



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

June 10, 2014

To: Supervisor Don Knabe, Chairman  
Supervisor Gloria Molina  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Michael D. Antonovich

From: William T Fujioka  
Chief Executive Officer

## REVIEW OF BLUE RIBBON COMMISSION'S FINAL REPORT

On April 22, 2014, the Board of Supervisors approved a motion introduced by Supervisor Don Knabe and Supervisor Zev Yaroslavsky, with an amendment by Supervisor Mark Ridley-Thomas, to direct the Chief Executive Officer (CEO), in consultation with the Director of Children and Family Services (DCFS) and County Counsel to review the April 2014 Blue Ribbon Commission on Child Protection (BRCCP) report and recommendations, and provide the Board with a fiscal and legal analysis.

On April 18, 2014, the CEO issued a report on the feasibility and cost associated with the BRCCP interim report recommendations that focused on: 1) Accountability; and 2) Law Enforcement and Health Services. Building on the work previously performed, in response to the April 22, 2014 Board motion, the CEO worked with staff from DCFS, County Counsel, and related departments to assess each of recommendations in the final report.

The BRCCP report had a total of 55 recommendations within eight broad categories. To respond to your Board motion and to accurately conduct a feasibility analysis of all the recommendations, we structured the report to address the eight major recommendations. The Executive Summary has been structured to provide a framework that will enable the Board to have an informed discussion. To that end, we have organized the recommendations into three categories:

*"To Enrich Lives Through Effective And Caring Service"*

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1. **Infrastructure and/or Organization** (Recommendations 1, 2 and 8) – These recommendations propose changes to the County infrastructure or will require changes in organizational responsibilities. Within these recommendations, the BRCCP proposes that your Board, establish: 1) Joint strategic planning process that would result in a countywide mission to prioritize and improve child safety; 2) A single entity to oversee one unified child protection system; and 3) An oversight team to ensure the implementation of all the BRCCP recommendations.
2. **Program or Policy** (Recommendations 4, 5, 6, 7B, 7C, 7E-G) – These eight recommendations propose the development of new initiatives and/or redefine existing programs. Los Angeles County is a very complex organization and it would be impossible for an external entity to be fully aware of all the programs and/or initiatives currently underway. Therefore, to the extent possible, we highlighted existing initiatives that have either been completed or are in progress, which may address some of the BRCCP recommendations. For those recommendations where we have identified some implementation complexity, we have proposed the development of a pilot. The departments would be required to develop a plan for the pilot with clear goals and objectives, measurable objectives, policy changes, union discussion or job changes required along with the associated cost of implementation. The overall goal would be that if the pilot proves successful, then the County would implement the programs and/or initiatives countywide.
3. **Data and/or Technology** (Recommendations 3, 7A, and 7D) – Three BRCCP recommendations focus on defining measures of success as well as improving access, management, and reporting of data to drive decision making for the child welfare system. To accomplish system-wide improvement, your Board can instruct the CEO to establish a Child Welfare Data Management System and provide quarterly updates on the Child Welfare Strategic Plan.

If you have any questions, or need additional information please contact Antonia Jiménez at [ajimenez@ceo.lacounty.gov](mailto:ajimenez@ceo.lacounty.gov), or at (213) 974-7365.

WTF:AJ

VD:ljp

- c: Executive Office, Board of Supervisors
- Children and Family Services
- County Counsel
- District Attorney
- Health Services
- Mental Health
- Probation
- Public Health

Attachment (1)

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## Executive Summary

In response to the April 18 motion, the Chief Executive Office (CEO), Department of Children and Family Services (DCFS), and County Counsel (CoCo) reviewed the final report issued by the Blue Ribbon Commission on Child Protection (BRCCP) to determine the feasibility and the cost associated with the implementation of the recommendations. The BRCCP report had a total of 55 recommendations within eight broad categories. To respond to your Board motion and to accurately conduct a feasibility of all the recommendations, we structured the report to address the eight major recommendations.

We focused our report on what the Board would need to do in order to implement the recommendations, highlighted any legal challenges and any associated costs. If we identified areas where there were significant implementation complexities, we proposed that a small short-term pilot be conducted in order to determine the true feasibility of a county-wide implementation. The departments would be required to develop a plan for the pilot with clear goals, measurable objectives, policy changes, union discussion or job changes required along with the associated cost of implementation. The overall goal would be that if the pilot proves successful, then the County would implement the programs and/or initiatives countywide. Finally, since Los Angeles County is a very complex organization and it would be impossible for an external entity to be fully aware of all the programs and/or initiatives currently underway; we have to the extent possible highlighted existing initiatives that have either been completed or are in progress which may address some of the BRCCP recommendations.

The main portion of the report responds to each of the eight broad recommendations as highlighted in the BRCCP report. However, the Executive Summary provides a framework that your Board could use to have an informed discussion. To that end, we have organized the recommendations into three categories: 1) Infrastructure and/or Organizational changes; 2) Program and/or Policy changes; and 3) Data and/or Technology.

1. **Infrastructure and/or Organization (Recommendations 1, 2 and 8)** – These recommendations propose changes to the County infrastructure or will require changes in organizational responsibilities. Within these recommendations, the BRCCP proposes that your Board, establish:

BRCCP Recommendations	
1.	A Joint Strategic Planning Process that would result in a countywide mission to prioritize and improve child safety.
2.	A Single Entity to oversee one unified child protection system
8.	An oversight team to ensure the implementation of all the BRCCP recommendations.

2. **Program or Policy (Recommendations 4, 6, 7B, 7C, 7E-G)** – These recommendations propose the development of new initiatives and/or redefines existing programs.

BRCCP Recommendations	
3.	<b>Establish ICAN as an Independent Entity</b>
4.	<b>Implement the Commission’s Interim Report Recommendations</b>
4.1	<i>Fully implement ESCARS</i>
4.2	<i>Medical Hubs</i>
	<ul style="list-style-type: none"> <li>– Medically screen all children, under age one, whose cases are being investigated and all children entering placement</li> <li>– Children placed in out of home care or served by DCFS in their homes should have ongoing health care provided by physicians at Medical Hubs</li> </ul>
4.3	<i>Pair a Public Health Nurse (PHN) with DCFS Social Worker, when conducting Child Abuse or Neglect investigations for all children under age one.</i>
4.4	<i>Consolidate the Public Health Nurses under one County department (Not included in BRCCP report but recommended by DCFS).</i>
5.	<b>Resolve Case Management Crisis.</b> Continue oversight of DCFS’ strategic plan by adding a requirement for regular reporting of specific safety related outcomes. Establish specific benchmarks for improvement in measures identified.
6.	<b>Recommendations to Address Out-of-Home Care</b>
6.1	<i>Kinship Care</i>
	<ul style="list-style-type: none"> <li>– Funding should be determined by the needs of the child, not whether placement is with a relative or a foster family.</li> <li>– Conduct a review of the current mix of county licensing and supports for foster homes and approval and supports for kin.</li> </ul>
6.2	<i>Recruitment of Non-Relative Foster Homes</i>
	<ul style="list-style-type: none"> <li>– Conduct an independent analysis of non-relative foster family recruitment efforts</li> <li>– Develop a computerized, real time system to identify available and appropriate placements based on the specific needs of the child.</li> <li>– DCFS to involve foster youth in the rating and assessment of foster homes.</li> </ul>
7.	<b>Recommendations to Support Countywide System</b>
7.b	<i>Comprehensive Prevention</i>
	<ul style="list-style-type: none"> <li>– Develop a comprehensive prevention plan to reduce child abuse and neglect.</li> </ul>
7.c	<i>Training and Workforce</i>
	<ul style="list-style-type: none"> <li>– Develop a cross-training model with an interdisciplinary approach.</li> <li>– Create an innovative, open, and adaptive training process for social workers.</li> </ul>
7.e	<i>Transparency and Relationship with Providers and Community</i>
	<ul style="list-style-type: none"> <li>– Greater disclosure, clarify, and inclusion of community engagement.</li> </ul>
7.f	<i>Education</i>
	<ul style="list-style-type: none"> <li>– Establish mechanisms for cross-system education-related coordination.</li> <li>– Increase access to early intervention services for foster children and children at high risk of abuse and neglect.</li> <li>– Ensure school stability and child safety is improved through expansion of the Gloria Molina Foster Youth Education Program.</li> </ul>
7.g	<i>Mental Health</i>
	<ul style="list-style-type: none"> <li>– Mandate non-pharmacological interventions as best practice wherever feasible.</li> <li>– Incorporate trauma-focused assessment &amp; treatment for teens/transitioning youth.</li> <li>– Ensure children age five and under in the child welfare system have access to age appropriate mental health services.</li> </ul>

3. **Data and/or Technology (Recommendations 3, 5, 7A, and 7D)** – Three BRCCP recommendations focus on defining measures of success as well as improving access, management, and reporting of data to drive decision making for the child welfare system.

BRCCP Recommendations

3. **Recommendation to Define Measures of Success and Oversee the Reform Process**  
Adopt clear outcome measures and ensure accountability by regular assessment of whether goals are being attained. Assessments should measure outcomes.

7. *7.a Improve Safety*

- Implement the process used by Eckerd in Hillsborough County, Florida to achieve remarkable safety results.

*7.d Technology and Data Sharing*

- Develop a clear, multi-system data linkage and sharing plan that would operate as a single, coordinated system.
- Create a Countywide confidentiality policy regarding a child’s records and court proceedings to allow sharing of information and increase transparency of the system.

**I. Articulate a Countywide Mission to Prioritize and Improve Child Safety**

*The Board should mandate that child safety is a top priority. It should articulate a child-centered, family focuses, County-wide Mission and call for:*

1. All relevant County entities to work together with the Community.
2. Joint Strategic Planning and blended funding streams
3. Data Driven Program and Evaluations
4. A comprehensive service delivery system, including prevention programs that stop child maltreatments before it starts; and
5. An annual overview of the state of the field of child welfare, presented to the Board by external consultants and experts.

**JOINT STRATEGIC PLANNING PROCESS**

The County could create an interdepartmental team which may be named the LA County Child Welfare Council (LACWC), comprised of all relevant departments such as:

Children Services	Health Services	Other Depts.
<ul style="list-style-type: none"> <li>▪ Children &amp; Family Services</li> <li>▪ Public Social Services</li> <li>▪ Probation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public Health</li> <li>▪ Health Services</li> <li>▪ Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chief Executive Office</li> </ul>

**Membership**

The membership will be comprised of Department Heads and/or Chief Deputies. The Committee representative will have the authority to make management decisions on behalf of the department. These individuals will be held accountable for ensuring the strategic plan initiatives are implemented as designed and according to the timeframe highlighted in the plan. The Committee can establish workgroups on specific initiatives and each workgroup should have an Executive Sponsor who will provide oversight and ensure the overall goals and objectives are met. The LACWC should invite specific departments such as Sheriff, County Counsel, District Attorney, and Auditor-Controller to participate and provide input on specific initiatives.

**Roles and Responsibilities**

1. **Development of the County-wide Strategic Plan** – The BRCCP calls for the development of two countywide Strategic Plans. One, which is **Child Centered and Family Focused** and the second plan on **Child Maltreatment Prevention**. The LACWC could create one Countywide Strategic Plan that not only addresses the needs of services to families and children who are in our system; but also incorporates prevention efforts that would enable families to get the services and supports needed so that they will not need to enter our child welfare system.

Once the Countywide Strategic plan is drafted, it is important that the LACWC obtain feedback and input from a myriad of social services, health, and child welfare stakeholders, such as the Presiding Juvenile Justice Judge, First 5 LA, provider organizations, parental organizations, foster youth, etc.

