County of Los Angeles

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Interim Chief Executive Officer

January 12, 2015

To: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Sachi A. Hamai
Interim Chief Executive Officer

STRENGTHENING THE COUNTY'S HEALTH SERVICES INFRASTRUCTURE FOR CHILDREN IN FOSTER CARE

On December 9, 2014, the Board approved a motion introduced by Supervisor Mark Ridley-Thomas prioritizing the implementation of the Blue Ribbon Commission on Child Protection (BRCCP) recommendations related to improving the health and well-being of children in the care of the County. The motion directs the Chief Executive Office (CEO), in consultation with the Child Protection Transition Team, to report back as part of the January Transition Team update with actionable items related to the public health nurse program. This report relates to this Board request. The Department of Health Services will separately respond to the other Board motion request to report back related to the staffing, access and space needs for each of the Los Angeles County's medical hubs, including an analysis of funding needs, redeployment of resources, and revenue offsets necessary for implementation as well as an implementation timeline.

In response to the request for actionable items related to the public health nurse program, the CEO worked with the Departments of Children and Family Services (DCFS), Health Services (DHS), Public Health (DPH), Mental Health (DMH), and County Counsel to develop an implementation plan to address the following BRCCP recommendations.

1. **Pair a Public Health Nurse with a DCFS Social Worker when conducting a child abuse or neglect investigation for all children under 24 months of age.** While the BRCCP indicated children under the age of one, the County expanded the age group to all children under 24 months of age.

2. **All children under 24 months whose cases are investigated by DCFS should be screened at a Medical Hub.** While the BRCCP indicated all children should be screened, the County recommends that the PHNs refer children to the nearest Medical Hub, when medically necessary.

This report is in response to the December 9, 2014 Board motion, and the final decision regarding implementation is to be made by your Board. The recommendations in this report depict the high-level business process that the Committee recommends to best meet the goal of conducing joint investigations with Children's Social Workers (CSWs) and Public Health Nurses (PHNs) and screening all children under two years old at the Medical Hubs. To address these recommendations, funding has been set-aside in a Provisional Financing Sources (PFU) account in Fiscal Year 2013-14. As this is a complex issue, we have structured the report to include the following components:

I. **High-Level Business Process** – Highlights process flows, proposed changes to the existing business process, and general roles and responsibilities.
II. **Data Analysis and Staffing** – Provides basic information on the total number of children under age two who would receive medical screenings as well as the staffing recommendations needed to meet this increased demand.
III. **Detailed Implementation Plan** – Provides a project phase in approach and milestones required to ensure a successful implementation as well as the staffing and budget recommendations.
IV. **Performance and Outcome Measures** – Identifies performance and outcome measures that would be tracked to evaluate the effectiveness of these recommended changes.

We recommend that the Board:

1. Instruct the DCFS, DPH and DHS to launch a phase-in implementation approach so that the CSW and PHN can conduct joint visit for all children under the age of 2. PHN will identify those children who for medical necessity should be referred to the DHS Medical Hubs for screening. Phase 1 will be the MLK Medical Hub servicing the Compton and Vermont Corridor DCFS Regional Offices.

2. Instruct DHS to augment their operations to facilitate the screening of these children within a 72 hour timeframe.

3. Instruct DCFS to report monthly on the overall implementation status and performance outcomes.

4. Instruct the Departments of Health Services and Mental Health to co-locate dedicated mental health services at the Medical Hubs.

If you have any questions, please contact Antonia Jiménez at ajimenez@ceo.lacounty.gov, or at (213) 974-7365.

SAH:AJ
VD:TOF:ljp

Attachment (1)

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

PHN Recommendations Med Nec 01-12-15.bm

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Executive Summary

On June 10, 2014, the Board approved a motion by Supervisors Molina and Ridley-Thomas to adopt the recommendations of the Blue Ribbon Commission for Child Protection (BRCCP). Through this motion, the Board directed the CEO and relevant County departments to assess the Public Health Nurse program and recommend an implementation plan designed to meet the needs of each geographic area within the County. In response to the Board's request, a Committee consisting of the CEO, DHS, DCFS, DPH, and DMH developed an implementation plan for the following two BRCCP recommendations:

1. **Pair a Public Health Nurse with a DCFS Social Worker when conducting a child abuse or neglect investigation for all children under 24 months of age.** While the BRCCP indicated children under the age of one, the County expanded the age group to all children under 24 months of age.
2. **All children under 24 months whose cases are investigated by DCFS should be screened at a Medical Hub.** While the BRCCP indicated all children should be screened, the County recommends that the PHNs refer children to the nearest Medical Hub, when medically necessary.

