

Progress Update

as of October 31, 2024

Los Angeles County Office of Child Protection



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In the final report of the Los Angeles County Blue Ribbon Commission on Child Protection (BRCCP), [The Road to Safety for Our Children](#),¹ 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, 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 July 31, 2024.

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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.

Supporting Los Angeles County's Transition to Prioritizing Well-Being

Prevention Services to Promote Child and Family Well-Being

BACKGROUND The Department of Children and Family Services (DCFS), in partnership with Chapin Hall at the University of Chicago, OCP, the Probation Department, the Department of Mental Health (DMH), Department of Public Health (DPH), and community partners, continues planning for Family First Prevention Services Act (FFPSA) implementation, the County's Comprehensive Prevention Plan administration, State Block Grant (SBG) allocation, and advocacy. In addition, OCP continues its collaboration with County departments, advocates, and community stakeholders to enhance prevention efforts across the county.

PROGRESS OVER THE PAST QUARTER

- **Community Pathways** In partnership with DCFS, First 5 LA, DPH, [Mandated Supporting Initiative](#) (MSI) leadership, Casey Family Programs, Los Angeles Best Babies Network (LABBN), and provider agencies, OCP is co-developing the build-out of community pathways to FFPSA and other services, including home visiting, prevention and aftercare, and more.
 - ❖ **Think Tank** OCP co-hosted a 'think tank' event on October 22 in partnership with First 5 LA, DCFS, and the Prevention & Promotion Systems Governing Committee (PPSGC) leadership that brought together nonprofit and County leaders to build consensus on key strategies to grow community-based resources and navigation for families, and also clarify roles and action steps to realize this important work. Next steps coming out of the Think Tank include the formation of a Community Pathways 2.0 committee in partnership with the PPSGC that will bridge County and community leaders to guide planning and policy efforts needed around systemic changes.
 - ❖ **Released** Children's Data Network, in partnership with DCFS, OCP, and First 5 LA, released an interim progress report on Community Pathways implementation (**Attachment 1** to this progress update). The report includes background information on the Community Pathways buildout in Los Angeles County, various strategies and pilots for developing Community Pathways, lessons learned, and challenges we must continue to address.
 - ❖ **Systemic Coordination: Building the Capacity of County and Nonprofit Partners to Draw Down New Funds and Grow Community-Based Supports** OCP continues to host monthly Community Pathways meetings to support community-based nonprofits and County partners in aligning local and state efforts to build sustainable services through Community Pathways. Co-hosted with First 5 LA, recent meetings have included briefing local partners on state-level fiscal sustainability efforts, gaining community-organization input into advocacy and planning, and sharing information about efforts to build the

capacity of local nonprofit providers to bill for Medi-Cal/California Advancing and Innovating Medi-Cal (CalAIM) benefits like Community Health Workers, Enhanced Care Management, and Community Supports.

OCP is coordinating closely with MSI, DCFS, DPH, the Center for Strategic Partnerships (CSP), First 5 LA, and others to strategize across each of the efforts in this domain. Co-leadership of the Community Pathways group will be shifting to the PPSGC and OCP, and its work will continue to emphasize state/local alignment and the community capacity-building required to maximize Medi-Cal drawdown for community-based services.

- Measuring Our Impact** OCP and the County’s Office of the Chief Information Officer (CIO), with funding and support from First 5 LA, worked with County departments, First 5 LA, and other stakeholders to identify countywide prevention metrics to measure the County’s efforts to strengthen children, families, and communities. A first set of dashboards was released in 2021; updated and new dashboards across the domain areas of safety, development/well-being, and health were released in October 2024 on the [CIO’s Open Data Portal](#).

Dashboards include:

Countywide Prevention Metrics Impact Indicators			
	Safety	Development & Well-being	Health
 Strengthening children	<ul style="list-style-type: none"> Cumulative risk of CPS involvement Rate of preventable child injury and child death 	<ul style="list-style-type: none"> Measures of early childhood development K-12 education measures Rate of disconnected youth Rate of juvenile arrests 	<ul style="list-style-type: none"> Rate of infant mortality Measures of youth development and wellbeing
 Strengthening families	<ul style="list-style-type: none"> Rate of families experiencing domestic and intimate partner violence 	<ul style="list-style-type: none"> Measures of families experiencing financial insecurity Measures of families experiencing housing insecurity 	<ul style="list-style-type: none"> Measures of maternal mental health
 Strengthening communities	<ul style="list-style-type: none"> Measures of perceived community safety 	<ul style="list-style-type: none"> Measures of community wellbeing 	<ul style="list-style-type: none"> Measures of food access and food security

Ensuring That Community-Based Resources Thrive

Early Care and Education (ECE)

BACKGROUND Improving access to ECE programs is one of the key strategies from OCP's [2017 Countywide Prevention Plan](#) for child and family well-being. DPH's Office for the Advancement of Early Care and Education (OAECE) strengthens early care and education practice, policy, and systems across Los Angeles County, and continues to lead education and support for ECE providers and parents during continued adjustments to the post-pandemic COVID-19 'new normal.' The OAECE envisions a high-quality ECE system accessible to all families that nurtures children's healthy growth and early learning, fosters protective factors in families, and strengthens communities.

- **Released: New Resources for Early Care and Education Providers Caring for Infants and Toddlers** OAECE released [Caring for Los Angeles County's Youngest Learners: Infant and Toddler Professional Development Catalog](#) (Catalog), a toolkit funded by the Conrad N. Hilton Foundation. The Catalog addresses the urgent need to enhance the skills and support the growth of Los Angeles County's infant and toddler child care workforce and offers valuable professional development resources to help support these efforts. OAECE is especially proud to report that no other resource exists like this in Los Angeles County. The Catalog is organized into four categories:
 - ❖ **Non-Accredited Training** Organizations that offer professional development hours for permits or continuing education units
 - ❖ **Accredited Training** Community colleges and universities that offer educational units that can be applied to specialization certificates and professional degrees
 - ❖ **Los Angeles County Resource and Referral (R&R) Agencies** R&Rs provide a variety of professional development and incentive services for current and emergent ECE providers.
 - ❖ **Other Resources** Additional resources information to support providers in gaining more professional development, locating incentives, and learning about licensing

The English version of the Catalog is available at the link above; translations in Armenian, Chinese, Korean, Russian, and Spanish will soon be accessible on the OAECE website at childcare.lacounty.gov.

- **Workforce Pathways LA Receives Over 1,800 Applications** From September 16 to 29 in 2024, OAECE accepted applications for Workforce Pathways LA, an initiative that provides financial incentives to early educators to improve their qualifications. This year, the program received 1,819 applications, a slight increase from fiscal year (FY) 2023–2024.
- **Featured: OAECE Podcast *No One is Coming to Save Us***, a podcast about the child care crisis, just released an episode on Los Angeles County. OAECE Director Debra Colman was interviewed, along with Vickie Ramos Harris from [Catalyst California](#). To hear the podcast, go to <https://omny.fm/shows/no-one-is-coming-to-save-us/building-a-better-childcare-system-in-la>.

- **Award: OAECE Receives LA County TOP 10 Productivity and Quality Award** OAECE’s effort to reduce barriers to child-care facility development was honored on October 16, 2024, at the Dorothy Chandler Pavilion. The project—a collaborative partnership with LA County Planning (the regional planning department for all areas of the county that are outside city limits), Los Angeles County Public Works’ Building and Safety division, the County of Los Angeles Fire Department, the California Department of Social Services’ Community Care Licensing Division, Public Counsel, and the Conrad N. Hilton Foundation—competed against 98 applications to win a “TOP 10 Productivity and Quality Award.”

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

Supporting Social Worker Capacity

BACKGROUND DCFS continues to work on improving the investigation skills of social workers at the front end and beyond, maintaining manageable caseloads for social workers, and implementing continuous quality improvement strategies.

PROGRESS OVER THE PAST QUARTER

- **Birth-to-Five Focused Efforts** DCFS's Continuous Quality Improvement Division (CQID) continued to support departmental efforts focused on children from birth through age five, meeting with four regional offices to support their birth-to-five practices through training, identifying resources, and developing office subject-matter experts. CQID also repurposed a third Children's Services Administrator I item to aid in this program's expansion into an additional regional office, for a total of five. Collaborations continue with the HOPE [Helping Our Parents Excel] Court (Compton/Carson) and additional alliances are being explored. The Birth-to-Five Program has continued to enhance the existing case-consultation framework and develop the skills of additional regional champions. Community providers are being engaged for the continued development of a resource bank. A 'baby' dashboard and an e-learning course are also underway.
- **Child Protection Hotline and Mandated Reporters** CQID is a partner in the [Mandated Supporting Initiative](#) (MSI) Board motion, participating in planning meetings to consider what data would support a better understanding of the type of mandated reporters calling the Child Protection Hotline, the reasons they call, and various other relevant qualitative data points to inform MSI. CQID conducted a qualitative data review and analysis of a sample of children in referrals involving Intimate Partner Violence (IPV) allegations, and findings were shared with MSI leadership in support of the initiative. CQID delivered a Training for Trainers (T4T) to the Quality Improvement Specialist section staff and leadership, will also present to regional leadership, and is also developing MSI-IPV focused Practice Tips to support practice-improvement efforts department wide.
- **Enhanced Training: Family Time Monitoring** DCFS has developed an extensive Family Time training curriculum for Children's Social Workers (CSWs), Supervising CSWs (SCSWs), and Human Service Aides (HSAs). The curriculum covers the three phases of Family Time:
 - Initial phase—attachment/parent-child relationship, assessing for parental capacities
 - Intermediate phase—parents practice new skills/behaviors, continue to build on parent-child relationship
 - Transition phase—transition from care to home, utilizing aftercare support and services

Trainings started in January 2022; since then, 234 of 260 HSA positions, 3,550 of 4,292 CSW positions, and 839 of 888 SCSW positions have completed the Family Time trainings. The Core Practice Model team is also currently providing coaching sessions to staff and HSAs regarding Family Time in six regional offices and will to continue to do so for all offices. Finally, DCFS will work with OCP to develop a micro-learning for non-DCFS staff—family members and resource families, for example—to support Family Time and clarify their roles and responsibilities.

- **Fentanyl Awareness for Social Workers and Families** DCFS continues to share trainings and resources on fentanyl awareness with social workers as well as with families. This includes trainings from DPH’s Substance Abuse Prevention and Control (SAPC) Bureau on opioid overdose and naloxone administration. In addition to providing naloxone to social workers, youth, and families as needed, DCFS is also applying for Opioid Settlement funds to provide medical lockboxes to households.

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

PROGRESS OVER THE PAST QUARTER The Family Finding and Engagement Program (FFEP), formerly known as Upfront Family Finding (UFF), has been countywide since July 2023. Data for January through September 2024 show that of the 4,470 children who were the subjects of detention hearings in the 19 DCFS regional offices, 79% were initially placed with kin (i.e., non-offending parents, relatives, and non-related extended family members) after removal from their families.

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

BACKGROUND On September 4, 2019, OCP submitted to the Board of Supervisors [Increasing Stability and Permanency for Transition-Age Youth](#), a report that contained recommendations for enhancing permanency for youth. The OCP Permanency Workgroup was formed soon afterward and has met monthly since then, primarily focusing on improving timelines for the disposition of DCFS cases and on reducing the backlog of children waiting to have their adoptions completed. The ultimate goal of the workgroup is to eliminate that backlog, increase the number of children reunified with their families, and reduce the number of youth aging out of the system.

PROGRESS OVER THE PAST QUARTER

- DCFS provided the following data:
 - ❖ As of September 2024, 20,658 children were on the DCFS caseload, the smallest number in decades.
 - ❖ As of October 1, 2024, 2,588 children were freed for adoption, down from 2,939 last quarter and over 4,000 in 2023.
 - ❖ As of August 2024, the adoptions of 1,592 children were completed, up from 1,495 at the same time last year.
 - ❖ As of October 1, 2024, 634 children had been in adoptive placement for six months or longer, down from 690 last quarter.
 - ❖ As of September 30, 2024, the number of cases in dependency court not having reached disposition in 90 days was 314, up from 263 last quarter.
 - ❖ As of September 2024, 2,509 youth on the DCFS caseload were over 18 years of age.
- The workgroup has heard from Wendy’s Wonderful Kids, Kidsave, RaiseAChild, and the Children’s Law Center on their efforts to help youth achieve permanency. The message from all of these organizations is that they are able to handle more referrals from DCFS. Upcoming meetings will feature reports from DCFS Youth Permanency Units and the DCFS Reunification Support Demonstration Project in the DCFS Torrance regional office.

Placement Stabilization Team for Transitional Shelter Care Facilities (TSCFs)

BACKGROUND The Transitional Shelter Care Facility (TSCF) pilot has been renamed the Placement Stabilization Team (PST) program. Bi-weekly meetings continue with stakeholders—DCFS, DMH, OCP, Probation, the Juvenile Court, the Children’s Law Center, Court-Appointed Special Advocates (CASAs), County Counsel, and others—to discuss the multidisciplinary teaming designed to stabilize and find permanency for hard-to-place youth (overstays and chronic repeaters) at 10-day TSCFs.