In addition to the development of the Countywide Strategic Plan, the LACWC will need to ensure the:

- **Implementation of the County-wide Strategic Plan** – Since the membership of the LACWC is comprised of all relevant department heads and/or key executives, it is critical that they be held accountable for the implementation of the county-wide strategic plan. To effectively track the progress of implementation, they will need to develop a project management process whereby on a monthly basis they are provided with a status on the implementation of strategic objectives. The LACWC would address any implementation challenges that may arise between departments and serve as the clearing house for any new County initiatives launched, to avoid duplication of efforts.
  - **Development of Annual Goals and Objectives** – While it is important to create a strategic plan, it usually takes a long time to implement the strategies outlined within the plan. The LACWC could establish annual goals and objectives that can be used to track overall progress.
  - **Develop Funding Recommendations** – The above mentioned goals and objectives should be used to provide funding recommendations to your Board. In addition, the LACWC should identify ways to leverage existing countywide funding.
  - **Establish Key Performance Indicators (KPI)** that can be used to evaluate which programs and/or initiatives are yielding the intended results and which need to be restructured and/or eliminated. More importantly, it will inform the County executives on whether the child welfare system as a whole is improving. If these key performance indicators are appropriately established and clearly tracked, the County will be able to determine whether children and families, in or out of our child welfare system, are receiving the appropriate supports and services.
2. **Development of a Countywide Data Management System** – An important component to monitoring KPIs is having timely and accurate data available. In response to recommendation No. 3, we propose the creation of the Child Welfare Data Management System. This Committee should oversee the development and implementation of this system.
  3. **Reporting** - On a quarterly basis, the LACWC will develop a report, to be discussed with the Board that provides a status update on the implementation of the strategic plan along with selected performance indicators that accurately indicates how well the County is performing. Initially the LACWC will need to establish baseline measures and clear goals in order to determine areas where the County has improved and areas that still need attention. To effectively manage data and performance outcomes, the County will need to develop a Data Management System that provides the department with relevant and timely information.
  4. **Community Participation (Advisory)** - It is imperative to obtain stakeholder feedback on the implementation of many of these initiatives. To that end, the County could establish an **Advisory Committee** of child welfare experts that can provide advice on specific recommendations and/or initiatives. The Advisory Committee can also monitor the County's overall progress towards the implementation of the Board approved BRCCP recommendations. The Advisory Committee should be comprised of no more than 5 to 7



individuals and can include individuals such as the Presiding Juvenile Justice Judge, LA Care, Association of Community Human Service Agencies (ACHSA), University Consortium for Children and Families (UCCF), California Endowment, First 5 LA, Casey Foundation, and representatives from the California Department of Social Services or Health Services. The LACWC and Advisory Committee could meet quarterly and be responsible for providing status updates on the implementation of the various initiatives.

5. **Independent Evaluation** – Every two years, the LACWC and Advisory committee could bring in experts to evaluate various components of the child welfare system. This will ensure that the Board has an independent review of how well the Strategic Plan is being implemented and can evaluate the effectiveness of the programs.

The Chief Executive Office could provide the leadership required to oversee and coordinate both the LACWC and Advisory Committee.

#### **ACTION ITEMS FOR ARTICULATING A COUNTYWIDE MISSION TO PRIORITIZE AND IMPROVE CHILD SAFETY**

1. Establish the interdepartmental Los Angeles Child Welfare Council (LACWC) responsible for establishing a Child Centered and Family Focus Strategic Plan.
2. Establish an Advisory Team responsible for providing expert advice to the LACWC and oversee the implementation of the Countywide Strategic Plan.

## II. Establish an Entity to Oversee One Unified Child Protection System

*The Board should establish an entity, which could be called the Los Angeles County Office of Child Protection (OCP), with County-wide authority to coordinate, plan, and implement one unified child protection system. The director of the entity would report directly to the Board and be held accountable for achieving agreed upon outcomes. The director must be vested with overall responsibility for child protection in the County, and in part should:*

1. Oversee a Joint Strategic Planning Process. In close collaboration with all relevant department heads and community stakeholders, the director must lead a process to create a comprehensive, child-centered strategic plan that is data driven, informed by best practices, connects all welfare services in the County, and articulates measurable goals and time frames.
2. Have clear oversight and authority over financial and staffing resources from all relevant departments, as delegated by the Board.
3. With regard to all resources related to child welfare, institute an annual County-wide budget review process which examines all proposed, present and past resource allocations and aligns them with the goals of the County-wide strategic plan. The director also should coordinate relevant funding streams from various departments, explore strategic uses of Title IV-E and other flexible funding sources, and allocate funding based on a shared County child welfare mission, strategic plan, annual goals and measurable outcomes.
4. Review existing County commissions and all recommendations related to the protection of children. Oversee implementation of appropriate proposals, as well as the streamlining of existing commissions.
5. Establish and evaluate measurable outcomes as part of the annual planning and budget allocation process. Such a system would facilitate constant improvement, generalizing successful pilot programs to the whole system and discontinuing unsatisfactory practices.
6. Oversee County-wide prevention efforts.

### JOINT STRATEGIC PLANNING PROCESS

In response to recommendation one “Articulate a Countywide Mission to Prioritize and Improve Child Safety”, we proposed the creation of the LA County Child Welfare Council (LACWC). If your Board creates the Office of Child Protection, the Director could serve as the Chair and provide leadership and direction.

### OFFICE OF CHILD PROTECTION

This section is based upon an analysis from the Office of the County Counsel. If your Board wanted to create the Office of Child Protection with County-wide authority to coordinate, plan and implement one unified protection system, at a minimum, your Board would need to enact new County ordinances which create the new Office of Child Protection and set forth its powers and duties.<sup>1</sup> Since the Office of Child Protection would need to have County-wide authority to coordinate, plan and implement one unified child protection system, it would appear to be a County department, as opposed to an advisory body.

In addition to new ordinances that create the Office of Child Protection, existing County ordinances would need to be amended to locate the Office of Child Protection at the recommended position within the County governance structure and make its director report directly to the Board of Supervisors. To the extent the Board might want existing departments to report to the Office of Child Protection that would also require alterations to County ordinances.

<sup>1</sup> Los Angeles County Charter, Article III, Section 11(4) states that it shall be the duty of the Board of Supervisors to provide, by ordinance, for the creation of offices other than those required by the constitution and laws of the State, and for the appointment of persons to fill the same, and to fix their compensation.

The BRCCP recommended that the Office of Child Protection have authority to coordinate, plan and implement one unified child protection system and that its director have clear oversight and authority over financial and staffing resources from all relevant county departments. The BRCCP also noted that DCFS is not and cannot be viewed as solely responsible for all aspects of child protection but that the County's safety net should involve many other departments including the Department of Public Health, Mental Health, Health Services, Public Social Services and Probation. To the extent the Board may want to transfer responsibilities from departments to a newly created Office of Child Protection, after identifying which responsibilities the Board might want to transfer, an analysis would need to be done to determine whether existing law would permit those duties to be transferred or whether legislative change would be required. The departments of Children and Family Services, Public Health, Mental Health, Public Social Services and Probation discharge duties under State law and are typically subject to varying degrees of State oversight, all of which would need to be carefully evaluated in light of any duties the Board would like to reallocate.

The Los Angeles County Code currently provides that the Director of the Department of Children and Family Services appoints all employees of that department.<sup>2</sup> If the Board of Supervisors wants to create the Office of Child Protection and give it the authority to *recommend* to the Director of the Department of Children and Family Services the number of staff and the different positions that the department should have, it could do so. Ordinances, civil service rules and memoranda of understanding would need to be reviewed and likely amended to reflect the new arrangement, staffing levels, etc. Under such an arrangement, the Director of the Department of Children and Family Services would remain the appointing authority of Department of Children and Family Services employees and would continue to make personnel decisions. Under such a scenario, the Office of Child Protection would make recommendations, but the Director of the Department of Children and Family Services, as the appointing authority, would ultimately decide whether to adopt those recommendations or not.

If such an arrangement does not give the Office of Child Protection the clear oversight and authority over staffing resources envisioned by the Board of Supervisors, an alternative approach would be to *transfer* positions from the Department of Children and Family Services to the Office of Child Protection and make the Director of the Office of Child Protection the appointing authority over those employees. For the Office of Child Protection to have that level of authority over staffing and employment issues, the County Code would need to be amended so that appointment of some or all employees is moved from the Director of the Department of Children and Family services to the Office of Child Protection. Other ordinances, civil service rules and memoranda of understanding would need to be reviewed and modified to effectuate such a change. In the event some employees failed to find a position within the Office of Child Protection, or were sufficiently displeased with the position they acquired, litigation could conceivably arise.

Currently, it is the Director of the Department of Children and Family Services who directs the administration of children's protective services, including investigation of allegations of child abuse and neglect and protection of children remaining in their own home, etc.<sup>3</sup> For the Office of Child Protection to have authority to implement, rather than be an advisory body, one unified

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<sup>2</sup> Los Angeles County Code 2.38.020.

<sup>3</sup> Los Angeles County Code 2.38.040(b).

child protection system, it would appear to necessitate moving those functions from the Director of the Department of Children and Family Services to the Office of Child Protection.

Existing State law requires a "county director" to be appointed by the board of supervisors or other agency designated by county charter.<sup>4</sup> That "county director" shall have "full charge" of the county department and responsibility for administering and enforcing the provisions of the Welfare and Institutions Code pertaining to public social services under the regulations of the Department of Social Services and the State Department of Health Services.<sup>5</sup> The County director must serve as the executive and administrative officer of the county department, establish administrative units as the director may deem necessary or desirable for the proper and efficient administration of the county department, and employ such personnel as may be authorized, subject to applicable standards.<sup>6</sup> The county director must perform such other duties as may be prescribed by law.<sup>7</sup> The "county director" is required to abide by all lawful directives of the State Department of Social Services and the State Department of Health Services transmitted through the board of supervisors.<sup>8</sup> Therefore, transferring responsibility for the performance of legally required child welfare activities, formation of administrative units, staffing and employment issues, etc., away from the Director of the Department of Children and Family Services and to the Office of Child Protection would seem to necessitate the head of the Office of Child Protection becoming the "county director" for purposes of the County's child welfare program. Therefore, a change in existing law may be necessary if the County wanted to divide the responsibility of the director between the DCFS director and the OCP director.

Taking the Department of Health Services as an example, the Los Angeles County Code grants the director the sole authority to act in all matters concerning the Department of Health Services; thus, a transfer of authority over children's medical care would require a revision of the County ordinance.<sup>9</sup> However, State regulations, as well as Medicare's conditions of participation which govern the ability of County hospitals to receive Medicare and Medicaid funds, require a single administrator over all hospital operations, and State law requires a single governing body with ultimate responsibility for hospital operations.<sup>10</sup> Thus, a change in existing law would be required if the County wanted to divide responsibility for children's services in the hospital inpatient and outpatient departments from responsibility for adults.

With regard to the Department of Mental Health, existing State law authorizes the county board of supervisors to establish a "community mental health service" to cover the entire area of the county.<sup>11</sup> State law further requires that each community mental health service have a mental health board and it specifies its duties.<sup>12</sup> It also requires that local mental services be administered by a local mental health director and specifies the powers and duties of the mental health director.<sup>13</sup> The duties of the mental health director include: serving as the chief executive officer of the community mental health service; exercising general supervision over mental health services; and recommending to the governing body, after consultation with the advisory board,

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<sup>4</sup> Welf. & Inst. Code 10801.

<sup>5</sup> Welf. & Inst. Code 10802. For purposes of Division 9 of the Welfare and Institutions Code, which contains section 10802, "Department" means the State Department of Social Services, as defined in Welfare and Institutions Code section 10054.

<sup>6</sup> Welf. & Inst. Code 10803.

<sup>7</sup> Welf. & Inst. Code 10803.

<sup>8</sup> Welf. & Inst. Code 10802.

<sup>9</sup> Los Angeles County Code 2.76.540.

<sup>10</sup> See 22 Cal. Code Regs. Sect. 70701 and 42 C.F.R. 482.12.

<sup>11</sup> Welf. & Inst. Code 5602.

<sup>12</sup> Welf. & Inst. Code 5604.2.

<sup>13</sup> Welf. & Inst. Code 5608.

the provision of services, establishment of facilities, contracting for services or facilities and other matters as necessary or desirable to achieve the purpose of the community mental health services.<sup>14</sup> Chapter 28.7 of the Los Angeles County Code provides that the Department of Mental Health shall be under the direction of the director of mental health and shall administer all mental health services by the County.<sup>15</sup> To reallocate child-related mental health services to the Office of Child Protection would necessitate a change in existing law insofar as the reallocation would result in the director of the Department of Mental Health not exercising general supervision over mental health services, but rather supervising only that portion related to adults.

