



# COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

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November 14, 2018

To: Supervisor Sheila Kuehl, Chair  
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From: Judge Michael Nash (Ret.)   
Executive Director, Office of Child Protection

## **OCP COORDINATED FOLLOW-UP TO ITS ANTHONY A. REPORT RECOMMENDATIONS**

On August 14, 2018, following the tragic death of 10-year-old Anthony Avalos, the Board of Supervisors directed the Office of Child Protection (OCP), the Department of Children and Family Services (DCFS), and the Health Agency to move forward with implementing the recommendations outlined in the report "OCP Coordinated Response to the Anthony A. Motion" (submitted August 10, 2018).

What follows is a summary of the work currently underway to implement the eight report recommendations. Many partners are involved in these efforts, including DCFS, the Health Agency, the Department of Health Services (DHS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Juvenile Court, Children's Law Center of California (CLC), Los Angeles Dependency Lawyers (LADL), County Counsel, the Sheriff's Department, and the Chief Executive Office (CEO).

The numbered points that make up the body of this follow-up report are the Anthony A. recommendations approved by the Board on August 14, 2018.

### **1. Reevaluate DCFS' Voluntary Family Maintenance (VFM) Process**

A VFM is the provision of non-court-supervised, time-limited protective services to families whose children are in potential danger of abuse, neglect, or exploitation when the child can safely remain in the home and the family is willing to accept services and engage in corrective action. It may be initiated by a social worker or the court, and the parent cannot be coerced into agreement to VFM services under threat of the child's removal from the home. Voluntary services are limited to six months in duration and may be extended for two three-month periods if it can be demonstrated that case-plan objectives can be achieved within the extended time period.

VFM services must be terminated when the case-plan objectives have been achieved and the child is no longer at risk per a Structured Decision Making® (SDM) risk assessment; when the parents refuse continued services but no current endangerment, safety, or risk factors are present; when the child turns 18; when the whereabouts of the family are unknown despite efforts to locate them; the child dies of causes not related to child abuse and there are no other siblings in the home; or when the maximum time allowed by state regulation has expired. In addition to extending the time of a VFM, DCFS has the option of terminating a VFM and initiating a dependency court case.

DCFS, the Juvenile Court, CLC, LADL, County Counsel, and the OCP have been meeting to examine the use of VFMs and related policy and practice issues that should be addressed. Areas of discussion include:

- Selective eligibility for VFMs
- Enhanced monitoring, engagement, and contact requirements (particularly when a child is under age five)
- Prioritization of cases
- Oversight and accountability of the process
- The quality of the services provided to the family
- Ongoing assessment of the case progress
- Use of safety and risk assessment tools
- Requirements for closing a VFM

Data on VFM cases over the last two years, as well as input and current-practice information from DCFS regional staff, have also been reviewed. Recommendations addressing the bulleted areas above are being developed and shared with DCFS so it may consider changes to its policy and practice.

## **2. Improve the Skills of Staff Interviewing Children**

Currently, DCFS social workers receive training on interviewing children through the DCFS University, which offers a six-hour interactive session with Dr. Tom Lyon, a national expert in the field of interviewing children about abuse. The session includes a 10-step interviewing process, rapport-building, sample interview questions, and staff skill-building. Because interviewing children during investigations of child abuse or neglect is a critical component of those investigations, it is important that social workers and law enforcement continue to sharpen these skills and gain perspectives from other disciplines that further hone them.

DCFS is currently partnering with others to create three supplemental trainings to enhance its social workers' interviewing skills:

- Working with Dr. Lyon to develop a separate child-interviewing curriculum aimed at refining and deepening worker skills, especially when handling inconsistent statements or recantations of abuse

- Working with DHS to develop a training on forensic interviewing techniques for children that will also include handling recantations during an investigation
- Working with DHS to develop a training on further assessing physical abuse and identifying inflicted versus accidental injuries; this training will first be rolled out in the Antelope Valley and then to the rest of the department
- Working with the Sheriff's Department to develop a training on conducting joint investigations with law enforcement, respective roles, and interviewing techniques

Additionally, DCFS is working with the Internal Services Department (ISD) to explore virtual-reality tools that could be used to sharpen assessment skills and more readily identify inflicted injuries. The OCP is also reviewing the training curriculum developed for Sheriff's detectives regarding child abuse and neglect investigations and interviewing children.

