



# COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

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August 30, 2019

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

## OFFICE OF CHILD PROTECTION (OCP) RESPONSE TO THE NOAH C. MOTION

On July 16, 2019, following the death of four-year-old Noah C., the Board of Supervisors directed County Counsel to oversee a review of the investigation into Noah C.'s death by the Office of Child Protection (OCP) and report back on the following:

1. An assessment of the various interactions that any agencies may have had with the family of Noah C., identifying any potential systemic issues or recommendations for modifying and/or strengthening services to optimally protect the health and well-being of children
2. An update on the new pilot program in Palmdale and Lancaster that co-locates social workers with law-enforcement agencies to increase cross-training and coordination of joint responses and investigations of child-abuse reports
3. An update on the ongoing collaboration between law enforcement, the Department of Children and Family Services (DCFS), and the District Attorney's Office, to enhance and improve the utility of the Electronic Suspected Child Abuse Reporting System (eSCARS), with recommendations as appropriate
4. An update on the assessment of the existing use of the Medical Hubs County-wide, including efficacy of services and effective collaboration between and among the departments of Health, Mental Health, Public Health, and Children and Family Services to support the needs of children and families involved in child protective services
5. In collaboration with DCFS, the Department of Health Services (DHS), and the Department of Mental Health (DMH), an update on staffing and resources available in the Antelope Valley, understanding the unique nature of the region and previous barriers experienced

The Board further directed the Chief Executive Officer (CEO) to collaborate with DCFS to identify positions that are experiencing recruitment and retention challenges in the department's Antelope Valley regional offices and provide recommendations to address them, including financial incentives such as a pay differential and bonuses.

The Board further directed the OCP and DCFS to report back comprehensive data that details the progress and improvements that have been made since the adoption of the recommendations of the Blue Ribbon Commission on Child Protection (BRC), such as proposed systemic and structural changes including, but not limited to, Medical Hubs; impediments to the department's progress, including workload ratios; the number of fatalities that existed prior to the BRC versus now; and the overall efficacy of the OCP, particularly towards prevention and including its accomplishments.

The Board further directed the CEO and the directors of DCFS, DHS, and DMH to report back on the number of vacancies versus the total allocated positions, including vacancies in the Antelope Valley.

In this report, the OCP will report on items 1 through 4 and on the comprehensive data detailing the progress and improvements made since the adoption of the recommendations of the BRC. The other items requested by the Board will be reported on separately by the CEO, DCFS, and other agencies.

## **1. History of Contacts and Systemic Issues Identified**

The family of Noah C. consisted of mother Ursula, father José, and four children—Noah and three siblings. Contact with DCFS fell into three different contexts.<sup>1</sup>

- First, in August 2014, petitions for Noah and his older sibling were filed alleging that Mother had physically abused her own infant sibling, resulting in a skull fracture, and that Father was an abuser of marijuana. The petitions resulted in the detention of Noah's sibling and Noah, shortly after Noah's birth.
- Second, petitions were filed in November 2016 alleging that Noah had been diagnosed with "failure to thrive," developmental delay, and congenital hypertonia, and that he was medically neglected by Mother and Father, who failed to take the child to eight scheduled medical appointments. These petitions again resulted in the detention of Noah and his sibling.
- Third, following the return home of Noah in November 2018, reports were made to the DCFS Child Protection Hotline regarding Noah that contributed to the issuance of a removal order on May 15, 2019, that was not executed.

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<sup>1</sup> When she was a child, the family of Mother was the subject of three DCFS referrals—one in 2001 and two in 2011. The third referral resulted in a Voluntary Family Maintenance (VFM) case that closed as the family stabilized. When Father was a child, his family was also the subject of three DCFS referrals, in 1999, 2001, and 2008. The 2008 referral was promoted to a VFM case that closed in 2009 as the family stabilized.

### **2014 Petitions**

After the filing of the petitions in August 2014, Noah and his older sibling were placed in foster care and then with their maternal great-grandmother (MGGM).

On May 21, 2015, just prior to the adjudication hearing, the petitions were dismissed. The allegations against Mother were dismissed after a forensic evaluation requested by DCFS was received from Dr. Janet Arnold-Clark, M.D., Board Certified Child Abuse Pediatrician from the LAC+USC Violence Intervention Program. DCFS requested the dismissal after indicating that it did not have sufficient evidence to meet its burden of proof, "as it is more likely than not that the mother did not cause the injuries."

The allegations in the petitions against Father were dismissed because there was "no evidence to suggest that the . . . father is an abuser of marijuana."

Following the dismissal of the petitions, Noah and his sibling were returned to Mother and Father.

### **2016 Petitions**

After the filing of these petitions, both Noah and his older sibling were placed in foster care. At the initial hearing on November 21, 2016, Noah's sibling was released by the court to Mother and Father over the objection of County Counsel.

On March 9, 2017, Mother and Father pled no contest to the petitions. The disposition hearing was held on June 1, 2017. Family maintenance services were ordered for Noah's sibling, and family reunification services were ordered for Noah. On August 14, 2017, Noah was placed with his MGGM and maternal great-grandfather (MGGF).

At the Welfare and Institutions Code (WIC) section 366.21(e) judicial review hearing on November 28, 2017, the court found by a preponderance of the evidence that the return of Noah to his parents would create a substantial risk of detriment to the child, thereby necessitating continued placement.

The court further found that the parents' compliance with the case plan had been substantial. Both had completed parenting programs and had provided proper care for Noah's sibling. Mother had not completed individual counseling, in part because she had seen a counselor who was not a DCFS-approved licensed therapist. The court liberalized visits for the parents with Noah after finding that previous visits had been consistent and of high quality. The DCFS report on the November 28, 2017, hearing indicated that both children were doing well. Overnight visits with Noah were set to begin. The report noted that Mother and Father "have made tremendous progress" in participating in and completing the court-ordered case plan. DCFS stated that the family would be referred to family preservation services upon reunification with Noah.<sup>2</sup>

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<sup>2</sup> There is no indication that this ever occurred after Noah was returned to his parents.

The court continued reunification services and found a substantial probability that Noah would be returned to his parents within 18 months of his removal. The case was continued for the next review pursuant to WIC section 366.21(f) on May 29, 2018. (At the November 28, 2017, hearing, court jurisdiction was terminated over Noah's sibling.)

At the May 29 hearing, Mother and Father contested the department's recommendation to continue family reunification services. The DCFS report noted that Mother and Father were both compliant with their case plan and were taking good care of Noah's siblings, which included a new baby born on January 25, 2018. A return home for Noah was not recommended because of the lack of consistency of overnight visits and difficulties in transitioning Noah from the home of MGGM to parents when visits did occur. The hearing was continued to August 27, 2018. The court also ordered Noah to be referred for mental health services and for conjoint counseling with his parents.

As transition difficulties continued, the court ordered on July 11, 2018, a bonding study to assess the bond between Noah and his parents and between Noah and the maternal great-grandparents.

The August 27, 2018, hearing was continued until November 1, 2018. In the interim, visits remained inconsistent and transition issues continued. Conjoint counseling did not occur. A new continuing-services children's social worker (CS-CSW) was assigned to the case on September 7, 2018. The evaluation for the bonding study was completed on September 21, 2018. The psychologist recommended that Noah be transitioned to his parents with the assistance of Parent Child Interactive Therapy (PCIT).

On November 1, 2018, DCFS indicated its disagreement with the bonding study and recommended that family reunification services be terminated and the case be set for a permanency hearing pursuant to WIC section 366.26. At the November 1 hearing, the court ordered Noah on an extended visit with his parents, over DCFS objections. The hearing was continued to November 9.

On November 2, 2018, the CS-CSW visited Noah at the family home and he appeared to be comfortable. Subsequent attempts to visit before the November 9 hearing were unsuccessful.

On November 9, 2018, the court found that return to the parents would not create a substantial risk of detriment to Noah. The suitable-placement order was terminated and Noah was ordered to Home of Parents, over the objection of DCFS. The court further ordered DCFS to make unannounced visits and to set up a visitation schedule for the maternal great-grandparents, and for the parents and Noah to participate in PCIT. The case was continued to May 9, 2019, for a judicial review pursuant to WIC section 364.