While the Office of Child Protection could be invested with the authority to make budgetary recommendations to the Board of Supervisors, giving it authority over financial resources, as recommended by the BRCCP, could necessitate a change in existing law. For example, it is difficult to see how the director of mental health would have general supervision over mental health services, as required under existing law, if the director did not have authority over financial resources relating to mental health services.

These examples are intended to illustrate how, in certain instances, State law may need to change in order for some child-related services to be reallocated from some County departments to an Office of Child Protection, but this is not intended to be an exhaustive list of all such laws. So, creating an Office of Child Protection would involve identifying what aspects of child protection, in the broad sense, the Board of Supervisors would want to reallocate and then analyzing the extent to which existing law may need to be changed to support that reallocation.

To the extent the duties of these various County departments could be redistributed, ordinances, civil service rules, and memoranda of understanding would need to be amended to reallocate those duties. Such a reallocation could impact which County director satisfies certain duties under existing law, for example, whether the Director of the Office of Child Protection or the Director of DCFS is the "county director" for purposes of the County's child welfare program.

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<sup>14</sup> Welf. & Inst. Code 5608.

<sup>15</sup> Los Angeles County Code 2.87.010.

**REVIEW OF EXISTING COMMISSIONS**

The BRCCP provided the CEO with a list of 23 County commissions, who they believed were primarily focused on child welfare. They proposed that the Board consider streamlining these Commissions. Upon review, there are only five County commissions whose primary responsibilities are child welfare as the other commissions have a different scope and purpose. Below please find a list of the commissions that the BRCCP suggests that the County streamline. We have categorized those commissions with the focus areas: child welfare, health, social services, and other.

**Table A: Commissions with Child Welfare Focus**

County Commission	Goal
1. Audit Committee	<ul style="list-style-type: none"> <li>▪ Oversees the follow-up and implementation of audit recommendations, assists in mediating disputes relating to audit findings and recommendations.</li> <li>▪ Suggests areas/departments for Grand Jury, and reviews/takes action on the County's response to the Final Report of the Grand Jury.</li> </ul>
2. Commission for Children and Families	<ul style="list-style-type: none"> <li>▪ Monitors and reviews programs and services to children and families at risk to ensure a comprehensive, coordinated, and well-integrated County/community service delivery system.</li> <li>▪ Receives input from community groups and presentations from line departments, creates and distributes bi-annual reports, and makes recommendations about child-related legislation and improvements to department heads and the Board.</li> </ul>
3. Inter-Agency Council on Child Abuse and Neglect	<ul style="list-style-type: none"> <li>▪ Improves the lives of abused, neglected and at-risk children through multidisciplinary efforts that support the identification, prevention and treatment of child abuse and neglect.</li> <li>▪ Provides advocacy and leadership for improved policy development, provision of services, public awareness, education and training. Child Death Review Team.</li> </ul>
4. Policy Roundtable for Child Care	<ul style="list-style-type: none"> <li>▪ Serves as the official County body on matters relating to strengthening the child care system and infrastructure in the County.</li> <li>▪ Provides policy recommendations, develops the regional child care and development master plan.</li> <li>▪ Promotes the coordination and integration of County-related and develops recommendations to promote universal access to child care and development services.</li> </ul>
5. Sybil Brand Commission for Institutional Inspections	<ul style="list-style-type: none"> <li>▪ Visits and inspects each jail or lockup in Los Angeles County, County probation and correctional facilities, and toy-loan facilities at least once per year or as directed by a judge of the Superior Court. Examines every department of each institution visited and ascertains its condition as to effective and economical administration, cleanliness, discipline and comfort of its inmates, and in any other respects. The Commission may also inspect group home facilities.</li> </ul>
6. First 5 LA	<ul style="list-style-type: none"> <li>▪ Focuses on increasing the number of children from the prenatal stage through age 5 who are physically and emotionally healthy, safe, and ready to learn.</li> <li>▪ Develops a County Strategic Plan for the support and improvement of early childhood development within the County.</li> </ul>

**Table B: County Commissions by Health, Social Services, or Other Focus**

County Commission	Goal
<b>Health</b>	
1. Beach Cities Health District	▪ Preventive health agency serving the South Bay beach communities.
2. Commission on Alcohol & Drugs	▪ Focuses on alcohol and drug issues to reduce problems and negative impact of substance use disorders.
3. Community Health Center Board	▪ Federally designated qualified health center to obtain federal health care funding.
4. Developmental Disabilities Board (Area 10-Los Angeles)	▪ Conducts public information programs, assists independent citizen advocacy organizations that provide services to those with disabilities
5. Emergency Medical Services Commission	▪ Focuses on policies, programs, and standards on emergency medical services.
6. Hospitals and Health Care Delivery Commission	▪ Consults on patient care policies and programs in the Los Angeles County hospital system.
7. L.A. Care Health Plan	▪ Serves low-income individuals in LA County through health coverage programs.
8. Los Angeles County Commission on Disabilities	▪ Reviews a range of issues affecting the lives of people with disabilities.
9. Los Angeles County Mental Health Commission	▪ Reviews and evaluates community mental health needs, services, facilities, and issues.
10. Public Health Commission	▪ Advises Director of Public Health on matters of public health.
<b>Social Services</b>	
1. Commission for Public Social Services	▪ Advises DPSS on various matters, including financial assistance and social services.
2. Commission for Women	▪ Investigates complaints of gender discrimination, provides recommendations that promote equal rights and opportunities,
3. Los Angeles Homeless Services Authority	▪ To prevent and end homelessness in LA, conducts the Homeless Count, provides various housing/shelter options and outreach.
4. Personal Assistance Services Council (PASC)	▪ Improves In-Home Supportive Services by maintaining provider registry and referral system for qualified service providers.
<b>Other</b>	
1. Los Angeles County Board of Education	▪ Establishes policies for the Los Angeles County Office of Education (LACOE) and governs schools operated by LACOE.
2. Parks and Recreation Commission	▪ Advises the Board, the Director of Parks and Recreation on acquisition, improvements, and government of County parks, recreational areas and facilities, and other related matters.
3. Probation Commission	▪ Inspects juvenile camps and halls to assure compliance with applicable laws and regulations.

**ACTION ITEMS FOR ENTITY TO OVERSEE ONE UNIFIED CHILD PROTECTION SYSTEM**

1. Establish an entity to oversee one unified child protection system.
2. Streamline child welfare commissions.

### III. Define Measures of Success and Oversee the Reform Process

The Board should have a clear and consistent process of review. It should adopt clear outcome measures and ensure accountability by regular assessment of whether goals are being attained. Assessments should measure outcomes, such as the overall incidence of abuse; severe abuse, and neglect per capita by a geographic area; the recurrence of maltreatment within six months; and the number of child fatalities due to abuse or neglect. Other meaningful outcomes the County should assess relate to well-being.

1. The Board should adopt clear outcome measures which should include:
  - Overall incidence of abuse and neglect per capita by geographic area to be determined (e.g. supervisorial district, zip code, SPA). This is a measure of both prevention and services.
  - Overall incidence of severe abuse and neglect per capita by geographic area to be determined. Child fatalities are a low incidence subset of this group. Severe abuse and neglect is a better barometer of overall child safety in Los Angeles County.
  - Recurrence of maltreatment within 6 months. This is a measure of the percentage of children experiencing newly reported abuse or neglect within 6 months of a previous incident.
  - Number of child fatalities due to abuse and neglect. This is a critical measure of overall safety and system performance, although it occurs too infrequent to be the only measure.
  - Other meaningful outcomes the County should assess related to well-being. These might include access to services; engagements with juvenile justice; and graduation rates from high school and college.
2. The Los Angeles County Office of Child Protection (referred to in Section II) should regularly assess the County's progress and report its findings directly to the Board. The findings should be reviewed regularly at Board meetings.
3. ICAN should be removed from within DCFS and exist as an independent entity.

#### PERFORMANCE MEASURES

We agree that establishing clear performance measures are key to managing and improving our service delivery system for children and families and serves to enhance our administrative infrastructure. Performance measures are clear indicators for determining which programs are working effectively and which programs are not yielding the intended outcomes. Moreover, performance measures are critical to long-term strategic planning, decision making and help to establish funding priorities.

The Board of Supervisors in December of 2012, through motion by Supervisor Ridley-Thomas and Supervisor Antonovich with an amendment by Supervisor Yaroslavsky, directed the CEO in consultation with DCFS, DHS, DPH, ICAN, Office of the Coroner and County Counsel to create a single entity responsible for identification and reporting of key child wellness indicators.

The Single Entity Workgroup inventoried the existing data collected via the various systems. It reviewed existing reports being generated to meet federal and state mandates and general reports used to track program outcomes for either specific departments and/or initiatives. It was evident that the County collects a significant amount of data through a myriad of systems. However, the data is not collected or even aggregated in a manner that would lend itself to be used to make informed decisions and/or develop long-term strategic goals. *Moreover, we learned that there is widespread misunderstanding amongst departments as to what is legally permissible to be shared between departments.*



Although the work of the Single Entity committee was put on hold pending the completion of the Blue Ribbon Commission report, the workgroup learned that:

- It is critical that prior to collecting the data, we determine the purpose and use of the data so that the correct data elements are collected and appropriate parameters are established. Understanding how the data is going to be used is vital in ensuring that the appropriate data elements are collected.
- One of the major obstacles for collecting system wide data was the lack of a consistent countywide taxonomy. For example, DCFS and the Coroner have different definitions for “mode of death” which lead to challenges in reporting data and tracking system wide trends.
- It is imperative to determine by data element which department and/or system will serve as the system of record. For example, if we have the same data collected by two departments, but the data is different, how is this information going to be reconciled?
- Establish clear parameters for the frequency of the data collection. Not all data is available within the same timeframe. The Committee will need to determine which data elements are appropriate to collect monthly, quarterly and/or annually.
- Establish a quality assurance group that validates the accuracy of the data.

While none of these activities are insurmountable, they do require focused effort and resources and there needs to be an individual responsible for leading this effort. The County, led by the CEO, could create a *Child Welfare Data Management System* to generate the comprehensive executive management reports that could be used to make management decisions, establish goals and funding priorities. The workgroup responsible for creating this Child Welfare Data Management System will be a project under the LACWC which will oversee the development and implementation of the system. In 2007, the Board established the Healthier Communities, Stronger Families, and Thriving Children (HST) to fund child welfare data technology projects. Currently, there is \$6.7M in this fund.

#### REGULAR ASSESSMENT ON COUNTY’S PROGRESS

We agree that if the County is going to establish a countywide strategic plan for Child Welfare, we also need to concurrently establish clear measurable outcomes. Regular assessment of the County’s overall progress of the Strategic plan can be accomplished in the following manner:

- **LA County Child Welfare Council and Advisory Committee-** If your Board approves the creation of the LA County Child Welfare Council along with an Advisory Committee, the infrastructure could be established to ensure the timely implementation of the strategic goals, reporting of the overall progress and conducting quarterly review of specific child welfare outcomes.

At least annually the entity responsible publishes an annual report on the overall status of the implementation along with the performance outcome data.

## INTER-AGENCY COUNCIL OF CHILD ABUSE AND NEGLECT (ICAN)

The BRCCP calls for ICAN to be removed from within DCFS and exist as an independent entity.

ICAN serves three major functions -

1. The County designated ICAN as the local council which establishes the criteria for determining which entities receive child abuse and neglect prevention and intervention program funding from the County's Children's Trust Fund.<sup>16</sup> If ICAN became an independent entity from the County, they might not be able to serve this function. Were that the case, the Board would have to designate an "existing local voluntary commission, board or council" to carry out these duties or else that portion of the trust fund that is comprised of revenue collected from birth certificate fees, which has historically been used by the County, would pass to the State.<sup>17</sup>
2. ICAN serves as LA County's Interagency Child Death Review team.<sup>18</sup> The statute that gives a county discretion to create such as agency does not limit the agency to a particular form. So, an independent ICAN could continue to serve that function; although, its direct access to confidential juvenile case information may be hampered if it is not a part of the County's child welfare agency.
3. Per County Code, an ICAN member is invited to serve in an ex officio and advisory capacity to the First 5 LA Commission.<sup>19</sup> An ICAN member could continue to serve on the First 5 Commission provided the independent ICAN is a local organization for prevention or early intervention for families at risk or has the goal of promoting or nurturing early childhood development.

