



# COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

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February 14, 2019

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

## **OCP COORDINATED SIX-MONTH FOLLOW-UP TO 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). A 90-day follow-up report was submitted to the Board on November 14, 2018.

What follows is a summary of the work underway over the last six months 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 (LASD), the District Attorney's Office (DA), the National Council on Crime & Delinquency (NCCD), 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 DCFS VFM plan 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, but a 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; the parents refuse continued services but no current endangerment, safety, or risk factors are present; the child turns 18; the whereabouts of the family are unknown despite efforts to locate them; a 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 where services continue to be needed, DCFS has the option of terminating a VFM and initiating a dependency court case to provide a higher level of oversight and supervision for the family.

A workgroup consisting of representatives from DCFS, the Juvenile Court, CLC, LADL, County Counsel, and the OCP have developed recommended changes to the VFM process in the following areas:

- Selective eligibility criteria 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
- 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

DCFS' Policy Unit has drafted a revised VFM policy addressing these areas. The draft policy and recommended practice changes will be presented to the national-expert consultants advising DCFS on child-welfare best practices as part of the department's Enhanced Operations Plan. Once feedback is received, recommendations will be provided to DCFS' Outcomes-Driven Advisory Team (ODAT) for implementation.

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

Currently, DCFS social workers receive training on interviewing children through the state's Core 3.0 Training. A segment of this training 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.

As part of its Enhanced Operations Plan, DCFS has partnered with others to create Induction trainings that supplement the state's Core Training to enhance its social workers' interviewing skills.

✧ Dr. Thomas Lyon, Ph.D./J.D. at the University of Southern California Law School is working with DCFS to develop and roll out the following:

- A 90-minute Induction training video for new social workers that will be provided in addition to the state's Mandated Core 3.0 level 100 and 200 trainings. The enhanced training includes clips of actual interviews that address rapport-building, basic screening questions for assessing abuse and following up on an allegation, and simple, non-leading approaches with children. This training will be made available online to all workers who have completed the level 100 Core Training, and will also be used in the Supervisor Core Training. Additionally, a segment will be developed to help trainers reinforce this learning.
  - A 90-minute online training that addresses child recantations will be made available for those who have completed the level 200 Core Training.
  - Both of these trainings will be fully developed by June 30, 2019, and their rollout is anticipated to start in July 2019.
- ✧ Worked with DHS to develop a training on further assessing physical abuse and identifying inflicted versus accidental injuries
- The Basic Abuse three-hour training curriculum (covering signs of abuse, maltreatment, or neglect) began on January 16, 2019, for the Lancaster DCFS office and law-enforcement partners. Trainings for the DCFS offices in Lancaster, Palmdale, and Santa Clarita—plus law-enforcement partners in those areas—will continue through May 17, 2019, and then be offered to other DCFS offices and law-enforcement partners countywide.
  - This training also covers a policy review for accessing the County's Medical Hub system, as well as how and when to consult with a Medical Hub physician.
  - The Sexual Abuse three-hour training curriculum, covering an overview of the examination process, is scheduled to take place in the Antelope Valley this spring, once the Basic Abuse trainings are completed.
  - Working with the Internal Services Department (ISD) to explore the use of virtual-reality tools to further enhance assessment skills

The OCP is also reviewing training curricula developed for Sheriff's detectives regarding child abuse and neglect investigations and interviewing children, as well as various interviewing models and structures involving law-enforcement agencies in other jurisdictions.

### **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.

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

- ✧ The initial focus of this first 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 (ER) 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 DCFS regional offices (Wateridge, Belvedere, and South County) to observe actual practice in the field, including ride-alongs, case supervision/consultation, key-informant interviews, and 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 Los Angeles County population.
- ✧ A report 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 has been shared with the DCFS executive and core teams.
  - This report was used to launch the next phase of this work, which includes finalizing an implementation plan for policy and practice changes that was discussed at the DCFS core team meeting held on February 4 and 5, 2019.
- ✧ NCCD is working with DCFS' Policy Unit to incorporate these changes into its curriculum for the Investigation Academy that is in development.
- ✧ The second phase of NCCD's work will be to examine the use of SDM in dependency investigations and family maintenance and family reunification programs, and to develop a set of recommendations on needed policy and practice changes.

