of the Clinic staff in other units as back up for crisis intervention. This means that the Clinic staff does crisis work at night and on weekends, in addition to providing mental health services to their regular clients during normal business hours.

***Response to F30: The respondent disagrees partially with the finding.*** Clinic staff is used only when extra help workers are not available.

F31: The requirement for immediate response in crisis situations makes it imperative that crisis workers live in the South Lake Tahoe area. Salaries for crisis workers are inadequate because of the cost of living in South Lake Tahoe. This makes recruitment and retention of trained crisis workers very difficult.

***Response to F31: The respondent disagrees partially with the finding.*** The respondent cannot agree with the assertion that the cost of living in South Lake Tahoe is the reason for the shortage of workers. The shortage of Mental Health Professionals is a statewide issue where a 30% vacancy is not unusual. The Western Slope has recruitment issues as well.

F32: The Adult Day Rehabilitation and Case Management Unit (Adult Day Treatment) for the severely and chronically mentally ill is managed by a Mental Health Program Coordinator I at the Clinic. This position is filled currently by a new probationary employee. The unit is staffed by a Mental Health Worker II, a Psychiatric Technician II, and a Mental Health Clinician I. The position of Psychiatric Technician II is also filled by a new probationary employee, and the position of Mental Health Clinician I is vacant.

**Response to F32: The respondent disagrees partially with the finding.** The position of Psychiatric Technician II is not filled by a new probationary employee but the position of Mental Health Clinician I is a new probationary employee.

- F33: Adult Day Treatment is an organized daily program that provides therapeutic activities for severely and chronically mentally ill adults who are at risk of hospitalization. This program is conducted at the Clinic site in a room space of less than 400 square feet. The space is inadequate for the current number of participants - 15 to 17 clients and three staff members. Based on current needs and interest, the program could serve up to 15 additional clients each day if adequate space were available. Requests for and attempts to find space for this program has been ongoing for at least four years.

**Response to F33: The respondent disagrees partially with the finding.** There are four, not three, staff positions.

- F34: According to DMH policy, the Clinic cannot have a petty cash fund on site for staff to use in paying small expenses for Adult Day Treatment, i.e., parking and admission fees at local recreation sites, activities and excursions. The unavailability of a petty cash fund greatly limits participation in Adult Day Treatment.

**Response to F34: The respondent disagrees wholly with the finding.** Parking, admission fees, activities and excursions can be paid for using existing county protocols. With advanced planning and administrative review and approval, these activities do occur. The unavailability of a petty cash fund has no bearing on the participation by clients in the Adult Day Treatment program. Moreover, the clinic has established accounts with local vendors and routinely purchases items for use by the Day Treatment Program. Access to petty cash funds must be balanced with existing county protocols to insure appropriate expense management.

- F35: Adult Day Treatment has a rehabilitation schedule of planned socialization activities for clients who would otherwise be isolated and non-communicative. They meet four afternoons each week, Monday through Thursday, and are encouraged to participate in the following activities:

- Peer support which promotes communal activity;
- Community awareness, current events, and resources;
- Yoga and range of motion exercises;
- Meal preparation;
- Bowling and active recreation pursuits;
- Outings to the library, parks, and recreation areas; and
- Excursions to Carson City and Reno.

**Response to F35: The respondent agrees with the finding.**

F36: Clients are not participating in some of the "hands-on" experiences described as objectives of Adult Day Treatment activities. For example, clients do not prepare meals, even though these activities are on the schedule, because kitchen facilities are inadequate.

***Response to F36: The respondent disagrees partially with the finding.*** Kitchen facilities are not optimum but clients have prepared meals in the past. Currently program hours are not at meal times.

F37: The Adult Day Treatment program at the Clinic does not have enough staff, space, or funding to provide mental health services to the increasing number of clients.

***Response to F37: The respondent disagrees partially with the finding.*** Four full time staff should be sufficient to adequately serve Day Treatment clients in South Lake Tahoe. Medi-Cal standards require a client/staffing ratio of 10:1. There are currently 15-17 clients attending Day Rehabilitation (thereby exceeding State standards with a 4:1 ratio), leaving room for adequate growth in clients in the program. Unfortunately, there have been vacancies in the program since this decision was made in November 2001.

- F38: The Tahoe Opportunity Project (TOP), a state grant-funded program, provides services to mentally ill homeless adults, those who are in danger of becoming homeless, and those who are incarcerated. TOP is managed by a Mental Health Program Coordinator II with a staff of seven. The Coordinator's position is vacant.

***Response to F38: The respondent agrees with the finding.***

- F39: TOP provides these clients with food, clothing, and shelter and helps them obtain treatment for mental health problems, substance abuse, and medical conditions. A psychiatrist at the Clinic provides services to TOP clients up to a maximum of 5 hours per client.

***Response to F39: The respondent disagrees partially with the finding*** The psychiatrist is available to serve TOP clients five hours a week. There is no maximum number of hours the psychiatrist can spend with each client.

- F40: TOP receives state grant funds of \$800,000 annually. The TOP program, led by the Clinic, is a collaborative effort by public agencies, such as the County's Departments of Public Health, Community Services, and Veterans Services, as well as private, non-profit agencies, including the Sierra Recovery Center, Barton Memorial Hospital, and the Family Resource Center.

***Response to F40: The respondent agrees with the finding.***

- F41: TOP recently leased a transition house in South Lake Tahoe, which has five beds and is supervised by a TOP staff member and a live-in house manager. This house serves as a transition site for clients needing a more intensive residential treatment environment before advancing to higher levels of self-sufficiency and independent living. Fifteen clients have used the house since it was leased.

***Response to F41: The respondent agrees with the finding.***

- F42: Children's Mental Health, Day Rehabilitation (Children's Day Treatment) and Primary Intervention Services are managed by a Mental Health Program Coordinator II at the Clinic. This unit is staffed by four Mental Health Clinicians,

a Mental Health Social Work Intern, a Parent Partner, and four Primary Intervention Aides.

***Response to F42: The respondent agrees with the finding.***

F43: Children's Day Treatment does not have a dedicated 24-hour crisis line. Resources such as respite care, licensed foster homes, and group care facilities are inadequate.

***Response to F43: The respondent disagrees partially with the finding.*** There is a shortage of resources; those that do exist are not inadequate.

F44: The Clinic has a critical shortage of space for children's services. There is no partitioned space in the waiting room/reception area to separate adult clients from families and children. There is no privacy, play area, or counseling room dedicated to children's use. A play therapy room was recently converted to office space for staff.

***Response to F44: The respondent agrees with the finding.***

F45: The Clinic does not have enough authorized positions for clinical staff to meet the treatment needs of seriously mentally ill children in the South Lake Tahoe area.

***Response to F45: The respondent agrees with the finding.*** One in five children needs mental health treatment. It is likely that the Mental Health Department will never have enough staff to treat all the children who would benefit from services.

### **Clinic Facilities**

F46: The Clinic is operating in inadequate space of 3,475 square feet. Some of the major concerns are:

- Some clients, including children and adults with mental and physical problems, have difficulty negotiating the elevator and the narrow, dark stairway to the Clinic location on the second floor.
- There are 36 authorized positions that must share small offices, leaving little privacy for confidentiality between staff and clients.
- 300 clients access this facility (not counting parents and others).
- The cramped, inadequate space negatively impacts programs. For example, the Adult Day Treatment program has a small room for up to 17 clients and three staff members, limiting important activities and the ability to increase the number of participating clients.
- Record storage space is totally inadequate. Some confidential records are stored in the hallway.

**Response to F46: The respondent disagrees partially with the finding.** The building where the clinic is located has an elevator that is used by anyone with a physical disability. There is no storage of confidential records in the hallway.

F47: There are serious fire/life safety issues in the Clinic facility:

- Because the Clinic is on the second floor, evacuation would be difficult for everyone, especially mentally impaired clients, in the event of an emergency. The number of clients who access the Clinic is excessive for the square footage.
- The building is constructed of wood, and the “combustible load” (all those things that would burn easily) is great.
- The building does not have fire sprinklers, smoke detectors, a central fire alarm system, air packs, or an automatic external defibrillator (AED).
- Fire drills, including emergency evacuations, are not routinely conducted.

**Response to F47: The respondent disagrees partially with the finding.** The clinic building does have fire sprinklers, smoke detectors and a central fire alarm system. The building was last inspected by the City of South Lake Tahoe Fire Department on May 31, 2000 and the clinic was found to be in compliance.

F48: The space for Adult Day Treatment is inadequate. For example:

- There is one kitchen sink, one stove without a ventilation hood, one small refrigerator/freezer, limited food preparation/counter space, and limited cabinet space to store kitchen supplies.
- The activity space is combined with the food preparation space and storage for supplies to serve meals is located in the hallway.
- The space is too small for an activity room, and there is not a separate group conference room.
- There is not a private access to Day Treatment staff offices; the only access is through the activity room.

**Response to F48: The respondent agrees with the finding.**

F49: The County requires property owners to make tenant improvements before the County will enter into any lease. This requirement makes leasing new property almost impossible, given the limited amount of available lease space in South Lake Tahoe.

**Response to F49: The respondent partially disagrees with the finding.** The County hires an architect to design needed tenant improvements and facilitates the construction bid process. The facility owner contracts directly with the successful bidder. The cost of tenant improvements are amortized over the length of the lease thus providing the facility owner with reimbursement for said costs.

This process has been a win/win situation. The County leases a facility that meets its program/service delivery needs and the value of the facility is increased at no cost to the owner. The respondent is aware of only two incidents where facility owners decided against leasing to the County because of this requirement.

- F50: The City of South Lake Tahoe has not been helpful in providing "fast track" services to enable the County to meet the City's requirements for new Adult Day Treatment space. In addition, the Tahoe Regional Planning Authority (TRPA) restricts sites where Clinic services like the Adult Day Treatment program can be located.

***Response to F50: The respondent disagrees wholly with the finding.*** The respondent has worked with the City of South Lake Tahoe and TRPA on a number of space needs. Contrary to the finding above, these organizations have worked cooperatively with the County to meet its needs for building space. The Mental Health adult day treatment program was moved into new facilities August 2002.

- F51: Repeated promises by Clinic staff that the Adult Day Treatment program would be relocated to a more adequate space have not been fulfilled. This has created credibility problems among clients, their families, and staff members.

***Response to F51: The respondent agrees with the finding.***

- F52: The Department of General Services (DGS) and its Real Property Planning and Administration (RPPA) division historically have not responded in a timely manner to opportunities to acquire new lease space for the Clinic and its programs.

***Response to F52: The respondent agrees with the finding.*** The General Services Division of Real Property Planning and Administration has responded in a timely manner to each and every request to acquire leased space for the Mental Health Department. Appropriate leased space was not quickly secured for a variety of reasons including the following: some facility owners did not want to lease to Mental Health due to the clientele they service; others did not want to have daily meal preparation take place in their facilities. On a minimum of 2 occasions the City of South Lake Tahoe would not approve the geographic location in which the leased facility was located. For a lengthy period of time the Mental Health Department wanted its entire staff located in one facility. As the Grand Jury has noted elsewhere, co-location of staff facilitates communication, administration, management, and accountability. However, this precluded the leasing of any smaller facilities which could accommodate a portion of the staff thus relieving the overcrowded conditions at the Silver Dollar facility.



F53: After more than four years of unsuccessful attempts to find adequate space for the Adult Day Treatment program, the County has made arrangements to move both the TOP and Adult Day Treatment programs into adequate space by relocating other county offices from existing county-leased facilities in South Lake Tahoe. The move is scheduled for July 2002.

***Response to F53: The respondent partially agrees with the finding.*** The move is planned for August 2002.

### **Personnel and Staffing**

F54: The Department Director is responsible for performance evaluations for the Deputy Director and Program Managers. Some Program Managers have not had formal performance evaluations in more than 10 years.

***Response to F54: The respondent agrees with the finding.***

F55: The Deputy Director has not had a formal performance evaluation since being appointed to the position in January 2001.

***Response to F55: The respondent agrees with the finding.*** Evaluations are ongoing and not yearly “formal performance evaluations.”

F56: The Deputy Director does not have line authority to conduct formal performance evaluations for program managers or coordinators.

***Response to F56: The respondent disagrees wholly with the finding.*** The Deputy Director has authority to provide evaluation to assigned staff or any others under the direction of the Director; or those performed jointly with the Director.

F57: Probationary employees in supervisory positions are conducting performance evaluations of probationary employees. It is unclear whether or not they have the experience or training to conduct such evaluations. The County provides no formal training for that purpose.

***Response to F57: The respondent disagrees partially with the finding.*** Supervisory trainings and a supervisory academy are provided by the County. New employees in a supervisory role are requested to attend.

F58: Performance evaluations do not always reflect the actual performance of employees because DMH does not require its managers and coordinators to do so.

***Response to F58: The respondent disagrees partially with the finding.*** DMH requires managers and coordinators to follow current County requirements of at

least monthly meetings with probationary employees where job duties, expectations, and performance are included discussions.

F59: There is a lack of communication among the administrators, managers, coordinators and staff of DMH.

***Response to F59: The respondent disagrees wholly with the finding.*** The Department conducts bi-weekly management meetings which include the Director, Deputy Director, Program Managers, Fiscal Administrative Manager, Quality Assurance Coordinator, and Executive Secretary to the Director. Each person responsible for Program/Personnel oversight has, at minimum, monthly staff meetings. Specific to South Lake Tahoe, the Program Manager, Program Coordinators and Deputy Director meet weekly. There is a larger staff meeting, which includes all staff, conducted on a monthly basis.

F60: DMH does not always include or involve the South Lake Tahoe Mental Health Clinic Program Manager in decisions relating to programs, budgets, and staffing. Managers have not always been advised or consulted on changes in their own programs and staffing before changes are announced.

***Response to F60: The respondent disagrees wholly with the finding.*** The South Lake Tahoe Manager is requested to participate in decisions relating to the South Lake Tahoe Clinic when those decisions are within the authority of the DMH. Announcement of changes to a manager's program have never been made without prior knowledge of the involved manager if that change was within the authority of the DMH. There are rare occasions when the Director is required to make a decision without a manager's involvement or that result in a different outcome than desired by the manager. The South Lake Tahoe Manager attends bi-weekly Management Team meetings and has frequent communication by phone and email with both the Director and Deputy Director. The Deputy Director goes to South Lake Tahoe weekly to meet with the Manager, Coordinators and staff. The Mental Health Director goes to South Lake Tahoe monthly.

F61: Staff turnover in the Clinic is high. There were four clinical positions vacant in the past year. These vacancies cause staffing and service delivery problems because positions remain vacant for months. Some of the reasons include:

- An acute shortage of psychiatrists exists, not only in South Lake Tahoe, but throughout the State of California.
- The high cost of housing in South Lake Tahoe makes it difficult to recruit employees to live in that area.
- A salary differential of only \$175.00 per month for employees in South Lake Tahoe does not cover the additional cost of housing and transportation.
- The County does not pay relocation expenses for new employees.
- The required one-year probationary period is an impediment to recruiting prospective new employees for positions in South Lake Tahoe.

- Contract employees have no permanent employee status or representation in bargaining units in the County.

***Response to F61: The respondent agrees with the finding.***

F62: The Clinic's professional staff have private practices and are allowed to use management leave and supervisory leave as compensatory time off to conduct their practices during normal weekday business hours between 8 a.m. and 5 p.m.. These practices conflict with the scheduling of work and caseloads for other employees.

***Response to F62: The respondent disagrees wholly with the finding.***

There is no evidence that professional staff utilize management leave, supervisory leave or compensatory time off to conduct private practices. All staff who seeks employment outside of their county positions, including those in private practices, is not allowed to schedule that employment in a way that conflicts with the scheduling of County work or providing services to clients on their caseloads. Nor do they receive any management or supervisory compensation from the County at times when they may be working somewhere else.

F63: There is an abuse of sick leave at the Clinic.

***Response to F63: The respondent disagrees partially with the finding.*** Further evaluation of patterns and trends need to be considered before making this finding. The clinic has experienced some instances of employees that have required extended absences for major medical issues.

F64: Because of improper management, and for other reasons, employees work through normal breaks and lunch periods.

***Response to F64: The respondent disagrees partially with the finding.***

There are instances where employees work through normal breaks and lunch periods. This is done despite the direction of management/supervisory staff. Psychiatric emergencies and appropriate clinical care sometimes require flexibility in “normal breaks and lunch periods.”

F65: Policies regarding work and duty hours are not enforced. Employees are allowed to work at home without accounting for their time, and employees are not always recording work beyond the normal eight hours, for which they are entitled to be paid overtime.

***Response to F65: The respondent disagrees partially with the finding.***

Employees are not allowed to work at home without accounting for their time. Employees are required to receive prior authorization for overtime hours unless an emergency or crisis exists. In these instances they are required to notify the supervisor as soon as possible and record the time actually worked.

F66: The Clinic has higher staffing ratios and receives a greater proportion of DMH's budget, relative to caseloads and costs of services, than the Western Slope.

***Response to F66: The respondent agrees with the finding.***

F67: Since the position of Deputy Director of DMH was filled in January 2001, the Clinic has received substantially more on-site administrative and management support because of the Clinic's high priority and the interest level of the Deputy Director.

***Response to F67: The respondent agrees with the finding.***

### **Community Resources**

F68: There is currently one volunteer to assist at the Clinic. Privacy issues preclude active volunteer recruitment and participation in mental health programs with clients. Tahoe Cares, a coalition of non-profit community and religious organizations, provides informal support on a case-by-case basis as requested by the TOP Program Coordinator.

***Response to F68: The respondent agrees with the finding.***

F69: The National Alliance for the Mentally Ill (NAMI) is an active organization in the South Lake Tahoe area, and the NAMI representative works to assure that the laws regarding mental health are being implemented. NAMI also is involved in educating family members of patients regarding the legal rights of the mentally ill.

***Response to F69: The respondent agrees with the finding.***

F70: The El Dorado County Mental Health Commission at South Lake Tahoe meets monthly to address issues concerning mental health services, such as programs, facilities, staffing, funding and resources.

***Response to F70: The respondent agrees with the finding.***

F71: Barton Memorial Hospital is a private, non-profit, accredited medical facility which contracts with the County to provide emergency service to mentally impaired persons. Crisis workers from the Clinic evaluate patients in the emergency room to determine immediate needs, assist with diagnoses, and provide referrals for treatment.

***Response to F71: The respondent agrees with the finding.***

F72: Barton Memorial Hospital has no psychiatric beds and does not admit patients diagnosed with psychiatric illnesses unless they also have medical conditions that warrant hospitalization. The hospital is not equipped to diagnose or treat mentally ill patients or provide mental health services. There is no psychiatrist on staff.

***Response to F72: The respondent agrees with the finding.***

F73: Members of the Grand Jury toured the hospital emergency rooms and several floors of the facility, and found them to be very clean and well maintained. There is only one examination room in the emergency room area with an observation window. When the examination rooms are full, this particular room, which is preferred for psychiatric observation, may not be immediately available.

***Response to F73: The respondent agrees with the finding.***

F74: Security at Barton Memorial Hospital is provided by the maintenance staff, who have received special training and who are available on every shift. When restraint is necessary to control mentally ill patients, the preferred method of restraint is medication, rather than physical restraint, to reduce injuries to patients and staff.

***Response to F74: The respondent agrees with the finding.*** The respondent has not way of knowing the practices of Barton Hospital, but has no reason to believe that the finding is other than stated.

F75: Tahoe Manor Residential Care (Tahoe Manor) is a privately owned, state licensed board and care facility in South Lake Tahoe with accommodations for 49 residents. Fifteen of the residents are clients of the Clinic.

***Response to F75: The respondent agrees with the finding.***

F76: Tahoe Manor is the only residential care facility in El Dorado County that accepts Supplemental Security Income (SSI) payments for board and care residents. The County contracts with Tahoe Manor for residential care for clients who are also receiving mental health services at the Clinic.

***Response to F76: The respondent agrees with the finding.***

F77: Grand Jury members toured Tahoe Manor without an appointment. During the visit, no group activities were observed. The physical layout and floor plan are not adequate for group activities and events. Hallways are narrow. There is no designated activity area except a small day room and a dining room. The overall appearance of the facility is drab, but it is moderately clean.

**Response to F77: The respondent disagrees partially with the finding.**

The Tahoe Manor is not a Mental Health facility but an elderly residential placement facility. Although the physical layout could be improved by being larger, overall it is above average for a board and care facility.

F78: Tahoe Manor is not licensed to accept residents who have been diagnosed with dementia. A request for a dementia waiver was denied by the Department of Social Services of the State of California in October 2000.

**Response to F78: The respondent agrees with the finding.**

F79: Monthly payments from the County to the contractor at Tahoe Manor were approximately two months in arrears. The County's requirement that invoices be routed through several different departments slows payment processing and discourages providers from contracting with the County.

**Response to F79: The respondent disagrees partially with the finding.** The County's requirement for payment processing does not discourage providers from contracting with the County. The Department has not experienced any refusal by any contractor to participate with the County as a result of invoice processing protocols.

F80: The annual licensing review and evaluation of Tahoe Manor by the State Department of Social Services, called a Facility Evaluation Report and dated April 2000, identified four deficiencies:

- Medications were not stored, locked, labeled, and dispersed according to regulations.
- Medications were being set up more than 24 hours in advance.
- Hazardous areas in the laundry room were accessible to residents.
- Staffing was not sufficient to meet state licensing standards.

**Response to F80: The respondent agrees with the finding.**

F81: The Facility Evaluation Report for Tahoe Manor dated April 2001 showed no deficiencies in the community care licensing standards. The resident census at that time was 35, which was 14 less than the maximum allowed number of 49 residents.

**Response to F81: The respondent agrees with the finding.**

F82: The 2002 Facility evaluation and inspection of Tahoe Manor has not yet been conducted.

**Response to F82: The respondent agrees with the finding.**

## **Recommendations**

- R1: The Deputy Director should have line-authority over program managers in DMH. This should be included in the job description for the position.

***Response to R1: The recommendation has been implemented.*** The organizational structure already gives the Deputy Director line authority over all staff in DMH under the direction of the Director. The Deputy Director provides direct supervision of managers and subordinate staff as determined jointly by the Director and Deputy Director. The Deputy Director job description already states “provides expert, professional assistance and direction to department staff” and “directs the selection, supervision and work evaluation of assigned staff and provides for their training and development,” “is responsible for....supervising professional and other support staff,” “develops and implements management improvements and practices.”

- R2 The DMH Director and the Board should authorize a new position, Assistant Director, for DMH. The title of Program Manager at the Clinic should be eliminated, and the Assistant Director should be given full authority and responsibility for Clinic programs and facility operations in the South Lake Tahoe area of the County.

***Response to R2: This recommendation will not be implemented because it is not warranted.*** The current organizational structure has been in place, and functioning well. There are four Program Managers, each responsible for a distinct unit of program. The South Lake Tahoe Manager is on a level with other managers with similar programs. There is no identified need for an Assistant Director position and would add additional administrative costs. Further, the Director of Mental Health is responsible for countywide mental health services to the population, which includes operations in South Lake Tahoe. The South Lake Tahoe Program Manager has authority for clinic programs under the direction of the Director and the Deputy Director. The recommendation is inconsistent with any other departmental structure in the County.

- R3: The DMH Director, the CAO, and the Board should establish new written standards and policies based on published data, to recognize the higher costs of housing, transportation, relocation and other pertinent factors, to adjust salary schedules for employees in South Lake Tahoe. Those standards and policies should provide incentives to attract new qualified employees and to retain employees at South Lake Tahoe.

***Response to R3: The recommendation will not be implemented because it is unreasonable.*** The County currently provides a Tahoe Differential for employees living in the Tahoe area. Any additional increase in compensation would be subject to the negotiation process. Every bargaining unit in addition to

unrepresented employees would be affected by a change in compensation for the employees in Tahoe. This issue is likely to be raised in future negotiations. To address the issue at this time would require opening each MOU to negotiations on this or potentially other subjects. This issue cannot be viewed in isolation to other compensation priorities affecting employees.

- R4: The Board has been informed of critical unmet needs in services and facilities for the severely and chronically mentally ill at South Lake Tahoe and the Western Slope of the County. If funding for mental health services is to be a low priority of the Board, as evidenced by the planned elimination of discretionary General Fund support for DMH, the Board should publicly acknowledge that policy in open discussion and written policy directives. It should not be buried in a few small paragraphs in a several hundred-page Budget/Workplan.

**Response to R4: The recommendation will not be implemented because it is not warranted.** As stated above in F11 “The State establishes its priorities regarding the funding of state programs. Mental Health is a county program mandated by state laws and regulations. Over the years, the State has had a variety of funding schemes to fund Mental Health Services. Given the various County programs and public demands on limited funds, the State’s raid on County funding over the last 10 years through its “property tax shift” (ERAF - Education Revenue Augmentation Fund), and then the current state budget situation, the respondent considers providing the required County match an appropriate funding level. Given that the information was included in the Proposed Budget, this issue was agendized and discussed by the Board.”

The budget process is a public process. The proposed budget is available to the public, budget hearings are open to the public, and budget hearings (as are all Board hearings) are filmed and televised. The Board has worked very hard to make information and decisions available to the public and believes that no additional “special” announcements are warranted.

- R5: The Board should direct the CAO to eliminate the use of the word "overmatch" from budget documents because it implies that the County has no responsibility to provide services to the mentally ill in the County if those services must be provided with discretionary revenues from the General Fund (Department 15).

**Response to R5: The recommendation will not be implemented because it is unreasonable.** The respondent refers to F11 above. The use of the word “overmatch” implies what it is – amounts which the County funds, in excess of what the State regulations over the program dictate.

- R6: The Board should prepare an agenda to introduce a full discussion of the County's responsibility for mental health services to all clients on an equitable and adequate basis.



**Response to R6: The recommendation has not yet been implemented, but will be implemented in the future.** The Department of Mental Health will include information regarding location costs by percentage for comparison in the subsequent fiscal year 2003/04 budget.

R7: The Board should provide adequate facilities for the Clinic to accommodate programs, staffing and services. It was unconscionable for the Board to use discretionary funds for Community Enhancement Projects, like the grant of \$100,000.00 for the South Lake Tahoe Animal Shelter, while failing to provide adequate space for treatment of the severely and chronically mentally ill clients of the Clinic who are the least able members of our community to fend for themselves.

**Response to R7: The recommendation has been implemented.** Although, programs, staffing and services could always be improved, as could all County programs, given the demands of ALL County needs the respondent believes that the facilities at the Clinic are adequate to accommodate programs, staffing and services. The facilities at the Animal Control Clinic in South Lake Tahoe, as noted many times in previous Grand Jury reports, are in great need of improvement, the \$880,000 (not \$100,000) referred to above, will not address all the needs but will make considerable improvements. The SLT Adult Day Care moved into new facilities in August 2002. Mental Health has a serious need for additional space in SLT and Placerville and General Services and the ICAO will continue to work with the department to meet that need. The Mental Health Adult Daytreatment program moved into new facilities in early August 2002.

