July 31, 2019

To: Supervisor Janice Hahn, Chair  
   Supervisor Hilda L. Solis  
   Supervisor Mark Ridley-Thomas  
   Supervisor Sheila Kuehl  
   Supervisor Kathryn Barger

From: Judge Michael Nash (Ret.)

EXECUTIVE DIRECTOR

PROGRESS UPDATE ON THE WORK OF THE OFFICE OF CHILD PROTECTION

In the final report of the Los Angeles County Blue Ribbon Commission on Child Protection (BRCCP), The Road to Safety for Our Children, two key recommendations were to “establish an entity to oversee one unified child protection system,” and for it to create a strategic plan for the work it will focus on. On June 10, 2014, the Board adopted the recommendations contained within that BRCCP final report and took action to establish the Office of Child Protection (OCP) as a separate entity reporting directly to the Board and located within the Executive Office. In October 2016, the OCP submitted to the Board its Countywide Child Protection Strategic Plan, which categorizes the work across five goal areas: prevention, safety, permanency, well-being, and cross-cutting approaches. It has submitted quarterly updates on its progress since August 1, 2016; this is a report on its progress since the last update submitted on April 30, 2019.

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

Countywide Prevention Plan

- Partnering with First 5 LA, the Department of Public Health (DPH), and the Policy Roundtable for Child Care and Development to lead activities across the six action areas outlined in the plan

  ◇ Networking the Networks Working with First 5 LA, DPH, the Department of Mental Health (DMH), the Department of Children and Family Services (DCFS), Workforce Development, Aging and Community Services (WDACS), the Prevention and Aftercare networks (P&As), the Children’s Data Network, and the Policy Roundtable for Child Care and Development to identify strategies for enhancing connections and coordination across existing prevention networks
▪ Completed a full analysis in May 2019 of data collected from 10 community-input sessions and 1 parent-input session that vetted 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 workgroup inventoried potential partners active in the economic well-being arena, planning to strategically 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.

✧ **Prevention and Aftercare Network Capacity** Working with the P&As to help reach families that could benefit from support as early as possible, and to expand the networks’ capacity to serve more families

▪ Gita Cugley and Associates (GC&A) provided technical assistance to the P&As to help them maximize funding and ensure that DMH funding was spent as allocated. Providers continue to advance in reaching their program capacity.

▪ GC&A continued to work with DCFS and DMH to streamline the sharing of invoice data across departments to optimize funding. As a result, all DMH funds were fully utilized.

▪ P&A network data were reviewed by DCFS, DMH, and GC&A in May and June 2019; work continues with UCLA to identify more efficient ways of collecting and reporting outcome data.

▪ GC&A developed the curriculum for and implemented a trauma-informed care support for service providers that included consultation and on-site observation with clinical and case-management staff.

▪ A new P&A network Request for Proposals (RFP) was released in February, with an addendum issued this month that includes performance measures and incentives in the new contracts. A bidder’s conference was held on July 22, 2019.

✧ **Home Visitation** Working with DPH, First 5 LA, DMH, DCFS, the Probation Department, Department of Health Services (DHS), Department of Public Social Services (DPSS), the Children’s Data Network, the Center for Strategic Partnerships (CSP), the Los Angeles Best Babies Network, and the LA County Perinatal and Early Childhood Home Visitation Consortium (Consortium) on developing a plan for expanding home-visitation services available to vulnerable families

▪ 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 notable addition of $18 million in California Work Opportunities and
Responsibility to Kids (CalWORKs) funding, as well as substantial growth in Mental Health Services Act (MHSA), Title XIX match, and Healthy Start funds.

- DMH and DPH, in partnership with First 5 LA and the Los Angeles Best Babies Network, have made substantial progress expanding home-visiting funding with DMH’s Mental Health Services Act Prevention and Intervention (MHSA–PEI) dollars. 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.

- As of July 2019, 143 Healthy Families America and Parents As Teachers staff now operate throughout the county under this new funding stream. As of mid-July, a total of 724 active clients were being served under expansion funding. This will continue to increase as caseloads under the DMH–PEI funds fill.

- 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. This will continue to increase as the first and second allocations of CalWORKs and California Home Visiting Program funds are distributed to agencies.

- DHS MAMA’s Visits home-visitation program enrolled 186 new clients and served a total of 872 families during the last quarter. Building on this program, DHS’ MAMA’s Neighborhood program was awarded a Federal Healthy Start grant to expand its current work of reducing racial and ethnic disparities in infant mortality and adverse perinatal outcomes. The program offers family-centered clinic and home-based intensive care management, individual and group classes, and other strategies to help build resilience within families. The Board letter to accept this grant was approved in July and programming can now expand in the service area with the greatest disparities.

- Two private nonprofit agencies in Los Angeles (Antelope Valley Partners for Health and SHIELDS for Families) also won Federal Healthy Start grants, which augment the DHS award (referenced above) to add substantial Healthy Start home-visiting resources to our system. Combined, these two new awards increase the availability of Healthy Start home visiting from a previous capacity to serve 500 clients per year, only in SPA 6, to a capacity to serve 1,200 clients per year in multiple locations within Los Angeles County.

- 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. Between April and June 2019, 16 CalWORKs participants were enrolled in the Nurse Family Partnership program under this new initiative.
▪ Whole Person Care (WPC) approved up to $1.15 million per year for two 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 nonprofit 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: 1) the incorporation of trusted, less-intensive resources into our system of maternal support; 2) the increase of paraprofessional employment opportunities for community members; and 3) the continued deepening of alignment between our County’s African-American Infant Mortality (AAIM) and home-visiting efforts.

▪ DHS Women’s Health Programs has partnered with DPH’s Substance Abuse Prevention and Control (DPH-SAPC) unit and Power to Decide (a national campaign to prevent unplanned pregnancy) to expand sexual and reproductive health services at outpatient and residential treatment sites for women of child-bearing age, pregnant women, and parenting moms, including the administration of One Key Question curricula and screenings, pre-conception/contraception health education classes, and individual care navigation into family planning, perinatal, and home-visiting services. The pilot project launched in May 2019 with five DPH-SAPC substance-use disorder treatment providers at nine locations situated across Supervisorial Districts 1, 2, and 4. DPH-SAPC will expand this initiative countywide in FY 2019–20.

▪ DMH’s MHSA Special Programs and Projects unit, formerly known as the Prevention Services Administration, has continued its collaborations with DPH and the Consortium around clinical capacity building. During the last quarter of FY 2018–19, the University of California Los Angeles (UCLA) Training Center of Excellence provided trauma- and resilience-informed curriculum trainings to the Nurse-Family Partnership, Healthy Families America, and Parents As Teachers programs. DMH additionally provided a variety of mental health trainings to home visitors in an effort to increase their knowledge and capacity, including an “Access to Care” webinar training for all home visitors on June 13, 2019, plus a perinatal well-being one-day training attended by 150 participants of varying disciplines (home visitors, nurses, therapists, in-home health workers, and case managers). DMH also launched its Birth to Three webinar series, which continues through September 2019.

