



# COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

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January 31, 2019

To: Supervisor Janice Hahn, Chair  
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From: Judge Michael Nash (Ret.)   
Executive Director

## PROGRESS UPDATE ON THE WORK OF THE OFFICE OF CHILD PROTECTION

In the final report of the Los Angeles County Blue Ribbon Commission on Child Protection (BRCCP), *The Road to Safety for Our Children*, two key recommendations were to “establish an entity to oversee one unified child protection system,” and for it to create a strategic plan for the work it will focus on. On June 10, 2014, the Board adopted the recommendations contained within that BRCCP final report and took action to establish the Office of Child Protection (OCP) as a separate entity reporting directly to the Board and located within the Executive Office. In October 2016, the OCP submitted to the Board its Countywide Child Protection Strategic Plan, which categorizes the work across five goal areas: prevention, safety, permanency, well-being, and cross-cutting approaches. It has submitted quarterly updates on its progress since August 1, 2016; this is a report on its progress since the last update submitted on October 31, 2018.

**GOAL 1: PREVENTION** *Provide children and families with the upfront supports and services they need to prevent them from entering the child welfare system and/or limit their involvement with the system once they are known to it.*

### Countywide Prevention Plan

- Partnering with First 5 LA, the Department of Public Health (DPH), and the Policy Roundtable for Child Care and Development to lead activities across the six action areas outlined in the plan
  - ◇ Networking the Networks Working with First 5 LA, DPH, the Department of Mental Health (DMH), the Department of Children and Family Services (DCFS), Workforce Development, Aging and Community Services (WDACS), the Prevention and Aftercare networks (P&As), the Children’s Data Network, and the Policy Roundtable for Child Care and Development to identify strategies for enhancing connections and coordination across existing prevention networks

- Developed a set of recommendations for weaving together relevant prevention networks across the county to strengthen the support “web” available to families
- Identifying existing convenings across each of the eight geographic Service Planning Areas (SPAs) that can serve as forums for vetting those recommendations with community stakeholders, and beginning the process of weaving together these prevention networks
  - The SPA 2, SPA 5, SPA 8, and Asian/Pacific Islander focus convenings are scheduled in February, and SPA 7’s in March.
- ✧ Prevention and Aftercare Network Capacity Working with the P&As to help reach families that could benefit from support as early as possible, and to expand the networks’ capacity of families served
  - DMH, DCFS, the OCP and consultants from Gita Cugley and Associates (GC&A) completed a second round of site visits to the P&As. Networks provided an update of expansion activities, identified barriers and challenges encountered in expanding P&A services, shared their experience in using outcome measures, and noted their training and technical-support needs.
    - Consistent themes included challenges around hiring the right staff to support the vision, mission, and philosophy of the P&A networks. GC&A will provide trainings to the P&As in February 2019—Diversity with Dignity and Long-Term Engagement of Families.
  - DCFS, DMH, and GC&A are working together to provide technical assistance on clarifying invoicing and billing projections to ensure that P&As maximize their current contracts. DCFS, DMH, and GC&A will meet monthly to track the fiscal progress of the network expansion.
  - Worked with Third Sector Company (an organization that leverages human capital with financial investments from others), DMH, DCFS, and the Chief Executive Office (CEO) on language for a new P&A network Request for Proposals (RFP), to be released in the coming months, to include performance measures and incentives in the new contracts
- ✧ Home Visitation Working with DPH, First 5 LA, DMH, DCFS, the Probation Department, Department of Health Services (DHS), Department of Public Social Services (DPSS), the Children’s Data Network, the Center for Strategic Partnerships (CSP), the Los Angeles Best Babies Network, and the LA County Perinatal and Early Childhood Home Visitation Consortium (Consortium) on developing a plan for expanding home-visitation services available to vulnerable families
  - DMH finalized contracts with 17 home-visiting agencies to expand Healthy Families America and Parents as Teachers home-visiting programs throughout Los Angeles County for Fiscal Year (FY) 2018–2019 by using new DMH Mental Health Services Act Prevention and Intervention (MHSA–PEI) funding.

- This expansion represents a monumental opening of access to evidence-based home-visiting support for families previously excluded from services because of the location where they live or the ages of their children.
- DPSS and DPH were awarded funds under the newly created California Work Opportunities and Responsibility to Kids (CalWORKs) home-visiting funds that DPSS and local community agencies successfully advocated be included in the FY 2018–2019 Governor’s Budget.
  - Approximately \$7.4M of new funding is available through this award to expand Nurse-Family Partnership, Healthy Families America, and Parents as Teachers evidenced-based home-visiting models for Temporary Aid to Needy Families (TANF) recipients through June 2019. This expansion will not only increase services, but also will fund a media campaign, program evaluation, and the implementation of new triage and referral protocols.
  - Approximately \$14.8M in new funding will be available to continue the program (including direct service, program evaluation, media outreach, and the triage components) from July 2019 through June 2020.
- DPH has identified and allocated \$5M in Substance Abuse Prevention & Control (SAPC) prevention funds to launch an innovative model making the benefits of intensive home visiting available to women receiving care in the substance-abuse treatment system, a population at high risk for unintended pregnancy, sexually transmitted infections, and adverse pregnancy outcomes. This innovative, proactive model starts with a universal screening of women for pregnancy intent and goes on to provide case management for all and home visiting for those who become pregnant.
  - Implementation of this program is being planned in collaboration with DHS’ MAMA’s Neighborhood project, Planned Parenthood, and SAPC-funded substance abuse programs, and is scheduled to launch by May 2019. The program anticipates a caseload of seven concurrent clients per individual home visitor, and plans to serve a minimum of 150 clients in its first two pilot months.
- The Consortium and DPH have completed testing on a newly developed electronic eligibility and referral system to be used by First 5 LA–funded outreach specialists, P&A network navigators, DHS teams, DPH nurses, home-visiting agencies, and others to provide referrals to home-visitation providers. The web designer is incorporating feedback from the testing into the system’s functionality, and the partners anticipate the system’s going live in February 2019.
- The Los Angeles County Home Visiting Collaborative Leadership Council is set to launch February 5, 2019. Led by DPH, this group will support the implementation of the County’s home-visiting plan delivered to the Board of

Supervisors in July 2018. It will also serve as an ongoing leadership group to monitor system efficacy and pursue additional system reform opportunities. Representation in the group includes First 5 LA, DMH, DCFS, DPSS, DHS/MAMA's Neighborhood Visits, the Los Angeles County Office of Education (LACOE), the OCP, Probation, Los Angeles Best Babies Network, the Women, Infants and Children (WIC) nutrition program, the Children's Data Network, Blue Shield of California (representing health plans and the health sector), the Partnership for Early Childhood Investment (representing philanthropy), a Policy Roundtable for Child Care and Development representative, home-visiting provider agencies (including Consortium members), and home-visiting clients.