The Board could also consider moving ICAN under the Board's Executive Office and/or under the Chief Executive Officer for oversight. If your Board approves this, we will need to analyze where, within the County, your Board wants to locate ICAN and draft ordinance changes necessary to effectuate that move.

### ACTION ITEMS FOR DEFINING MEASURES OF SUCCESS

1. Establish the Los Angeles County Child Welfare Data Management System to accurately report on the key child safety indicators.
2. Determine whether ICAN will be an independent entity.

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<sup>16</sup> Welf. & Inst. Code 18965.

<sup>17</sup> Welf. & Inst. Code 18968.5.

<sup>18</sup> Pen. Code 11174.32.

<sup>19</sup> Los Angeles County Code 3.72.050.

## IV. Adopt the Commission's Interim Report Recommendations

The Commission recommends that the Interim Report and related recommendations be immediately adopted to improve front-end decision-making. These included strengthening the responses of law enforcement agencies and oversight by the District Attorney's Office; targeting more resources to children age five and under who are at highest risk of abuse; and strategically utilizing health services.

On February 4, 2014, the Board directed the Chief Executive Officer (CEO), with the cooperation of relevant departments and County Counsel, to conduct a feasibility analysis on the ten preliminary recommendations contained in the BRC Interim Report. In response on April 18, 2014, the CEO reported on the feasibility and cost to implement each of the preliminary BRC recommendations. Highlights of the CEO's analysis include the BRC's recommendations for law enforcement, medical hubs, and public health nurses as summarized below. The BRCCP's recommendations which had implementation considerations were as follows:

**1. LAW ENFORCEMENT** – E-SCARS should be utilized fully by all relevant agencies and be well-maintained and enhanced. In order to implement this recommendation the DA and DCFS proposed the following:

- **District Attorney (DA) could increase staffing for monitoring and oversight** – If the Board approves, the DA could create an E-SCARS unit to review and audit E-SCARS investigations resulting in the prosecution of child abuses cases and conduct regular trainings within the Department and the County. The cost of these additional positions is \$467,000.
- **DCFS could enhance E-SCARS and continue ongoing maintenance support** – The preliminary estimate for the system enhancements and ongoing E-SCARS support and maintenance is \$764,000 and includes the hiring of one or more skilled programmers to make the necessary coding updates; and one senior level systems analyst to work with the programmers in overseeing these updates.

**2. MEDICAL HUBS** – The Medical Hub implementation was two-fold:

- A. *Front-End Decision Making* – Medically screen all children, under age one, whose cases are being investigated and all children entering placement.
  - B. *Ongoing Health Care to Ensure Continuity of Care and Coordination* – Children placed in out-of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs.
- A. Medical Screenings** – Conduct medical screening for all children, under age one, who are being investigated, and all children prior to placement.

While the recommendation includes all children whose cases are being investigated, DCFS only has the authority to conduct medical screening for children who are temporarily detained. For the purposes of this response, that is the period, typically around 72 hours, between DCFS' removal of a child from the home of the parent or guardian and the juvenile court's issuance of a removal order. At issue, is whether or not DCFS can make the determination to change the child's

coverage to Medi-Cal in all instances. By medical screening we mean a minimally-invasive initial medical, dental, and mental health screening<sup>20</sup>.

Currently, children who are detained after business hours and during weekends and holidays await their placement at the Child Welcome Center or Youth Welcome Center, both located adjacent to the LAC+USC Medical Hub, where they receive minimally invasive medical and mental health screenings prior to placement. In addition, per DCFS policy, within the 30 days following their placement, newly-detained children also receive a more extensive initial medical exam at a local Medical Hub, pursuant to court order.

### **Pilot Framework**

Supervisor Ridley-Thomas' April 22 draft Board motion called for the creation of a pilot project in SPAs 6 and 8 for all children under the age of one who are temporarily detained to be evaluated at the Medical Hub.

If your Board approves this motion, DCFS and DHS recommend a pilot at the DCFS Compton Regional Office and MLK Jr Medical Hub. The pilot would provide all children (not just children under age one) with a minimally invasive medical screening prior to placement. The Compton Regional Office temporarily detains about 40 children per month. DHS has the staff available and can readily expand to include evening hours at the MLK Jr. Medical Hub to screen all children who are temporarily detained throughout the weekday and early evening hours. DHS has committed to ensuring that these children are seen in a timely manner, so that it does not cause a significant delay in getting these children placed.

DCFS requires a start-up period to train social workers, develop protocols, and receive formal support for the pilot from the unions regarding the expansion of the social workers' duties. DCFS will need to determine additional staffing needs to be co-located at the MLK Hub during the daytime and early evening hours to support CSWs in the various tasks associated with medical screenings. In addition, DCFS will ensure that children are enrolled in Medi-Cal Fee-For-Service, if possible, in order to defray the cost. If the Board approves, the departments will launch the pilot at the end of summer 2014. Once the pilot proves successful and a protocol has been established, the Board may consider expanding the pilot to other DCFS Regional Offices and Medical Hub service areas.

**B. Ongoing Health Care to Ensure Continuity of Care and Coordination** – Children placed in out-of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs.

While the BRCCP recommendation includes all children, DCFS has the authority to coordinate the medical care of a minor only ***when the minor has been taken into protective custody (out-of-home)***. To implement this recommendation, DCFS and DHS are planning a pilot to enroll children into the DHS medical homes at the Medical Hubs. DHS would leverage existing capacity, and they would work with relative caregivers and group homes to develop a plan so that

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<sup>20</sup> The screening may include: a review of available health and developmental history, a standard review of systems, a measurement of the child's height, weight, taking of vitals, a physical examination of the clothed child by a physician or nurse to identify signs of acute and chronic illness, the completion of a standard screening tool to assess the child's developmental and mental health needs.

children under their care have a regular continuity medical provider, physician or mid-level provider, who works as part of a medical home team to provide these patients ongoing coordinated health services. Finally, DCFS and DHS will need to: 1) determine whether additional resources are required, and 2) develop a process for ensuring that DHS costs are reimbursed for those children who are not eligible for Medi-Cal Fee for Service. At issue, is whether or not DCFS can legally make the determination to change the child's coverage to Medi-Cal in instances where the family has existing medical coverage.

### **Pilot Framework**

To implement this recommendation, DCFS and DHS are recommending a pilot at the MLK Jr. Medical Hub to improve the continuity of medical care for children in nearby group homes. DCFS and DHS would partner with group home providers in the MLK Jr. Medical Hub service area (SPA 6) so that their residents receive these comprehensive medical services at the Hub. DHS would leverage existing resources and work with group home providers to develop a plan so that children under their care are seen by a medical provider as is required to adequately address the health needs of each child. At this time, there are 24 group homes within the MLK Medical Hub area with 156 children placed in those facilities by DCFS. Currently, the DCFS Out-of-Home Care Management Division is in the process of contacting each Group Home provider to solicit their interest in piloting this concept. DCFS plans to identify group home providers interested in voluntary participation in the pilot by late summer 2014.

To track outcomes in improved continuity of care, DCFS is exploring the development of a parallel application that will interface with DHS' E-mHub Web based system. This new application will be used to track and alert the case-carrying CSWs and the Group Home care providers of the upcoming, periodic medical exams and ensure that the referrals and appointments are completed timely. The estimated cost for this enhancement is \$100,000. BIS will use current resources (FY 2014-2015 budget) to create the Group Home Medical exam Tracking report and establish the Medical Exam alerts to CSWs and SCSWs. As a next step, DHS, DCFS and the group homes will discuss an evaluation of the pilot so that we can demonstrate measurable success.

If the pilot proves successful in improving well-being outcomes for DCFS-supervised Group Home residents, DHS will identify the resources required to address this need on a larger scale. DCFS will also recommend that Group Home contracts be amended to reflect the change. Finally, DCFS and DHS will need to determine whether additional resources are required to develop the parallel application as well as a process for ensuring that DHS costs are reimbursed for those children who are not eligible for Medi-Cal Fee for Service.

**3. PUBLIC HEALTH NURSES** – Pair a Public Health Nurse (PHN) with a DCFS Social Worker, when conducting Child Abuse or Neglect investigations for all children age one and under.

Currently, a PHN nurse accompanies the DCFS social worker for all children whose investigation is related to medical and/or developmental problems. Under the current Foster Care Nursing Program, DCFS-PHNs jointly investigate referred children during the Emergency Response phase. DCFS is proposing that we pair a Nurse and a CSW for children from birth to age 23-months-old. In calendar year 2013, 18,397 children within this age range were referred to DCFS for an in-person investigation. This represents an average of 1,533 children per month.

Of the 13,397 referred children, from birth through age 23-months-old in 2013:

- 1,370 (7%) received a joint CSW/PHN investigation; and 17,027 (93%) did not.
- Of the 17,027 children who did not receive a joint CSW/PHN investigation,
  - o 13,157 (77%) were traditional business hour investigations; and
  - o 3,870 (23%) were afterhours and weekend/holiday investigations.

### Pilot Framework

Supervisor Ridley-Thomas' April 22 draft Board motion called for the development of a pilot to pair a PHN with a social worker in SPA 6. If your Board approves, DCFS proposes a pilot at the DCFS Vermont Corridor Regional Office. DCFS would determine the total number of children under age one who receive an investigation, assign social workers and nurses to conduct joint investigations, and develop a new protocol and training component for social workers and nurses. DCFS will need to add three additional PHNs to the Vermont Corridor office to allow for joint PHN/CSW investigation on every referral with a child age one and under. This is based on the increased workload from four visits per month to an estimated 93 visits per month. The seven PHNs will support the six ER units in the Vermont Corridor office. The cost for four additional PHNs and associated costs is estimated at \$800,000.

DHS and DCFS propose that prior to the development of such a plan, the County: 1) explore nurse classifications to determine whether a PHN or Nurse Practitioner (NP) is best suited to accompany the social worker for the investigation; 2) consult with County Counsel to determine the duties that each classification may legally perform (i.e., visual observation or physical exam in home); and 3) understand the interdependency of the screening and ongoing care provided at the Medical Hubs to ensure no duplication of efforts.

**Consolidating the Administration of Public Health Nurses** – As stated in our interim report, the Governor's 2014-2015 Budget realigns funding for the Health Care Program for Children in Foster Care to county welfare agencies. Beginning on July 1, 2015, the PHN program will no longer be funded through CDSS and the California Department of Health Care Services, rather, funds will be allocated to counties through the Local Revenue Fund for the purpose of meeting state and federal requirements. As a result, new Memoranda of Understanding defining respective roles and responsibilities among county departments of public health and child welfare may be needed. ***In preparation, a proposal to consolidate the PHN Program under the administration of one County department is recommended*** to establish the type of nurse best suited for the required duties; and to clearly delineate the nurse's roles and responsibilities, performance measures and outcomes.

#### **ACTION ITEMS BRCCP'S INTERIM REPORT**

1. District Attorney to create an E-SCARS unit to review and audit E-SCARS Investigations.
2. DCFS and/or ISD to enhance E-SCARS System and provide ongoing maintenance.
3. Implement the Medical Hub screening pilot to ensure that all children under age one are screened by a Medical Hub.
4. DCFS and DHS to pilot ongoing health care to out-of-home children within the Medical Hubs.
5. Pair a DCFS Social Worker with a Nurse, when conducting Child Abuse and Neglect Investigations for all children from birth to 23 months old.
6. Consolidate the administrative authority of PHNs under one County department to ensure clear delineation of roles and increase performance measures and outcomes.

## V. Resolve the Current Case Management Crisis

1. The Board should continue its active oversight of DCFS's strategic plan by adding a requirement for regular reporting of specific safety related outcomes, including recurrence of maltreatment within six months of a previous incident, maltreatment of rates in out-of-home placement, and re-entry into care within six months of a permanent placement.
2. The Board should require regular reporting on the frequency of missed monthly social worker visits, the wait times for children in offices or at the Command Post needing placement, the length of time for kin caregivers to be approved, and the number of foster homes recruited.
3. The Board shall establish specific benchmarks for improvement in the measures identified in one and two above, as warranted. This should be done in collaboration with the CEO and DCFS.