▪ The Los Angeles County Home Visiting Collaborative Leadership Council met May 14, 2019, to advise regarding cross-sector collaboration, home-visiting plan implementation, and ongoing system improvement. The meeting focused on learning and discussions with health-sector leaders around the integration of home-visiting interventions into the health system, as well as ongoing policy and implementation monitoring topics. The group will convene next on August 20, with evaluation and workforce infrastructure on the agenda.
Early Care and Education (ECE) Working with the Policy Roundtable for Child Care and Development, First 5 LA, the Child Care Alliance of Los Angeles, DCFS, DPH, the Los Angeles County Commission for Children and Families, DMH, the Child Care Planning Committee, the Alliance for Children’s Rights, the Advancement Project, the Southern California Chapter of the California Association for the Education of Young Children, P&A networks, the Los Angeles County Office of Education (LACOE), the Los Angeles Unified School District (LAUSD), and others to create a roadmap for improving access to early care and education programs

- 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 programming 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 organizations, municipalities, community-level stakeholders, and providers. Recommendations are organized in three major categories:
  - Leverage and fully utilize existing and new resources
  - Maximize the potential and efficiencies of current structures
  - Increase equitable access to high-quality early care and education for targeted populations and communities

Recommendations include narrative content presenting findings from the fiscal analysis and providing additional community and best-practice context on early care and education systems approaches. Once fully vetted, the report will be released in the fall.

Measuring Prevention Working with First 5 LA, DMH, DCFS, the Children’s Data Network (CDN), the Chief Executive Office (CEO), DPH, DHS, LACOE, and other data experts to develop a set of standardized measures of prevention to evaluate the effectiveness of prevention-plan implementation efforts

- First 5 LA has finalized a set of 10 indicators to measure its “Results for Children and Families,” many of which will align with the set of countywide prevention metrics currently under development. The First 5 LA indicators focus on children having high-quality early care and education experiences
prior to kindergarten entry; children entering kindergarten without any previously unidentified developmental delays and connecting to developmentally appropriate services and supports; children being safe from abuse, neglect, and other trauma; and families having the awareness, resources, opportunities, relationships, and environment to optimize their child’s development.

- Partnering with the Chief Information Office (CIO), First 5 LA, and the CDN 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. Our goal is to finalize this initial set of metrics with key partners and develop a plan for the County to consistently measure and report on these prevention outcomes by the fall.

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

### Implementation of Anthony A. Report Recommendations

- On August 10, 2018, the OCP, DCFS, Health Agency, DHS, and the Los Angeles Sheriff’s Department (LASD) filed a joint response to the Board’s motion to review the case that included the death of 10-year-old Anthony Avalos. The report contained eight recommendations for systems improvements. A six-month follow-up report on efforts to implement these recommendations was submitted to the Board on February 14, 2019.

- Implementation efforts to date on the recommendations include:

  1) **Reevaluate DCFS’s Voluntary Family Maintenance (VFM) process.**

     The revised draft VFM policy 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.

  2) **Improve the skills of staff interviewing children.**

     - 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.
Dr. Thomas Lyon from USC is continuing to work with DCFS on developing a training to address child recantations. It is now anticipated to be completed and rolled out in September 2019.

3) Retrain social workers on the proper use of Structured Decision Making® (SDM). See “Risk Assessment and System Improvement Recommendation Implementation” on page 9 for a full description.

4) Increase collaboration between DCFS and law enforcement.
   - 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 in both offices through June 2019, there have been 226 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 is scheduled in August with DCFS, LASD, and the Los Angeles Police Department (LAPD) to discuss expanding the pilot to DCFS’s Santa Clarita Office.

   - 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/LE 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

5) Improve the Medical Hub system.

See the “County Medical Hubs” section on page 17 for a full description.

6) Improve the investigation skills of social workers at the front end and beyond.

Requesting funding during the 2019–2020 Supplemental Budget process to create capacity for 22 coach/developers to enhance teaming within DCFS regional offices and across other County departmental partners.

7) Improve the capacity to assess needs and progress made throughout the span of the case.

DPH’s Substance Abuse Prevention and Control (DPH-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 to 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. The collaboration between DPH-SAPC and DCFS continues to find success, with a planned co-location scheduled for the Torrance regional office in August 2019, bringing the total number of co-locations to 15.

▪ DPH-SAPC reports that between May 1, 2018, and June 30, 2019, a total of 2,074 parents were referred by DCFS for substance-use screenings as a result of this program.
▪ 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.

8) Reduce social worker caseloads.

DCFS and the CEO are currently working together to evaluate what additional support and/or financial incentives can be offered to highly qualified staff in the Antelope Valley to help with recruitment and retention. The departments met this month to further assess staffing needs in the Antelope Valley and develop recommendations and next steps. DCFS is also creating a targeted recruitment plan to increase staffing in the Palmdale and Lancaster offices.

Risk Assessment and System Improvement Recommendation Implementation

▪ Partnering with DCFS to implement the recommendations outlined by the OCP in its report of May 2017

✧ The National Council on Crime & Delinquency (NCCD) is continuing its assessment of the field use of Structured Decision Making® (SDM) here in Los Angeles County and identifying what policy, training, and practice changes are needed to ensure the proper use of the tool. DCFS is now taking action on the series of recommendations made by NCCD in January 2019 involving the use of SDM during the screening, removal, and case-opening decision process.

▪ A series of workgroups with OCP, DCFS, and NCCD has been scheduled for August and September to find solutions to the problems identified in the report.

✧ A new foundational SDM policy was implemented at DCFS this month 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 continues to work 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.

▪ Training starts with a training-for-trainers session and five demonstration trainings this fall, allowing DCFS training staff to re-train CSWs on proper SDM Hotline, safety, and risk assessment use.
DCFS Hotline Pilot

- Launched a revised pilot project with DCFS’ 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.

Use of Public Health Nurses (PHNs) in Child Welfare

- The Child Welfare PHN (CWPHN) Steering Committee continues to meet and address issues resulting from the consolidation of the child-welfare PHNs into DPH, and has begun working to implement some of the recommendations from the OCP’s report on the Best Use of PHNs in Child Welfare (December 2017).

- The CWPHN nurses will soon be able to access DHS’s electronic health record system—the Online Real-time Centralized Health Information Database, or ORCHID—to review DHS medical and health information when consulting with social workers on children with medical, developmental, and other health needs. Most PHNs have already completed the mandatory ORCHID training, and DPH expects to access the system within days.

- 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.
Electronic Data-Sharing Efforts

- Working with DCFS, the CIO, and County Counsel on a web-based portal to facilitate the electronic sharing of information relevant to an investigation of child abuse or neglect across seven county departments and DCFS, based on a Memorandum of Understanding (MOU) that the OCP finalized with the participating departments, County Counsel, and the CEO
  - The Emergency Response Investigation Service (ERIS) is now being used by emergency-response workers in all DCFS offices. Data accessible in this initial phase of ERIS includes DCFS history and criminal-background information, which helps streamline DCFS investigations and placing children with relatives when a removal is necessary.
  - Phase II of ERIS is being developed by the Internal Services Department (ISD), CIO, and DCFS, adding data from additional departments and incorporating changes based on user feedback to improve the system’s functioning.
- 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.
  - DPH, DCFS, DHS, OCP, and LANES are developing a set of roles and responsibilities for PHNs accessing records from LANES.
  - A team of PHN testers is being finalized who will pilot accessing the LANES health information system to coordinate care for DCFS youth. This team will troubleshoot the process and be the trainers for other PHNs to access the system.
- Working with DCFS and LACOE to access accurate and consistent education data for foster youth
  - In August, a pilot will begin in the DCFS Pomona office to provide 60 education-team staff members and social workers with training and support on LACOE’s Education Passport System (EPS).
  - It is anticipated that all social workers will be using EPS by end of December 2019. DCFS and LACOE have developed multiple modules, including a mobile application version of EPS, a social-worker summary view, and a school emergency transfer and transportation tracking form to prepare for implementation.
  - In the last 90 days, 374 school-district staff used EPS across 58 school districts, and over 18,000 education documents were added to the system. Nineteen social workers conducted 74 student searches and retrieved 317 documents.
GOAL 3: PERMANENCY No child leaves the system without a permanent family or a responsible caring adult in his or her life.

