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January 9, 2015

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D.
Director

SUBJECT: **PROPOSAL TO EXPAND THE LOS ANGELES COUNTY MEDICAL HUB CLINICS**

Background

In 2006, Los Angeles County established the Medical Hub Clinics to provide high quality, coordinated medical care for children in the child welfare system. Prior to this, caregivers took children to a variety of public and private providers where the children did not necessarily receive the specialized medical care they needed or the linkage to other county services (e.g., mental health services, substance treatment services).

Six of the Hubs are run by the Department of Health Services (DHS) in partnership with the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH). A 7th Hub is run by the private, not-for-profit, Children's Hospital Los Angeles. The Hubs provide about 29,000 visits per year.

Where are the Hubs and how many visits do they provide?

Medical Hub locations and visits in Fiscal Year 2013-2014 are provided below:

MEDICAL HUB	FY 2013-2014 VISITS
Harbor-UCLA Medical Center	2,349
High Desert Regional Health Center	3,117
LAC+USC Medical Center (24 hours/7 days)	15,111
East San Gabriel Valley (at Maclaren Hall – operated by LAC+USC)	2,326
Martin Luther King, Jr. Outpatient Center	3,627
Olive View-UCLA Medical Center	1,573
Children's Hospital Los Angeles	620
TOTAL	**28,723**

Services Provided by the Hubs

Type of Exam	Detained or Not Detained	When completed	What occurs	Who brings the child
Forensic[1]	Typically not detained	In most cases, during investigative phase (prior to detention). Acute exams (e.g., allegation of recent incident, concern over physical evidence dissipating, and/or concern that child is not safe) occur same day or next day; non-acute occur within 1-4 weeks.	Physical exam and history-taking, performed by medical professionals with extensive training, focused on ruling in or ruling out alleged physical, emotional or sexual abuse and/or neglect. During these exams physical evidence may be collected.	Parent or current guardian
Initial Comprehensive Medical Exam[2]	Detained	Within 10 days of placement in out-of-home care for high risk or under 3 years of age; within 30 days for all others	Review of any available health records from prior providers or hospitalizations, health/developmental history, physical exam, nutritional assessment, vision and hearing screening, dental screening, immunizations, lab tests, health education, and linkage to other needed services including mental health and specialty care.	Foster parent
Medical screening exam (MSE)[3]	Detained	Immediately after detention prior to placement. Currently, a MSE is performed on all children who are awaiting foster care/group home placement at the Child Welcome Center or the Youth Welcome Center at LAC+USC. Additionally, DCFS Social Workers currently bring children with acute medical needs to a Hub for a post-placement MSE	Review of available health and developmental history, a review of symptoms, measurement of a child's height and weight, taking vital signs, and a physical examination of the clothed child by a physician or nurse	DCFS/ County staff member
Medical Assessment for patients referred to Hub by PHN[4]	Not Detained	Soon after PHN visit to a child's home.	Review of PHN in-home assessment with specific follow up to any physical health, mental health or developmental concerns raised in the PHN assessment.	Parent or current guardian
Foster care medical home continuity services[5]	Detained	Based on age and medical need of the child.	Building off of the initial comprehensive medical exam, this exam provides age appropriate or condition specific follow up care on an ongoing, individualized way for a child who develops a relationship with a specific Hub provider.	Foster parent

[1] Forensic examinations can only be performed with the permission of the parent(s), a court order, or exigent circumstance (i.e., exam necessary to preserve evidence of a crime).
[2] Comprehensive initial medical examinations are required by State regulations as part of the out-of-home placement.
[3] Currently conducted at LAC+USC only for children at CWC/YWC.
[4] Not yet provided at any Hub.
[5] Except where there is a court order otherwise, the decision to bring the child to a HUB for ongoing care is up to the caregiver. For children with complex needs the HUB may be the best place for that care.

We recognize that in some cases it might be preferable if a foster child's medical assessments and/or ongoing medical care were not done in the same place as forensic examinations because forensic examinations, by their nature, include evidence gathering and may be part of legal proceedings against care takers. However, the co-location of forensic and non-forensic ongoing medical care in a single Hub presents advantages for the child, family and system. All Hub activities require an interdisciplinary team of providers (e.g., physicians, nurses, mental health professionals, social workers) who understand the impact of trauma on children and who strive to be a healing force in the life of the child and family. Given the required level of investment in this broad set of support staff, it would be hard to have the forensic services provided in a different place and still provide optimum care to all children needing care. Further, the continued co-location of services allows patients and their families requiring forensic services to conceal the reason for their visit, protecting their privacy and helping to prevent unnecessary stigma.