- ✧ Early Care and Education Working with the Policy Roundtable for Child Care and Development, First 5 LA, the Child Care Alliance of Los Angeles, DCFS, DPH, the Los Angeles County Commission for Children and Families, DMH, the Child Care Planning Committee, the Alliance for Children's Rights, the Advancement Project, the Southern California Chapter of the California Association for the Education of Young Children, P&A networks, LACOE, the Los Angeles Unified School District (LAUSD), and others to create a roadmap for improving access to early care and education programs
  - With a grant of \$75,000 from the County of Los Angeles Quality and Productivity Commission—matched with \$75,000 from the OCP—Capito Associates has begun conducting a first-ever comprehensive fiscal analysis of the Early Care and Education system in Los Angeles County.
  - The consultants worked with ECE workgroup members and key stakeholders to develop a funding-rubric tool and tracking chart with key contacts for each funding source. These County-specific tools will be used to analyze all funding streams and develop the funding catalogue.
  - The consultants met with representatives from the Child Care Alliance of Los Angeles, the California Community Foundation, First 5 LA, the Nonprofit Finance Fund, First 5 LA Quality Start Los Angeles staff, DPH's Office for the Advancement of Early Care and Education, the County's Child Care Planning Coordinator, LACOE's funding-administration personnel and its head of ECE, the Board of Supervisors' children's deputies, DPSS, the OCP's ECE workgroup, other key stakeholders, and OCP staff. As active stakeholders, these individuals have unique knowledge of ECE in Los Angeles County and insight into possible improvements to or necessary focus areas for the fiscal analysis. These meetings allowed the consultant team to probe more deeply into specific aspects of current funding and administrative structures, as well as share their perspectives.
  - The team secured \$50,000 from First 5 LA to include additional communities in the analysis. Through discussions with the ECE workgroup, community stakeholders, and Board deputies, focus communities and key staff in each community have been identified and will be finalized shortly.

- The consultants will hold a set of early-February meetings to collect provider data in two to three communities and to meet with additional stakeholders, including the Los Angeles Area Chamber of Commerce, the board of directors of the Child Care Alliance of Los Angeles, the co-chair of the Policy Roundtable for Child Care and Development, the chief executive at DPH, and management at DMH and DCFS—plus a second meeting with the DPSS for additional review and CalWORKs data-gathering.
- In response to a Board motion, the report *OCP Report on the Comprehensive Financial Landscape Analysis of Early Care and Education* was submitted to the Board of Supervisors on November 29, 2018, outlining progress to date on the financial analysis and next steps for completing it.
- ✧ Measuring Prevention Working with First 5 LA, DMH, DCFS, the Children’s Data Network, the CEO, DPH, DHS, LACOE, and other data experts to develop a set of standardized measures of prevention to evaluate the effectiveness of prevention-plan implementation efforts
  - Partnering with the Chief Information Office (CIO) to finalize countywide prevention metrics with critical stakeholders and complete a roadmap for the County to consistently measure prevention outcomes in the areas of safe children, child well-being, strong families, and strong communities. The countywide roadmap will identify data sources for the prevention metrics and outline a strategy to measure outcomes on a consistent basis to drive countywide policies and practices that better support vulnerable children and families. Next steps include vetting metrics with key department leadership and community partners, including DCFS, DMH, DHS, DPH, DPSS, LACOE, First 5 LA, and others; and using a Dataset Prioritization Scorecard to identify high-value datasets that will have the most impact with the identified performance metrics.
  - Partnering with First 5 LA to convene experts, County partners, and other stakeholders to identify and potentially pilot community/population-level prevention measures that will complement performance metrics collected by County agencies
- ✧ A Portrait of Los Angeles County Working with various entities—including the CEO, the City of Los Angeles, First 5 LA, DPH, DCFS, WDACS, Public Library, the Department of Parks and Recreation, the Probation Department, DPSS, the Los Angeles Homeless Services Authority (LAHSA), the Children’s Data Network, LACOE, CSP, the Policy Roundtable for Child Care and Development, the Child Care Planning Committee, Healthy Design Workgroup Grants Committee, Equity Workgroup, Weingart Foundation, Southern California Grantmakers, and the Center for Financial Empowerment—to monitor the overall well-being of communities and to support efforts that implement the *Portrait’s* recommendations
  - Strategic engagement and outreach activities have continued with groups and agencies that have a potential impact on all 10 of the priority investment

areas identified in the report. The report has been disseminated to nearly 3,000 programs or organizations since its release in November 2017. Key activities include:

- Worked with WDACS and DMH to develop a crosswalk matrix between educational indicators and communities with low educational scores to help them determine how best to align resources that can improve educational outcomes and prevent disconnection for youth
- Presented at LACOE's school-district superintendents' collaborative on November 16, 2018, to discuss how County resources could align with school districts to support student well-being and engagement and ultimately improve educational outcomes
- Presented *Portrait* data to DMH's Prevention/Suicide Prevention Network on December 7, 2018, and discussed how it can best inform that network's prevention strategies
- Presented to a regional network of approximately 120 student support services, foster youth, and homeless youth liaisons on January 17, 2019, discussing strategies for improving educational outcomes, decreasing disengagement, and increasing resources for these populations
- Finalized a data story about variations in life expectancy and the drivers of inequities in Los Angeles County that was published on the Neighborhood Data for Social Change/USC/KCET partnership website on January 28, 2019
- Working with the Los Angeles County Commission for Women's health committee to review data about women's health and well-being in the county
- Prepared data from the *Portrait* report that was published on the County's Open Data Portal, <https://data.lacounty.gov/>