PROGRESS OVER THE PAST QUARTER

- **PST Program/Service Updates** During the third quarter of 2024, PST served between 104 and 112 youth/non-minor dependents (NMDs); the data in this report is for the 104 youth that were served throughout the entire quarter. The program successfully graduated seven PST youth/NMDs this past quarter, as their goals were met. While a couple of the graduates had aged out of DCFS, PST ensured they were connected with any outside resources they might need to ensure their continued successes post-PST. The graduated PST under-18 youth had met their goals, had successfully participated in mental health services, and were ready to pursue their lives without additional PST support—allowing vacancies to open up for new youth. The youth/NMD served this past quarter remained between the ages of 11 to 20, with 15 being the average age.
- **Program Staffing** During this past quarter, the program was able to hire three new PST CSWs; however, due to DCFS’ hiring and academy policies, they will not be able to fully join the program and accept new caseloads until the first quarter of 2025. The program’s two current CSW vacancies should have new social workers onboarded by the end of the fourth quarter. The expansion of the program remains in progress, and PST continues to await final approval for moving forward with an additional unit. Its goal is to be providing services to at least 144 youth by the end of the first quarter of 2025.
- **Program Outcomes** DCFS continues to measure the impact of the PST program. Data consistently show that, post-PST involvement, youth spend less time in TSCFs, and fewer return there as their placements are stabilized. For example, this past quarter, 67 of 104 PST youth had zero placement disruptions. Moreover, PST youth continue to exit congregate-care settings and enter more family settings or independent living program housing. The vast majority of youth/NMDs remain more stable not only in their placements but also with their support teams, engagement in mental health services, and in school/employment. The PST-CSWs continue to maintain strong working relationships with caregivers, the regional teams, mental health providers, and all who support the youth.

Youth Summary: EE

EE came to the attention of DCFS due to sexual abuse by his mother. The mother was incarcerated and EE was separated from his siblings. EE was defiant, verbally aggressive, physically aggressive, and very inappropriate with his language. EE’s negative behaviors became intolerable to all of the TSCFs and he was eventually not allowed to be housed in them without a one-on-one staff member. EE came to the attention of PST in January 2023 because of his excessive stays at the TSCFs. Efforts were made to place him in Resource Family Homes, but

those placements lasted only a day or two as the youth displayed various behaviors that would put other youth at risk.

When PST staff met EE at a TSCF, he immediately rebelled and refused to participate in the PST program. PST staff persisted, helping to get him placed in a more stable setting that he agreed to. However, he continued to refuse participation in the program. The PST-CSW did not give up, continuing to meet with EE in hopes of getting him to agree to PST services. After about a month of persistent effort, he finally agreed to participate in the program. PST has been with EE during very crucial moments of his placements, and no matter the time and very far distances of his placements (outside Los Angeles County), the PST-CSW has been present to support the youth and his caregivers.

During PST supervision, the PST-CSW built rapport with EE by visiting weekly and getting to know his likes and dislikes, as well as what triggers EE to escalate and behave in ways that affect his stability. Through this approach, the PST-CSW was able to learn that EE loved music; one of his favorite childhood memories was riding in the car with his mother and listening to music. During visits, the PST-CSW would pick up EE and take him on drives while EE controlled the music on the CSW's phone—continuing their connection and building a trusting relationship. Whenever EE was in crisis, his worker knew that the way to bring the youth back down was to take him on a ride and allow him to control the music.

In the course of his case, PST discovered that EE's grandmother was a big support for him, and that he wanted to keep the connection with her. Teaming with the region, the PST-CSW arranged and supervised weekend visits for the family. This was a crucial part of EE's stabilization, both at his placement and in school. Having that constancy with where he was living and in his family outings gave him a sense of hope.

PST provided EE with services for more than a year; he has been and continues to be stable in his placement—despite occasional disruptive behaviors—remaining in the home that PST helped secure and has continually worked with. They are happy to have him there, and EE has expressed that he loves being there and does not want to move any time soon. EE has come a long way with his behaviors and remains connected with his family. EE is a true example that when a youth is tended to with patience, commitment, and dedication such as that given by PST, there is positive change.

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

Implementing the Education Coordinating Council (ECC) Strategic Plan

BACKGROUND Members and constituents of the [ECC](#)—a Board-created advisory body that includes DCFS, Probation, DMH, Arts and Culture, the Department of Youth Development (DYD), the Los Angeles County Office of Education (LACOE), Los Angeles County Youth Commission, Los Angeles County Commission for Children and Families, the Juvenile Court, Children’s Law Center (CLC), Court-Appointed Special Advocates Los Angeles (CASA-LA), superintendents from Los Angeles County school districts, advocates, philanthropy, community-based organizations, as well as youth and adults with lived expertise—are working to implement the ECC’s new [Strategic Plan](#).

PROGRESS OVER THE PAST QUARTER

- **Efforts to Improve School Stability**

- ❖ The **Stability/Chronic Absenteeism Workgroup**—co-chaired by the DCFS Education Team and the Antelope Valley Union High School District, and including members from additional school districts, LACOE, the Short-Term Residential Therapeutic Program (STRTP) Ombudsperson’s Office, DYD, CLC, and CASA-LA—will:
 - Explore strategies to ensure that youth, caregivers, Educational Rights Holders (ERHs), and school staff are educated on school-stability rights
 - Identify outcome measures to track the impact of school-stability transportation
 - Address concerns about the increasing costs associated with school-of-origin transportation, including developing language to support District Foster Youth Liaisons in securing school-of-origin transportation funds to pay for the district’s share of the long-term school-of-origin transportation agreement costs
 - Develop youth-specific strategies on how agencies will team to re-engage youth with high rates of chronic absenteeism
- ❖ DCFS and OCP facilitated a presentation by the California Department of Education (CDE) to all Los Angeles County local education agencies who are signed on to the long-term school-of-origin transportation agreements to learn more about how the 60% home-to-school transportation reimbursement available to school districts can be leveraged for school-of-origin transportation.
- ❖ OCP is working with program and regional staff from DCFS to identify strategies to strengthen school-of-origin consideration in home placement decisions for youth in out-of-home care.

- **Youth Engagement and Education**

- ❖ Co-chaired by the Los Angeles County Youth Commission and DYD, the **Youth Engagement and Supports Workgroup** hosted a listening session with youth and youth-serving community agencies on October 7 to gather input on how the ECC can develop/implement a youth-engagement structure for ongoing feedback on its work. The Youth Commission, DYD, and OCP are analyzing the results of the listening session and drafting an ‘ask’ to ECC members for resources and funding to support the development of a youth-engagement structure.
- ❖ OCP currently works with youth with lived expertise to create materials by and for youth that will teach them their education rights, share stories of how youth have exercised them, and provide specific information on how children and youth can access these education rights themselves. OCP and youth consultants—through contract with Castillo Consulting Partners (see *Elevating and Incorporating Lived Expertise* on page 23)—have partnered to organize and lead the development of these materials.

OCP has also engaged with the Alliance for Children’s Rights’ Education Rights Advocates, another group of youth leaders with lived expertise. Two videos around school-of-origin/stability rights have now been completed with filming and editing support from the Executive Office videographer. Three more sets of videos are being developed on Educational Rights Holders, high-school graduation, and academic credits, as well as immediate enrollment in/continued attendance at an appropriate school if placements change. As videos are completed—all should be finalized by February 2025—the OCP will work with partner agencies and school districts to disseminate them to youth.

The OCP presented the initial stability videos at LACOE’s October 2024 Foster Youth & Homeless Education Symposium, sharing them with school-district partners and gathering feedback for future videos.

- **Foster Youth Education Information Sharing and Data Integration**

- ❖ OCP held a listening session with DCFS Education Specialists to identify gaps in and best practices for sharing education records in a timely manner between DCFS and school districts.
- ❖ OCP is working with LACOE to identify the roots of structures and practices that have long created barriers to sharing education records/data across child welfare, LACOE, and local education agencies. OCP and LACOE will convene County partners to discuss these issues and develop solutions to County-specific barriers. County partners will then engage with school districts to develop a shared vision and implement strategies to address these root causes/barriers.

- **Post-Secondary Education** John Burton Advocates for Youth (JBAY), OCP, and DCFS worked with CLC and County Counsel to develop and finalize a Release of Information (ROI) form to facilitate foster-youth seniors’ early connection to campus-based college support programs (e.g., NextUp, Guardian Scholars). JBAY, OCP, and DCFS are now creating an implementation

process for the form. DCFS's Independent Living Program (ILP) has agreed to serve as the centralized lead to receive the ROI and submit it to college campuses. The DCFS Education Team will inform CSWs about the ROI and the importance of connecting college-bound seniors to campus-based support programs. The group is finalizing multiple touch points and a targeted engagement strategy with youth to secure sign-ons from as many as possible, plus developing processes around tracking successful linkages to college partners and integrating the ROI into policy.

Creative Wellbeing

BACKGROUND Working with the Creative Wellbeing Team—DAC, DMH, and the [Arts for Healing and Justice Network](#) (AHJN)—to implement culturally relevant, healing-centered arts education that builds mental health protective factors for youth involved with Los Angeles County's child-welfare system and those who serve them. Creative Wellbeing is a non-traditional approach that integrates arts and mental health strategies to support social/emotional development and healing from trauma.

PROGRESS OVER THE PAST QUARTER

- **Implementation Plan** The OCP and DAC collaborated to develop the [2024–2027 Implementation Plan for Creative Wellbeing](#), providing an outline of Creative Wellbeing services, events, and professional development opportunities to be delivered based on current grant funding. Additionally, the Plan provides a roadmap on Creative Wellbeing capacity-building for current youth-serving sites and integration efforts for County departments.
- **Arts Education Forum** OCP, in partnership with DAC, Southern California Grantmakers, and the Center for Strategic Partnerships and its Child and Family Well-Being Collaborative, supported the development, hosting, and presentations of a convening of the *Arts Education Forum: Hope and Healing through Arts-Based Systems of Care* on October 23. The forum focused on the Creative Wellbeing approach initiated by the OCP and co-developed with DAC, DMH, and DCFS, bringing together county, philanthropic, school-district, and nonprofit representatives to engage in learning and discussion about the efforts to embed healing-informed arts into countywide systems. It also gave an opportunity for participants to experience Creative Wellbeing themselves and hear from mental health practitioners, teaching artists, and youth leaders about the impact of arts-based mental health approaches on young people in foster care. OCP and others led a thought partnership on opportunities to grow this work and make it sustainable and institutionalized.
- **Conferences** DMH held its 14th Annual Los Angeles Suicide Prevention Network (LASPN) Suicide Prevention Summit on September 10 and 11. Creative Wellbeing sessions were provided throughout the event by AHJN, [artworxLA](#), the [Center for the Empowerment of Families](#), the [Fostering Dreams Project](#), the [Gay Men's Chorus of Los Angeles](#), [Justice for My Sister](#), Medicine Pathways Healing Arts, [Street Poets](#), and [Upward Together](#).

The [LA Promise Fund](#) produced a two-day ArtMatters Conference on August 5 and 6 that featured Creative Wellbeing self- and community-care sessions facilitated by AHJN members Street Poets and the Fostering Dreams Project, plus a panel on *Expressive Healing: Harnessing*

Art for Safety and Wellbeing featuring Melanie Buttarazzi, founder of the Fostering Dreams Project, and Elisabeth Nails, Creative Wellbeing program specialist at DAC.

- **Programming** Creative Wellbeing continues to implement a variety of programming through partnerships with school districts, DHS, DPH, DCFS, and DMH, available to staff, providers, youth/young people, and parents and caregivers.

Addressing Youth With Complex Unmet Needs

BACKGROUND DCFS, DMH, Probation, OCP, and other system-of-care partners continue implementing recommendations from a series of reports on placements and interventions for youth in foster care with the highest complex needs: [A Report from the Short-Term Residential Therapeutic Program \(STRTP\) Task Force](#) from June 2021; the [30-day report-back](#) jointly submitted by OCP and DCFS to the Board of Supervisors on March 7, 2023; and the March 11, 2024, [report-back](#) submitted to the Board for the October 2023 complex-care Board [motion](#).