Hub Budget and Revenue

The most recent Medical Hub cost report (completed in 2014) is from FY 2010-2011. In that year, total costs to operate the six 6 DHS Medical Hubs were $18,069,206, consisting of $8,478,869 in direct costs and $9,590,337 in indirect costs. DCFS contributed $3,462,773, revenue from Medi-Cal and other payor sources was $6,791,116, and the remainder was covered by DHS. In FY 2010-2011, the Medical Hubs provided 20,893 visits.

Blue Ribbon Committee Recommendations involving the Medical Hubs

1) Conduct an assessment to identify each Medical Hub's strengths and weaknesses.
2) All children under one year of age should be seen at a Hub.
3) All children entering placement should receive a medical screening exam at a Hub.
4) Children placed in out-of-home care should have ongoing health care provided by physicians at the Medical Hubs.

Implementation of Blue Ribbon Committee Recommendations

1) **Assessment of Medical Hubs**

   Dr. Astrid Heger, an international expert on the care of children in the child welfare system and the Director of the Hub at LAC+USC Medical Center traveled to all the public Hubs and spoke with staff. Her assessment is attached.

2) **All children under one year of age whose cases are being investigated by DCFS should be seen at a Hub**

   The BRC made this recommendation in recognition that infants are at the greatest risk of being seriously harmed. However, we believe that it is possible to protect children and minimize disruption to family life for this group by having a public health nurse evaluate the child in the home. The public health nurse will be able to contact the Hub by phone to make a final decision as to whether a child should be seen at the Hub. The Hub phone line will be available 24 hours a day/7 days a week as we are recommending the establishment of a nurse phone line. Public Health Nurses will receive full training on how best to assess children in the home as well as being instructed to err on the side of receiving additional expert advice if there are questions about the child's well-being.

3) **All children entering placement should receive a medical screening exam at a Hub**

There are several reasons why it is desirable for children entering placement to receive a medical screening exam, as recommended by the American Academy of Pediatrics. First, some children have recognized medical needs that must be addressed prior to placement. For example, children may not have with them at the time of removal medications (e.g., asthma inhalers) or may have a rash on their body for which it is unclear whether it could be contagious. These children have always been brought for assessment to the Hubs by DCFS when DCFS staff has been concerned for a child's wellbeing.

Second, some children may have undiagnosed medical or behavioral health issues that if not addressed may jeopardize the success of the foster care placement. This lesson has been brought home to us in the experience of establishing the Children's Welcome Center and the Youth Welcome Center. Because these centers are located on the campus of LAC+USC, and because the children in these centers are awaiting identification of an appropriate placement, we have been performing medical screening examinations. We have found that a number of children have medical issues identified and addressed prior to placement. The children are sent to their new placements with appropriate medications, care instructions and follow-up directions. Foster families have commented that the screening exams have helped a number of kids more seamlessly integrate in their new home setting.

A third reason children entering placement may benefit from a medical screening examination, is that it may uncover bruises or other evidence of abuse or neglect that might be blamed on foster families if a child does not have an examination until after placement. Knowing an examination has been performed gives the foster family piece of mind in knowing that a bruise or injury will not be discovered later.

At the same time, we recognize that there are circumstances where a child does not need a medical examination prior to placement. Children removed in the middle of the night, going to loving family members, should go to that placement and have a medical screening examination performed within 48 hours of their placement.

It is important that case workers are trained as to who needs an immediate medical screening before placement and who can have the medical screening be performed after placement. If there are questions on the part of the case workers, they can call the Hub's telephone line 24/7 for advice.

4) **Children placed in out-of-home care should have ongoing health care provided by physicians at the Medical Hubs**

The decision as to where foster children receive their medical care belongs to the caretaker. In many cases, receiving ongoing care in the community will work well. However, there some foster children who need the specialized medical, behavioral health and supportive services that are only available at the HUBs. The attached budget adjustment will allow for sufficient capacity to provide this care a timely way for hundreds more foster children.