Program Goals:

1. Expand the role of the PHNs to include joint visits for all children under 24 months old.
2. Enable PHNs to observe and interview in order to identify a child's and his/her siblings' immediate and potential needs related to general physical, nutritional and developmental health issues.
3. PHNs can facilitate conversation and encourage parents to seek medical attention for their children, if needed.
4. PHNs can provide valuable information to CSWs that may prevent children from being detained.

The County is working under the premise that the inclusion of medical professionals - Public Health Nurses and Medical Hub providers - would enhance the Emergency Referral (ER) investigation and assist with:

- Early identification of child abuse and neglect signs which may improve child safety and reduce the total number of child deaths.
- Identify need for routine or remedial medical care.
- Leveraging the expertise of medical professionals to increase the number of detained children who can remain safe in their homes. This could help reduce the total number of children who would be negatively impacted by a removal.
- Working with families (parent or legal guardian)[1] to obtain consent for further medical evaluation, guiding them through the process, and informing them of the potential benefits.
- Providing support services to families to assist in scheduling medical appointments and linking them to other social service programs that may be needed to maintain a safe family environment.
- Assisting families in navigating the system so that they can, if needed and appropriate, receive ongoing medical care through the DHS Medical Homes, for all children in their families.

The proposed recommendation highlighted below depicts the high-level business process that the Committee recommends to best meet the goal of conducting joint investigations with CSWs and PHN for all children under two years old, and referring children to the Medical Hubs, when medically necessary. As this is a complex issue, we have structured the report to include the following components:

[1] Parent or Legal Guardian. Throughout this document, "parent" refers to parent or legal guardian".

Proposed Recommendations

I. High-Level Business Process – *Highlights process flows, proposed changes to the existing business process, and general roles and responsibilities.*

II. Data Analysis and Staffing – *Provides basic information on the total number of children under age two who would receive medical screenings as well as the staffing recommendations needed to meet this increased demand.*

III. Detailed Implementation Plan – *Provides a Project Phase In Approach and milestones required to ensure a successful implementation as well as the staffing and budget recommendations.*

IV. Performance and Outcome Measures – *Identifies performance and outcome measures that would be tracked to evaluate the effectiveness of these recommended changes.*

While we are working under the premise that incorporating the medical professionals into the ER investigation would enhance the investigation and help identify, early on, those children who have been neglected and/or abused; these assumptions will need to be validated. To date, we have not found a single jurisdiction that has been successful at conducting joint CSW/PHN investigations similar to this proposal.

Please note that there are two additional Medical Hub recommendations that will be addressed in the near future: 1) Medical Hub Assessment – DHS will provide an update on the topic under separate cover; and 2) Provide ongoing care to individuals in our foster care system and group homes.

I. HIGH-LEVEL BUSINESS PROCESS

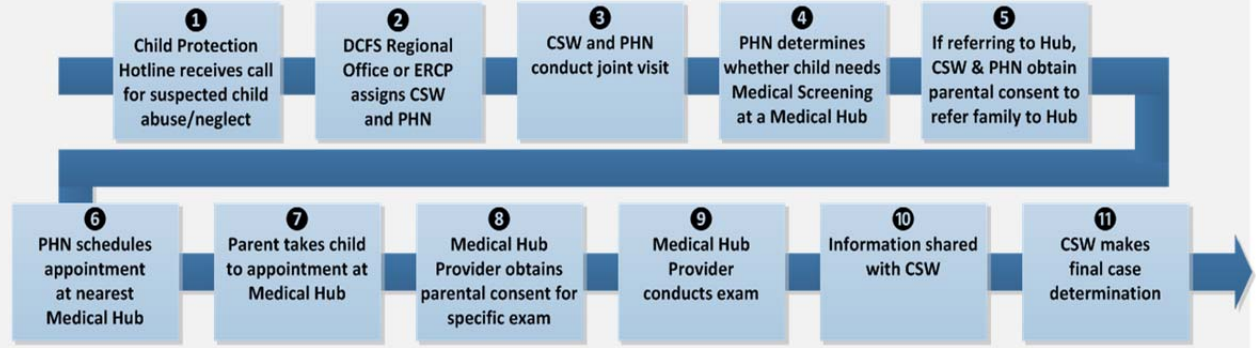
In order to understand the proposed process, the following define the types of services that will be ***provided to children under age two during the investigation phase***.