PROGRESS OVER THE PAST QUARTER

- **Placement Stabilization Support and Co-Located Services** OCP has facilitated multiple conversations between DCFS, DMH, and DPH–SAPC on addressing placement stabilization and opportunities for co-located services for youth with the highest complex needs, particularly those who cycle in and out of TSCFs.
 - ❖ DCFS will expand its Placement Stabilization Team (PST) with one Assistant Regional Administrator, one SCSW, seven CSWs, and one Intermediate Typist Clerk. The annual cost associated with these positions is \$1.93M. DCFS plans to staff the PST expansion through a combination of existing resources and a staffing request through the supplemental budget process, which was approved. DCFS will need to conduct interviews and allow time for staff to be released from their current assignments; under an expedited process, the time to bring new staff up to a full capacity of eight youth per staff is approximately 60 to 90 days.
 - ❖ DMH plans to co-locate eight staff along with a supervisor at DCFS’s two County-operated shelters (COSs), with two DMH staff per COS per shift—one a clinician and the other a community health worker (CHW). Clinical staff would be Lanterman-Petris-Short Act (LPS)–certified and trained to do what the Psychiatric Mobile Response Team (PMRT) does when hospitalization is required (not engaging PMRT, but able to address the situation on their own). DMH determined they need two staff working together because when a situation arises where hospitalization is required, one staff needs to de-escalate and support the young person while other staff writes the hold and secures the hospital bed, ambulance, etc. Initially, DMH indicated that the sites must be Medi-Cal–certified to co-locate DMH staff. However, since the sites do not meet the state Medi-Cal certification requirements, DMH will deploy staff from existing Medi-Cal–certified sites in Service Area 2. This limits the hours staff can be on-site to under 20 per week. During the remaining time, staff can work from the Medi-Cal–certified sites for care coordination, follow-up, and potentially for telehealth services. Two significant issues still to be addressed are:

- Space needs at the COSs. For their co-located services, both DMH and SAPC need private space in which to engage and work with the youth. DCFS is looking into various options, including pods, trailers, and so on.
- DMH flagged that it would need DCFS to pay the cost differentials (night-time pay) for the staff they want to hire for the co-located services.
- ❖ SAPC developed a proposal based on DCFS's needs that includes in-person engagement at the COSs as well as two DCFS regional offices through one Client Engagement and Navigation Services (CENS) counselor, overdose prevention kits, and room-and-board costs for SUD residential. The total annual cost is \$398,182, which may be funded through redirecting some of the dollars DCFS has been providing DMH, or identifying alternative funding if resources are not available for redirection. DCFS Fiscal will work with the CEO, DMH, and SAPC on this. Moreover, DCFS will apply to the CEO for funding through the Opioid Settlement funds to support more CENS counselors for other DCFS regional offices.
- **Landscape Analysis: Peer, Near-Peer, and Mentoring Support** Per the December 19, 2023, Board [motion](#) directing OCP to collaborate with a number of youth-serving departments to identify funding streams and strategies to expand and sustain mentoring, peer/near-peer support, credible messengers, and other similar programs for child-welfare and justice-involved children and youth, OCP conducted a landscape analysis of county-funded peer, near-peer, and mentoring programs across departmental partners. Across the continuum, only limited county-funded programs offer peer, near-peer, and mentoring supports to high-acuity systems-impacted young people and others, with spotty access due to geographical or age restrictions.

A review of the shared data indicated that most programs use one-time limited-scope dollars through DMH's Mental Health Services Act (MHSA) funding. Further review of alternative funding sources is ongoing, including new provider classes under Medi-Cal, workforce development funds, and other strategies to expand and sustain this type of programming. On October 31, the OCP reconvenes with partners to discuss next steps.

- **CFT/Youth Engagement** OCP and DCFS continue to co-lead a Child and Family Team (CFT)/ Youth Engagement workgroup to find ways to enhance youth voice and participation in the CFT process and engagement practices. The workgroup includes all relevant stakeholders— legal partners, community agencies, STRTP providers, lived experts, and other youth-serving departments.
- ❖ **CFT Facilitation** OCP is working with DCFS and DMH to design and implement a neutral near-peer facilitator pilot for CFT meetings. The pilot will be a workforce-pipeline opportunity for youth with lived experience, and provide support for youth in the system. Through the MHSA stakeholder process, DMH has secured approval for \$4 million in FY 2024–2025 and \$5 million in FY 2025–2026 to support these efforts. OCP is working with departments to facilitate the contracting process.

- ❖ **Transition Age Youth (TAY) Trainings** OCP is working with youth with lived expertise (see *Elevating and Incorporating Lived Expertise* on page 23), DCFS, the Youth Commission, Opportunity Youth Collaborative, the Alliance for Children’s Rights, and [Kids in the Spotlight](#) to develop a podcast, “TAY”lk to Me,” which will center the voices of young people to improve awareness and resource linkages for TAY. Topics include the Foster Youth Bill of Rights (FYBOR), harm-reduction safety strategies, accessing concrete supports, arts and healing, the policing of TAY, and youth engagement strategies. The podcast is expected to be completed and released in early 2025.
- **Youth Opioid Response Grant** See *Youth SUD/Drug Overdose Crisis* on page 18 for more information on the implementation of the County’s Youth Opioid Response grant and other efforts to address substance use by systems-involved youth.

Cross-Agency Health Care Coordination

BACKGROUND OCP convenes DHS, DPH, DMH, DCFS, and managed-care plans to discuss cross-cutting health care initiatives and challenges that affect services for children and youth in foster care.

PROGRESS OVER THE PAST QUARTER

Enhanced Care Management Through leadership of the Healthcare Coordination Workgroup, OCP facilitated input across department partners to DCFS’s and OCP’s Enhanced Care Management (ECM) pilots (see *Medi-Cal Coordination* on page 21) to support data collection for those pilots’ evaluation, connect DPH and DMH teams to the effort, and ensure that pilots are coordinated and aligned with other supports like specialty mental health services. OCP is also learning about the experience of ECM in the substance-use disorder (SUD) context, including about additional benefits that could be leveraged for child-welfare clients with SUD concerns.

Health Data in the Child Welfare Services/Case Management System (CWS/CMS)

BACKGROUND OCP continues working with LANES (a regional health information exchange), DPH, County Counsel, DCFS, and the CEO to provide child-welfare teams with critical, timely health information to bolster health-care coordination and effective treatment for DCFS youth, including through improvements to the Health and Education Passport (HEP) and related practice. The HEP is designed to meet the state’s requirements for providing health and education information for youth in foster care to their out-of-home caregivers and resource families and must be updated whenever new significant health information is entered into DCFS’s case-management system, CWS/CMS.

PROGRESS OVER THE PAST QUARTER

- **LANES Utilization to Support Child-Welfare Clients** OCP is working with LANES and DCFS’s Business Information Systems (BIS) section to explore opportunities for DCFS staff to directly access LANES to support child-welfare clients at the case and program levels. During this quarter, OCP also supported DPH partners in evaluating the results of their July 2024 LANES user survey to identify opportunities to improve LANES utilization and provide user input to improve the system.

- **CWS-CARES Advocacy** In response to the July 8, 2024, memo that OCP drafted from the County’s Health and Education Passport (HEP) Health Workgroup to the state, the California Department of Social Services (CDSS) has indicated that the state has redesigned the HEP with County input in mind and has added a searchable electronic document repository that should meet the County’s specifications. CDSS noted that it will create interfaces with some external systems but will not interface with health information exchanges such as LANES at this time. OCP is following up to get further details about what systems interfaces are planned and when. In addition, the HEP Health Workgroup will meet with the CWS-CARES Implementation Team to discuss system changes and identify further opportunities for input. This effort is unique for including public health nurses (PHNs) in the CWS-CARES design process—though that approach should be more common, since PHNs are a significant intended user group for the new system.
- **PHN Consultation System** OCP has been supporting the HEP Health Workgroup in providing cross-departmental input into the PHN Consultation System being developed by BIS, including on system design, answering technical questions, and establishing plans for user testing prior to launch. The system is being designed to improve communication between CSWs and PHNs as well as to enable tracking of consultations/PHN workload.

Addressing Psychotropic Medication Use in Child Welfare/Juvenile Justice

BACKGROUND The Psychotropic Medication Workgroup continues to meet monthly; it submitted updated protocols to the juvenile court in December 2023 and is still awaiting a response from the presiding judge of the juvenile court.

PROGRESS OVER THE PAST QUARTER

- **Quarterly updates** of psychotropic medication data were received from DCFS and Probation.
 - ❖ **DCFS** data as of October 2, 2024, indicate that:
 - 1,181 children are being administered psychotropic medications (down from 1,175 last quarter), which is 10.2% of Los Angeles County foster children
 - 259 children are being administered anti-psychotic medications (up from 252 last quarter), which is 21.9% of foster children on medications
 - 596 children are being administered two or more medications (up from 594 last quarter), which is 50.5% of foster children on medications
 - ❖ **Probation** data as of September 30, 2024, indicate that:
 - 18 youth who are suitably placed are being administered psychotropic medications (same as last quarter), which is less than 9% of those in suitable placement
 - 4 youth in suitable placement are being administered anti-psychotic medications (up from 1 last quarter)
 - 5 youth in suitable placement are being administered more than one medication (up from 3 last quarter)

- 134 youth in juvenile hall are being administered psychotropic medications (up from 124 youth last quarter), which is 48.4% of those in juvenile hall, with 47 on more than one medication and 19 on anti-psychotic medication
 - 60 youth in probation camps are being administered psychotropic medications (up from 56 last quarter), which is 60% of all those in camps, with 19 on more than one medication and 1 on anti-psychotic medication
 - 44 youth placed at Dorothy Kirby Center are being administered psychotropic medications (same as last quarter), which is 73.3% of those at the Center, with 21 on more than one medication and 4 on anti-psychotic medication
 - 50 youth in Secure Youth Treatment Facilities (SYTFs) are being administered psychotropic medications (up from 33 last quarter), which is 51.6% of those at SYTFs, with 18 on more than one medication and 4 on anti-psychotic medication
 - 17 youth in these facilities are receiving Medication Assisted Treatment (MAT) for addiction (buprenorphine-naloxone)
- **YEW** The Psychotropic Medication Youth Engagement Worksheet (YEW) continues to be administered in both systems. Probation files 10+ every month for youth in suitable placement. DPH CWPHNs have initiated 3,285 YEWs to DCFS youth since the effort began and have completed 2,415, for an excellent rate of 74%.

Addressing Substance Use and Its Impact on Children and Families

BACKGROUND OCP continues partnering with DCFS, DPH, DMH, DHS, Probation, the Juvenile Court, and a broad group of stakeholders to address the impact of substance use/substance-use disorders (SUDs) on children, youth, and families at risk of involvement or already involved in the child-welfare system.

PROGRESS OVER THE PAST QUARTER

- **Los Angeles County Plans of Safe Care (POSC) Collaborative** With support from DCFS's State Block Grant and the CDSS Office of Child Abuse Prevention's [Road to Resilience](#) grant, OCP continues to work with partners in the Los Angeles County POSC Collaborative—including SHIELDS for Families (SHIELDS), DCFS, DHS, DPH, First 5 LA, MSI, St. Francis Medical Center, and Adventist Health White Memorial—to place navigators at four hospital sites to support POSC pilots for pregnant and parenting people using substances.
 - ❖ **Executed: Memoranda of Understanding** OCP developed a Memorandum of Understanding (MOU) for the Los Angeles County POSC Collaborative, a requirement of the Road to Resilience grant, and in September 2024 the MOU was fully executed. OCP is also supporting SHIELDS in executing Business Associate Agreements (BAAs) with hospital sites as needed. An agreement between SHIELDS and St. Francis Medical Center previously existed, SHIELDS' BAA with Adventist Health White Memorial has been executed, and SHIELDS' BAA with DHS is pending.
 - ❖ **Developed: Key Pilot Materials** OCP has updated the POSC Informational Flyer for Parents and Families to provide background and information on POSC, and is working to implement feedback from SHIELDS and lived experts. Additionally, OCP partnered with

SHIELDS and hospital affiliates to develop individualized workflow processes for participating hospital pilot sites, while simultaneously identifying potential policies and practices to update to ensure the successful implementation of POSC. After a review of materials from across the country and receiving feedback from SHIELDS, hospitals, lived experts, and advocates, OCP has also developed a family-focused, strengths-based template for documenting POSCs. Finally, OCP is working with its technical assistance provider, Health Management Associates (HMA), to finalize a POSC implementation guide.