Because the issues are so similar the respondent repeats the response given in the Department of General Services F22 above: “The Respondent notes that elected public officials take on a number of roles – from heading a public agency which provides numerous public services and oversight to hearing and understanding a citizen’s concern regarding lack of public play areas for children. As a governing body the Board of Supervisors adopts policies and procedures designed to maintain a variety of operations to provide service to the public, it supports or thwarts the efforts of other government and regulatory agencies that make laws and regulations affecting the County, works to obtain outside grant and governmental funding for community projects, and determines community needs using a variety of opportunities. All of these roles are important and worthy of the public official’s interest and concern. The Finding suggests that the Board ignored one responsibility at the expense of another. In a County with limited resources, all needs can not be met. At the end of fiscal year 2000-2001 the County found itself in the unique position of having a \$21,475,664 fund balance. This fund balance amount was \$9,025,086 over and above what the ICAO used in the fiscal year 2001-02 proposed budget. As indicated in an August 15, 2001 letter to the Board jointly authored by the Auditor Controller, “The ICAO made his estimate of carry forward in June after discussions with the Auditor

Controller. The ICAO, as he was encouraged to do by the Auditor Controller used, a conservative estimated carry forward in the Proposed Budget for 2001-2002". The Board heard and considered all information before making a decision to provide the community with funds for a variety of projects. The existence of an additional \$9 million "extra" fund balance, was an important factor in the decision-making process. The respondent acknowledges that legitimate differences of opinions can exist regarding this decision."

- R8: The DMH Director should require annual performance evaluations for all employees at every level.

**Response to R8: The response has not yet been implemented, but will be implemented in the future.** Current County policy does not require yearly performance evaluations, but rather monthly informal meetings with probationary employees. As most all employees are represented by Local 1, the Department of Human Resources is working in collaboration to determine what the County employee evaluation standards will be in the future. When this is accomplished, the Department will comply with any and all directives received associated with performance evaluations. The DMH does not have control of the timeline for implementation. Human Resources will return to an annual performance evaluation system no later than November 30, 2002.

- R9: The DMH Director, with the assistance of the Department of Human Resources, should provide training programs for new supervisors and managers to enable them to undertake and complete performance evaluations with accuracy and consistency.

**Response to R9: The recommendation has not been implemented, but will be implemented in the future.** The Department will work with the Human Resources Department to participate in any countywide trainings associated with revised Performance Evaluation revisions. Employees have attended supervisory and management trainings that have been offered to date. The Department has also encouraged and arranged trainings for those employees providing clinical supervision. This will be implemented immediately.

- R10: DMH should improve the crisis-line for Adult and Emergency Services by:

- Eliminating the answering service and pager referral system and instituting a system similar to the 911 emergency call system with operators trained in crisis services; and
- Providing funds sufficient for trained contract employees to have enough back up to respond to more than one emergency call at a time.

**Response to R10: The recommendation will not be implemented because it is unwarranted.** The recommendation assumes that the current procedure is inadequate. Prior studies have shown it to be the most cost effective way to

deliver 24-hour emergency response. To provide 24-hour onsite response at both Placerville and South Lake Tahoe would require a minimum of 16.8 FTE employees. If these were Mental Health Clinicians, the cost of employees alone would be approximately \$1,100,000.00. In past studies the number of calls received after-hours and on weekends did not warrant the additional expense.

- R11: DMH should make it a budget priority to provide a pay scale for crisis workers after hours so that the Clinic can retain trained crisis workers.

**Response to R11: The recommendation has not been implemented but will be implemented in the future.** Historically the after-hours on-call emergency services staff salaries have been tied to the salaries of the on-call Child Protective Services Workers. The DMH will request a study from the Human Resources Department on the after-hours position to determine if it is at “market value.” DMH will work with the Department of Social Services to determine if they are also experiencing recruitment difficulties and, if they are, will work jointly with them to increase salaries. The timeframe will be dependent upon the Human Resources Department’s capacity to do the salary study. This request will be made by the DMH by October 1, 2002.

Any additional increase in compensation would be subject to the negotiation process. Every bargaining unit in addition to unrepresented employees would be affected by a change in compensation for the employees in Tahoe. This issue is likely to be raised in future negotiations. To address the issue at this time would require opening each MOU to negotiations on this or potentially other subjects This issue cannot be viewed in isolation to other compensation priorities affecting employees. Human Resources will work with Mental Health and determine a course of action.

- R12: DMH should revise its policy and allow the Clinic to use a petty cash fund. This would give the Adult Day Treatment staff flexibility in conducting activities scheduled for participants, without the need to cancel planned activities because of complicated reimbursement procedures or the lack of a few dollars for admission fees.

**Response to R12: The recommendation will not be implemented because it is not warranted.** Existing County procedures allow for reimbursement of such activities when planned and prepared for in advance. Petty cash funds have the potential of abuse or circumvention of County purchasing protocols and the relative need does not support development of such a fund.

- R13: The Adult Day Treatment program should provide more varied daily activities with hands-on experiences in cooking, crafts, art, computer use, gardening and painting, similar to those provided at the county facility in Placerville.

**Response to R13: The recommendation has not yet been implemented but will be implemented in the future.** More varied activities with hands-on experience for clients will occur when the program is relocated to a facility with more space for additional activities, and enough staff vacancies are filled to provide the services. These activities may not be all of those listed in the finding, but will be those determined to be most appropriate to meet the treatment goals of the individuals served. It is anticipated the move will take place in the next month, and scheduled activities should be designed and completed by April 1, 2003.

- R14: The Adult Day Treatment hours should be extended to match program hours in Placerville. The Adult Day Treatment program should encourage volunteers and "consumers" (clients who are compensated for providing peer counseling services) to use their skills by offering clients instructional programs for personal development.

**Response to R14: The recommendation has not yet been implemented but will be implemented in the future.** As in the previous finding, these recommendations will be implemented when a larger facility is secured and staff vacancies filled. Program hours will increase and volunteers will be recruited to participate in the programs. Clinic clients have just completed a peer counseling course and will be used as volunteers to provide some additional "informal" treatment to other clients. This should be completed by April 1, 2003.

- R15: The Adult Day Treatment staff should investigate programs in other counties for new ideas to be used at the Clinic.

**Response to R15: The recommendation has not been implemented but will be implemented in the future.** Due to staff shortages it would be necessary to close the program to clients at this time to travel to other counties to see programs. When additional staff is hired this will be done. It is expected that this could be accomplished by April 1, 2003.

- R16: DMH should evaluate other facilities in the Lake Tahoe area which have the capability of providing the residential care services needed by clients of the Clinic, for potential contract purposes.

**Response to R16: This recommendation has not been implemented but will be in the future.** This has been an ongoing project of the Mental Health Department and has been a significant challenge due to the shortage of affordable housing and difficulty in securing a location appropriate to house Mental Health clients. The Department will continue to look for residential local placements and will develop a local property manager to assist in this endeavor by March 1, 2003.

R17: A management audit of DMH should be conducted to determine the reasons for disparities in workloads and productivity levels between the Clinic and Placerville.

***Response to R17: The recommendation has been implemented.*** The Department concurs that determining reasons for any disparities in workloads and productivity levels between the South Lake Tahoe and Placerville sites is necessary. It is also necessary to look at individual and program differences in workloads and productivity. To this end, the Department has already begun a more intensive effort in data collection, both with respect to utilization trends as well as fiscal accounting of all resources devoted to each program and site. With this data, the Department will be more readily able to identify economies of scale, and corresponding interventions, where necessary, to improve service delivery efficiencies. Managers have been receiving individual data from the Management Information System to track workloads and productivity of individuals, program units and sites. For at least the last three months this data has been shared with Program Coordinators and individual clinical staff. Differences between individuals, programs and sites will then be analyzed to determine why there are differences and whether corrective action, or changes in procedures, should be implemented. This is an ongoing process.

### **Commendations**

The Grand Jury commends the Deputy Director for recognizing the problems in South Lake Tahoe and commends the Director for supporting the Deputy Director's efforts to solve these problems.

The Grand Jury commends DMH for improving the use of Inter Trac and the skills of employees who use Inter Trac.

The Grand Jury recognizes the tireless efforts of NAMI on behalf of the mentally ill in South Lake Tahoe.

### **Responses Required for Findings**

F1 through F82

El Dorado County Board of Supervisors  
El Dorado County Department of Mental Health

### **Responses Required for Recommendations**

R1 through R17

El Dorado County Board of Supervisors  
El Dorado County Department of Mental Health

## **PUBLIC SCHOOL BUILDINGS AND GROUNDS COMMITTEES**

### *Inspections of Public Schools*

**The respondent should provide a separate response to the presiding judge. A file of the copy sent by the respondent, will be kept on file with the Clerk of the Board of Supervisors.**

#### **Reason for the Report**

The 2001/2002 El Dorado County Grand Jury decided to visit a random selection of schools in the county, some of which had been the subject of previous Grand Jury reports. The purpose of the visit was to determine the condition of the school facilities and for public awareness.

#### **Scope of the Investigation**

Grand Jury members reviewed Grand Jury Reports from 1998/1999, 1999/2000 and 2000/2001.

Grand Jury members interviewed school administrators and other personnel to ascertain, among other things, their views concerning the conditions of their schools and when each was originally constructed. Attached to this Report is an exhibit which identifies each school in the county and its original construction date. Additionally, Grand Jury members toured the following school sites:

- |                          |      |                                       |
|--------------------------|------|---------------------------------------|
| • Edwin Markham School   | 6-8  | Placerville Union School District;    |
| • Buckeye School         | K-6  | Buckeye Union School District;        |
| • William Brooks School  | K-6  | Buckeye Union School District;        |
| • Camino School          | K-8  | Camino Union School District;         |
| • El Dorado High School  | 9-12 | El Dorado Union High School District; |
| • Oak Ridge High School  | 9-12 | El Dorado Union High School District; |
| • Gold Oak School        | K-5  | Gold Oak Union School District;       |
| • Pleasant Valley School | 6-8  | Gold Oak Union School District;       |
| • Charles Brown School   | K-5  | Mother Lode Union School District;    |
| • Indian Creek School    | K-5  | Mother Lode Union School District;    |
| and                      |      |                                       |
| • Pinewood School        | K-4  | Pollock Pines School District.        |

## **Findings**

F1: With the exceptions noted below, the Grand Jury found the general structural conditions of schools visited to be adequate or better.

### ***Response to F1:***

F2: Concerns addressed in the 1999/2000 and 2000/2001 Grand Jury's Reports, as they related to the schools visited by the 2001/2002 Grand Jury, have been addressed and corrected.

### ***Response to F2:***

F3: Construction dates of the schools, as reflected in the attached exhibit, do not necessarily reflect their present condition, because of intervening additions and modernization.

### ***Response to F3:***

F4: Many of the schools visited by the Grand Jury members have either finished or are in the process of modernization.

### ***Response to F4:***

F5: Local school districts have difficulties obtaining funding for modernization. Although schools can apply for modernization projects, funding frequently is not available even when a school qualifies for state grants.

### ***Response to F5:***

F6: Additionally, local school districts are often unable to generate matching funds which are required for state grants.

### ***Response to F6:***

F7: Edwin Markham School has the following structural problems:

- Laminated beams have sustained significant damage from years of exposure to the elements.
- Runoff from the slope of the roofing at the intersection of the main roof and the covered walkways creates pooling of water, resulting in substantial damage.
- The parking lot has numerous cracks and potholes, creating a dangerous condition which could give rise to potential liability.
- The blacktop basketball play area is used for play during school hours and as a traffic egress in the mornings and afternoons. Such use for egress is potentially dangerous because there are no lanes indicated for cars and there are no designated areas for students to wait for pick up.
- The maintenance shed is being utilized for storage of equipment leaving maintenance personnel without an inside work area.

***Response to F7:***

F8: Edwin Markham School has an outstanding computer science lab that could be a model for other schools.

***Response to F8:***

F9: The Principal of William Brooks School recognized and corrected a significant traffic problem, improving the traffic flow for the dropping off and picking up of students.

***Response to F9:***

F10: Camino School personnel have corrected problems noted by the 1999/2000 Grand Jury in a timely manner.

***Response to F10:***

F11: The Principal of El Dorado High School, through diligent efforts, secured a grant for the replacement of all the school's computers. The school's new computer lab is now equipped with more than fifty stations with Internet capabilities.

***Response to F11:***

F12: The Principal of Charles Brown School, in an effort to preserve aesthetics and save trees, is redesigning and using materials other than concrete in some areas to decrease damage done by tree roots.



***Response F12:***

F13: The playground equipment area at Indian Creek School has been completely reorganized. Unsafe equipment has been removed, old equipment has been updated and new equipment has been added. Surface materials in the play equipment area have been changed to make it safer for the children.

***Response F13:***

F14: The Pinewood School bus barn has been converted to a maintenance/storage unit. This has eliminated the hazard of having the busses in the schoolyard.

***Response F14:***

**Recommendations**

R1: Laminated beams at Edwin Markham School should be repaired or replaced.

***Response to R1:***

R2: The roof at Edwin Markham School should be repaired and/or redesigned to eliminate pooling of water.

***Response to R2:***

R3: The parking lot at Edwin Markham School should be repaired and resurfaced.

***Response to R3:***

R4: The traffic flow system at Edwin Markham School should be redesigned to eliminate safety hazards.

***Response to R4:***

R5: The basketball play area at Edwin Markham School should be repaired and resurfaced.

***Response to R5:***

R6: A storage shed for maintenance equipment and general storage, with an inside work area for maintenance personnel, should be added at Edwin Markham School.

***Response to R6:***

**Responses Required For Findings**

F7 Board of Trustees, Placerville Union School District.

**Responses Required For Recommendations**

R1 through R6 Board of Trustees, Placerville Union School District.

**Dates of Original Construction**

1922 El Dorado High School	1967 Meyers School
1943 (rebuilt 1958) Indian Diggings	1967 South Tahoe High School
1949 South Tahoe Middle School	1975 Sierra House School
1950 Georgetown School	1976 Camerado Springs School
1952 Sierra School	1976 Pondorado Adult Education Center
1952 Camino School	1978 Green Valley School
1954 Gold Oak School	1978 Latrobe School
1955 Herbert Green Middle School	1979 Golden Sierra High School
1955 Emigrant Trail School	1981 Oak Ridge High School
1955 Silver Fork	1982 Marina Village School
1957 Gold Trail School	1984 Creekside School
1958 Al Tahoe School	1988 Blue Oak School
1958 Buckeye School	1988 Miller's Hill School
1958 Rescue School	1988 Indian Creek School
1958 Northside School	1988 Sierra Ridge Middle School
1959 Edwin Markham School	1990 Lake Forest School
1960 Tahoe Valley School	1991 Sutter's Mill School
1961 Charles Brown School	1991 Pleasant Valley School
1961 Bijou School	1992 Otter Creek School
1962 William Brooks School	1992 Silva Valley School
1962 Ponderosa High School	1994 Grizzly Pines
1963 Pinewood School	1995 Emigrant Trail School
1964 Louisiana Schnell School	1998 Rolling Hills School
1967 Jackson School	1998 Mountain Creek School
1967 Pioneer School	1999 Union Mine High School

# **SOCIAL SERVICES COMMITTEE**

## ***El Dorado County Department of Social Services***

Citizen Complaints #01/02-C-019 and #01/02-C-026

### **Reason for the Report**

The Grand Jury received complaints about improper and late claims payments, refusal to pay claims, lack of training, poor supervision, inconsistent application of policies and procedures, misuse of resources, hostile work environment, and other serious problems in the Department of Social Services (DSS). As a result, the Grand Jury investigated the complaints and also conducted a general investigation of DSS, with particular focus on units called Adult & Child Protective Services (CPS), Staff Services, and Eligibility Services. The Grand Jury also requested and received approval and funding from the County Board of Supervisors (Board) for a Management Audit of CPS, which was performed by a private firm hired as a Consultant. The Management Audit is contained in an Appendix attached to this report.

The Grand Jury, and the Social Services Committee specifically, make note of the fact that this investigation and the Management Audit were significantly hindered by a concerted and defiant lack of cooperation on the part of some management level employees in DSS and CPS. There were unnecessary delays in responding to requests for information. There were other improper acts and conduct, which the Grand Jury believes were requested by CPS managerial employees and members of the El Dorado County Employees Association, Local No.1 (Local No.1), its officers, staff, and legal counsel. These delays resulted in litigation that used up the Grand Jury's time, caused unnecessary expense to members of Local No. 1, and wasted the taxpayers' money.

### **Scope of the Investigation**

Members of the Grand Jury toured the Department of Social Services, Placerville.

The following documents were reviewed:

- 2001/2002 County Proposed Budget and Workplan (2001/2002 Budget/Workplan);
- Memorandum of Understanding (MOU) with Local No.1;
- Grand Jury Reports for 1999/2000 and 2000/2001;
- DSS organizational chart;
- State Welfare and Institutions Code;
- DSS policies and procedures;
- Newspaper articles;

- Letter from County Auditor to caregivers;
- Letters from County Counsel to Grand Jury;
- Board of Supervisors Agendas;
- W-9 forms (August 22, 2001);
- Director of DSS performance evaluation (November 15, 1999);
- Current Merit Systems job descriptions for the DSS Director, Deputy Director, and Office Assistants;
- DSS clerical positions vacancies (November 29, 2001)
- Releases for Grand Jury to view several personnel files;
- Several revocations of permission to view personnel files;
- Dismissal letters;
- Letters from terminated employees to the Grand Jury;
- Employee performance appraisals;
- Letter from County Counsel, regarding personnel files (October 5, 2001);
- Local No.1 Newsletter (January 2002);
- Various records of duplicate payments from DSS;
- Memorandum to Auditor (April 19, 2001);
- Correspondence to and from:
  - County Auditor and Auditor's Administrative Technician to DSS Director, Supervisor of Accounts & Audits, and Accounting staff;
  - DSS Director to Board of Supervisors and County Auditor;
  - DSS Staff Services Manager to County Auditor's Administrative Technician;
  - Unpaid Vendors; and
  - Chief Probation Officer to DSS Director.
  - Employment applications;
  - Department of Fair Employment & Housing Accepted Notice of Discrimination Complaint;
  - Letters and memoranda for General Assistance Vouchers for Sheriff's Office;
  - Welfare to Work Program Directive; and
  - Various pieces of correspondence relating to contracts and complaints.

The following persons were interviewed:

- DSS Director;
- DSS Deputy Director;
- CPS Supervisor;
- CPS Social Worker;

- CPS Office Assistants;
- Contract Employee in the Employment Training Division on loan from the Department of Public Health (DPH) to DSS;
- Terminated employees;
- Local No.1 representative;
- County Auditor;
- Superior Court Judge;
- Sheriff's Deputies;
- Supervisor, CalWORKs, State DSS; and
- Complainants.

## **Findings**

### **Structure and Organization**

F1: After a lengthy period of public criticism, the Director of DSS resigned in December 2001 after five years of service in the position. The Deputy Director of DSS was appointed Acting Director by the Board of Supervisors (Board) in January 2002. The Deputy Director had served as Acting Director during a previous vacancy in the Director's position.

***Response to F1: The respondent agrees with the finding.***

F2: DSS is organized in three major divisions: County Aid Payments, State Aid Payments, and Administration. There are approximately 235 employees in DSS, and the annual budget is approximately \$30M. DSS is one of the larger departments in the County, both in budget and number of staff.

***Response to F2: The respondent disagrees partially with the finding.*** The Department of Social Services (DSS) budget is organized into the divisions of County Aid Payments, State Aid Payments, and Administration.

F3: The division called Administration is divided into four sections: Eligibility Services, Fraud/Fair Hearing Services, Employment Services, and Social Services. This report primarily addresses concerns in Eligibility Services and Social Services.

***Response to F3: The respondent disagrees partially with the finding.*** The Grand Jury's report primarily addresses concerns in Employment Services and Social Services.

F4: Eligibility Services staff receives applications and determine eligibility for programs such as CalWORKs, Medi-Cal, County Medical Services Program (CMSP), General Assistance (GA), and Non-Assistance Food Stamps (NAFS). Continuing cases are monitored, and when appropriate, eligibility is recalculated in response to changes in the client(s) circumstances, as mandated by State and federal regulations.

***Response to F4: The respondent agrees with the finding.***

F5: According to the 2001/2002 Budget/Workplan, the section of DSS called Social Services is comprised of seven programs: In Home Support, Adult Protective Services, Child Protective Services, Adoptions, Foster Care Licensing, Family Preservation Planning, and the Child Abuse Prevention Grant. In practice, the DSS internal organization chart is different from the chart in the 2001-2002 Budget/Workplan.

***Response to F5: The respondent disagrees partially with the finding.*** The internal organizational chart shows staff assigned to programs. Family Preservation Planning and the Child Abuse Prevention Grant are monies that are contracted to outside non-profit agencies, after a Request for Proposal (RFP) process. Since the department has no staff actually working in the program, the organizational chart is correct.

F6: According to the DSS organization chart, there are four Program Managers, one Staff Services Manager, one Administrative Services Officer, and one Chief Welfare Investigator for the following programs:

- Adult & Child Protective Service is headed by a Program Manager with supervisors assigned for each of these units:
- CPS Emergency Response Unit;
- CPS On-going Unit;
- CPS South Lake Tahoe Unit;
- Adoptions Unit; and
- Adult Protective Services Unit, which includes Homemaker Services.
- Staff Services is headed by a Staff Services Manager with supervisors assigned to the following units:
  - Accountant/Auditor (2 units); and
  - Clerical.
  - Administrative Services -- Placerville -- is headed by one Program Manager in charge of four units.
  - Administrative Services -- South Lake Tahoe -- is headed by one Administrative Services Officer.

- Eligibility Services, called Income Maintenance in the DSS organizational chart, is headed by one Program Manager in charge of nine units. Six units are in Placerville and three units are in South Lake Tahoe.
- Special Investigations, also called Fraud/Fair Hearing Services, is headed by a Chief Welfare Investigator. There are two units, one in Placerville and one in South Lake Tahoe.
- Employment Services is headed by a Program Manager for four units. In Placerville, two units are headed by Employment and Training Supervisors and one unit is headed by a Social Services Supervisor. In South Lake Tahoe, there is one unit headed by an Employment and Training Supervisor.

***Response to F6: The respondent disagrees partially with the finding.*** Adult Protective Services Unit (APS) includes APS, In Home Support Services (IHSS), and Homemaker Services.

F7: The structure described in F5 in the 2001/2002 Budget/Workplan and the structure described in F6, which is the DSS organization chart, are mutually inconsistent.

***Response to F7: The respondent disagrees partially with the finding.*** The structure described in the 2001/2002 Budget/Workplan deals with funding sources. The structure in the DSS organization chart outlines lines of supervision and management. They are prepared for two different purposes, and therefore do not look identical.

F8: Social Services staff members perform the following functions:

- Investigate allegations of abuse to children and adults;
- Provide prevention services to families whose children are in danger of removal from their own homes;
- Offer reunification services to families whose children have been removed; and
- Obtain In-Home Support Services (IHSS) to low income adults who have long term or terminal disabilities and who would require placement in board and care or nursing homes if in-home services were not available.

***Response to F8: The respondent agrees with the finding.***

F9: All positions in DSS are filled from eligibility lists established by a State-sanctioned, quasi-public, non-profit, independent authority called Cooperative Personnel Services, usually referred to as the "Merit System." The Merit System screens applicants, handles testing, and maintains eligibility lists for many job categories. Job openings in DSS are posted on County bulletin boards and web



sites; positions are not filled in DSS, however, without the candidate's eligibility having been determined by the Merit System.

***Response to F9: The respondent agrees with the finding.***

F10: The County's Department of Human Resources (HRD) assists DSS in handling disciplinary actions.

***Response to F10: The respondent agrees with the finding.***

F11: DSS employees are supposed to be reviewed and given annual performance appraisals according to Merit System standards, which may differ from the County's Memorandum of Understanding (MOU) agreement with Local No. 1.

***Response to F11: The respondent agrees with the finding.***

F12: Typically, DSS management employees have not received annual performance appraisals during the past five years. After the Grand Jury made initial inquiries, however, at least one Program Manager received an "annual" performance appraisal for a four-year period in one performance evaluation dated in December 2001.

***Response to F12: The respondent agrees with the finding.***

F13: DSS policies are written in the form of Program Directives. Each Program Directive explains the rules and allowances for a specific program. Program Directives are revised periodically, but they are not followed consistently and are misinterpreted by untrained employees and the general public.

***Response to F13: The respondent agrees with the finding.***

F14: Program Directives, for example, establish eligibility criteria and are used to instruct Eligibility Workers how to determine what claims meet the requirements for financial assistance.

***Response to F14: The respondent disagrees partially with the finding.***

Eligibility Workers (EW's) work under the Division of Income Maintenance, and are responsible for making eligibility determinations for welfare benefits. Employment & Training Workers (ETW's) work under the Division of Employment Services, and are responsible for providing case management and direct service delivery to individuals and families whose eligibility to welfare benefits have already been established by EW's. Program Directives are only intended to direct ETW's, not EW's, and all DSS staff understands this. The Program Directives provide policy and procedural direction to ETW staff, to the

Division of Employment Services Program Manager, to the Deputy Director, Director, and to the DSS Staff Services accounting staff regarding allowable CalWORKs supportive services.

### **Management of CPS**

F15: The Director and Deputy Director of DSS have not been attentive to the administration and management of CPS, according to the complaints received and the documents reviewed by the Grand Jury.

***Response to F15: The respondent disagrees partially with the finding.*** The Director and Deputy Director have been attentive to the administration and management of Children's Protective Services (CPS). Biweekly meetings are held with the Program Manager to discuss programmatic and personnel issues. The respondent is unaware of the content of the complaints received and documents reviewed by the Grand Jury.

F16: The Deputy Director is responsible for administration of employee performance evaluations, according to the Merit System job description for that position. Annual performance evaluations have not been completed for CPS management employees or staff.

***Response to F16: The respondent disagrees partially with the finding.*** The Deputy Director is responsible for the completion of individual manager performance evaluations, including the single manager over CPS/APS. The last performance evaluation for that manager is current.

The Manager over CPS/APS is responsible for completing individual Supervisor performance evaluations. There are 5 supervisors. The Manager is current with 4 of the supervisors.

The Manager is also responsible for ensuring that the supervisors complete evaluations on each staff member in their units. The individual supervisors are responsible for completing staff evaluations. A review of current records of employed staff indicates that 4 of the 5 supervisors are current on all evaluations.

F17: The Program Manager for CPS does not provide consistent support, training, or discipline for all CPS employees. Inappropriate decisions by the Program Manager, based on contentious personal relationships, were supported by the Director and Deputy Director of DSS. These decisions resulted in discriminatory actions against individual CPS employees. These actions were documented and have created serious morale problems, job terminations, and litigation for the County.

***Response to F17: The respondent disagrees partially with the finding.*** All personnel decisions are reviewed by the Deputy Director and, if serious, by the Director. All personnel decisions this respondent is aware of were based solely

on performance issues, not personal relationships. This respondent is also unaware of any actions that could be described as discriminatory or of any litigation regarding any decisions made.

