ATTACHMENT II

**Department Name**

**Risk Management Plan: FY 2024-25**

This Risk Management Plan describes risks, trends, and mitigation measures planned to address these issues. Risk issues are identified through evaluations of business operations and review of claim trends.

Note: This document replaces the RECAP and the Departmental Risk Management Overview issued for presentations to Board Deputies.

**APPROVALS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Risk Management Coordinator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Department Head Signature Date

**Overview of Department Risk Management Program**

*Insert a brief description of the department’s hazards/exposures and its risk management program (use as much space as necessary).*

|  |  |
| --- | --- |
|  | Name |
| Risk Management Coordinator: |  |
| Safety Officer/Coordinator: |  |
| Return-to-Work Coordinator: |  |

Risk Issues, Plans, and Mitigation Measures

|  |
| --- |
| RISK MANAGEMENT ISSUE #1 *(sample)* |
| Issue: Liability arising from the use of vehicles. |
| Risk Management Plan/Mitigation Measure:* Implement a Department of Motor Vehicles (DMV) Employer Pull Notice Program where DMV notifies department when there is a change in a Driver’s License status.
* Implement a standardized process for handling mileage permittee property damage claims, including a step-by-step checklist on how to evaluate such claims.
 |
| Responsible Party: |
| Completion Date: |
| RISK MANAGEMENT ISSUE #2 *(sample)* |
| Issue: The need to augment existing risk management efforts through training and reviewing departmental policies and procedures. |
| Risk Management Plan/Mitigation Measure:* Develop and provide training sessions on employment practices liability or other subject(s) to provide refresher training for managers, supervisors, and other employees.
 |
| Responsible Party: |
| Completion Date: |
| *Add additional space if more issues are being reported* |

Statistical Information (\*\*\* data to be provided when available)

|  |
| --- |
| **Claim Performance** (data provided by CEO; see footnotes) |
| **Measure** | **FY 2021-22** | **FY 2022-23** | **FY 2023-24** | **3-Year****Average** |
| **WORKERS’ COMPENSATION** |  |  |  |  |
| 1. Number of Workers’ Compensation claims filed during the period
 |  |  |  |  |
| 1. Number of employees as of **June 30**
 |  |  |  |  |
| 1. Workers’ Compensation Claim Report Rate (number of claims reported per 100 employees) for the period
 |  |  |  |  |
| Benchmark: Countywide Average Workers’ Compensation Claim Report Rate (all departments) |  |  |  |  |
| Benchmark: Countywide Average Workers’ Compensation Claim Report Rate (all departments, excluding Fire, Probation, Sheriff) |  |  |  |  |
| Benchmark: Countywide Average Workers’ Compensation Claim Report Rate (Fire, Probation, Sheriff only) |  |  |  |  |
| 1. Workers’ Compensation expense paid during the period (including final accounting of allocated and unallocated expenses)
 |   |  |  |  |
| 1. Workers’ Compensation Expense Rate (expenses paid per current employee) for the period
 |  |  |  |  |
| Benchmark: Countywide Average Workers’ Compensation Expense Rate (all departments) |  |  |  |  |
| Benchmark: Countywide Average Workers’ Compensation Expense Rate (all departments, excluding Fire, Probation, Sheriff) |  |  |  |  |
| Benchmark: Countywide Average Workers’ Compensation Expense Rate (Fire, Probation, Sheriff only) |  |  |  |  |
| 1. Salary Continuation and Labor Code 4850 paid during the period (100%IA, 70%IA, MegaIA)
 |  |  |  |  |
| **AUTOMOBILE LIABILITY** |  |  |  |  |
| 1. Number of Automobile Liability claims filed during the period
 |  |  |  |  |
| 1. Automobile Liability indemnity (OC) paid during the period
 |  |  |  |  |
| 1. Automobile Liability legal fees and costs (SS) paid during the period
 |  |  |  |  |
| **GENERAL LIABILITY** |  |  |  |  |
| 1. Number of General Liability claims filed during the period
 |  |  |  |  |
| 1. General Liability indemnity (OC) paid during the period
 |  |  |  |  |
| 1. General Liability legal fees and costs (SS) paid during the period
 |  |  |  |  |
| **Claim Performance** (data provided by CEO; see footnotes) [Continued] |
| **Measure** | **FY 2021-22** | **FY 2022-23** | **FY 2023-24** | **3-Year****Average** |
| **MEDICAL MALPRACTICE** |  |  |  |  |
| 1. Number of Medical Malpractice claims filed during the period
 |  |  |  |  |
| 1. Medical Malpractice indemnity (OC) paid during the period
 |  |  |  |  |
| 1. Medical Malpractice legal fees and costs (SS) paid during the period
 |  |  |  |  |
| **TOTAL CLAIMS AND EXPENSE** |  |  |  |  |
| 1. Total number of claims filed during the period
 |  |  |  |  |
| 1. Total expenses paid during the period
 |  |  |  |  |
| 1. Department operating budget
 |  |  |  |  |
| 1. Cost of Risk

