



County of Orange  
California

Thomas G. Mauk  
County Executive Officer

August 14, 2007

Honorable Nancy Wieben Stock  
Presiding Judge of the Superior Court of California  
700 Civic Center Drive West  
Santa Ana, CA 92702

Subject: Response to Orange County Grand Jury Report, "Orangewood  
Children's Home: Overstaffed and Underutilized?"

Dear Judge Stock:

Per your request, and in accordance with Penal Code 933, enclosed please find the County of Orange response to the subject report as approved by the Board of Supervisors. If you have any questions, please contact Theresa Stanberry at (714) 834-3727 in the County Executive Office who will either assist you or direct you to the appropriate individual.

Very truly yours,

Thomas G. Mauk  
County Executive Officer

Enclosure

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**2006-07 Grand Jury Report**  
**“Orangewood Children’s Home: Overstaffed and Underutilized?”**  
**Response to Findings and Recommendations**

**Responses to Findings**

F-1 **Staffing:** Despite the decline in the Orangewood Children’s Home (OCH) population, OCH still maintains a staff of over 300 SSA employees.

*Response: Agree with finding.*

F-2 **Staff to Child Ratio:** The staffing ratio to children at OCH is far more generous than is mandated by California law.

*Response: Disagree wholly with finding.*

OCH’s current staff to child ratio is necessary and not considered generous. OCH’s staffing ratio is commensurate to ensure the health and safety of the high-risk children it serves. Assembly Bill 1197 and Title 22, Section 6, Chapter 5, Paragraph 84265.5 mandates OCH to have a staff to child ratio of 1:3 for children ages two days to six years. For children seven to 19 years of age, OCH’s staff to child ratio is 1:6 during school hours and 1:4 during non-school hours. Severely emotionally disturbed children that have a Rate Classification Level (RCL) 14 are required to have a staff to child ratio of 1:2. In addition, approximately 20-25% of the children require a staff to child ratio of 1:1 or 2:1 due to suicidal ideations, aggressive behaviors, and mental health issues. On occasion, OCH must hold children pending placement in a locked psychiatric facility and these children often require a staff to child ratio of 1:1 or higher.

California Department of Social Services (CDSS) Community Care Licensing (CCL) requires a staff to child ratio that is consistent with the CDSS CCL Group Home Regulations, which is 1:10 from 7:00 a.m. to 10:00 p.m. (Section 84065.5). This staff to child ratio is for facilities that generally provide group home care or childcare services to typical children living in the community and attending public school. OCH, although licensed as a group home facility, also functions as an emergency shelter. These standards are not appropriate for OCH, which provides supervision and services 24 hours per day, seven days a week. OCH cannot refuse placement of any child, including those requiring a significant amount of supervision and services. These children arrive at OCH unplanned, with no notice, in crisis and with a vast array of medical and behavioral issues. Staff must nurture and assist them with their emotional adjustment. When appropriate supervision exists, staff achieve greater success in addressing individual children’s needs; staff are better able to de-escalate an agitated child. The 24% decrease from 2002 to 2006 in the number of incidents requiring staff to physically escort or restrain children and the 38% decrease from 2002 to 2006 in the number of children sent to psychiatric hospitals illustrates the staff’s accomplishments. The CCL staff to child ratio standards is unacceptable for OCH, as it would decrease supervision, place children and staff at risk, and increase liability for the County. Therefore, SSA does not agree that staffing to child ratios at OCH are generous, but are necessary to meet the needs of the children.

F-3 **Orangewood Children's Home Population:** OCH has a very small population of children.

*Response: Disagree partially with finding.*

OCH currently operates at approximately 50% of full capacity; however, this decrease in population is by design. SSA considers it a great success. In accordance with Federal (Adoptions and Safe Families Act, 1997) and State (Assembly Bill 636, 2001) legislation mandates, CFS continues to work diligently to maintain children in their homes or to place them in family-like settings. This significantly reduces the population at OCH; however, OCH's average daily population for fiscal year 2006/2007 was 106. The highest daily population for fiscal year 2006/2007 was 135. While great improvements have been made, CFS' ultimate goal is to reduce OCH's population to fewer than 60 children.

F-4 **HCA's Labor Burden:** The labor burden of Health Care Agency (HCA) employees working at OCH is approximately 30% of wages, and the indirect costs applied amount to another 23% of total wages plus burden.