F18: The Supervisor for the Adoptions Unit is the assigned supervisor for the office assistance staff in CPS. This Supervisor does not have recent office administration experience and is not required to devote sufficient time to Office Assistants (OA) supervision functions, such as:

- Perform clerical duties as a "back-up" when needed;
- Supervise all OA responsibilities;
- Conduct on-going training for new and continuing employees;
- Evaluate probationary OA's on a monthly basis with goals and objectives;
- Gather information from OA's on problems and solutions;
- Respond immediately to stated needs and requests; and
- Offer employees immediate access to supervision with an "open door" policy.

***Response to F18: The respondent disagrees wholly with the findings.*** Until the new adoptions supervisor position was created, half of the office assistance staff in Placerville CPS was supervised by the Emergency Response (ER) supervisor, and half by the On-going supervisor. Likewise in South Lake Tahoe (SLT), office assistants were supervised by the SLT CPS supervisor. None of those supervisors had office administration experience.

In January 2000, the adoptions supervisor took over all the clerical supervision responsibilities for the Placerville CPS office assistants. The adoptions supervisor, who was experienced in office administration, organized work tasks, put procedures in place and developed a routine for training new staff. This was the first time much attention and focus was available to CPS office assistants. During this time many of the experienced clerks left the unit for better paid jobs in other counties or promotions. The adoptions supervisor devoted much more time to Office Assistant (OA) supervision than had ever been provided in the past. The only function she did not do in the list provided by the Grand Jury was "performing clerical duties as back up."

Training for OA staff was provided in a number of different ways.

- Training occurred by senior clerical staff.
- Off-site training: In the CPS computer system, Child Welfare Services/Case Management System (CWS/CMS).
- In-house training. The clerical staff took part in the training provided by County Counsel in 2001. Individual training on the CWS/CMS system was provided by the computer help desk clerk.
- Training and instruction was provided at the weekly clerical meetings.

- The supervisor budgeted training money so that OA staff could attend trainings in the area of computer software (excel, access, etc.) time management, and writing skills development.

F19: The Adoptions Unit had vacancies in two positions for caseworkers, and those vacancies required the Adoptions Supervisor's time and attention, leaving inadequate time for the management and training of CPS Office Assistants.

***Response to F19: The respondent disagrees partially with the finding.*** Please see the response to F18. For five months, from February 2001 to July 2001, supervision of the clerical unit was temporarily reassigned to another supervisor, due to the casework demands created by the vacancies in the adoptions unit.

F20: According to the 2001/2002 Budget/Workplan, positions are authorized for 12 Office Assistants III (OA III) and 27.5 Office Assistants II (OA II) in DSS. As of August, 2001, DSS has assigned these positions as follows:

- Adult & Child Protective Services -- four OA III's and two OA II's;
- Staff Services -- two OA III's and nine OA II's;
- Administrative Services, Placerville -- two OA III's and two OA II's;
- Administrative Services, South Lake Tahoe -- two OA III's and nine OA II's;
- Income Maintenance -- three OA II's;
- Special Investigations -- one OA III; and
- Employment Services -- three OA II's.

***Response to F20: The respondent agrees with the finding.***

F21: As of August 2001, CPS had filled positions for three OA III's and three OA II's. All of the OA III and two of the OA II positions provided administrative and clerical support for between 16 and 22 Social Workers in the Emergency Response Unit, the On-going Unit, and the Adoptions Unit. One OA II position was assigned to provide administrative and clerical support for the Adult Protective Services Unit.

***Response to F21: The respondent disagrees partially with the finding.*** The Placerville office filled four OA III positions and two OA II positions. All of the OA III positions and one of the OA II position provided administrative and clerical support for between 16 and 22 Social Workers. One OA II position was assigned to provide administrative and clerical support for Adult Protective Services.

F22: Job descriptions for CPS OA III and OA II positions are set forth by the Merit System, not the County. Candidates for OA III and OA II positions are tested and screened by the Merit System. A list of the top five candidates for a position is

submitted to the County. DSS selects the candidates to be interviewed from this list. In the event that none of the first five candidates is selected, a new list of the next five top candidates is submitted to the County. The process is highly competitive.

**Response to F22: The respondent disagrees partially with the finding respondent.** A list of the top candidates equaling the number of positions to be filled plus four (4) is submitted to the County. To fill one (1) position there would be five (5) candidates. DSS must interview all candidates in the top five standings. DSS is not allowed to go lower on the list until someone is hired or waives.

F23: The OA I position is an entry-level position, and there is not an authorized OA I position in the CPS unit.

**Response to F23: The respondent agrees with the finding.**

F24: The OA II job description requires the employee to perform general and specialized activities, obtain information related to confidential department records, perform initial applicant screening in the Statewide Automated Welfare System (SAWS) computer program, and perform related work as required. In practice, in order to meet Court calendar requirements and state and federal regulations, this work is highly technical and time-sensitive.

**Response to F24: The respondent disagrees partially with the finding.** The OA staff in CPS does not perform initial application screening in the Statewide Automated Welfare System (SAWS). The ISAWS system is related to the eligibility functions of DSS.

The respondent agrees the tasks to be performed in this unit are highly technical and time-sensitive. A formal reclassification study was requested by staff and by DSS, due to the lack of candidates willing to take the OA jobs and due to the complexity and demanding timelines required by the positions. Following the completion of the reclassification study, performed by Merit Systems, the recommendation was brought forward to reclassify the clerical staff to the Legal Clerk Series. The reclassification was approved by the Board July 16, 2002 and DSS is in the process of testing and hiring.

F25: The OA III job description requires the employee, under general supervision, to do the following:

- Perform highly responsible, specialized and technical office support functions;
- Explain rules, policies and operations related to records, programs and services;

- Serve as a lead worker and provide training and assignments to office support staff; and
- Perform initial applicant screening and initiate cases in the SAWS system.

***Response to F25: The respondent agrees with the finding.***

F26: According to the County MOU with Local No. 1, a supervisor is required to have an initial interview with the probationary employee immediately and give the employee information on rules and procedures for the job. The supervisor is required to enter the information on the form provided by the department, and the probationer is supposed to receive a copy of the completed form. The original form is to be filed in the employee's personnel file.

***Response to F26: The respondent agrees with the finding.***

F27: Members of the Grand Jury reviewed personnel files for two probationary employees and did not find documents reporting initial interviews in their files.

***Response to F27: The respondent agrees with the finding.*** The respondent does not know what the Grand Jury found when reviewing the personnel files; however, it has no reason to believe the finding not accurate.

F28: The County MOU with Local No. 1 stipulates that monthly reviews will be documented for probationary employees with written copies of monthly reviews sent to HRD. Records of these required monthly reviews were not found in the personnel files of these two probationary employees.

***Response to F28: The respondent agrees with the finding.***

F29: The only documents found by members of the Grand Jury were identified as six month performance evaluations for two probationary employees. It was noted that one "six month evaluation" was dated much later than the sixth month of one employee's 12-month probationary period. Both performance evaluations were "satisfactory." One of the "satisfactory" performance evaluations was completed two weeks before the probationary employee was terminated.

***Response to F29: The respondent agrees with the finding.***

F30: Both of these probationary employees were terminated after completing eleven months of the 12-month probationary period. Probationary employees can be dismissed "without cause."

**Response to F30: The respondent disagrees partially with the finding.** One employee was released in her tenth (10<sup>th</sup>) month, and one in her eleventh (11<sup>th</sup>) month.

F31: Several employees in DSS wrote letters to the Program Manager of CPS, the Adoptions Unit Supervisor, and the Director of HRD indicating strong disagreement with the dismissals of these two probationary employees. They received no responses.

**Response to F31: The respondent agrees with the finding.**

F32: Exit interviews were not conducted for the terminated probationary employees. Typically, exit interviews are not conducted at DSS by the CPS supervisors, the program managers, or the Deputy Director.

**Response to F32: The respondent agrees with the finding.**

F33: Local No. 1 did not investigate these terminations or take action. Probationary employees are represented by Local No. 1, according to the County's MOU.

**Response to F33: The respondent disagrees partially with the finding.** Local 1 pursued the matter vigorously in attempting to negotiate a change to the probationary procedures and those negotiations are in process.

F34: Most performance evaluations are marked "meets standards." Therefore, an evaluation reporting "meets standards" means the probationary employee meets requirements for job performance. If a monthly face-to-face review does not take place, the assumption is job performance "meets standards."

**Response to F34: The respondent agrees with the finding.**

F35: Terminations of these probationary OA's, who were "meeting standards" in 2001, left the CPS unit with insufficient clerical support to perform required functions for the Court. These terminations also created a significant delay in processing six-month foster home re-certifications. Timely payment of foster care claims did not occur because of delayed re-certifications.

**Response to F35: The respondent disagrees partially with the finding.** Anytime CPS has OA vacancies, there are problems getting all necessary paper work completed. However, the six-month re-certifications were not significantly delayed as they were assigned to other OA staff. Any delays in payment of foster care claims are frequently due to lack of cooperation on the part of the child's birth family. Therefore it would be incorrect to conclude that delays in foster care claims were due to the termination of probationary OA's.

F36: The CPS supervisor for OA's did not anticipate, assign, and manage clerical work loads properly. Social Workers with heavy caseloads in CPS were required to perform clerical functions because of the re-occurring OA vacancies. New probationary OA's were not yet trained or proficient in their duties at the time they were placed in their positions.

***Response to F36: The respondent disagrees partially with the finding.*** The CPS adoptions supervisor did anticipate, assign and manage clerical workloads properly. Anytime positions are vacant, whether they are clerical or social work positions, the remaining staff is required to assume additional duties to get the job done.

F37: OA's in CPS do not receive formal training, except for a few days at a workshop in Sacramento on a state-wide computer program called Child Welfare Services/Case Management System (CWS/CMS). By intent, new OA's are sent to this workshop as soon as workshop schedules permit, but in practice, the clerical supervisor dictates if and when the workload at CPS will allow new OA's to attend CWS/CMS training. Frequently, OA's do not attend this CWS/CMS training early in their probation periods.

***Response to F37: The respondent disagrees partially with the finding.*** The training schedule for CWS/CMS is established by the vendor that contracts with the California Department of Social Services (CDSS) to perform that function. There have been times when the training was not offered in close time proximity to when a person is hired. The new OAs and Social Workers are scheduled to attend classes as quickly as possible, based on the availability of the training. A senior OA staff, which provides training and help desk functions, immediately begins training new staff on how to use the computer to complete assigned tasks. There is also a tutorial on the system.

F38: The small amount of training OA's receive in CPS is "on the job training" (OJT) without structure. Typically, OJT is provided informally by other OA's and Social Workers when they have the time and inclination. The organizational "duty chart" for CPS, however, identifies specific duties for each of the OA II and OA III employees. The chart does not indicate whether or not there are any overlapping duties or cross-training responsibilities for OA's. The chart does not specify line responsibilities for filling the duties of vacant positions, performing functions for absent OA 's, or training for OA III positions.

***Response to F38: The respondent disagrees partially with the finding.*** Upon taking over the supervision of the clerical unit the adoption supervisor developed a schedule and time line of tasks to be mastered. Much of the hands-on training was provided by OA IIIs in the unit, which is consistent with their position



descriptions. The supervisor would observe the new staff as they completed the task to assess their competency on the task.

The “Duty Chart” was developed to provide information to all of CPS, both clerical and social workers, as to which “desk” were assigned which tasks. This was developed so that work to be completed could be given to the appropriate OA. Due to the turnover in the unit, and the varying degrees of mastery of various tasks at various times by the OAs, the ‘duty chart’ was changed regularly, as new staff joined the unit.

- F39: According to the CPS "duty chart," one of the OA II positions supports three units in CPS by performing 11 assigned duties and five temporary duties. The other OA II position has five assigned duties and three temporary duties. These additional temporary assignments create an unbalanced workload for OA staff because they must perform their assigned duties. Apparently, these temporary duties, such as phone duty, Court calendar, supply orders, facility requests, entering Minutes orders, and responding to Probation and School Attendance Review Board (SARB) requests, are assigned because of inadequate staffing.

***Response to F39: The respondent agrees with the finding***

- F40: One of the three OA III positions supports three units in CPS by performing eight assigned duties and two temporary duties. The second OA III has five assigned duties and two temporary duties. The third OA III is assigned duties for CWS/CMS and deals with complex placement changes and problems, high-risk placements, and complicated issues. This third position has additional responsibilities for on-going computer training for staff, program reports, developing and updating forms and templates, solving computer problems, maintaining printers, and checking laptop computers in and out for Social Workers.

***Response to F40: The respondent agrees with the finding***

- F41: The OA II's and OA III's in CPS are supervised by the Adoptions Unit Supervisor, a Social Worker. By comparison, the nine OA II's and two OA III's in Staff Services are supervised by an Office Assistance Supervisor (OAS).

***Response to F41: The respondent agrees with the finding***

- F42: CPS staff has a critical need for more computers with ISAWS/SAWS access and Zip drives. This computer equipment was requested by staff in previous years. This need has not been met. For reasons unknown to the Grand Jury, the management declined to pursue the requests of staff.

***Response to F42: The respondent disagrees wholly with the finding.*** The CPS OAs do not use ISAWS; however, the general clerical pool does. The general clerical pool received the needed ISAWS computers in January 2002.

- F43: OA's, who do not have computers with dedicated access to SAWS, can be "bumped" from a computer while in the process of data input and file clearing when an Eligibility Worker needs the same computer. The Eligibility Worker's job duties take precedence over the OA's duties.

***Response to R43: The respondent disagrees wholly with the finding.*** See response to F42. This finding refers to the general clerical pool, not CPS. Prior to the installation of the additional ISAWS computer, a few ISAWS computers were shared. If an EW needed to use his/her computer, the clerical staff had to complete their work at a different (free) computer or at a later time.

- F44: Storage of confidential records is inadequate. Many sensitive records are stored in and near the DSS mailroom, and they are not secure. A secure new file storage system costing \$30,000 was in the budget for DSS for the past two years, and because of the budget cycle and delays in placing purchase orders, the new storage system was not installed.

***Response to F44: The respondent agrees with the finding.***

- F45: Because of the open floor plan and cubicle arrangement of DSS work spaces, there is little privacy or security in individual work cubicles for CPS staff. Employees from other departments appear to have easy access to the offices of DSS employees.

***Response to F45: The respondent disagrees partially with the finding.*** The department does have an open floor plan with cubicle arrangements where there is very little privacy. However, other departments do not have easy access to the building. The building has an automatic door locking system that prevents anyone without a card key to enter the building. All visitors must go to the reception counter to sign in, get a pass and be escorted through the building by an employee.

The only other access is by the Department of Child Support Services who are co-located in the same building. Recently the lock between the two sections of the building was removed so that staff from both departments can interact easily during the course of their work duties. Much of what the Department of Child Support Services does is a direct result of what DSS does and there is a need to share information on a daily basis.

DSS also has an extensive security system in place that includes indoor and outdoor video cameras, color recording monitors, panic alarm systems in all

public areas, portable panic buttons, and armed criminal investigators who respond to any security need.

- F46: Social Workers in CPS have not been treated in a fair, equitable manner by the CPS Program Manager. Some have been directed to spend personal funds on County business. Some have been denied vacation requests, personal bereavement leaves, and tuition reimbursement without adequate explanation. Some have been given notices for work schedule changes with less than the required two pay periods notice. Some have been asked and expected to perform multiple additional duties without payment of overtime or adjustments of schedules and caseloads.

**Response to F46: The respondent disagrees wholly with the finding.**

No staff member is ever directed to spend personal funds on County business. When an advance is not possible, or a credit card is not available timely and staff does incur out of pocket expenses, they are reimbursed.

Vacation requests are approved whenever possible, as long as there is adequate coverage for the office. Personal bereavement leave for family members who have died has never been denied to management's knowledge, as neither the Union nor any employee has raised the issue. If, in error, insufficient notice was given for a change in work schedule, the change has been delayed to be in accordance with the MOU.

When funds are available, and when requested in accordance with county policy, tuition reimbursement has been approved.

DSS appreciates staff's willingness to take on extra duties. However, all overtime, except for emergencies, must be pre-approved. The supervisor or manager has the prerogative of deciding that additional work is not necessary enough to warrant the approval of overtime.

- F47: Some CPS Social Workers have been instructed to ignore requirements for monthly visitations with children in foster care, contradicting the policies of the County DSS and state and federal program requirements.

**Response to F47: The respondent disagrees wholly with the finding.** Staff knows that monthly visits to the children are a priority and required. DSS conducts audits of visits to parents, children and caregivers. DSS also creates monthly management reports to track contacts. Supervisors often coordinate visits between social work staff to see that visits get done. DSS policy does not permit supervisors to instruct staff to ignore visits.

F48: The State DSS audits stated that the County DSS was out of compliance in 1998, 1999, and 2000. DSS was required to submit a corrective action plan. The Grand Jury Final Report for 1999/2000 noted these compliance issues in DSS, and they have not been resolved.

***Response to F48: The respondent disagrees partially with the finding.*** The State only audited El Dorado County CPS in 1998. The corrective action plan required quarterly internal audits, and required that DSS achieve a 90% pass rate, and that the 90% pass rate be sustained in the subsequent quarterly audits. During the initial internal audits, DSS was able to pass several additional items. The item that was the most difficult was the “case plan”. There are eight different elements incorporated into this item, and failure on any one caused the item to not pass. The ‘case plan’ item is no longer a required audit item.

DSS passed all the items by November 2000. On April 9<sup>th</sup>, 2001, the State sent a letter informing DSS that as of the February audit, DSS had reached and sustained the 90% compliance level on the remaining two audit items.

#### **Staff Services -- Audit and Accounting Functions**

F49: During the past three years, the DSS Director made repeated promises to the County Auditor that DSS would correct errors in processing payment claims for clients and vendors. In 2001, however, the County Auditor rejected 20% of the claims submitted for payment in one month. This was the highest percentage of rejected claims in any one month in 2001.

***Response to F49: The respondent agrees with the finding.***

F50: The County Auditor assigned Administrative Technicians the responsibility for initial claims review for DSS. They have returned a tremendous number of claims to DSS for correction of errors in the past three years. This has resulted in late payments for clients and vendors. Some vendors have declined to do business with the County as a result of late payments.

***Response to F50: The respondent agrees with the finding.***

F51: In reports to the Grand Jury from DSS, the number of rejected claims listed by DSS differs significantly from the number of rejected claims in the County Auditor's records.

***Response to F51: The respondent agrees with the finding.***

F52: DSS employees in Staff Services are responsible for processing claims within the department when they receive them from the program units. Some units leave claims in "pending files" or in-baskets, file them incorrectly, or generally misplace them. Sometimes, months pass before a claim is handled by the responsible DSS employee and then forwarded to the County Auditor's staff. DSS managers acknowledge full responsibility for errors in processing claims, which cause payment delays.

***Response to F52: The respondent agrees with the finding.***

F53: Claims are prepared by automated processing methods and equipment in DSS and then forwarded to the County Auditor's office. In recent months, DSS prepared 62 hand-typed claims, which would normally be done only in cases of emergency. 75% of the hand-typed claims appeared to be made out to vendors that do on-going business with the County and are only emergencies because of lack of timely processing.

***Response to F53: The respondent agrees with the finding.***

### **Income Maintenance (Eligibility Services)**

F54: CalWORKs is a County-administered, State-funded program which assists welfare recipients to remain in, return to, or enter the work force. Responsibility for administering the CalWORKs program is assigned to the Income Maintenance (Eligibility Services) division of DSS.

***Response to F54: The respondent disagrees partially with the finding.*** The CalWORKs program has two elements: eligibility determination and case management/services. Eligibility Workers (EW's) in the Division of Income Maintenance are responsible for making eligibility determinations. Employment & Training Workers (ETW's) in the Division of Employment Services are responsible for providing case management and direct service delivery to recipients of CalWORKs cash assistance.

F55: DSS annually submits a plan to the State DSS outlining expenditures required for the CalWORKs program in the County. The plan does not include details, such as limits for individual recipients, or how much an individual may receive as allowances for clothes, tools, travel, and meals.

***Response to F55: The respondent agrees with the finding.***

F56: The State DSS does not have specific policies regarding the amounts that can be spent for:

- Transportation, including car repairs, taxis, bus fares, or private carriers;

- Personal hygiene, such as hair cuts; or
- Temporary board and care.

***Response to F56: The respondent agrees with the finding.***

F57: The State DSS audits the County's CalWORKs program expenditures, but this audit is not performed annually.

***Response to F57: The respondent agrees with the finding.***

F58: Eligibility Workers and contract employees without sufficient training in issuing spending vouchers for DSS have permitted clients in the CalWORKs program to have personal vehicles repaired without three repair estimates. Program Directive ES PD 9, page 10, requires three repair estimates.

***Response to F58: The respondent disagrees partially with the finding.***

Employment & Training Workers (ETW's) are responsible for approving CalWORKs supportive service costs such as vehicle repairs. During the period of 12/4/00 to 11/29/01, ES PD 9 was in effect to direct staff with regards to ancillary and transportation claims. While page 10 of that document does state that three repair estimates are needed, the following section reads: "NOTE: The requirement to provide three (3) estimates shall not pertain if precluded by extenuating circumstances, e.g. remoteness and the lack of three (3) vendors qualified to make the required repairs. When this occurs, the case manager shall require the participant to obtain a reasonable estimate from an accessible, qualified vendor." The current Program Directive that addresses vehicle repair and the need for three repair estimates is ES PD 24, entitled "Welfare-To-Work (WTW) Ancillary And Transportation Supportive Services," and was published on 11/30/01. Beginning 1/17/02, all ETW's and CalWORKs contract employees received mandatory training on the application of this policy. Page 27 of this document states: "The participant must provide their CM (ETW case manager) with repair written estimates from three (3) different vendors, **whenever possible**." On occasion, it is not possible for CalWORKs recipients to seek three repair estimates, due to the vehicle's inoperability, recipient's scheduling conflicts with mandatory WTW activities, rural living conditions, etc.

F59: On several occasions in 2001, Eligibility Workers approved excessive vehicle repairs for CalWORKs clients within a period of four months, even though the costs of those repairs exceeded the Blue Book values of the clients' vehicles. These expenditures appeared to be excessive and unjustified.

***Response to F59: The respondent agrees with the finding.***

F60: A contract employee assigned to the Eligibility Services program allowed the expenditure of \$135 for hair styling for one client with the justification that the

allowance was important in assisting the client in maintaining self-esteem and a current job placement. The \$135 expenditure appeared to be excessive.

***Response to F60: The respondent agrees with the finding.***

F61: Within the six months preceding the resignation of the DSS Director in December 2001, the Board of Supervisors expressed grave concerns about the repeated appearances of poor judgment on the part of DSS employees and the lack of administrative and management controls in DSS.

***Response to F61: The respondent agrees with the finding.***

### **Recommendations**

R1: In selecting a person to be Director of DSS, the Board should consider the ability to exercise strong management skills as the most important factor in the selection process.

***Response to R1: The recommendation has been implemented.*** The Board appointed a new Director of DSS on July 16, 2002.

R2: Managers and supervisors in DSS should be given annual performance evaluations. Such a practice should be established and observed rigorously for all employees in DSS.

***Response to R2: The recommendation has not been implemented, but will be implemented in the future.*** DSS currently has a list produced monthly that is distributed to each manager as well as the Director and Deputy Director. The list is broken down for every person who is responsible for completing evaluations and lists every one that is coming up for renewal as well as any "past due" evaluations. The expectation is that all evaluations will be caught up by November 30, 2002 and will remain current, and all managers and supervisors will be held accountable. Follow up for any evaluator that does not meet this standard will follow the normal disciplinary process.

R3: DSS administrators and managers should consider contracting with a Consultant that specializes in quality reviews for Program Directives.

***Response to R3: The recommendation will not be implemented because it is unreasonable.*** Given current budgetary constraints, contracting with a Consultant does not seem feasible at this time. Some DSS staff has experience in quality control within the eligibility programs; they determine error rates and identify procedural problems. However, DSS will explore various methods of incorporating those activities into a Quality Control Unit that would expand to all divisions in DSS to establish error rates and to identify procedural problems

regardless if they come in the form of a Policy and Procedure, a Program Directive, or a Desk Guide. DSS is also exploring training for the staff services analysts in the area of procedure writing. More clearly written Program Directives will alleviate some of the problems.

- R4: DSS should establish a Director's "hotline" to receive reports, which could be made anonymously, on unfair and inequitable treatment.

***Response to R4: The recommendation has not been implemented, but will be in the future.*** Since January of this year, the Acting Director established a number of new processes intended to aid in problem identification and resolution. It was brought to DSS's attention that communication breakdowns or blockages have interfered with top management knowing what problems exist in the different divisions. The Acting Director instituted open meetings with staff at both offices on a monthly basis. The Acting Director and Acting Deputy Director attended all of these meeting. Staff was allowed work time to attend and to participate in open discussions about problems that exist in the department.

In addition to the monthly meetings, the Acting Director directed one of the management staff to form a communication's committee comprised of various levels of staff within the department. They were tasked with identifying what factors tend to interfere with communication or create gaps in communication, and to design processes that give staff alternative routes when faced with a bottleneck in communication. They have proposed a number of ideas and are ready to implement several suggestions. One of their projects is a locked box where people can bring to the attention of the Director/Deputy, anonymously if they wish, any issue without fear of reprisal or retaliation. This will be comparable to a "hotline". These additional processes will be in place by November 31, 2002.

- R5: DSS administrators should consider rotation of Program Managers and Supervisors to address the need for substantive management changes in CPS.

***Response to R5: The recommendation will not be implemented because it is unreasonable.*** As of August 15<sup>th</sup> the Social Services' department has a new Director. The Director needs to take time to analyze what the department needs and what problems should be focused on first and be able to direct any plans for management changes. Instituting a procedure for rotating management at this point would not be appropriate.

- R6: DSS should request and the Board should authorize a position for an Office Assistance Supervisor in CPS, similar to the Office Assistance Supervisor position in Staff Services, to train and supervise OA's.



**Response to R6: The recommendation has been implemented.** A reorganization of the CPS clerical staff was approved by the Board on July 16, 2002, including authorization for a Legal Office Supervisor.

- R7: DSS should request and the Board should authorize an increase in the OA staff positions in CPS to provide adequate support for Social Workers.

**Response to R7: The recommendation will not be implemented because it is unreasonable.** As of August 15<sup>th</sup> the Social Services' department has a new Director. The Director needs to take time to analyze what the department needs and what problems should be focused on first and be able to direct any plans for management changes. In addition, the County is in the middle of its budget process, the State budget is in limbo with CPS allocation levels uncertain, and staff recruitments are being reviewed and approved on a very limited basis. Requesting additional staff at this time at this time would not be appropriate.

- R8: DSS and the Board should require compliance with the County's MOU agreement and enforce the agreed upon procedure for reviewing performance of probationary employees on a monthly basis.

**Response to R8: The recommendation has not been implemented, but will be implemented in the future.** The Manager of Adult and Child Protective Services has requested the Administrative Services division to create a departmental Policy and Procedure that outlines the evaluation process during probationary periods, incorporates Merit System requirements and the County's MOU agreements, and provides clear direction to ensure a method to support accountability within management. This will be completed by November 30, 2002. Additionally, the Deputy Director will require each manager to present and review all probationary employee evaluations during their weekly/bi-weekly meetings.