### **3. Retrain DCFS Social Workers on the Proper Use of the Structured Decision Making® (SDM) Tool**

Structured Decision Making (SDM) is a suite of instruments used to help guide the thinking of case workers when they are making determinations about the overall safety and well-being of children. The suite of tools includes screening and path-decision tools, a safety assessment, a risk assessment, a family strengths-and-needs assessment, a reunification re-assessment, and a risk re-assessment.

DCFS is partnering with the National Council on Crime and Delinquency's Children's Research Center (CRC), through a three-year contract, to assess DCFS' use of SDM in the field and identify the policy, training, and practice changes needed to ensure the proper use of and fidelity to the tool. Current efforts include these:

- A three-day kick-off event was held in May that included approximately 80 DCFS staff from various levels, including line workers, supervisors, regional managers, and executive leadership. At the event, staff mapped out the different stages of receiving referrals, conducting investigations, and identifying key issues with the SDM tool, plus associated training needs. An analysis was also begun on DCFS' current SDM policies and where difficulties occur that need to be addressed.
- CRC researchers and program staff held a meeting in August with DCFS staff representing their regional offices on the Core Leadership Team to discuss the SDM risk-assessment tool, the analytics behind its development, and its validity for use with California residents. The group then brainstormed solutions to current policy and practice issues that affect the fidelity of SDM use.
- A survey was disseminated at the end of October to all DCFS Child Protection Hotline and emergency-response social workers designed to uncover barriers to proper SDM use.
- CRC researchers and program staff spent time observing DCFS casework decision-making and SDM use at the Hotline, the Emergency Response

Command Post, and three regional offices (Van Nuys, Glendora, and Santa Clarita). Observations included 20 Hotline calls, interviews with Hotline staff after each call, and four “ride-along” investigations occurring in the field.

CRC will refine its list of key policy, practice, and training changes needed at the Hotline and Command Post, and in emergency-response investigations, over the next several weeks, and work to implement these changes starting in early 2019.

#### **4. Increase Collaboration between DCFS and Law Enforcement**

DCFS and law enforcement agencies each have the authority to investigate cases of suspected child abuse, neglect, or endangerment, and to take children into temporary custody when needed. A number of formal agreements exist among these agencies with strategies in place to concurrently investigate allegations of child abuse or neglect. Some of these efforts are:

- The Multi-Agency Response Team (MART) for when children are living in homes involving volatility and/or criminal activity, or when they are suspected to be Commercially Sexually Exploited Children (CSEC)
- The development of the Electronic Suspected Child Abuse Reporting System (eSCARS) for cross-reporting suspected abuse between law enforcement and DCFS
- The development of the Emergency Response Investigation Service (ERIS) for sharing criminal histories with emergency-response social workers on their smartphones to expedite their investigations
- The creation of centralized law enforcement liaisons (LELs) who facilitate collaboration between DCFS regional offices and local law enforcement stations/divisions, resolve issues occurring between the agencies, and ensure the sharing of pertinent information across agencies
- The co-location of DCFS social workers at 22 Sheriff’s Department stations who provide consultation, training, and joint investigations in cases involving allegations of child abuse or neglect
- Streamlined emergency responses to calls received from law enforcement when a child is in their custody.

DCFS and the Sheriff’s Department are working together to increase their collaboration by launching the following new efforts:

- Working together with County Counsel on defining the scope of a proposed pilot project in the Antelope Valley where four teams of Sheriff’s patrol officers and DCFS emergency-response social workers will jointly respond to investigations of alleged child abuse

- The Sheriff's Department is leading an effort with DCFS and the District Attorney's Office to establish a Child Abuse Forensic Center in the Antelope Valley, anticipated to be operational in early 2019. This center will use a multi-disciplinary team approach to serving complex cases, identifying appropriate community resources for at-risk families, and following up with families as needed.
- Worked with the Inter-Agency Council on Child Abuse and Neglect (ICAN) and the Department of Mental Health (DMH) to pilot the development of four ICAN Crisis Response Teams with DCFS' Santa Fe Springs office; that effort launched on October 15, 2018
  - When a child witnesses or is involved in a traumatic situation, DMH will provide crisis mental health services to the family within a three-hour window.
  - The teams will work to connect the family to any services and supports, and/or follow-up care, as needed.