### **2019 Activities**

Subsequent to the November 9, 2018, hearing, the CS-CSW had in-person visits with Noah on November 16 and December 17 of 2018, and on January 24, January 25, February 28, March 7, March 22, and April 17 of 2019. Noah was also seen by an

emergency-response children's social worker (ER-CSW) and Human Services Aide (HSA) on May 20, 2019, and by the ER-CSW again on June 28, 2019. The CS-CSW also made four unannounced visits, for three of which she could not see Noah and was told via telephone by the parents they were not at home.

In her report to the court for the May 9, 2019, hearing, the CS-CSW reported, "During this period of supervision, Noah appeared to be happy and bonded to his parents."

During the period between November 9, 2018, and May 9, 2019, the parents did not enroll in PCIT and Noah was not put in preschool. MGGM had only one visit, on March 23, 2019. Further, during this time period the family's residence changed and the parents did not appear to be forthcoming about their living situation, although none of their apparent residences appeared unsafe.

On the February 28, 2019, visit, the CS-CSW described Noah as lethargic and advised that his parents seek medical treatment. On March 7, 2019, Noah had a well-child exam visit at Kaiser Permanente Panorama City. The assessment was, "Well child. Growth and development within normal limits." Noah was also diagnosed with an ear infection and was prescribed medication.

On April 17, 2019, the Child Protection Hotline received an anonymous call indicating that MGGM had seen Noah the previous week and he appeared thinner, with "frail hair," intimidated, and scared. The caller said that Noah frequented a maternal aunt's home and suffered from night terrors and had mentioned that his "butt hurt." Further, the caller said that the child had told the CS-CSW that Father hits him and curses at him. An "Info to CSW" communication was generated and sent to the CS-CSW.

The CS-CSW went to see the child that day and he appeared scared that she was there to remove him. He calmed down after she reassured him that she was not there to remove him. The CS-CSW asked Mother to remove Noah's shirt and she observed cream on his back, which Mother said was for eczema. The CS-CSW noticed a bruise on Noah's back and a scab on his forearm. The CS-CSW took a picture of them. Mother said that Noah had fallen from his brother's bunk bed. In speaking to Noah, the CS-CSW reported that he said he loved his mother and father. He also said there was nothing wrong with his butt. He said Father does not call him bad names. He said that when he does something wrong, he gets hit; when asked where, he said he doesn't get hit. Noah appeared happy and smiling during the interview. The CS-CSW felt he was coached.

The next day, the CS-CSW made a referral to the Child Protection Hotline and emergency response. An ER-CSW was assigned the referral and later met with the family. She observed the bruise on Noah's back and arranged for a forensic exam at the Olive View Medical Hub the next day. She spoke with Noah, who appeared happy. He said he got the bruises when he fell off the bed. Noah denied any physical discipline, sexual abuse, domestic violence, or fear of his parents.

A report of the April 19, 2019, forensic exam at Olive View indicated that Noah was very happy and energetic and engaged with Mother. Other than the bruise on the back and

elbow and scab on his elbow, the physical exam indicated that the rest of the body was within normal limits. The report concluded, "It is plausible current markings/bruising . . . can be attributed to the incident that was reported by both mother and child" (the fall off the bed). No other physical findings were discovered during the examination.

On May 9, 2019, the ER-CSW consulted with the family's prior CS-CSW (now an HSA), who indicated that she had always had concerns for Noah, was opposed to his return home, and felt that the parents are habitual liars who present well. She expressed concern for the bonding between Noah and parents and believed he was a targeted sibling.

On May 9, the ER-CSW also consulted with her supervising children's social worker (ER-SCSW). It was decided to close out the referral, given that the family was already under court supervision. The allegations of physical abuse were found "inconclusive." There was no further discussion about the alleged night terrors or the complaint that Noah's butt hurt.

On May 13, the ER-SCSW consulted with the CS-SCSW and advised that the allegations could not be verified. The CS-SCSW indicated that because of various case concerns related to the parents not being compliant and truthful, the CS-CSW had initiated a warrant request for removal (a DCFS procedure).

On May 15, a call to the Child Protection Hotline stated that the MGGM reported that one of Noah's maternal aunts had told her that Father beats Mother in front of the children and sometimes throws them out into the street. Further, the MGGM said that Noah spent the night at a maternal aunt's home and woke up screaming in the middle of the night. He also told the maternal uncle that his butt hurt, and the uncle told the aunt that Noah was being sexually abused.

This Hotline referral was assigned to the same ER-CSW. On May 15, prior to any investigation of the referral, the CS-CSW submitted the removal order to the court, which signed the removal order the same day. There was disagreement among the emergency-response and continuing-services staff about the filing of the removal order. An attempt was made to withdraw it, but it had already been signed by the court.

On May 16 and May 20, 2019, the ER-CSW spoke with the maternal aunts and maternal uncle referenced by the MGGM. All unequivocally indicated that the allegations made to the Hotline were not true.

On May 20, the ER-CSW and the HSA saw the family at their new address in Palmdale. Mother denied all of the latest allegations; she also denied being pregnant. Father, too, denied the allegations. The workers also saw and spoke with Noah, who was alert and in good spirits. Noah denied sleeping over at the maternal aunt's house, denied that his parents get in fights, and stated that he felt safe. He also pointed when asked to indicate his private parts, denied sex abuse, and denied that his butt ever hurts.

At a case conference on May 22 attended by the ER-CSW, the CS-CSW, the HSA, the ER-SCSW, and the Assistant Regional Administrator, it was agreed not to execute the

removal order pending the referral. It was agreed that DCFS would facilitate a child and family team (CFT) meeting with the family. Unsuccessful attempts were made through July 5 to schedule a CFT.

On June 6, Mother—who had previously denied being pregnant—gave birth to a baby boy. At the hospital, she initially denied that the baby was hers and claimed she was inseminated as a surrogate, but did not know she was pregnant. She eventually told the truth and said she was afraid of DCFS. Hospital personnel noted that Mother had had no prenatal care and they were concerned with Mother's mental health. The baby was healthy and was discharged with his parents.

On June 13, the ER-CSW consulted with the ER-SCSW and it was decided to promote Noah's (now) three siblings to a case because of concerns for Mother's mental health and her inability to comply with court orders.

On June 19, the May 15 referral was closed. The allegation of general neglect by Mother was substantiated. The allegations of abuse by Father were deemed inconclusive.

On June 28, the ER-CSW visited the family home. All children were seen. Noah was described as being in good spirits and reported that he was doing well.

On June 26, the court was informed that the April 18 referral was closed, but that a new referral had been generated on May 15 alleging the sexual abuse of Noah and domestic violence between the parents, and that the removal order granted on May 15 had not been served. DCFS recommended a 30-day continuance to address the outcome of the referral disposition for a possible new case filing as to Noah and his three siblings.

On July 5, Noah was hospitalized after parents said they found him in the apartment complex's pool. He passed away on July 6, 2019.

The death of Noah is under investigation by the Los Angeles Sheriff's Department. No further information is available at this time.

### **Conclusion**

Given what is currently known, the primary issue in this case from a systemic perspective focuses on the removal order. There are three key questions. First, was it appropriate? Second, should it have been issued? Third, should the order have been executed and Noah removed?

For clarification purposes, a "removal order" is not an order from the court directing the department to remove a child from the home. It is an order authorizing a removal of a child whom the department believes is at risk when there are not exigent circumstances justifying a removal without a court order. If the removal order is not executed or served within 10 days, the department must seek a new removal order if exigent circumstances

do not exist. DCFS policy also mandates that the court that issued the removal order must be notified if the child is not removed.

On the first question posed above, it is the opinion of this writer that the removal order was not appropriate. While the affidavit was lengthy, the basis for removal was sketchy for several reasons. The affidavit itself consisted of prolonged discussions of the family's background that included descriptions of the 2014 petition (which absolved parents of responsibility and was dismissed), the 2016 petition that brought the family before the court, and the sequence of events leading to Noah's return to his parents in November 2018.

By all accounts, Noah was doing well until around April 2019 and the CS-CSW was considering recommending termination of the case at the next scheduled court hearing in May, despite the fact that the parents had not complied with the court order to participate in Parent Child Interactive Therapy, had not given the MGGM her regular visits, and had not always kept DCFS informed of their address. Those factors in and of themselves would not be sufficient for removal of the child, but could form a basis for the court to maintain jurisdiction.

The affidavit further referenced the April referral that focused primarily on the back bruise. However, following the forensic medical examination at the Olive View Medical Hub, that allegation was deemed inconclusive as the injury seemed consistent with the explanation given.