Service	Location	Definition
PHN Assessment	Joint Visit	▪ PHN would conduct a health assessment and will record all observations and recommendations on the standardized *PHN Assessment Tool*. ▪ The tool is used to determine if the child has met major age-appropriate developmental milestones to assess: physical growth, language development, intellectual development, and social/emotional well-being. ▪ The assessment is a visual physical assessment to identify if the child has any medical issue that requires medical attention.
Medical Screening	Medical Hub	A minimally-invasive initial screening may include: ▪ Verbal medical history ▪ Visual inspection of clothed child; only minor clothing re-adjustment permissible ▪ Measurement of height, weight, and head circumference ▪ Taking of vital signs ▪ Evaluation for urgent medical conditions to include: infections and communicable diseases, preexisting medical conditions requiring monitoring and/or medications ▪ Fetal Alcohol Syndrome screen ▪ Removal of clothing, including but not limited to genital inspection; invasive laboratory testing; immunization; imaging studies; or photographing of the child is not within the scope of this Order.)

Service	Location	Definition
		The term "**medically necessary"** is defined by the workgroup as a PHN's recommendation for further medical assessment based on potential signs, or risk of signs, for maltreatment.
Forensic Examination	Medical Hub	Medical examination for the assessment of suspected child physical abuse, sexual abuse, or neglect is performed by a medical professional with extensive training and experience. Forensic examination components will vary based on the type of suspected abuse/neglect and the circumstances of the case. Each DHS hospital's Suspected Child Abuse and Neglect (SCAN) team is integrated into the Medical Hub to provide this service.

This section provides a high-level description of the business process, beginning from the moment DCFS makes a determination that an investigation is warranted through the completion of the medical screening process at the DHS Medical Hubs, if needed. As the DCFS case management process is complex, our focus in this section is to highlight the process for pairing the CSW and PHN and to ensure that all children under age two who are in need of a medical screening receive a referral to the nearest Medical Hub. It does not intend to depict the intricate DCFS case management process with the myriad of state and federal legal and policy requirements. While the Executive Summary only includes the high-level business process, Attachment A has the detailed end-to-end business process required to ensure successful implementation. It also documents the roles and responsibilities of each entity and procedural steps required when training the appropriate staff.

FIG.1 – PROCESS FOR JOINT VISIT AND MEDICAL SCREENING FOR CHILDREN UNDER 24 MONTHS



The high-level process is as follows:

1) Once the Child Protection Hotline makes a determination that an ER investigation is warranted, both the CSW and the PHN would conduct an administrative review to determine if the family has prior history with DCFS and whether there is any prior medical information available about the child(ren) being investigated. This information will provide the CSW and the PHN with pertinent information needed to begin a comprehensive investigation.
2) If the investigation is being conducted during normal working hours, the Regional Office will assign both a CSW and PHN to conduct a joint visit. If the ER is during off hours or on weekends, the Emergency Response Command Post (ERCP) will be responsible for assigning both the CSW and PHN. To facilitate this pairing, PHN nurses will be co-located at the Regional Offices and at the

Command Post. In addition, PHNs will be also be located at the Medical Hubs to support the CSWs and the families.

3) During the joint visit, the CSW would continue to perform the required child welfare assessment and safety checks.

4) The PHN during the ER investigation will be responsible for:

- Completing a medical assessment designed to evaluate a child's health and development using a standardized PHN Assessment Tool (Attachment C). The tool guides the PHN conduct a visual physical assessment to identify if the child(ren) have any medical issue that requires medical attention (immediate or long-term). Specifically, the tool assists the PHN in assessing the child's development, physical growth, psychosocial growth, and environmental factors.
- Consulting with the CSW to determine whether there is any child safety issue that would warrant moving forward with detention. Please note that this process does not negate the need to proceed under the appropriate legal authority (i.e., consent, court order, or a determination of exigent circumstances); Attachment A provides the detailed business process.
- If exigent or critical medical attention is needed immediately, the PHN would be responsible for consulting with the Medical Hubs and scheduling an appointment. In these cases, the CSW and the families will accompany the family to the Medical Hub. The Medical Hub provider will consult with the CSW or law enforcement to determine the appropriate level of examination, either a medical screening and/or a forensic exam, and will work with the families to obtain parental consent, if appropriate.
- Scheduling a medical screening within 72 hours, for cases where immediate medical attention is not required, but the PHN has indicated that screening is required for medical necessity. The parent or legal guardian will be asked to bring the child to the Medical Hub for screening, and the PHN will be required to follow up with family to ensure that the child has been screened by the Medical Hub provider within 72 hours. Medical Hubs will be responsible to document parental consent.
- Following up with families who require additional services to ensure services were provided.