The Sheriff's Department is also identifying additional offices that would benefit from a co-located DCFS social worker.

## **5. Improve the Medical Hub System in Place for Children Involved with DCFS**

In 2004, the Medical Hubs were established to serve children involved in investigations of abuse or neglect, or who have come into the care of DCFS. While the need for these Medical Hubs is apparent, the implementation of the Hubs has been inconsistent for a variety of reasons, creating the need for a clear vision for the use of these Hubs, clarifications to their policies and procedures, and improvements to their operations. Together, the Health Agency, DHS, DMH, DPH, and DCFS, with input from the OCP, developed a comprehensive report outlining the organizational and operational structure of the Medical Hubs and identifying policy and practice areas for improvement. This report was submitted to the Board on October 29, 2018.

Based on this report, the OCP has developed a comprehensive Hub improvement work plan addressing the six policy areas identified:

- Scope of services and target population
- Access and availability
- Information technology and data
- Quality assurance
- Fiscal sustainability
- Governance, stakeholder input, and accountability

The work plan is organized in two phases. Phase I activities (July 2018 through June 2019) focus on timely access to core Hub services like forensic and initial medical exams. Phase II activities (March through December 2019) focus on reaching consensus with stakeholders and developing an implementation plan on how to broaden the Medical Hub system.

The following steps are underway to improve the overall Medical Hub system:

- DCFS, DHS, and the OCP have conducted focus groups with DCFS regional offices and out-stationed Hub social workers to better understand their Hub-related needs, and are in the process of updating and automating significant sections of the Hub referral form to streamline the referral process for social workers.
- DCFS, DHS, and the OCP have conducted process walks and identified workflow improvements at the Medical Hubs, particularly related to optimizing medical-provider documentation and streamlining current data systems. DHS, DCFS, DMH, DPH, County Counsel, and the OCP will meet this month to discuss strategies for improving the Hub data system to streamline workflows, appointment scheduling, and outcomes tracking.
- DCFS and DHS have administered a survey to over 500 caregivers to obtain input on Medical Hub services, particularly related to accessing initial medical examinations. Survey topics include appointment/scheduling processes, quality of care, and barriers to accessing the Medical Hubs (transportation, insurance issues, timeliness, etc.). The survey is still open, and DCFS anticipates analyzing results in early 2019, then applying its findings to practice and policy improvements.
- DHS has begun to expand access to forensic exam services (which are currently limited at some facilities, particularly the High Desert Hub) and days/hours of operation at the Medical Hubs. DHS will continue to review utilization patterns to determine the optimal hours of operation and will draft plans to expand hours of operation at the High Desert Regional Health Center (HDRHC), the Harbor-UCLA Medical Center, the Olive View-UCLA Medical Center, and the Martin Luther King, Jr., Outpatient Center. DHS and DMH are also analyzing staffing needs related to potentially expanded hours, and anticipate submitting requests for additional staff positions.
- DCFS, DHS, DPH, and the OCP are working together to secure access to electronic health records systems—through LANES, a health information exchange, and/or DHS’s ORCHID system—for DPH’s Child Welfare Public Health Nurse (CWPHN) unit. This will streamline PHNs’ workflows in obtaining medical records for DCFS-involved children, which will improve Medical Hub referral process and services as well as support overall care coordination for these children. We anticipate the PHNs’ accessing at least one of these systems by mid-2019.