The affidavit also suggested that the parents were medically negligent because Noah was not taken to a doctor when he appeared lethargic on February 28, and was not taken to a doctor when he suffered the back bruise (the basis for the April referral). Except for a minor ear infection diagnosed at Noah's annual medical exam on March 7, he was deemed normal both by the annual exam and by his Hub examination.

Finally, the affidavit discussed in detail the serious allegations that were the source of the May referral. Those allegations, which included possible sexual abuse and domestic violence, had not been investigated at the time that the removal order was sought. These serious allegations could have been the sole basis for a removal order had they been substantiated in any way—which they never were.

When all of the above is considered as a whole, there was not a sufficient basis to seek a removal of Noah.

As to the second question, this writer believes that the court was correct in signing the removal order because of the serious allegations regarding sexual abuse and domestic violence. The court had no knowledge that those serious allegations had not been investigated.

As to the third question, it is clear that the decision to not execute the removal order was appropriate. Given the fact that the most serious allegations, stemming from the MGGM



and the only reasonable basis for removal, had not been investigated, the removal of Noah from his parents would have been a premature, if not inappropriate, action.

These conclusions are not meant in any way to denigrate the ability of social workers to use their instincts based on their education, knowledge, and experience. However, given that they have the significant authority to remove children from their homes, it must be very clear that there exists a sufficient factual basis to exercise that authority.

## **Recommendations**

### **A. Improve Warrant/Removal Order Process**

The DCFS policy for obtaining warrants and/or removal orders is found in DCFS policy 0070-570.10.<sup>3</sup> It needs review and revision in a number of ways. First, the process for obtaining a warrant or removal order needs to be clarified. It is not clear in existing cases whether a court petition pursuant to WIC 342 or WIC 387 must be filed before or after a removal order is obtained.

Once a warrant/removal order is obtained, the policy should be clear under what circumstances it should not be executed, including what level of supervisory approval and what specific documentation are necessary. A timeframe for notifying the juvenile court that a removal order the court has previously approved is not being executed should be included in the policy.

In addition, there should be ongoing training for those involved in the warrant process, including DCFS and County Counsel personnel. In this case, a concern was expressed as to whether or not a removal order should be sought. Additionally, a removal order was filed despite the fact that it contained specific information that had not been investigated.

Perhaps more important, DCFS data show that in 2018, removal orders were sought for 8,952 children. For 687 children, those requests were denied. Seven removal orders were not served. According to DCFS, departmental policy does not require staff to report if warrants are not served. That policy needs to change.

Further, while the overall rate of denials is less than 10 percent, that still means that removal orders were denied for hundreds of children. Therefore, it is recommended that DCFS undertake a review of its process to understand why there are so many denials. Is it a DCFS issue, a court issue, or both? Is DCFS seeking too many removals, or is the documentation for its requests insufficient? It is important to know the answers to these questions—ultimately, children's lives can be at stake.

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<sup>3</sup> The 2014 version of this policy was revised on July 21, 2019, to require DCFS Director approval to not execute a removal order issued by the court. The policy is currently under further review.

### B. Necessity for Seeking Review of Court Orders

In Noah's case, the court issued important rulings over the objections of DCFS. The most significant to these occurred in November 2018, when the court terminated the suitable-placement order of Noah and returned him to his parents.

The hearing on November 9, 2018, was a status-review hearing pursuant to WIC 366.21(f). At that hearing, the court is required to return the child to the parents "unless the court finds, by a preponderance of the evidence, that the return of the child . . . would create a substantial risk to the safety, protection, or physical or emotional well-being of the child."

In this case, DCFS (through its attorney, County Counsel) argued that the evidence showed such a risk existed. The court disagreed and returned Noah to his parents. No further review of the court's ruling was sought by DCFS or County Counsel, despite their contention that the child was at risk and despite the fact that potential legal avenues are available to seek review of a court order. It should be clear that whenever the court issues an order that DCFS and County Counsel believe is contrary to the evidence and that places a child at risk, there is a legal and moral obligation to seek review of that order.

### C. Adherence to Statutory Timelines for Dependency Court Cases

WIC 352(b) provides that ". . . if a minor has been removed from the parents' . . . custody, no continuance shall be granted that would result in the dispositional hearing . . . being completed longer than 60 days after the hearing at which the minor was ordered removed or detained, unless the court finds that there are exceptional circumstances requiring such a continuance. . . . In no event shall the court grant continuances that would cause the hearing . . . to be completed more than six months after the hearing pursuant to Section 319."

Noah and his sibling were the subjects of two petitions filed in the Dependency Court. The first case was filed in August 2014 and was dismissed prior to its adjudication hearing on May 21, 2015, a period of time just short of nine months. The recent case was filed and heard at initial hearing on November 21, 2016, and did not reach a disposition hearing until June 21, 2017, a period of time longer than five months.

Dependency matters—particularly those in which children have been detained from their parents—need to be adjudicated as quickly as possible. While it is ultimately the responsibility of the court to control proceedings, DCFS and County Counsel, as well as other parties, need to be watchful for delays in proceedings and should strongly advocate for closer adherence to the statutory timelines established for these proceedings.

## **2. Update on DCFS/Law Enforcement Pilot in the Antelope Valley**

DCFS and the Los Angeles County Sheriff's Department (LASD) launched a pilot in the Antelope Valley to jointly investigate allegations of child physical and sexual abuse during daytime shifts. The pilot's goals are to promote cooperation between the agencies to enhance child safety and timely child-abuse investigations, to increase information-sharing between the agencies, and to improve assessments of appropriate services and supports for the families involved. This pilot started in both Palmdale and Lancaster in February 2019.

- From the beginning of the pilot in both offices through July 2019, there have been 261 joint responses by DCFS and LASD, currently performed by specially assigned Electronic Suspected Child Abuse Report System (eSCARS) deputies and eSCARS social workers. The plan is to expand the pilot to include eSCARS child-abuse calls handled by patrol deputies and line emergency-response social workers.
- Preliminary observations about the program include:
  - Joint interviews appear to minimize the trauma to child victims caused by multiple interviews.
  - The eSCARS deputies have noticed that they are able to work more effectively with families when the eSCARS social workers are present; social workers act as a calming influence by explaining the child-abuse investigation to parents and family members who are upset and emotional.
  - Both the deputies and social workers report that the quality of their investigations has improved. The deputies benefit from reviewing child-abuse backgrounds on families from the social workers, and the social workers benefit from receiving criminal-history information from the deputies that helps their ability to do risk assessments.
  - A meeting occurred in August with DCFS, LASD, and the Los Angeles Police Department (LAPD) to discuss expanding the pilot to DCFS's Santa Clarita Office. Conversations are ongoing.

Ongoing meetings with the OCP, DCFS, LASD, and County Counsel are developing a comprehensive DCFS/law-enforcement protocol that will clearly articulate expectations of how social workers and law-enforcement officers should work together. The protocol is expected, at a minimum, to include:

- The general role of law enforcement in child abuse and neglect investigations
- The general role of DCFS
- The general role of eSCARS—what it is, why it is used, how it is used, when it is used, etc.

- A description of most common DCFS/law-enforcement scenarios
- Law enforcement responds to call first
- DCFS responds to call first
- DCFS/law-enforcement joint response
- Role of DCFS/law-enforcement co-location
- DCFS seeks law-enforcement help on a call to execute a warrant and/or removal order
- Multi-Agency Response Team (MART) referrals
- Commercial sexual exploitation of children (CSEC)
- School interviews
- Other situations

### **3. Update on eSCARS**

The Electronic Suspected Child Abuse Reporting System (eSCARS) is used for cross-reporting suspected child abuse between law enforcement and DCFS. Since April 13, 2009, eSCARS has been used to rapidly transmit Suspected Child Abuse Reports (SCAR) to all 23 Sheriff's stations and other independent law-enforcement agencies within Los Angeles County, plus the District Attorney's Office.

#### **City Attorney Module**

DCFS is near completion of a separate and distinct Los Angeles City Attorney module. The Los Angeles City Attorney's Office, which files hundreds of misdemeanor child-abuse cases per year, requires access to Electronic Suspected Child Abuse Reports (eSCARs) to facilitate filing decisions, to assess family history, and to support and track its case. A prototype has been developed and is in testing, and the final module will be moved to production by the end of September 2019.