- R9: CPS should require OA's to attend CWS/CMS training within one month of their employment and placement in OA positions.

**Response to R9: The recommendation will not be implemented because it is unreasonable.** Please see response to F37. The training schedule for CWS/CMS is established by the vendor that contracts with CDSS. There have been times when the training was not offered in close proximity to when a person is hired. New staff is scheduled for CWS/CMS training as quickly as possible.

- R10: CPS should develop and implement a formal OJT plan with a qualified instructor to conduct ongoing training for new and experienced OA's.

**Response to R10: The recommendation has not yet been implemented, but will be implemented in the future.** The Board approved reclassification of the CPS clerical unit on July 16, 2002. The new Legal Office Supervisor will be

responsible for developing the training plan for our Legal Clerks. This task will be completed by November 31, 2002.

- R11: DSS should provide enough computers to meet adequately the job requirements for OA's needing access to SAWS. This is a priority in the Program Manager's 2002-2003 budget request and should be authorized by the Board.

***Response to R11: The recommendation has been implemented.*** ISAWS computers were installed for all workstations in the general clerical pool that require them. This was completed January 2002.

- R12: DSS should expedite the purchase and installation of a secure new filing system.

***Response to R12: The recommendation has been implemented.*** A new, secure filing system was purchased and installed in June 2002.

- R13: DSS should immediately address security and privacy issues in the building and not allow unauthorized County employees or other person's access to work areas.

***Response to R13: The recommendation will not be implemented because it is not warranted.*** All DSS employees are required to sign a statement of confidentiality when they are hired. All services provided by DSS are confidential. If a staff member needs to talk with a client or another staff member about a sensitive matter, there are private interview rooms available. These rooms are also equipped with telephones for sensitive calls. Many of the interviews with clients take place in the client's own home.

DSS has invested a great deal of time, money and resources into developing a comprehensive security plan over the past several years. Individual employees were given an opportunity to express their concerns about security issues anonymously. All security issues were addressed and implemented within a 3 year period.

DSS has an automatic door locking system that restricts access after hours and limits access throughout the building during work hours. A card key is needed to access the work areas and records door opening activity by person, time and location.

The building has a combined burglary and fire alarm system that is frequently tested. Panic alarm buttons have been installed in the reception area, in the interview rooms, at the client interview cubicles, and in the training rooms. Remote buttons are available for staff anywhere in the building. These are all connected to an audible alarm system located in the Special Investigations Unit. The Investigators are fully equipped Peace Officers with the powers of arrest, and

they remain on site to respond to any alarm, security need, or violence in the workplace incident.

The department has also installed video cameras in the parking lot, at the front doors, at the reception area, and in the lobby. Each of the cameras record activities that occur during normal work hours. (There are no cameras in the employee work areas).

All non-departmental county employees, including Sheriff's Deputies, Police Officers and Fire Personnel, are required to check in with reception staff, sign in, get a visitor's badge, and be escorted into the building.

The most recent security issues expressed to the department were in the reception area. The reception area has just been redesigned and renovated to address those concerns. The department is committed to provide a safe and secure work environment for both staff and the public. The Special Investigations Unit periodically updates the safety and security plan. A part of that process is to provide staff with a method to identify individual security concerns.

- R14: Eligibility Workers should follow the Program Directives without exception when approving payment claims and vouchers for clients and vendors.

***Response to R14: The recommendation has been implemented.*** Employment & Training Workers (ETW), not Eligibility Workers (EW), are responsible for approving payment claims and vouchers for clients and vendors. ES PD 24, entitled "Welfare-To-Work (WTW) Ancillary And Transportation Supportive Services," allows for "unusual circumstances," which have been an integral part of the document since 11/30/01. Page 9, "Unusual Circumstance Requests," requires that unusual circumstances—regardless of the monetary amount—be pre-approved by the ETW's supervisor, the Division of Employment Services Program Manager, and the Deputy Director or Director.

- R15: Program Managers should review claims carefully and should be sensitive to excessive costs for services provided to CalWORKs clients.

***Response to R15: The recommendation has been implemented.*** Beginning in October 2001 the Director of DSS directed all staff to be cognizant of the types of CalWORKs supportive service claims being processed. As of October 14, 2001, monthly reporting was established regarding timeliness and claim returns. In addition, between January and February 2002, training was provided to all DSS staff responsible for case managing CalWORKs clients. Integral to these trainings was the clear, ongoing verbal expectation set by the DSS Director, DSS Deputy Director, Division of Employment Services Program Manager and ETW Supervisors that, in order to assure that ES PD 24 requirements regarding

CalWORKs ancillary and transportation supportive services are satisfactorily met, all staff must carefully evaluate the cost-benefit factor of completing such claims.

- R16: The Director of DSS should create a fair and equitable system for reimbursements for all employees entitled to tuition payments for approved higher education courses and degrees.

***Response to R16: The recommendation has been implemented.*** DSS currently has a policy for reimbursing employees entitled to tuition payments for approved higher education courses.

- R17: The Director should hold subordinates accountable for holding claims, vouchers and invoices longer than required for processing, and the Director should initiate disciplinary action for managers and supervisors who refuse to comply with Program Directives.

***Response to R17: The recommendation has been implemented.*** In February of this year, the Acting Director and Acting Deputy Director implemented a number of new processes that would both help to identify delays in processing and eliminate delays in processing. Reports are generated monthly to all managers as well as the Acting Director and Acting Deputy Director. The Acting Deputy Director has been monitoring all claims that are rejected within the department as well as by the Auditor's office. Reasonable time limits have been established to process claims within the department and present them to the Auditor for payment. A newly created Account Clerk III position has been established, which allows for one person to develop the expertise in how claims should be processed. The department is aware of the problems associated with the accuracy and time delays in the past and has been working very hard to improve our performance in this area. For example, in the month of June, the department processed 437 claims for payment. Only 16 (or 3.7%) of those claims took over 30 days for payment.

Although we continue to experience an occasional problematic issue, late payments are considerably less frequent in nature. We have been working for the past few months in revising the program directives for child care expenditures, ancillary services, and the Independent Living Program in order to provide better direction to staff in how to process claims in the CalWORKs programs. DSS holds staff accountable for poor performance in this area.

- R18: The Board should hold the Director of DSS directly accountable for claims rejected by the County Auditor's office. Program Directives should be followed.

***Response to R18: The recommendation has been implemented.*** The Board of Supervisors expects the Auditor Controller and County departments to work together to resolve problems. Should they not be able to do that, the CAO is the next level of involvement, followed by the Board. All department heads and

managers are expected to be able to follow basic policy rules and procedures. Should this not be the case, there are appropriate disciplinary procedures and performance evaluations that can be implemented.

As to the specific issue of the DSS, ETWs have been trained on the Program Directives and all claims are reviewed by their supervisor; in some cases, the claims are reviewed by the Program Manager and Deputy Director or Director as well. DSS tracks all claims processed for both accuracy and timeliness. Updates on these issues were presented to the Board by the Director on September 11, 2001, October 31, 2001, November 6, 2001, December 11, 2001, and January 4, 2002.

**Responses Required to Findings**

F1 through F61      Board of Supervisors  
Director or Acting Director of the Department of Social Services

**Responses Required to Recommendations**

R1 through R18      Board of Supervisors  
Director or Acting Director of the Department of Social Services

## **SOCIAL SERVICES COMMITTEE**

### ***Independent Management Audit***

During the course of its investigations, the 2001/2002 El Dorado County Grand Jury concluded that there were several aspects of county government that deserved a more in-depth investigation than the Grand Jury was equipped to undertake.

Accordingly, with financing approved by the Board of Supervisors (Board), the Grand Jury retained the Harvey M. Rose Accountancy Corporation (HMRAC) to investigate and report on issues as directed by the Grand Jury. One of these issues was a review of the management of Child Protective Services (CPS) within the Department of Social Services (DSS).

It is of interest to the Grand Jury that, shortly after the Grand Jury had decided to request board funding for HMRAC to proceed with its CPS investigation, the Board itself independently authorized and directed that there be a separate management audit of the remaining portions of DSS.

The HMRAC report on CPS is contained in its entirety within the Social Services Committee section of the 2001/2002 Grand Jury's Final Report. The Grand Jury has carefully reviewed and considered both the factual findings and the recommendations contained therein, unanimously concurs with those findings and recommendations, and adopts them as its own.

### **Commendation**

The Grand Jury commends the Board of Supervisors for its willingness to undertake a DSS management audit and to authorize and fund the Grand Jury's independent CPS management audit. The Board's concern for the most at-risk members of the community is praiseworthy.

### **Responses Required for All HMRAC Findings**

El Dorado County Board of Supervisors

### **Responses Required for All HMRAC Recommendations**

El Dorado County Board of Supervisors

**Management Audit of  
the Child Protective Services Function of  
the Department of Social Services  
of the  
County of El Dorado**

**Prepared for the  
*FY 2001-02 Grand Jury*  
*County of El Dorado***

**By the  
Harvey M. Rose Accountancy Corporation**

**May 2002**

## **1. Introduction**

The Harvey M. Rose Accountancy Corporation was retained by the FY 2001-02 El Dorado County Grand Jury to conduct a management audit of the Child Protective Services (CPS) division of the Department of Social Services (DSS). The purpose of the audit was to determine if improvements could be realized in several primary areas of Child Protective Services operations: 1) protocols on how decisions are made to remove children; 2) management systems to monitor caseloads and morale; and, 3) efficiency of use of staff and other resources.

The audit scope included the following issues:

1. Child Protective Services compliance with state and federal laws.
2. Consistency and timeliness of Department response to reports of child abuse.
3. How quickly investigations are conducted.
4. How the decision to remove a child is made.
5. How decisions are made to petition the court to establish dependency.
6. Timeliness and effectiveness of follow up services after dependency is ordered.

## **Methodology**

This management audit was performed in accordance with *Government Auditing Standards, 1994 Revision*, by the Comptroller General of the United States, as published by the United States General Accounting Office. In accordance with the Standards, the management audit was conducted in five phases, as follows:

1. An entrance conference was held with the Department Interim Director, other managers, and the El Dorado County Counsel to present the management audit work plan, discuss the management audit procedures and protocol, request certain background information, and respond to questions.
2. A pre-audit survey was conducted to familiarize the management audit staff with the operations and records maintained by the Child Protective Services division, and to identify areas requiring additional review. As part of this survey phase, the Department of Social Services Interim Director, the Interim Deputy Director, the Program Manager of Child Protective Services, the Administrative Services Officer in South Lake Tahoe, the Staff Services Manager, and supervisors of all the units within CPS were interviewed. During the survey phase, a court order was secured to provide management audit staff with permission to look at normally confidential Department records as part of the audit, while agreeing to keep individual case data confidential.
3. Fieldwork was conducted to develop a more detailed understanding of selected areas of Department operations. Fieldwork activities included additional interviews with supervisors and line staff, focus groups with Child Protective



- Services social workers and administrative support staff, observations of Department staff carrying out various functions, reviews of child welfare laws and regulations, review of Department policies and procedures manuals, review of selected hard copy and electronic Child Welfare Services/Case Management System (CWS/CMS) case files, and reviews of statistical data generated by CWS/CMS and other Departmental sources.
4. A draft report was prepared based on analysis of the information and data collected during the previous management audit phases. This draft report contained initial findings, conclusions and recommendations, and was presented for review to the Interim Director of Department of Social Services and her management staff.
  5. An exit conference was held with the Interim Director of Social Services and management staff on May 13, 2002, following delivery of the draft report. During the period between delivery of the draft report and the exit conference, management audit staff provided additional explanation of the findings and recommendations, and access to work papers supporting the findings and recommendations. At the exit conference, the Department provided additional information related to the findings, and was able to request clarification of findings and recommendations. Based on the additional information provided, a final report was prepared.

### **Overview of Child Protective Services Operations**

The focus of this audit was to assess Child Protective Services, one of six divisions within the Department of Social Services. Child Protective Services is the division within DSS that is responsible for the protection of El Dorado County children. The main functions of CPS are to receive all reports of suspected child abuse or maltreatment within the County, investigate suspected incidents of abuse or neglect, if needed, and ensure the safety of children by providing services to reduce the likelihood of future abuse or neglect or place the child in protective custody.

To accomplish these objectives, DSS has two offices, one in Placerville and the other in South Lake Tahoe. The County Department of Social Services' main office is located in Placerville, where the Director, Deputy Director, and CPS Program Manager are based. Within the Placerville office, CPS is further broken down into three units that handle the various components of the CPS operations. Those three units are the Emergency Response Unit, the Ongoing Unit and the Adoptions Unit.

The Emergency Response Unit handles the initial intake of the calls to CPS and the early court dates. Within this unit the Placerville office has 10.06 full-time equivalent (FTE) positions available. The Ongoing Unit has 7 FTEs in the Placerville office. The Ongoing Unit receives the case after the disposition hearing or when the parents and the County agree upon voluntary services. The Ongoing Unit is responsible for case management and

the Court dates after the disposition hearing. Finally, the Adoptions unit administers cases where parental rights have been terminated and the child is up for potential adoption. Adoptions is the smallest of the three units, however, the Adoptions unit is fully functional in both Placerville and South Lake Tahoe.

There are significant differences between the two offices in Placerville and South Lake Tahoe. The main difference is the internal structure between the two offices. In Placerville, the staff social workers specialize in particular aspects of cases. However, in South Lake Tahoe the same social worker will work on the case from the initial intake of the referral through the continuing case management, the case is moved to the Adoptions. If the case ends up an adoptions case it is transferred to specialized adoptions staff. Then, the Adoptions social worker in South Lake Tahoe will handle the adoption aspect of the case.

### **Emergency Response Unit**

The Emergency Response unit handles legal guardianship home studies and services to non-legal guardian. Additionally, the ER unit is responsible for the Interstate Compact on the Placement of Children (ICPC).

The initial step of the CPS operation is the intake process. The Department operates an emergency response telephone line 24-hours a day, seven-days-a-week. Although, allegations of child abuse and neglect can be reported several ways, the most common is by a telephone call to the Department's Emergency Response Hotline. However, referrals may come into CPS via E-mail, in person at the DSS office, or by fax or written letter. CPS has dedicated staff that answer the phone line 24-hours a day, seven-days-a-week. In Placerville, several social workers work exclusively on answering hotline phones and handling call intakes, while in South Lake Tahoe the screening process is handled on a rotating basis, with no dedicated social workers handling the intake responsibilities exclusively. Intake Workers, the social workers who speak with the reporter, receive calls from various members of the general public ranging from anonymous reporters, such as a relative or neighbor, to mandated reporters, such as teachers, who are required by law to report any instance where they suspect abuse and/or neglect.

By state law, law enforcement agencies and CPS staff must cross-report allegations of child abuse or neglect they receive to each other, to make sure the allegations are investigated, as necessary, under both criminal law and under the child protection laws governing DSS. Additionally, law enforcement agencies have the authority to take children into protective custody if they believe the child is in danger.

The role of CPS intake workers is to gather as much information as possible regarding the abuse allegation to determine what the response should be from CPS. Currently, Department of Social Services policy states the screener will use the Department's Emergency Response Protocol form (EL 212) to assist in the decision making process. Overall, the screener is attempting to determine where and when the alleged abuse or

neglect occurred, what happened, the names of the alleged perpetrator and victim, and whether the reporting party believes the child victim is still in danger.

Once the screener gathers the necessary information, the screener determines when, if at all, the investigation should begin. In-person investigations are either made immediately, within 10 Days or the screener may decide to “evaluate out” the referral, deciding no additional response is needed. As shown in Exhibit 1.1, since July 1, 1999, CPS has received 9,353 referrals. Of those, an aggregate of 5,886, or 62.9 percent, have required further investigation by CPS.

**Exhibit 1.1**  
**Number of Intake Calls**  
**FY 1999-00 – FY 2001-02**

	<b>Response Type</b>	<b>Fiscal Year 1999-2000</b>	<b>Fiscal Year 2000-2001</b>	<b>Fiscal Year 2001-2002<sup>4</sup></b>	<b>Total</b>
Placerville Office	10 Day	1,200	1,309	1,180	<b>3,689</b>
	Evaluate Out	763	832	900	<b>2,495</b>
	Immediate	372	253	216	<b>841</b>
<i>Placerville Total</i>		<i>2,335</i>	<i>2,394</i>	<i>2,296</i>	<i>7,025</i>
South Lake Tahoe Office	10 Day	453	289	155	<b>897</b>
	Evaluate Out	528	272	172	<b>972</b>
	Immediate	238	140	81	<b>459</b>
<b><u>South Lake Tahoe Total</u></b>		<i>1,219</i>	<i>701</i>	<i>408</i>	<i>2,328</i>
<b>Grand Total</b>		<b>3,554</b>	<b>3,095</b>	<b>2,704</b>	<b>9,353</b>

Source: Child Protective Services

**Emergency Response Investigation**

After a referral is determined to require further investigation, a CPS investigation social worker will initiate the investigation either immediately or within ten days, depending on the conclusion reached by the intake social worker. The investigative response is one significant difference between the South Lake Tahoe office and the Placerville office. Generally, social workers in Placerville handle specialized aspects of the process, thus two different social workers will handle the initial intake and investigative aspects of the case. The intake social worker will pass on the referral to a social worker who specializes in investigations. However, in South Lake Tahoe the same social worker normally will take the incoming calls and conduct the investigation unless the case is reassigned for caseload balance purposes.

In the investigative process, the investigative social worker typically will conduct face-to-face interviews with the victim of abuse or neglect, the victim’s parents and/or caregivers and the alleged perpetrator of the abuse or neglect. During such interviews, the worker

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● <sup>4</sup> As of March 15, 2002.

may also examine the child for cuts, bruises, the condition of the child's clothes and personal hygiene as evidence of abuse or neglect. The worker will also observe the child's living environment for cleanliness, availability of food and other indicators of abuse and neglect, as well as observing the child's interaction with parents. In addition, the ER worker will conduct in-person or telephone interviews with "collateral" contacts, such as school officials, the child's doctor, neighbors and anyone else believed to have information about the alleged incident and the child's family situation. Workers access the Child Welfare Services/Case Management System (CWS/CMS) for information about previous abuse or neglect allegations regarding the family, as well as criminal information databases.

Within 30 days of the initial contact with the family during the investigation, the social worker must complete the investigation and determine what services should be provided. The goal of the investigative social worker is to establish the accuracy of the referral. As such, based on the investigation, the investigative social worker will classify each referral as one of the following:

- **Unfounded:** This is defined as false, inherently improbable, involving an accidental injury or otherwise not constituting abuse or neglect;
- **Inconclusive:** This is defined as having insufficient evidence to determine whether abuse or neglect has occurred; or,
- **Substantiated:** This is defined as constituting, based on some credible evidence, child abuse or neglect.

Exhibit 1.2 shows the number of referrals, which were investigated that were found unfounded, inconclusive or substantiated since July 1, 1999. As the data indicate, a substantial number of cases are classified unfounded or inconclusive. If a referral is found to be inconclusive or unfounded the referral will not become a case. Only referrals which are substantiated should become a case, since that means credible evidence was found regarding abuse or neglect.

**Exhibit 1.2**  
**Number of Investigative Outcomes**  
**FY 1999-00 – FY 2001-02**

	<b>Investigative Decision</b>	<b>Calendar Year 2000</b>	<b>Calendar Year 2001</b>	<b>Calendar Year 2002<sup>5</sup></b>	<b>Total</b>
Placerville Office	Unfounded	723	817	209	<b>1,749</b>
	Inconclusive	356	507	109	<b>972</b>
	Substantiated	316	609	127	<b>1,052</b>
<i>Placerville Total</i>		<i>1,395</i>	<i>1,933</i>	<i>445</i>	<i>3,773</i>
South Lake Tahoe Office	Unfounded	179	114	12	<b>305</b>
	Inconclusive	239	139	34	<b>412</b>
	Substantiated	220	163	37	<b>420</b>
<i>South Lake Tahoe Total</i>		<i>638</i>	<i>416</i>	<i>83</i>	<i>1,137</i>
<b>Grand Total</b>		<b>2033</b>	<b>2349</b>	<b>495</b>	<b>4910</b>

Source: Child Protective Services

In addition to determining the validity of the allegations, the social worker also must assess the present and future risk of child abuse and neglect to the child victim and/or the child's family, based on the investigation, and determine what services should be offered to reduce that risk. The options available to the social worker are as follows:

- Offer family referrals for parenting classes or counseling, without oversight by CPS;
- Offer referrals for voluntary services, where CPS has oversight and contact with the family;
- Non-Detention Petition, which is where the child remains in the home without Court order;
- Remove the child from the home, with Superior Court involvement, and provide the family with referrals for services that the family must complete before the child is returned.

However, before the social worker can remove the child, the allegation of abuse or neglect or if the child is at-risk of abuse or neglect must be substantiated, as defined by Section 300(a) through (j) of the Welfare and Institutions Code. If a child is taken into protective custody, CPS has 48 hours to file a petition with the Juvenile Court to request that the child become a dependent of the court. In Placerville, reports for the court, of which the detention petition is the first, are prepared by a CPS social worker that

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• <sup>5</sup> As of April 25, 2002.

specializes in drafting court documents. In South Lake Tahoe the social worker who received the intake call is the same social worker that writes the court reports.

Since the decision to remove a child from the home is based on the Welfare and Institutions Code Section 300 (a) through (j), the petition describes the allegation of abuse or neglect from Section 300 and provides the Court with evidence and support. A Detention Hearing is held to determine if the initial removal decision was the proper decision and if the child should remain under protective custody.

Within 15 days, if the child is in protective custody<sup>6</sup>, the Court will hold a jurisdictional hearing to determine if the allegations of abuse or neglect in the petition are true. Additionally, should the Court decide to declare the child a dependent of the Court, it will do so at the jurisdictional hearing. If the Court finds the allegations true, a disposition hearing is held in another 15 days to assess the needs of the child and family and how to best meet the child's needs.

Generally, there are three outcomes from the disposition hearing:

1. **Family Maintenance:** This is when the child is declared a dependent of the Court, but this child is left in the parents' care. Additionally, the parents and child may receive services to minimize the potential for future abuse or neglect. These services include parenting classes, drug and alcohol rehabilitation and testing, and counseling.
2. **Family Reunification:** This is when the child remains a dependent of the Court, but also remains in protective custody, placed with a relative, foster home, or group home. CPS works with the parents setting goals they must comply with to be reunified with the child. Additionally, parents are offered services and have visitation rights with the child. According to the Welfare and Institutions Code Section 16516.5 the social worker must visit children in this program monthly.
3. **Permanent Placement:** This is when the Court determines that the parents should not receive family reunification services and CPS should work to find a permanent placement for the child.

## Ongoing Unit

After the disposition hearing, the case moves from the Emergency Response Unit, at the Placerville office, to the Ongoing, or Continuing, Unit. This unit is responsible for the case planning and oversight of case plan implementation. Oversight of the case plan includes coordination of the visits between the parents and the child and providing services to the parents and child. Welfare and Institutions Code Section 16516.5 states that the county social worker must visit the child monthly while in placement. Typically,

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• <sup>6</sup> If the child is not in protective custody but a jurisdictional hearing is required, the Court has 30 days to hold the hearing.

the Ongoing Unit usually handles all investigations of new allegations of abuse or neglect regarding children in the social workers caseload.

The Ongoing Unit has to prepare for mandated Court hearings every six months, as required by Section 366.21 of the Welfare and Institutions Code. These hearings are scheduled to provide an update to the Court on the child. At these hearing, the Court may decide that the child should be returned to the parents unless the potential for future abuse or neglect exists or if the parents have failed to participate regularly in any Court ordered services, usually drug treatment programs. In El Dorado County, the Court also schedules an informal hearing after three months to get an update on the child.

According to Welfare and Institutions Code Section 361.5, reunification services can only be offered up to 6, 12 or 18 months depending on the age of the child. Thus at the 18 month review hearing, if the Court determines reunification for the parents and child is not possible the Court and the social worker will begin working to terminate the rights of the parents. According to Welfare and Institutions Code Section 366.26, within 120 days a hearing is held to determine whether the Court should terminate the parental rights of the child.

### **Adoptions Unit**

The third unit within CPS is the Adoptions Unit. Unlike the Emergency Response and Ongoing Units, both South Lake Tahoe and Placerville have a separate specialized Adoptions unit. Thus, for both facilities the case is transferred to a new social worker in the new unit for adoption proceedings. Once a child is considered for adoption, which may occur prior to their being legally freed from the biological parents, the CPS adoptions unit handles the responsibility to find a permanent adoption for the child. The Adoptions workers are mandated to start concurrent planning at the Disposition Hearing. Prior to officially receiving the case, the Adoptions Unit works with the Ongoing Unit in concurrent planning to become familiar with the case.

At the mandated 366.26 18 month hearing, the Court will determine whether the child and parents can or cannot be reunified, will establish a permanent home for the child, and may terminate the parents' rights to the child. However, prior to the 366.26 hearing, the Adoptions unit has completed its assessment for placement of the child. Options to be considered by the Court at that hearing, based on recommendations by the child's social worker, include:

- Terminate the parental rights and free the child for adoption.
- Establish permanent guardianship of the child by a relative.
- Place the child in long-term foster care. This happens when relatives are unable or unwilling to become a permanent guardian to the child.

If at this hearing, the parental rights of the parents are terminated and the child is considered for adoption, which may occur prior to their being legally freed from the biological parents, the CPS Adoptions Unit is responsible for finding an adoptive family.

**CPS Budget Information**

Child Protective Services is not a separate cost center within the Department of Social Services. However, the costs associated with CPS can be determined using a number of sources. CPS receives its money from the Federal government, the State of California and the County of El Dorado. Exhibit 1.3 shows the annual amount of revenue spent by CPS by the three main funding sources.

**Exhibit 1.3**  
**Child Protective Services Annual Revenues**  
**FY 1999-00 – FY 2001-02**

Funding Source	Fiscal Year 1999-2000	Fiscal Year 2000-2001	Fiscal Year 2001-2002 <sup>7</sup>
Federal Allocation	\$1,300,028	\$1,046,642	\$1,108,904
State Allocation	\$797,170	\$1,277,507	\$653,442
County Allocation	\$322,058	\$553,903	\$303,812
<b>Total Allocation</b>	<b>\$2,419,256</b>	<b>\$2,878,052</b>	<b>\$2,066,158</b>

Source: Department of Social Services

As presented in Exhibit 1.4, budgeted expenditures for Child Protective Services and Adult Protective Services (APS) for the three most recent fiscal years has remained fairly constant. Based on the number of FTEs in CPS and APS, approximately 74.5 percent of the total amount budgeted shown in Exhibit 1.4 is for CPS salaries. That equates to \$1,612,913 in FY 1999-00, \$1,698,502 in FY 2000-01, and \$1,680,284 in FY 2001-02.