Increasing the Use of Relative Placements

- The Upfront Family-Finding project, which works to place children with their relatives as soon as they are removed from their homes, officially launched in June 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, bringing the total number of offices involved in the project to 10.
  - 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.
  - Discussions are still underway with Child Trends about a longitudinal study of the project to evaluate its impact on placement stability, reunification, and more.

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

- On December 4, 2018, the Board directed the OCP, in collaboration with the CEO, DCFS, DMH, the Juvenile Court, Probation, legal advocates, and other stakeholders, to develop and implement a comprehensive plan to increase permanency for system-involved youth.
- The OCP Permanency Workgroup continues to meet monthly. In the past few sessions, the workgroup has hosted presentations on Permanency Roundtables and Youth Permanency Units (YPUs), and has also heard about the Dave Thomas Foundation’s foster-child adoption project, “Wendy’s Wonderful Kids.”
  - The Permanency Roundtable project is currently being piloted in the Vermont Corridor DCFS office. It is part of a collaborative with Casey Family Programs focused on 13 African-American families involved in family reunification, and is designed to be part of an effort to combat racial disproportionality and disparity.
  - The YPUs have been piloted in three DCFS offices—Metro North, Pomona, and Santa Clarita—for several years. The goal of these units has been to develop best practices around youth-permanency social work. Representatives from Pomona and Santa Clarita presented at the workgroup’s May meeting and spoke anecdotally about their successes. The OCP Permanency Workgroup is now advocating that DCFS formally evaluate these units to determine whether the YPU concept should be expanded to other DCFS offices to enhance permanency for youth who are in a plan of Another Planned Permanent Living Arrangement (APPLA).
  - “Wendy’s Wonderful Kids” was created by the Dave Thomas Foundation to achieve permanency through adoption for targeted youth in the child-welfare system. The organization has been active and successful in numerous
jurisdictions throughout the country, and has been extensively evaluated. While it has had a small presence in Los Angeles since the early 2000s, representatives are hoping to expand that presence. Discussions are currently underway.

• DCFS has compiled a list of court cases that have been in the court system for 90 days or longer without completing the disposition stage, thereby delaying permanency. That list has been shared with the Juvenile Court, which is committed to moving those cases forward. Work is also ongoing to create an accurate list of children under the age of 16 who are in a plan of APPLA so that targeted efforts at permanency can be made for them.

• The benefits analysis chart referred to in earlier progress updates is currently being revised in accordance with input received from a variety of stakeholders.

Transitional Shelter Care (TSC) Pilot

• Bi-weekly meetings continue with stakeholders—including DCFS, DMH, Probation, the Juvenile Court, the Children’s Law Center, Court-Appointed Special Advocates (CASA), County Counsel, and others—to discuss the multidisciplinary teaming pilot led by DCFS’ Accelerated Placement Team (APT) to stabilize and find permanency for hard-to-place youth (overstays and chronic repeaters) at the now 10-day Temporary Shelter Care Facilities (TSCFs).

◊ At each meeting, the group discusses the progress of about a dozen youth involved with the project, and also brainstorms about new youth brought to the group’s attention.

◊ At the July 17 meeting, for example, the group heard about one of the youth whom the group follows obtaining a driver’s license, two youth who moved or were moving to new placements (one a Short-Term Residential Therapeutic Program, or STRTP), another going out of state after months of hospitalization, another who has improved since being assigned a mentor, and another whose school experience has undergone a complete turnaround for the better.

◊ Recent data:

▪ 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 difference is nearly 33,000 hours.

◊ Two recent examples of pilot youth and their progress:

▪ SW is a 16-year-old male who had overstayed his time at the TSCF by over 600 hours. He presented with behavioral concerns that made finding him a placement difficult: a history of suicidal and homicidal ideation, multiple
hospitalizations to keep himself and others around him safe, extreme verbal and physical aggression, stealing, running away, high impulsivity, non-compliance with medications, and defiant and oppositional behavior.

With work from his pilot social worker and much patience and time with placement staff, SW was placed in a group home in which he remained stable for 5 months, coming to be known by staff as “one of the most lovable youth.” After an altercation involving law enforcement occurred, SW needed to be moved to another group home, in which he has remained stable for over 3 months.

- MH is a 17-year-old male with a history of major depression, suicidal ideation, impulsivity, angry outbursts, and multiple psychiatric hospitalizations. His family has been subject to numerous referrals to DCFS for allegations of physical and verbal abuse; additionally, MH’s mother committed suicide in 2016. MH experienced a total of 18 DCFS placements, including 3 in the TSCF, and he is two years behind in school.

With the support of his OCP pilot team, he was able to be maintained in a group home for 9 months until it closed. He was then placed in another group home for 2 months, where he made additional progress, including waking up early to complete chores and becoming much more focused. His team continued to engage and support him, and was able to locate a foster family for him to transition to.

When deciding whether this was the right move for him, he asked the foster mother, “I have lived in a group-home setting for a very long time, and I may not know how to act. What would you do?”

After the foster mother replied, “Just talk to me, because I am here for you,” MH decided to try the foster-family placement; he moved in last week. His OCP pilot team is working with the foster mother to develop a plan for addressing expectations, coping skills, potential triggers, and the team’s professional roles.

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

**Efforts to Improve Educational Achievement**

- 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.

🔹 Partners are now preparing recommendations for improving financial aid application rates among system-involved youth in the 2019–20 academic year and will submit them to the Board by October 1, 2019.

- 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. 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.

🔹 Partners continue to meet with school districts across the county (Pomona, LAUSD, Whittier, Antelope Valley, and Pasadena) to educate them about the importance of preventing mental health issues through healing-informed arts education and to work with these potential partners to launch a pilot this fall.

🔹 The Department of Arts and Culture made offers to a project consultant and an independent evaluator, Harder and Company, to work on this project. Both are anticipated to start in mid-August 2019.

🔹 MOUs are being drafted with participating middle and high schools in Pomona Unified and LAUSD.

- Continuing to partner with DCFS, Los Angeles County school districts, and LACOE to implement the foster-youth school-stability provisions included in the Every Student Succeeds Act (ESSA). The Education Coordinating Council (ECC), DCFS, LACOE, LAUSD, and WDACS conducted a transportation pilot to keep foster youth in their schools of origin. The two-year pilot, completed on July 30, 2019, 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.

🔹 An evaluation report, “Foster Youth School Stability Transportation Pilot Outcome Report,” will be submitted to the Board by DCFS shortly. It included results on the number of youth served, average distance traveled, costs, lessons learned, and potential barriers to implementation.