### DCFS STRATEGIC PLAN

On June 11, 2013, Supervisors Molina and Supervisor Antonovich filed a Board motion that requires DCFS to provide monthly updates to the Board on the implementation status of their Strategic Plan. If your Board creates the LACWC, they could present on a quarterly basis an update on the following:

1. The **DCFS Strategic Plan** and incorporate the child welfare data outcomes as recommended by the BRCCP. The outcome measures on child safety and well-being could include:
  - Incidence of abuse and neglect per capita (region)
  - Incidence of severe abuse and neglect per capita (region)
  - Recurrence of maltreatment within 6 months
  - Number of child fatalities due to abuse and neglect

DCFS is in the process of developing, through their STATs process, a performance dashboard; which will identify critical child safety measures that can be used to evaluate whether specific initiatives are working as designed and whether the system as a whole is improving. Data from this performance dashboard should be used to provide Board updates.

2. **Countywide Child Welfare Strategic Plan** – The LACWC could present annually the Strategic Plan for your Board approval. The strategic plan should highlight specific initiatives, along with timeframes and highlight how these initiatives could be funded. The Committee could provide status updates on specific initiatives on a quarterly basis.

Providing quarterly status updates to the Board, can also serve as a vehicle for providing information to the general public.

### ACTION ITEMS FOR CURRENT CASE MANAGEMENT CRISIS

1. The Los Angeles Child Welfare Council (LACWC) would provide quarterly updates to the Board on the DCFS Strategic Plan and the Countywide Child Welfare Strategic Plan.

## VI. Recommendations to Address the Out-of-Home Placement Crisis

### A. Kinship Care

1. A child's funding should be determined by the needs of the child, not whether placement is with a relative or a foster family. The CEO and DCFS should examine the County's ability to waive federal eligibility rules and its accompanying funding flexibility to strengthen support for children in out-of-home care.
2. The County and DCFS should utilize its Title IV-E waiver dollars to ensure parity of funding for children placed with kin to that of children placed in foster family settings.
3. A child's services should be based on the needs of the child, not whether placement is with a relative or a foster family. The CEO and DCFS should ensure that relative caregivers are more fully supported to address a range of possible needs.
4. The County, through the Auditor-Controller and the CEO, should review the current mix of county licensing and supports for foster homes and approval and supports for kin, to assess the inconsistent performance and resource allocations, and to determine whether a more uniform streamlined system would be more effective. The Commission believes consideration of contracting out this process is warranted.

### KINSHIP SERVICE FUNDING

We understand that that lack of caregiver support significantly contributes to caregiver turnover, resulting in an over-reliance on shelter and other institutional care settings. With this turnover, children become more likely to experience placement disruptions and less likely to achieve the desired outcomes of adoption or guardianship with a permanent family.

Currently, 56% of all California foster children are not federally-eligible. California has chosen to provide state-only foster care benefits, if a non-federally-eligible child is placed in a non-relative foster home or group home. Relative caregivers for non-federally qualified children:

- **Do not** receive foster care benefits, unless the child is in foster care and the payment is made through the Kin-GAP Program.
- **Can** receive CalWORKS benefits; however, CalWORKS provides less than half of what the state determined as the minimum amount necessary to provide for a foster child's needs.
- **Are compensated at** a monthly benefit of \$369 in CalWORKS benefits. Whereas, non-federally qualified children placed with a non-relative are compensated at a monthly State-only foster care benefit of \$820.

There are currently two funding proposals under consideration by the State Legislature to address this Blue Ribbon Commission recommendation:

1. The County Welfare Director's Association of California (CWDA) has proposed an appropriation of \$13.5 million in State General Funds for Foster and Kinship Care Recruitment, Retention and Support in order to fund direct support of foster children placed with kin caregivers and foster parents, which it states will increase child well-being through participation in normalizing activities for youth in care. CWDA states that currently there is a total of \$3.1 million available statewide for kin and foster caregiver support.



2. A coalition of California organizations has proposed an appropriation of \$30 to \$36 million in State General Funds for Equalizing Foster Care Payments for Children Placed with Relative Caregivers. The advocates contend that, at the root of the inequity is California's refusal to provide state-only foster care benefits to those relatives caring for children who do not meet federal eligibility standards. "Federal eligibility" is based upon an antiquated federal rule that reimburses states for foster care costs only if the child was removed from a household that met the 1996 eligibility rules for the now defunct Aid to Families with Dependent Children (AFDC) program. Over time, fewer and fewer children meet this criterion.

### KINSHIP FAMILY RESOURCE CENTER

DCFS is recommending that LA County establish a Kinship Resource Center, available 24 hours a day, seven days a week to provide relative caregivers and Non-Related Extended Family Members (NREFMS) with intensive services and resources for the first 90 days of placement; and to support caregivers with concrete services at the time of initial placements.

The County could contract out for these Resource Centers which will be responsible to assist relative caregivers at the time of initiation placement by providing emergency financial assistance, child care, preliminary medical and mental health assessments, medical and mental health linkage, and educational linkage and support services. In addition, the 24/7 center would provide basic necessities--food, formula, clothing, care seats, beds and bedding for emergency placements, and for short-term periods, based on an assessment of family needs as funding differentials are explored. Given the vast geographic expanse of Los Angeles County, under additional consideration is access to the recommended 24/7 center by caregivers with transportation challenges; and the need to establish a centralized call center for the purpose of addressing the needs of caregivers telephonically whenever feasible.

### REVIEW OF CURRENT MIX OF COUNTY LICENSING

The licensing of foster homes and Foster Family Agencies is a State function, performed by the California Division of Community Care Licensing (CCLD) within the California Department of Social Services. The process of CCLD licensing and DCFS foster parent recruitment and approval occur concurrently, requiring interested caregivers to interact with both entities simultaneously. A significantly strengthened working relationship between CCLD and the DCFS foster care recruitment staff within the last 12 months has turned the tide in the number of available foster homes in 2014, finally reversing years of decline.

DCFS is currently in the process of identifying private funding to conduct the BRCCP independent analysis of non-relative foster family recruitment efforts in the County to determine how the system can be more efficient and effective. Some of the questions being considered for analysis are: whether the current dual system of DCFS recruiting state-licensed homes and FFA certified homes should be continued; a cost comparison of each effort; and evaluation of children's outcomes in state licensed vs. FFA certified homes; and recommendations to better coordinate public and private recruitment efforts. In addition, we need to leverage the Auditor-Controller and DCFS Contract monitoring process to address inconsistency in performance throughout the foster care system.

**B. Recruitment of Non-relative Foster Homes**

1. The Board should call for an independent analysis of non-relative foster family recruitment efforts in the County to determine how the system can be more efficient and effective. The analysis should use sound data to address a range of questions, including whether there are safe and appropriate homes in each SPA to meet the needs of foster youth.
2. DCFS should develop a computerized, real-time system to identify available and appropriate placements based on the specific needs of the child.
3. DCFS should involve foster youth in the rating and assessment of foster homes.

**INDEPENDENT ANALYSIS**

Within the last seven years, from 2007 to 2013, Los Angeles County experienced a dramatic reduction in available foster homes. The chart below depicts the reduction of available homes.

	2007	2008	2009	2010	2011	2012	2013	2014*
<b>Children in Out-of-Home Care**</b>	9,431	8,641	8,019	8,112	7,705	7,299	8,105	8,464
<b>Licensed Foster Homes***</b>	2,108	1,566	1,228	1,031	935	513	534	580
<b>Licensed Small Family Homes***</b>	109	105	87	77	71	64	59	58
<b>FFA-Certified Homes****</b>	4,479	4,420	4,977	4,021	3,169	3,027	2,941	2,986
<b>TOTAL</b>	6,696	6,091	6,292	5,129	4,175	3,604	3,534	3,624

\*Based on March 2014 Child Welfare Services Fact Sheet Data

\*\*Number of Children in State-Licensed and FFA-certified out-of-home placements, excluding kinship and NREFM placements.

\*\*\*State-licensed/DCFS Recruited Foster and Small Family Homes, excluding those “on hold.”

\*\*\*\*Foster Family Agency-certified Homes based upon self-reports by the certifying agencies.

The reduction in foster homes over the years is attributable to a myriad of factors, such as: aging caregivers; the implementation of universal assessment (aka dual-certification); the increased costs to support infants and teens compared to the foster care rate set by the State; and internal data reconciliations. It is noteworthy to mention that the data above represents homes and not beds. Although a home may be licensed or certified for various number of beds, often times the types of children placed in these homes impact our ability to utilize the full licensed or certified bed capacity.

Within the same period of time, the child welfare caseload dropped from 37,735 to 36,766 between 2007 -14; this was primarily due to the implementation of new Title IV-E service innovations focused of keeping children safely in their birth homes or shortened timelines to permanency. However, we learned that children remaining in out-of-home care or coming into care have unique physical, developmental and mental health challenges creating the need for strategic and targeted foster care recruitment. It is no longer only about the number of homes, but also about the types of homes.

DCFS is currently in the process of identifying private funding to conduct the recommended independent analysis of non-relative foster family recruitment efforts in the County to determine how the system can be more efficient and effective. Some of the questions being considered for the analysis are: whether the current dual system of DCFS recruiting state-licensed homes and FFAs certified homes should be continued; a cost comparison of each effort; an evaluation of children’s outcomes in in state-licensed vs. FFA certified homes; an analysis of additional costs

necessary for the County to enhance its support of state-licensed foster homes; and recommendations to better coordinate public and private recruitment efforts. DCFS can report additional progress on the evaluation upon Board support to implement the Blue Ribbon Commission recommendation.

### COMPUTERIZED REAL TIME SYSTEM

Developed in 2002, the Foster Care Search Engine (FCSE) is a web-based application that provides the ability to search for vacant beds in Licensed Foster Family Homes, Group Homes and Foster Family Agency-certified Homes. The FCSE extracts information from the statewide Child Welfare Services/Case Management System (CWS/CMS) and interfaces with the Foster Family Agency Vacancy website to electronically incorporate vacancy statuses within Foster Family Agency-certified homes. The FCSE includes placement home search criteria, i.e., city, zip code, age range, gender, ethnicity, language, religion, school boundary, the child population licensed to be served, and home type. The FCSE also provides a placement home profile that includes licensing information, placement home characteristics and bed occupancy details.

In an effort to enhance the current FCSE, the Department recently entered a significant amount of data corrections to the above-mentioned information in CWS/CMS; and worked with contracted Foster Family Agencies to ensure continuous uploads of their new vacancy information into the Foster Family Agency Vacancy website. As a result, state-licensed Foster Family Agencies can electronically enter vacancy information into the FCSE website to show available beds. Furthermore, the department is working to ensure that staff enters placement and replacement data as well as changes to information about licensed facilities into the FCSE in a timely manner.

Having found the FCSE incapable of providing real-time vacancy information due to its outdated Geographic Information System capabilities and Internet Mapping Service technologies, the department submitted an Advance Planning Document (APD) to the State seeking approval to develop a new Foster Care Search Engine with advance technology. On August 21, 2012, the State approved the APD request.

DCFS is scheduled to meet with the Union in late May to review the pilot reports and get approval to implement the system. Assuming that the Union approves the system, DCFS plans to implement the roll-out plan by July 1, 2014.

- Be capable of making placement reservations (hold a vacant bed in a home, pending placement);
- Be equipped with an enhanced geographic information system; search filters; and a placement home message board (providing departmental staff with the ability to record comments and vacancy status details);
- Enable care provider resource management (on-line real-time updates of home profile and bed utilization in Foster Family Homes, Small Family Homes, Foster Family Agency-certified Homes and Group Homes);
- Enable care provider on-line reporting of completed mandatory training; and
- Track Placement Home Evaluations.

## INCLUSION OF FOSTER CARE YOUTH IN THE RATING SYSTEM

In order to obtain feedback from existing foster youth within our system, DCFS could develop a survey that will be given to foster youth at two important intervals. First, every time a youth exists or is transfer to a different group home or foster family, we will obtain information as to why the youth is either requesting or why the foster care parent or provider is asking for the transfer of the youth. Second, during the final Transition MDT meeting, prior to the youth exiting the system, a survey will also be provided

### ACTION ITEMS FOR OUT-OF-HOME CARE

1. Track the two state funding proposals send to the legislature by CWDA and other coalitions.
2. DCFS to establish a publically-privately funded Kinship Resource Center.
3. DCFS to secure funding to conduct an independent analysis of non-relative foster family recruitment efforts.
4. DCFS to finalize the implementation of the Foster Care Search Engine.
5. Foster Care Youth Inclusion into Rating System.