#### **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 to concurrently investigate allegations of child abuse or neglect. Some of these efforts are:

- The Multi-Agency Response Team (MART) that coordinates with local, state, federal, and international law enforcement when children are living in homes involving high 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. Since April 13, 2009, eSCARS has been used to rapidly transmit the Suspected Child Abuse Report (SCAR) to all 23 Sheriff's stations and other independent law-enforcement agencies within Los Angeles County, plus the District Attorney's Office. The eSCARS web-based system was developed by the DCFS Business and Information Systems Division as part of a joint effort by three county departments: DCFS, the DA, and the Sheriff's Department. It facilitates compliance with the Child Abuse and Neglect Reporting Act (P.C. 11164), which requires: 1) DCFS and law enforcement to mutually cross-report allegations of suspected child abuse and/or severe neglect; and 2) the DA to audit cross-reporting compliance between DCFS and law-enforcement agencies in the county. The eSCARS system facilitates a timely response to sensitive cases, consolidates reports from multiple mandated reporters, provides case-tracking capability, expedites criminal investigations, and enhances prosecution. The eSCARS Steering Committee and Subcommittee meets on a monthly basis to monitor its use.
- 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 liaison (LEL) positions to 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 at 23 Sheriff's Department stations and other law-enforcement agencies of 43 DCFS social workers who provide consultation, training, and joint investigations in cases involving allegations of child abuse or neglect
- Expedited 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 through the following new efforts:

- ✧ DCFS and the Sheriff's Department are launching a pilot in the Antelope Valley to jointly investigate allegations of child physical and sexual abuse (during daytime shifts). The goal of the pilot is to promote cooperation between the agencies to enhance child safety and timely child-abuse investigations, increase information-sharing between the agencies, and improve assessments of appropriate services and supports for the families involved.
  - Pilot social workers either ride with a Sheriff's deputy to the scene (occurring in Palmdale) or meet the Sheriff's deputy there (occurring in Lancaster).
  - Pilot social workers and deputies conduct a joint-response investigation that includes the joint interview of victims, witnesses, and other contacts relevant to the investigation, as well as sharing any relevant information gathered (recent or historical).
  - Pilot social workers and deputies discuss with each other their opinions on whether a crime was committed, whether a dependency case should be opened, and what each agency will recommend as its next step.
  - If the initial joint-response investigation does not result in a child's detention, the pilot social worker "hands off" the referral to an emergency-response social worker to complete the investigation.
  - This pilot started in Palmdale on February 4, 2019, and is scheduled to start in Lancaster by February 18, 2019.
- ✧ The Sheriff's Department is leading an effort with DCFS and the DA to establish a Child Abuse Forensic Center, anticipated to be operational in 2019. This center will use a multidisciplinary team approach to serving complex cases, identifying appropriate community resources for at-risk families, and following up with families as needed. The goal of this Center is to protect children who are at risk for abuse, prevent future child abuse, and improve the investigation and prosecution of child-abuse cases.
  - Cases involving children who are at high risk for abuse will be identified by the DA's eSCARS unit, DCFS, law enforcement, or medical providers.
  - The multidisciplinary team will work together to complete a thorough investigation of the allegations and create a comprehensive action plan to address any identified needs, including connections to appropriate services.
  - Lessons learned from these efforts will be provided to first responders, through informational and/or training sessions, to help prevent children from "falling through the cracks" in the future.