 (% total expenses paid / operating budget) |  |  |  |  |
| Benchmark: Countywide Cost of Risk |  |  |  |  |

* The number of employees is the sum of currently filled full-time and part-time positions (see monthly payroll report).
* The number of liability claims is the total of all claims (including all suffixes) entered into the Risk Management Information System (RMIS) during the fiscal year (see monthly Cognos report).
* Total paid for liability is based on transaction dates within each fiscal year as listed in RMIS (see monthly Cognos report).

|  |
| --- |
| **Vehicle and Fleet Safety Performance** (data maintained at department level) |
| **Measure** | **FY 2021-22** | **FY 2022-23** | **FY 2023-24** | **3-Year****Average** |
| **DEPARTMENT-OWNED VEHICLES** |  |  |  |  |
| 1. Number of Department-owned vehicles as of June 30
 |  |  |  |  |
| 1. Total number of vehicle accidents involving Department–owned (or leased) vehicles
 |  |  |  |  |
| 1. Total cost paid for damage involving Department-owned (or leased) vehicles (not including third party claim/damage cost)
 |  |  |  |  |
| 1. Number of miles driven by Department-owned (or leased) vehicles
 |  |  |  |  |
| 1. Number of vehicle accidents involving Department-owned (or leased) vehicles per 100,000 miles
 |  |  |  |  |
| Benchmark: Countywide |  |  |  |  |
| **PERMITTEE DRIVERS** |  |  |  |  |
| 1. Number of Department permittee drivers as of June 30
 |  |  |  |  |
| 1. Total number of vehicle accidents involving permittee drivers
 |  |  |  |  |
| 1. Total cost paid for damage involving vehicles driven by permittee drivers (not including third party claim/damage cost)
 |  |  |  |  |
| 1. Number of permittee miles driven during period
 |  |  |  |  |
| 1. Number of vehicle accidents involving permittee drivers per 100,000 miles
 |  |  |  |  |
| Benchmark: Countywide | n/a | n/a | n/a | n/a |

|  |
| --- |
| **Return-to-Work Performance (industrial and non-industrial)** (data maintained at the department level) |
| **Measure** | **FY 2021-22** | **FY 2022-23** | **FY 2023-24** | **3-Year****Average** |
| 1. Number of active return-to-work cases as of June 30
 |  |  |  |  |
| 1. Number of employees off work due to medical leave for own injury/illness (excluding pregnancy) as of June 30
 |  |  |  |  |
| 1. Number of employees on work hardening transitional assignment agreements as of June 30
 |  |  |  |  |
| 1. Number of employees on conditional assignment agreements as of June 30
 |  |  |  |  |
| 1. Number of return-to-work cases closed in the prior year
 |  |  |  |  |

|  |
| --- |
| **Short-Term Disability** (data provided from Sedgwick except for #41 which is from payroll) |
| **Measure** | **FY 2021-22** | **FY 2022-23** | **FY 2023-24** | **3-Year****Average** |
| 1. Number of active claims as of June 30
 |  |  |  |  |
| 1. Number of closed claims reaching maximum benefit duration during the fiscal year
 |  |  |  |  |
| 1. Number of claims converted to LTD during the fiscal year
 |  |  |  |  |
| 1. Number of new claims during the fiscal year
 |  |  |  |  |
| 1. Number of lost workdays paid under STD during the fiscal year
 |  |  |  |  |
| 1. Number of lost calendar days, including elimination period, for closed claims
 |  |  |  |  |
| 1. Number of paid lost workdays for closed claims
 |  |  |  |  |

|  |
| --- |
| **Long-Term Disability** (data provided by Sedgwick) |
| **Measure** | **FY 2021-22** | **FY 2022-23** | **FY 2023-24** | **3-Year****Average** |
| 1. Number of active claims as of June 30
 |  |  |  |  |
| 1. Number of claims opened during the fiscal year
 |  |  |  |  |
| 1. Total payments for all claims paid during the fiscal year
 |  |  |  |  |
| 1. Total payments to date on claims closed during the fiscal year
 |  |  |  |  |
| 1. Number of claims approved for “AnyOcc” (Any Occupation) until age 65
 |  |  |  |  |

 **Risk Management Plan Performance Metrics**

The following scoring criteria were created to measure and score departmental Risk Management Plans. This score, along with departmental claims frequency and severity history, will be used to measure each department’s risk management performance.