**GOAL 2: SAFETY** *Minimize, if not eliminate, the risk that a child known to one or more entities in our system will be harmed.*

### **Implementation of Anthony A. Report Recommendations**

- On August 10, 2018, the OCP, DCFS, Health Agency, DHS, and the Sheriff's Department filed a joint response to the Board's motion to review the case that included the death of 10-year-old Anthony Avalos. The report contained eight recommendations for systems improvements:
  1. Reevaluate DCFS's Voluntary Family Maintenance (VFM) process.
  2. Improve the skills of staff interviewing children.
  3. Retrain social workers on the proper use of Strategic Decision Making® (SDM).
  4. Increase collaboration between DCFS and law enforcement.

5. Improve the Medical Hub system.
  6. Improve the investigation skills of social workers at the front end and beyond.
  7. Improve the capacity to assess needs and progress made throughout the span of the case.
  8. Reduce social worker caseloads.
- Efforts to address the eight recommendations adopted by the Board are underway, and a 90-day progress report was submitted to the Board on November 14, 2018.
  - A six-month follow-up report with specifics on current efforts will be submitted to the Board on February 14, 2019.
    - ✧ Information on the implementation of the Anthony A. recommendations involving Structured Decision Making<sup>®</sup> (SDM) (Recommendation 3) and the Medical Hubs (Recommendation 5) are in the “Risk Assessment and System Improvement Recommendation Implementation” below and the “County Medical Hubs” section on page 14.

## **Risk Assessment and System Improvement Recommendation Implementation**

- Partnering with DCFS to implement the recommendations outlined by the OCP in its report of May 2017
  - ✧ The National Council on Crime & Delinquency (NCCD) is assessing the use of SDM in the field here in Los Angeles County and identifying what policy, training, and practice changes are needed to ensure the proper use of the tool.
  - ✧ The initial focus of this review is on the “front end” of DCFS services, with specific attention paid over the last six months to the Child Protection Hotline and emergency-response investigations. NCCD has gathered information about the use of the SDM hotline assessment, safety assessment, and risk assessments, and how they help DCFS staff make screening, removal, and case-opening decisions.
  - ✧ NCCD staff made three week-long on-site visits to the Child Protection Hotline, the Emergency Response Command Post (ERCP), and to three regional offices (Wateridge, Belvedere, and South County) to observe actual practice in the field including ride-alongs, case supervision/consultation, key informant interviews, and conducting focus groups.
  - ✧ Over 500 DCFS Hotline and ER social workers participated in a survey to help NCCD better understand staff perception of key decision points and the SDM tools themselves. NCCD also met with staff from DCFS’ Policy Unit to examine places where DCFS policy could be better aligned with SDM.
  - ✧ NCCD staff have also performed additional data analyses on the SDM tools with specific relevance for the LA County population.

- ✧ A report has been completed that includes a series of key questions and recommendations on changing training, coaching, policies, and practice to better support consistent, accurate decision-making and the proper use of SDM. This report has been shared with DCFS executive and core teams.
  - This report will be used to launch the next phase of this work, which includes finalizing an implementation plan for policy and practice changes that will be discussed at the next DCFS core team meeting, scheduled for February 4 and 5, 2019.
- ✧ NCCD is working with DCFS' Policy Unit to incorporate these changes into its curriculum for the Investigation Academy in development.

### DCFS Hotline Pilot

- Launched a revised pilot project with DCFS' Hotline and the P&As on July 1, 2018, to serve families referred to the Hotline whose concerns do not warrant a DCFS investigation, but where an identified need exists that could be addressed through community-based prevention supports
  - ✧ The revised pilot project included changing the roles of DCFS and the P&As and how families are offered services, setting up multidisciplinary teams, streamlining the process of getting families connected to services, and training all DCFS Hotline staff on the pilot criteria and new pilot process.
  - ✧ Preliminary data shows that more families are being referred to the P&As for support, and the number of families accepting these services is increasing.
  - ✧ In the first six months of implementation (July—December 2018):
    - The average number of families identified for services per month **almost doubled** (160 in 2017 to 295 in 2018).
    - **150 more families** accepted services during the second half of 2018 than during all of 2017 (225 in 2017 to 375 in 2018).
    - The acceptance rate for services **almost doubled** (11.7% in 2017 to 21.1% in 2018).

	AVG. PER MONTH 2017	PILOT STARTS 2018 Jul	Aug	Sep	Oct	Nov	Dec
Number of families referred to the P&As	160	209	245	315	403	355	242
Percentage of families accepting services	11.7%	22.5%	22.4%	20.3%	21.6%	22.5%	17.4%

- The revised pilot project also streamlined the process for connecting families to services, which resulted in a reduction of excessive wait time from a



maximum of 27 business days to a maximum of 14 business days (a 48% time reduction).

- Families are now connected to services **13 business days faster**

## Use of Public Health Nurses (PHNs) in Child Welfare

- The Child Welfare PHN (CWPHN) Steering Committee continues to meet and address issues resulting from the consolidation of the child welfare PHNs into DPH, and has begun working to implement some of the recommendations from the OCP's report on the *Best Use of PHNs in Child Welfare* (December 2017).
  - ✧ On December 3, 2018, the foster-care PHNs implemented a pilot in two DCFS offices to increase the engagement of transition-age youth in their use of psychotropic medications, discuss their understanding of their medications, and supplement information provided to the court about their understanding of psychotropic-medication usage.
  - ✧ DPH has developed an optimal staffing recommendation for front-end PHNs (in the review stage) based on months of discussions and analysis with PHNs.
  - ✧ DPH developed a workflow of the activities completed by the Hub PHNs, identified clerical duties, and developed a separate duty statement for a clerical position to complement and support the Hub PHN.
    - DPH held a job fair on January 24, 2019, to fill existing PHN vacancies and additional positions resulting from funding augmentation to support the Health Care Program for Children in Foster Care (HCPCFC) and reduce caseload sizes.
    - DPH worked with ICAN to analyze a sample of DCFS critical-incident and child-fatality reports to identify areas for HCPCFC improvement.
    - DPH and the Service Employees International Union (SEIU) Local 721 have begun meeting to explore options for increasing state funding to support additional front-end PHN positions.