#### **Investigator Alert**

DCFS has developed a prototype of an Investigator Alert, which allows a law-enforcement investigator to apply a flag to a SCAR, assessing it as "high risk." (This requires a narrative as to why the case is high risk.) This alerts future eSCARS investigators as to the circumstances that led this family to have risen to a high level of concern. Additional development and testing remain necessary. The Investigator Alert will be launched to production before the end of 2019.

#### **eMHub Forensic Exam**

DCFS is gathering requirements to add an eMHub (the Medical Hub database) Forensic Exam document in eSCARS, a request emerging from the Anthony A. review. In the instance of suspected physical or sexual abuse, forensic medical evaluations are conducted at one of the County's Medical Hubs. Results of these medical evaluations are electronically forwarded to the assigned children's social worker. Upon completion of this enhancement, eSCARS would display either a link with information about the exam, or a PDF copy of the exam document. This feature should be developed, tested, and added to production for eSCARS by the end of 2019.

### **eSCARS Training**

DCFS has completed a draft New CSW Academy Training on eSCARS. This new curriculum, developed by DCFS University with that department’s eSCARS manager’s input and guidance, will be presented to new-hires at the Academy with its first session on October 2, 2019. It provides new-hires with a more comprehensive understanding of what eSCARS is and does, and how it can help investigators with their understanding and assessment of client and family history and potential risk to children.

### **4. Update on Medical Hubs**

The OCP is working with DHS, DCFS, DMH, and the Department of Public Health (DPH) to implement a detailed workplan to improve the overall Hub system, focusing on timely access to forensic exams and Initial Medical Exams (IMEs) in the short term, and potentially broadening Hub services in the longer term. Examples of recent improvements include:

- DHS, DCFS, DMH, DPH, and OCP worked with the CEO on a staffing request for Phase I of the Hub workplan, which focuses on expanding staffing capacity and clinic hours to meet the demand for the Hub’s core services. A draft Board memo was presented to the Health/Mental Health and Children/Families Deputies on August 14, 2019, and a final Board memo was submitted on August 29 requesting a total of 93 items (50 for DHS, 30 for DMH, 8 for DPH, and 5 for DCFS) for the DHS Medical Hubs, including additional medical providers and nursing staff, mental health clinicians, public health nurses, children’s social workers, and associated supervisors, clerical, and support staff. Each department will work with the CEO to include the position and funding requests in the Fiscal Year 2019–2020 Supplemental Budget and to utilize the Ordinance Position Authority process to expedite the onboarding of staff. Table 1 shows the proposed clinic hours.

Table 1. Medical Hub Proposed Hours of Operation

| <b>DHS Medical Hub</b>            | <b>Current Hours of Operation</b>              | <b>Proposed Hours of Operation<br/>(Pending Board Approval of<br/>Additional Staffing)</b> |
|-----------------------------------|--|--|
| MLK                               | 8:00AM to 7:30PM                               | 8:00AM to midnight   |
| LAC+USC                           | 24/7   | Continue 24/7  |
| East San Gabriel Valley (ESGV)    | 8:00AM to 5:00PM                               | 8:00AM to 8:00PM   |
| Harbor-UCLA Medical Center (HUMC) | 8:00AM to 6:00PM, with 24/7 urgent operations  | Continue 8:00AM to 6:00PM, with 24/7 urgent operations                                     |
| Olive View Medical Center (OVMC)  | 8:00AM to 4:30PM, with 24/7 urgent evaluations | 8:00AM to 8:00PM, with 24/7 urgent evaluations   |
| HDRHC                             | 8:00AM to 4:30PM                               | 8:00AM to 8:00PM, with urgent evaluations available to 10:00PM                             |

- DHS has improved the timeliness of Initial Medical Exams (IMEs) for newly detained children at each Medical Hub. The data for Quarter 2 of 2017 and Quarter 3 of 2018 show decreases in the average number of days between detention date and IME completion date for newly detained children—from 54.5 days to 33.7 days.
- DHS, DCFS, OCP, and LASD have been working to clarify and align forensic evaluation policies. To date:
  - DHS has created an internal forensic-referral triaging protocol to standardize how the Medical Hubs process referrals for forensic evaluations and schedule timely appointments based on acuity.
  - DHS has improved the availability of forensic evaluation appointments, with each Medical Hub having 24- to 48-hour forensic appointment availability. Through an Antelope Valley pilot, forensic exam providers are now also accessible 24/7 to DCFS workers and regional medical centers for telephone consultations and referral assistance.
  - DCFS has aligned its policy on forensic exams related to allegations of child sexual abuse with the DHS protocols on forensic exams.
  - DHS, DCFS, and LASD completed nine cross-trainings in the Antelope Valley and Santa Clarita for DCFS and LASD staff on identifying signs of basic abuse (from maltreatment, neglect, or accidents) and when social workers and law-enforcement staff should bring children in for medical exams at the Hubs or other hospitals. (One training was video-recorded to be used in the future.) DCFS and DHS are implementing quarterly trainings throughout the County delivered by content experts from the various Medical Hubs. DHS and DCFS also piloted a cross-training focused on sexual abuse to DCFS supervisors in the Antelope Valley and are working on scaling the training out to line staff.
  - DCFS, DHS, and OCP are also in the process of improving communication and understanding of forensic medical exam results between Hub providers and DCFS social workers through:

**Cross-trainings** DHS and DCFS are working to identify “common language” for forensic medical providers and social workers to use when discussing forensic medical exam results. DHS has reached out to a national child-abuse pediatrician network to confirm best practices on communicating forensic exams results to social workers, law enforcement, and lay people. DHS, DCFS, and OCP will work together to incorporate this “common language” into trainings for DCFS social workers.

**Multidisciplinary team meetings** DHS, DCFS, and OCP are working to develop a process for multidisciplinary team meetings when disagreements or misunderstandings regarding forensic exam results exist between various

stakeholders (e.g., forensic exam providers, DCFS social workers, law enforcement, etc.).

**Child-abuse pediatrician peer review process** Los Angeles County forensic medical providers have a standing monthly peer review on forensic evaluations that includes DHS forensic medical providers as well as other non-Medical Hub child-abuse pediatricians in the county. DHS and DCFS are working to incorporate other stakeholders, like DCFS, into this process, as well as utilize the peer-review process to discuss DCFS-specific forensic cases as needed.

- The OCP has met with DCFS regional administrators to obtain feedback on the strengths of and areas of improvement needed in the Hubs, provide an overview of the Hubs' core services and key contact information for each Hub, and discuss the process for addressing or clarifying any Hub-related issues or questions through the Hub Directors Workgroup or the Hub Department Leads Workgroup (both facilitated by the OCP).
- The OCP and its partners convened caregivers, service providers, and advocates from the community served by the East San Gabriel Valley (ESGV) Hub in July 2019 to provide them an overview of the Hubs' core services, to share critical resources and information (including a training on mitigating the impacts of toxic stress on children's health), and to obtain caregiver feedback on the strengths of and areas of improvement or potential growth needed for the ESGV Hub. Additional community convenings by Hub region are planned this year for MLK/Harbor-UCLA in September, High Desert in October, Olive View in November, and LAC+USC in December.

The OCP is working with DCFS, DPH, DHS, and the University of California, Los Angeles (UCLA), to develop a plan for increasing the number of foster youth receiving dental screenings and exams, when needed, within DCFS policy timeframes.

DPH's Oral Health Program and the UCLA Dental Transformation Initiative implemented oral-health trainings for DHS Medical Hub providers. In total, two Primary Care Practice Quality Improvement trainings were held with 14 medical providers from the ESGV and Olive View Hubs that covered best practices on integrating oral-health preventive services into well-child visits for children younger than 6 years. These two Medical Hubs will also receive six months of technical assistance and implementation support from a dedicated Quality Improvement Specialist. The OCP is working with DCFS, DPH, and UCLA to implement oral-health trainings for DCFS social workers and caregivers starting in this fall.

## Progress and Improvements Since the BRC Report Adoption

Table 2 presents the systemic and structural changes since the Board's adoption of the recommendations made by the Blue Ribbon Commission on Child Protection.