- The DA will work collaboratively with its partners to begin developing protocols and procedures for the Center and exploring sustainable funding sources.
- DHS has agreed to provide a child-abuse pediatrician for the Center.
- ✧ DCFS and the Sheriff's Department worked with DMH and the Inter-Agency Council on Child Abuse and Neglect (ICAN) to pilot the development of an ICAN Crisis Response Team 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 provides crisis mental-health services to the family within a three-hour window.
  - Teams work to connect the family to any services and supports, and/or follow-up care, as needed.
- ✧ An updated eSCARS cross-training curriculum has been drafted to train DCFS, the DA, and law-enforcement staff. DCFS will continue to work with law-enforcement partners to ensure that the cross-training rollout is not stalled while key personnel changes are being made in the Sheriff's Department.
- ✧ DCFS and the Sheriff's Department have agreed to develop a joint protocol that outlines the process for how the two agencies can consistently work together in all phases of an investigation, as well as in other activities where the two agencies connect. The purpose of this joint protocol is to strengthen the collaboration between the two agencies, ensure that the most efficient approaches to completing their respective mandates are being used, reduce the trauma to involved families, and get the most effective results.
- ✧ In addition to co-locations at the 23 Sheriff's Department stations and other law-enforcement agencies mentioned above, the DCFS Santa Fe Springs office has co-located social workers at the Whittier and South Gate police departments, taking the total to 45 social workers outstationed at 25 law enforcement locations.

## **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 their use, 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 exams and initial medical exams (IMEs). Phase II activities (March through December 2019) focus on reaching consensus with stakeholders and developing an implementation plan to broaden the Medical Hub system.

- ✧ 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 forensic exams 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 those 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:



- **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 (This Hub is currently experiencing staffing shortages that DHS is working to address.)
  - **ESGV Medical Hub:** IMEs available within two weeks (Forensic services have recently been added to this Hub and are currently available one day per week. DHS plans on adding more staff to make forensic exams available five days per week by July 1, 2019.)
- ✧ DHS is 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, 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 PHNs, 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 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 three 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 now 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, 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 the 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 expand to other areas. Cross-trainings on the exam process for sexual abuse will begin in the Antelope Valley this spring and then expand 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.

## 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 is implementing its Enhanced Operations Plan, which addresses policy and practice issues as well as skill-building for social workers and management. This plan specifically addresses this recommendation in the following ways:

- ✧ **Ongoing 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 immediately created to address the local-practice issues identified.
  - A process has begun in each regional office to participate in monthly real-time case-quality reviews. Action plans are created in each office as a result of these reviews to address any practice issues identified.
  - Regional continuous quality improvement teams are being developed to regularly review randomly selected referrals and cases to identify policy, practice, training, and systematic issues needing attention. Areas of focus include the appropriate quality of family engagement, risk and safety assessments, safety planning, services provided, and teaming. A proposal to address staffing, structure, and accountability will be presented at a future Children and Social Services Cluster meeting.
    - A tool including these focus areas has been developed to assist teams with reviewing referrals and cases in a consistent and effective way.
- ✧ **Multidisciplinary Case and System Analysis.** DHS, DPH, DMH, the Department of Public Social Services (DPSS), the Sheriff's Department, County Counsel, and the OCP are working to review specific cases and discuss their findings, identify trends and provider patterns, and pinpoint key concerns that surface. Two types of multidisciplinary case and system-analysis teams will make policy and practice recommendations as warranted.
  - Child Fatality Administrative Review RoundTable (ARRT)—In a confidential setting, these multiagency review teams, composed of representatives from the agencies listed above, make in-depth examinations of child abuse/neglect referral and case details to identify trends, patterns, concerns, missed opportunities, and lessons learned to improve practices. Systemic issues across departments and joint action items needed for improvement are also identified.
  - Regional Multidisciplinary Review Teams (RRT)—DCFS is developing a proposal for creating regionally based teams that would be available to consult with social workers and their supervisors on complex child abuse and

neglect cases. RRTs would potentially include co-located staff from other disciplines, including DMH clinicians, PHNs, County Counsel, and educational liaisons, to provide a wider perspective on these difficult referrals.

- ✧ **National Expert Consultations.** A team of national experts in child welfare are reviewing historical data and case summaries, including child deaths and near fatalities, as part of an examination of DCFS' overall actions and plans and its planned recommendations for implementing best practices across the field. These experts are:
  - David Sanders, Ph.D., Executive Vice President of Systems Improvement at Casey Family Programs
  - Rachel P. Berger, MD, MPH, Professor of Pediatrics and Clinical and Translational Medicine at the University of Pennsylvania
  - Zeinab Chahine, Ph.D., Managing Director for Strategic Consulting at Casey Family Programs
  - Theresa Covington, Director of *Within Our Reach* at the Alliance for Strong Families and Communities
  - Stefanie Sprow, Deputy Director of Child Welfare and Mental Health at the Children's Defense Fund
  