## Electronic Data-Sharing Efforts

- Working with DCFS, the CIO, and County Counsel on the production of an electronic portal that would facilitate the electronic sharing of information relevant to an investigation of child abuse or neglect across seven county departments and DCFS, based upon an MOU that the OCP finalized with the participating departments, County Counsel, and the CEO
  - ✧ The Emergency Response Investigation Service (ERIS) is now being used by emergency-response workers in all DCFS offices. Accessible data in this initial phase of ERIS includes DCFS history and criminal-background information, which helps streamline DCFS investigations and placing children with relatives when a removal is necessary.

- ✧ Working with DMH and DHS to identify the relevant and accessible data in their systems that should be connected to ERIS
- ✧ In discussions with DPSS to determine the feasibility of connecting relevant data to ERIS
- Worked with County Counsel from several County departments to develop a summary of confidentiality rules for the information that department staff may share with each other when serving common DCFS and probation youth—a four-page user-friendly guide to what is allowable and sharable under the law to promote appropriate collaboration for treatment and care-coordination purposes
  - ✧ On November 15, 2018, DCFS released this document as a For Your Information notice (Issue 18-46) to all staff. The OCP and County Counsel met with all DCFS regional administrators and some members of its executive team on January 22, 2019, to review the document and answer questions.
  - ✧ Will work with the other County departments to distribute it among their staff
- Working with the Los Angeles Network for Enhanced Services (LANES), DPH, County Counsel, DCFS, and the CEO to provide access to LANES, a health information exchange system, for PHNs who are helping to coordinate health care for DCFS youth. With this access, PHNs will be able to use the LANES portal to view timely health records for their child welfare clients, as appropriate, to coordinate care and ensure effective treatment.
  - ✧ A finalized Data Participation Agreement between DPH and LANES is expected to be signed within a few weeks.
  - ✧ An implementation plan for this project has been drafted and a kick-off meeting with key stakeholders is scheduled for February 26, 2019.
  - ✧ The full roll-out of the project is anticipated for late summer 2019.

**GOAL 3: PERMANENCY** *No child leaves the system without a permanent family or a responsible caring adult in his or her life.*

### **Increasing the Use of Relative Placements**

- Continuing to monitor the progress of the upfront family-finding project launched in October 2016 in the Glendora and Santa Fe Springs DCFS offices, then expanded to the Vermont Corridor and West L.A. DCFS offices in January 2018
  - ✧ On February 12, 2019, Casey Family Programs will host a convening to kick off the expansion of the project to six more DCFS offices—Wateridge North, Wateridge South, Belvedere, South County, Chatsworth, and Santa Clarita.
  - ✧ In November 2018, Child Trends published its final evaluation of the upfront family-finding pilot; the Executive Summary accompanies this report as

Attachment 1. The complete report is available on the OCP website at [http://ocp.lacounty.gov/Portals/OCP/PDF/Permanency/Upfront%20Family%20Finding/Evaluation%20of%20the%20Upfront%20Family%20Finding%20Pilot%20\(C%20Child%20Trends%2011-30-18\).pdf?ver=2018-12-18-130028-203](http://ocp.lacounty.gov/Portals/OCP/PDF/Permanency/Upfront%20Family%20Finding/Evaluation%20of%20the%20Upfront%20Family%20Finding%20Pilot%20(C%20Child%20Trends%2011-30-18).pdf?ver=2018-12-18-130028-203).

- ✧ Through December 2018, data from the four currently participating offices shows that, of the total of 2,444 children removed from their homes, 75% have been placed with kin, which includes non-offending parents, other relatives, and non-related extended family members.

## **Permanency and Self-Sufficiency Planning for Transition-Age Youth (TAY)**

- On August 20, 2018, the OCP released its report on increasing permanency for TAY as an adjunct memo to the CEO's July 6, 2018, multi-year countywide strategy to support the self-sufficiency goals of TAY foster youth. These companion reports reflect the overarching continuum of supports necessary to both reduce the number of TAY aging out of the system and increase the self-sufficiency of TAY who do age out.
- On December 4, 2018, the Board directed the OCP, in collaboration with the CEO, DCFS, DMH, the Juvenile Court, Probation, legal advocates, and other stakeholders, to develop and implement a comprehensive plan to increase permanency for system-involved youth and report back in 180 days.
  - ✧ Since the Board's motion, the OCP has been working with DCFS to obtain baseline data relevant to the Board's directive.
  - ✧ The OCP met on January 30, 2019, with representatives from the Dave Thomas Foundation to discuss its permanency program, Wendy's Wonderful Kids.
  - ✧ The OCP has scheduled a kick-off meeting for this project on February 15, 2019, with all the relevant agencies and stakeholders.
- Worked with the CEO and other partners to finalize the functional requirements for the TAY Centralized Hub, and now developing the procurement requirements for the system.