Table 2. Systemic and Structural Changes Since BRC Report Adoption

| OCP-Led<br>(L)<br>OCP-Partnered<br>(P) | Improvements Since Adoption of the BRC Report   | Outcome Data  |
|--|---|---|
| <b>Operational</b>                     |   |   |
| (CEO)                                  | Established the Office of Child Protection  |   |
| L                                      | Adopted a mission statement to prioritize and improve child safety  |   |
| L                                      | Released a countywide child protection strategic plan   |   |
| (DCFS)                                 | 3,011 new social workers hired  |   |
| <b>Prevention</b>                      |   |   |
| L                                      | Developed a countywide prevention plan  |   |
| P                                      | Secured \$58M for the Prevention and Aftercare (P&A) networks and released an RFP for a new 5-year performance-based contract |   |
| P                                      | 55% increase in funding for home-visitation programs  | <ul style="list-style-type: none"> <li>• Increased capacity to serve 1,265 more families</li> </ul>   |
| P                                      | Launched eDirectory to improve referrals to home-visitation programs  | <ul style="list-style-type: none"> <li>• Used 480 times to connect families to home-visitation programs</li> </ul>  |
| L                                      | Completed first-ever comprehensive fiscal analysis of early care and educations programs across the county                    |   |
| <b>Safety</b>                          |   |   |
| L                                      | Launched revised project at DCFS's Hotline to connect at-risk families to community prevention supports                       | <ul style="list-style-type: none"> <li>• Families identified increased from 2,257 to 4,488</li> <li>• 510 more families were connected to services</li> <li>• Reduced connection time to services by 48%</li> <li>• Reduced re-referral rate with abuse or neglect by 1.22%</li> <li>• Increased children remaining safely in home by 16.54%</li> </ul> |



| OCP-Led<br>(L)<br>OCP-Partnered<br>(P) | Improvements Since<br>Adoption of the BRC Report  | Outcome Data  |
|--|---|---|
| P                                      | Implemented new Structured Decision Making® policy  |   |
| (DCFS)                                 | Completed e-SCARS system enhancements   |   |
| L                                      | Developed data-sharing MOU across 7 County departments  | <ul style="list-style-type: none"> <li>• Led to the development of the ERIS data-sharing system</li> </ul>  |
| L                                      | Launched electronic system (ERIS) to share data with DCFS to inform investigations and placement decisions                                    |   |
| L                                      | Developed user-friendly guide for identifying sharable confidential information across departments to coordinate care                         |   |
| L                                      | Providing public health nurses access to LANES, a health information exchange system, to coordinate care                                      |   |
| P                                      | Providing social workers and judicial officers access to LACOE's education database   |   |
| P                                      | Revised DCFS voluntary family maintenance policy  |   |
| P                                      | Launched joint DCFS and LASD investigation pilot in Antelope Valley   | <ul style="list-style-type: none"> <li>• 261 joint responses have occurred through July 2019</li> </ul>   |
| L                                      | Co-located substance-abuse counselors in 14 DCFS offices  | <ul style="list-style-type: none"> <li>• 1,368 parents have been screened for substance-use disorders</li> <li>• 1,188 of them were connected to treatment</li> </ul> |
| P                                      | Co-located a DMH clinician at DCFS's Hotline  | <ul style="list-style-type: none"> <li>• 141 cases reviewed</li> <li>• 23 families connected to mental health services</li> </ul>                                     |
| <b>Permanency</b>                      |   |   |
| (DCFS)                                 | DCFS launched a Foster Care Search System (FCSS) to identify available beds and provide information on potential caregivers to social workers |   |
| P                                      | Launched the Upfront Family-Finding project at 8 DCFS offices (soon to be 10)   | <ul style="list-style-type: none"> <li>• 77% of newly detained children placed with relatives</li> </ul>  |

| OCP-Led<br>(L)<br>OCP-Partnered<br>(P) | Improvements Since Adoption of the BRC Report   | Outcome Data  |
|--|---|---|
| L                                      | Launched multi-disciplinary team pilot project for hard-to-place youth who cycle through the Temporary Shelter Care Facilities (TSCFs)                          | <ul style="list-style-type: none"> <li>• 37 youth are in stable placements</li> <li>• Staff time spent keeping these youth stable reduced by nearly 33,000 hours</li> </ul>                                       |
| <b>Well-Being</b>                      |   |   |
| L                                      | Launched program to stabilize youth in their schools of origin; 6 school districts have signed a cost-sharing MOU, with 6 more school districts imminent        | <ul style="list-style-type: none"> <li>• Over 70,000 rides have been given to 1,131 foster youth across 64 school districts</li> </ul>  |
| L                                      | Worked with partners to facilitate system youth receiving college financial-aid support   | <ul style="list-style-type: none"> <li>• Doubled rate of eligible youth completing FAFSA applications to 61%</li> </ul>   |
| P                                      | Facilitated signing of operational agreement by local workforce development boards to prioritize resources for system youth                                     |   |
| L                                      | Worked with DHS, DCFS, DMH, and DPH to improve timeliness of initial medical exams at Medical Hubs  | <ul style="list-style-type: none"> <li>• Decreased the average number of days for completion from 54.5 days to 33.7 days</li> </ul>   |
| L                                      | Led task force focused on reducing psychotropic medication usage and implemented new protocols for approving and monitoring their usage                         | <ul style="list-style-type: none"> <li>• Psychotropic medication use by system-involved youth dropped from 12% to 10.5% since this work began</li> <li>• Antipsychotic usage dropped from 3.6% to 2.9%</li> </ul> |
| <b>Cross-Cutting Strategies</b>        |   |   |
| L                                      | Redrafting protocols that require DCFS and Probation to jointly assess youth within WIC 300 and WIC 602   |   |
| P                                      | DHS, DCFS, and LASD completed staff cross-trainings in the Antelope Valley and Santa Clarita on identifying signs of abuse and when children need medical exams |   |
| L                                      | DPH and UCLA trained DHS Medical Hub staff on integrating oral-health preventive services into well-child visits for children under age 6.                      |   |

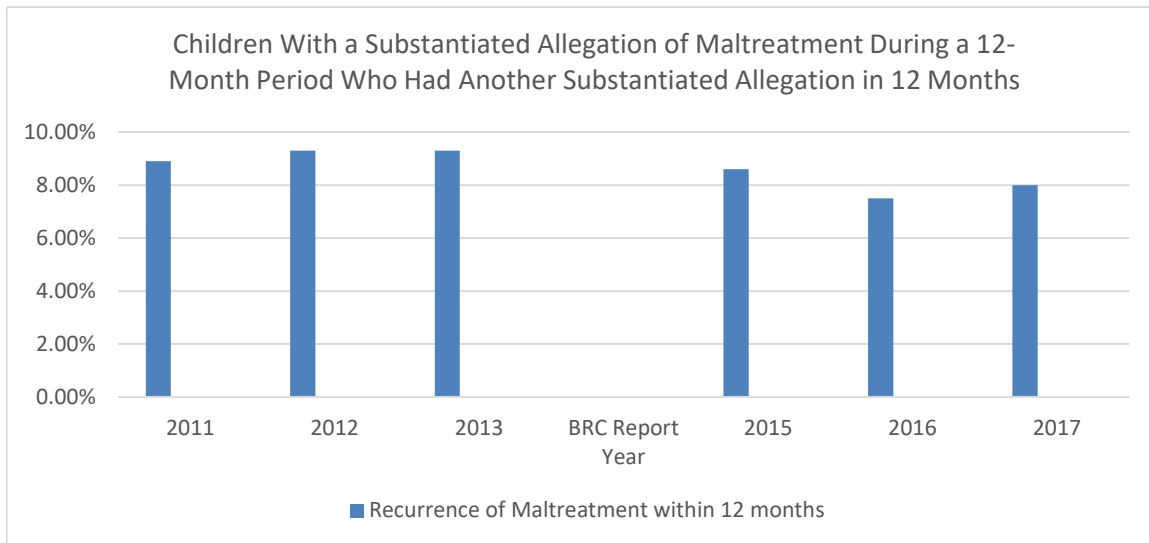
| OCP-Led<br>(L)<br>OCP-Partnered<br>(P) | Improvements Since Adoption of the BRC Report  | Outcome Data  |
|--|--|---|
| L                                      | Released the <i>Portrait of Los Angeles County</i> report that provides countywide data on health, education, and income stability and has been used in numerous strategic planning efforts across departments and other jurisdictions | <ul style="list-style-type: none"> <li>Used by 4 County departments and 3 commissions in their resource-planning efforts</li> </ul> |
| L                                      | Finalizing a set of countywide prevention metrics that measure the County's efforts to support strong children, families, and communities that will be posted on the County's Open Data Portal.  |   |

**Recurrence of Child Maltreatment and Child Fatality Data for Los Angeles County**

A chart of all children with a substantiated allegation during a 12-month period who had another substantiated allegation within 12 months appears in Figure 1.