🔹 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.

🔹 The ECC, DCFS, and LACOE are conducting outreach, encouraging Los Angeles County school districts serving large numbers of foster youth to sign the long-term ESSA transportation MOU.
▪ On June 17, 2019, using philanthropic funds from the Conrad N. Hilton Foundation, the ECC hired an Outreach Coordinator to facilitate this effort.

▪ Several districts are already moving forward with executing the MOU. Lancaster Unified School District School did so on July 16, the Pasadena Unified school board should vote on the MOU on August 1, and the Antelope Valley Union High School District and Pomona Unified’s boards should vote by mid-August. The Palmdale School District, Hacienda La Puente Unified, Bellflower Unified, the El Monte City School District, and the Whittier Union High School District have also notified the ECC that they have begun the process.

▪ The ECC is in final negotiations with LAUSD, which serves 40% of the County’s foster youth, about its board signing the MOU.

▪ DCFS and the OCP developed and distributed a process one-pager and frequently-asked-questions handout to the 7 school districts within Los Angeles County with the highest enrollments of foster youth. These materials are widely available to other districts, and similar documents for social workers will also be developed.

Workforce Development

▪ WDACS’ Workforce Development Board (WDB) and the City of Los Angeles’ WDB, have a signed operational agreement with 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

Mentoring

▪ At the 2019 Youth Development Summit held on July 18 and 19, the Department of Human Resources, DCFS, WDACS, Probation, and DPSS presented information on the County’s mentoring program to engage youth-serving and other mentoring organizations AND inform them about other County programs that support and promote youth development.
County Medical Hubs

- Working with DHS, DCFS, DMH, and DPH to implement a detailed work plan to improve the overall Hub system, focusing on timely access to forensic 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, DMH, DPH, and DCFS are finalizing a joint Board letter requesting increased staffing to support expanded Medical Hub hours and an increased capacity to deliver timely access to the Hubs’ core services. An estimated 85 positions across the 4 departments will be requested, including additional medical providers and nursing staff, mental health clinicians, public health nurses, children’s social workers, and associated supervisors, clerical, and support staff. Below are the proposed clinic hours, pending Board approval of additional staffing items:

<table>
<thead>
<tr>
<th>DHS Medical Hub</th>
<th>Current Hours of Operation</th>
<th>Proposed Hours of Operation (pending Board approval of additional staffing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLK</td>
<td>8:00 a.m. to 7:30 p.m.</td>
<td>8:00 a.m. to midnight</td>
</tr>
<tr>
<td>LAC+USC</td>
<td>24/7</td>
<td>Continue 24/7</td>
</tr>
<tr>
<td>East San Gabriel Valley (ESGV)</td>
<td>8:00 a.m. to 5:00 p.m.</td>
<td>8:00 a.m. to 8:00 p.m.</td>
</tr>
<tr>
<td>Harbor-UCLA Medical Center (HUMC)</td>
<td>8:00 a.m. to 6:00 p.m.,</td>
<td>Continue 8:00 a.m. to 6:00 p.m., with 24/7 urgent operations</td>
</tr>
<tr>
<td></td>
<td>with 24/7 urgent operations</td>
<td></td>
</tr>
<tr>
<td>Olive View Medical Center (OVMC)</td>
<td>8:00 a.m. to 4:30 p.m.,</td>
<td>8:00 a.m. to 8:00 p.m., with 24/7 urgent evaluations</td>
</tr>
<tr>
<td></td>
<td>with 24/7 urgent evaluations</td>
<td></td>
</tr>
<tr>
<td>High Desert Regional Health Center (HDRHC)</td>
<td>8:00 a.m. to 4:30 p.m.</td>
<td>8:00 a.m. to 8:00 p.m., with urgent evaluations available to 10:00 p.m.</td>
</tr>
</tbody>
</table>

  ✷ DHS, DCFS, and the Sheriff’s Department 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.

  ✷ 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.

  ✷ 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 facilitated by OCP.

✧ Convened caregivers, service providers, and advocates from the community served by the East San Gabriel Valley (ESGV) Hub in July 2019 to provide an overview of the Hubs’ core services, share critical resources and information (including a training on mitigating the impacts of toxic stress on children’s health), and 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.

• 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, 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.

Addressing Psychototropic Medication Use in Child Welfare

• Monthly meetings of the Psychotropic Medication Workgroup continue to oversee the implementation of the protocols adopted in April 2017 for approving and monitoring the use of psychotropic medications for youth in out-of-home care.

✧ Currently, the group is awaiting quarterly snapshots from both DCFS and Probation on the numbers of dependents and wards of the court who are being administered psychotropic medications.

✧ The Psychotropic Medication Youth Engagement Worksheet has been fully implemented by both DCFS and Probation (Attachment 1). Meetings currently focus on implementation issues, including what needs to be done by each entity when there are difficulties in getting youth to participate in the information-gathering process.

✧ The issue of ensuring that appropriate lab tests occur for youth who are being administered psychotropic medication is still before the group. Amendments to the monitoring protocol are being considered by DPH, and DMH is developing a mechanism to further alert prescribing physicians about the process.
GOAL 5: CROSS-CUTTING STRATEGIES  
Rethink structures, programs, and processes, on an ongoing basis, that impact multiple entities, to take advantage of new thinking and learning that meaningfully improves our child protection system.

Dual-Status Youth Motion

- On March 20, 2018, the Board directed the OCP, in collaboration with multiple County stakeholders and others, to report back on a Countywide plan for dual-status youth. The work on this motion continues within the Dual-Status Youth Workgroup’s three subcommittees—Delinquency Prevention, Data, and WIC 241.1 Multidisciplinary Team (MDT).

  ✷ The Delinquency Prevention Subcommittee has finished the 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. These guidelines appear as Attachment 2 to this update and are designed to ensure that foster youth have the same access to diversion programs as do non-foster youth.

  This subgroup has also developed a list of risk factors that can lead to delinquency, plus protective factors that prevent and treat (Attachment 3). The group’s current task is to focus on individual risk factors and develop specific programmatic recommendations to remedy them.

  ✷ The focus of the WIC 241.1 MDT Subcommittee continues to be 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.

  The subcommittee has completed the revision of the Operational Agreement that is designed to provide notice to and garner input from DCFS and the Children’s Law Center when a WIC 300 youth is about to be detained by Probation. The new version is appended as Attachment 4.

  While the ongoing issue of defining the process for DCFS to identify a WIC 602 youth when that youth becomes the subject of a WIC 300 petition in the dependency court has not yet been addressed, meetings are pending to resolve this issue.