## **Transitional Shelter Care (TSC) Pilot**

- Continue to convene bi-weekly meetings with stakeholders—including DCFS, DMH, Probation, the Juvenile Court, CLC, Court-Appointed Special Advocates (CASA), the Violence Intervention Program (VIP), County Counsel, and others—to discuss the multidisciplinary teaming pilot led by DCFS' Accelerated Placement Team to stabilize and find permanency for hard-to-place youth (i.e., overstays and chronic repeaters) at TSC facilities
  - ✧ Discuss individual cases with regional social workers and their engagement teams so partners can help identify solutions to issues being raised

- ✧ Of the 31 youth who have graduated from the pilot to date, 24 are successfully maintaining stable placements with a family member, with a non-related extended family member, or in a lower level of care.
- ✧ Two recent examples of pilot youth and their progress:
  - WY is an 18-year-old youth who was on probation and in foster care prior to entering the program. She had been abandoned by her mother and was very closed off and distrustful of others. She was put on probation for assaulting another youth in her group home. After developing a positive relationship with her pilot social worker, WY was able to maintain her foster placement and attend school regularly, where she earned A's and B's. Upon her 18th birthday, her pilot social worker helped her get accepted into a transitional housing program and her probation case was terminated. Her team was able to work collaboratively to help her obtain all the resources she needed to move into her own apartment and feel good about her success.
  - ND had been residing in a 72-hour shelter for non-minor dependents after being kicked out of her group home for damaging property. She moved into temporary housing, but had to leave after an attack by a roommate that put her in the hospital. ND was depressed and had great difficulty completing daily tasks. Her pilot social worker helped her find a foster home placement, as well as apply for DPSS benefits, obtain a cell phone, and secure mental health services. ND now lives in a transitional housing apartment, has her own bank account, is enrolled in college, and has been connected to additional supports and services to help her successfully transition to adulthood. Her motivation and confidence level have greatly improved, and she is hopeful about her future.
- ✧ A pilot program participant received an Enrichment Award from the Board of Supervisors on January 8, 2019, for Improved Academic Achievement.

**GOAL 4: WELL-BEING** *Ensure that system-involved youth achieve the physical, emotional, and social health needed to be successful.*

### **Efforts to Improve Educational Achievement**

- Continuing to partner with DCFS, Los Angeles County school districts, and LACOE to implement the foster-youth school-stability provisions included in the Every Student Succeeds Act (ESSA).
  - ✧ The Education Coordinating Council (ECC), DCFS, LACOE, LAUSD, and WDACS are conducting a transportation pilot to keep foster youth in their schools of origin. The pilot, in effect through June 30, 2019, is intended to be a “bridge solution” and learning opportunity as long-term transportation agreements between DCFS and the school districts are finalized.

- To date, the pilot has provided over 25,000 school-of-origin transportation rides to 508 foster youth. Approximately 53% of the foster youth transported by the private transportation vendor are LAUSD students, with the remaining 47% of riders spread out over 42 other school districts.
  - The ECC and the ESSA pilot parties have designed an evaluation of the pilot, conducted through the Children's Data Network, to help parties analyze and effectively incorporate lessons learned into long-term transportation plans between DCFS and school districts. The evaluator has conducted a process survey, and lessons learned are being integrated into the long-term transportation plan.
  - DCFS, with input from the ECC and ESSA evaluator, is working on enhancing its current education data system to collect more granular data for the ESSA evaluation and to track school-stability outcomes for DCFS youth in the long term. It is anticipated that enhancements to the system will be completed by March 2019, and an evaluation of the pilot will be submitted to the Board in July 2019.
  - The ECC and LACOE are facilitating negotiations on final terms for a long-term transportation agreement between DCFS and LAUSD.
  - The ECC and LACOE are also beginning outreach to other Los Angeles County school districts serving large numbers of foster youth about signing on to long-term ESSA transportation plans.
- ✧ Working with the Los Angeles County Arts Commission (LACAC), DMH, and the Arts for Incarcerated Youth Network (AIYN), to implement a healing-informed arts education pilot for middle and high schools with high numbers of foster and probation youth. The program will help youth build protective factors through the arts and will develop local art-focused networks of mental health clinicians, artists, teachers, and other stakeholders within schools and their surrounding communities.
- The partners have secured \$434,347 in MHSA-PEI funding to run this pilot from January through December of 2019, with the hope of expanding it in the next few years.
    - The project launched with a semester-long planning period of cultivating relationships with and training potential partners, including school-district staff, site administrators, teachers, mental health providers and clinicians, student support practitioners, community artists, and arts organizations. During this first phase, three to five schools will be selected that will launch instruction in the fall.
    - The first-year pilot is expected to serve 635 youth across the selected schools.

## County Medical Hubs

- Working with DHS, DCFS, DMH, and DPH to implement a detailed work plan to improve the overall Hub system, focusing on timely access to forensic and Initial Medical Exams (IMEs) in the short term, and potentially broadening Hub services in the longer term. Examples of recent improvements include:
  - ✧ DHS and DMH increased staffing at the High Desert Regional Health Center (HDRHC) Hub in the Antelope Valley to improve timely access to forensic exams, IMEs, and mental health screenings.
    - DHS has temporarily deployed medical providers from the Olive View Medical Center (OVMC) Hub to cover four half-days of forensics at HDRHC and address the overload of IMEs.
    - DHS has also deployed additional medical providers with experience caring for children in the foster system to HDRHC from the OVMC Hub two days per week to cover general pediatrics, where DCFS-involved children may also receive ongoing care, if needed.
    - A Board-Certified Child Abuse Pediatrician (CAP) has accepted a permanent position with DHS to serve as the on-site HDRHC Medical Hub Director; the person is anticipated to begin in March 2019. DHS continues efforts to recruit additional experienced, permanent staff to HDRHC.
    - DMH has deployed three clinicians from other Medical Hubs to rotate part-time at the HDRHC Medical Hub until a third full-time clinician is hired. A Mental Health Clinical Supervisor currently supports both the OVMC and HDRHC Hubs. DMH continues to actively recruit qualified clinicians for the third full-time position at the HDRHC Hub.
    - DMH has dedicated a Foster America Fellow to analyze and develop a model for mental health services at the Medical Hubs that will allow for easy access points and a platform for children and youth to receive real-time access to mental health services.
  - ✧ DHS has improved service capacity and reduced appointment wait times at each Medical Hub. For example, the average volume of monthly forensic exams and IMEs has increased at the HDRHC Hub—rising to an average of 16 monthly forensic exams this fiscal year (compared to 8 last fiscal year) and an average of 178 monthly IMEs this fiscal year (compared to 134 last fiscal year). Additionally, each Medical Hub has reduced its wait times for forensic and IME appointments as follows:
    - **HDRHC Medical Hub:** Acute forensic exams available same day; non-acute forensic exams available same day; IMEs available within 24 hours
    - **Olive View Medical Hub:** Acute forensic exams available same day; non-acute forensic exams available same day; IMEs available within 24 hours