- ❖ **Trainings** OCP coordinated and participated in trainings with DCFS’s Child Protection Hotline and hospital social workers on completing the Newborn Risk Assessment and when to make a call or consult with the DCFS Child Protection Hotline. OCP has also worked with HMA to provide substantive trainings on meeting the needs of birthing parents and babies who are substance affected. A series of 10 webinars are now posted on the [POSC page of the Mandated Supporting Initiative website](#), and OCP has also been coordinating live trainings across hospital sites.
- ❖ **Potential New Partnership** On October 23, OCP presented on Los Angeles County’s POSC implementation efforts to DHS’s Los Angeles General Medical Center’s POSC Task Force, a meeting that included Los Angeles General leadership, administrators, medical providers/nursing staff, and social workers, as well as partners from DCFS.
- **Youth SUD/Drug Overdose Crisis** OCP is leading project coordination for the Youth Opioid Response (YOR) Grant launched in July 2023 that is intended to connect youth to appropriate substance-use and harm-reduction services, enhance the availability of Medication-Assisted Treatment (MAT), and incorporate youth voice into these efforts.
 - ❖ **Project Leadership** OCP continued to lead the work of the YOR workgroup and ensure that planning and implementation is done collaboratively and timely across departments.
 - ❖ **Program Updates**
 - **Continued to promote [CRAFFT](#)²**, which is a validated SUD screening tool recommended by the American Academy of Pediatrics for annual screenings beginning at age 11.
 - **Promoted consistent and regular screenings and the use of CRAFFT** as the primary youth SUD screening tool across youth-serving departments. Supported by this, the workgroup initiated a pilot with DHS around the use of CRAFFT at its Medical Hubs; DMH, Juvenile Court Health Services (JCHS), and Probation are also rolling out the use of CRAFFT at Probation camps and halls. In line with this goal, DMH started an SUD workgroup that is examining how to deploy CRAFFT screenings by direct service providers within its programs.

² The [CRAFFT](#) is a short clinical assessment tool designed to screen for substance-related risks and problems in adolescents. CRAFFT stands for the key words of the 6 items in the second section of the assessment—Car, Relax, Alone, Forget, Friends, Trouble. As of 2020, updated versions of the CRAFFT known as the “CRAFFT 2.1” and “CRAFFT 2.1+N” have been released.

- **Worked with DHS’s Medical Hubs and DMH, JCHS, and Probation to launch and evaluate screening and referral pilots that utilize CRAFFT.** The Hub pilot started at Harbor/UCLA last spring. In this period, OCP reviewed pilot data and worked with DHS to identify ways to add consistency to data collection before extending the pilot to other Hubs; for example, a Job Aid was developed in ORCHID, DHS’s electronic medical record system. A similar screen-and-refer procedure was launched at Los Padrinos Juvenile Hall this quarter, with plans to roll it out across all Probation camps and halls during the fall. Both these pilots include training for providers about the CRAFFT screening tool, MAT, and referral options informed by a referral algorithm developed by the YOR workgroup.
 - **Supported efforts to update SUD policy and practice across County departments** During this quarter, OCP worked with DCFS to solidify a new draft policy and get input from subject-matter experts, and focused on addressing the challenging issues of screening and referral procedures, confidentiality, and youth consent.
 - **Coordinated DMH efforts to develop a video about harm reduction and MAT** created by and for youth, involving the youth engaged by the DMH YOR process.
 - **Continued to lead the YOR workgroup in expanding the MAT workforce** by increasing familiarity with MAT through continuing education and other forums; during this quarter, this included an SUD training for DCFS’s near-peer mentors, a harm-reduction/SUD/MAT training for DHS social workers, an extensive early intervention training for DMH clinical and non-clinical staff, as well as the launch of a training program to support the screening and referral pilots.
 - **Worked with Probation to develop a willingness to provide consistent harm-reduction trainings to youth as part of their orientation, and to host wellness kiosks that provide harm-reduction and wellness supplies on site to youth.** Began working with DPH to ensure that Probation sites are included in the siting of 100 wellness kiosks. Also worked toward locating wellness kiosks at the Medical Hubs.
- ❖ **Program Sustainability** OCP worked with department leadership on sustainability for this work following the end of the current grant period, including aligning with other existing youth SUD efforts and clarifying future roles and responsibilities for partners. OCP continues to work with departments to gather data to define the need going forward.

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.

Strengthening Our System of Care

BACKGROUND Through Assembly Bill 2083 (Chapter 815, Statutes of 2018), California requires each county to develop and implement an MOU outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma. While the legislation initially focused on the child-welfare system, counties can expand the focus of their System of Care (SOC) to ensure that all public programs for children, youth, and families provide services in an integrated, comprehensive, culturally responsive, and evidence-based/best-practice manner.

PROGRESS OVER THE PAST QUARTER

- **MOU Revision** OCP has drafted a revised version of the Countywide System of Care Memorandum of Understanding (SOC MOU). In creating this draft, OCP reviewed SOC MOUs from across the state as well as state requirements. OCP also worked with consultants and all partners on the MOU to incorporate their feedback. Key updates include:
 - ❖ Adding the OCP and DYD as partner signatories to the MOU
 - ❖ Refining the population-of-focus to “children, youth and families who are currently in or at risk of entering the foster care or juvenile justice systems,” while also striving to “address the needs of all children, youth and families as soon as their needs are identified”
 - ❖ Adding a new section committing to engagement with tribal nations, managed-care plans, and lived experts as key partners
 - ❖ Revising the overall language of MOU to focus on high-level shared vision, agreements, and coordination, moving details that pertain only to some partners into appendices

The MOU has now been reviewed for substance by all partners, and is currently in the process of review by contracts and grants and County Counsel for each department.

- **Supporting Transition-Age Youth** OCP is coordinating the SOC’s efforts with DCFS and the County’s Prevention & Promotion Systems Governing Committee (PPSGC) on the June 25, 2024, Board [motion](#) to strengthen supports for Los Angeles County’s transition-age youth (TAY).
 - ❖ OCP partnered with the PPSGC and Prevention and Promotion Coordination and Implementation Team (PPCIT) to conduct a current state analysis of TAY outcomes, the existing continuum of TAY-related county services and resources, and gaps and barriers to

systems coordination. OCP and the PPSGC facilitated a joint meeting of the PPSGC and SOC on September 18 to share the current state analysis and recommendations to stand up a process that can identify a change strategy to address these needs. To begin this process, OCP, PPSGC, and PPCIT are working together to facilitate several concurrent workgroups:

- **TAY Table Design** serves as a vehicle for planning, coordinating, and collaborating to support TAY outcomes
 - **Data** will improve information-sharing and data integration to improve care coordination and systems improvement for TAY
 - **User Journey Mapping: Outreach, Engagement, and Access** Develops strategies for outreach and engagement for young people, and addresses resource navigation issues for TAY
 - **Assessments Scan and Analysis** Analyzes existing strengths and needs assessments and case-planning tools related to education, economic well-being, and related wraparound supports to identify opportunities for streamlining and alignment
- ❖ Working together, the OCP, PPSGC, and PPCIT intend to:
- Operationalize the aligned aims of the SOC, PPSGC, and directives of the Board motion
 - Prioritize achieving greater strategic and functional alignment within/across departments and with external partners
 - Maximize efficiency and minimize redundancies and burdens on operations
 - Bring together stakeholders for collective impact in three priority areas related to education, workforce, and related wraparound supports for at-risk and systems-impacted youth and young people ages 16 through 24

Medi-Cal Coordination

BACKGROUND California Advancing and Innovating Medi-Cal (CalAIM) offers major changes, and thus new opportunities, for funding a continuum of services—community health workers, doulas, behavioral health, enhanced care management, and more—to benefit children and families at risk of involvement or already involved with the child-welfare system. Many departments and stakeholders are exploring how these changes will affect their populations and how their agencies might best access these funds for prevention and care-coordination efforts. Since July 2023, the County has been building the expertise and partnerships necessary to create programs that make the best use of the CalAIM benefits available for youth in foster care.

PROGRESS OVER THE PAST QUARTER

- **Enhanced Care Management (ECM) for Child Welfare** Per the November 7, 2023, Board [motion](#) directing OCP to enter into a contract with HMA to provide technical assistance on

the implementation of CalAIM's ECM benefits for the child-welfare population, OCP executed its contract with HMA in February 2024. This past quarter, HMA has worked with OCP, DCFS, and managed-care plans (MCPs) to:

- ❖ Design/plan a pilot with the DCFS Glendora office to identify youth in home-of-parent/Family Maintenance cases who are eligible for ECM, create streamlined referral and enrollment pathways to ECM providers, and train regional office social workers and co-located staff on ECM and the referral process.
- ❖ Design/launch a comparative analysis of engagement in care for child-welfare-involved children enrolled in Medi-Cal fee-for-service (FFS) versus managed care. Using Medicaid's Transformed Medicaid Statistical Information System (T-MSIS), the analysis will compare health metrics between the two groups including primary care measures, utilization frequency of specialty services, and to the degree available, hospitalization outcome indicators, emergency department high utilizers, and more. This analysis will further support DCFS, OCP, and other stakeholders' conversations around the benefits of FFS versus MCPs for child-welfare-involved children.
- ❖ Conduct process walks with social workers and co-located staff from the Department of Public Social Services (DPSS), DMH, and DPH to better understand the process for enrolling DCFS-involved children in FFS versus MCP, as well as how children, youth, and families are currently referred for needed services. OCP and HMA will work with DCFS to develop informational materials for social workers, caregivers, and youth on the benefits of FFS versus MCP so that they can make informed decisions.

Eliminating Racial Disproportionality and Disparity (ERDD) Community Advisory Task Force

BACKGROUND DCFS, in partnership with community-based organizations, faith partners, advocates, those with lived expertise, Casey Family Programs, OCP, the Children's Law Center, other County departments, the juvenile court, philanthropy, and academia, convenes key stakeholders from sectors across Los Angeles County monthly to implement strategies to eliminate racial disproportionality and disparities in the child-welfare system. ERDD focuses on key outcomes to measure progress, with all data disaggregated by race and ethnicity, to ensure that Black/African-American children and families achieve equitable results.

PROGRESS OVER THE PAST QUARTER

- Over the last quarter, ERDD has engaged cross-sector partners in discussions to address how Los Angeles County addresses racial equity and child safety. OCP, in collaboration with system partners, and the California Child Welfare Indicators Project (CCWIP), facilitated a discussion to lift up current efforts in the county.
- On September 26, ERDD met with stakeholders to discuss the experience of equity work across DCFS regional offices and the community. As a result of this discussion, further follow-up was needed to explore diverse perspectives, identify communication needs, and develop solutions for any challenges individuals are experiencing.

- On October 24, Child Trends facilitated a discussion on exploring racial identity for system-impacted youth.
- The ERDD Prevention Subgroup is continuing distribution of the Investigation Survey to solicit additional responses from system-impacted parents and young people.
- The ERDD Prevention Subgroup is developing a decision tree for prevention services to improve navigation to resources for families during investigations.

Elevating and Incorporating Lived Expertise

BACKGROUND OCP's [Strategic Plan](#), as well as a number of County priorities and initiatives, emphasizes the need for youth and families to have an active voice in making key decisions about their own lives. Working with County departments, community-based organizations and advocates, and other community stakeholders, OCP is implementing strategies to ensure that youth and families involved in, or at risk of involvement with, the child-welfare system play a central role in the development of case plans, programs, supports, and child-welfare and child/family well-being policy decisions. OCP, in partnership with Casey Family Programs, has contracted with Castillo Consulting Partners (CCP) to support a cohort of 15 community experts and lived experts to provide their expertise, guidance, and feedback in our prevention and youth-focused initiatives.

PROGRESS OVER THE PAST QUARTER See *Implementing the Education Coordinating Council (ECC) Strategic Plan* (page 10); *CFT/Youth Engagement* (page 14), and *Addressing Substance Use and Its Impact on Children and Families* (page 18) for more information on OCP projects that the cohort is consulting and advising on.

In summary, 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.



**Building Los Angeles County's
Family First Prevention Services
(FFPS) Community Pathway**

Jacquelyn McCroskey, DSW

Children's
Data Network

Building Los Angeles County's Family First Prevention Services (FFPS) Community Pathway: Testing Ideas and Building Partnerships Interim Report

Jacquelyn McCroskey, DSW

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Building Los Angeles County’s Family First Prevention Services (FFPS) Community Pathway: Testing Ideas and Building Partnerships Interim Report

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Developing a Community Pathway: Approach and Context

In 2021, California opted into the Federal Title IV-E prevention program with a broad approach to preventing child maltreatment and supporting child and family well-being. California’s plan includes an expansive definition of prevention encompassing primary, secondary and tertiary prevention and early intervention strategies for children identified in an individual prevention plan as being “at imminent risk of entering foster care, but who can remain safely at home or in a kinship placement if eligible prevention services that are necessary to prevent the entry of the child or youth into foster care are provided.”¹ In addition to services and supports provided to children and families already involved with Title IV-E child protective services and juvenile probation, the plan supports counties and tribes throughout the state in developing Community Pathways that would expand services and supports “universally for all children, youth and families.”

“Struggling families, especially those residing in impoverished neighborhoods, often voluntarily seek support from public and private community agencies, such as faith-based organizations, schools, local athletic organizations, after school programs, scouting organizations, etc. Engaging and strengthening connections between these organizations and local service providers that understand the needs of the community and provide direct services, such as community-based organizations (CBOs), Family Resource Centers (FRC), or behavioral health agency, is key to realizing the ultimate vision for upstream prevention.”²

This vision also recognizes a pivotal role for CBOs and FRCs as described by the First 5 Center for Children’s Policy, California’s FFPSA Community Pathway...