  ✷ The MDT Subcommittee and the Data Subcommittee are also working on procedures for the 241.1 joint assessment. Currently, the groups are clarifying the roles of DCFS education specialists and DMH on the multidisciplinary team. Questions have been raised about what mental health information can or should be included in the joint assessment and about whether other entities should be permitted to present their input to the MDT in person when the MDT is conducting its assessment. Discussions on these topics continue, as well as on whether the WIC 241.1 joint assessment report should be separated from the standard pre-plea report in the delinquency court.
Additional OCP Activities

- Participate in DCFS’s workgroup on planning for the Families First Prevention Services Act
- Participate on Board-motion workgroup for planning a Family Treatment Court
- Participate on DPH’s Office of Violence Prevention Leadership Committee
- Participate on the state’s Comprehensive Risk Aid (CRA) Steering Committee
- Moderated panel on Becoming: Women in Technology at LA County’s Women in Data Science Summit on May 29, 2019
- Presented an OCP update at the ICAN Policy Meeting on June 14, 2019
- Presented on the Upfront Family-Finding project for the Santa Clara County Department of Family and Children’s Services on June 18, 2019
- Participated in a housing convening hosted by the Center for Strategic Partnerships on July 9, 2019
- Presenter on the Moving Families from the Hotline to a Helpline, Community Prevention Linkages project at the 2019 Continuous Improvement Summit on July 25, 2019
- Presented on the Upfront Family-Finding project at the National Council of Juvenile Family Court Judges conference on July 30, 2019
- Developing response to Board motion on the tragic death of Noah C.

In summary, the OCP is working hard to accomplish its goals, as are the relevant County departments and a host of key community partners. We look forward to reporting further progress in our next quarterly update.
If you have any questions or need additional information, please contact me at (213) 893-1152 or via email at mnash@ocp.lacounty.gov, or your staff may contact Carrie Miller at (213) 893-0862 or via email at cmiller@ocp.lacounty.gov.

MN:eih

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

As part of the County's efforts to closely monitor the administration of psychotropic medication to foster children, the Office of Child Protection has introduced a new tool to assist DCFS, the Department of Public Health (DPH) and the Court to understand what a child knows about his/her medication and health care needs. The goal of the Youth Engagement Worksheet is to engage youth in order to prepare them to make decisions about their ongoing medical care and to teach them to be capable of monitoring their medication regimen, should they choose to continue the medication upon reaching the age of majority. The Worksheet is designed to provide ongoing information to the Court so that the Court can exercise its oversight function by being aware of the youth's engagement in, knowledge about, and preparation for psychotropic medication use.

Completing the Youth Engagement Worksheet:

On May 1, 2019, DPH's Public Health Nurses (PHNs) began administering the "Youth Engagement Worksheet" telephonically to all youth ages 14 to 18 who are prescribed psychotropic medications. Participation in the call by the youth is voluntary, but DPH will attempt to contact every youth several times if needed in order to complete this document.

- Completion of the Youth Engagement Worksheet occurs immediately prior to the CSW's completion of the Jv-224, County Report on Psychotropic Medication (see 0600-514.10, Psychotropic Medication: Authorization, Review, and Monitoring for DCFS Supervised Children).
- Once the PHN completes the Youth Engagement Worksheet, the PHN returns it in the purple folder to the CSW.
- The CSW is to attach the Youth Engagement Worksheet to the Jv-224 when it is submitted to the court. If the PHN is unable to reach the youth, or the youth declines to speak with the PHN, the PHN will indicate this on the Youth Engagement Worksheet, sign it and return it to the CSW.
- The Jv-224, County Report on Psychotropic Medication is to be submitted at the 45-Day PMA Hearing and all subsequent Status Review Hearings thereafter while the youth is on psychotropic medication.

CSWs and PHNs are expected to collaborate in their work to mutually monitor the use of psychotropic medication by foster children. CSWs are encouraged to seek assistance from PHNs in regards to any questions regarding the use of psychotropic medications by youth on their caseloads.

For further information regarding the completion of the Jv-220 and Jv-224 forms, please refer to 0600-514.10, Psychotropic Medication: Authorization, Review, and Monitoring for DCFS Supervised Children.
<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS (as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the youth know the name of the medication(s) being taken?</td>
<td></td>
<td></td>
<td></td>
<td>Do not include direct quotations from the youth.</td>
</tr>
<tr>
<td>2. Does the youth know the reason for the medication(s)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the youth know his or her diagnosis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the youth know the dosage(s)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the youth aware of the potential side effects?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the youth know the medication schedule?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does the youth self-administer the meds?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Does the youth know the prescribing physician's name and contact information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Does the youth know how to make an appointment with the prescribing physician?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Does the youth understand the danger of stopping the meds without consulting the prescribing physician?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Does the youth have medical coverage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Does the youth know how to use the medical coverage?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Does the youth know how and where to refill medical prescriptions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does the youth have copies of his/her medical records and history?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does the youth have a trusted adult to talk with about medical issues?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Does the youth have contact information for the designated consulting public health nurse (PHN)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MARK APPROPRIATE BOX**

Name of Youth  
Name of Preparer  
Case Number  
Agency  
Date Prepared

Rev. 10/10/2018
PSYCHOTROPIC MEDICATION YOUTH ENGAGEMENT WORKSHEET INSTRUCTIONS

The goal of this tool is to ensure that youth under the court’s jurisdiction who are being administered psychotropic medication are engaged in the medication process early enough so that—when they reach the age of majority and leave the system or move to extended foster care—they are prepared to make decisions about their ongoing medical care and are capable of monitoring their medication regimen should they choose to continue it.

The worksheet itself does not accomplish this goal. It is the job of all who are involved with the youth to engage and prepare the youth. That includes medical professionals, caregivers, social workers, probation officers, attorneys, CASAs, and more. Achieving this goal is the responsibility of literally “the whole village” affiliated with the youth.

The worksheet is designed to provide ongoing information to the Court so the Court can exercise its oversight function to be aware of the youth’s engagement in, knowledge about, and preparation for psychotropic-medication use.

For implementing the worksheet, the following points should be noted:

1. In Dependency Court, the worksheet should be attached to all JV-224 forms (County Report on Psychotropic Medication) as part of that report provided to the Court for all status-review hearings conducted for youth age 14 up until their 18th birthday.

2. In Delinquency Court, the worksheet should be attached to all JV-224 forms as part of that report provided to the Court for all status-review hearings conducted for youth age 14 up until their 18th birthday.

3. In Delinquency Court, the worksheet should be attached to all camp progress reports for youth who are being administered psychotropic medication.

4. All worksheets, along with their JV-224 forms, should be placed in the confidential envelope in the court file in both Dependency and Delinquency courts.

5. While worksheets are to be filed with the Dependency Court by social workers and with the Delinquency Court by probation officers, it is not required that they be completed by social workers or probation officers. Nor is it required that worksheets be completed via interviews with the youth.

While nothing prevents social workers or probation officers from completing the worksheet themselves, both departments can rely on public health nurses (PHNs), Department of Mental Health personnel, or others (by agreement) to complete the worksheet and provide it to the social worker or probation officer for filing with the court of record.

The only requirements are that the information be accurate and given to the social worker or probation officer in time for court filing.

6. In completing the worksheet, not all questions are relevant for every court hearing. It is expected that only relevant questions will be completed.

7. The Comments section needs filling in only when the person completing the worksheet deems it appropriate. It should not include direct quotations from the youth.

8. It is expected that the worksheet will be used in Court in a variety of ways. Judicial officers may ask youth in court and/or attorneys and CASAs for youth to verify the accuracy of the information checked off on the worksheet. It is further expected that judicial officers will work with those involved with the youth to ensure that any knowledge gaps the youth may have that are relevant to the youth’s age and stage in the system are filled in with the aid of the members of the youth’s “village”—physician, therapist, caregiver, parent, attorney, CASA, and so on.