- **LAC+USC Medical Hub:** Acute forensic exams available within 24 to 48 hours; non-acute forensic exams available within one week; IMEs available within one week
  - **Harbor-UCLA Medical Hub:** Acute forensic exams available within 24 hours; non-acute forensic exams available within three to five days; IMEs available within one to two weeks
  - **MLK Medical Hub:** Acute forensic exams available within 24 to 48 hours; non-acute forensic exams available within two weeks; IMEs available within three weeks (Note: this Hub is currently experiencing staffing shortages that DHS is working to address.)
  - **ESGV Medical Hub:** IMEs available within two weeks (Note: this Hub currently does not provide forensic exams.)
- ✧ DHS is currently working on a staffing plan for each Medical Hub based on the location of DCFS cases and the demand for Hub services in specific regions. DHS and DCFS have conducted geospatial mapping of DCFS cases and forensic/IME demand to inform the overall Hub staffing plan. For example, this mapping identified the region around the MLK Hub as a high-demand area, so DHS is working to add another medical provider to that Hub and has expanded the CAP fellowship at the Harbor-UCLA Medical Center to place a fellow at the MLK Hub. DCFS is also conducting a small workload study of DCFS' out-stationed social workers at the Medical Hubs to ensure that DCFS is providing adequate staffing to meet the capacity needs of each Hub.
- ✧ Medical Hub clinic workflows have been mapped to identify workflow improvements, particularly related to optimizing documentation and streamlining current Hub data systems.
- One “pain point” identified was manual and double data-entry related to the forensic exam form. DHS, DCFS, County Counsel, and the OCP are working with state government and local stakeholders to create an electronic forensic exam form that medical providers would complete once.
  - DCFS is working on enhancing the Medical Hub Referral Form for social workers—including additional fields that will auto-populate—to streamline the overall referral Hub referral process.
  - DPH has created process maps to describe the current state of workflows for Hub Public Health Nurses (PHNs) and to serve as baseline for future process redesign or service improvements. DPH also conducted an internal review of the tasks and activities of the Hub PHN, through which it determined that at least 45% of Hub PHN tasks were clerical. As a result, DPH has identified clerical duties and developed a separate duty statement for a clerical position to complement and support the Hub PHN, which will free up time for PHNs to provide services that are within a PHN's scope of practice, such as health education to the patient or caregiver.

- ✧ DHS engaged Gartner Consulting to assess and make recommendations on improving Hub data systems. Gartner has developed a business capability model, identified four system alternatives, and developed evaluation criteria for these alternatives. Gartner anticipates recommending a strategy and roadmap for improving the Hub data system by March 2019.
- ✧ DCFS and DHS conducted multiple focus groups with DCFS regional and Medical Hub staff to better understand their needs; DCFS has also administered a survey to caregivers to obtain their input on Hub services. DCFS is currently reviewing a draft report on the Medical Hub survey results and anticipates releasing a final report by the end of February 2019.
- ✧ DHS has initiated a pilot to provide 24/7 on-call pediatrician access for DCFS workers in the Lancaster/Palmdale region. DHS, DCFS, and the OCP will assess the pilot results and, if they are promising, will determine the potential for system-wide implementation.
- ✧ DHS has drafted standards for completing forensic evaluations at the Medical Hubs, and is currently vetting those with DCFS and the OCP. These standards will be used for quality assurance and support for additional compensation for the regular performance of these duties by specially trained medical providers.
- ✧ DHS, DCFS, and the Sheriff's Department began cross-training DCFS and LASD staff in January 2019 to strengthen the evaluation of children at risk for abuse and neglect. The trainings cover identifying signs of basic abuse (from maltreatment, neglect, or accidents) when social workers and law-enforcement staff should bring children in for medical exams at the Hubs or other hospitals, and an overview of the Medical Hubs' core services. Currently, nine trainings are planned in the Santa Clarita, Palmdale, and Lancaster regions; a second phase of trainings will be expanded to other areas. Cross-trainings on the exam process for sexual abuse will begin in the Antelope Valley this spring and then be expanded to other areas.
- ✧ The OCP, in partnership with DHS, DCFS, DMH, and DPH, convened a forum of Hub stakeholders on January 30, 2019, to outline the Hub system improvement plan and gather input from them on moving the plan forward, as well as other ideas for improving the Hub system.

### **Mental Health Assessment Coordination**

- Partnering with DMH, DCFS, and stakeholders on the coordination and delivery of front-end mental health screenings and assessments for DCFS-involved youth to streamline the overall process for children and families
  - ✧ Finalized a process map outlining the front-end DCFS and DMH mental health assessment tracks for newly detained DCFS youth to help with efforts to identify service gaps and duplication, and streamline the overall process
  - ✧ Partnering with DCFS and DMH to design a process evaluation of front-end mental health assessments for DCFS-involved youth that will evaluate timeliness,



quality, and consistency of assessments and the integration of assessment results into the child-welfare case-planning (e.g., Child and Family Teams) and Dependency Court processes.

## **Addressing Psychotropic Medication Use in Child Welfare**

- Monthly meetings of the Psychotropic Medication Workgroup continue to oversee the implementation of the protocols adopted in April 2017 for approving and monitoring the use of psychotropic medications for youth in out-of-home care.
- Public health nurses (PHNs) are working with DCFS to pilot the Psychotropic Medication Youth Engagement Worksheet in the Palmdale and South County DCFS offices. Probation will report on its implementation efforts at the February workgroup meeting.
- DCFS provided its first quarterly data snapshot as of January 7, 2019:
  - ✧ 1,282 child-welfare youth are receiving psychotropic medication, which equals 6.79% of foster youth
  - ✧ 24.9% of the youth who are taking psychotropic medication are on antipsychotic medications
  - ✧ 45.24% of youth who are taking psychotropic medications are taking more than one medication
  - ✧ The highest percentage of youth taking psychotropic medications are teenagers
  - ✧ The number of African-American youth taking psychotropic medications is disproportionately higher than that for other ethnic groups.
  - ✧ Youth in congregate care are receiving psychotropic medications at a disproportionately higher rate.
- We are working with Probation to obtain similar data on youth in suitable placement, juvenile halls, and probation camps.