- Pre-BRC Report Adoption = Average of **9.2%** a year (years 2011–2013)
- Post-BRC Report Adoption = Average of **8.0%** a year (years 2015–2017)
- The percentage of recurrence of child maltreatment was **8.0%** in 2017 (the latest year with full data).

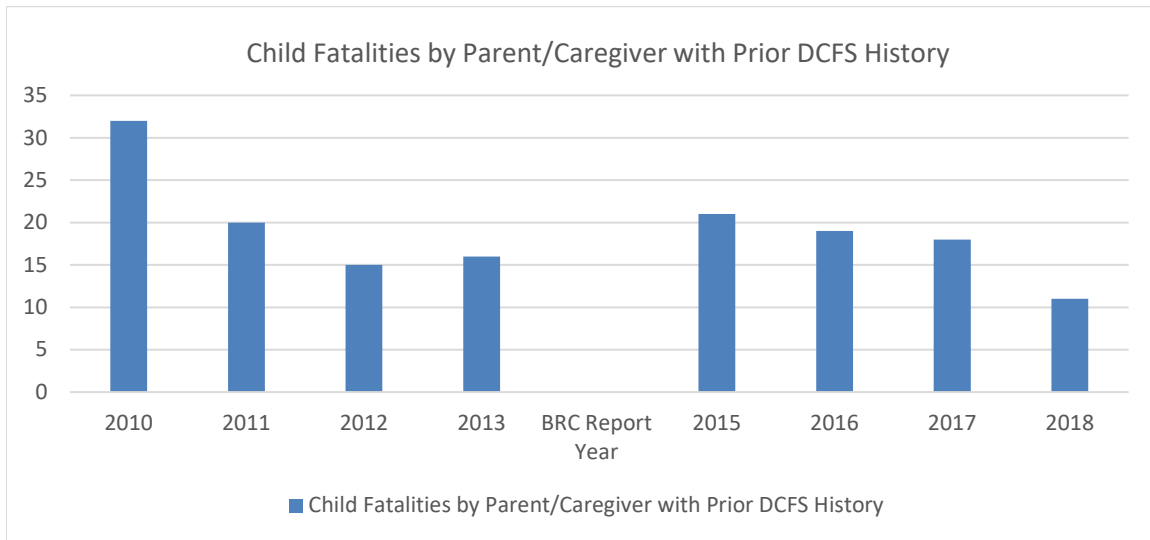
Figure 1



A chart of child fatalities resulting from abuse and/or neglect by a parent/caregiver with prior DCFS history appears as Figure 2.

- Pre-BRC Report Adoption = Average of **20.75** a year (years 2010–2013)
- Post-BRC Report Adoption = Average of **17.25** a year (years 2015–2018)
- There were **11 child fatalities** in 2018 (the latest year with full data) as a result of abuse and/or neglect by a parent or caregiver with a prior DCFS history.

Figure 2



### **OCP's Accomplishments to Date**

What follows is a comprehensive listing of the activities and accomplishments of the OCP, all of which flow from the BRC's Final Report, motions from the Board, and the OCP's Strategic Plan (released in October 2016), which is likewise based on the BRC's Final Report and on input from over 500 stakeholders gathered through convenings held throughout the county.

While quite a bit has been accomplished so far, a lot more needs to be done.

All the work highlighted below includes multidisciplinary efforts that are led by the OCP, in which the OCP is a major participant, or for which the OCP has been a catalyst. All are being achieved through partnerships with numerous entities, including multiple County departments, community stakeholders, private partners, the Juvenile Court, County commissions, advocates, school districts, universities, and philanthropic organizations.

### **Prevention**

#### ✧ Increasing Prevention Supports for Families in Their Communities

Released a Countywide prevention plan on June 30, 2017—*Paving the Road to Safety for Our Children: A Prevention Plan for Los Angeles County*—that engages

the community in upfront primary-prevention efforts to strengthen families and keep them from being referred to DCFS.

- Weaving Together Existing Community Support Networks

Analyzed data collected from community- and parent-input sessions that vetted a set of recommendations for enhancing existing prevention-network coordination. The leading priority identified by stakeholders was the need to increase resources and collaboration around family economic well-being. As a result, the OCP, First 5 LA, and others inventoried potential partners active in the economic well-being arena, and will partner with them to increase connections between local child well-being networks and nontraditional, economically focused partners like workforce development, business affairs, and community resource centers.

- Expanded the Capacity of the Prevention and Aftercare Networks (P&As)

- Secured \$28 million of DMH's Mental Health Services Act Prevention and Early Intervention (MHSA-PEI) funding for expanding community-based prevention services provided by the P&A networks across 2 fiscal years, and an additional \$30 million to support the P&As over another 5 fiscal years.
- DCFS, with the help of the OCP, DMH, CEO, and Third Sector, released a new performance- and incentive-based Request for Proposals in February 2019 to continue the P&A program for an additional 5 years.

- Increased the Capacity of Home Visitation Programs

- DPH, in partnership with the OCP, First 5 LA, and others, released a home-visitation expansion plan on July 18, 2018, *Strengthening Home Visiting in Los Angeles: A Comprehensive Plan to Improve Child, Family, and Community Well-Being*. Included in this plan is a vision for creating universally available home-visitation programs for all new mothers who are interested in participating, plus expanding evidence-based programs for families at risk of DCFS involvement and poor health outcomes, universal post-partum support and screenings, and improved coordination infrastructure to ensure that at-risk families connect timely to the right program.
- Combining all funding sources supporting home-visiting services in Los Angeles, our system has realized a 55% increase (from \$90 million to \$139.5 million) in funding between Fiscal Year (FY) 2016–17 and FY 2019–20. This includes the addition of \$18 million in California Work Opportunities and Responsibility to Kids (CalWORKs) funding, as well as \$30 million in new MHSA-PEI funding, Title XIX match, and Healthy Start funds. This represents a monumental opening of access to evidence-based home-visiting support for families previously excluded from services because of where they live or the ages of their children.

- Total home-visiting capacity for the Healthy Families America, Parents As Teachers, and Nurse-Family Partnership models has increased by 1,265 families since this new funding began—from the capacity to serve a combined number of 4,320 families to the capacity to serve 5,575.
- DPSS and DPH began offering home-visiting services to families in March 2019 under the newly awarded CalWORKs home-visiting funds included in the FY 2018–19 Governor’s Budget. New triage protocols for connecting CalWORKs clients to home visiting and other supports are now operational in Greater Avenues for Independence (GAIN) offices in San Gabriel Valley, West County, Pomona, Southeast County, East San Fernando Valley, and Palmdale.
- Whole Person Care (WPC) approved up to \$1.15 million per year for 2 years via rollover funds for DPH to implement and sustain *doula* services in the three SPAs with the highest African-American infant mortality rates (SPAs 1, 6, and 8). WPC will also fund anti-racism trainings for nonprofits and medical providers in communities reporting African-American infant mortality rates above the county average. This system enhancement moves forward three components of our County home visiting plan.
- The Consortium launched an eDirectory in April 2019, in partnership with Los Angeles Best Babies Network, the Center for Strategic Partnerships, the OCP, and DPH. This electronic eligibility and referral system improves the ability of those working with families to provide timely and accurate referrals to home-visitation providers. A link to this eDirectory can be found on the OCP’s website at <http://ocp.lacounty.gov> under “Featured Links.”
- Developed Recommendations for Improving Access to Early Care and Education
  - Presented recommendations to the Los Angeles Unified School District (LAUSD) Board of Education as part of its planning session on expanding high-quality early childhood education programs. As a result of this and other presentations, the school board approved the opening of 16 new early learning centers throughout the district in 2018.
  - Completed a catalogue of all funding for early care and education services across both direct services and quality system supports. Each entry covers the basics of the funding, the amount, the target population of children or providers, the service capacity or reach, the goals and deliverables of the funding, and accountability and monitoring. The catalogue also includes summary tables detailing funding-source information, capacity, and type of programming for both direct services and quality system supports.
  - Built center-based and family child-care revenue and expense models that include multiple options for regional variances, as well as a full county model. Program and cost variables at three levels of quality, two types of program-

ming for center-based care (full-day, full-year care and part-day preschool), and two sizes of full-day, full-year family child-care settings were included.