*HCA Response: Agree with finding.*

F-5 **Placement of Seriously Emotionally Disturbed Children:** Social Services Agency (SSA) management appears reluctant to place seriously emotionally disturbed children, in a timely manner, in facilities that meet their unique needs.

*Response: Disagree wholly with finding.*

This finding is totally without merit and cannot be supported by the facts. CFS is very successful in placing seriously emotionally disturbed children into the least restrictive, safe environment within the shortest possible time, subject to available facilities/services to meet the specific needs of each child. CFS collaborates closely with HCA Behavioral Health to provide additional support services, such as Wraparound and Multi-Treatment Foster Homes. Since 2002, the average stay for a child at OCH has declined approximately 40%. In addition, CFS conducts Relative Assessments to expedite placements.

SSA's goal is to place children in the most appropriate and permanent setting, while attempting to safely maintain connections with family, significant persons in the children's lives, and the community. The State and Federal governments have determined that it is not in the best interest of a child to have multiple placements. Through the AB 636 Outcome Measures, the State oversees our progress in meeting the requirement that youth do not have more than two placements in the first year in out-of-home care. Therefore, in an effort to decrease the number of placements a child experiences and to reduce trauma to the child, CFS thoroughly assesses and looks for the most permanent, appropriate placement to meet each child's individual needs at the time of placement.

SSA's Placement Coordination Program and Multi-Treatment Transitional Services Program assess emotionally disturbed children on a continuous basis and attempts to match them with placement resources that meet their needs. These children typically fall within the RCL 12 to 14 range, meaning they require the highest level of care outside of a locked psychiatric facility. Resources for this level of care are limited. Currently, only three six-bed facilities operate in

Orange County that meet the needs of severely emotionally disturbed children. However, the three facilities operate at or near 100% occupancy and have age restrictions so not all children are eligible. There are no RCL 14 facilities in Orange County for children ages 13 to 18 that focus strictly on behavioral disorders.

F-6 **Performance Audit:** OCH has not had an operational performance audit recently.

***Response: Agree with finding.***

While it is unclear what the Grand Jury means by “recently,” there are ongoing external audits conducted on the daily operations of OCH. OCH received its license as a group home on July 31, 2001. The licensing process required submission of a program statement and an audit/inspection by CDSS’ CCL Division. The audit/inspection looked at building and grounds, personnel/records, training, and program operations. CCL also conducts an annual audit of these areas for operational compliance and license renewal; however, the audit for 2007 has not been conducted as of the date of these responses.

Additional external audits/inspections of OCH are as follows:

- Orange County Juvenile Justice Commission conducts two annual audits, one announced and one unannounced.
- Orange County HCA/Environmental Health conducts one annual inspection.
- California Department of Education conducts an inspection every five years on compliance with State and Federal guidelines for State and Federal school lunch programs.
- Orange County Fire Authority conducts an annual inspection.
- Orange County Auditor-Controller annually audits the petty cash fund.

### **Response to Recommendations**

R-1 **Staff to Child Ratio:** SSA should consider reducing staffing levels at OCH bringing staff to child ratios more in-line with the requirements set forth in Title 22 of the California Code of regulations. (Findings F-1 and F-2)

***Response: This recommendation will not be implemented because it is not warranted.***

All direct service and ancillary staff are critical to operate OCH successfully. It is necessary to maintain a higher staff to child ratio than the minimum CCL requirement of 1:10. Although State mandates for staffing levels were established for all agencies that care for children (such as daycare facilities), OCH is not a typical group home or childcare/daycare facility. OCH is an emergency shelter that provides services to high-risk and high-needs children 24 hours per day, seven days a week. OCH is staffed to meet the needs of the unique and diverse population it serves, including infants, medically fragile children, children entering the dependency system for the first time, and seriously emotionally disturbed children. OCH houses vulnerable children who have suffered tremendous abuse and neglect and they require and deserve the highest level of care and services.

OCH's staff to child ratio is 1:6 during school hours, 1:4 during non-school hours, and 1:3 for children ages two days to six years of age. Severely emotionally disturbed children require a ratio equivalent to the RCL 14 requirement of 1:2. In addition, approximately 20-25% of the children entering OCH exhibit aggressive behaviors with frequent outbursts or suicidal ideations, therefore, requiring 1:1 or 2:1 supervision.