Rev. 10/10/2018
Improving Diversion Options for DCFS-Involved Youth
Guidelines for YDD’s Diversion Program Pilot

Developed by the Los Angeles County Office of Child Protection’s Dual-Status Youth Workgroup and its Delinquency Prevention Subcommittee

The Board of Supervisors motion to which the Office of Child Protection’s (OCP) Dual-Status Youth Workgroup was formed to respond asks the OCP to address the issue of preventing youth in the dependency system from crossing into the delinquency system—including the alignment of policies and procedures with the County Office of Diversion and Reentry’s Youth Diversion and Development unit (YDD). YDD is currently launching a Diversion Program pilot in ten sites across Los Angeles County, through which eight community-based providers serve as navigators for diversion referrals and provide intake across these locations.

These guidelines augment YDD Diversion Program protocols to ensure that youth involved with the Los Angeles County Department of Children and Family Services (DCFS):

- Have equal access to diversion programming
- Are provided with the supports to be successful in diversion programming

With both equal access to and their successful completion of diversion programs ensured, not only will fewer DCFS-involved youth enter the juvenile-justice system, but—if used appropriately and equitably—diversion may also contribute to the reduction of racial/ethnic disparities within that system.

These guidelines are intended to address the historical barriers that have prevented DCFS-involved youth from participating in and/or successfully completing diversion programming. We believe diversion plays an important role in preventing delinquency, and DCFS-involved youth should have equal access to this type of programming. There is little question, however, that the diversion experience is inherently different for youth with and without DCFS involvement. For example, participation in programming for DCFS-involved youth in placement is recorded in dependency court reports and available to courts in the future. By contrast, participation by a youth with no DCFS involvement is not maintained in any official record. Thus, the cumulative impact of simply participating in diversion programming potentially holds more negative consequences for DCFS-involved youth compared to their non-DCFS counterparts.

1 For a review of the final protocols outlining the operation of the YDD Diversion Pilot Program, readers are encouraged to contact YDD leadership.
Participation in diversion programming, on the other hand, can prevent DCFS-involved youth from entering the juvenile-justice system and should be an option for them.

For DCFS-involved youth, the tension between these realities presents unique and serious issues; consequently, it is necessary to monitor the diversion experience to maximize the advantages of diversion programming while minimizing its disadvantages. Dual-Status Youth Workgroup members strongly believe that regular feedback on the implementation of these guidelines is necessary to protect DCFS-involved youth from any unintentional harm related to their participation in programming.

Including DCFS-Involved Youth

Referral Protocol

Once law enforcement makes contact with a youth, the officer decides whether or not to refer the youth to diversion by using the YDD Diversion Program pilot eligibility criteria. Youth offered the diversion option provide contact information to the officer by using the YDD Referral Form.

Youth involved with DCFS who come in contact with law enforcement and who are eligible for a diversion referral may be living at home, with relatives, in a resource-parent home, or in a group home. When collecting contact information, law enforcement does not ask the youth if he/she is involved in DCFS. However, if the youth voluntarily discloses his/her involvement with DCFS in the process of giving contact information (e.g., gives a group-home representative as a point of contact), the officer includes this information on the referral form.

To reduce any bias against offering the diversion referral option to DCFS-involved youth, the law-enforcement officer does not ask any follow-up questions. The designated community-based organization (CBO) providing diversion services pursues additional information when it receives the referral.

CBO Contacting Parent/Caregiver

The designated CBO in each geographic area processes referrals according to YDD protocol—i.e., by making a call to the parent/caregiver to schedule an intake meeting. During the call, the CBO inquires about DCFS involvement as part of its screening. If the youth is DCFS involved, the CBO asks the parent/caregiver and the youth if they want to invite the case-carrying social worker to the intake meeting. If they do, the CBO must inform them that social workers are required to include diversion referrals and program participation (if applicable) in their reports to the court, making this information an official part of a youth’s court record.

- If the parties want to include the youth’s social worker, the CBO contacts the social worker and invites him/her to the diversion intake meeting.
- If the parties do not want to include the youth’s social worker, the CBO schedules an intake meeting without notifying the social worker.

---

2 Currently, only law-enforcement agencies have committed to participating in the YDD Diversion Program. YDD, however, is willing to accept referrals both from the Probation Department and from 241.1 multidisciplinary team (MDT) joint assessments.
• If conflict exists between the parties on whether or not to contact the social worker, the CBO gives priority to the youth’s decision. If reporting diversion involvement to DCFS is necessary, it is done by the parent/caregiver. *(NOTE: If the youth is living in a placement, the resource parent, relative, or group-home representative is legally obligated to report the youth’s involvement to the youth’s social worker even if the CBO does not contact the social worker.)*

The CBO informs DCFS-involved youth that their Children’s Law Center (CLC) attorney will be notified of and invited to the intake meeting as their advocate. The CBO explains to the parent/caregiver and youth that the attorney (as opposed to the social worker) is not required to inform the court of the youth’s participation in programming.

If the youth does not know the CLC attorney’s name or contact information, the CBO contacts a centralized CLC email. CLC then contacts the youth’s attorney and asks him/her to contact the CBO.

The CBO also invites to the intake meeting the youth’s Court-Appointed Special Advocate (CASA)—assuming one has been appointed—if the youth agrees and provides the CASA’s contact information.

**Intake Meeting and Obtaining Consent**

At the intake meeting, the CBO explains what participation in diversion programming means. To proceed, both the parent/caregiver and the youth must consent to services.³

If the youth’s social worker is not present, the CBO asks again about involving him/her. Unless the youth now wants to include the social worker, the CBO moves forward without contacting him/her.

As indicated above, the youth’s Children’s Law Center attorney is automatically invited to the intake meeting. If no CASA is assigned to the youth and the attorney feels one is appropriate, the attorney may submit a request to the court to appoint a CASA for the youth.

**Department of Children and Family Services Involvement**

The CBO contacts the DCFS case-carrying social worker and asks him/her to participate in the youth’s diversion programming in any of the following situations:

a. The CBO knows the youth is living in a resource-parent home, with a relative, or in a group home, but cannot make contact with anyone to initiate the diversion referral process (i.e., explain the program and extend an invitation to an intake meeting).

b. The CBO reaches the parent/caregiver and the youth, and all parties give consent for the CBO to contact and invite the youth’s social worker to diversion meetings.

c. The youth’s relative, resource parents, or group-home representative does not consent to participate in diversion.

d. The youth requires additional support from DCFS to participate and be successful in the diversion program.

---

³ *Current protocols dictate that community-based organizations providing diversion services obtain consent to participate from both the youth and the youth’s caregiver, but YDD will consider case-by-case exceptions to that rule, and will track the frequency of caregiver refusal.*
In any of these circumstances, if the parent/caregiver or youth cannot provide the social worker’s contact information, the CBO notifies the youth’s CLC attorney of its intentions and requests contact information. If that source fails, the CBO reaches out to DCFS using a centralized email. DCFS forwards the email to the youth’s assigned social worker and supervising social worker, asking the social worker to contact the CBO to discuss the situation and identify appropriate next steps.

If the youth’s social worker is notified and becomes involved in the diversion process, the youth and his/her parent/caregiver must be informed that the youth’s participation in diversion services will be recorded in reports to the court.