**GOAL 5: CROSS-CUTTING STRATEGIES** *Rethink structures, programs, and processes, on an ongoing basis, that impact multiple entities, to take advantage of new thinking and learning that meaningfully improves our child protection system.*

### **Dual-Status Youth Motion**

- On March 20, 2018, the Board directed the OCP, in collaboration with multiple County stakeholders and others, to report back on a countywide plan for dual-status youth.
- Submitted a status report to the Board, *OCP Response to Dual-Status Motion*, on September 11, 2018

- Current activities include:
  - ✧ Continuing workgroup meetings to address the Board's directive with all relevant stakeholders, including creating and convening three subcommittees:
    - Delinquency Prevention Subcommittee—examining prevention within the context of risk factors
    - Welfare & Institutions Code (WIC) Section 241.1 Multidisciplinary Team (MDT) Subcommittee—reviewing existing dual-status protocols to determine if any updating is necessary
    - Data Subcommittee—developing the capability to support an effective database to track case management and outcomes
  - ✧ Reviewing data on the number of crossover and dual-status youth
  - ✧ Coordinating efforts with the Youth Diversion and Development Steering Committee of the Office of Diversion and Re-entry
- A more comprehensive status report will be submitted to the Board in March 2019.

### **Additional OCP Activities**

- Panelist for a Community Conversation on the Los Angeles Foster Care System sponsored by Imagine LA at the Wilshire Ebell Theatre on November 1, 2018
- Met with members of the Civil Grand Jury on December 18, 2018, to discuss current issues in child welfare
- Interviewed by Univision on January 16, 2019, regarding relative placements for foster youth
- Participating in the development of the response to the Board motion regarding the potential creation of a children's savings account program
- Participating on the leadership team for the newly created Office of Violence Prevention that is determining the focus of that Office's future work
- Met with the Children's Defense Fund on January 24, 2019, to discuss planning efforts for SB 439 and how to connect those efforts to the County's prevention work

In summary, the OCP is working hard to accomplish its goals, as are the relevant County departments and a host of key community partners. We look forward to reporting further progress in our next quarterly update.

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If you have any questions or need additional information, please contact me at (213) 893-1152 or via email at [mnash@ocp.lacounty.gov](mailto:mnash@ocp.lacounty.gov), or your staff may contact Carrie Miller at (213) 893-0862 or via email at [cmiller@ocp.lacounty.gov](mailto:cmiller@ocp.lacounty.gov).

MN:CDM:eih

Attachment

c: Chief Executive Office  
Executive Office, Board of Supervisors  
Alternate Public Defender  
Child Support Services  
Chief Information Office  
Children and Family Services  
County Counsel  
District Attorney  
Fire  
Health Services  
Mental Health  
Parks and Recreation  
Probation  
Public Defender  
Public Health  
Public Library  
Public Social Services  
Sheriff  
Workforce Development, Aging and Community Services

# Evaluation of Los Angeles County's Upfront Family Finding Pilot

## Executive Summary

### Overview

Nationally, child welfare agencies remove more than 250,000 children from their homes each year as the result of abuse or neglect, and more than 400,000 children and youth are in out-of-home care at any time. Over the past two decades, child welfare agencies have strived to identify and engage relatives with whom children can be placed or maintain close family connections during their time in foster care. Many agencies have implemented relative search and engagement interventions, often referred to as family finding.

Prior to the Upfront Family Finding (UFF) pilot, Los Angeles County's Department of Children and Family Services (DCFS) focused its family finding efforts on children in care for long periods of time. With the UFF pilot, which started in October 2016, two local offices (Glendora and Santa Fe Springs) conducted family finding when children were first removed from their home, assigning cases to specialized workers who were part of the Permanency Partners Program (P3). P3 workers served children not initially placed with relatives, but the importance of family finding was emphasized to all staff in the pilot offices. The evaluation of the pilot sought to understand whether UFF resulted in more children placed with relatives, more stable relative placements, and more timely reunifications of children with their parents.

### Program Findings

- The UFF pilot was implemented as intended, and office culture shifted toward a more positive perception of relatives as resources for children removed from their homes.
- An average of 17 relatives were found for children new to out-of-home care; all but 2 of the 417 children served by P3 workers during the study period had at least one relative identified (see Table 1 for more detail).
- Sixty percent of children served had at least one relative interested in providing a placement for the child, and approximately 80 percent had at least one relative interested in visits or phone calls.
- More maternal than paternal relatives were identified, with non-relative extended family members (NREFMs),<sup>1</sup> making up the smallest share of relatives discovered. Identified NREFMs, however, had a higher likelihood of offering support, presumably because these individuals, who are not kin, must already be involved in the child's life to be discovered.

<sup>1</sup> DCFS includes non-relative extended family members (NREFMs) in its family findings efforts. Examples of NREFMs include teachers, medical professionals, neighbors, and family friends. For the purposes of this study, placements with NREFMs were counted as relative placements and the term "relative" in this summary includes both kin and NREFMs, unless NREFMs are explicitly identified.

### Study Methodology

The evaluation of the UFF pilot included implementation and outcome studies. The goals were to:

- *Describe the program* and identify any successes or barriers to inform expansion of the program to all local offices.
- *Examine relative identification and engagement outcomes* for children served by P3 workers.
- *Measure the program's effect* on relative placement, placement stability, and reunification outcomes for all newly detained children and the subgroup of those not initially placed with relatives.

- Relatives were interested in supporting children across all age groups, although relatives' willingness to take placement decreased as the child's age increased.