OCH's current staffing pattern accommodates the number of children admitted, the various ages of the children, and the severity of their problems, all of which fluctuate day-to-day.

R-2 **Alternative Uses of OCH:** If the current philosophy of swift placement of children in familial or group homes remains in place, then other uses of OCH should be seriously examined. (Finding F-4)

*Response: The recommendation has been implemented.*

Several years ago, SSA initiated a re-use plan for OCH. In September 2005, William G. Steiner of Hebrock Steiner McLaughlin, in collaboration with members of the Orange County Juvenile Court, the Orange County Juvenile Justice Commission, Children and Families Commission of Orange County, Orangewood Children's Foundation, OCH management, and other SSA staff completed a re-use plan for OCH. As a result, the following five recommendations have been implemented:

- OCH uses the Intermediate Girls Cottage as an overflow cottage to accommodate population peaks.
- OCH developed an Early Childhood System of Care Program, which includes five Public Health Nurses.
- OCH relocated CFS Diversion and Placement staff to OCH.
- The span of control for OCH's Administrator was reduced.
- CFS Emergency Response staff's involvement in the OCH admissions process has been increased through the implementation of the Field Response Protocol.

R-3 **Privatization of Services:** SSA should explore the possibility of privatizing some OCH services, such as medical services or group counselors, in order to reduce overhead costs. (Finding F-4)

*Response: The recommendation has been implemented.*

SSA already utilizes private medical care facilities, such as UCI Medical Center, St. Josephs, and CHOC, when necessary. Generally, medical services at OCH are provided by HCA and are shared with Juvenile Hall. Registered Nurses conduct initial evaluations, which lower the cost because SSA pays only for time medical services are actually provided at OCH. Medical services must be available on-site, 24 hours per day, seven days a week. Historically, it has proved difficult to obtain a private medical provider that can accommodate this need and respond in a timely manner.

SSA also budgets approximately \$15 million per year in contracts with 33 private group homes that use group counselors. Approximately 30% of the children at OCH were already receiving services from group counselors in a private sector group home. The group home was unable to

meet the needs of the child and returned the child to OCH, refusing to continue to provide services. SSA has jurisdiction and ultimate responsibility for the safety and well-being of these children, as well as, accountability to the families, community, and the juvenile court. OCH cannot refuse placement of any child, including those requiring a significant amount of supervision and services, whose needs could not be met by a private provider.

- R-4 **Placement of Seriously Emotionally Disturbed Children:** SSA management should be more assertive and creative in quickly placing seriously emotionally disturbed children in facilities that are better equipped to handle these dependents. (Finding F-5)

**Response:** This recommendation has been implemented.

OCH has had case staffing meetings and weekly population management meetings for years; however, effective December 6, 2006, OCH implemented a "best practices" procedure to have weekly case staffing meetings to assess the needs of this population, discuss placement options, and match each child based on his or her individual need(s) with available resources. As previously noted, the State and Federal governments have determined that it is not in the best interest of a child to have multiple placements. Through the AB 636 Outcome Measures, the State oversees SSA's progress in meeting the requirement that youth do not have more than two placements in the first year in out-of-home care. This is a mandated performance standard, and it significantly impacts the quality of life for children involved. Therefore, SSA initially strives to place children in appropriate facilities, which requires a thorough assessment to determine each child's individual and special needs so he or she can be placed in the most permanent placement.

Orange County was one of the first counties in California to fully implement Wraparound and Multi-Treatment Foster Homes; both programs emphasize providing the resources necessary to place children in family-like settings. These programs have a 70% success rate, and recently Wraparound accepted its 1,000<sup>th</sup> referral. SSA's placement staff also works collaboratively with Orange County HCA Behavioral Health and Orange County Regional Center to maximize utilization of the 18 beds in Orange County designated to provide care to severely emotionally disturbed children. However, group home beds for severely emotionally disturbed children are usually occupied at a rate of 98-100 % and many have age restrictions. There are no RCL 14 facilities in Orange County for children ages 13 to 18 that focus strictly on behavioral disorders.

- R-5 **Performance Audit:** OCH should have an operational performance audit. (Finding F-6)

**Response:** This recommendation has been implemented.

See Finding #6, above.