“...allows eligible families to voluntarily seek services without the stigma attached with direct involvement with child welfare. In a community pathway, the lead agency³ conducting assessments and coordinating services for the family is a community-based-organization (CBO) or Family Resource Center (FRC) contracted by the IV-E agency.”⁴

Assembly Bill 153 (2021) authorized additions to the Welfare and Institutions Code to establish California’s Family First Prevention Services (FFPS) Program, implementing the Federal Act (FFPSA) in California. California’s FFPS is based on three key objectives: 1) a coordinated continuum of services among child and family services; 2) improved outcomes for children and families, reduced entries into foster care, and reduced disparity and disproportionality; and 3) commitment to

¹ California’s Five-Year Prevention Plan. <https://www.cdss.ca.gov/inforesources/cdss-programs/ffpsa-part-iv/californias-five-year-state-prevention-plan>

² California’s Five-Year State Prevention Plan. Implementing the Title IV-E Prevention Program Established by the Families First Prevention Services Act. <https://cdss.ca.gov/Portals/9/CCR/FFPSA/CA-FFPSA-FiveYear-Prevention-Plan.pdf>

³ Or, as is more likely in LA, not just lead agencies, but a broad range of community agencies working to support families in different regions of the county.

⁴ Kit Strong. *Opportunities in California’s Implementation of the Families First Prevention Services Act*. First 5 Center for Children’s Policy. firstfivecenter.org

American Indian children, families, caregivers, and tribes consistent with the Indian Child Welfare Act (ICWA). On approval of a three-year comprehensive prevention plan, counties could be eligible for FFPS State Block Grant (SBG) funding to support development, early implementation, and testing of local approaches to establishing, enhancing, and coordinating prevention services to support families who are system-involved, as well as those not involved with, but who are at risk for subsequent involvement with child protective services. County Title IV-E agencies that submitted approved Letters of Intent within the required timeframe could begin accessing their SBG allocation.⁵

Los Angeles County enthusiastically embraced the opportunity to build on decades of development and support for community-based services, including the family-centered services funded under contract with the Department of Children and Family Services (DCFS).⁶ The County's Prevention Advisory Committee was formed to support a feedback loop for implementation of its Comprehensive Prevention Plan. The committee includes representatives from child serving departments, community-based providers, people with lived expertise, and interested community and tribal partners.

This interim report describes the processes used by the County Departments of Children and Family Services (DCFS), Public Health (DPH), Mental Health (DMH), Health Services (DHS), Public Social Services (DPSS), and Probation to collaborate with public and private partners serving children, youth, and families across the county. It outlines progress to date and describes achievements, challenges, and lessons learned.

LA County's Community Pathway Collaboration

Process

DCFS and Probation focused initially on training and support for FFPS rollout in "learning sites" in two of the County's eight regions or Service Planning Areas:⁷ the San Fernando and Santa Clarita Valleys (SPA 2) and South LA (SPA 6). They called on partners from the Office of Child Protection, DPH, First 5 LA, and the Commission for Children and Families to help facilitate planning for LA's Community Pathway, developing cross-agency partnerships, testing ideas, and strengthening promising programs and practices.

Building on implementation ideas discussed by the FFPS Advisory Committee and with support from DCFS and its Community Based Services Division, the Community Pathway Implementation Work Group started meeting regularly in the summer of 2022. Originally the group was formed as a subcommittee of the County's FFPS Advisory Committee. Co-chairs Rochelle Alley, Office of Child

⁵ Families First Prevention Services Program. <https://www.cdss.ca.gov/inforesources/cdss-programs/ffpsa-part-iv/ffps-program>. As of October 2024, 31 counties and two tribes had opted in to the Community Pathway program.

⁶ These include Family Preservation, Prevention and Aftercare, and Partnerships for Families. For background on these programs see: Children's Data Network. Los Angeles County Family Centered Services: Using Administrative Community Based Child Welfare Supports. <https://www.datanetwork.org/wp-content/uploads/FCS-final-report-12-11-2020.pdf>.

⁷ What is a Service Planning Area? <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

Protection, and Anna Potere, First 5 LA, led the group in building networks, knitting LA’s sprawling systems of services and supports together to improve navigation of local services and increase access for families and children in communities across the county. The group works to facilitate alignment between State and local planning for Community Pathway and broader prevention efforts. It supports problem-solving and system development, generating new ideas for partnership with local CBOs and institutions, as well as working with public systems to strengthen key child and family service systems. It provides a venue to gather community provider input in County planning, to brief stakeholders on key policy developments, and nurture opportunities to draw down new funds such as the California Medical Assistance Program or Medi-Cal and FFPS, creating new partnerships and aligning efforts to support effective prevention and early intervention. The Workgroup has grown to include nearly 100 members including community leaders with lived expertise as well as CBO and institutional leaders (see Appendix B for more information on participating agencies and groups).

At the state level, the Child Welfare Council’s (CWC) Prevention and Early Intervention Committee (PEI) was designated to advise the California Department of Social Services (CDSS) on FFPS implementation. Several members of the LA County Community Pathway Implementation Work Group also sit on PEI and various subcommittees, helping to align and build synergy between LA and state-level decision-makers.

Three sets of Community Pathway recommendations have been presented to the CWC. The first, approved in 2023, calls for: shifting the focus from mandated reporting to community supporting; culturally responsive resources and supports from providers families know and trust; access to Evidence Based Practices (EBPs), as well as primary and secondary supports and services for all families regardless of FFPS eligibility; integration and blending of funding; and co-creation of structures, engagement, and practice strategies with communities and individuals with lived expertise.⁸

The second, approved in March 2024, addresses financing and calls for: maximization and leveraging of public funding available across all California Health and Human Services (CalHHS) Agency divisions and departments; inclusion of families at imminent risk of child protective services involvement as a population of focus under the California Advancing and Innovating Medi-Cal program (CalAIM); use of a federally approved interim claiming system; specialized fiscal training and technical assistance to counties implementing Community Pathways; opportunities for CBOs and non-traditional partners to participate in Community Pathways; and a definition of “payer of last resort” specifying that Title IV-E funds may be used to pay for any EBP model not already funded by public or private providers.⁹

⁸ California Child Welfare Council Prevention and Early Intervention Committee. (March 13, 2023). *Approved Community Pathway Recommendations*. https://www.chhs.ca.gov/wp-content/uploads/2023/02/PEI_Community-Pathway-Recommendations.pdf

⁹ California Child Welfare Council Prevention and Early Intervention Committee Financing Recommendations to Build and Sustain Community Pathways (presented June 2024, final vote September 2024) .

In September 2024, the CWC also approved the Mandated Reporting to Community Supporting (MRCS) Task Force Report, *Shifting from Reporting Families to Supporting Families, California's Mandated Reporting to Community Supporting Recommendations*.¹⁰

Progress

The LA Community Pathway Implementation Work Group recognized that the best way to increase access and engagement in prevention services and supports for families is to build on the system of services and supports already in place in communities across the county, recognizing readiness and enhancing the capacity of existing services provided by both large and small providers. Many CBOs serving families and children already face considerable challenges in blending and braiding funding from different funding streams, as well as reporting in multiple formats to different funders each of which has its own definitions, requirements, procedures, and accountability processes. Partnering with key public and private institutions (e.g., hospitals, schools, early childhood education, and early intervention agencies) that are well-positioned to help families find additional supports and services in their own communities would make it easier for families to find and access the kinds of help they want and need in their own communities. Enhancing aligned initiatives that were already underway under the auspices of county departments and their community partners to test new possibilities was also an attractive proposition given the initial brief turn-around period for testing new approaches (mid-2024) and potential for maximizing impact.

Work Group participants believed that participation from a broad range of CBOs and institutions with effective track records in engaging and serving their communities would contribute to building a multifaceted prevention and early intervention system. They also believed that families would be more likely to take advantage of opportunities when organizations with whom they already have trusted relationships are available to help them decide among program options and navigate enrollment. The group set out to identify opportunities to pilot test ideas, strengthen cross-system relationships, and support collaborative partnerships.

One-time FFPSA Transition Act (FFPS TA) and State Block Grant (FFPS SBG) funding provided the glue to expand and enhance existing partnerships and test new ideas. Since the clock was ticking on these expenditures, with not much more than one or two years initially estimated to fund and test ideas, several mechanisms were developed to get the money out in a timely manner. Happily, the approved FY24-25 California State Budget extended the time allowed to expend FFPSA SBG funding through June 2028, so there is still time to offer a full year-long test period for projects that are underway or in development. Appendix A provides brief descriptions of the projects underway, those completed, and those developed in response to the extended timeline (described as “pending”).

¹⁰ <https://www.caltrin.org/wp-content/uploads/2024/08/MRCS-Task-Force-Report-for-09-04-24.pdf>

Strategies for Developing the Community Pathway

One mechanism used to jump start the process was to add to some of the existing DCFS Prevention and Aftercare (P&A)¹¹ contracts with CBOs in target regions where providers were interested and capacity allowed for new approaches. The three core strategies of P&A (i.e., increase self-sufficiency through financial resources and opportunities, decrease social isolation, and increase access to a broad range of existing community-based resources, supports, and services) aligned nicely with the Community Pathway approach. Another funding strategy was to build on and align with the existing partnership between the County's Center for Strategic Partnerships and Southern California Grantmakers (SCG), a community of philanthropists and grant makers interested in supporting efforts to enhance the well-being of LA County's children, families and communities.

Other strategies included: creating new institutional partnerships to build support for key target populations; bolstering existing promising initiatives, cross-departmental partnerships, and Memoranda of Understanding (MOUs); and enhancing community-based services and supports for families involved with DCFS. Select projects and associated lessons learned are presented below.¹²

Strengthen Public-Private Partnerships and Build Capacity of Community Based Organizations

Developmental Care Coordination

The project tested outreach, assessment, and connections to resources for families accessing subsidized childcare in order to better support low-income parents with young children, with an intentional focus on supporting child development, trauma healing, and family well-being. Through this pilot in the Antelope Valley (SPA 1), the Child Care Resource Center (CCRC) reached out to 5,501 families, and 529 families received a referral to at least one or more local agencies or food banks. CCRC staff also helped parents who were interested to complete a developmental assessment;¹³ about 1 in 4 of the children assessed received scores that indicated need for follow up (219 of 797 children or 27.5%). These families were supported with referrals and coaching to help them address developmental delays.

Lessons Learned

- Many families reported urgent needs for housing, food and other economic supports, underscoring the importance of starting with support for basic needs.

¹¹ There are ten Prevention and Aftercare Networks, eight defined by LA County's eight Service Planning Areas or regions, and two developed to serve special populations: American Indian and Asian Pacific Islander families.

¹² Brief descriptions of the full list of 27 projects can be found in Appendix A.

¹³ The Ages and Stages Questionnaire, Edition 3 (ASQ-3) focuses on developmental progress in children between the ages of one month and 5.5 years.

- Findings also confirm the importance of person-to-person contact in engaging families and helping them locate resources (as compared to robo-calling) and challenges with relying on an automated platform alone for referrals.
- Strong relationships between CCRC, Help Me Grow, local home visiting providers, and the Regional Center were essential to project success.¹⁴
- There is an acute need for more subsidized childcare. There are close to 14,000 families waiting for subsidized childcare in SPAs 1 and 2 alone, the two regions served by CCRC.
- Families who qualify for subsidized childcare programs are income eligible for a broad array of other prevention and early intervention services and are likely to trust staff from the Resource and Referral (R&R) agencies when they offer an opportunity for screening and connection to community resources.
- CCRC led the effort with support from the Child Care Alliance of Los Angeles, a group of ten partner agencies providing access to subsidized childcare¹⁵ throughout the county, with an eye toward potential replication in other parts of the county.
The potential for other R&Rs serving large numbers of low-income families with very young children to engage families and help them negotiate complex fragmented local service delivery systems is promising. A formal project evaluation is forthcoming.

Enhanced Family Navigation (pending)¹⁶

This project will provide Enhanced Family Navigation to children and their families identified as needing preventative services, ensuring they have equitable access to those community-based, culturally appropriate, relevant and responsive services and supports they desire, including referrals to Evidence Based Programs (EBPs) and services. Through participatory evaluation, the program will track family requests and successful utilization of current resources and supports, as well as identifying gaps in SPA 2 service systems. The project will assess the efficacy of focusing on family goals to guide the length, intensity and content of interactions, as well as developing extensive/extended interaction with families in helping to address questions of equity. Exemplifying the goal of a “no wrong door approach” and its efficacy in primary as well as secondary and tertiary prevention, families may be referred from local community based or faith-based organizations, schools, medical hubs, from DCFS regional office staff, or simply walk in to the El Nido Family Source Center. A formal evaluation will be available at the end of the 12-month pilot test.