**Service Plans and Services**

The youth’s CLC attorney is invited to all meetings. If appropriate, the youth’s CLC attorney may submit a request to the court to appoint a CASA. If a CASA is appointed, he/she is also invited to all diversion programming meetings.

If the youth’s social worker is notified of the youth’s referral and/or participation in the YDD program, he/she is also invited to all meetings.

*All meetings should be youth-centered, and all parties should collaborate to determine who should attend meetings so as to avoid making them difficult or uncomfortable for the youth.*

All parties should also work together to coordinate diversion-programming requirements with the youth’s current case plan to avoid redundancy and placing an undue burden on the youth.

Transportation to all meetings and services is available to the youth and his/her parents/caregivers through the CBO, if needed. YDD service providers must give special attention and consideration to transportation for DCFS-involved youth, as it is highly likely that transportation may be a barrier to successful participation in diversion programming.

**Completion of the Diversion Plan**

When the youth completes his/her diversion plan, the youth has “successfully completed” the program, and no record of the initial law-enforcement contact is kept.

If the youth does not succeed in completing the diversion plan, and all efforts to support the youth’s success have been exhausted (i.e., support from CLC, DCFS, and CASA, if applicable), the CBO returns the referral to law enforcement and notifies YDD. YDD staff then reach out to law enforcement to advocate on the youth’s behalf and negotiate, to the best of their ability, an alternative plan to give the DCFS-involved youth an opportunity to be successful without entering the juvenile-justice system.

**Ongoing Oversight and Development**

Research shows that well-intentioned diversion programs can inadvertently increase racial/ethnic disparities, limit options for DCFS-involved youth, and result in worse outcomes for youth if not appropriately used. Consistent tracking combined with training and feedback from providers and participating youth/caregivers is necessary to avoid these potential pitfalls. Recommendations for each of these areas are provided below.
Data Feedback Loop

To ensure that these guidelines are successfully applied, the Dual-Status Youth Workgroup emphasizes the critical importance of data to assess the YDD Diversion Program pilot over time. Specifically, the Dual-Status Workgroup recommends that YDD meet with the workgroup’s Delinquency Prevention Subcommittee on a quarterly basis to discuss successes and challenges in implementing the program. Workgroup members acknowledge that at least six months of program operation is needed to produce data; until data are available, reports from law enforcement, CBOs, the Children’s Law Center, and any other agency involved with YDD should be presented. In particular, workgroup members are interested in hearing qualitative feedback and personal testimonies on successes/challenges in the following areas:

- Law-enforcement officers—identifying any implicit bias around DCFS-involved youth and their eligibility for diversion
- CBOs—their experiences with identifying and engaging DCFS-involved youth in programming
- Service providers—the extent to which DCFS-involved youth and their caregivers are engaging in diversion programming
- Children’s Law Center—the role of the CLC attorney and feedback on the process
- DCFS case-carrying social workers—the role of the social worker and feedback on the process
- Court-Appointed Special Advocates—the role of CASAs and feedback on the process
- DCFS-involved youth participating in the program—feedback on the process
- Parents/caregivers of DCFS-involved youth participating in the program—feedback on the process

After six months of pilot implementation, data reports should be produced and reviewed on a regular basis by YDD and the Delinquency Prevention Subcommittee at quarterly meetings. Reports should include six-month measures and annual measures. Whenever possible, all participant measures listed below should be reported overall and broken out by:

- Number/percent by gender
- Number/percent self-reported LGBTQ+
- Number/percent by race/ethnicity
- Number/percent by age
- Number/percent by DCFS involvement
- Number/percent by DCFS placement
- Number/percent by Service Planning Area (SPA)

Six-Month Measures

- Number of youth with law-enforcement contact offered the diversion option
- Number/percent of youth offered the diversion option who agreed to participate (vs. those who did not)
- Number/percent of youth who successfully completed diversion programming
• Number/percent of law-enforcement decisions for youth who declined to participate in
diversion programming
• Number/percent of law-enforcement decisions for youth who did not successfully complete
diversion programming

Annual Measures

❖ Number/percent with new arrests
  • Number/percent of youth who participated in and successfully completed diversion programming
  • Number/percent of youth who participated in and did not successfully complete diversion programming
  • Number/percent of youth who declined the option to participate in diversion programming

❖ Number/percent with formal Probation contact (i.e., Probation diversion or delinquency court petition)
  • Number/percent of youth who participated in and successfully completed diversion programming
  • Number/percent of youth who participated in and did not successfully complete diversion programming
  • Number/percent of youth who declined the option to participate in diversion programming

Training

Ongoing training is critically important to ensure that best practices are implemented and protocols are
correctly followed in the delivery of the YDD Diversion Program. Training should be delivered to several
key stakeholders, including (but not necessarily limited to) law-enforcement officers and supervisors,
CBOs, service providers, Children’s Law Center attorneys, dependency and delinquency court judges,
DCFS social workers and supervisors, and CASAs. Whenever appropriate and possible, training should be
interdisciplinary (i.e., include all partners collectively) and should address, at a minimum, the following
topics:

• The purpose and importance of diversion programming (i.e., the benefits) and what is required
to support youths’ successful completion of programming

• Potential bias against DCFS-involved youth in diversion referrals, and protocols for law enforce-
ment to address this issue

• Training on the implementation of these guidelines, available resources to support youth
involved in DCFS, and strategies to further support this population (e.g., trauma-informed care)

• The role trauma may play with regard to the youth’s participation in programming and the
importance of delivering services through a trauma-informed lens

• The importance of culturally appropriate and gender-appropriate programming
Delinquency Prevention Worksheet

Risk Factors

- Prior investigations/high number of referrals
- Longer stays in child welfare
- Entering as an adolescent
- Prior child welfare services
- Placement instability (number of placements)
- Group home placement
- Negative peers
- Substance abuse
- Instability in educational programming
- Academic difficulty (includes truancy, performance)
- Behavior problems at school/suspensions
- Family conflict/poor communication
- Mental health (Note: More than likely this is a proxy for other factors)
- Unresolved trauma (Suspected but no empirical evidence)
- Bias in decision-making that puts DCFS-involved youth at a disadvantage in the juvenile justice system (e.g., limited diversion opportunities, placement in suitable placement vs. home on probation → can lead to cumulative disparities)
- Not receiving appropriate and timely services to address risk and need factors effectively
- Limited/no access to transitional support services (i.e., overall lack of stability)

Protective Factors

- Stability in placement/permanency
- Stability in educational programming
- Stable relationships with family
- Stability in relationships with positive adults
- Receiving appropriate and timely services to address risk and need factors effectively
- Trauma growth
- Not engaged in substance abuse
- Connected to positive peer groups and activities

→ Based on these known risk factors and protective factors, what should Los Angeles County be doing to prevent youth from crossing into delinquency?

→ Based on these known risk factors and protective factors, what should Los Angeles County be doing to prevent youth who do cross over into delinquency from falling deeper into the juvenile justice system?
Operational Agreement
Between the Department of Children and Family Services (DCFS), the Probation Department (Probation), and Attorneys Representing Dependent Youth (Children’s Law Center of Los Angeles [CLC])

A. Purpose

This operational agreement is designed to:

1. Ensure that the decision on whether to detain a youth under dependency-court jurisdiction who has been arrested is based upon appropriate legal factors and not on:
   - The youth's foster care status
   - A placement facility or caretaker's reluctance to house the youth
   - The unavailability of an immediate placement or difficulty in securing a placement for that youth by DCFS

2. Inform the youth's dependency attorney at the earliest possible time of the youth's arrest, detention, or release so the attorney can provide appropriate assistance or input at each critical point.