Failure to submit an RMP will result in 0 points awarded for the RMP portion of the risk management performance score. A late submission of the RMP will result in a 10% deduction of the RMP score.

|  |
| --- |
| **Scoring Table** |
| **RMP Status Report** |
| Did Department submit RMP Status Report? |
|  If Yes, did the Department: |
|  Complete the Risk Issues identified in the report? (5 points) |
|  Make progress on the Risk Issues identified in the report? (2 to 4 points) |
|  Made little to no progress on the Risk Issues identified on the report? (0 to 1 point) |
|  If No, 0 points. |
| **Loss Control and Prevention/Workers’ Compensation** |
| Did Department Safety/Workers’ Compensation staff meet regularly with CEO Risk Management Branch (RMB) Loss Control and Prevention (LCP) or Workers’ Compensation (WC) staff to discuss WC claims and other trending loss control issues impacting the department's workforce? |
|  If Yes, did they meet with CEO RMB at least quarterly? (2 points) |
|  If Yes, did they meet with CEO RMB less than quarterly? (1 point) |
|  If No, 0 point |
| Did Department Safety/WC staff remain current on various issues affecting its workforce through attendance of claim reviews, CEO RMB Health and Safety Coordinators Meetings, other pertinent training/education opportunities, and legislative updates? |
|  Yes (1 point) |
|  No (0 point) |
| Did Department Safety/WC staff regularly assess tasks performed by Department staff and review WC claims to ensure required safety programs were developed, implemented, or modified as applicable? When identified as needed, did staff start developing or updating the required programs? |
|  Yes (2 points) |
|  No (0 point) |
|  |
| **Liability Claims/Risk Management Inspector General** |
| Did Department have any claims or lawsuits in the following categories? Automobile Liability, Employment Practices, Slip/Trip and Falls, Medical Malpractice and/or Excessive Force? |
|  If Yes, did Department implement any informal (under $100,000) or formal (over $100,000) corrective actions? (1 point)  Did Department monitor to ensure the corrective actions were implemented by the pledged completion date? ( 1 point)  |
|  If No, (0 point) |
|  If No claims or lawsuits (2 points)  |
| Does the Department conduct, implement, and track (can be conducted by a 3rd party) a driver training program, a vehicle accident review committee, and/or driving-related policies?  |
|  Yes (1 point) |
|  No (0 point) |
| Does the Department conduct and track (can be conducted by a 3rd party) Fair Labor Standards Act, sexual harassment, and discrimination training? |
|  Yes (1 point) |
|  No (0 point)  |
| Does the Department have a designated Risk Manager? If yes, are they attending regular trainings on current risk issues?  |
|  Yes (1 point) |
|  No (0 point)  |
|  If No Risk Manager (0 point) |
| **Privacy** |
| Did the Department experience one or more data breaches resulting in notifications to any impacted individuals during FY 2023–24? |
|  No (2 points) |
|  Yes (0 point) |
| Does the Department have at least one policy addressing the management and oversight of the privacy risks of any new or existing third-party vendors that process County Information or manage or operate systems on behalf of the County that process County Information? |
|  Yes (1 point) |
|  No (0 point) |
| What percentage of the Department’s employees completed the Privacy Awareness Training starting from January to December 2023?  |
|  90% (2 points) |
|  80-89% (1 point) |
|  Below 79% (0 point) |
| **Occupational Health and Leave Management** |
| Does the Department engage in a timely, good faith interactive process when notified after the pre-employment/post offer medical evaluation that an applicant is released to work with restrictions or may not be suitable in performing the essential functions of the position that they applied for? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department engage in a timely, good faith interactive process when becoming aware of an employee's possible need for a work accommodation to perform the essential functions of their job? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department require employees to provide a medical certification releasing them to return to work with or without restrictions prior to returning the employee to work? |
|  Yes (0.5 point) |
|  No (0 point) |
| If sufficient information is not provided to engage in an Interactive Process Meeting to discuss the need for reasonable accommodation, does the Department request clarification from the employee's provider? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department confirm that the employee agrees with the provider's restrictions prior to the discussion of reasonable accommodation? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department document all interactions with the employee as part of the disability management? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department follow-up and provide a copy of the completed Interactive Process Meeting document/form to the employee after the meeting has occurred? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department appropriately initiate the Disability Management & Compliance process when an employee has reached Long Term Leave status? |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department appropriately initiate the Alternate Work Search (Departmental and Countywide) process?    |
|  Yes (0.5 point) |
|  No (0 point) |
| Does the Department provide an employee with the Protected Leave packet within (5) days of becoming aware of their leave of absence? |
|  Yes (0.5 point) |
|  No (0 point) |