## VII. Recommendations Necessary to Support the Countywide System

*To create a Countywide, interdepartmental service delivery system, the Commission presents recommendations for a system with the full array of services needed for prevention and treatment of child abuse and neglect.*

- A. **Improve Safety** - The Board should direct the CEO to immediately implement the process used by Eckerd in Hillsborough County, Florida and in other industries to achieve remarkable safety results. The following components of this process are minimally required:
1. Conduct a review of all child fatalities due to abuse and neglect within the past three years of children served in a Department of Health Services medical hub, DCFS, Probation, the Department of Social Services (DPSS), by a DPH public health nurse or home visiting program or by a First 5 LA home visiting program.
  2. Conduct a thorough review of all open cases in the above departments.
  3. Research review findings from Emily Putnam Hornstein, Ph.D and others on risk factors for Los Angeles County children at risk for later child fatality due to abuse and neglect as well as data from the Interagency Council on Child Abuse and Neglect.
  4. Using both case reviews and research findings, identify specific characteristics that distinguish children who have positive outcomes versus those who are subsequently severely injured or killed. Specifically identify key risk factors that are present in cases resulting in child fatalities.
  5. Equipped with specific case information and research findings that identify children at greater risk, proactively engaged staff in the above serving departments to address risk factors immediately, thereby mitigating the likelihood of a child fatality.
  6. Utilize a technological solution such as E-SCARS that crosses departments to ensure that information is shared and staff alerted when potentially fatal risk factors are present.
  7. Continually measure progress against measures of success identified in Section III.
  8. Modify access to and delivery of key services including; health, mental health; domestic violence; substance abuse treatment; housing for adults; home visiting and prevention supports for children, youth and families. These services will need to be prioritized for those at highest risk of later fatalities.

Eckerd is a process conducted in Hillsborough Florida designed to provide an independent Rapid Safety review of all the existing child welfare cases overseen in Florida. The process was established to conduct specific reviews such as all child fatalities due to abuse and neglect (within the past three years) and review of all open cases within DCFS. These reviews should identify specific safety measures and specific characteristics of cases which may result in child fatalities. In addition, it should also help to identify systemic issues across departments such as Health and Mental Health, where service delivery could be enhanced to improve the end-to-end continuum of services.

Currently, there are numerous entities within LA County who conduct child death reviews:

- **DCFS Risk Management Division** reviews and analyzes death in all cases where the child and/or family had prior or current DCFS involvement. DCFS also maintains a web-based Critical Incident Fatality Tracking System (CIFT), designed to track and maintain comprehensive and pertinent data elements needed to report child fatalities, critical incidents, near fatalities and SB39 related deaths resulting from child abuse and neglect.
- **Interagency Council on Child Abuse and Neglect** serves as the LA County's Interagency Child Death Review team.
- **Children Special Investigation Unit (CSIU)** performs two functions. First, at the request of your Board, they conduct an in depth analysis of specific child death and report back on general findings. In addition, they are responsible for identifying systemic issues that cut across departments and provide recommendations for Board considerations.

In addition, DCFS is currently in the process of piloting a project entitled Approach to Understanding Risk Assessment (AURA), a technological tool designed to perform data analytics with the goal of identifying, within the existing caseload, potential cases which are deemed high risk. Under the Eckerd system, those cases identified as high risk would receive immediate attention and services with a comprehensive quarterly review until the youngest child in the case turns three years of age.

The BRCCP calls for the CEO to implement the Eckerd model. If the Board approves this recommendation, the CEO could work with the DCFS Risk Management Team, DMH, DHS and the CSIU to identify those risk factors that would be used in file reviews. The process could include all pertinent departments who are responsible for providing services to children and families under the care of DCFS.

#### **ACTION ITEMS TO IMPROVE SAFETY**

1. Implement the Eckerd model to identify specific characteristics of cases which may result in child fatalities.

- B. ***Comprehensive Prevention*** – The Board shall direct DPH and First 5 LA to jointly develop a comprehensive prevention plan to reduce the overall incidence of child abuse and neglect.

## COMPREHENSIVE PREVENTION

The County DCFS, DMH, DPH, and CDC, and First 5 LA are piloting a number of effective multi-agency prevention efforts within communities to create a safety net and to strengthen families with children ages birth to five. Some of these piloted efforts include:

- **DCFS' Prevention Initiative Demonstration Project (PIDP):** DCFS and community agencies successfully collaborated to support families at-risk for child maltreatment.
- **First 5 LA's Welcome Baby Project:** In connection with the Place-based Best Start Initiative, this voluntary home visitation program initiates contact and engagement at hospitals where children are born and supports the newborn's family for a year following the infant's birth. Additionally, First 5 LA has six other intensive in-home visitation models to benefit families in areas such as feeding and parent bonding beyond those offered by Welcome Baby.
- **First 5 LA's Best Start Initiative:** is being implemented based upon a six-core family value framework with the goal of strengthening families and their community support networks.
- **DMH's MHSA-funded Evidence-Based Prevention Programs:**
  - (a) *Reflective Parenting Program* – a 10-week parenting training that focuses on temperament, separation, security, discipline, anger and playing with one's children.
  - (b) *Child Parent Psychotherapy* – a 50-week intervention for children, ages birth to five, who have experienced at least one traumatic event. The goals are to restore the child's sense of safety by involving the parent in the intervention.
  - (c) *Parent-Child Interactive Therapy* – an 8-month intervention in which a therapist observes the parent/child interact through a one-way mirror; and coaches the parent to make course corrections, practice relationship enhancement and develop discipline skills.
  - (d) *Incredible Years Parenting* – to treat a child's aggressive behavior problems and Attention Deficit Disorder.
- **The Community Development Commission's and the Housing Authority of the County of Los Angeles' Emergency and Permanent Housing Programs:** connect families with affordable housing through a variety of sources including DMH, DCFS, First 5 LA and others.

As highlighted in recommendation No. 1, the LACWC could be responsible for developing a County-wide Child Welfare Strategic Plan that incorporates and supports efforts for child maltreatment prevention.

## ACTION ITEMS FOR COMPREHENSIVE PREVENTION

1. Incorporate prevention efforts into the Countywide Child Welfare Strategic Plan.

### ***C. Training and Workforce Development***

1. Departments and agencies closely involved in the identification, prevention, protection, and treatment of at-risk children should be mandated to participate in cross-training with DCFS employees. At a minimum, this interdisciplinary approach should include law enforcement, DMH, DHS, DPH, the Dependency Court, and Probation. Entities that could help create appropriate cross-training models include: UCCF, DA, and ICAN.
2. DCFS, DMH, and DHS should train personnel, both in-house and in contract agencies, on how to most effectively work with the age 0-5 population, their families, and caretakers.
3. The UCCF should submit an annual report on outcomes that are aligned with the County's vision.
4. DCFS should create an innovative, open, and adaptive training process for social workers and their supervisors that consist of a continuous learning environment with training and research, akin to a teaching hospital. It should also conduct a job audit of social workers to determine what can be done differently or by others to address social worker workload.

### **INTERDISCIPLINARY APPROACH**

DCFS continues to work collaboratively with a number of other Departments and agencies in the development and delivery of training around child protection services to our staff, including County Counsel, law enforcement, DMH, Probation and DPH. The Department is currently working with UCLA and the other University Consortium for Children and Families (UCCF) to develop *the DCFS University*. The DCFS University's strategic focus will include a directive to "increase inter-professional workforce development and collaboration". This will include the expansion of the multi-disciplinary training efforts to include and promote cross-training with County Departments and other agencies involved in the identification, prevention, protection and treatment of at-risk children. Cross-training model will be central to the DCFS University.

The work of the DCFS University will primarily be Title IV-E funded. With this funding, and in partnership with other cross-training efforts funded, developed and conducted by our County partners (e.g., Probation, DMH, DPH), DCFS is able to implement this recommendation.

While the community cannot be mandated to attend training, it should be noted that the DCFS Training Section currently provides training on the identification of child abuse and neglect, child abuse reporting laws and "DCFS 101" to various agencies and groups, as requested, throughout the County.

### **UNIVERSITY CONSORTIUM FOR CHILDREN AND FAMILIES (UCCF) ANNUAL REPORT ON OUTCOMES**

We concur that UCCF should submit an annual report on outcomes that are aligned with the County's vision. In addition, they should report quarterly on the overall status of implementation and their overall performance outcomes to either the Office of Child Protection or the LA County Child Welfare Council.

### **ADAPTIVE TRAINING PROCESS FOR SOCIAL WORKERS – TEACHING HOSPITAL MODEL**

In collaboration with our university partners, DCFS has re-engineered the way it trains its newly-hired CSWs, and has already established a teaching hospital model with continuous learning for its redesigned CSW foundational training.



The 52-week CSW foundational training consists of the following three phases:

- **Internship Phase** (Weeks 1-3): Classroom and simulation training is combined with field training, including shadowing experienced CSWs and working with CSW mentors, and secondary case assignment.
- **Residency Phase** (Weeks 4-10): CSWs continue with a blend of classroom/simulation and field training and assume primary caseload assignments on a gradual basis.
- **Professional Enhancement & Advanced Development Phases** (Weeks 11-52): CSWs return to the classroom for additional didactic and experiential training experiences.

As part of the DCFS University, the Department also expects to develop similar training and create a continuous learning environment for SCSWs, providing basic, intermediate and advanced courses and experiences that build on one another and prepare managers to supervise and support their staff.

The Department's contract with UCLA requires that UCLA assess performance outcomes, including longer-term impacts of training provided, and identifies data collection methods for this effort. The contractor may also seek approval for additional research projects that examine how training and staff development activities contribute to organization and systems level changes over time. Finally, as acknowledgment of the necessity of continually advancing the way our staff and partners are trained, the need to establish a true learning environment, and the impact of our efforts on our children and families, DCFS and the UCCF established the Assessment and Accountability Committee. This Committee, comprised of university and DCFS representatives, is charged with oversight of broader implications of our training and research efforts.

#### **ACTION ITEMS FOR TRAINING AND WORKFORCE DEVELOPMENT**

1. Develop the DCFS University, including cross-training among departments, and the teaching hospital model to offer continuous learning for SCSWs/CSWs.
2. Work with the UCCF to develop an annual report on outcomes.

**D. *Technology and Data Sharing***

1. The County needs to develop a clear, multi-system data linkage and sharing plan that would operate as a single, coordinated system. (Include: DCFS, DPSS, DMH, DPH, Probation, LACOE, and school districts at minimum. Also, partner with universities).
2. The CEO and Juvenile Court should co-lead the creation of a Countywide confidentiality policy regarding a child's records and court proceedings to allow sharing of information across relevant departments, agencies, persons, and the Court to serve the needs of the child and increase the transparency of the system.

**MULTI-SYSTEM DATA LINKAGE AND SHARING PLAN & CONFIDENTIALITY**

In response to recommendation No. 3 -“Define Measures of Success and Outcomes”, we highlighted that Board of Supervisors in December of 2012, through motion by Supervisor Ridley-Thomas and Supervisor Antonovich with an amendment by Supervisor Yaroslavsky, directed the CEO in consultation with DCFS, DHS, DPH, ICAN, Office of the Coroner and County Counsel called for the creation of a single entity responsible for identification and reporting of key child wellness indicators. Now that the BRCCP has issued its final report, the workgroup should continue to meet to develop a system responsive to that motion.

In addition, there are some promising efforts emerging at the State level that appear to be leading towards the development of more interconnected systems at both the State and County levels. One example of this is the California Health and Human Services Interoperability Plan, a draft roadmap for sharing data across health and human service agencies. While this plan lists several actions to take place over the next two years, the California Office of Systems Integration is encouraging jurisdictions to take actions earlier that move towards greater interoperability.