Lessons Learned

- Although the contract for this pilot has not yet begun, it builds on years of work in LA County developing and maintaining family-centered community-based programs and networks (i.e., county departments, agencies, and resident groups working together to address a broad range of family concerns). The project team at the lead agency El Nido Family Centers has been involved in several efforts that provide groundwork for Community

¹⁴ See [Help Me Grow | LA - Home Page](#)

¹⁵ The Alternative Payment Program provides subsidies to pay for childcare in a location of the parent’s choice while the parents are working, in school or in training, or seeking employment.

¹⁶ Anticipated start date in Winter 2024-25.

Pathway development, including the SPA 2 Children’s Council initiated by the Children’s Planning Council¹⁷ and the Prevention and Aftercare Networks.¹⁸

- The project lead also has a long term-relationship with the three SPA 2 DCFS offices: Van Nuys, West San Fernando Valley, and Santa Clarita. She serves as lead and co-convenor of the SPA 2 Council for Family Well-Being, a joint collaborative of the SPA 2 DCFS Regional Community Alliance and the SPA 2 Prevention & Aftercare Network. The monthly council meetings bring together representatives from DCFS and other county departments, including DMH, DPSS, Probation, DPH, as well as more than 45 non-profits/community organizations, hospitals, and residents who attend the monthly meeting to share and leverage resources, solve problems, and develop supports for local families and children.
- The project was designed to address all three levels of the prevention continuum (i.e., primary, secondary and tertiary). The idea is to connect any family looking for help to support, resources, opportunities, and services in their communities regardless of their history or current involvement with DCFS.
- The evaluation will include: descriptive quantitative and qualitative information on family goals, desired supports, and gaps in the local resource system; comprehensive program descriptions including how the partnerships with DCFS and Probation are working; and descriptive information on how and the extent to which the pilot helps to engage families and increase access to community-based resources. In addition to required reporting on processes and outcomes, the project evaluation consultant, an expert in Community Participatory Evaluation, will incorporate the voices of the parents, youth, and children served, as well as those of project partners.

Establish New Institutional Partnerships to Build Support for Key Populations

Los Angeles Unified School District (LAUSD) Community Pathway Referrals

The project tested the potential for school counselors in district-operated early childhood education programs to refer interested families to the countywide Home Visiting system. LA’s system includes the three FFPSA approved Evidence Based Programs: Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse Family Partnership (NFP). It also includes other local programs, such as Partnerships for Families program (PFF) funded by DCFS and the hospital-based Welcome Baby program funded by First 5 LA. The Student Health and Human Services Division of LAUSD selected two initial programs: Trauma and Resilience informed Early Enrichment (TRiEE) and Specialized Student Services, which supports students who face homelessness and are involved with DCFS and/or juvenile Probation). Social service staff in both programs were trained by staff from First 5 LA and the Los Angeles Best Babies Network (LABBN) through a series of three on-line, as well as one in-person “get to know you and the resources in your community,” meetings to help school personnel understand differences and similarities between program models,

¹⁷ The system of local children’s councils was developed in the early 2000s and some continued after sunset of the CPC in 2009.

¹⁸ Palmer, L., McCroskey, J., Eastman, A. L., Prindle, J., Rebbe, R. & Foust, R. (2023). Impact of the Prevention and Aftercare Program in Los Angeles County: A propensity score analysis of subsequent protective services involvement. *Child Welfare*, special issue on social determinants, 100(6).

program requirements, how to engage eligible families, how to use the LA County's Home Visiting e-Directory, and whom to call if they are not sure about program fit or eligibility.

Lessons Learned

- Considerable work behind the scenes was needed to inform decision-making by the key partners (i.e., DCFS, First 5, OCP, DPH, LABBN, and LAUSD). Assessing and addressing conflicting administrative requirements established by these large systems early on was essential. These included program alignment as well as policy, legal and program administration issues.
- For example:
 - Establishing MOUs between the school district and home visiting partner agencies not already working with LAUSD;
 - Managing three different sets of geographic areas (i.e., elementary school district catchment areas, home visiting regions, and County SPAs);
 - Sharing definition of terms, practice principles, roles and responsibilities of staff in the school district, county departments, home visiting providers, and key players in the countywide home visiting systems (i.e., DPH, First 5 LA, and LABBN).
 - One key challenge not resolved in this initial pilot test was a mismatch between the age required for most home visiting models (infancy up to age two or three) and the school district's focus on children of preschool age (four-year-olds). This challenge has been partly addressed by individual home visiting providers requesting approval from the HFA national office to use the HFA protocol for working with child welfare involved families which allows extended enrollment for families with a child up to 24 months. Additional work will be needed to address cross-program policy and operational differences in enrollment and program service age ranges at the county level.

Plans of Safe Care (POSC)

The project tests a hospital-based model of POSC service delivery for pregnant and parenting people with substance use disorder (SUD) and their substance-affected newborns that is designed to reduce the need for DCFS involvement and connect families to community-based home visiting and other supports. The goals are to decrease risk of unnecessary DCFS involvement and incorporate best practices into hospital workflows, building groundwork for fiscal sustainability and creating effective referral strategies to help families access home visiting and other community-based services. The initial pilot site was Harbor-UCLA Hospital where DHS, DCFS and other County staff along with community stakeholders were trained and helped to test new processes. Currently, the POSC Collaborative includes OCP, DCFS, DHS, DPH, First 5 LA, the LA County Mandated Supporting Initiative, St. Francis Medical Center, Adventist Health White Memorial Hospital, SHIELDS for Families, and other local CBOs. Health Management Associates (HMA) provides technical assistance, funded through the State Block Grant, to hospital sites, including education and outreach to the ten largest birthing hospitals in LA County on POSC requirements and best practices, and research on fiscal sustainability strategies.

Lessons Learned

- Upstream engagement and support – ideally prenatally – for those struggling with perinatal substance use is the best practice to develop successful POSCs.

- Pregnant and parenting people with SUD and their children interact with many kinds of professionals and specialists in the hospital environment, so a coordinated effort is needed to develop effective teamwork, shared understanding and operational workflows.
- Building a community pathway for new resource and referrals for newborns and families affected by SUD who may be at risk of or already involved with the DCFS system requires ongoing partnerships, shared goals and ongoing training and coaching across multiple partners.
- The potential for using a community pathway approach to deepen ongoing work on POSC is promising, as it would provide a platform for more effective collaboration between hospitals, DHS, DCFS, and CBOs in the communities served by each hospital.
- The team was successful in getting a State Office of Child Abuse Prevention (OCAP) grant to hire four navigators and test the idea at four hospitals, providing a good example of how CBOs and government can work together to address a shared challenge. Adding an on-site Navigator to support the work will be critical to success so that new responsibilities aren't added on to the roles of existing hospital staff.

Bolster Existing Promising Initiatives

Poverty Alleviation Initiative (PAI)

With the overall goal of financial stability for all LA County residents LA County's PAI is anchored by a logic model with four pillars: invest in our communities, strengthen pathways to opportunity, expand access to basic supports, and improve our service delivery system. One of the key priorities is increasing access to prevention and environmental supports, with a focus on empowering families and communities. SBG funds were used to support 20 one-year grassroots community-led demonstration projects funded at \$135,000 each. Projects were selected through an application process informed by grassroots community groups. Over 13 months, between June 2023 and June 2024, PAI partnered with SBCC Thrive LA and local resident groups to fund projects that integrated participatory budgeting, lifted resident priorities, and addressed either a root cause or effect of poverty. Outcomes included improvements in child and family well-being as measured by resident-developed indicators and improved partnerships between community and institutional partners. A formal evaluation is forthcoming.

Lessons Learned

- The funding supported residents who identified priorities, made decisions and led implementation. Not surprisingly, they came up with innovative solutions to specific local problems. For example:
 - In one community, residents used the one-time funding to secure a mobile space to safely host community meetings and events. The space has hosted a community book club, community meetings, as well as celebratory events and quinceaneras.
 - Another project focused on community beautification transformed neglected yards and vacant outdoor spaces, connecting residents with shared interests in gardening.
 - Another project empowered young people through culturally centered nutrition and cooking courses accompanied with family grants for food in a neighborhood where healthy food options are often not accessible.

- Implementing 20 projects in a short one-year implementation timeline obviously presents an array of project development and time management issues. In this case, the projects would not have been possible without the groundwork laid by SBCC over many years in relationship-based organizing and partnership with community residents, many of whom have been actively involved in the Neighborhood Action Councils designed and supported by SBCC.¹⁹

Welcome Baby

The Welcome Baby initiative designed and led by First 5 LA is a voluntary hospital and home-based intervention for pregnant and parenting people and their young children. The initial pilot program in 2009 created a partnership between Maternal and Child Health Access (MCHA) and the California Medical Center. Since then, the initiative has grown to include 13 hospitals serving First 5 Best Start communities throughout the county. Designed to serve all families at Welcome Baby hospitals regardless of income, risk or challenges, the program includes pre- and postnatal home-based visits as well as a hospital visit shortly after birth, along with follow up supports from home visiting programs and other services. This pilot test was designed to test utilization and fidelity monitoring for Motivational Interviewing (MI) in Welcome Baby hospital and home settings.

Lessons Learned

- It is important to assure that staff in key institutions serving families at a very early point in children's lives are prepared for the administrative tracking, recording, and documentation that will ultimately be required to draw down federal FFPS funds.
- Integrating Community Pathway work with existing systems helps to build on and sustain existing resources trusted by families across the county.
- Linking hospitals to programs such as MI, PAT, HFA and NFP – all of which are considered applicable Evidence Based Programs and services eligible for FFPS reimbursement – not only diversifies funding sources, but also increases access to effective services for families at the earliest possible point in their child's development.

Enhance Community-Based Services and Supports for Families Involved with DCFS

Mandated Supporting Initiative (MSI)

LA County's focus on evolving from mandated reporting to mandated supporting began with discussions in the Racial Justice Committee of the Commission for Children and Families and was formalized in a 2023 Board of Supervisors motion.²⁰ In line with similar efforts at the national and state level, the goal is to transform the current system to one that that prevents child harm and promotes family well-being, provides high-quality services to families in need and eliminates mandatory reporting as a driver of racial disproportionality. The initiative focuses on four key components: narrative change, law and policy, training and support, and pathways to prevention.

¹⁹ See an SBCC video showcasing several projects: <https://www.youtube.com/watch?v=DfcM4kuwh7U>

²⁰ LA County Board of Supervisors Motion by Supervisors Horvath and Hahn. (May 2, 2023). *Evolving from Mandated Reporter to Mandated Supporting*.

The project reflects clear alignment between the community pathway approach to building on existing community-based family support and service systems and MSI's work to create better pathways to prevention for families and children in LA County. Several pilot tests are underway; to date, considerable progress has been made.

Lessons Learned

- Understanding that training for mandated reporters varies across institutions as does support for the multifaceted decisions that often face individual reporters, the initiative has worked to address the lack of standardized training tools by developing mandated reporter training materials, including a supplement that supports critical thinking, speaks to the role of bias in decision-making, uplifts consequences of “lack of thoughtfulness,” and provides concrete guidance for reporters. The initiative has also developed decision support tools to assist mandated reporters with making more accurate reporting decisions.
- New training and technical assistance materials are being designed in line with recent state legislation which revised the definition of general neglect (AB 2085).²¹
- Anchored in foundational planning discussions with stakeholders and community members involved with the MSI, additional information is being gathered through a survey of mandated reporters in the county, focus groups, and a review of child welfare data.
- A resource finder to support families will be hosted on the One Degree platform. Resources curated to address the types of needs that can be safely met in community is projected for completion in 2024.
- Pilot tests are underway in the Lynwood Unified School District, Vaughn Next Century Learning Center Charter School District, Child Care Resource Center, and Kaiser Permanente.
- The MSI website has training materials, supportive resources for families, and Plans of Safe Care materials.²²

Community Cultural Broker Program (CCB)

The program uses peer support to address inequities for Black/African American families involved with DCFS. Community Cultural Brokers (CCB) assist families in navigating child welfare processes by connecting them to local and culturally relevant resources and concrete supports. The overall objective is to reduce the number of Black/African American children who enter care. The program tracks the number of families who participate in contracted community-based programs supported by DCFS, including the P&A Networks and the FP Program. SBG funding supports training and countywide implementation along with program evaluation. SHIELDS for Families, in partnership with the Faith Foster Family Network, offers services to eligible families residing in SPA 6 (South LA). Families may contact the agency directly or be referred by a community partner. A formal evaluation is forthcoming.

²¹ Under AB 2085, the definition of general neglect now includes: 1) Parent/caregiver's negligent failure to provide adequate food, clothing, shelter, medical care, or supervision; 2) No physical injury to the child has occurred; 3) Child is at substantial risk of suffering serious physical harm or serious illness (substantial risk means that without intervention, child is likely to experience serious harm in the future); and 4) Parent's economic disadvantage is not general neglect.