REQUEST FOR BUDGET ADJUSTMENT:

In order to provide a higher quality of service with shorter wait times, and increase the number of examinations at the Hubs, DHS recommends augmenting the HUBS by $1,998,363 using existing DHS financial resources, plus repurposing some existing DHS resources, and additional resources from DCFS and DMH to be located at the Hubs. The plan enables the following:

(a) Screening exams for newly detained children.
(b) Additional hours of operation at 2 Hubs so that families and DCFS social workers have more after-hours options to receive care.
(c) Additional capacity to provide on-going, continuity care to foster children whose foster parents desire them to receive ongoing care at a Hub, estimated at approximately 3,000 additional visits.
(d) Ensures that each Hub has the expertise of a board certified Child Abuse Pediatrician providing clinical oversight for forensic cases, and creates an additional fellowship training program to ensure LAC has a cadre of trained experts to provide this care in the future.
(e) 24/7 nursing support via phone to foster parents and social workers who need medical advice or guidance.

This Hub Augmentation will include **14.0 FTE** positions as well as establishing a Fellowship position at LAC+USC for a Forensic Pediatrician at an annual cost of **$1,998,363** for S&EB. This request does not include funding to provide sufficient staff to conduct Hub assessments for children referred by the PHNs following the PHN home visits. It also does not include funding for capital improvements. Requested items are shown in the table below:

MEDICAL HUB AUGMENTATION – ITEMS BY Hub

Item	LAC+USC MC	ESGV	H-UCLA MC	MLK OC	OV-UCLA MC	HDRHC	Total
Nurse Practitioner				1.0	1.0		**2.0**
Physician Specialist, Pediatrics		1.0			1.0		**2.0**
Sr. Physician (Child Abuse Pediatrician)				1.0		1.0	**2.0**
Medical Case Worker II	1.0	1.0	1.0	1.0	1.0	1.0	**6.0**
Intermediate Typist Clerk					1.0		**1.0**
Patient Financial Services Worker				1.0			**1.0**
Fellowship - Child Abuse Pediatrician	1.0						**1.0**
Total Positions	**1.0**	**2.0**	**1.0**	**4.0**	**4.0**	**2.0**	**14.0**

MHK:mg

Attachment

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Board Health Deputies
Board Children's Deputies

Report to the Transition Team: Blue Ribbon Commission on Child Protection

Astrid Heger, M.D.

Hub Assessment

Goal: Identify each Hub's strengths and weaknesses and potential for implementing accessible and appropriate services to foster children and children at risk for foster care or under the supervision of DCFS within their own homes.

BRC Recommendation:

- All children entering foster care should be screened by Medical Hub.
- Children under DCFS supervision should have ongoing health care within a Hub

What every Hub should be able to provide:

Services:

- Immediate screening examinations for any child detained by DCFS prior to their placement in foster care.
- Immediate Forensic assessments either provided by or supervised by Child Abuse Pediatricians (CAP's)
- Ongoing access to follow-up and health care as a Medical Home for children both in foster care and those who are identified as at risk through referrals to the HUB.
- Care coordination for all children receiving care at a Hub.
- Integration of prevention strategies through networking with Community Organizations, such as schools and other advocacy groups.

Staff:

- Administrative staff unique to the Hub.
- Adequate professional staff to provide these services including integration of CAPs as providers or case reviewers into each Hub.
- Integrated DCFS staff co-located to cover all hours a given Hub is open.
- PHN's at each Hub to follow up on no-shows and to facilitate the ongoing health needs of high risk children.
- Potential for assigning PHN's to respond with DCFS to children who are under five.

Space:

- Adequate to meet the needs of children requiring: universal screening exams at the time of detention; examination rooms for forensic examinations (including appropriate equipment) and to create a medical home for the children under DCFS supervision.
- Staff space----
- Each Hub should have a child friendly Waiting Room
- Room for mental health services.

Mental Health:

- On site with access to both crisis intervention at the time the children are brought to the Hub and
- Bridge of services until the child and family can become attached to a DMH provider in their geographic area.

Support Services:

- Medical: access to appropriate X-ray and laboratory support; ability to quickly access specialty consultations as well as to admit patients to the hospital when necessary.

- Case Coordination: Every Hub needs to have appropriate staff to follow –up on the health and mental health of all foster children and to coordinate their ongoing progress through the system.

- Financial: Focused efforts to expedite the registration of patients as well as working within the managed care system to have children assigned to the HUB's as the primary provider.

- Legal: Clarify and revise the current legal restrictions i.e. consent issues that impact the ability of the Hubs to evaluate and treat children as needed.