3. Delineate the roles and responsibilities of Probation and DCFS at each critical event.

   Ultimately, it is the goal of this agreement to:
   - Promote the protection and safety of each dependent youth
   - Ensure that dependent youth are not detained unnecessarily or any longer than necessary
   - Establish procedures for the sharing of pertinent information among Probation, DCFS, and CLC

B. Summary of Procedures

1. Following arrest, Probation’s Intake and Detention Control (IDC) unit contacts the DCFS Child Protection Hotline (CPH) children’s social worker (CSW)/supervising children’s social worker (SCSW) and the youth’s dependency attorney.

   When a dependent youth is arrested and delivered to the custody of Probation:
   a. Probation shall determine if the facts and circumstances of a case warrant detention of the youth.
b. If Probation determines that detention is **not** warranted, Probation shall, as soon as possible:
   
i. Contact DCFS to request that DCFS take custody of the youth within two hours.

   ii. Notify the youth’s dependency attorney (as listed in CWS/CMS and/or ProbLite) as soon as possible.

c. If Probation determines that detention **is** warranted, Probation shall, as soon as possible:
   
i. Notify DCFS of the decision to detain the youth.

   ii. Notify the youth’s dependency attorney (as listed in CWS/CMS and/or ProbLite) as soon as possible of the decision to detain the youth.

d. If Probation determines that the release of the youth on Community Detention Program (CDP) is appropriate, Probation shall, as soon as possible, release the youth to the DCFS caregiver (such as the short-term residential therapeutic center [STRTC], group home, resource/foster parent, relative, or parent) if the caregiver agrees to take the youth on CDP.

2. Prior to the detention hearing, if the decision is made to release the youth, Probation’s IDC unit contacts the CPH CSW/SCSW.

   If it is determined prior to a juvenile court detention hearing that:

   - The District Attorney has rejected the case
   - There has been a probable-cause (PCD) rejection by the Court
   - There has been no filing by the arresting agency, or
   - Probation has determined that detention is not warranted

   the following shall occur:

   a. Probation shall attempt to replace the youth in the youth’s foster-care placement. If the placement will accept the youth back, Probation shall notify DCFS and the youth’s dependency attorney.

   b. If Probation is unable to return a youth to placement, Probation shall notify DCFS so that DCFS can expeditiously resume custody of the youth, and shall notify the youth’s dependency attorney so the dependency attorney can take any appropriate action on behalf of the youth.
C. Responsibilities of Each Entity

1. Probation responsibilities to notify DCFS:
   
a. Probation shall call the Child Protection Hotline (1-800-540-4000) and press the law-enforcement number (6) when prompted to do so.

b. Probation informs the Intake CSW that he/she is calling from Probation regarding the release of a dependent youth back to DCFS (if the youth is not being detained) or to notify DCFS of the youth’s Detention Hearing and court information (if the youth is being detained).

c. Probation shall provide the following information, if known:
   
i. Name of youth
   
ii. Age, date of birth
   
iii. Parents' names, addresses, and phone numbers
   
iv. Name, phone number, and office location of the youth’s CSW
   
v. Current location of youth and reason(s) the placement facility is unwilling to re-accept the youth
   
vi. Specific charges and future court dates, if any
   
vii. Any special needs or observed behaviors
   
viii. Name and phone number of the Deputy Probation Officer
   
ix. The location where the youth is to be released to DCFS

d. Probation shall obtain a referral number from the Intake CSW.

2. Probation responsibilities to notify attorneys for dependent youth:

a. Upon the arrest of any youth determined to be a dependent, Probation will attempt to identify the youth's dependency attorney using CWS/CMS and/or ProbLite.

b. If the attorney for the dependent youth is identified during business hours (8:00 a.m. to 5:00 p.m.), Probation will contact the youth’s attorney at the phone number listed for the attorney in CWS/CMS and/or ProbLite and inform him/her of the youth’s arrest and detention/release decision.

c. If the dependency attorney is identified after business hours, Probation will attempt to contact the appropriate CLC law firm using the after-hours phone numbers provided by CLC and inform them of the youth’s arrest and detention/release decision. These after-hours phone numbers will be in use from 5:00 p.m. to 8:00 a.m. Monday through Thursday, and 5:00 p.m. Friday to 8:00 a.m. Monday.
3. CLC responsibilities:
   a. CLC will provide Probation and DCFS with after-hours phone numbers.
   b. The youth's dependency attorney will speak with the youth over the phone, if the youth is available, or return Probation's phone call as soon as possible both to confirm receipt of Probation's voicemail and to attempt to counsel the youth.
   c. The youth’s dependency attorney will interface with the placement facility if it would assist the placement in receiving the youth back.

4. DCFS responsibilities:
   a. Child Protection Hotline (CPH) CSW/SCSW—CPH SCSWs have access to Probation’s Caseload Management System (PCMS) and use this system to verify that a youth is under Probation supervision.
      i. Priority shall be given to the call from Probation, and it shall be coded as an Expedited Placement Information to the CSW.
      ii. The CPH SCSW shall immediately assign the Expedited Placement Information to the appropriate regional office during business hours or to the Emergency Response Command Post (ERCP), if after hours.
      iii. During business hours, CPH support staff shall call to verify that the regional office received the Expedited Placement Information. Support staff shall contact the Search, Attach and Merge (SAAM) unit and document the date and time the information was sent, for tracking purposes. The SAAM unit sends the information to the regional CSW and SCSW.
      iv. If the referral is after hours, CPH support staff shall call the ERCP clerical support staff to verify receipt of the information and document the date and time the information was sent, for tracking purposes.
   b. The Regional CSW or ERCP CSW will:
      i. Contact the Deputy Probation Officer to verify the location of the youth and give an estimated time of arrival.
      ii. Take custody of the youth from Probation for placement within two hours of the CSW’s receiving the referral, or will ensure that the caregiver takes custody of the youth within two hours if the youth is returning to the caregiver (with or without CDP).
      iii. Place the youth and complete all necessary detention reports and placement paperwork.
iv. Notify the youth’s dependency attorney via the Child's Attorney Notification Specialist (CANS)\(^1\) of the replacement at the earliest practicable moment, and in no event later than within 72 business hours

v. Notify the dependency court within three days if the youth is replaced from a less restrictive facility to a more restrictive facility

vi. Notify the youth’s Court-Appointed Special Advocate (CASA) when applicable

D. Agreement Duration

This agreement shall be effective upon execution by the parties and shall remain in effect until modified or terminated by agreement of the parties.

Bobby D. Cagle, Director
Department of Children and Family Services

Terri McDonald, Chief Probation Officer
Probation Department

Leslie Heimov, Executive Director
Children’s Law Center of California

\(^1\) Policy Number 0300-506.05—Communication with Attorneys, County Counsel and Non-DCFS Staff—instructs CSWs to inform the child’s or non-minor dependent’s attorney of case events.