The Single Entity workgroup understands that any plan to share data electronically needs to ensure that:

- 1) Only the individuals/entities that are legally allowed to use this information would have access to it such that all confidentiality laws are followed;
- 2) Any system/portal that is developed is done so in compliance with all electronic records and sharing rules including the Statewide Automated Child Welfare Information System (SACWIS) regulations, and may require permission from the State; and
- 3) Any system/portal created would likely be a temporary system until the State's new Child Welfare Services/Case Management System (CWS/CMS) is implemented. The proposed new system will likely include much of the data sharing that counties are interested in, and, in accordance with SACWIS, would need to serve as the main system of record.

In response to the recommendation that CEO and the Juvenile Court should co-lead the creation of a Countywide policy on information sharing, California state law already enables information sharing across relevant agencies and the Court for the purposes of coordinating services to best meet the needs of the child.

As allowed by statutes. Los Angeles County has already developed system and processes that enable the following type of information sharing:

Type of Information Sharing	Legal Authority	Description
Juvenile Court records shared with others	Welfare & Institutions Code (WIC): 827, 830, 18951(d), 18961.7 and; California Rule of Court 5.552	Permits the sharing of records with specific individuals/entities (e.g. court personnel, relevant counsel, treatment providers, those supervising the youth, and MDT participants).
Health records shared with DCFS and Probation Officers	Civil Code 56.103	Permits health providers to share information with DCFS and Probation (depending on which system the child is in) for coordinating health care services and medical treatment.
Mental health records shared with DCFS and Probation Officers	WIC 5328.04	Permits mental health providers to share information with DCFS and Probation (depending on which system the child is in) for coordinating health care services and medical treatment.
Education records shared with DCFS	Education Code 49076(a)(1)(L)	Permits school districts to share education records with DCFS for youth in out-of-home care.

It is imperative that training be provided to County staff so that they understand the data sharing provisions and the various statues that enable the sharing of data.

As a result of these provisions, in March 2012, DMH and DCFS initiated the regular sharing of certain mental health information for the purpose of coordinating the mental health care of children with open DCFS cases. On a weekly basis, DMH and DCFS match client records and share information identifying the name of the mental health provider agency; contact information for rendering providers; service types and information. Information-sharing continues to operate under the Health Insurance Portability and Accountability Act (HIPAA) rules and regulations and facilitates a teaming process to promote improved outcomes for children served by both County departments. Additionally, as mentioned in Section VII F, DCFS recently created the Student Information Tracking System (SITS) to allow for electronic sharing of education records between DCFS and LAUSD. This summer, the SITS will be expanded to five more school districts.

Another example of data sharing involves DCFS, DHS, the Superior Court and the State working in partnership with IBM to develop an automated system for generating, processing, approving, and distributing psychotropic medication authorizations (PMAs). The automated PMA process will shorten timelines and materialize operational efficiencies by enabling electronic completion of many of these manual tasks, eliminating the back-and forth faxing and pre-populating a limited amount of information onto automated forms. An approved PMA will be electronically returned to all parties, as well as downloaded into the youth's CWS/CMS case record. The automated PMA approval process is projected to replace labor-intensive processes; reduce poor prescribing practices; and improve general oversight of proposed medications for system-involved children and youth.

**ACTION ITEMS FOR TECHNOLOGY AND DATA SHARING**

1. Continue data sharing efforts across departments and train staff on the various statues that enable the sharing of data.

**E. *Transparency and the Relationship with Providers and the Community***

1. Greater disclosure, clarity, and inclusion should be a routine component of community engagement from planning to review of outcomes and allocation of resources. A first step is the re-establishment of community advisory councils that are attached directly to each DCFS Regional Office. These advisory councils would be co-chaired by the community and its respective Regional Office. In the past, SPA 6 effectively used this model in all three of its offices.
2. Performance-based contracting on agreed-upon outcome measures by DCFS, other appropriate departments and the contracting agencies for children and families should be adopted, rewarding contracting agencies that achieve better results for the children they serve.
3. Capacity-building experts, including universities, should work with community based organizations to enhance skills in grant application and administration, evidence-based practice, program design and evaluation.

**Transparency and Relationship with Providers and the Community –  
Regional Community Advisory Bodies (RCAs)**

Each regional office has re-instituted a Regional Community Advisory Body (previously known as Regional Community Alliance) whose membership includes faith-based organizations, community organizations, parents, foster parents, relative caregivers and former foster youth.

The RCAs will ensure a more unified approach to community engagement that will provide input and feedback to stakeholders and all levels of DCFS staff.

- **Vision:** To have a more unified approach to community engagement, including community feedback from all the regional offices that can inform the Director’s Child Welfare Advisory Council and staff in the regional office to improve transparency between the department and its community stakeholders.
- **Purpose:** Engage the team with local community stakeholders to build resources, remove barriers, enhance support of families, understand community needs, and review relevant data to improve outcomes for children and families.

The RCA will meet regularly with community members to work toward better outcomes for families, while building long-term relationships that strengthen the community we serve. RCA membership at each office will include a diverse representation of community stakeholders. Management of the RCA will be through each Regional Administrator and their managers with oversight by the Deputy Director, Executive Team, and the Director’s Council.

Each office will designate a Stakeholder Engagement Champion responsible for coordination and facilitation of the RCA outreach and meetings. Information from the RCA meetings will be shared in the office by the Stakeholder Engagement Champion and in the Director’s Advisory Council, which will allow for regional, and department wide information sharing and problem solving.

To ensure accountability and track achievements of the RCAs, DCFS collects a quarterly reporting form from each regional office. Information collected from each office includes: an updated

membership list, meeting schedule, goals and objectives. Each office is responsible for submitting a report to the DCFS Executive Team and the department's Bureau of Operational Support.

To further support RCA sustainability and effectiveness, a Stakeholder Engagement Champion Learning Community will be facilitated by the DCFS Community-Based Support Division on a quarterly basis. The Learning Community will provide a forum for regional office champions to discuss challenges/barriers, lessons learned, and progress towards achieving benchmarks of success.

#### **ACTION ITEMS FOR RELATIONSHIPS WITH PROVIDERS AND THE COMMUNITY**

1. Establish Regional Office Community Advisory (RCAs) bodies to coordinate and facilitate the RCA outreach and meeting.

#### **F. *Education***

1. The County should establish mechanisms for cross-system education-related coordination, collaboration, and communication. They endorse the structure of the ECC, and they should continue to establish additional mechanisms for cross-site collaboration. The new child welfare structure proposed by the Commission must joint engage DCFS, Probation, school systems, the courts, and community partners to create cross-system goals and strategies to improve educational continuity, stability, and academic success for foster youth.
2. The County should increase access to early intervention services for foster children and children at high risk of abuse and neglect. All children under the supervision of DCFS between 0-5 should be prioritized for access to Early Childhood Education learning programs, including Head Start, Early Health Start, and Home Visitation. These programs should be funded and well marketed. Once placed in a program, children should be permitted to remain enrolled until they start kindergarten.
3. The County should ensure that school stability and child safety are improved through Countywide expansion of the pilot program that has been proven effective in the Gloria Molina Foster Youth Education Program.

#### **EDUCATION COORDINATING COUNCIL**

In 2004, your Board created the Education Coordinating Council (ECC) which is chaired by Judge Nash and LAUSD Board of Education member Mónica Garcia. A 23-member collaborative body with leadership from across LA County has jurisdiction over DCFS youth, probation youth and/or their education, is responsible for raising the educational achievement of these youth to equal or surpass the achievement rates of other youth not involved in these systems. The ECC is currently working on:

- **Local Control and Accountability Plan (LCAP)** – With the lifting of restrictions on categorical funding, school districts must create LCAPs to identify how these dollars will be used to serve targeted populations, including foster youth. The ECC is serving as the Advisory body overseeing the LCAPs for each school district and is partnering with the National Center

for Youth Law who will be working with all 81 school districts to develop plans. LAUSD has budgeted \$9 million in Fiscal Year 2014-15 to hire to counselors to work specifically with DCFS youth at a ratio of approximately 1 counselor for every 100 DCFS youth in their district.

- **Student Information Tracking System (SITS)** – SITS is a partnership created between DCFS and LAUSD to electronically share attendance and academic information on DCFS children and youth, and in exchange share the contact information for the youth’s social worker. SITS is now fully operational and holds data on the 5,800 DCFS youth with open cases attending LAUSD. Expansion efforts are underway to include another five school districts (Long Beach, Compton, Pomona, Pasadena, and Antelope Valley) by summer 2014; approximately 50% of DCFS youth will be captured in SITS when this expansion is completed.

## EARLY CARE AND EDUCATION

Current DCFS efforts to increase access to early care and education programs include:

- **DCFS Contract with California Department of Education** – DCFS administers \$10 million in vouchers to provide year-round full-day child care services for DCFS youth whose caregivers work and have a need for child care. In most cases, these vouchers cover 100% of the program costs. These services are available to youth ages birth through 12 years, are offered for up to one year, and are prioritized for youth residing with either a birth parent or relative caregiver.
- **DCFS automatic referral system** – In 2011, DCFS created an automated system for referring its three- and four-year-old children to early education programs. It is estimated that about 55% of DCFS’ three to four-year old children are referred to these programs, and roughly half of these youth are enrolled. In 2013, 11 of the DCFS district offices referred roughly two-thirds of their eligible three and four-year old children to early education programs, and two offices, South County and Vermont Corridor, referred 100% of their eligible three and four-year old children to these programs.
- **Promotion of early care and education programs** – Starting in 2010, DCFS conducts annual presentations to its social workers in each regional office on the value and benefits of enrolling children under the age of 5 in quality early care and education programs. These presentations are given collaboratively by DCFS, LACOE Head Start, and Child Care Resource and Referral Agency staff and include guidance on navigating these programs and specific contact information for connecting these children to the various resources available.

## GLORIA MOLINA FOSTER YOUTH EDUCATION PROGRAM (FYEP)

The Gloria Molina Foster Youth Education Program (GMFYEP) was designed to ensure that DCFS high school students graduate from high school and have the support they need to enroll in post-secondary education, if they desire. The GMFYEP is currently serving 248 DCFS youth in seven school districts (Pomona, Montebello, Hacienda La Puente, El Monte Union, Azusa, El Rancho, and Los Angeles School Districts), and working on expansion efforts to three more (Bonita, Baldwin Park, and Mountain View School Districts).

The Countywide expanded program, known as the Foster Youth Education Program (FYEP), was

launched in September 2012 and spans across all five Supervisorial districts in 18 different schools across 4 school districts (Los Angeles, Long Beach, Compton, and Antelope Valley School Districts). DCFS would like to further expand the remedial tutoring portion of this model to four additional schools (across Los Angeles and Long Beach Unified School Districts) and is trying to identify funding to do so.

FYEP – There are 192 high school students currently served through the Countywide FYEP expansion program (125 through school-based social workers and individual/group remedial tutoring, and 67 through afterschool remedial tutoring only)

- **Graduation Rates:** Last year (2012-13 school year), 23 out of 25 seniors (92%) graduated from high school (two youth who didn't graduate are still working towards graduation), compared to the graduation rate of 48% for foster youth in California (Stuart Foundation, 2013).
- **Post-secondary Enrollment:** Last year, 17 out of 25 seniors (68%) enrolled in post-secondary education (12 in community colleges, 5 in 4-year colleges/universities), compared to the national average of between 7 – 13% for foster youth (Casey Family Programs, 2010).

#### ACTION ITEMS FOR EDUCATION

1. Continue expansion efforts for the SITS to include five additional school districts.
2. Identify funding to expand the remedial tutoring portion of the FYEP model to four additional schools.

#### G. *Mental Health*

1. The Board should issue a clear mandate that non-pharmacological interventions are best practice with children wherever feasible. The Board should work with the Juvenile Court to fully implement and measure compliance with this mandate.
2. As part of performance-based contracting, mental health treatments for teens and transitioning youth must incorporate trauma-focused assessments and treatments, developmental status, ethnicity, sexual identify, and vulnerability to self-harming behaviors.
3. Children age five and under in the child welfare system must have access to age appropriate mental health services.