- Developed eight recommendations in response to the qualitative and fiscal information gathered and analyzed across County entities, nonprofit 7 organizations, municipalities, community-level stakeholders, and providers. A summit is being planned for the fall of 2019 to officially release the report.

## Safety

### ✧ Reducing the Risk of Families Being Re-Referred to DCFS

- Launched a revised pilot project with DCFS' Child Protection Hotline and the P&As—the Community Prevention Linkages (CPL) project—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.
- In the first year of pilot implementation (July 2018—June 2019):
  - The total number of families identified for supports **almost doubled** (2,257 in 2017 to 4,488 in year 1).
  - The number of families connected to community supports **more than tripled** (224 in 2017 to 734 in year 1), an **increase of 510 more families**.
  - 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—**almost 3 weeks faster**—a 48% time reduction.
  - The rate of children re-referred to DCFS with **substantiated abuse or neglect dropped by 1.22%** (4.23% for non-CPL families vs. 3.01% for CPL families).
  - Of those children re-referred, the number needing to be placed in out-of-home care decreased (38.71% for non-CPL families vs. 22.17% for CPL families), as **16.54% more** CPL-program children were able to **safely remain in their homes** while their families received DCFS services.
- This project, *Moving Families from the Hotline to a Helpline*, was selected by the Quality and Productivity Commission as a Top Ten Award Winner in 2019.

### ✧ Improving Child Abuse and Neglect Investigations

- The National Council on Crime & Delinquency (NCCD) worked with DCFS and the OCP to conduct a comprehensive analysis of the use of Structured Decision Making® (SDM) related to safety and risk screenings, investigations of child abuse and neglect, and case management.

- A new foundational SDM policy was implemented at DCFS in July 2019 that details worker and supervisor roles, expectations, and timelines for effective SDM use.
- NCCD held 11 management coaching sessions between June and July 2019 focused on the report findings, key areas of focus for managers to enhance effective decision-making, and SDM use at the Hotline and in emergency response.
- NCCD is working with the DCFS training unit and the Academy of Professional Excellence (Southern California Training Academy at San Diego State) to map out a comprehensive new training effort for DCFS Hotline and emergency-response staff. A training-for-trainers session and five demonstration trainings will begin this fall, allowing DCFS to re-train CSWs on proper SDM Hotline, safety, and risk assessment use.
- DCFS completed trainings for regional management and supervisors focused on deepening assessment and family-engagement skills, and on understanding how protective factors can mitigate risk. Training is now underway for line staff.

✧ Fast-Tracking Access to Relevant Data to Better Inform Child Abuse and Neglect Investigations

- Developed an MOU with DCFS for sharing relevant data across 7 County departments to ensure that investigations of child abuse and neglect are as comprehensive and thorough as possible
- Designed an electronic system for emergency-response social workers to access DCFS history and criminal-background data relevant to an investigation of child abuse or neglect, called the Emergency Response Investigation Service (ERIS), that was launched in 2018. The system is being expanded to include relevant data from other County departments and is targeted for completion in January 2020.
- ERIS won a Best of California Award for Best Application Serving an Agency's Needs in 2019, and Outstanding IT Project Award from Government Technology in 2018.

✧ Sharing Data to Improve Case Planning and Coordination Across Agencies

- 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 that began distribution in November 2018
- 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. Access is anticipated for December 2019.

- Working with DCFS and LACOE to access accurate and consistent education data for foster youth. DCFS and LACOE have developed multiple modules of LACOE's Educational Passport System (EPS), including a mobile application version, a social-worker summary view, and a school emergency transfer and transportation tracking form to prepare for implementation. It is anticipated that all social workers will be using EPS by December 2019. Additionally, the Juvenile Court and LACOE are working through system logistics for providing judicial officers with electronic access to EPS.

#### ✧ Implementing Systemic Reform Efforts That Improve Child Safety

- Revised a draft Voluntary Family Maintenance (VFM) policy that went through DCFS's stakeholder review process in June and was presented to its Policy Review Committee on July 10, 2019. Service Employees International Union (SEIU) Local 721 has requested a "meet and confer" that is being scheduled.
- Dr. Thomas Lyon from USC is working with DCFS on developing a training to address child recantations. It is anticipated to be completed and rolled out in September 2019.
- DCFS and LASD launched a pilot in the Antelope Valley to jointly investigate allegations of child physical and sexual abuse during daytime shifts. The pilot's goals are to promote cooperation between the agencies to enhance child safety and timely child-abuse investigations, to increase information-sharing between the agencies, and to improve assessments of appropriate services and supports for the families involved. This pilot started in both Palmdale and Lancaster in February 2019.
  - From the beginning of the pilot through July 2019, there have been 261 joint responses by DCFS and LASD, currently performed by specially assigned Electronic Suspected Child Abuse Report System (eSCARS) deputies and eSCARS social workers. The plan is to expand the pilot to include eSCARS child-abuse calls handled by patrol deputies and line emergency-response social workers.

#### ✧ Increasing Multi-Sector Support for Social Workers

- Partnered with DPH's Substance Abuse Prevention and Control (DPH-SAPC) unit, DMH, and DCFS 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, as well as consult with social workers on cases involving substance-abuse issues and offer guidance on how best to handle them

- Substance-abuse counselors have been outstationed in 14 DCFS regional offices—Lancaster, Palmdale, Van Nuys, Santa Clarita, Chatsworth, Glendora, Pomona, Pasadena, Covina Annex, Metro North, West Los Angeles, Vermont Corridor, Compton East, and El Monte.
  - DPH-SAPC reports that, as a result of this program, between May 1, 2018, and June 30, 2019, a total of 2,074 parents were referred by DCFS for substance-use screenings.
  - Of this number, 1,368 were screened for substance-use disorders; 1,188 of those had a positive screen and were referred to treatment services within their communities.
- Worked with DMH to co-locate a clinician at DCFS' Child Protection Hotline in January 2019 to provide consultations to Hotline staff on any reported mental-health concerns and needed connections to appropriate services, to serve as a navigator in researching clients' DMH history, and to offer in-service trainings on assessing needs, screening for mental-health concerns, and implementing process improvements. The clinician has been involved with 141 cases referred to the Hotline, and was helpful with outreach and linkages to mental-health services on 23 of them.

✧ Determined the Best Use of Public Health Nurses in Child Welfare

- Released a comprehensive plan on December 8, 2017, to ensure the best use of public health nurses in child welfare, and are working with DCFS and DPH to implement it
  - SEIU Local 721 and DPH worked together to request state funding to support additional front-end PHN positions, securing \$8.25 million in the Governor's Budget signed in July.

**Permanency**

✧ Increasing the Use of Relative Placements for Youth Removed from Their Homes

- Launched the Upfront Family-Finding project, which works to place children with their relatives as soon as they are removed from their homes, in June 2019 at DCFS's Belvedere, South County, Santa Clarita, and West San Fernando Valley offices. The Wateridge North and Wateridge South offices will launch in the early fall of 2019, bringing the total number of offices involved in the project to 10 (other offices include Glendora, Santa Fe Springs, Vermont Corridor, and West L.A., all of which launched between 2016 and 2018).
  - From January through June 2019, 1,079 children were the subject of new detention hearings in the eight active offices; 77% were placed with kin.

- From January through June 2019, DCFS's Permanency Partners Program (P3) unit closed 289 cases of children who were initially placed in foster care; 40% of those children were with kin at the time of case closure.

✧ Ensuring Timely Placements and Increased Stability for Hard-to-Place Youth

- Launched a pilot project in April 2016 that uses a multi-agency teaming approach to stabilize and find permanency for hard-to-place youth, who frequently populate Temporary Shelter Care Facilities (TSCFs), within 10 days
- Results to date are promising.
  - Of the youth enrolled in the pilot, 37 are in ongoing placements, meaning that their current placement has not been disrupted. Thirteen of these youth are in their first placement after residing in TSCFs, and have not had a placement disruption since initial placement.
  - The number of hours a youth spent in TSCFs prior to participating in the OCP pilot intervention was 70,462.66. The number of hours spent in TSCFs after the intervention was 37,545.16; the reduction is nearly 33,000 hours.