**Performance Data and Statistical Goal Definitions**

|  |  |
| --- | --- |
| Active Return-to-Work Case: | Employee is off work due to an industrial or non-industrial disability.  Employee is working in any temporary modified/alternative position pending resolution of work status. Employee has a pending request for reasonable accommodation.  Any situation where the department determines risk exposure requires ongoing action or monitoring.**Additional information about return-to-work can be found in the Return-to-Work Desk Reference Manual at** <http://hr.lacounty.gov/subsites/RTW/rtw_default.htm>**.** |
| AnyOcc | An approved disability that precludes an individual from performing any job, as documented by the Social Security guidelines. |
| Conditional Assignment Agreement: | An agreement between the employer and employee that allows an employee to work in a temporary assignment while the department conducts a department-wide or Countywide search for a compatible position. This status is determined when an employee with an Industrial Injury/Illness becomes Permanent and Stationary (P&S) or has reached Maximum Medical Improvement (MMI); or an employee with a Non-Industrial Injury/Illness obtains a work restriction (either temporary or permanent). If a position cannot be identified within the employee’s department, then a Countywide Job Search shall be conducted. |
| Cost of Risk: | Percentage of Total Paid / Department Operating Budget. |
| Department-Owned / Leased Vehicles: | Vehicles driven by County employees owned or leased by the Department or County. These are not the drivers’ personal vehicles. |
| General Liability Claim: | Claim arising when negligent acts and/or omissions result in bodily injury and/or property damage on the premises of a business, when someone is injured as the result of using the product manufactured or distributed by a business, or when someone is injured in the general operation of a business. |
| Indemnity Cost: | Amount of money paid to compensate claimant and/or plaintiffs for damages, including their attorney fees and cost that are paid by the County. Also referred to as the settlement amount. |
| Legal Fees and Costs: | Amount of money paid for defense counsel (in-house and/or panel attorney) for a claim that is paid by the County. |
| Liability Claim: | A document submitted by a third party in accordance with statutory requirements, and alleging personal injury, bodily injury, property damage, or other losses sustained due to the acts or omissions of the County, its employees, officers, or agents. This is the total number of open/closed claims that were filed during the period. A claim includes all lawsuits and claims, but does not include incident reporting, unless a claim is opened as a result of the incident report. |
| Medical Malpractice Claim: | Claim arising from [professional negligence](http://en.wikipedia.org/wiki/Professional_negligence_in_English_Law) by act or omission by a [health care provider](http://en.wikipedia.org/wiki/Health_care_provider) in which care provided deviates from accepted standards of practice in the medical community and causes injury *or death* to the [patient](http://en.wikipedia.org/wiki/Patient). |
| Number of Miles Driven During Period: | Actual number of miles driven by Departmental drivers for County-related activity (course and scope of work). |
| **Performance Data and Statistical Goal Definitions** [Continued] |
| Permittee Driver: | County employee who is participating in the County permittee driver program and is certified/approved to drive a non-Department-owned vehicle for work purposes. |
| Return-to-Work Cases Closed: | Employee has returned to usual and customary position with or without work restriction (and department has no risk exposure concerns).  Employee has returned to a permanent modified/alternative position and has demonstrated the ability to perform the essential functions of the position with or without a reasonable accommodation. |
| Risk Management Information System (RMIS or VCE): | The County's risk management and claims administration management system with ad‑hoc reporting capabilities, which supports County claims administration and financial, statistical, and loss prevention functions. |
| Salary Continuation / Labor Code 4850: | Supplemental salary replacement benefits paid in excess of indemnity benefits provided by the workers’ compensation system according to County Code or State of California law. |
| Total Paid: | This is the actual amount of money paid on a claim during the reporting period. This is not the amount agreed to or discussed in settlement, but the actual amount of money disbursed on the claim, to include both indemnity and legal fees and costs. |
| Vehicle Accident: | An accident involving a Department-owned/leased vehicle and/or a permittee-owned vehicle (including drivers classified as occasional drivers) that resulted in damage or any other type of loss to persons, property, etc. |
| Vehicle Liability Claim: | Claim arising from negligent operation of a motor vehicle involving third party damage to property and/or people. |
| Work Hardening Transitional Assignment Agreement:  | An agreement between the employer and employee that allows an employee to return to work in an assignment, performing functions other than those usually assigned, and is intended to allow an employee the opportunity to recover from their injury/illness while continuing to work. This agreement is temporary and can be revisited every 12 weeks up until the employee becomes Permanent and Stationary (P&S) or has achieved Maximum Medical Improvement (MMI). |
| Workers’ Compensation Claim: | Claim filed by Department employee for injury and/or illness that arose out of the course and scope of employment and provides compensation and medical care for employees who are injured in the course of employment, in exchange for mandatory relinquishment of the employee's right to sue his or her employer for the [tort](http://en.wikipedia.org/wiki/Tort) of negligence. |

This status report should be submitted via email to:

Roberto Chavez

rchavez@ceo.lacounty.gov

Please note the original report can remain with the department as CEO Risk Management only needs an electronic copy sent via email in Adobe PDF format.

I:RMB Secs/DCastro/RMP Report Template – FY 2024-25 –(Attachment II) 8-6-24.docx