#### NON-PHARMACOLOGICAL INTERVENTIONS

Providing non-pharmacological interventions for children whenever feasible is clearly desirable. This recommendation can be implemented using the Los Angeles County dependency courts program that is designed to review the appropriateness of prescribed medications for detained children and to examine whether prescribing practitioners have attempted psychosocial interventions prior to or concurrent with the introduction of psychopharmacological approaches. More specifically, the Juvenile Court Mental Health Services (JCMHS) is a multidisciplinary team, based primarily at Edmund D. Edelman Children's Court that provides consultation to the various dependency courts on mental health issues. Each year JCMHS reviews over 10,000 psychotropic medication authorizations (PMA), requests; which are required when practitioners wish to treat

youth in State custody with psychotropic medication(s). Each form is reviewed by a child and adolescent psychiatrist and a pharmacist. Subsequently, a recommendation is made to the Court as to whether or not consent to administer the medication(s) should be granted. Recommendations are based on the reviewers' extensive clinical experience, as well as various prescribing parameters. JCMHS also provides consultation to judicial officers and dependency attorneys regarding mental health treatment and psychotropic medication regimens available to dependency youth.

In May 2013, in order to better standardize and guide recommendations made to the Court related to the appropriateness of psychotropic medication regimens for dependency youth, JCMHS implemented the aforementioned "Parameters For Juvenile Court Mental Health Services' (JCMHS) Review of Psychotropic Medication Authorization Forms (PMAFs) For Youth In State Custody." PMA requests that do not comport with these parameters result in an automatic referral to a JCMHS child & adolescent psychiatrist (who work in collaboration with a JCMHS social worker or psychiatric nurse) for assessment regarding the appropriateness of the proposed psychotropic medication regimen. This assessment includes additional record review, contact with treatment providers and/or foster parents, and a face-to-face evaluation of the child at home, school, or both. In order to complete these consultations in a timely fashion, JCMHS has added 1.5 FTE of child & adolescent psychiatrists. At the conclusion of the assessment process, JCMHS provides a written report to the court outlining recommendations for non-pharmacological interventions and, if appropriate, specific medication recommendations.

## Current Initiatives

A. **Information Sharing** - Projects are ongoing to improve and systematize the way DCFS, DMH (via JCMHS), DHS, Probation, and the Court communicate and exchange/access information related to the PMA process. These include:

- 1) **Development of a new, electronic JV-220(A)** submission and review system which will improve:
  - The speed and accuracy with which DCFS submits important collateral information about the youth;
  - The rapidity with which JCMHS can review both the JV-220(A) and available collateral information and, subsequently, make a recommendation about the medication regimen's safety and efficacy;
  - The breadth of data upon which the Court bases its "medication-approval (or non-approval)" decisions;
  - The ability for DCFS, JCMHS, and the Court to review prescribing patterns on a systemic, facility-specific, or individual-prescriber level and to determine if non-pharmacological interventions were implemented prior to or in conjunction with psychotropic medication(s) being prescribed.
- 2) Systematizing the manner by which DCFS submits ancillary information (both prior to and after the implementation of the new data system).
- 3) Granting JCMHS staff access to the Child Welfare Services/Case Management System (CWS/CMS) state system so that they have access to more information/data regarding prior pharmacological and non-pharmacological interventions that have been implemented in youth.



- 4) Improving the availability of youths’ DCFS Health & Education Passport to community providers and the JCMHS staff.

**B. Improving Group Home Prescriber Qualifications** - Efforts are underway to help ensure that psychiatrists who treat DCFS youth have a minimum level of training, experience, and qualifications, although the exact level of certification that will be required has not yet been determined (e.g., certification in general psychiatry and/or child and adolescent psychiatry by the American Board of Psychiatry and Neurology). This will improve greatly the likelihood that foster youth who eventually are treated with psychotropic medications have been properly assessed and monitored, and have been treated or will be treated with appropriate non-pharmacological modalities.

**MENTAL HEALTH ASSESSMENT AND TREATMENT OF TEENS AND TRANSITIONING YOUTH**

DMH requires all providers to deliver comprehensive assessments of adolescents using protocols that incorporate State Medi-Cal requirements. Both DMH and State DHCS monitor providers’ completion of assessments as a component of the State Medi-Cal Review and the DMH provider Medi-Cal recertification. Table 1 compares the extent to which these assessment protocols include developmental status, trauma focus, sexual identity and vulnerability to self-harming behavior. All assessments address trauma and vulnerability to self-harm. Both child/adolescent and juvenile justice child/adolescent assessments inquire about developmental status. However, only the child/adolescent initial assessment addresses sexual identity from the developmental milestone perspective.

**Table 1: Comparison of Three Mental Health Assessments by Various Components**

COMPONENT	MENTAL HEALTH ASSESSMENT		
	Adult Initial (MH 532)	Child/Adolescent Initial (MH 533)	Juvenile Justice Child/Adolescent (676)
Age	18+	6-17	6-17
Ethnicity	✓	✓	✓
Developmental Status	Not specifically asked	✓	✓
Trauma-focused	✓	✓	✓
Sexual Identity	Not specifically asked	✓*	Not specifically asked
Vulnerability to Self-harm	✓	✓	✓

✓Indicates item is included in assessment

\*Developmental milestones

In addition to these components, as a standard of clinical practice, all children and youth receiving services from DMH are assessed for the presence or risk of co-occurring substance use. These assessments are used to plan interventions delivered by multidisciplinary teams.

Current strategies for addressing issues of trauma, sexual identity and vulnerability to self-harming behaviors, and recommendations for future initiatives are as follows:

- **Trauma-Focused Treatments** - Through the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) DMH workforce and providers have been trained to deliver an array of trauma-focused treatment interventions including Trauma-Focused Cognitive Behavioral Therapy; Seeking Safety and Crisis Oriented Recovery Services. All DMH providers of services to children and transition age youth are required to offer at least one Evidence-Based Practice (EBP) addressing trauma.

- **Sexual Identity** - The MHSA PEI stakeholder planning process recommended prioritizing services to Lesbian, Gay, Bisexual, and Transgender (LGBT) youth and young adults. During the past few years, DMH has implemented an outreach and psycho-education project to the provider community regarding serving LGBT TAY. DMH will enhance training opportunities that enable providers to effectively identify and address sexual identity issues among clients.
- **Self-Harming Behaviors** - DMH uses an array of tools and resources in our effort to better understand and reduce the risk of self-harming behaviors in adolescents and youth. Risk for self-harming behavior is assessed consistently throughout the course of treatment; especially when the individual is reported to be or observed to be demonstrating signs or symptoms of self-harming intent or behaviors. Additionally, DMH has a rigorous suicide prevention program which includes designated staff conducting training to the mental health provider community, faith communities, and non-mental health community-based organizations. DMH trained several hundred DCFS staff in suicide prevention during the last two fiscal years.

DMH has a draft policy regarding the use of standardized tools for assessing risk of self-harm and will ensure providers use such tools once identified.

#### CHILDREN ZERO TO FIVE YEARS OF AGE

As noted in the BRCCP Report, “children between zero and three continue to be the age group most likely to be maltreated . . . and more than half of newly detained children are under age five.” The report further states that “it is crucial for the mental health system to continue to build capacity and strengthen competencies in the field of infant and early childhood mental health specifically for those infants and children in the child welfare system.” DMH, in partnership with DCFS, other departments, and a large network of providers and partner agencies has clearly targeted an array of prevention and early intervention resources toward children birth to five who are in or at risk of entering the child welfare system.

- **Evidence-Based Practices** - High quality and age-appropriate mental health services include a number of Evidence-Based Practices (EBPs) that are focused on the needs of young children particularly those who have experienced trauma and/or are at risk for psychosocial, emotional, and behavioral problems related to abuse, neglect, and developmental delays. Comparative data for DCFS-involved children indicate that in FY 2012-13, almost 10,000 received treatments using an evidence-based or promising practice, compared to 9,000 in FY 2011-12. During this two-year period, over 5,000 children age birth to five received such services. Moreover, each year, the number of children under age five who are part of the “Katie A. Class” and have received mental health services has continued to increase (approximately 7,100 in FY 2011-12, and 7,860 in FY 2012-13). This includes increasingly larger numbers of infants and toddlers under age three.
- **Building Capacity: Birth to Five Training and Workforce Development** - DMH children’s mental health providers have been trained in an array of EBPs appropriate for children under five. Nearly 200 legal entity provider sites are currently delivering such practices. Among the EBPs, Parent Child Interaction Therapy (PCIT) has been documented as an effective practice for reducing the incidence of low to moderately severe disruptive behavior problems which dramatically increase the risk of physical abuse of young children.

First 5 LA awarded a five-year PCIT training grant to DMH and the UC Davis PCIT Training Center to form train mental health therapists to become certified in PCIT, increase the number and geographic diversity of qualified PCIT providers, and deliver PCIT services to eligible children two to five years old and their parents/caregivers. DMH has collaborated with DCFS to identify focal populations of children in or at risk of entering foster care as well as parenting teens and their children. Since the inception of the project in October 2012, the number of PCIT providers has significantly increased (up to 20 each year) and over 500 DCFS-involved children and their parents/caregivers have participated in PCIT.

In addition to administering programs designed to augment provider capacity to deliver best practices for young children, DMH sponsored recent meetings of the **ICARE Steering Committee (ISC)**, a subgroup of the Infancy, Childhood and Relationship Enrichment or ICARE Network. The ISC has been developing an **LA County Prenatal to Five Training and Leadership Consortium (TLC)**. The Consortium is focused on achieving the following goals:

- **Augment “pathways” and enhance opportunities for mental health providers to become Infant-Family and Early Childhood Mental Health (IECMH) specialists** (including meeting the “endorsement” process requirements). DMH has contracted with USC University Center for Excellence in Developmental Disabilities Children’s Hospital Los Angeles (UCEDD-CHLA) to implement a *Birth to Five Core Training Series* that will ultimately enable 1,000 participants to receive training in Birth to Five core competencies. UCEDD-CHLA will further provide reflective facilitation training for over thirty clinical supervisors.
- **Establish an LA County Transdisciplinary Leadership Consortium that promotes capacity building in support of comprehensive systems of care** within local Service Areas, Best Start LA communities, and “Health Neighborhoods” through cross-training for representatives from the early care and education, mental health, health care, developmental disability, and child welfare systems that can be supported through multiple funding streams.

#### **ACTION ITEMS FOR MENTAL HEALTH**

1. Improve information sharing by developing a new electronic format to submit and review information related to the PMA process.
2. Provide JCMHS staff access to the CWS/CMS system to view more information regarding prior pharmacological and non-pharmacological interventions provided.
3. Determine the range of services and supports for the LGBT TAY population.
4. Select a set of standardized tools to accompany mental health assessment forms to determine vulnerability of youth to self-harming behaviors.
5. Administer programs designed to enhance provider capacity to deliver best practices for young children.

## VIII. Establish an Oversight Team to Ensure Implementation of Recommendations

*The Board should immediately establish an Oversight Team. Initially, the Oversight Team would be charged with the following tasks:*

1. Oversee implementation of the Commission's recommendations upon adoption by the Board.
2. In collaboration with the Board, identify the services currently provided by the Departments of Health Services, Children and Family Services, Public Health, Probation, Mental Health, Public Social Services, First 5 LA, the Los Angeles Office of Education, the Domestic Violence Council, and the Housing Authority of the County of Los Angeles deemed as crucial to ensuring child safety. The accompanying budget and staff resources also should be identified.
3. The Oversight Team must develop a dashboard to provide monthly report to the Board.

An Oversight Team could be established through an ordinance with a mandate to oversee the implementation of those BRCCP's recommendations that were approved by the Board. In developing the ordinance, it will be important to determine the membership, length of terms, and clear definition of the duties being requested to undertake and determine which information they should legally have access that is allowable under state and federal law. We concur that the Oversight team should develop a monthly dashboard that they can use to provide updates on the BRCCCP recommendations, if approved by the Board.

The BRCCP has asked that the Board to create:

- A Joint Strategic Planning process. To meet this objective, your Board could create the LACWC Council;
- The Office of Child Protection with an Executive Director with budget and staffing oversight; and
- An Oversight Team responsible for implementation.

If the Board supports the creation of all these entities, it is imperative that the roles and responsibilities of these entities be clearly delineated so that we are not duplicating efforts and the focus remains on the implementation of critical strategic objectives for children and families within Los Angeles County.

### **ACTION ITEMS FOR ESTABLISHING AN OVERSIGHT TEAM**

1. Establish oversight team to oversee the implementation of the Commission's report, upon adoption by the Board.