✧ Prioritizing Permanency for Foster Youth

- On August 20, 2018, the OCP released its report on increasing permanency for transition-age youth (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.
- The OCP is finalizing a plan for increasing permanency for transition-age youth before they exit care, which is scheduled for release in September 2019.

**Well-Being**

✧ Addressing the Educational Needs of Foster and Probation Youth

- Partnering 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 conducted a two-year transportation pilot to keep foster youth in their schools of origin. Completed on July 30, 2019, the pilot served as a "bridge solution" and learning opportunity while long-term transportation agreements between DCFS and the school districts are finalized.
- To date, the pilot has provided over 70,000 school-of-origin transportation rides to 1,131 foster youth. Approximately 44% of the foster youth transported by the private transportation vendor are LAUSD students, with the remaining 56% of riders spread out over 64 other school districts.

- On June 28, 2019, DCFS signed the long-term transportation MOU and sent it with LACOE to all 80 of the county's school districts. To date, 6 school districts have signed on to this MOU (Antelope Valley, Compton, El Rancho, Hacienda La Puente, Lancaster, and Palmdale) with another 6 anticipated within the next month (Los Angeles, Downey, Pasadena, Pomona, Westside, and Whittier High School).
- Working with the Los Angeles County Department of Arts and Culture and DMH to implement a healing-formed arts education pilot for middle and high schools with high numbers of foster and probation youth this fall. 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. MOUs are being drafted with participating middle and high schools in Pomona Unified and LAUSD.
- Working with John Burton Advocates for Youth and relevant County departments to facilitate enhanced support for post-secondary educational attainment for youth in the child-welfare and juvenile-justice systems, and to implement SB 12 provisions
- DCFS, Probation, and LACOE participated in 2018–19's *California Foster Youth FAFSA® Challenge* (Free Application for Federal Student Aid), designed to increase system-involved youths' access to financial aid for college by increasing FAFSA completion rates. This year, Los Angeles County matched general-population rates by assisting 61% of eligible system youth to complete FAFSA applications, nearly doubling its 2017–18 rate of 33% and thereby winning a "most improved" jurisdiction designation from the state.

✧ Increasing Workforce Development Opportunities for System-Involved Youth

- Facilitated the signing of an operational agreement among WDACS' Workforce Development Board (WDB), the City of Los Angeles' WDB, and the other five WDBs—Foothill, Pacific Gateway, Southeast Los Angeles, South Bay, and Verdugo—as well as with DCFS, Probation, LACOE, and WDACS. Under this operational agreement, the WDBs agreed to:
  - Prioritize foster and juvenile-justice-involved youth for work experience
  - Establish a continuum of workforce and education services system for youth and families at risk of becoming involved with child welfare or probation
  - Dedicate at least 30% of Workforce Innovation and Opportunity Act–Out of School Youth funds to serve in-school foster, probation, and homeless youth, based on the local youth population in each region

✧ Addressing Timely Access to Forensic and Medical Exams and Medical History Information

- Conducted an analysis of Medical Hub referral and appointment data to determine how to increase capacity and support for delivering timely forensic and medical examinations for children involved in investigations of abuse and neglect, as well as initial health exams for newly detained foster youth
- 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 exams and Initial Medical Exams (IMEs) in the short term, and potentially broadening Hub services in the longer term
  - DHS has improved the timeliness of Initial Medical Exams (IMEs) for newly detained children at each Medical Hub. The data for Quarter 2 of 2017 and Quarter 3 of 2018 show decreases in the average number of days between detention date and IME completion date for newly detained children—from 54.5 days to 33.7 days.
  - Aligned the DCFS policy on forensic exams related to allegations of child sexual abuse with the DHS protocols on forensic exams. DCFS, DHS, and OCP are also in the process of improving communication and understanding forensic medical-exam results between Hub providers and DCFS social workers through cross-trainings, multidisciplinary team meetings, and child-abuse pediatrician peer-review processes.

✧ Ensuring the Appropriate Use of Psychotropic Medications for Foster Youth

- Established a task force focused on the use of psychotropic medication for youth in care and addressing audit findings issued by the State of California in August 2016
- Implemented new protocols in April 2017 for approving and monitoring psychotropic medication use for foster youth
- Recent data reported on psychotropic medication use by foster youth in Los Angeles County shows a decline in usage (UC Berkeley report).
  - Between October 1, 2017, and September 30, 2018, the percentage of foster youth in Los Angeles County who were taking psychotropic medication was 10.5% (2,847 youth), a decrease from 12.0% (3,262 youth) two years earlier when the workgroup began (October 1, 2015 through September 30, 2016).
  - Similarly, the percentage of foster youth in Los Angeles County who were taking antipsychotic medications during the same period was 2.9% (773 youth), a decrease from 3.6% (986 youth) two years earlier.

- A Psychotropic Medication Youth Engagement Worksheet has been fully implemented by both DCFS and Probation that will help to ensure that youth are engaged in discussions about their medication usage and prepared to make appropriate medication decisions on their own behalf once they reach the age of majority.

✧ Coordinating Mental Health Assessments for Youth in Child Welfare

- A Request for Proposals was released in August 2019 to analyze current mental assessments and make recommendations for streamlining the process.

**Cross-Cutting Strategies**

✧ Improving Prevention Efforts and Service Coordination for Dual-Status Youth

- Convening a multi-agency workgroup of key stakeholders to develop a plan for preventing youth from crossing over from dependency to delinquency, improving the treatment of dual-status youth, and strengthening data tracking and evaluation
  - The workgroup's Delinquency Prevention Subcommittee finalized guidelines regarding DCFS-involved youth for the diversion program created by the Youth Diversion and Development (YDD) division within the Office of Diversion and Reentry.
  - The workgroup's WIC 241.1 MDT Subcommittee is redrafting the WIC 241.1 protocols that require DCFS and Probation to jointly assess any youth who appears to come within the description of WIC 300 and WIC 602.
  - Completed the revision of the Operational Agreement designed to provide notice to and garner input from DCFS and the Children's Law Center (children's attorneys) when a WIC 300 youth is about to be detained by Probation

✧ Promoting Training Efforts across Organizations, Disciplines, and Sectors that Affect Children

- Developed a curriculum for training the P&A networks in providing healing-informed supports and strengthening family engagement efforts
- DHS, DCFS, and LASD completed nine scheduled cross-trainings in the Antelope Valley and Santa Clarita for DCFS and LASD staff on identifying signs of basic abuse (from maltreatment, neglect, or accidents) and when social workers and law-enforcement staff should bring children in for exams at the Medical Hubs or other hospitals. DCFS and DHS are implementing quarterly trainings throughout the county delivered by content experts from the various Hubs. DHS and DCFS also piloted a cross-training focused on sexual abuse to DCFS supervisors in the Antelope Valley and are working on scaling the training out to line staff.
- DPH's Oral Health Program and the UCLA Dental Transformation Initiative implemented oral-health trainings for DHS Medical Hub providers, holding two

Primary Care Practice Quality Improvement trainings with 14 medical providers from the East San Gabriel Valley and Olive View Hubs that covered best practices on integrating oral-health preventive services into well-child visits for children younger than 6 years. These two Medical Hubs will also receive six months of technical assistance and implementation support from a dedicated Quality Improvement Specialist. The OCP is working with DCFS, DPH, and UCLA to implement oral-health trainings for DCFS social workers and caregivers starting in this fall.

✧ Developing Measures to Monitor Progress and Drive Practice Change

- Released the *Portrait of Los Angeles County* report that captures countywide data in the areas of health, education, and income stability, and calculates a Human Development Index score for cities and neighborhoods throughout the county, in November 2017. The report has been disseminated to almost 3,000 programs and organizations since its release. *Portrait* data are available on the County's Open Data Portal, <https://data.lacounty.gov/>.
- Partnering with the Chief Information Office (CIO), First 5 LA, and the Children's Data Network to finalize an initial set of countywide prevention metrics that measure the County's efforts to support strong children, families, and communities
  - Streamlined a list of 30+ measures identified by County departments and stakeholders to 10 to 15 key performance indicators with corresponding actionable indicators. The goal is to finalize this initial set of metrics with key partners, as well as a plan for the County to consistently measure and report on these prevention outcomes on the County's Open Data Portal by the fall of 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).

MN:CDM:eih

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Executive Office, Board of Supervisors  
County Counsel  
Department of Children and Family Services  
Department of Health  
Department of Mental Health  
Department of Public Health  
District Attorney  
Sheriff