**Exhibit 1.4**  
**Budgeted Child and Adult Protective Services**  
**Salaries and Fringe Benefits**  
**FY 1999-00 – FY 2001-02**

Fiscal Year	Amount Budgeted	Estimated CPS Only
<b>FY 1999 – 2000</b>	\$2,165,280	\$1,612,913
<b>FY 2000 – 2001</b>	\$2,280,181	\$1,698,502
<b>FY 2001 – 2002</b>	\$2,255,724	\$1,680,284

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• <sup>7</sup> Annualized based on actual expenditures from 12/31/01.



In addition to regular salaries and benefits, CPS is experiencing a significant amount of overtime. State law requires that CPS social workers are available 24 hours a day to respond to reports of abuse or neglect. Currently, the Department does not have staff dedicated to After Hours calls, with the exception of a part-time social worker in the South Lake Tahoe office. This results in CPS incurring an extensive amount of overtime costs. As of February 28, 2002, overtime costs for Adult Protective Services and Child Protective Services for FY 2001-02 is \$36,581, or 66.4 percent of the budgeted amount of \$55,100, which is down from \$56,098 in FY 2000-01. While these amounts include Adult Protective Services, a significant amount of these overtime costs are incurred by CPS and specifically the After Hours hotline<sup>8</sup>.

In an effort for social workers to effectively comply with State law, travel and transportation and training must occur within CPS. As a result of placing children, making monthly visits to placed children and travel to investigate allegations of abuse and neglect, CPS social workers experience a significant amount of travel costs. For fiscal year 2001-2002, through February 2002, CPS has incurred over \$6,000 in related travel costs. Training costs for fiscal year 2001-02 are only \$1,500 through February 2002.

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● <sup>8</sup> Adult Protective Services does not have a hotline. The CPS social worker will answer any APS call during After Hours.

## 2. Lack of Standardized Assessment Tools

- F2.1 The Department's protocols for social workers to determine if an immediate investigation of a report of child abuse or neglect is needed are inadequate and allow for too much judgement by intake social workers. Though limited, the protocols provide at least some assurance of social worker consistency in determining appropriate responses to referrals. But in a sample of 58 case files reviewed for this audit, documentation of the required decision-making protocols was not found in approximately 50 percent of the cases.

***Response to F2.1: The respondent disagrees partially with the finding.***

Social Work staff has years of training, or experience, and are expected to make judgment calls about child's safety, families needs, etc. All referrals are reviewed by the intake supervisor, who is then able to deal with any inconsistencies in how referrals are handled by the various staff. Some risk assessment tools are in the process of being developed and studied for reliability and predictability, see Recommendation 2.2.

According to the Harvey Rose audit, 100% of referrals where CPS did not make a response had the form filled out completely, as that is the method of documenting the decision. Fifty (50)% of the referrals that CPS investigated did not have the form filled out completely. The tool is used to help workers determine whether they should screen out or see the family referred. Once a decision is made to respond, information regarding the contact is documented in the case file or the petition and court report.

- F2.2 The Department does not have a formal risk assessment tool to assist investigation social workers in determining whether a child should be removed from home. The current tool and documentation used by Department social workers, called the Investigative Narrative, does not include a standardized scoring system or other methods to ensure consistent interpretation of similar situations. As with the intake protocols, the Investigative Narrative does not appear to even be used in all cases. In 8 out of 27 case files reviewed, or 29.6 percent, the Investigative Narrative documents were not completed. In another 11 cases, or 40.7 percent, the document was filled out incorrectly.

***Response to F2.2: The respondent disagrees partially with the finding.***

Two of the referrals audited for investigative narrative were received prior to the time that the form was developed for use, so only 22% did not have them.

- F2.3 The After Hours Intake function violates Department policies and procedures by not gathering background information from the Child Welfare Services/Case Management System on children who are the subject of telephone reports of alleged abuse and neglect.

***Response to F2.3: The respondent disagrees partially with the finding.***

If the referral contains information which is compelling enough on its own to respond to, the After Hours worker will respond. If they have a need for information, they have access to the office and computers 24 hours a day, and do come in to access information when necessary to make a determination.

- F2.4 As a result of these problems, Department management does not have documented assurance that decisions made by social workers in the intake and investigative processes are consistent and properly supported. This problem is reinforced for the After Hours Intake function by the limited availability of supervisors for consultation.

***Response to F2.4: The respondent disagrees partially with the finding.***

Management has assurance that decisions made by intake Social Workers are consistent and supported by the supervisor. Currently DSS has consistency in response because one supervisor in Placerville, and one supervisor in Tahoe, reviews all referrals, including those that come in after hours. They determine if the response was appropriate, and sign off on each decision. They provide supervision and training to staff who answer the phones, as well as those who respond. Most of the after hours coverage is provided by CPS and APS workers who work in similar positions during the day. The CPS supervisors now rotate after-hours coverage.

- F2.5 Structured Decision-Making is a system used by some counties to minimize individual variation in determining the level of response to initial reports of child abuse and neglect and in determining whether or not a child should be removed from their homes. By implementing at least some components of this system in El Dorado County, the Department will have greater assurance of consistency in its treatment of abuse and neglect allegations. In addition, the Department should require supervisors to be available on call by telephone to social workers assigned to After Hours for consultation and direction as needed.

***Response F2.5: The respondent disagrees partially with the finding.***

Approximately three years ago, CDSS instituted a Structured Decision Making tool as a pilot program in 13 counties. At this point CDSS is not endorsing the tool or allocating the funds to have more counties implement it. The supervisors are now available after-hours for consultation.

State law mandates that all counties provide initial intake and evaluation of risk services to all children reported to the County as being endangered by abuse, neglect, or exploitation. Every county is to maintain and operate a 24-hour response system and provide immediate in-person responses by a county social worker in emergency situations in accordance with regulations of the department.<sup>9</sup>

In response to this requirement, the El Dorado County Department of Social Services has developed its *Child Protective Services Protocol, Criteria and Process for Accepting CPS Cases for Assessment*, and *Emergency Response Protocol* included in the Department's policies and procedures manual. This protocol includes a form called the Emergency Response Protocol (Form EL 212) that is to be filled out by social workers for all initial calls alleging child abuse or neglect.

When an initial call reporting suspected child abuse or neglect is received by the Department, the intake social worker has three response choices:

- Conduct an investigation immediately;
- Conduct an investigation within 10 days; or
- Do not conduct an investigation or "Evaluate Out" the case.

The Department uses a 3 day response to investigate allegations of abuse or neglect. However, a 3 day response time is not formal policy in the Department.

To assist intake social workers in determining which of these responses is the most appropriate, the Department's emergency response protocols include a series of response guidelines to guide the initial intake social worker's decision. The form includes the following questions to assist social workers in determining what the initial departmental response should be.

1. Is there sufficient information to locate the family?
2. Is this an open service case with DSS and is the current intervention adequately addressing the problem described in this allegation?
3. Does the allegation meet one or more of the legal definitions of abuse?
4. Is the perpetrator a caretaker of the child or is there reason to believe that the caretaker was negligent in allowing or unable or unwilling to prevent the perpetrator having access to the child?
5. Are specific acts and/or behavioral indicators of abuse, neglect, or exploitation included in the allegations?

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• <sup>9</sup> California Welfare and Institutions Code (WIC) § 16054

6. Does additional information obtained from collateral contacts or record material invalidate the report?
7. Does this report represent one in a series of previously investigated, unsubstantiated, or unfounded reports from the same party in which no new allegations or risk factors are revealed?

The answers to these questions are intended to guide CPS social workers in determining which referrals justify an in-person investigation. If an in-person investigation is not necessary, Department policies and procedures state the intake social worker should provide a more detailed rationale regarding their decision why an in-person investigation should not be conducted.

This Emergency Response Protocol form is included in the Department's CWS/CMS computer system so that social workers receiving an initial call reporting child abuse or neglect can start a case file and enter all information required into the computer system as the call is received. According to Department procedures, this electronic form is supposed to be transferred to the emergency response supervisor for approval for all cases that are evaluated out.

While the questions asked in the Emergency Response Protocol form seem appropriate for conducting an initial investigation, the problem with the protocol is that it is fairly open-ended and allows for significant individual interpretation of facts and circumstances. It relies primarily on interpretation of the facts and situation by the social worker. Social workers are trained to assess such situations and professional judgement is always required in children's welfare cases. However, trained social workers are still subject to personal biases and preferences and two social workers can interpret the same situation very differently. While the nature of the work is such that some judgement will always be required, Department management should make every attempt to minimize personal biases and variations in staff decision-making.

The room for individual interpretation becomes more pronounced in cases where the situation is not obviously dire but may be on the border between a 10 day investigation or "evaluating out" the case. For such cases, the Department's policy is as follows:

"Criteria are to be liberally interpreted, which means where circumstances are marginal, we should open a case for investigation. It is preferable to err in favor of ensuring the child(ren)'s safety and the appropriate response time should be considered."

Thus, the explicit goal of the procedure, for safety purposes, is to conduct more investigations than potentially necessary.

Emergency response protocols used by some counties provide more structured guides that link certain responses with certain outcomes. For example, a history of two or more

previous referrals may lead to a guideline to conduct an immediate investigation unless the intake social worker can provide information that proves this would not be necessary.

The tools available to assist social workers in making decisions of whether to investigate allegations of abuse and neglect or the evaluation of risk vary across the state. A study by the University of California at Berkeley found:

“Departments of Social Services are increasingly being challenged to determine which cases are reported to them are at the highest risk and most in need of services. One response to this challenge involves the development of screening procedures that distinguish levels of risk and need among cases that come to the attention of Child Welfare Services...The employment of effective screening procedures ...can help not only to reduce disruptive legal intervention into families in situations when it is unwarranted, but also to insure procedural fairness – one-element of which involves consistency in the treatment received by similar cases. The systematic use of screening guidelines would help to promote consistency among decisions made by individual workers and among counties; it would also aid new workers in the field and offer workers and the state some degree of protection in an era of increased litigation.”<sup>10</sup>

Some counties have chosen more structured guidelines such as the Structure Decision-Making (SDM) model, developed by the Children’s Research Center of the National Council on Crime and Delinquency, a non-profit organization. One of the components of SDM, the Response Priority Assessment, is a series of decision trees that guides the intake social worker on what the response should be for the various types of allegations ranging from physical abuse to general neglect. A system such as this would provide for a more consistent approach to determining the appropriate responses to initial reports of abuse and neglect in El Dorado County and would provide better documentation justifying the decision reached by the intake social worker.

### **Emergency Response Protocol not being used in many cases**

To determine the Department’s compliance with its Emergency Response protocol, 58 randomly selected cases were examined in CWS/CMS to verify that proper documentation existed in each case. Even though this protocol has limitations, it does provide some documentation of the decisions made and is required for every case by Department policy.

Cases were selected largely from 2001 and included referrals which resulted in immediate investigations, investigations within 10 days, and cases that were evaluated out. It should be noted that the sample was randomly selected but was not designed to be statistically significant. A more authoritative examination would require significantly more time than was authorized for this project.

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• <sup>10</sup> Gilbert, Neil, Karski, Ruth, and Frame, Laura. The Emergency Response System: Screening and Assessment of Child Abuse Reports. School of Social Work, University of California Berkeley, 1997, pp.1-2.

As shown in Exhibit 2.1, out of the sample of 58 cases, Emergency Response protocol forms were only fully completed 50 percent of the time. Thus, although the policy manual clearly states that the form should be used as a guide to making initial intake decisions, half the time the information needed to do so was missing.

**Exhibit 2.1**  
**Number of Completed**  
**Emergency Response Protocol Forms**  
**in Case Files**

	<b>Number of Forms</b>	<b>Percent</b>
Complete	29	50%
Incomplete	29	50%
<b>Total</b>	<b>58</b>	<b>100%</b>

Source: CWS/CMS

As stated above, Department policies and procedures call for the Emergency Response Protocol form to be reviewed on CWS/CMS and approved by the Emergency Response supervisor for all cases which are evaluated out. The Emergency Response unit does an excellent job of reviewing the referrals that are evaluated out. Based on our review, supervisor approval was documented in every case where the decision was to evaluate out. As shown above, the response protocol forms are not complete 50 percent of the time. However, examination of the 25 cases where the decision was to evaluate out show that only two of those 25 referrals, or 8 percent, had incomplete Emergency Response protocol forms and were approved by the supervisor. Thus, in instances where supervisor approval is not required, social workers are more likely to not properly complete the Emergency Response protocol in CWS/CMS.

In 47 of the 58 cases reviewed, the response proposed by the intake social worker was approved by the supervisor, even when a completed Emergency Response Protocol form was not entered in to CWS/CMS. Thus, our review suggests that the required Emergency Response Protocol form is not used to guide all intake decisions, in contradiction of Department policies and procedures. Additionally, it appears that this form is viewed by some social workers as a form that has to be filled out as an after thought and not as integral part of the decision-making process.

Management controls are needed to ensure that all workers are making appropriate decisions and documenting them consistent with Department policies. A regular process of reporting social worker compliance with department policies is needed as is periodic review of randomly selected case files by Department management to ensure that decisions are appropriate, properly justified and documented and in compliance with Department policies and procedures. Supervisors are reviewing a majority but not all decisions by the intake social worker.

Based on the analysis above, we recommend the Department implement the Response Priority Assessment component of the Structured Decision-Making system. This assessment should be completed on every referral placed with CPS. Use of this tool

would ensure greater consistency in social worker decisions about which cases to investigate and when. The Response Priority Assessment component of the Structured Decision-Making system provides social workers with a series of decision trees on which to base the initial response decision.

This system will ensure that social workers systematically apply similar criteria to every case and provide consistency across social workers at the two DSS offices in El Dorado County. The SDM system provides a process to support, guide, and fully document assessments. One significant advantage of this system is that it brings accountability to decision-making and, based on the decision tree system, decisions require an explanation. Moreover, because the decisions are based on the decision tree system to guide the worker, consistency should increase. The Emergency Response Guidelines lacks guidance to guarantee consistency.

### **Lack of a Formal Safety and Risk Assessment**

If the result of the intake worker's assessment is that an investigation should be conducted, the case is transferred to an investigative social worker. Under Welfare and Institutions Code Sections 309 and 16504, social workers must determine whether the children that are the subject of the allegations are in immediate danger of physical or sexual abuse, and whether the children should be removed or can remain safely in their homes. The social worker also determines whether there are any services that can be provided that would allow the children to safely remain in their homes.

To document the basis for this decision, investigation social workers are required to complete an Investigative Narrative, a one-page form with ten fields, to document any risk factors contributing to the social worker's decision whether or not the child should be taken into protective custody. Currently, the Department does not have precise procedures requiring the use of the Investigative Narrative. CPS management reports that the Investigative Narrative serves as the Department's risk assessment tool.

While the State of California requires only a written narrative, the Department has added ten fields to further explain the investigation. The ten fields in the Investigative Narrative that should be complete are:

- Brief Narrative of the Investigation (includes details of who, what, when and where)
- Child's age, vulnerability, physical and/or mental abilities (includes perpetrator's access to child)
- Child's behavior
- Caretaker's Parenting skills/Knowledge (includes capacity for childcare; interaction with children, other caretakers; skill, knowledge; criminal behavior, mental health)



- Strength / Weaknesses of Family support system (includes relationships, presence of parent substitute)
- Caretaker's Substance / Alcohol Misuse
- Environmental Condition of Home
- Any services offered and result (includes directives/referrals given and family's response)
- Need for Emergency Services, if any

One problem with the Investigative Narrative risk assessment tool used by the Department to document investigations is that it does not offer a structured approach to guide the investigation social worker's assessment of risk into a decision. Instead, the form is primarily used by the Department's social workers to provide a description of their investigations. As such the documentation of why a child should be taken into protective custody is not as thorough or objective as it would be if a standardized risk assessment were in place.

Without a formal safety and risk assessment the criteria social workers use to make removal decisions can vary significantly. Based on a questionnaire provided to social workers in CPS as part of this audit, 58 percent of social worker respondents disagreed with the statement that all social workers use the same criteria in deciding to remove children from their homes.

Compounding the inadequacy of the Investigative Narrative as a risk assessment tool is that social workers are not properly using it. As shown in Exhibit 2.3, in 19 of the 27 cases reviewed where an in-person investigation took place, or 70.4 percent of all cases, the form is not properly completed. The definition of not properly completed is that the Investigative Narrative only contains a paragraph or two providing a description of the investigation rather than completion of all ten fields of information required on the form. Often, the paragraph narrative was only a few sentences in the cases reviewed. The Investigative Narrative was missing entirely in eight of the referrals examined. In these cases, it is impossible to retrace the steps of the social worker to determine the basis for the decision. For the eight cases where the Investigative Narrative was incomplete, a list of individuals contacted for the investigation by the social worker was provided in CWS/CMS, but this failed to provide beneficial information to determine how the social worker reached a decision.

**Exhibit 2.3**  
**Use of Investigative Narrative**  
**by CPS Social Workers**

	Number of Narratives	Percent
Each field complete	8	29.6%
Fields Incomplete	11	40.7%
Narrative not found	8	29.6%
<b>Total</b>	<b>27<sup>11</sup></b>	<b>100%</b>

As shown in Exhibit 2.3, 11 of the 27 Investigative Narratives in CWS/CMS were improperly completed, by not having each of the ten fields documented. The quality of the narratives ranged from one sentence to a very detailed account of the investigation to one that simply referred to a list in CWS/CMS of individuals contacted for the investigation. As with cases that are evaluated out after initial intake, prior to the Investigative Narrative being completed by the investigative social worker, the Emergency Response Supervisor must review and approve the document. Of the cases reviewed, only eleven of the Investigative Narratives, or 40.7 percent, were not properly filled out yet they were apparently approved by the supervisors anyway. However descriptive the narrative form may be, it is still an inadequate assessment of the safety and risk of the child.

According to Department management, the Investigative Narrative is designed more to close an investigation, especially in cases where no petition will be filed, and is geared to move the case along. This creates the impression from management to line staff that the Investigative Narrative is a form required to be completed more as an after thought to move the case along, rather than a tool which assists social workers and is an integral part of the decision-making process.

In one case reviewed, the Investigative Narrative included only a brief one paragraph review of the investigation. The decision was to open the case and offer Family Maintenance services. However, three days later the case was closed, and the case file indicates that the case was opened in error. While mistakes can occur in any system, the lack of precision in the Investigative Narrative means that mistakes like this will be more likely to occur. Use of a risk assessment tool with a structured assessment mechanism would significantly reduce the potential for opening a case in error or failing to open a case when the child should be removed from the home.

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• <sup>11</sup> The sample number is 27 here because this is the next step in the child removal process. If the intake social worker determines that the referral does not meet the criteria of an in-person investigation that case is “evaluated out” and no further action is required by the Department of Social Services.

## **Need For a More Structured and Consistent Approach to Case Decisions**

Based on the case file review conducted for this audit, it is clear that formalized Safety and Risk assessments tools would assist the investigative social workers in their decision-making and ensure greater consistency in case decision-making. The Department should implement the Structured Decision-Making (SDM) Safety and Risk assessment components as a complement to CWS/CMS as a means to increase consistency of investigations. This system, or components of it, is currently in use in at least 15 other California counties.

The Safety Assessment component of SDM is designed to be used by investigative social workers during the initial in-person investigation of abuse and neglect referrals to determine when a child should be taken into protective custody. The Safety Assessment form contains a simple checklist and a narrative to formalize the decision-making process in CPS. These assessments will ensure that CPS staff assesses all cases based on a standardized set of criteria.

In some counties, full integration of the Structured Decision-Making tools and the CWS/CMS system are not fully realized. Until full integration, many counties have implemented a paper version of assessment tools to complement CWS/CMS. Santa Clara County uses a paper version of the Structured Decision-Making system. The risk assessment tool in Los Angeles County is a paper version to complement CWS/CMS. In both Counties, social workers manually complete the forms and keep the document in the hard case file. The Department of Social Services could implement a paper version of the Structured Decision Making tool and manually track the results of these assessment tools and maintain records in the hard case file, similar to Santa Clara County.

## **Inconsistency in After Hours Intake**

Section 16504 of the Welfare and Institutions Code (WIC) states the County must provide a 24-Hour intake hotline, where referrals can be made. CPS maintains After Hours hotlines and staff at both the Placerville and South Lake Tahoe offices. Currently the Department does not have dedicated staff to operate the After Hours intake at either office. Staffing for After Hours is made up of workers who either volunteer or are assigned on a non-voluntary rotating basis.

According to the Memorandum of Understanding with the union, social workers who work After Hours are guaranteed a minimum of two hours pay, plus an additional \$1.20 per hour on-call. Additionally, the Memorandum of Understanding states “On-Call duty” means that an employee is assigned to work outside their normal work week and must remain available to be contacted by telephone and be ready for immediate call-back. Thus, the social worker is not in the office, but is accessible by telephone and ready to respond should a situation arise.

The After Hours process is as follows:

- The Department has a contract answering service that receives calls to the After Hours unit. At the beginning of the month CPS will send the answering services a monthly schedule of the social workers scheduled to work the After Hours shifts; and
- When a referral is received by the answering service, the service will put the caller on hold and will either page or call the on-call After Hours social worker. At that point the social worker is connected to the reporter to begin the initial intake process.

The After Hours intake process varies significantly from the intake process during normal business hours when CPS is fully staffed. For instance, in Placerville during normal business hours, the intake social worker will make the determination whether an in-person investigation is required, but they will not generally conduct the investigation. However, the After Hours intake social worker will not only make the decision whether to conduct an in-person investigation, but will actually perform the in-person investigation if an immediate response is required.

Thus, when a social worker is conducting an immediate in-person investigation, the After Hours intake center does not have a social worker available to handle a second referral. According to the Emergency Response supervisor, those instances are rare, but they do happen. When these instances do occur, the answering service will take a message and the social worker will then call the reporter to begin the intake process on the second referral.

According to the Department policies and procedures manual, when a child is removed from the home and placed in protective custody by After Hours staff, the written documentation of the incident should go to the Emergency Response Supervisor by 8:00 a.m. the next workday. The potential problem with this is that, without a supervisor checking the social worker's decision, a child could potentially be placed in protective custody or left in the home for as long as several days erroneously.

Additionally, unlike daytime hours, After Hours intake social workers have no direct supervision. During normal business hours, the intake social workers are positioned near the ER supervisor and can have consultation with their supervisor and fellow employees. However, social workers on After Hours duty work alone and do not have consultation with their supervisor. The social workers can call the supervisor if needed for informal consultation, but there is no guarantee that the supervisor will be available. When the supervisor is on vacation or unable to answer the phone the social worker is left to make these decisions on their own.

Furthermore, during After Hours duty, social workers have no immediate access to CWS/CMS since the call is received at home. Although social workers have access to the Department building and CWS/CMS during After Hours, there is a delay to obtaining all relevant information regarding the case. This poses potential significant problems and

violation of the Department's policy regarding factors to consider in determining if an in-person response is needed:

“The decision whether or not to make an in-person response for all other referrals shall be based on an assessment which shall include collateral contacts, a review of previous referrals and other relevant information to the extent such information or measures are necessary to conduct an assessment.”<sup>12</sup>

Furthermore, the Department's “Child Protective Services Protocol” states that in-person investigation decisions by the intake social worker shall include a review of the child's “history and disposition of prior referrals.” However, since the After Hours social worker does not have immediate access to previous referrals on CWS/CMS, the decision is made on only a partial picture. Additionally, the use of the Emergency Response Guidelines form in CWS/CMS is impossible for social workers to consistently answer correctly, since they do not have access to the past history of the child. Without access to CWS/CMS or paper files at the office, social workers cannot answer two of the eight questions that require further analysis. These questions are as follows:

- Is this an open service case with DSS and is the current intervention adequately addressing the problem described in this allegation?
- Does this report represent one in a series of previously investigated, unsubstantiated, or unfounded reports from the same party in which no new allegations or risk factors are revealed?

Thus, when an After Hours social worker is making the decision to initiate an in-person investigation or not, the decision is made lacking historical information and without the ability to answer two of the key questions included in the Response Guidelines.

In the sample of cases reviewed for this audit, instances were found where After Hours social workers received calls in which access to CWS/CMS might have changed the decision regarding if and how soon an in-person investigation should be conducted. We found instances where an After Hours referral had 10 previous referrals throughout the State of California. Based on the current system these referrals would not have been known immediately by the intake social worker. Additionally, we found several After Hours cases where children had three referrals each. In particular, the child had three referrals and the response guideline protocol was incomplete. Information such as this could be critical to the decision made by the intake social worker. During normal business hours, the worker would have immediate full access to this information on CWS/CMS.

To address the lack of historical and other information available to intake social workers for After Hours cases, CPS should implement a new category of a three-day response to

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• <sup>12</sup> Child Protective Services Policy Manual. El Dorado County Department of Social Services. 1992. pg. 9.

give social workers more flexibility in making the in-person investigation decision. Unless it is obvious that an immediate investigation is needed, After Hours cases could be placed in this category rather than being evaluated out, pending access to CWS/CMS the next business day. This increased flexibility will come at no additional cost to the County. Additionally, CPS supervisors should be required to be on-call After Hours to provide consultation as needed to social workers. Taking these steps will ensure that After Hours decisions are consistent with the approach used during normal business days.

## **Conclusion**

The initial screening and investigation risk assessment tools required by the Department for social workers to use are not sufficiently structured to ensure consistency of decision-making by different workers and at both Department offices. Nor do the tools provide adequate documentation justifying decisions reached. Unfortunately, they are not used at all in some cases and are only partially completed in others. Even with their limitations, these required forms provide some documentation justifying the decisions reached by the social workers. Cases are being approved by supervisors without these required forms completed in apparent contradiction of Department policy.

The Department of Social Services needs more management oversight of worker compliance with required procedures and spot checking of case files to ensure that case decisions are adequately documented and supported. To further improve the level of documentation and justification of decisions reached, the Department should implement use of Structured Decision-Making tools to determine what referrals receive further investigation, how soon a response is needed, and to help social workers conducting investigations to determine if there is further risk posed to the child and whether to remove the child or not. In only 50 percent of the cases reviewed were the current initial intake response forms complete. In a review of a sample of Investigative Narratives, over 70 percent were either incomplete or missing. Since social workers are not accurately completing the Department's existing screening and investigation tools, consistency of intake responses and the decisions by investigators within the Department cannot be tracked. There are substantial problems with the process, ranging from lack of CWS/CMS immediate access to check previous referrals to a lack of consultation from supervisors.

## Recommendations

The Department of Social Services should:

- R2.1 Create a monthly report for CPS management review generated by CWS/CMS documenting the extent to which required screening and risk assessment forms have been completed by social worker staff and signed off by supervisors documenting and justifying decisions to either investigate or evaluate out referrals and whether or not a child should be removed from home;

**Response to R2.1: The recommendation has not been implemented, but will be implemented in the future.** DSS will generate a monthly report of risk assessment forms. It is unknown at this time whether such a report can be produced within CWS/CMS. If such a report is not feasible, other methods for producing this information will be explored. The analysis will be completed by November 30, 2002 with a report generated by February 2003.