- Patient support: Address issues of parking, ease of access, quality of the service and interventions by staff.

Other:

- Need community support for each HUB that can provide the needed commodities that can help families (both biological and foster) support the children under their supervision I. e. Non-profit community groups who can provide help with housing, clothing, food and transportation.
- Identify existing County charitable organizations that focus support on Foster children and engage their involvement in helping to provide these services to the children in foster care.
- Involve the local Foundation community in addressing specific needs of the individual Hub
- Integrate legal advocacy for families in each Hub.
- Universal Fetal Alcohol Spectrum Disorder Screen at all Hubs

County-wide responsibilities:

- Acknowledge that these children are important and require a range of services that do not fit into traditional primary care model.
- Mandate immediate universal screenings for all children detained by DCFS at the time of detention. Make available follow-up assessments within 72 hours at the Hub closest to placement.
- Create a consistent protocol and standard of intake, assessment and follow-up care for all the Hubs. for example: All children reported by mandated reporters need to be seen asap; children reported by medical professionals need to be seen immediately
- Enhance the emHub IT system and integrate with the current move towards Orchid.

- Call-in Nurse-staffed advice line for foster parents or other out of home placements; can connect to results of screening examinations to help stabilize child in placement
- Create Leadership who understands the needs of providing forensic evaluations and ongoing care to foster children and who establishes: 1) priorities, 2) timelines for deliverables and 3) implements the standardized procedures and protocols and 4) routinely visits and monitors the needs of the Hubs.
- Hub leadership should meet monthly with DCFS leadership to discuss regional successes and problems.
- Data needs to be collected to document the impact of the Hubs on stability of placements; outcome and for children in terms of family reunification, preservation and rates of recidivism.

The Future:

- Identify space in South County for another set of Children's Welcome Centers
- Integrate appropriate and community-based prevention strategies.
- Create a positive, service focused identify for each Hub as well as for the Hubs in general.
- Improve communication between departments and providers that does not require going up through the chain of command in order to speak to one another.
- Integrate service delivery across all departments to identify the best person for the job by assessing the existing work force.

Individual HUB assessments

VIP-LAC+USC HUB

- As recognized by the BRC has space and a complete range of services both direct and supportive as well as mental health and providing the medical care and assessments for the CWC and YWC.
- Needs: additional professional staff to meet the needs of new protocols that provide walk-in immediate screenings and forensics for DCFS 24/7 as well as the growing population of children who are housed in the CWC and YWC each night.

ESGV HUB:

- Is a satellite of the LAC+USC HUB and has appropriate and adequate space as well as on site mental health---needs additional administrative and medical staff in order to help with the universal screening examinations and to build an effective medical home for foster children and at risk children in the ESGV.

High Desert:

- Great Space;
- good administrative support,
- needs medical leadership (currently being addressed) and
- Forensic professionals available every day for walk-in screening and forensic assessments.
- Additional medical staff needs to be identified to provide the ongoing medical home services to this population and creation of walk-in urgent care service for children in foster care.
- Need access the on-site mental health services and improved access to ongoing mental health for foster families.

Olive View:

- Good medical leadership; administrative support has improved.
- Inadequate space at this time: Hospital administration has identified space in the past two weeks and is working to move clinic immediately into appropriate space.
- Staff: With new space comes the ability to expand service: need a dedicated staff i.e. NP right now who is not split between assignments. Also nursing etc. should be assigned to work only in Hub in order to accommodate walk-ins and screening examinations.
- Mental Health services need to be established:

Harbor-UCLA:

- Great leadership and staff
- Inadequate space with only three exam rooms. (Note: DHS and Harbor UCLA leadership has identified new and more adequate space that will be available by Spring 2015)
- Mental Health: available within the Medical Center but no space to accommodate them within the Hub.
- Need to establish extended service hours until 8 p.m.

Martin Luther King

- Dedicated Staff who form the foundation for expedited improvement of services; but clearly need more medical providers.
- Need clear organizational chart with clear leadership both administrative and medical. .
- Space needs upgrades in order to make it user, child friendly and to better build universal screenings and forensics as well as a medical home.
- Need to create an effective special clinic for sexually exploited youth within the HUB (Has current CSEC protocol in place and has been accepting referrals as part of CSEC "First Responder" effort).
- Need Mental health services (working with DMH currently on resolving this problem)
- Need to extend hours until 8 pm to better serve the needs of DCFS.