²² SupportingFamilies.LACounty.gov

Lessons Learned

- CBOs that provide culturally responsive resources highlight the importance of race, ethnicity and culture as points of commonality and connection. Having a diverse array of CCBs who can engage families through shared experiences and perspectives encourages buy-in, and helps families and children benefit from supports and services.
- Training CCBs in Motivational Interviewing is proving to be vital to working with families in a way that identifies their motivation for change, sets goals, and empowers clients to explore their own motivations to sustain change. Humanizing the approach to working with families supports better engagement and outcomes for families.
- Purposeful collaboration between community and county stakeholders to improve practice through training, coaching and shared definitions of roles and responsibilities is time-consuming, but it pays off over the long term.
- It will be important to build and strengthen the capacity of grassroots organizations that work effectively with families and find ways to sustain financial support for trusted community partners that aren't currently eligible for or successful in attaining county contracts.
- Successful collaboration takes time and authentic relationship building. Much of the groundwork for CCB had been laid in some form by the community long before FFPSA. It is important to acknowledge the track records of smaller CBOs, community leaders, tribal representatives, and those with lived expertise in developing local support systems and guiding change. This also means appropriately resourcing community agencies to do the thoughtful work necessary to help families build and sustain protective capacities.

Mentorship Demonstration Project

Adults with lived expertise in the CPS system serve as mentors for girls in the Near-Peer Mentoring Program at the Wilber House Shelter. Funding compensated mentors for development of the mentorship model, training, site visits, activities with young people, and curriculum design. Program objectives include: increased youth acceptance of appropriate placement settings, increased permanent connections to supportive adults and family, decreased length of stay, decreased re-entries to shelter care, and additional support with identifying potential kinship placements. A report on initial successes, *Lived Expert Mentorship, A Preview of the Los Angeles County Temporary Shelter Care Lived Expert Mentorship Demonstration*, is available through Castillo Consulting Partners.

Lessons Learned

- Co-created by young women with lived expertise, the demonstration project shows what is possible when people with lived experience lead with their expertise and personal understanding of the many challenges involved in dealing with trauma and DCFS system involvement.
- The idea for the Near-Peer Mentoring Program was developed in partnership with Castillo Consulting Partners and Casey Family Programs and was tested in one county operated shelter.

- Positive impact for young people in the initial site has prompted DCFS to expand the pilot to other shelter care facilities “with the goal of developing a model that can be replicated for expansion to other facilities such as Short-Term Residential Therapeutic Programs.”²³
- As the mentors explain: “We came into this work expecting to serve as mentors to youth who have been identified as having ‘complex needs’ and found ourselves building bonds with young women not unlike ourselves at their age.”²⁴

Motivational Interviewing (MI) Training

The training focuses on staff of CBOs funded by DCFS through the Prevention and Aftercare networks, Partnership for Families and related programs²⁵ to prepare for standardized utilization of Motivational Interviewing (MI) across DCFS Regional Offices and contracted CBOs. MI has long been a component of social work programs in universities across the county, so some staff are already familiar with this approach to supporting families but may not have used it as a regular practice in working with families involved with DCFS. Because other staff may be unfamiliar with the basic principles of MI, training opportunities include a range of options for beginners, advanced practitioners, supervisors, and mentor trainers.

Lessons Learned

- DCFS has taken a broad approach to preparing social work staff in the two learning sites (SPAs 2 and 6), paying careful attention to model fidelity to strengthen and support families, sharing practice methods across the 19 Regional Offices, and working to better align the efforts of Children’s Social Workers (CSWs) and CBO staff.
- MI training for CBO staff also provides an opportunity to better align the operational processes of Regional Offices with those of their community-based partners, including record keeping, tracking participation, and utilization of supports and services, achievement of family goals, reductions in subsequent DCFS involvement, and quality improvement.
- Perhaps most importantly, this inclusive approach to training builds practice principles, skills and vocabulary shared by both public sector CSWs and private sector social work staff, laying groundwork for stronger collaboration and information sharing in the future.

Conclusion

Achievements

Accelerated and Coordinated Efforts

DCFS and Probation, the Title IV-E agencies in Los Angeles County, were able to jumpstart Community Pathway development at the same time as they worked on prevention-oriented

²³ DCFS. (July 29, 2024). Director’s Message, Guest Writer Reginald Carter.

²⁴ Castillo Consulting Partners. (2023). *Lived Expert Mentorship, A Preview of the Los Angeles County Temporary Shelter Care Lived Expert Mentorship Demonstration*.

²⁵ Some agencies also offered training to staff in related programs (e.g., SHIELDS for Families also trained staff from their Family Preservation, Welcome Baby, and Cultural Broker programs).

services and supports for system-involved families through collaborative partnerships with people with deep experience in community-based systems of support, family and child well-being, and child abuse prevention. For example, DPH expanded their home visiting services to support pilot rollout in both of the initial learning sites (SPAs 2 and 6).

Leaders from the OCP, First 5 LA, DPH and LABBN who helped to establish the countywide Home Visiting system stepped up to bring their expertise on home visiting to the table.²⁶ Familiarity with the home visiting system was especially important because three of the seven EBPs included in the County's prevention plan focus on home visiting. With a long history of support for prevention and early intervention and experience creating and implementing community-based service programs operated by DCFS, the Commission for Children and Families also offered support in building on existing programs and helping families navigate the complex array of community-based supports, resources and opportunities. DMH, DHS, and DPSS, the other county departments that facilitate and fund the current system of services and supports, shared their experience and lessons learned. CBOs that act as hubs of regional service networks, people with lived expertise, and residents who use these services shared their ideas and concerns about how the Community Pathway program could work most effectively in LA.

Newly Established and Strengthened Relationships

LA is a sprawling, outsize county with many jurisdictions (e.g., municipalities, unincorporated communities, school districts and other entities) that don't always work well together. It also, however, has a long history of public-private sector collaboration around building supports and services for children and families that helped to leverage existing and create new cross-agency relationships. Focus on early intervention and partnerships with institutions that see families with very young children led to co-creation of new approaches to helping families find the resources, opportunities, supports and services they want and need in their own communities. Understanding that resources are not equitably distributed across the county also helped the Work Group focus on potential partnerships that could address gaps in local service systems, leadership and willingness of agencies to partner in new ways and transition points where trusted community providers could engage families and help them navigate complex service systems.

Flexibility in Financial Management and Contracting

Creation of more flexible fiscal and contracting processes to support timely planning and implementation was especially important, given multiple waves of instructions and guidelines from CDSS as California's FFPS was getting started. Fiscal and budget staff in DCFS and DPH worked together to assess possibilities and develop options, including subcontracts with existing county contractors and interdepartmental transfers. The experience of the Center for Strategic Partnerships in working with philanthropy and their partnership with SoCal Grantmakers was instrumental in getting projects underway as quickly as possible.

²⁶ LA County Department of Public Health and Health Agency. (2018). *Strengthening LA's Home Visiting System, A Plan to Improve Child, Family, and Community Well-Being*. http://publichealth.lacounty.gov/mch/reports/Home%20Visiting%20Report%202018_FINAL.pdf

Alignment with Existing Initiatives

The sheer number of programs, initiatives, change strategies funded by government, philanthropic, and civic leaders in LA County can be, in a word, overwhelming. When it comes to the child welfare system, it's hard to even count, much less manage, initiatives and special projects or even to declare that an effort that used to feel urgent has come to a natural end. For DCFS Regional Offices, this means the consistent addition of expectations. For example, when asked to count the number of initiatives in one Regional Office recently, a DCFS administrator's best guess was that there were at least 14 initiatives currently underway, in addition to the regular work of the office. Looking toward more effective management and partnering, DCFS and its partners in the Community Pathway Implementation Work Group sought to align their efforts with related County and philanthropic initiatives, including the Poverty Alleviation Initiative, Antelope Valley Resource Infusion, Welcome Baby, Thriving Families Safer Children, and the Mandated Supporting Initiative. This allowed for information exchange across projects, brought DCFS staff into closer touch with work outside their department, and supported more effective use of resources.

Focus on Systems Change in Real Time

Finally, understanding that several systems change initiatives that would affect resources for children, youth, and families were underway at the same time, the Work Group also kept up with partners who could help them follow local and statewide systems change efforts, including the LA County Prevention and Promotion Systems Governing Committee, changes to the Mental Health Services Act, decreasing funding for First 5 LA, implementation of California Advancing and Innovating Medi-Cal (CalAIM), Children and Youth Behavioral Health Initiative and Community Schools. In parallel with policy and budget changes for other health and human services systems, policy and guidance for county implementation of FFPS was still evolving. At its best, FFPS represents an opportunity for significant change in the current child welfare system, leading to more effective prevention and early intervention for all families regardless of their status with DCFS. Working together to keep up with and help to align decision-making at the state and county level was a priority for the Work Group. For example, several members serve on the Child Welfare Council that advises CDSS on FFPS implementation and/or have leadership roles with its Prevention and Early Intervention (PEI) Committee or with the state FFPS and Community Pathway committees. Others serve on related state-level committees including the Mandated Reporting to Community Supporting Task Force, and still others serve on related county committees including LA's Prevention Advisory Committee, learning sites, training, Continuous Quality Improvement, and fiscal committees.

Challenges

Fragmented Plan for Fiscal Sustainability

While the FFPS Act promises a 50% match for provision of designated EBPs, the details of how State government rolls out guidelines for county implementation, claiming, data collection, and quality improvement are still being determined. State level decisions will determine opportunities and options for counties, including what "payer of last resort" means, possibilities for matching funds, requirements for processing and claiming, and other key issues. For example, the California County Welfare Directors Association (CWDA) and county leaders requested an alternative

claiming system that would allow them to better understand billable units of service and begin to claim at least some of the available Federal funding that California has thus far left on the table. That discussion was complicated by the need to build a new information system: the Child Welfare Services – California Automated Response and Engagement System (CWS-CARES). Initial portions of the system are being developed for introduction in 2026, but, in the meantime, counties are working to develop local services without timely reimbursement or opportunities to anticipate future funding flows. In September 2024, CDSS decided not to pursue an alternative claiming system:

“Because the development of an interim solution creates risks to the timely and successful implementation of the FFPS and CARES programs and would require significant additional time, costs and effort, for a solution that would be available for an indeterminate amount of time before counties would switch to claiming through CARES, CDSS has concluded it is not advisable to move forward with an interim solution.”²⁷

Work to coordinate cross-system prevention work is challenging, but essential to build sustainable programs that support families in their own communities. For example, the Child Welfare Council’s PEI Committee is working to assess how CalAIM benefits could help to support additional services for families (beyond the EBPs highlighted in FFPSA) and similar efforts are happening at the county level.

Family Needs for Concrete Supports

Considerable attention is being paid to service programs with research evidence sufficient to be included in the Title IV-E Prevention Services Clearinghouse, while less attention is being paid to the basic supports that families rank highest on their priority lists, including affordable housing, living wage jobs, and child care.²⁸ The community pathway envisions early access that can help families find the supports and services they need to prevent maltreatment and avoid involvement with DCFS. Initial findings from LA pilot projects launched by LAUSD and CCRC, both of which were designed to connect families with specific services (e.g., home visiting and developmental assessment/services), highlighted the urgent need of many families for basic supports. While services are useful, LA’s community pathway developers also need to be ready to connect these families to basic supports, resources, and economic opportunities.

Collaboration Among Family-Serving Systems

Anyone who has worked in or with state or county government recognizes the standing and durability of the existing system of departmental and service silos, which are based on policy mandates and funding streams and reinforced by differences in perspectives and strengths of various professional disciplines (e.g., medicine, public health, child development, social work, etc.). Working with families and children makes it clear that most families face multiple challenges and may seek help from several service systems either at the same time or over time. With its scale and spread, LA County faces significant challenges in building bridges between systems,

²⁷ CDSS letter to County Welfare Directors Association of California.

²⁸ Casey Family Programs. (2022). *Thriving Families Safer Children, Priorities for Change from Community Visioning Sessions (in Los Angeles County)*. Seattle, WA.

institutions, and the array of community-based resources, opportunities, supports, and services that are already in place in communities across the county. There are a number of factors that make it difficult to sustain the kinds of community-based programs valued by families – those that are accessible, affordable, offered by trusted community entities, and anchored in commitment to racial justice and cultural affirmation. The operational factors that make it difficult to sustain program quality include workforce recruitment and sustainability, time-limited contracts and grants, organizational capacity, and changing priorities. These factors highlight the need for effective collaboration between systems, organizations and communities. No program can do it all; partnership and collaboration are more important than ever.

Inequity in County Contracting

Recognition of inequities in the County’s approach to contracting has drawn attention to many of the problems in the current fragmented system through which County departments currently allocate billions of dollars annually. Child and family services is only a part of the pie, but recent estimates suggest that it is a significant part, possibly accounting for up to \$2-3 billion annually. We also know that departmental contracting practices tend to favor the large established agencies over smaller, more culturally responsive and community-engaged agencies that many families prefer. Discussions between fiscal experts from participating departments have identified potential stumbling blocks for FFPS administration, including barriers inherent in the current contracting payment structure (cost reimbursement versus fee-for-service). Focus on the need to develop fee-for-service structures will be important for FFPS claiming.