- ✧ **Enriched Training.** DCFS is developing a Child Welfare Investigation Academy to address practice areas identified in the Anthony A. report, the 1,000 case reviews mentioned above, and the MDT case reviews, and incorporate best practices from the field.
  - In collaboration with the Institute for Human Services (IHS), DCFS will review and scan the department's current training curriculum and basic training infrastructure to determine strengths, gaps, and needs. Following this review, DCFS (with input from outside agencies) will develop a training plan and curriculum, along with a continuous quality-improvement process. The project is currently in its initial planning phase, with an anticipated start date for the environmental scan of June 1, 2019.
  - California is revising the supervising children's social worker Core Academy training to a single standardized 10-day curriculum that aligns with the state's Integrated Core Practice Model. Twenty-five new and seasoned supervising children's social workers are participating in a pilot of this training that began in January 2019, to provide feedback and shape the final curriculum.

## **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.

- ✧ DPH's Substance Abuse Prevention and Control (SAPC) unit, DMH, and DCFS have partnered to outstation substance-abuse counselors in DCFS regional offices to provide on-site support and 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 offer guidance on how best to handle them.
  - Client Engagement and Navigation Services (CENS) substance-abuse counselors have been outstationed in 13 DCFS regional offices—Lancaster, Palmdale, Van Nuys, Santa Clarita, Chatsworth, Glendora, Pomona, Pasadena, Covina Annex, Metro North, West Los Angeles, Vermont Corridor, and Compton East—under the Substance Use Disorder–Trauma Informed Parent Support (SUD–TIPS) program. Space for counselors is being identified in each of the other eight regional offices as well.
  - The CENS counselors provide both substance-use disorder screening services and mental-health prevention and early intervention services using healing-informed practices. Parents with a potential substance-use issue are referred to the co-located CENS counselors and screened for substance-use disorders using the American Society of Addiction Medicine's triage tool. If the screening determines a need for services, the CENS counselor connects the parent to the level of services that meet their individual needs. This collaboration between DPH-SAPC and DCFS results in streamlined screening and seamless connections to appropriate substance-use disorder treatment services.
  - DPH-SAPC reports that between May 1 and December 31, 2018, a total of 1,021 parents were referred by DCFS for substance-use screening as a result of this program.
  - Of this number, 693 were screened for substance-use disorders, 598 of whom had a positive screen and were referred to treatment services within their communities.
  - Parents referred for screening who either did not show up for the appointment or refused to be screened numbered 261, and 67 referrals were determined to be duplicates.

- ✧ 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 surface. These clinicians would be available to answer questions, give advice, discuss intervention options, and help connect families with appropriate services.
  - DMH co-located the first of these clinicians at DCFS' Child Protection Hotline on January 15, 2019. The outstationed clinician provides consultations to Hotline staff on any reported mental-health concerns and needed connections to appropriate services, serves as a navigator in researching clients' DMH history, participates in the Community Prevention Linkages pilot to offer a mental-health perspective on assessing a family's needs and developing an appropriate support plan, and offers in-service trainings on assessing needs, screening for mental-health concerns, and implementing process improvements.
  - DMH is currently recruiting staff to be co-located at the Emergency Response Command Post and the Lancaster Regional Office to provide similar consultations, participate in multidisciplinary teams, and offer in-service trainings to strengthen social workers' capacity to identify mental-health concerns.

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

Supervising children's social workers are vital to ensuring that a high standard of work is consistently performed by individual social workers. They guide workers to develop their investigative skills and critical thinking, promote the thoroughness of investigations, and review the quality of casework on an ongoing basis. The supervising role is particularly important given the high number of new social workers recently hired as part of the department's efforts to reduce caseloads. Ideally, the department recommends a supervising social worker "span of control" of 1:5; however, the current average span of control is 1:6. The department has begun to allocate additional supervising social workers to regional offices to immediately increase the level of supervision. It will continue to monitor staffing levels on a monthly basis and allocate available resources as needed to reduce supervision ratios to 1:5.

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 regular updates on the implementation of these recommendations in the OCP's quarterly updates.

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).

MN:CDM:eih

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