### **Improvements at the High Desert Medical Hub**

The Health Agency, DHS, DCFS, DMH, DPH, and the OCP have partnered to identify and implement short- and long-term strategies to improve staffing capacity and services specifically at the HDRHC Medical Hub. In addition to the immediate improvements outlined in the “OCP Coordinated Response to the Anthony A. Motion” (August 10, 2018), the following steps have been taken:

- ✧ **Staffing.** Staff from other regional Medical Hubs have been deployed to the HDRHC Medical Hub to increase forensic services, and transportation is being provided for these providers. A DHS general pediatrician (to be outstationed in December) has been identified to provide two days per week of general pediatric services to help with access for all patients. DHS has also outlined a compensation strategy to support specialized forensic care in the Antelope Valley, and a Senior Physician position has been earmarked to allow for the recruitment of an HDRHC Hub Director who can support the current HDRHC Pediatric Clinic Director.
- ✧ **Service Capacity.** The DCFS and DHS teams at the Olive View-UCLA Medical Center and HDRHC Hubs have partnered to expedite referrals for forensic exams at the HDRHC Medical Hub. Through this regional partnership and the temporary deployment of regional Medical Hub staff to the HDRHC Hub, forensic-exam appointments are now available in the HDRHC Hub three days per week, with an increase to five days per week scheduled to begin this month. (Previously, forensic-exam appointments were available only one day a week at this Hub.) Forensic-exam providers are now also accessible 24/7 to DCFS workers and regional medical centers for telephone consultation and referral assistance. The HDRHC Hub has expanded its capacity for more timely initial medical exams through these staffing increases and other process improvements, as well as through prioritizing core services when scheduling appointments.
- ✧ **Mental Health Services.** DMH has developed an enhanced staffing plan for the HDRHC Medical Hub based on historical data from 2016 to the present. It has increased its staff from one full-time clinician to two, plus two rotating part-time clinicians. DMH has identified vacant positions department-wide for use at the HDRHC Medical Hub and has been actively interviewing to expand DMH staffing at the HDRHC Medical Hub as quickly as possible.
- ✧ **Cross-Training.** DCFS, DHS, and the Sheriff's Department have developed a cross-training strategy to make the evaluation of children at risk for abuse and neglect more efficient. Inter-departmental sessions will cross-train frontline staff on the role of law enforcement in investigations, the information law enforcement needs from DCFS when responding, basic medical findings in child abuse, criteria required for DCFS intervention, and other critical topics. These trainings will be held quarterly starting in early 2019.
- ✧ **Workflow Improvements.** DCFS and DHS have conducted multiple focus groups in Palmdale and Lancaster with more than 75 DCFS field workers and supervisors to identify key areas for the improvement of Medical Hub-related services offered in the Antelope Valley. DCFS will email information to its Palmdale and Lancaster social workers to reiterate the referral process and scope of services available at the HDRHC Medical Hub, as well as to update them on the expanded forensic-exam capacity at HDRHC and to supply contact information for DHS forensic-exam providers who provide 24/7 telephone consultations to DCFS social workers.

As a result of these improvements at the HDRHC Medical Hub, monthly utilization statistics there markedly improved between June and September 2018:

- Forensic-exam appointments increased from 5 to 25
- Continuity-of-care visits (which had been inappropriately scheduled at the Hub because of a lack of access to general pediatrics doctors) dropped from 120 to 59
- Initial medical-exam visits increased from 88 to 214
- Mental-health screenings increased from 108 to 173

## 6. Improve the Investigation Skills of DCFS Social Workers at the Front End and Beyond

It is a necessary and important aspect of the child-welfare system that social workers are called on to investigate reports of the abuse and/or neglect of children, and that they gather facts or evidence throughout the span of an investigation or case that may thereafter be used in criminal or dependency court.