- R2.2 Implement use of the Response Priority and Risk Assessment tools in the Structured Decision-Making system in deciding if a referral should be investigated immediately, within 10 days, or not at all, and, whether or not a child should be removed from home or offered services while remaining at home;

**Response to R2.2: The recommendation will not be implemented because it is unreasonable.** The Structured Decision Making (SDM) tool described is a licensed tool, still being researched for reliability. Originally, California Department of Social Services (CDSS) was recommending the use of this particular tool; however, they no longer financially support the use of this tool. The Legislature has recommended restructuring CPS services. As part of the restructuring plan, the State will be recommending a standardized assessment tool to be used.

DSS received preliminary information that the first year set up costs for this county for SDM would be \$47,293. Subsequent years will cost \$24, 854. EDC is currently unable to access these forms in CWS/CMS. The vendor is developing a web-based version of SDM for Riverside County. It is not known at this time when that will be completed, if other counties will be allowed to have access, and if there will be ongoing costs for that access. If DSS elects to implement SDM, there will be staff training costs as well.

If by November 30, 2002 it does not appear to be feasible to implement SDM, DSS will explore any other risk assessment tools that might be available and evaluate their reliability. If feasible, DSS will implement such a tool.

- R2.3 Use a paper version of the Structured Decision-Making system as a complement to the CWS/CMS system;

**Response to R2.3: The recommendation will not be implemented because it is unreasonable.** Please see response to R2.2. Even the paper version is licensed and cannot be used without paying the licensing fees detailed above.

- R2.4 Formally implement and expand use of a shorter referral response time of 3 Days, particularly for After Hours cases in which immediate investigations are not conducted so the social workers can cross check prior referrals and case data on CWS/CMS during business hours before deciding to evaluate out a case;

**Response to R2.4: The recommendation has been implemented.** We currently have a 3-day response category. All after hours referrals are checked for priors and case data the morning after the shift if the after hours worker did not access CWS/CMS during their shift. If, and within what time frame, a response should be made is evaluated like any other referral, based on all available information.

- R2.5 Establish an on-call system for CPS supervisors for After Hours cases so that they are available, on a rotating basis and as needed for assisting social workers in determining how to handle After Hours cases in the same way that they are available for that purpose now during normal daytime business hours;

**Response to R2.5: The recommendation has been implemented.** The CPS supervisors rotate on call duties for after hours. This practice began June 1, 2002.

## **Costs and Benefits**

Costs of these recommendations include the additional cost to have a CPS supervisor on-call to support After Hours social workers. Costs would also be incurred for the time required by social workers for training on use of the recommended new Structured Decision-Making (SDM) tools and any purchase or licensing costs associated with the system. However, some social workers within the Department are already taking risk assessment training, so there would be no increased costs with having social workers take the SDM training over a basic risk assessment course. Moreover, staff costs should be minimal since the SDM forms provide a point system and should require less time than properly completing the Investigative Narrative the Department currently uses.



**Responses Required for Findings**

F2.1 through F2.5                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

**Responses Required for Recommendations**

R2.1 through R2.5                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

### 3. Performance Measures

F3.1 The Department of Social Services Child Protective Services division regularly produces management reports that concentrate on caseload levels, assignments and referral characteristics rather than outcomes. The performance measure indicators tracked are inconsistent throughout the division.

***Response to F3.1: The respondent disagrees partially with the finding.*** DSS also runs reports on how quickly referrals are seen, whether case plans are done timely, if referrals are closed within 60 days, and whether children and parents are seen monthly.

F3.2 Department management needs to establish outcome goals for the CPS division and related measures to better evaluate CPS outcomes and individual employee performance. Measures such as number of families reunified after receiving services, number of children in stable placements, and recidivism should be regularly measured in addition to caseload levels.

***Responses to F3.2: The respondent disagrees partially with the finding.*** In measuring individual employee performance, it is important to evaluate whether the worker completes casework elements timely, makes appropriate case decisions and documents them, and exercises good judgment. CDSS has not yet determined which outcomes will be measured. When CDSS finishes its work on outcomes to be measured, DSS will be incorporating their recommendations into DSS procedures.

F3.3 Employee performance evaluations appear to be conducted reasonably timely for employees who have passed their one year probationary period. For employees on probation the number of evaluations conducted is inconsistent and their use in determining permanent employment is unclear. Employees on probation during FY 2000-01 and FY 2001-02 received anywhere from none to four evaluations during that period. Of eight probationary employees during the last two years who received satisfactory reviews, four were terminated and four were retained for permanent employment.

***Response to F3.3: The respondent agrees with the finding.***

F3.4 By implementing an employee performance evaluation system that explicitly explains job expectations for the first year of employment, includes in-person documented performance evaluations every three months during the first year of employment, uses a standardized appraisal instrument, includes outcome based performance measures in the appraisal

instrument, and provides timely annual post probationary evaluations, the Department will have greater assurance of consistency and accuracy in its performance evaluations.

***Response to F3.4 The respondent disagrees wholly with the finding.***

Probationary employees do not have the same rights as employees who have passed probation and achieved civil service status. To implement a system which is consistent with that provided to civil service employees may result in newly hired employees achieving full property rights and civil services status from date of hire. The respondent does concur that it is important to provide expectations and ongoing feedback to probationary employees. The manner in which the feedback is provided will be consistent with merit system standards and locally negotiated requirements.

Organizations, whether public or private, need to establish a set of goals and create an ongoing system of measuring organizational and employee outcomes. Increased staff accountability, improved problem solving ability, and, ultimately, better results for children are goals that all child welfare agencies should strive for. Without an accurate measurement of outcomes, it is difficult to determine the impact of the resources allocated on services and whether or not the agency is effectively carrying out the goals and objectives of management. To achieve an accurate measurement of performance, the Department must set measurement goals, employee outcomes must be measured related to these goals, and data must be utilized to measure performance. Employee evaluations are the source to quantify the performance of employees.

Both processes of setting goals and establishing outcome measures can be beneficial because they require management to establish priorities and to allocate resources and to establish systems and processes that will lead to the intended results. The Department of Social Services, according to its web site, cites its mission goal as “to help people in social or economic crisis increase their ability to become as self-sufficient as possible.” However, the Child Protective Services division does not have its own mission statement, but generally the goal of the division is to provide assistance to children who are victims of abuse, neglect or exploitation.

Based on research and interviews, the Department does not have a consistent system in place for measuring the effectiveness across units within CPS. However, the CPS does a good job of collecting and reporting a variety of statistics about caseload activity levels, but not always outcomes and Department goals. The statistical management reports produced concern the type of referrals and their dispositions, current caseload levels, type of out-of-home placements, closed and active, number of adoptions, and number of children freed for adoption. The information provides management a tool to review and assess caseload and staff productivity, but they do not measure outcomes or the achievement of Department goals, such as the number of families reunified, number of children in stable placements and others.

Inconsistencies exist in the performance measures used in the Child Protective Services division. The variances not only exist between the two Department offices, but also

within CPS units in the Placerville location. While there are many similarities, such as caseload numbers, between the units there was not a consistent guide for tracking outcomes throughout the division.

The Emergency Response unit in Placerville, we found there are more formalized performance measurements in place. The supervisor in that unit has created a series of reports and systems that can track performance within the ER unit. The performance measurements in that unit are as follows:

- Referral Count by Start Date
- Referral Count by End Date
- Voluntary Status Report
- Case Plan Start Date for Cases Opened Between two Dates
- Open Referrals with First Investigation Date
- Referral Performance Statistics
- Number of All Evaluate Outs
- Number of All Referrals upon Closing
- Number of All Voluntary Family Maintenance Cases upon closing
- Monthly Caseload Activity Report
- Caseload Summary
- After Hours Intake Log

Examinations of the Ongoing and Adoptions units show each unit within CPS has different standards which are examined to determine performance measurement. According to the Ongoing Unit supervisor, that unit reports social worker caseload numbers on a monthly basis. In addition, the supervisor scans cases and a determination is based on the case plan, as some case types require more staff time than others do. In the Adoptions unit some performance outcomes are measured, such as the number of adoptions, but the outcomes are not linked to the case approach that preceded it in the other units.

## **Caseload Tracking**

Another critical role of the supervisor is to monitor achievement of key casework activities and outcomes on a case-by-case basis. Monitoring activities and outcomes enables the supervisor to track client progress as well as the caseworker's completion of essential casework functions. In addition, supervisors monitor achievement of casework activities and outcomes across caseloads. Finally, by monitoring the unit to determine if it is achieving its program goals, supervisors can identify trends necessary for planning purposes as well as areas in need of corrective action.

One problem with caseload tracking in CPS is there is not a system in place to determine caseload numbers on a historical basis. Supervisors informed audit staff that caseload numbers change daily and there is not a systematic procedure to produce reports, which offer a historical perspective on caseloads. Even with the Monthly Caseload Activity Report, we were unable to get a historical assessment of assignments across units and of

both DSS offices in the County. Analysis of the number indicated dramatic fluctuations in caseload numbers.

One consistent theme emerged from discussion with upper management of the CPS division. The theme is that the performance measurements are not outcome based. Some interviewed felt outcome based performance measurements would be beneficial to the Department

## **Outcome Measurement Systems in other Jurisdictions**

Jurisdictions throughout California have or are in the process of instituting outcomes-based performance measures for their child welfare service departments. Los Angeles and Contra Costa counties are among the California counties that have or are establishing outcomes-based performance measurement systems. The Los Angeles County Department of Children and Family Services, in its *Strategic Plan 2000*, have identified accountability as one of its key values, defining it this way:

Accountability involves the belief that efforts to achieve an outcome will be made, that these efforts will be directed at a goal and will result in achieving that goal, that achievement can be demonstrated, and that someone is held accountable for the results.<sup>13</sup>

Based on this value, Los Angeles County distinguishes five broad outcome areas for all children in the county:

- Safety and survival
- Good health
- Social and emotional well being
- Economic well being
- School achievement and work force readiness

Of the broad goals listed above, each has its own specific outcomes tailored to the children in the Los Angeles County system, which includes performance indicators and data sources for each specific outcome. The data sources established in Los Angeles to track each performance indicator is generated by CWS/CMS. For instance, for social and emotional well being the desired outcome goal is to reduce the time a child spends in placement. To measure this outcome Los Angeles County used CWS/CMS data to determine the average amount of time a child spends in foster care, stratified by placement type. Data for this measure is available in CWS/CMS

Contra Costa County's child welfare system established broad outcomes, strategies, performance measures, and data sources, similar to the structure of Los Angeles County's system. The outcomes are as follows:

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• <sup>13</sup> *Strategic Plan 2000*, 2000; Los Angeles County Department of Children and Family Services

- Children’s health and developmental needs are being met
- Families are satisfied
- Children are safe and remain in their own homes whenever possible
- Children achieve permanency in a timely manner

El Dorado County could replicate the outcomes and models in both Los Angeles and Contra Costa Counties. To establish an outcome based performance measurement system usually requires an investment of staff time and possibly funding for new or enhanced information systems. The Department of Social Services Child Protective Services division can create outcome based performance measures from data stored in CWS/CMS. While the system has its limitations, it also has the ability to produce some useful outcome and performance reports for management.

For example, throughout the audit, CPS staff provided ample data to audit staff directly extracted from CWS/CMS. The Department filled numerous audit staff data requests by extracting the data from CWS/CMS. Examples of the data provided included number of: Emergency Response Investigations; Active Cases; Cases Closed; Current Caseload; Referral Counts by Start Date; and Voluntary Family Maintenance Cases.

Since CWS/CMS is an automated version of a case file, all data recorded about each child and family should be available from the system and able to be extracted and aggregated for outcome reporting. Some of these measures listed above, such as the number of families reunited at case closure and number of Social Workers per child, would require development of special reports that are not produced at this time, though they are all technically possible to produce. For example, recidivism data is recorded in individual case files and could be extracted to review family referrals to the Department subsequent to case closures, but this would require production of a new CWS/CMS based report. Production of any performance measurement report requires that all Social Workers input the data needed on to CWS/CMS. All staff does not consistently use the system at this time, making some data collection and analysis difficult to perform.

## **Employee Evaluations**

As a result of an organization’s goals and objectives, performance measures should be tracked to ascertain if the stated purpose of the organization is met. Further, organizations must have a formal system to review employee performance to determine if goals are being met by employees consistent with organization-wide goals. Without evaluation there is no objective, quantifiable measurement of service or staff quality, no technique for fostering improvement and no system to determine if stated employee goals are achieved.

Employee performance evaluations can foster improvement in worker morale and employee performance. With detailed employee evaluations, areas for individual employee improvement can be identified and goals set for improvement in those areas. Unless feedback is provided voluntarily by supervisors to their staffs, the absence of an employee evaluation system can encourage the status quo or even a decline in performance as it communicates the message that one's performance doesn't matter.

Performance evaluations are a method of communicating and reinforcing an organization's goals and values such as efficiency and responsiveness to customers. An effective performance evaluation system should not be constructed or used as a punitive measure but as a proactive system for management to communicate its expectations to employees and for assisting employees to improve. Employee performance evaluations are crucial in the initial stages of employment when workers are in the socialization process of learning the details of the job.

The Memorandum of Understanding (MOU) between El Dorado County and Public Employees, Local Unit No. 1 details the review process for the yearlong probationary period for new employees. The MOU identifies the probation review process as follows:

- The employee will receive a written statement of expectations signed by the supervisor and employee. The supervisor shall retain the copy signed by the employee and provide a copy to the employee.
- Not less than monthly the supervisor shall meet with the employee to review the employee's progress toward meeting the supervisor's expectations. The supervisor shall provide the employee with a written summary of the meeting.
- The employee will acknowledge receipt of the summary of his/her progress by signing a copy of the summary. The supervisor shall retain the copy signed by the employee.
- The employee shall be considered to have met expectations in any month in which the supervisor does not meet with the employees and provide them with a written summary of his/her progress.
- All written summaries, containing the employee's acknowledgement of receipt, shall be submitted to Human Resources with the appropriate forms for successful completion of probation or of the employee's failure to complete the probation period.

In addition to this process, the Department maintains a more formalized employee evaluation process in which probationary employees are reviewed using the Department's standardized *Employee Performance Appraisal* form after six months and eleven months of employment. These more formal reviews are done in accordance with Merit Systems. Merit Systems is a contractor for the California State Personnel Board that satisfies the

State of California's responsibility to ensure that personnel systems which cover county employees of federal grant-in-aid programs comply with federal merit standards.

The employee evaluation process begins when an employee is hired. The Department gives the employee a description of the job and a list of essential functions related to the job. According to the Department, employees are given informal monthly reviews. These informal reviews are supposed to consist of a memorandum chronicling the employee's status and highlighting any issues regarding the employee's job performance. These reviews describe the nature of the meeting, and provide some feedback to the employee regarding their performance.

The formal employee evaluation process starts with the supervisor completing a formal written evaluation of the employee. Once the appraisal form is complete the supervisor will sign and date the review. The employee will then review, sign and date the evaluation. The form, however, clearly states that the employee signature does not mean the employee is in agreement with the review. At this point, the Program Manager reviews the employee evaluation and signs the form. Unlike the employee signature, the upper management signature does indicate concurrence with the employee review.

The Department's instrument to meet the Merit System requirement for a formal performance evaluation is the *Employee Performance Appraisal*. This form is only completed for the formal evaluations at the six-month review and end of probation. This appraisal is used to evaluate the performance of staff based on several criteria. A review of this document indicates that the evaluator must (a) identify or report on the probation status of employee, (b) identify an overall rating, (c) identify employee goals, and (d) report on the employee's performance using a list of performance factors, which includes job knowledge, output, compliance with rules, and initiative. A supplementary appraisal form, used only in South Lake Tahoe, indicates that the evaluator must (a) list items discussed during the review, (b) identify desired training and training attended, and (c) identify length of time with the Department.

As part of this audit, verification of employee performance evaluations was conducted for 13 randomly selected CPS employees at pre and post-probationary stages and for all employees on probation during the previous three fiscal years. Several issues limited the immediate review of the employee evaluations. DSS management was reluctant to provide audit staff access to the employee performance reviews due to confidentiality considerations and outstanding litigation. The County Counsel's Office determined their office could conduct the review and provide the data to audit staff with names redacted so employee privacy would remain intact.

Based on this review, the Department does a good job of providing yearly post probationary evaluations. Analysis of the performance evaluations of post probationary employees revealed the Department completed an employee appraisal on a timely basis for all but one of the 13 employees. The employee that did not have a yearly review had their performance evaluated each of the previous six years prior and three years after the missed evaluation.



The evaluations reviewed were conducted more than one year after their last evaluations. Excluding the missed review, we found that in 8 of 26 yearly post probation evaluations for six employees, or 30.8 percent of all their evaluations, the Department missed the required yearly time period. On average the missed reviews were 58 days past the one-year period. The longest delay was 141 days more than a year. The shortest delay was 4 days past the one-year mark for a post probation evaluation.

This review found significant problems with probationary evaluations. The formal evaluation forms, performed after six months and at the end of probation, are conducted on an inconsistent basis. The Department does a sufficient job of conducting employee evaluations for some employees, while other employees get performance evaluations on a sporadic basis, if at all. As Exhibit 3.1 illustrates, the Department conducted formal Merit Systems evaluations during probation on employees at various frequencies. A majority of probationary employees, 23 out of 30, or 76.7 percent, received between one and three formal evaluations during their one year probation. Two employees, or 6.7 percent, received four formal evaluations, an average of once every three months.

### Exhibit 3.1

#### Completion of Formal Employee Performance Reviews during Probation

Number of Probationary Reviews	Number of Employees	Percent
4	2	6.7%
3	7	23.3%
2	9	30.0%
1	7	23.3%
0	3	10.0%
N/A	2	6.7%
<b>Total</b>	<b>30</b>	<b>100.0%</b>

Further, Exhibit 3.1 shows of the 30 employees in the random sample, five employees, or 16.7 percent, did not receive a formal performance evaluation at either the six-month point of employment or at the conclusion of probation. Two of these employees are not applicable since each employee has been with the Department less than six months. However, of the three remaining employees without a formal review, one has worked for the Department for more than 540 days without a formal appraisal of work quality. Additionally, we found a second employee employed at the Department for over 375 days with no formal evaluation conducted, although the Department policy is that these reviews should happen at the 6-month point of employment and again at the end of probation. Moreover, these two employees moved from the probation period of employment to post-probationary timeframe of employment without a formal review.

In an examination of nine probationary employees where formal probationary reviews were completed using the *Employee Performance Appraisal* form, we found minimal consistency in how the results of the formal evaluation were used. Of these nine cases, we found that only one employee was given ratings above standard, the equivalent of above average. The remaining eight employees were all rated as meets standard, which is the equivalent of average or satisfactory, for all of their formal reviews during probation. The findings of the eight employees are presented in Exhibit 3.2.

**Exhibit 3.2**  
**Probation Results for Eight Employees who**  
**Met all Standards in Their Formal Evaluations**

No. of Employees	Percent	Average Number of Reviews	Overall Rating Of Review	Result of Probationary Period
4	50%	1.50	Meets Standards	Retained
4	50%	1.25	Meets Standards	Terminated
<b>8</b>	<b>100%</b>	<b>1.38</b>		

As Exhibit 3.2 demonstrates, based on the formal evaluations half of the employees were terminated at the end or during their probationary period even though their overall ratings were the same as those who were retained. This demonstrates that either these formal evaluations are not documented well or the meaning of the evaluation elements are not consistently understood by all supervisors and the Program Manager who reviews all evaluations. Moreover, of the four terminated employees, three received a recommendation for a step increase in pay in their written evaluation forms. One of the forms with a recommendation for a step increase is dated just 17 days before the employee was terminated.

Inconsistencies exist in the informal review process as well. Since conducted on a monthly basis, the informal review process should be a way for the Department to address employment issues and problems to the employee in an effort to obtain improvement. However, a review of the informal evaluations for the eight employees listed in Exhibit 3.2 showed that the Department conducts these reviews on an inconsistent basis. Some employees receive multiple informal performance evaluations, while others do not receive any informal written evaluations. As Exhibit 3.3 illustrates, based on our sample of eight employees with the same ratings in the formal evaluations, the Department conducted informal evaluations during probation on employees at a range of frequencies. One employee received eight informal written performance evaluations. However, three employees never received any informal performance evaluations.

### Exhibit 3.3

#### *Completion of Written Informal Employee Performance Reviews during Probation*

<b>Number of Reviews</b>	<b>Number of Employees</b>	<b>Percent</b>
More than 4	1	12.5%
4	1	12.5%
3	0	0.0%
2	2	25.0%
1	1	12.5%
0	3	37.5%
<b>Total</b>	<b>8</b>	<b>100.0%</b>

As previously stated, the Memorandum of Understanding between the union and County states that employees shall be considered to have met expectations in any month in which the supervisor does not meet with the employees and provide them with a written summary of his/her progress. However, in the four cases where the employee was terminated at the end of the probation period, informal evaluations were not always conducted on a monthly basis. Of the four employees terminated during probation, one employee received four informal evaluations, one employee received two, one received one and the fourth employee received no informal evaluations.

Without feedback in the form of regular performance evaluations, employees may not be encouraged to improve, especially at the initial stages of employment. It is possible that employees are performing above expectations, but unless that is acknowledged by management a decline in performance is possible as the absence of evaluations communicates the message that one's performance doesn't matter. Based on the sample of performance evaluations reviewed, many employees at the Department have not received an evaluation within the first month of employment. Of the four terminated employees, only one received an evaluation within the first month of employment. The remaining three terminated employees received their initial evaluations at 163 days, 198 days, and 220 days.

In addition to the frequency of the evaluations completed on an inconsistent basis, the level of depth in the written memorandum varies considerably. Some of the memorandums are detailed descriptions, listing positive and negative attributes of the worker, as discussed during the informal review. However, a majority of reviews provide minimal detail. A majority of the informal reviews are a list of issues both positive and negative regarding the employee's performance, but detail is minimal and there is not a standard form or consistent criteria used in this informal review process.

Without consistent and detailed performance evaluations, it is unclear if Child Protective Services supervisors are doing a sufficient job of documenting communication with employees regarding their performance. Based on informal performance evaluations it is uncertain whether the communication between the supervisor and the employee of these issues is adequate. The Department provided documentation of CPS supervisor notes making comments of discussions regarding employment issues, but these are very brief comments explaining the issue. Moreover, these comments, along with the performance evaluations, occur on an inconsistent basis. As a result of these inconsistencies, the Department should formalize the review process so employees all receive the same number of reviews and that the reviews are done on a consistent form, whether an informal or formal evaluation.

Department management should strengthen their evaluation process for probationary employees. Once an employee accepts an offer of employment, the supervisor should conduct an intake interview. The purpose of the interview should be a discussion of the job requirements and a clear statement of the employee's goals, objectives, and critical job tasks. This statement should also include any specific training or other development needs agreed to by the employee and supervisor at the time of hire. The basis of this intake interview should be the approved job description and a clarification of the Department's goals and objectives of the employee during the probationary period. A written statement of the meeting should be developed and signed by both the employee and the supervisor. At a minimum, within the first three months the employee and the supervisor should conduct a documented performance review with a formal evaluation instrument that is based on the outline of job expectations during the probationary period.

Analysis of the formal probationary evaluation instrument found employees terminated during or at the end of their probationary period had the same ratings as those who were retained, and some were recommended for a salary increase weeks prior to termination. This indicates that supervisors and the Program Manager who review all probationary evaluations do not have a consistent understanding of the review process or evaluation criteria. To address this problem the Department should implement a policy to have the Deputy Director review all probationary evaluations to ensure consistency between supervisors and the Program Manager. Additionally, using a formal performance evaluation instrument for all evaluations will address the concerns that similar reviews lead to dissimilar outcomes.

The performance evaluation form should be refined and the performance measures should be expanded. Additional categories, such as Quantity of Work, Quality of Work, Accountability, Dependability/Reliability, Job/Technical Knowledge, Working Relationships, and Judgment should be implemented to provide employees with additional feedback on performance. The overall ratings should be increased to, at minimum, a five point scale, which includes the following: Well Above Standard, Above Standard, Meets Standard, Below Standard, and Well Below Standard. Additionally, Department management should ensure that post-probation reviews should be conducted annually. These efforts should reduce any uncertainties that may arise during the employee performance review process.

## Conclusion

The Department of Social Services Child Protective Services unit does not have a formal system in place to track its outcomes. The various units of CPS track caseload, but not outcomes. Some other counties in California have established or are establishing outcome based performance measurement systems. CPS has this capability through the CWS/CMS computer system. Without tracking and closely monitoring key outcome measures, CPS and Department management is at a disadvantage in terms of monitoring its performance, identifying existing or potential problems, making necessary changes to improve performance, and measuring the results.

The Department is not consistent in its approach to employee evaluations. The Department should conduct formal performance evaluation at least twice during the probation period, but in 33 percent of the time fails to properly do so. In addition, the Department has an informal performance evaluation where a memo is utilized to document employee status. Based on a review of these informal evaluations, 75 percent of employees receive fewer than two of these evaluations. This demonstrates that the Child Protective Services division is not properly documenting employee evaluation.

## Recommendations

The Department of Social Services should:

- R3.1 Implement a comprehensive set of outcome-based goals and performance measures;

**Responses to R3.1: The recommendation has not yet been implemented, but will be in the future.** Outcome measures are highly technical to develop, and DSS does not have the expertise to do so. CDSS is working on developing outcome-based measures that will be used in the next set of audits. The CDSS recommended outcome measures will be sent to counties shortly and will be implemented by DSS as soon as possible. In the interim, DSS tracks those items that CDSS currently audits. We anticipate that CDSS outcome measures will be available in fiscal year 2002/03.

- R3.2 Implement performance measurement reports that can be produced from CWS/CMS to track performance measures and to determine improvements needed within the Department;

**Responses to R3.2: The recommendation has not yet been implemented, but will be implemented in the future.** Please see the response to F3.1 and R3.1. We anticipate implementation by Fiscal year 2002/03.

R3.3 Implement a policy to have the Deputy Director review all probationary evaluations;

***Responses to R3.3: The recommendation has been implemented.*** Effective 7/19/02, the Deputy Director reviews all probationary evaluations. The policy is currently being modified to reflect the change.

R3.4 Amend the employee performance evaluation process so that (a) written first year and ongoing job requirements clearly explained to new employees at a documented intake interview, (b) in-person, sit-down and documented performance evaluations are conducted every three months of employment during the probationary period using a standardized performance evaluation instrument, (c) the personnel evaluation form includes additional performance measures related to departmental goals and objectives, and (d) post-probation reviews should continue to be conducted annually.

***Responses to R3.4: The recommendation has not been implemented, but will be implemented in the future.*** The department's policy and procedure on employee evaluations is currently being revised. Each of these recommendations will be incorporated into the policy revision within approved guidelines of Human Resources, the MOU with Local One and Merit System Services. It is expected that the policy revision will be completed by November 31, 2002.

### **Costs and Benefits**

The costs of the above recommendations would be sustained in the form of staff time to develop performance measures based on outcomes and produce reports from the CWS/CMS computer system to provide data for the outcomes. An additional one-time staff cost would result in the effort to amend the employee appraisal form. The benefits of implementing the above recommendations would include data to document Department outcomes and achievements of stated goals and creation of a common vision shared by all Department staff. An improved employee evaluation system would provide consistency across the unit and provide employees with feedback on their performance.