**Table 1. Relatives identified and placement outcomes for children served by P3 program**

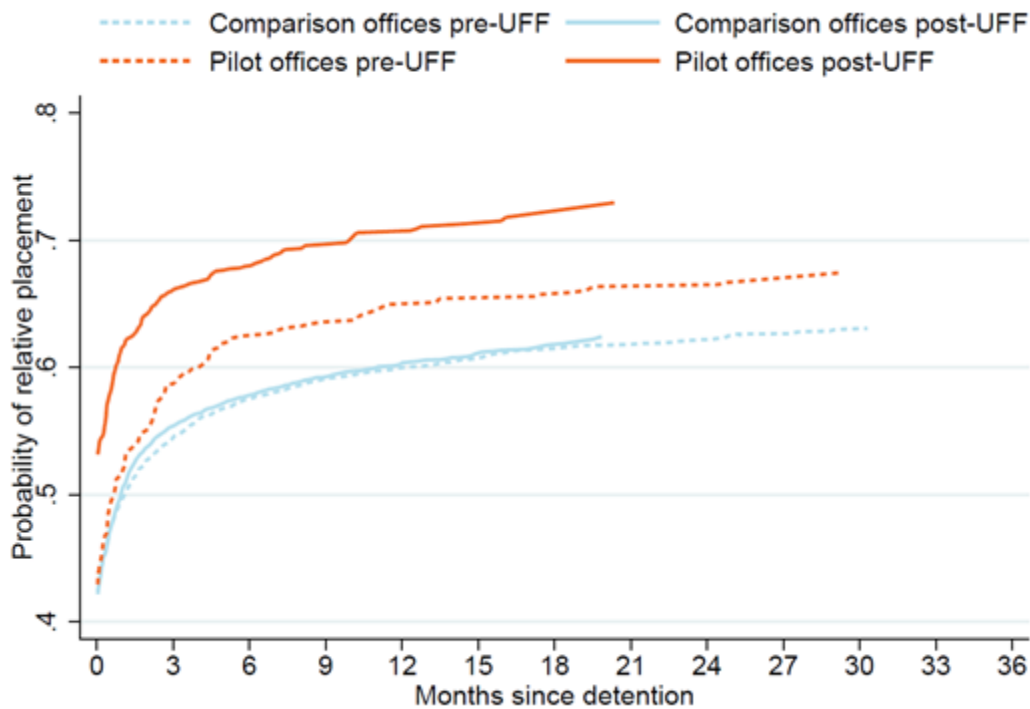
	Both Offices		Glendora		Santa Fe Springs	
	N	%	N	%	N	%
Children served by P3 program (closed cases)	417	--	228	--	189	--
Total relatives identified	6,962	--	3,605	--	3,357	--
Number of relatives known at time of transfer from P3						
0	2	<1%	1	<1%	1	1%
1-10	114	27%	67	29%	47	25%
11-20	179	43%	101	44%	78	41%
21+	122	29%	59	26%	63	33%
Average	17		16		18	
Median	14		14		15	
Range	0-56		0-56		0-48	
Placed with a relative while assigned to P3	155	37%	84	37%	71	38%
Placement status at time of transfer from P3						
Relative home	91	22%	43	19%	48	25%
NREFM home	29	7%	18	8%	11	6%
Home of parent	58	14%	43	19%	15	8%
Foster family home	199	48%	108	47%	91	48%
Group home	24	6%	11	5%	13	7%
Other	13	3%	5	2%	8	4%
Unknown	3	<1%	0	0	3	2%



## Outcome Findings

- Analyses suggest that UFF increased the probability of relative placement (see Figure 1). Relative placements increased by the same magnitude in both pilot offices—one with a history of high rates of relative placement and one with rates of relative placement more closely aligned with other local offices prior to UFF.
- An increase in the rate of relative placement was achieved for all newly detained children as well as for children not initially placed with relatives; however, with smaller sample sizes, we were unable to confirm that the increase was statistically significant in the sample limited to children not initially placed with relatives.

**Figure 1.** Probability of relative placement over time, Glendora and Santa Fe Springs pre- and post-UFF, all newly detained children



- Findings suggest that, in the Glendora office, UFF increased the probability that a child's first relative placement would disrupt (i.e. the child would leave the placement for another foster care placement). However, disruptions were comparatively rare in Glendora before the pilot; thus, even with the increase, the occurrence of relative placement disruption in Glendora after UFF was similar to that of Santa Fe Springs, as well as to the average across DCFS offices that did not implement UFF. With more emphasis on relative placement, it is possible that there are more opportunities for unsuccessful relative placements.
- To account for the fact that some relative placement disruptions represent moves to another relative, a second disruption analysis counted moves only from a relative to a non-relative. There was no evidence overall that UFF increased these types of moves—an increase in Glendora was offset by a decrease in Santa Fe Springs when examining disruptions to non-relative placement.

**Table 2.** Summary of statistically significant findings

	All newly detained children	Newly detained children not initially placed with relatives
	<i>Pilot offices vs. comparison offices</i>	<i>Pilot offices vs. comparison offices</i>
Relative/NREFM placement	Increase	None
Reunification	None	None
Relative/NREFM placement disruption (to any placement)	Increase	Increase
Relative/NREFM placement disruption (to a non-relative placement)	None	None

## Implications and Recommendations

- The UFF pilot program met its goal of increasing relative placements and engaging more relatives to provide support to children. The program led to greater emphasis on identifying relatives for placement and other supports, and the results suggest that children’s likelihood of being placed with relatives increased.
- Both pilot offices—one with a history of high rates of relative placement and one more closely aligned with other local offices—experienced gains in relative placement.
- As DCFS expands UFF to other local offices, administrators should consider increased and more timely supports to ensure that relative placements are maintained, and that efforts towards reunification (when appropriate) are not diminished. Although inconsistent across offices and subgroups of children, some findings suggest that UFF may increase relative placement disruption and slow efforts to reunify children with their families.

Prioritizing the identification and engagement of relatives at the initial stages of a case encouraged caseworkers to think creatively about how to engage relatives and what types of support relatives can provide to the child. The specialized workers were able to engage relatives and build rapport with families; this progress will serve to strengthen the relationship between local DCFS offices and the communities they serve, benefitting all children and families.