DCFS has begun implementing its Enhanced Operations Plan, designed to address policy and practice issues and skill-building for social workers and management. The four components of the plan that address this recommendation are:

- **Case Reviews.** Over 1,000 cases (both open and closed) were randomly selected and reviewed to look for safety concerns and sound decision-making, and to ensure that the best interest of the child was met. As a result, action plans were created immediately to address local practice issues that were identified.
- **Multidisciplinary Case and System Analysis.** Working with DHS, DPH, DMH, the Department of Public Social Services (DPSS), the Sheriff's Department, and the OCP to schedule reviews of specific cases to discuss their findings and identify trends, provider patterns, and key concerns that surface; these teams will make policy and practice recommendations as warranted. A few cases have been shared with DMH for its review, and, once those are completed, a multidisciplinary team meeting with the relevant partners will be scheduled.
- **Enriched Training.** DCFS is in the early stages of developing a Child Welfare Investigation Academy that will address the practice areas identified in the Anthony A. report and incorporate best practices from the field. Recent efforts from DCFS University's training-section staff include:
  - Reviewed the current training curriculum from the state's Common Core standards and other jurisdictions
  - Researched best practices in investigative and child-interviewing skills
  - Surveyed staff and subject-matter experts to identify gaps in the current training curriculum

DCFS will convene a committee of subject-matter experts in conducting emergency-response investigations to develop the curriculum to be used by the



Child Welfare Investigation Academy. A national child-welfare training expert is also being consulted to conduct a review of the DCFS training system as a whole and make recommendations for improvements.

- **Continuous Quality-Improvement Review Teams.** A continuous quality-improvement review team is being created that will conduct regular reviews of randomly selected referrals and cases to identify policy, practice, training, and systematic issues that need to be addressed to improve practice and enhance child safety in each regional office. Practice elements to be assessed include family engagement, risk and safety assessments, safety planning, the quality of services provided, and teaming. In the longer term, teams will be located in each regional office and the information they generate will be shared every quarter with office staff and management to drive needed changes or enhancements. A budget request for Fiscal Year 2019–20 will be submitted to support two reviewers in each DCFS regional office who will conduct ongoing case reviews with other County department staff or relevant partners and provide regular feedback to the regional offices on ways to improve program and practice quality.

## **7. Improve the Capacity to Assess Needs and Progress Made Throughout the Span of the Case**

Resources need to be available for social workers to consult with other partners to help inform and shape their assessments and get help in linking families to appropriate services.

DCFS is working with other departments to identify experts to be co-located in DCFS regional offices who can consult with social workers on complex cases or concerns that fall outside of their own expertise. Two notable efforts underway are these:

- DPH, DMH, and DCFS have partnered to outstation substance-abuse counselors in DCFS regional offices to provide on-site support and “warm hand-off” connections to substance-abuse supports for those parents or youth who need them. These counselors are also available to consult with social workers on cases involving substance-abuse issues and receive guidance on how best to handle them.
  - Substance-abuse counselors have been outstationed in 11 DCFS regional offices—Lancaster, Palmdale, Van Nuys, Santa Clarita, Glendora, Pomona, Pasadena, Covina Annex, West Los Angeles, Vermont Corridor, and Compton East. Space for a counselor is being identified in the other nine regional offices.
  - These counselors have been trained in healing-informed care and have received an overview of mental illness and substance-use disorders, including risk factors and warning signs of mental health problems.
- DMH has committed to outstationing three clinicians in DCFS offices to provide consultation to social workers at different contact points with families at which a potential mental health issue may exist. These clinicians would be available to

answer questions, give advice, discuss intervention options, and help connect families with appropriate services.

- DMH would like to outstation one clinician each at the Child Protection Hotline, the Emergency Response Command Post, and the Lancaster Regional Office, as a start, and anticipates submitting a request for additional staff positions to do so.

## **8. Reduce DCFS Social Worker Caseloads**

High caseloads have remained an issue within DCFS, particularly in the Antelope Valley, despite the increased number of social workers hired over the past few years. DCFS is currently exploring ways to attract and retain social workers in hard-to-staff offices throughout the county. DCFS' Bureau of Finance Administration has begun examining data to determine which offices are most difficult to staff and analyzing various compensation and frequency bonuses (along with their potential workload impact) that could be used to alleviate these staffing disparities. DCFS will be forming a workgroup to further consider these options that will include key parties, including Service Employees International Union (SEIU) Local 721.

While progress is being made on a number of these recommendations, there is still much more that needs to be done. We will submit to your Board a six-month follow-up report on the implementation of these recommendations by February 14, 2019.

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

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