### **Responses Required for Findings**

F3.1 through F3.4                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

### **Responses Required for Recommendations**

R3.1 through R3.4                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

## 4. Supervision

**F4.1** The Child Protective Services division (CPS) is organized into four units, with one supervisor responsible for each unit. The four supervisors report to a Program Manager who reports to the Deputy Director and Director of the Department of Social Services. The four units vary in size, number of functions and spans of control. The largest unit, the Adoptions unit, has 11.1 full-time equivalent positions, including vacancies, while the smallest unit, South Lake Tahoe, has 5.1 full-time equivalent workers. The Adoptions unit supervisor oversees adoptions social workers in Placerville and South Lake Tahoe and all CPS clerical staff in Placerville. No other supervisor oversees staff from two different functions and in two different offices.

**Response to F4.1:** *The respondent disagrees partially with the finding.* The APS supervisor supervises several programs, including APS, IHSS, and Foster Care Licensing. This position supervises staff in Placerville and South Lake Tahoe. An Accounting supervisor in Placerville supervises two staff in South Lake Tahoe.

**F4.2** There is one social worker supervisor at South Lake Tahoe but no on-site representatives of upper management. The CPS Program Manager is located in Placerville and is supposed to routinely visit the South Lake Tahoe office but this does not happen on a regular basis. An Administrative Services Officer position is assigned to the South Lake Tahoe office with responsibility for clerical staff and facility management. For social work staff at South Lake Tahoe the absence of an on-site manager results in less access to upper management on CPS issues and less opportunity to address and resolve social worker staff concerns and problems.

**Response to F4.2:** *The respondent disagrees partially with the finding.* The Administrative Services Officer (ASO), in addition to responsibility for clerical staff and facilities management, is to function as the on-site management representative. Although he does not have direct program responsibility, a large part of his role is to act as a liaison between SLT staff and the Program Managers.

**F4.3** The Department should reorganize to address imbalances in supervision levels and the gap in management presence at South Lake Tahoe by: 1) removing oversight of adoptions staff at the South Lake Tahoe office from the Adoptions supervisor in Placerville to the South Lake Tahoe CPS supervisor; 2) reclassifying the Administrative Services Officer position at South Lake Tahoe to a Program Manager, with responsibility for all program staff at that facility.

**Response to F4.3: The respondent disagrees partially with the finding.** The Supervisor in South Lake Tahoe did supervise the adoption unit in 1998, as suggested in this finding. However, when CDSS audited the program, they recommended that adoptions be supervised by someone with fewer programs to supervise.

Program managers are responsible to know the program regulations. It would be impossible for anyone, including the ASO, to be proficient in all of DSS's programs. The position was created so that any staff in South Lake Tahoe could go the ASO to bring up issues. The ASO then either attempts to resolve the issue, or brings it to the appropriate Program Manager's and/or to the Deputy Director's attention.

Child Protective Services division supervisors have a variety of responsibilities and perform an essential role in day-to-day operations of the division. As previously stated in the Introduction to this report, the Child Protective Services (CPS) division is comprised of four units: Emergency Response; Ongoing; Adoptions; and, South Lake Tahoe. Each unit has its own supervisor responsible for overseeing their unit's staff. All of the supervisors report to the CPS Program Manager.

### **Fragmentation of Supervision**

Two of the four supervisors oversee staff in a single functional area at the Placerville office. The South Lake Tahoe supervisor manages all CPS staff at that office in all CPS functional areas except adoptions. The fourth supervisor is responsible for adoptions social worker staff in Placerville and South Lake Tahoe and all CPS clerical staff in Placerville.

A review of the Department's organization and staffing charts and documents reveal differences in the assignments and number of staff reports to the supervisors of the different units. The number of social workers and office assistants the supervisors are overseeing varies substantially, and consequently, so does the volume and complexity of their workloads. To assess these differences, we used organizational charts provided for each unit to determine how many positions report to each supervisor and how many levels of staff there are in each unit. The findings are presented in Exhibit 4.1.

**Exhibit 4.1**  
**Overview of Supervision by Unit**  
**Within Child Protective Services**

<b>Unit</b>	<b>Emergency Response Supervisor</b>	<b>Ongoing Unit Supervisor</b>	<b>Adoptions Supervisor</b>	<b>South Lake Tahoe Supervisor</b>
Functions overseen	ER	Continuing	Adoptions Clerical (Placerville)	ER Continuing



# SW Staff #OA Staff	10.06	7.0	4.64 <u>6.5</u> 11.14	5.05
Location of Staff	Placerville	Placerville	Placerville South Lake Tahoe	South Lake Tahoe
Location of Supervisor	Placerville	Placerville	Placerville	South Lake Tahoe

Source: Compiled from Department of Social Services Organizational Chart and interviews with CPS staff.

As Exhibit 4.1 shows, the supervisors within CPS lack consistency in their spans of control. Based on the data provided above, CPS supervisors vary in the number of staff they supervise. The numbers supervised range from a high of 11.14 in the Adoptions unit to a low of 5.05 in South Lake Tahoe.

Further examination of Exhibit 4.1 shows there is variance not only in the number of employees supervised but also the number of functions and the number of offices where supervised staff is located. Only the Adoptions and South Lake Tahoe supervisors oversee two functions each, the other supervisors are responsible for one function each. Of all the supervisors, only the Adoptions supervisor is responsible for staff in both Placerville and South Lake Tahoe. All of the other supervisors oversee staff in a single location.

While there are many opinions and recommended standards regarding supervisor to staff ratios for child welfare agencies, in many organizations, a ratio between 6 and 15 is fairly typical. The Department is within this range though on the high side for the Emergency Response and Adoptions units. The ratios in El Dorado County are similar to those in Santa Clara County. The Emergency Response unit in Santa Clara County supervisor to staff ratio is 8, while in the Continuing unit is it 10.

Though the Emergency Response supervisor is responsible for almost as high a number of positions as the Adoptions supervisor (10.06 for Emergency Response vs. 11.14 for Adoptions), the Emergency Response supervisor oversees only one function at one location. The Adoptions Supervisor oversees two dissimilar functions in two locations.

The Adoptions supervisor must not only divide time between office assistant and social worker staff in Placerville, but she is also responsible for the adoption social workers in South Lake Tahoe. The difficulty for a supervisor of properly supervising staff performing different functions is compounded in this situation by having staff in two locations. The consequence of this structure is fragmented supervision and often a supervisor who is unavailable to provide proper guidance to the staff.

The Department has recognized the problem of having the Adoptions supervisor oversee both clerical and social worker staff. The Department is attempting to add an Office Assistant Supervisor position to provide direct supervision of clerical staff. This ongoing effort would remove office assistant supervision from the Adoptions supervisor and

lower the span of control to supervision of only 4.64 full-time equivalents of only adoption social workers.

The proximity of the supervisor to line staff has a direct and significant impact on the quality of the supervision. As defined by one study on this subject:

The supervisor is the link between the front line of services delivery and upper levels of administration. The supervisor brings the resources of the organization into action at the front line, the point of client contact. Simultaneously, the supervisor communicates information from the unit to upper management, which enables agency administrators to plan and allocate resources. The CPS supervisor has two overarching roles – building the foundation for and maintaining unit effectiveness and developing and maintaining individual staff capacity.<sup>14</sup>

The ability of CPS to achieve the goals listed above by the Department of Health and Human Services study is doubtful based on the current organizational structure. The problem with achieving the optimal goals provided above is that without direct supervision on site, it is difficult to achieve unit effectiveness. Because of the lack of proximity between Placerville and South Lake Tahoe the levels of supervision varies dramatically. While the supervisor makes a concerted effort to provide as much guidance and supervision as possible, deficiencies clearly exist in the level of supervision.

## **Critical Nature of Supervision**

As previously discussed in Section 2, the lack of supervision for After Hours cases is a significant potential liability for the Department. Additionally, supervision in general for CPS is perceived as a critical element to provide services effectively and efficiently. Supervisors must have the expertise and experience needed to provide consultation and guidance to workers in decision-making and to teach new skills to workers. The Child Welfare League of America (CWLA) wrote supervision in child protective services is critical to effective service delivery and staff and professional development<sup>15</sup>. Moreover, CWLA further wrote that competency and qualifications of supervisors is critical to assure that caseworkers provide services, engage families from a helping perspective, and follow agency policies and procedures. In short, supervision in child protective services is critical to effective service delivery and staff and professional development.

Supervisors should be able to take a step back from the daily operations of line staff and offer critical evaluations of decisions and assist staff to make a decisive decision regarding a case. Based on the survey responses from employees, CPS supervisors were

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- <sup>14</sup> Morton, Thomas and Salus, Marsha. Supervising Child Protective Services Caseworkers. United States Department of Human and Health Services. 1994.
  - <sup>15</sup> Child Welfare League of America, “CWLA Standards of Excellence for Services for Abused or Neglected Children and Their Families.” Revised Edition, 1999.

praised as a beneficial and a useful source of information. As shown in Exhibit 4.2, the survey responses are overwhelmingly favorable toward CPS supervision.

**Exhibit 4.2**  
**Survey Responses**  
**Regarding Supervision**

	<b>Disagree</b>	<b>Agree</b>
My supervisor is almost always available to help me with my work.	14.3%	85.7%
My supervisor provides useful guidance to me in my work.	5.5%	95.5%

Source: Compiled from survey responses of CPS staff.

Based on Exhibit 4.2, when the supervisor is available to provide guidance, social worker and office assistant staff feel the guidance is constructive. Furthermore, the finding that 86 percent of workers felt supervisors are always available to assist in work demonstrates that supervision is generally adequate in CPS. However, the fact that 14 percent felt that supervisors are not available demonstrates that there is some room for improvement.

As mentioned previously in Section 2, supervision can stem the potential threat of liability. The risk of liability stems from negligence resulting in an error by a staff member, or when an employee does not follow the Department's policies or procedures. Moreover, Recommendation 5.2 in Section 5 recommends the Department overhaul the policies and procedures manual, thus, creating policies and procedures which should result in more consistency. However, until that happens direct supervision is critical to ensure that staff understands current Department policies to keep the risk of litigation to a minimum.

The importance of supervision goes beyond the supervisors with direct contact over line staff. The supervision continues up the chain of command to include program managers and even the Director of the Department. The role of the Program Manager is critical to offer support and guidance to the supervisor, just as the supervisor should provide to the line staff. While the Program Manager has a visible presence in the Placerville office, that does not appear to be the case in the South Lake Tahoe office. The problem is compounded by the fact that according to the Program Manager she has not had an on-site visit to the South Lake Tahoe office since January 2002, at the time of this report some four months without an on-site visit to that office.

In the past, a full time Program Manager was assigned to oversee all programs at the South Lake Tahoe office<sup>16</sup>. This position was reportedly eliminated due to difficulties in managing the broad range of programs at that office. A position with the level of authority greater than any in the office at this time is appropriate as it would provide on site management presence and the ability to more quickly resolve program management issues. In interviews and surveys, staff at South Lake Tahoe reported weaker

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• <sup>16</sup> Besides CPS, Department Special Investigations, Income Maintenance, Employment Services, and Staff Services are also located at the South Lake Tahoe office.

communications with upper management than reported by staff in Placerville, as demonstrated by the survey responses presented in Exhibit 4.3.

**Exhibit 4.3**  
**Survey Responses**  
**Regarding Supervision**

	Agree- Placerville	Agree- South Lake Tahoe	Disagree- Placerville	Disagree- South Lake Tahoe
The CPS Manager regularly communicates with staff about Department activities and policies	87.5%	0.0%	12.5%	100.0%
Communications between the Department's top management and CPS are very good	73.3%	0.0%	26.7%	100.0%

Source: Compiled from survey responses of CPS staff.

Consistent and regular contact by the Child Protective Services Program Manager with CPS staff on a monthly basis in an open forum and meetings would provide South Lake Tahoe staff with a management representative who could respond to program issues raised by staff and resolve problems more quickly than under the current structure. Moreover, to ensure that the meetings take place and the Program Manager is holding meetings on a monthly basis, the meetings should be documented and their occurrence reported to the Board of Supervisors every 6 months and if they have not occurred, explanations for why not should be reported. This will ensure that the meetings happen on a consistent basis. Moreover, the meetings would address issues and would the Program Manager would provide consultation and problem solving authority to the South Lake Tahoe staff.

**Conclusion**

The Child Protective Services organizational structure contributes to inconsistency in the level of supervision a worker receives due to variances in the number of employees, functions and office locations overseen by CPS supervisors. Supervision is accepted as a critical element in CPS, however, the current structure is organized in such a way that some staff receives less supervision than others. The organizational units within Child Protective Services vary in size, number of functions and spans of control exercised by the supervisors. The Adoptions supervisor oversees 11.1 clerical and social worker full-time equivalent positions (FTEs) in two locations while the South Lake Tahoe supervisor oversees 5.1 FTEs in one location. This structure makes it impossible for all staff to receive a similar level of supervision and guidance. Though the CPS Program Manager is responsible for overseeing staff in both Placerville and South Lake Tahoe, the South Lake Tahoe office receives substantially less attention than the Placerville staff and irregular on-site visits.

## Recommendations

The Department of Social Services should:

- R4.1 Remove the oversight of adoptions staff at the South Lake Tahoe office from the Adoptions supervisor in Placerville to the South Lake Tahoe CPS supervisor;

***Response to R4.1*** ***The recommendation will not be implemented because it is unreasonable.*** Although the respondent believes that a program manager operating over the SLT functions would lead to better management of that location, a new director was hired as of August 15, 2002. The Director must be given time to ascertain problems and develop solutions.

In the recent past, positions have been added to the Adoptions program management/supervisory team. During the State audit, in 1998, when the South Lake Tahoe supervisor was supervising adoptions, CDSS recommended that supervision of adoptions be transferred to someone with responsibility for fewer programs. When funding became available, the position of adoptions supervisor was added.

- R4.2 Mandate that upper management representatives, the Director, Deputy Director and the Program Manager, meet separately with CPS staff at Placerville and South Lake Tahoe at least monthly in an open forum, document the meetings and report their occurrence to the Board of Supervisors every 6 months including explanations for any months when such meetings have not occurred.

***Response to R4.2:*** ***The recommendation will not be implemented because it is unreasonable.*** The Board expects department management to meet with staff as appropriate. It does not want to micromanage to the extent of receiving interdepartmental meeting reports. When it is clear that a department is not being managed appropriately, the CAO works with the Board to resolve the issue which may include discipline, up to and including termination.

The narrative of the report described the lack of consistent supervision and guidance. The new director will need to address this and implement procedures to structure an appropriate level of supervision in all locations and programs. A program manager position may be considered as stated above in R.4.1.

## Costs and Benefits

There are minimal costs associated with the restructuring of Child Protective Services based on these recommendations. Costs will be in staff time by the Program Manager to travel to the South Lake Tahoe office. Additional staff time will be necessary to complete the documentation required to provide verification of visits to the Board of Supervisors. However, on-site visitation by the Program Manager would result in improved communications between management and staff at South Lake Tahoe and improved decision making and problem resolution. Benefits of implementing the recommendations

would also include a more equal distribution of staff among CPS supervisors and greater consistency in the level of guidance and supervision provided to all employees.

**Responses Required for Findings**

F4.1 through F4.3                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

**Responses Required for Recommendations**

R4.1 through R4.2                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

## 5. Communications

F5.1 Communications with top management of the Department of Social Services is considered poor by many staff social workers and office assistants. Many staff members feel there is no forum to express their concerns and problems and to make suggestions for improvements. This is particularly true in the South Lake Tahoe office as visits and meetings with staff there by the CPS Program Manager and the Director and Deputy Director are infrequent. Regular forums with open communications between staff and managers should be employed as a mechanism for improving CPS processes and services and to improve staff morale.

***Response to F5.1: The respondent agrees with the finding.***

F5.2 The CPS policies and procedures manuals are not up to date and omit some key areas of operations such as how the CWS/CMS computer system should be used for case intake and processing. Incomplete, out of date or missing policies and procedures could lead to inconsistencies in staff approaches to case work. Most staff surveyed reported that the Department's rules and regulations are not clear or consistently enforced. The manuals are now all hard copy paper documents and could be placed on the Department's computer system for easier updating and access by all staff.

***Response to F5.2: The respondent agrees with the finding.***

F5.3 Many staff members believe that more and different types of training are needed to ensure greater consistency in approach by staff. A mentor program for new staff is one approach suggested by staff which Department management could implement on a pilot basis and assess its costs and benefits to see if it should be replicated throughout the CPS division.

***Response to F5.3: The respondent agrees with the finding.***

F5.4 The Department does not have a formal written policy or formal reporting mechanism for client and family complaints. Such a policy is needed to ensure consistency in responses to complaints and to ensure that management is kept informed of all complaints and staff responses and corrective actions.

***Response to F5.4: The respondent agrees with the finding.***

For staff and supervisors to perform in a manner that will lead to the consistent and desired outcomes for an organization, management must first clearly and accurately define policies and procedures. Second, management must communicate these policies and procedures to staff. Then, adequate resources and supports for staff to perform successfully must be provided. Finally, and most important, the organization must maintain a capacity to obtain feedback and measure and report the degree of success it has achieved in following the policies and to determine if the policies are effective. Deficiencies, in various forms, were identified in each of these elements at Child Protective Services.

## Communications

The employee survey conducted for this audit showed that many CPS employees perceive communication between management and staff as a problem. Exhibit 5.1 shows the responses from social workers and office assistants to statements regarding communications within CPS. As the Exhibit clearly shows, line staff feel there is a problem with communications in the Department, particularly with top management.

### **Exhibit 5.1** **Survey Responses Regarding Departmental Communication**

	<b>Agree</b>	<b>Disagree</b>
Communications between Department's top staff and CPS staff are very good	41.7%	58.3%
Top Management of the Department are very supportive of CPS	50.0%	50.0%
Top Management of the Department is very responsive to suggestions from staff	33.3%	66.7%
I can influence matters above me	16.7%	83.3%

Source: Audit survey of CPS social worker and office assistant staff

Only 16.7 percent of the survey respondents believe they have the ability to influence matters above them. Overall, 83.3 percent of office assistants and social workers felt they have little or no influence over Department matters. Further, 66.7 percent of the survey respondents believe that top management is not responsive to suggestions or concerns. Of greater concern is that half of all survey respondents, 50 percent, felt that Department management was not supportive in general of the Child Protective Services division and only 41.7 percent believe top management and CPS staff communications are very good. These perceptions are not conducive to high staff morale or a motivated work force.

Child Protective Services management conducts staff meetings in Placerville bi-weekly. These meetings are attended by the CPS Program Manager, supervisors and line staff. A review of staff meeting minutes demonstrated that the CPS staff meetings are primarily a forum for management to update staff on new Department developments, changes in policies and related matters. The Department Director and Deputy Director do not attend



these meetings. While CPS should be commended for its efforts to keep staff informed, the meeting minutes demonstrate that staff is not provided with an opportunity to express concerns and grievances or make suggestions for program improvements at these meetings. Department staff indicates that forums to provide such opportunities do not occur on a regular basis.

Regular staff meetings with the CPS Program Manager, supervisors and staff do not take place at the South Lake Tahoe office as they do in Placerville. The managers based in Placerville may discuss issues and concerns with South Lake Tahoe supervisors, but there is minimal, if any, group communication and feedback between the Program Manager and South Lake Tahoe line staff. Without regular contact with management, many of the South Lake Tahoe staff feels they do not have a place to air grievances, complaints or make suggestions for improvements.

One technique for improving communications between management and line staff would be to set aside time during the regularly scheduled meetings where employee concerns and suggestions can be freely expressed directly to upper management. As such, the Director of the Department and/or the Deputy Director should attend these meetings which should take place on a regular basis in both the Placerville and South Lake Tahoe offices<sup>17</sup>. It is of equal importance that top management responds to issues, concerns, and suggestions on a timely basis. Many employees expressed frustration in their written comments on the audit survey over the lack of response from management toward their suggestions for improvements made in the past. Furthermore, employees often felt when a response came from management it was long after the employee suggestion was made if a response came at all.

The Department should have strong support systems in place to provide workers with open forums to discuss and deal with dissatisfactions and frustrations, and suggestions for how to make constructive improvements. The forums should not become a series of sessions where workers continually complain about the Department but should be directed toward identifying and solving problems.

The discussion above is not meant to imply that upper management should immediately implement any and all suggestions made by staff. But the process will be perceived as meaningless if management does not respond to staff suggestions and grievances within a reasonable amount of time, even if the decision is to not implement the staff suggestion. Responses to staff suggestions should be communicated directly to employees by upper management, including the Director, through as few layers as possible. By taking timely actions to address employee concerns, even if the actions are not what employees suggested, management would demonstrate responsiveness to staff concerns. Regularly

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● <sup>17</sup> A recommendation in Section 4 calls for routine visitation by the Program Manager to South Lake Tahoe so that upper management is represented at that office and to provide a means of resolving staff concerns and issues. One of the appropriate roles of this position would be conducting staff forums as described above.

●

communicating how and why decisions have been made to staff would also help improve morale.

## **Updating the Policies and Procedures Manual**

Child Protective Services possesses extensive policies and procedures manuals that provide guidance to social workers and staff regarding Department operations. However, the manuals are lacking some key policies and procedures such as reference to the Department's CWS/CMS computer system and policies and procedures for office assistant support staff. Without documentation of all key areas of operations, the chances increase of certain activities being inconsistently applied throughout CPS.

This current state of Department policies and procedures is consistent with findings of the FY 1999-2000 El Dorado Grand Jury which reported:

The Grand Jury requested and received a copy of the El Dorado County CPS Policy and Procedures manuals. Analysis indicated that the manuals contained many outdated or undated documents, documents whose origin could not be determined, unsigned documents, and documents that referred to manual record keeping operations which had long since been replaced by computerized operations. This dilapidated state appeared to have been in existence for several years. In May, 2000, the Grand Jury observed that these manuals had been professionally updated. Further, it is noted that the Department of Social Services (DSS) has initiated other corrective actions, including initiation of periodic internal audits to ensure compliance with state requirements.

The Department disagreed with the previous Grand Jury finding wholly, stating "first, the outdated manuals were state regulations that are outdated. Second, the professionally updated manuals were prepared by DSS." However, during our review of CPS policy manuals we found that some formal statements were outdated and appeared to be produced by the Department. Many of the policies that appear outdated involve some of the most important responsibilities facing the Department and social workers such as use of CWS/CMS in processing cases.

The Department's policies and procedures regarding the overview of CPS appears to be dated 1992. The manual was written prior to the full implementation of CWS/CMS by the State. Thus, Department policies and procedures regarding the intake and screening process do not make any reference to CWS/CMS. As demonstrated in Section 2 of this report, documentation of intake processes could not always be found on CWS/CMS, indicating inconsistent application of Department policies and procedures.

As discussed below in more detail, CPS does not have formal written policies regarding client complaints. Although, management provided a detailed oral description of how the client complaint process works, without a formal written policy in place regarding how to address concerns raised against the Department, responses to complaints have the potential to be inconsistently handled. Department management acknowledges these

lapses in the policies and procedures, however, they do not feel it is necessary to rectify these deficiencies.

Clerical staff performs a vital role within CPS but currently are working without any formal policies regarding their roles and duties. According to staff, an effort is underway to complete a formal clerical policies and procedures manual but it is not yet complete. Thus, clerical staff is not provided with a training manual when new to the job and must learn their duties primarily through on-the-job training without written materials to use as references. Samples, training and written policies are particularly important for the Department's court report procedures, which are very specific and must comply with the requirements of the State Welfare and Institutions Code.

In some counties, clerical staff has specific written guidelines of their duties and responsibilities. In Los Angeles County, for example, a clerical policies and procedures manual deals with many issues similar to those faced by El Dorado County's clerical staff. For instance, Los Angeles County has specific policies and procedures regarding how to handle instances of a mail referral containing allegations of child abuse or neglect. Los Angeles County policies also include court procedures ranging from processing proof of service notices for Welfare and Institutions Code 366.26 hearings to entering Court results into CWS/CMS.

The results of the employee survey for this audit demonstrate staff concerns regarding Department policies and procedures. Exhibit 5.2 presents responses from social workers and office assistants regarding Department policies and procedures and enforcement of these procedures.

**Exhibit 5.2**  
**Survey Responses Regarding**  
**Department Rules and Regulations**

<b>Question</b>	<b>Agree</b>	<b>Disagree</b>
Department rules and regulations are clear	22%	78%
Department rules and regulations are consistently enforced	18%	82%

Source: Audit survey of CPS social worker and office assistant staff

Nearly 8 out of 10 survey respondents, or 78 percent, stated that rules and regulations in the Department are not clear. Further, 82 percent of survey respondents stated that regulations are inconsistently enforced. This demonstrates a combination of incomplete written policies and procedures and/or lack of consistent implementation.

One reason staff may feel policies and procedures are inconsistent and unclear is because the Department does not present them in a standardized format. At least three different formats are used to explain and illustrate current policies, each with different levels of information. By comparison, Los Angeles County has very formal policies and procedures regarding their entire Child Protective function all presented in a consistent format. Each policy is given a formal issue date, the employees the policy is applicable

to, associated documents, and relevant Code sections. Additionally, each policy provides a detailed description of the adopted policy and provides a step-by-step detailed description for guidance of the procedure.

For some of El Dorado County's CPS policies and procedures, the format includes subject, adoption date, revised date, reference and a detailed explanation of the policy and procedure. However, this format is the exception rather than the rule in the Department's written policies and procedures. A standardized format with the data elements listed above should be used for all procedures to provide staff with improved guidance and clarity in performing their job duties.

Improvements to Department policies and procedures should include making the manual available on-line to ensure that all staff members have access to the most up-to-date versions of all policies and procedures and that they are applied consistently throughout CPS. In written responses to the audit questionnaire, numerous staff expressed concern that each staff member did not have their own copy of the manual. An on-line version would be particularly useful for ensuring that the South Lake Tahoe staff has access to any updates or revisions to Department policies and procedures. All staff should be oriented and trained on the use of the on-line policies and procedures manual as soon as it is fully updated. When new policies or procedures are implemented, supervisors should be directed to discuss the changes with all unit staff at unit meetings rather than distributing copies to staff. That way accountability for remaining current with management approved policies and procedures would rest with the supervisor, rather than the line staff person.

## **Training**

One example of a staff concern that could be addressed through the recommended staff forums is training. Throughout the audit process of interviewing line staff, supervisors and managers, concern about training was a common theme. Without exception, those that commented on employee training indicated that training is not done on a regular basis, and/or more training is needed but, for various reasons, is not taking place. Training is necessary to ensure supervisor, social workers and office assistants have the specialized skills and knowledge required to effectively provide the functions of CPS.

Of the employees that responded to a survey conducted for this audit, 70 percent stated that not all CPS staff had received adequate training to perform their jobs. Many social workers believe that ongoing training was a key weakness in Child Protective Services. The main concern voiced by staff at all levels was that the training received by new employees of CPS was not sufficient given the complexity of the job.

