

Los Angeles County
Blue Ribbon Commission

Improving the safety and outcomes for Foster Children
The HUB Concept

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Recommendations:

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The Original HUB Mandate

- ▶ “In a **partnership** between DCFS, DMH and DHS promote the safety, health and well-being of children who are at risk for or who are in out-of-home placements.”

The Original HUB Mandate

The Partnership would work as a team to:

- ▶ Provide the best assessments including forensic, medical and mental health 24/7 to any child detained or at risk for detention.
- ▶ Provide re-evaluation of children who have placements that failed or who have been in group homes for >6 months.
- ▶ Provide a medical home for children in foster care
- ▶ Provide health, mental health and forensics for children at the time of family preservation or reunification.
- ▶ Integrate parenting with health and mental health services for children at the time of reunification.
- ▶ Built on the foundation of a public-private partnership that would bring the best of both to find a solution to violence against children and families.

The HUB: What Works

- ▶ Access to
 - 24/7
 - Forensics
 - Initial medicals
- ▶ Social workers on site
- ▶ EMR/EmHUB
- ▶ CWC (Children's Welcome Center)
- ▶ VIP/ESGV: Additional services
 - Mental Health
 - Medical home including urgent care
 - Public Private Partnership (food, housing etc)
 - Case coordination.
 - 24/7 walk-in capacity
 - Legal advocacy

The HUB's: What does not work

- ▶ Inadequate or inefficient service delivery
 - ▶ Delayed access at some HUB's.
 - ▶ Inconsistent procedures and protocols
 - ▶ No unified team leadership
 - ▶ Disorganized space/services
 - ▶ No mental health and care coordination
 - ▶ Lack of follow up or Prevention
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Short Term Goals: Recommendation # 1

- ▶ Establish the “HUB’s” as the regional anchor of multi-departmental services
 - ▶ Assess and build **capacity**;
 - ▶ Standardize **protocols** that require **every child** reported for abuse to be evaluated at HUB prior to or at the time of detention*
 - ▶ Provide every detained child needs a **medical/mental health screen at time of detention.**
 - ▶ Every child should be screened for **Fetal Alcohol Spectrum Disorder.**
 - ▶ **Improve efficiency** through use of team model; appropriate administrative leadership and use of existing resources from all departments.

** Reports by reputable reporters (schools, MD’s, therapists etc) or victim need to be assessed by MDT immediately.*

Short Term Goals: Recommendation # 2

- ▶ Establish the “HUB’s” as the regional anchor of early **identification/prevention services.**
 - Coordinate early identification with all county departments and children’s court.
 - Integrate **public health nurse** visits with initial visits by DCFS to all children 0–5.
 - Create plan to expand capacity of all HUB’s to include **medical/mental health home** for at risk children as well as foster children.
 - Begin development of **Family Resource Centers** for the assessments of both the child’s and the family strengths.
 - Goal: Keep children out of foster care whenever safe.

Short Term Goals: Recommendation # 3

- **Complete** the Youth Welcome Center (YWC) with full integration of DCFS emergency response staff into both CWC and YWC.
- Identify **temporary Family Resource Centers** to provide support to both CWC and YWC and to assess the child's unique needs as well as the family strengths.
- Recommend that all failed placements as well as Group Home "over-stays" be **reassessed by HUB** staff.

Short Term Goals:

Recommendation # 4

- ▶ **Enhance Communication:**
- ▶ Multidisciplinary Teams need direct links between HUB's, DCFS and DMH to make access easy and pertinent to each and every child.
 - Enhance capacity of **EmHUB to link** all HUB's assessments and recommendations for every child.
 - Make EmHUB easy for DCFS works to use as **urgent referral tool**.
 - Include links to **Mental Health providers** for continuum of care.
- ▶ **EmHUB should be linked to DHS electronic medical record.**
- ▶ **Call-in lines** to care coordinators for DCFS, Foster parents, group homes, family placements and parents.
- ▶ Caretakers need to be provided with **preset appointments** and care plans at the time of placement

Long Term Goals

Recommendation # 1

- ▶ HUB's as medical home and early prevention anchor
 - Complete the development of the Hub as a **medical home for children in foster care as well as for those** who can be safely maintained within home environment.
 - Initial Interventions
 - Post-detention and
 - Family re-unification
 - Build interdepartmental response to include **medical/mental health/social services**
 - **Integrate** home-based service model that provides the support needed to keep/ or return children home;
 - Link with Community Based services and organizations

Long Term Goals

Recommendation # 2

- ▶ Create “Family Assessment and Resource Center”
 - to provide a brief assessment program to identify family and child strengths.
 - Can be used to identify **best placement options** for each child.
 - “Family Centers” can also **effectively decompress CWC and YWC** Include family and child in placement decisions; provide accurate and thorough diagnosis and improve communication with family.
- ▶ **Decrease need for foster care.**

The Hubs: Changes needed.

- ▶ **Fully Implement the HUB concept.**
 - Assess all HUBs for capacity etc.
 - Build to capacity to accommodate all DCFS etc referrals.
 - Identify product and process and realign staff appropriately.
 - Assess space needs
 - Implement consistent procedures/protocols
 - Care coordination for all HUBS's
 - Implement medical follow-up clinics at each HUB.
 - Progress towards complete medical home.
 - Fully Staff each HUB.

The Hubs: Changes needed.

▶ **Expand on the HUB Model**

- Complete the Children's Welcome Center and Youth Welcome Center Models.
- **Build Medical Home (Intervention/Prevention model)**
- Build Family Assessment Centers
- Integrate mental health into all HUB's.
- Call in lines for foster parents and group homes
- Guaranteed complete assessments of children and families
- Build teen clinics for teen moms, pregnant teens etc.

▶ **Build HUB teams internally and HUB leadership across all County departments**

Expanding Services/Ongoing Goals Recommendations

- ▶ Children's Welcome Center (done)
- ▶ Youth Welcome Center (pending)
- ▶ "Family Assessment and Resource Center"
 - Multidisciplinary support services for children and families linked to HUB's and managed by Care coordinators
 - Link family to community providers who have direct communication with HUB's
- ▶ Improve capacity and access at all HUB's
- ▶ Integrate mental health services into all HUB's
- ▶ Medical Home model at all HUBs
- ▶ Build public/private partnerships 501C3's at all HUBs with community board to provide and support essentials such as:
 - Transportation, food, housing, clothing, education legal aide, jobs and literacy.

Changing Priorities

- ▶ Create a centralized leadership responsible for bringing all the departments together.
 - ▶ Commitment by County legal services to guarantee access to services for all children.
 - ▶ Continue the non-silo approach to service delivery established by this commission.
 - ▶ Make children a priority through supporting staff that provides services.
 - ▶ Require outcome studies by foster family agencies and group homes and DMH providers.
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