Tracking Progress and Impact

Formal program evaluation is planned for some of the pilot projects. In addition, regular reporting on the number of families served and implementation of Evidence Based Programs (EBPs) will be available once the CARES system is underway (currently planned for October 2026). There are, however, additional concerns and questions about implementation, impact on participating families and communities, and on the County’s public-private service system that also deserve attention, including: how to align the capacity of community based supports and services, both formal and informal, with local needs; how families experience different kinds of supports and services; whether we can develop, enhance, and sustain partnerships among County departments, community-based providers, community and tribal leaders, and people with lived expertise; whether families are able to access the services and supports they want and need in their own communities; and how partnerships between county departments, such as DCFS and Probation, and trusted community-based organizations, institutions, and resident groups can be sustained over time. We don’t yet have a plan for ongoing data collection that can answer these and other questions that could inform practice and policy in LA County, but that is a topic that should be squarely on the table between now and 2026 when full implementation begins.

Key Lessons Learned

Effective Collaboration Takes Time

Sometimes you need to “go slow to go fast” slowing down to build relationships and bring key players on board so you can pick up the pace together.

Relationships are Key

When partners share a commitment to listening and learning from each other, front line staff are more likely to take the time needed to engage families and learn about their goals, listening and learning rather than just handing out informational materials. Strengthening the relationships between DCFS Regional Offices and local service providers is important at the administrative level, but relationships are perhaps even more important at the practice level so Children’s Social Workers – and their supervisors and managers – coordinate their work with the work of staff in CBOs and other institutions who can engage families and provide them with longer term help in their own communities.

Committing to and Sustaining a Focus on Racial Equity, Social Justice, and Co-Creation with Community and Tribal Leaders is Extremely Important

Institutional partners must continue to make progress in listening carefully to families, community residents, and people with lived expertise to support those most in need. Building strong Community Pathways also means finding opportunities to support, mentor, and provide resources to the smaller grassroots organizations that families trust.

Resources, Opportunities, and Supports are Essential for Families

They are arguably more important than the traditional services (e.g., counseling, anger management, parenting skills) historically offered by DCFS and other County departments. Integrating access to the EBPs supported through FFPS into a much broader array of concrete supports, economic opportunities, childcare, and family supports that are already in place in communities throughout the county is challenging, but we won’t be successful in supporting families if we don’t listen to and learn from community residents, tribal leaders, and those with lived expertise and if we don’t bring in a broader array of institutional partners that provide basic resources, supports, and economic opportunities for families in communities across Los Angeles County.

Appendix A. Los Angeles County Community Pathway Pilot Tests

Strengthen Capacity of Community Based Organizations

Enhanced Family Navigation (*contract pending*). Enhanced Family Navigation (EFN) in SPA 2 will facilitate equitable access to community-based, culturally relevant services, including referrals to EBPs, as well as other services and supports. The project will track utilization, duration, and outcomes of services for families who may be referred from various sources including community referrals from CBOs, faith-based groups, physicians, schools or walk-ins. It will also track referrals from the DCFS Hotline, Emergency Response Social Workers, inconclusive or unsubstantiated cases with no open DCFS case and CSW aftercare referrals following DCFS case closure.

Developmental Care Coordination. The pilot provides outreach to more than 5,000 families in the Antelope Valley (AV) with children ages birth to 5 years old who participated in the Alternative Payment Program (APP) for subsidized childcare. Families are offered various screenings (developmental/trauma/basic needs) and provided linkages to resources in their community. Care coordination is provided to 2,500 families who completed the initial developmental screening. The project was designed by the Child Care Resource Center as a pilot test on behalf of the Child Care Alliance of LA to test the potential of expanding to all eight Child Care Resource and Referral agencies in LA County.

Media Campaign (*project completed*). The project provided strategic communications support and senior-level counsel focused on CBOs interested in the Family First Prevention Services Act (FFPSA).

Nurturing Families Evaluation (*contract pending*). This will be a quasi-experimental study of the Nurturing Families program using child welfare administrative data to evaluate the impact of Nurturing Families on parenting and child welfare system outcomes. If the studies show positive results, Nurturing Families could be considered for inclusion as an evidence-based program in the Title IV-E Prevention Services Clearinghouse. California and other states could include the program in their state plans and draw down federal funding for a program that is already well established in LA County.

Partnerships with Key Institutions

Legal Services

Preventative Legal Services Website (*contract completed*). The project, designed to prevent involvement in the child welfare system, supported creation of a website that will serve as a hub for information, advice, referrals, and legal resources for anyone in LA County.

Client Engagement Navigators (*contract pending*). The project tests the potential for use of navigators to support families by hiring two Client Engagement Navigation Services (CENS) navigators. The navigators will ensure that critical needs of the DCFS children and families continue to be met to prevent children and youth from entering/re-entering the DCFS system by linking families to substance use support services. One navigator will be located at Dependency

Court to support the Family Dependency Drug Court Program and the other will provide remote support to the DCFS Family Dependency Court Offices.

Early Childhood Education

Long Beach Early Learning Hub (*contract pending*). Supports development of the Long Beach Mayor’s Early Learning Hub (the Hub), a new comprehensive centralized childcare enrollment system designed to streamline processes and increase access to quality childcare for families in Long Beach. Funds will support infrastructure development for the Hub, service coordination (including access to coaching for providers working with at risk families), and navigation support for families accessing childcare and providers seeking resources to improve services.

Schools

Los Angeles Unified School District Community Pathway Referrals. Training and coaching for school social workers in the Trauma and Resiliency informed Early Enrichment (TRiEE) Program (psychiatric social workers) and those in Specialized Student Services (counselors). The project introduced school social workers to the Los Angeles Best Babies Network, trained them to refer pregnant and parenting families with young children to the countywide home visiting system using the eDirectory, introduced them to local home visiting programs staff, and tested community pathway referrals to home visiting and other programs for families with young children enrolled in two key early childhood programs.

Hospitals

Plans of Safe Care. Addresses the impact of substance use/substance use disorders (SUD) on pregnant/parenting people and their substance-affected newborns at risk of or already involved in the child welfare system. This project tests the use of new POSC processes in hospital/healthcare settings by incorporating the processes into hospital workflows and building the capacity for hospitals/healthcare settings to fiscally sustain this work. It creates new resource referral pathways to better support infants and families, reduce the need for DCFS involvement, and connect families to home visiting, substance treatment and other supports.

Align with Existing Initiatives

Poverty Alleviation Initiative. SBCC Thrive serves as intermediary funder for well-being projects created and run by community residents. The project supported 20 one-year grassroots community-led demonstration projects across the county. A community panel comprised of residents in each SPA reviewed applications from grassroots groups to fund projects that integrated participatory budgeting, lifted resident priorities and addressed either a root cause or effect of poverty.

Thriving Families Safer Children. The project tests potential for funding CBOs as intermediary funders for groups of community residents participating in the Thriving Families Safer Children initiative to design and carry out community improvement projects. The five CBOS are: Para Los Ninos, SHIELDS for Families, SBCC Thrive, Chinatown Service Center and Children’s Bureau of Southern California. Funds are managed by the CBOs, but residents develop program budgets, implementation strategies, carry out program responsibilities and evaluate success.

Antelope Valley Resource Infusion. AVRI is a collaborative of community leaders, community-based organizations, faith-based partners, and residents partnering to create and implement strategies to improve the safety and well-being of children and families in the Antelope Valley (AV). Funding supports operational costs of the work and strategy implementation to reduce unsubstantiated referrals for black children to the child welfare system in three key AV neighborhoods that experience significant inequities.

Mandated Supporting Initiative. MSI addresses transformation of LA County's system of mandated reporting to one of mandated supporting, which will provide preventive and promotive supports to families who may be at-risk but do not require a DCFS intervention. The goals include: building processes to enhance child safety and wellbeing, improving capacity to connect families in need to high quality community-based services and supports, and reducing racial disproportionality. The four focus areas are: narrative change, law and policy, training and support, and pathways to prevention.

Homeless Pregnant and Parenting Women. The HOPE project provides street outreach and support for homeless pregnant and parenting women to offer reproductive and perinatal support. The project will test the HOPE model and assess sustainability options including Motivational Interviewing (MI) implementation and CalAIM connections.

Welcome Baby. Welcome Baby is a voluntary, universally provided hospital and home-based program for pregnant and post-partum women led by First 5 LA in collaboration with local hospitals. Services include prenatal and postpartum home visits and a hospital visit at the time of the child's birth. The objectives are to work with families to maximize the health and safety of babies, support the parent-child relationship and facilitate access to additional services as needed. This project tests fidelity monitoring in use of Motivational Interviewing (MI) as part of casework practice by CBOs in the Welcome Baby hospital programs across the county. The project will assess the impact of various approaches to MI fidelity monitoring in order to lay groundwork for implementation, sustainability and subsequent billing

CarePortal. This project (*contract pending*) focuses on implementation and expansion of a CarePortal in LA County to support prevention and early intervention efforts by local child and family-serving agencies, including DCFS.

Referral Infrastructure. The project provides oversight and supports integration of new referral infrastructure needs with existing referral technology and processes.

Enhance Community-Based Services and Supports for Families Involved with DCFS

Community Cultural Broker Program. CCBP provides an opportunity for Black/African American community and faith-based stakeholders to provide peer support that addresses systemic inequities for Black/African American children and families that interface with the child welfare system. CCBs assist families in navigating the child welfare system by connecting them to localized and culturally relevant resources. Additionally, the services of American Institutes for Research (AIR) support program evaluation of the CCBP, retain consultants from DDG Training to facilitate the DCFSCCBP training, and support countywide implementation.

Preventing Homelessness Among Expectant and Parenting Youth Exiting DCFS Care. The pilot creates a Problem-Solving Fund that offers critical financial resources to support housing stability and prevent homelessness among EPY exiting DCFS and Probation programs across Los Angeles County. Requested funds can be used for security deposit, rental assistance, utility assistance, furniture/household supplies, education/job-readiness support, and childcare.

Mentorship Demonstration Project (*project completed*). Adults with lived experience in the child welfare system serve as mentors for current foster youth in the DCFS Wilbur House Shelter. Funding provided compensation for mentors who conducted site visits and activities, designed curriculum and training, and developed an effective mentor model.

Transition Aged Youth (TAY) Guaranteed Income Program. Provides 200 LA County TAY with \$1000 per month for two years.

Safe Families for Children. The program was designed to provide safe voluntary placement in times of need with a volunteer host family, allowing parents time and space to deal with issues and address the challenges that brought them to the program. It provides parents in need (determined by parents themselves or at the recommendation of a case worker) a sanctuary where they can safely place their children in times of crisis with “neighbors or family friends” to help them re-establish stable conditions at home.

Expansion of state approved Home Visiting and Mental Health EBPs. Supports to expand referrals to Home Visiting (NFP, HFA and PAT) and Mental Health EBPs (MST, FFT, PCIT) in the DCFS Learning Sites SPAs 2 (San Fernando and Santa Clarita Valleys) & 6 (South Los Angeles).

MI Training for DCFS Learning Sites. Provides FFPSA implementation support for DCFS learning sites in SPAs 2 and 6 to implement Motivational Interviewing (MI). Includes support for training and coaching, as well as coding to document implementation of model fidelity and continuous quality improvement as part of FFPSA implementation.

Specialized Treatment for Optimized Programming (STOP). Infusion of funds to DCFS STOP program which provides financial support to families to prevent entry or re-entry into the child welfare system. STOP funded services/activities are limited to a maximum of \$4,999 per family and are reserved and limited to children and families that do not qualify or are not receiving assistance from other programs.

Motivational Interviewing (MI) Training. Supports training for CBOs funded through the Prevention and Aftercare (P&A) Networks, and/or Partnership for Families (PFF) programs programs. MI training for P&A and PFF staff will lay groundwork for MI implementation in alignment with DCFS offices. The project also includes training for staff of Family Resource Centers operated by participating P&A networks.

Developing and Piloting FFPSA Processes. Supports development and pilot testing of FFPSA screening/billing processes as well as integration into the countywide home visiting system, including the HFA, PAT, NFP home visiting providers.

Appendix B. LA County’s Initial Implementation Governance Structure

As illustrated below, LA County has developed a multifaceted implementation structure that reports to the DCFS Executive Team. The Community Pathway Implementation Work Group meets regularly to discuss ideas, review findings and guide development of LA County’s Community Pathway. The group also hears updates on developments in programming of participating departments, state-level decision making and participation of philanthropic partners. Over 100 participants attend periodically depending on their interests and availability. Participants include representatives from philanthropy, CBO partners, institutional partners (e.g., LAUSD, CCRC, LABBN), First 5 LA, lived expertise and County departments/offices (i.e., DCFS, DMH, DPH, CEO, Center for Strategic Partnerships, Office of Child Protection, Poverty Alleviation Initiative, Commission for Children and Families).