In discussions, some employees suggested that a mentoring program for new employees could provide new staff with a more useful hands-on training in the various functions performed by the Department. A staff forum for exchanging ideas and considering improvements in operations would be a place to discuss ideas such as this. Department management could then consider the costs and benefits of a mentoring program or other

training enhancements and respond to staff within a specified time frame concerning whether or not the idea could be implemented. Key to management's decision should be an assessment of the costs and benefits of any proposals with benefits expressed in measurable terms such as reduced turnover, improved family outcomes, or reduced delays in processing cases.

## **Client Complaints**

The Department does not have written policies and procedures regarding complaints filed against the CPS division or its social workers. Department management reports a single procedure for responding to all complaints filed against Child Protective Services. According to management, CPS requests that grievances be formally submitted to the Department in writing. Once a complaint is received, the Program Manager reports that she and the supervisor will develop a response and, in some cases, the complaint will be investigated. When the response is finalized, it is provided to the complainant in writing. The Program Manager and the supervisor responsible for the unit determine the final outcome.

In response to a request by auditors for copies of documentation regarding complaints against any CPS social workers or CPS practices, the Department provided copies of seven complaints and all documentation prepared in response to the complaints, all of them dated from January to December 2001. The nature of the complaints against CPS included transfer of cases between two social workers, visitation complaints, placement complaints, and inadequate case plan therapy. One file contained a letter stating that the Department had failed to respond to an original complaint, sent 133 days earlier.

Several of the complaint files contained documentation of the follow-up investigation conducted by the Department in response to the initial complaint. The thoroughness of the investigation, based on the documentation provided, ranges from extremely detailed to very brief. One letter chronicles the specific details of the investigation and makes it clear the Department indeed investigated the grievance. However, the letters explaining the details of the follow-up investigation make it difficult to determine the Department's response.

The Department should document and implement a formal consistent policy regarding how CPS responds and documents formal complaints. The Department should create a centralized, computerized database detailing the grievance and the response to said complaint. The computerized database should be accessible to County Counsel staff to conduct a periodic review to determine if the Department is handling complaints properly. A regularly produced summary report, such as quarterly, should be provided to the Department Director by the CPS Program Manager reporting the date of each complaint received, date the internal response was initiated, nature of internal response (e.g., full investigation, employee discipline, etc.), and date of written response to complainant.

The Department should institute formal procedures governing when and how complaints are investigated, as follows:

- The complainant shall make a formal complaint in writing and the Program Manager and/or unit supervisor shall have initial contact with the complainant within 10 working days;
- The investigation and final decision shall be rendered by Child Protective Services within 10 working days once contact is made;
- The final decision shall be signed off by the Director of Social Services or the Deputy Director of Social Services; and
- The Department has the authority for formal disciplinary action if the investigation finds the staff violated State law or DSS policy.

A benefit of this review process and a centralized database is that CPS will have access to documentation currently unavailable to determine any trends in grievances. The review and the database could provide a mechanism to implement further policy and procedure changes to minimize the number of complaints.

## **Conclusion**

The employee survey conducted for this audit showed that communications between management and staff is not perceived positively by most Department employees. Specifically, most line staff believes upper management is unresponsive to their needs and that staff has no ability to influence matters above them within the Department. A widely held belief of CPS staff is that Department policies and procedures provide inadequate guidance for job tasks. Analysis of the Department's policies and procedures manual found that complete formal policies do not exist for some key aspects of CPS, such as grievances and clerical duties and responsibilities, and that existing policies and procedures are presented inconsistently and without key information such as the date the policy became effective. Many of the existing policies are old and outdated. Our analysis found that child removal policies were written prior to the implementation of CWS/CMS, and the manual makes no reference to the program. Many employees expressed frustration at the level of training, especially relating to clerical support and new hires.

Child Protective Services does not have written formal policies governing grievance procedures. Even where information was presented in the actions taken by the Department, the standard response or evidence of ample investigations could not be consistently documented.

## **Recommendations**

The Department of Social Services should:

- R5.1 Instigate monthly forums in Placerville and South Lake Tahoe attended by the Director and/or Deputy Director and the CPS Program Manager in which employees are encouraged to voice concerns and offer suggestions to improve CPS, which includes a drop-box where employees can anonymously offer suggestions;

***Response to R5.1: The recommendation has been implemented.*** Starting in January of this year, the Acting Deputy Director has been scheduling every other Monday as a workday in the Tahoe office. Staff is encouraged to visit and share any current concerns. This provides an opportunity for staff to meet one on one with administration to ask questions or to voice concerns. Many feel that this provides a comfortable setting for addressing issues and numerous staff have taken advantage of the process.

Additionally, the Acting Director and Acting Deputy Director have been hosting open meetings for all staff at both office locations once each month. The meetings are designed to advise staff on the current status of the department, what current priorities are, allow staff to ask specific questions and raise issues that they are concerned about. Most meetings have been well attended by staff with staff commenting on how much they like the ability to meet with administration.

The Acting Deputy Director also hosted a meeting with CPS and APS staff without the presence of Supervisors and Managers to discuss concerns they had. These were documented in a draft which staff had the opportunity to review prior to disclosing it with management. Upon approval of the draft, separate meetings with the supervisors and managers have been taking place where each of the issues is reviewed with the purpose of developing actions that address each of the employee concerns. As an example, one of the action items was that the supervisors developed an after hours list of supervisors to be available to both CPS and APS staff to provide direction and guidance. This project is still in ongoing and will continue until every issue is addressed.

Further, the Acting Director appointed one of the management staff to form a communication's committee that would design processes that provide staff with a method of identifying problems or issues to someone beyond their immediate supervisor without fear of retaliation. A locked box is being installed for staff to leave comments, with or without their names attached. Also, a comment form has been designed to be made available to both staff and clients where they can comment on how the department does business. Each of these should be completed by August 31, 2002.

- R5.2 Update, revise and finalize the Department Policies and Procedures manuals to make them complete with all policies presented in a consistent format and including the following: issue date; revision dates; end dates (if short-term policy); identification of employees to whom the policy applies; associated

documents such as samples attached; citation of relevant State laws or other regulations; and, signature of the Department Director or CPS Program Manager;

**Response to R5.2** **The recommendation has not yet been implemented, but will be in the future.** Many policies and procedures have been updated in recent months. DSS is in the process of creating policy and procedures for areas where there are none and updating the remaining out of date ones. This is an ongoing process. Regarding the CPS Policies and Procedures, our goal is identify what is needed and create a plan by November 30, 2002. Our policy calls for the signature of the Director on all agency procedures, as well as the other items recommended.

- R5.3 Make the updated version of the CPS policies and procedures manuals available to staff on-line through the Department's computer network;

**Response to R.5.3:** **The recommendation has not yet been implemented but will be implemented in the future.** The CWS/CMS computers are standardized throughout California, and nothing can be added to them without express permission of CWS/CMS state staff. DSS will inquire if a shared drive can be added to the EDC computers. If so, CPS guidelines and procedures will be available on line by November 30, 2002.

- R5.4 Implement, within Child Protective Services, a pilot mentoring program where new probationary social workers work on cases with an experienced social worker to gain knowledge of CPS policies, procedures, and organization, and assess the costs and benefits of this pilot program before replicating throughout the Division;

**Response to R5.4:** **The recommendation has been implemented.** DSS has always used a "shadowing" process for new staff prior to their assuming case carrying duties. In February of 2002, the ongoing unit of CPS began utilizing a more formalized Mentoring Program. A newly hired, probationary social worker is partnered with an experienced social worker to learn the basic policies and procedures. The new social worker "shadows" the mentor by accompanying the mentor to home visits, court hearings, and children's team meetings. The mentor also introduces the new social worker to community service providers. As the new staff becomes familiar with case management activities, they begin taking over case management services to a limited number of cases.

The mentor, along with the supervisor, also provides assistance in writing court reports and case plans. DSS is not able to assign one social worker to be a full-time mentor. The supervisor does take into account the increased workload in assignment of subsequent cases to any social worker acting as a mentor.



R5.5 Implement formal policies and procedures regarding client grievances where the complainant, social worker, supervisor and Program Manager work together to find a timely solution to the grievance;

***Response to R5.5: The recommendation has not yet been implemented, but will be implemented in the future.*** By November 30, 2002, DSS will develop a written, formal client grievance policy and procedure, with guidelines designating who is responsible to respond to the grievance, and within what timelines.

R5.6 Implement a computerized database which details the grievance, date the grievance was filed, and the Department response to the grievance. This database should be accessible to County Counsel for periodic review and summarized and reported to the Department Director quarterly.

***Response to R5.6: The recommendation has not yet been implemented, but will be implemented in the future.*** By November 30, 2002, DSS will develop a spreadsheet to track the date the grievance was filed and the department response. The Director will receive copies quarterly.

### ***Costs and Benefits***

The costs of the recommendations would include staff time for the Director, Deputy Director and Program Manager to attend monthly staff forums and for staff to update and complete the division's policies and procedures manuals. Installing the manual on-line using the Department's computer network can be done at very low cost. The costs in staff time of a full mentoring program could be substantial. However, the recommendation is for a pilot program with low initial costs to provide management an opportunity to determine if the quantifiable benefits of the program outweigh the costs before it is replicated throughout the division. Implementation of the recommendations would also provide the Child Protective Services with better documentation of complaints filed by clients and families and would ensure consistency and that proper investigations and responses are provided by the Department

### **Responses Required for Findings**

F5.1 through F5.4                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

### **Responses Required for Recommendations**

R5.1 through R5.6                      El Dorado County Department of Social Services  
El Dorado County Board of Supervisors

## **SPECIAL DISTRICTS COMMITTEE**

### ***Cameron Estates Community Services District***

Citizen Complaint #01/02-C-003

**The respondent will reply to the presiding judge. When the County receives a copy of the response, it will be made available at the Clerk of the Board of Supervisors Office.**

#### **Reason for the Report**

A complaint was received which alleged mismanagement of the affairs of the Cameron Estates Community Services District (CECSD) by its past and present Board of Directors. Additionally, the complaint alleged violations of the Brown Act, County Ordinance 4159 (Bidding Procedures), and Government Code §61240 (Appointment of Manager and Secretary). The complainant requested that the Grand Jury dissolve the District in favor of a Zone of Benefit.

“The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.”

Quote from the Ralph M. Brown Act

#### **Scope of the Investigation**

The 2001/2002 El Dorado County Grand Jury carried out a significant investigation into the allegations of the complaint. Members of the Grand Jury attended a district meeting and met with the present Board of Directors and District Secretary.

The following documents were reviewed:

- Complaint #01/02-C-003 to the El Dorado County Grand Jury, and associated information including a document entitled “History of Cameron Estates,”  
20 complaint items, and 89 supporting exhibits;
- Ralph M. Brown Act, California Government Code §§54950-54962, as amended;
- California Government Code §§ 61240, 61241, 61242, 61244 (Community Services District Law);

- Inventory of Local Agencies, prepared by Local Agency Formation Commission (LAFCO), May 2001; and
- Documents from the California Special Districts Association's web site. ([www.csda.net](http://www.csda.net))

## **Findings**

F1: Empowered services of the District are road and easement maintenance, definition of riding trails, CC&R enforcement, architectural control, water, fire and police protection, public recreation and parks. Currently provided services are road maintenance and CC&R enforcement.

### ***Response to F1:***

F2: On August 16, 2001, members of the Grand Jury attended a district meeting where a violation of the provisions of the Brown Act pertaining to closed sessions was observed. The closed session was not properly noticed or agendized. There was no report out following the session.

### ***Response to F2:***

F3: The California Special Districts Association, a statewide organization, offers continuing education to all members of special districts boards.

### ***Response to F3:***

F4: Based upon investigation of Board of Directors agenda and meeting minutes, nothing irregular was found regarding the District's roadwork bidding or awarding process.

### ***Response to F4:***

F5: The District is in violation of California Government Code § 61240(a), in that a General Manager has not been appointed. A District Secretary, however, has been appointed in compliance with California Government Code § 61240(b).

### ***Response to F5:***

F6: The complaint alleges misappropriation of funds by the District. The District “donated” \$300 to the church where District meetings are held. The Board considered that expenditure to be an administrative cost in lieu of rent. Additionally \$100 was spent on a combination community picnic and District meeting. Neither of these incidents constituted a misappropriation of funds.

***Response to F6:***

F7: The Grand Jury has no jurisdiction to dissolve an existing Community Services District, as requested by the complainant.

***Response to F7:***

F8: The remaining complaint items are old and the Grand Jury chose not to address them.

***Response to F8:***

**Recommendations**

R1: Cameron Estates Community Services District should refrain from referring to payments for the use of church premises as “donations”.

***Response to R1:***

R2: The CECSD should join the California Special Districts Association and avail itself of the education provided by that organization about how to legally and effectively administer the business of the District. The cost of membership should be considered a necessary administrative expense. The web address is [www.csda.net](http://www.csda.net).

***Response to R2:***

**Responses Required for Findings**

F1 through F8           CECSD Board of Directors

**Responses Required for Recommendations**

R1 and R2               CECSD Board of Directors

## **SPECIAL DISTRICTS COMMITTEE**

### ***Golden West Community Services District***

Citizen Complaints #01/02-C-020 and #01/02-C-024

**The respondent will reply to the presiding judge. When the County receives a copy of the response, it will be made available at the Clerk of the Board of Supervisors Office.**

#### **Reason for the Report**

Complaint #01/02-C-020 and Complaint #01/02-C-024 charge that the Golden West Community Services District (GWCS D) Board of Directors violated the Ralph M. Brown Act and other provisions of California law. There are also allegations that the GWCS D Board of Directors cannot reach agreement on action to repair roads within the district.

“The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.”

Quote from the Ralph M. Brown Act.

#### **Scope of the Investigation**

The following documents were reviewed:

- Complaints #01/02-C-020 and #01/02-C-024 to the El Dorado County Grand Jury;
- Ralph M. Brown Act, California Government Code §§54950-54962, as amended;
- California Government Code §6253 (Public Records Act);
- California Government Code §§61240, 61241, 61242, 61244 (Community Services District Law);
- Inventory of Local Agencies, prepared by Local Agency Formation Commission (LAFCO), May 2001;
- Board of Supervisors Resolution No. 324-83;
- LAFCO Resolution No. L-83-43;
- Chapter 1: Rules and Procedures of the Board of Directors of the Golden West Community Services District (two different copies - no dates of adoption given);

- Ordinance No.1, Chapter 1, GWCSO Road Encroachment Ordinance, revised and adopted February 11, 1999;
- GWCSO Road Policy;
- Agenda and minutes of meetings of the GWCSO Board of Directors; and
- Documents from the California Special Districts Association’s website. (www.csda.net)

The following persons were interviewed:

- Members of the present GWCSO Board of Directors;
- Members of the past GWCSO Board of Directors; and
- Residents of the GWCSO.

**Findings**

F1: The GWCSO was established November 3, 1983 for the following purpose:

“Opening, widening, extending, straightening, and surfacing, in whole or part, of any street in such district as authorized in subdivision (j) of section 61600 of Government Code and the construction and improvement of bridges, culverts, curbs, gutters, drains and works incidental to the purposes set forth in subdivision (j) as authorized in subdivision (k) of 61600 of the Government Code.”

***Response to F1:***

F2: According to LAFCO records, GWCSO bylaws were adopted in 1992. The GWCSO Board President was unable to locate or produce a copy of any bylaws for a long time.

***Response to F2:***

F3: Finally, the President of GWCSO supplied two different versions of “Rules and Procedures” with three different times and locations of regular designated meetings. Both of those documents were not consistent with a verbally noticed time and location announced at a January 12, 2002 general community meeting.

***Response to F3:***

F4: Neither version of the “Rules and Procedures” shows an adoption date and have no distinction of which has precedence.

**Response to F4:**

F5: A five-member Board of Directors elected by the residents of the District for four-year periods governs the GWCSO. The terms of office are staggered every two years to provide continuity of the Board. The last contested District election with names on the ballot was held November 1993.

**Response to F5:**

F6: When District positions are scheduled for election, the Elections Department sends a notice to the District, at its current address, and to the local newspaper for publication of the positions which are scheduled for election. It is the District’s responsibility to post notice of the positions to be filled in a public, regularly known, location within the District.

**Response to F6:**

F7: In the November 2001 election, the two members who remained on the board prior to the District’s loss of a quorum ran for four-year terms. The other members, who had been most recently appointed, ran for two-year terms. Because no sixth person ran, no names were listed on the ballot.

**Response to F7:**

F8: Annual District assessments are \$120.00 per developed or undeveloped parcel. This amount has not been increased since the District was formed.

**Response to F8:**

F9: The District is under-funded. This lack of funds results in an inability to maintain the roads. That inability creates dissension among Board members and District residents.



***Response to F9:***

F10: For the last two or three years, GWCSO Board members apparently did not have or reference copies of the Brown Act. They demonstrated little apparent knowledge of its scope, content or application.

***Response to F10:***

F11: The California Special Districts Associations, a statewide organization, offers continuing education to all members of special districts boards.

***Response to F11:***

F12: In May 2001, three members of the GWCSO Board resigned, leaving the Board without a quorum. A majority of the authorized number of directors is required for a quorum. The Board must have a quorum to conduct the business of the District.

***Response to F12:***

F13: At an informational community-wide meeting on June 9, 2001, the President of the Board of Directors (the only Board member present) announced the existence of a Road Advisory Committee consisting of four members. At least two of those members were not told of, and were unaware of, their membership on this Committee.

***Response to F13:***

F14: By July 26, 2001, composition of the GWCSO Board of Directors was returned to five members. To provide a quorum, one member was appointed by the Board of Supervisors. Subsequently, the GWCSO Board of Directors appointed two additional members.

***Response to F14:***

F15: On September 14, 2001, a District resident submitted a letter to the Board, pursuant to California Government Code §54960.1(b), demanding that the Board cure or correct various actions which the Board had committed in violation of the Brown Act.

***Response to F15:***

F16: Pursuant to California Government Code §54960.1(c)(2), the letter also demanded (i) that the cure or correction be accomplished within 30 days, (ii) that the Board inform the demanding party in writing of its corrective action or of its decision not to cure or correct the challenged actions, and (iii) to be informed as to what actions would be taken by the Board to assure that it would comply with the Brown Act in the future. The Board did not respond to the demanding party.

***Response to F16:***

F17: On December 5, 2001, the same District resident made a second letter of demand requesting certain GWCS D documents. A number of requested documents were never received by the demanding party. This constituted a violation of the California Public Records Act.

***Response to F17:***

F18: On December 10, 2001, another district resident made a demand, for the fourth time, for GWCS D documents that were not previously provided. This constituted a violation of the California Public Records Act.

***Response to F18:***

F19: Two Grand Jury members attended a GWCS D Board meeting on March 14, 2002. The meeting was generally conducted in accordance with the Brown Act. Agenda item 6C was presented by the Road Manager for general public discussion, but it was neither acted upon nor continued. Also, a motion to officially close the meeting was never made.

***Response to F19:***

F20: A second incident of resignation occurred in March 2002. Three members of the Board of Directors resigned, leaving the GWCSO Board bereft of a quorum for the second time within a year. As of the end of April 2002 there were still only two Board members. The remaining Board members were informed by the Department of Elections that any business conducted by the remaining Directors will be a violation of the Brown Act.

***Response to F20:***

F21: The GWCSO Board of Directors has had a Phase 1 road maintenance plan under consideration for over a year. Lack of understanding, poor communication and personal bad feelings have resulted in lack of action on a road bid package during the term of the current Board President.

***Response to F21:***

F22: Confusion and unrest regarding a schedule for road maintenance has existed within the GWCSO Board of Directors for two years. As a result, little roadwork has been done. This is attributed primarily to the unyielding and contentious attitude of the current Board President.

***Response to F22:***

F23: The current President of the GWCSO has violated many provisions of the Brown Act, subjecting the District to possible legal consequences.

***Response to F23:***

F24: Special GWCSO Board meetings have been held at various Board members' homes rather than in public places, with little prior notice and during normal business hours. This practice has made it difficult and uncomfortable for District residents to attend, and has effectively circumvented the intent of the Brown Act.

***Response to F24:***

F25: The GWCSO does not publish a directory for residents of the District.

***Response to F25:***

F26: The GWCSO does not publish a District newsletter of any kind.

***Response to F26:***

F27: In violation of California Government Code §61240, the GWCSO has neither a General Manager nor a Secretary who are not members of the Board.

***Response to F27:***

F28: Unless and until a quorum is established, any business conducted by the District would be in violation of the Brown Act. Notwithstanding that fact, however, the two remaining board members are continuing to do business and act upon road repair issues without a quorum.

***Response to F28:***

### **Recommendations**

Many of the Grand Jury's following suggestions and recommendations to the GWCSO Board should be implemented only after the District's residents have elected a new Board of Directors or a Board quorum has otherwise been established.

R1: The GWCSO residents should file a request with the El Dorado County Elections Office for an election of a new Board of Directors.

***Response to R1:***

R2: In order to improve District relations and communications, the GWCSO Board of Directors should publish a newsletter on a regular schedule.

***Response to R2:***

R3: The GWCSO Board of Directors should provide an annual District directory to all GWCSO residents.

***Response to R3:***

R4: The GWCSO Board of Directors should become educated on all provisions of the Brown Act and should comply with them.

***Response to R4:***

R5: The GWCSO Board of Directors should take necessary steps to become more accomplished in the procedures for conducting meetings.

***Response to R5:***

R6: The GWCSO Board of Directors and residents should consider increasing District assessments to meet increasing costs.

***Response to R6:***

R7: The GWCSO Board of Directors and residents should contact the El Dorado County Elections Department to initiate a ballot by mail. The cost of this process is considerably less than a general ballot election.

***Response to R7:***

R8: The GWCSO Board of Directors should promptly respond to requests made by residents for information.

***Response to R8:***

R9: The GWCSO Board of Directors should adopt and/or revise a set of District bylaws and should make them available to residents of the District.

***Response to R9:***

R10: The GWCSO Board of Directors should conduct all meetings, properly noticed, at a public meeting place.

***Response to R10:***

R11: To comply with California Government Code §61240, the GWCSO Board of Directors should take action to incorporate the positions of General Manager and Secretary into their operating structure.

***Response to R11:***

R12: The GWCSO should join the California Special Districts Association and avail itself of the education provided by that organization about how to legally and effectively administer the business of the District. The cost of membership should be considered a necessary administrative expense. The web address is [www.csda.net](http://www.csda.net).

***Response to R12:***

R13: In light of the continuing activities by the two remaining GWCSO Board of Directors, the Grand Jury strongly recommends that the El Dorado County District Attorney investigate and consider prosecution of violations of the law by the GWCSO Board of Directors.

***Response to R13:***

**Responses Required for Findings**

F1 through F28

GWCS D Board of Directors

F13, F15 through F20, F23, F24, F27 and F28

El Dorado County District Attorney

**Responses Required for Recommendations**

R2 through R12

GWCS D Board of Directors

R13

El Dorado County District Attorney

## Appendix A

### *Instructions to Respondents*

As specified by the California Penal Code, the Final Report of this Grand Jury contains a series of reports on individual investigations and reviews conducted during the Grand Jury's term of office.

Each report of an individual investigation or review contains Findings and Recommendations made by this Grand Jury and names Respondent(s).

Section 933 (c) and (d) of the Penal Code specifies that each Respondent named in this Final Report must respond to the Presiding Judge of the Superior Court for each Finding and each Recommendation pertaining to matters under the Respondent's control.

Presiding Judge Suzanne M. Kingsbury of the El Dorado County Superior Court has directed this Grand Jury to inform each Respondent to forward a written response as specified in Sections 933 and 933.05 of the Penal Code to:

**Hon. Eddie T. Keller  
Supervising Grand Jury Judge  
El Dorado County Superior Court  
495 Main Street  
Placerville, Ca 95667**

The written response of each named Respondent will be reprinted in a publication to the citizens of El Dorado County. Each Respondent must organize the written response as follows:

The [*Respondent's Official Title*] responds to the Final Report of the 2001-2002 El Dorado County Grand Jury as follows:

[List Title of Individual Report]

Finding # [*Retype Text of Finding as written in Final Report*]

Response: [*Review California Penal Code Section 933.05 (a) (1) and (2). Respondent must specify with one of three options - a) Respondent agrees with finding, b) Respondent disagrees wholly with finding, or c) Respondent disagrees partially with finding. If Respondent uses options b or c then the Respondent shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.*]



Recommendation # [*Retype Text of Recommendation as written in Final Report*]

Response: [*Review California Penal Code Section 933.05 (b) (1) - (4). Respondent must specify with one of four options - a) recommendation has been implemented with a summary regarding the implemented action, b) recommendation has not been implemented but will be implemented noting a timeframe for implementation, c) recommendation requires further analysis or study, noting a timeframe not to exceed 6 months from date Final Report was issued, d) recommendation will not be implemented because it is not warranted or reasonable, with an explanation therefor.*]

Respondent must use the above formats for each separate finding and recommendation, which the Grand Jury's Final Report identifies to the Respondent.

The California Penal Code provides specific legal requirements on each Respondent named in the Grand Jury's Final Report. Applicable Penal Code Sections for responding are reprinted below for reference.

#### CALIFORNIA PENAL CODE SECTION 933 (c) and (d)

933 (c) No later than 90 days after the Grand Jury submits a final report on the operations of any public agency subject to its reviewing authority, the governing body of the public agency shall comment to the Presiding Judge of the Superior Court on the findings and recommendations pertaining to matters under the control of the governing body, and every elected county officer or agency head for which the Grand Jury has responsibility pursuant to Section 914.1 shall comment within sixty days to the Presiding Judge of the Superior Court, with an information copy sent to the Board of Supervisors, on the findings and recommendations pertaining to matters under the control of the county officer or agency head and any agency or agencies which that officer or agency head supervises or controls. In any city and county, the mayor shall also comment on the findings and recommendations. All of these comments and reports shall forthwith be submitted to the Presiding Judge of the Superior Court who impaneled the Grand Jury. A copy of all responses to the Grand Jury reports shall be placed on file with the clerk of the public agency and the office of the county clerk, or the mayor when applicable, and shall remain on file in those offices. One copy shall be placed on file with the applicable Grand Jury Final Report by, and in the control of the currently impaneled Grand Jury, where it shall be maintained for a minimum of five years.

(d) As used in this section, "agency" includes a department.

#### CALIFORNIA PENAL CODE SECTION 933.05 (a), (b), (c)

933.05(a) For purposes of subdivision (b) of Section 933, as to each Grand Jury finding, the responding person or entity shall indicate one of the following:

- (1) The respondent agrees with the finding.
- (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

(b) For purposes of subdivision (b) of Section 933, as to each Grand Jury recommendation, the responding person or entity shall report on the following actions:

- (1) The recommendation has been implemented, with a summary regarding the implemented action.
- (2) The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.
- (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of the publication of the Grand Jury Final Report.
- (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.

(c) However, if a finding or recommendation of the Grand Jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or Department Head and the Board of Supervisors shall respond if requested by the Grand Jury, but the response of the Board of Supervisors shall address only those budgetary or personnel matters over which it has some decision making authority. The response of the elected agency or Department Head shall address all aspects of the findings or recommendations affecting his or her agency or department.

## **ATTACHMENTS**