5) If during the joint visit the CSW and PHN determine that exigency or critical emergency medical issue exists, the CSW will be responsible for accompanying the child to the Medical Hubs.

The Department of Health Services (DHS) will establish a 24/7 Hotline Number, that CSWs and PHNs could use to consult with a Forensic RN/or Child Abuse Pediatrician. The consultation can provide valuable information and insight to determine whether: the case is critical; an appointment can wait 3 to 5 days; or whether medical screening is even necessary. While pairing a PHN with a DCFS CSW is a new and important change to the ER investigation, the final determination and case management responsibilities, as indicated by state law, remain with the DCFS CSW. As we implement these critical changes, DCFS must monitor this new process to ensure the disposition of its ER referral investigation on a timely basis. This new process cannot be the reason for untimely ER case disposition.

Table 1: Roles and Responsibilities

CSWs	PHNs	Medical Hubs
▪ Complete Child Safety Assessment on children ▪ Validate safety assessment from initial visit ▪ Communicate with all collateral contacts to gather information ▪ Perform case management ▪ Conduct subsequent visits ▪ Document all evidence ▪ Determine whether child is safe at home and whether referral should be closed or case opened	▪ Complete PHN Assessment Tool on all children in the household ▪ If medically necessary, schedule appointment at Medical Hub and follows up to ensure that the child is taken to the appointment ▪ Prioritize cases that require further medical evaluation/attention ▪ Provide follow up on care coordination	▪ Provide consultation to the PHNs and CSWs when conducting joint investigations ▪ Conducts medical screening or forensic exams; with parental consent. ▪ 24/7 RN/MD Forensic Hotline for consultation

Table 2: What's New

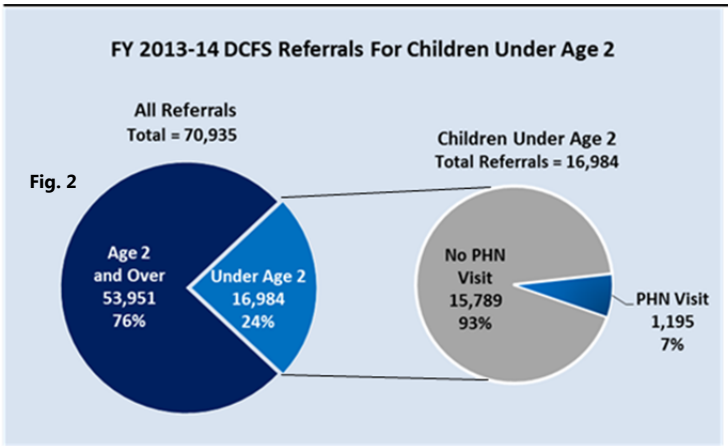
Priority Area	Current State	Future State
Joint Visits During Investigation	▪ Joint visits conducted only for children who have a serious medical issue or developmental condition (for all ages).	▪ In addition to children with medical and developmental issues; investigations will now include all children under 24 months who are being investigated for child abuse and neglect.
PHN Assessment Tool	▪ PHN completes an assessment form during the joint visit.	▪ Standardizes the comprehensive PHN Assessment Tool, developed by a multi-disciplinary team, to assess the development of children under age 2.
PHN Business Hours	▪ PHN work schedule is only during regular business hours.	▪ Extends the PHN schedule work hours to provide coverage for nights and weekends.
PHN General Responsibilities	▪ Care coordination; file reviews and updates.	▪ Care coordination; file reviews and updates. ▪ Coordinates medical appointments and follows up with families ▪ Coordinates linkages to other social services, if needed.
Medical Screenings	▪ All children who are seen at the CWC/YWC receive a medical screening prior to placement.	▪ In addition to children seen at the CWC/YWC, children under 24 months who are being investigated for child abuse and neglect will receive a medical screening at a Medical Hub immediately or as soon as possible.
DHS 24/7 Call-In Nurse/MD Advice Line	N/A	▪ Forensic nurses/Physicians provide guidance to CSWs and PHNs in the field, as well as to caregivers for medical questions for foster care children.
Mental Health Services	▪ DMH services are provided in some Medical Hubs, but not all.	▪ DMH services will be provided at all Medical Hubs.

II. Data Analysis and PHN Staffing Recommendation

This section provides general information on the total number of children under age two who would be have joint CSW/PHN visit and receives a medical screening. The Committee conducted an analysis of the total number of children under two that will be impacted by this enhanced business process. These data elements were used to assess the staffing impact to the CSWs, PHNs and the Medical Hubs to determine the total number of PHNs required for countywide implementation.

The total number of DCFS ER referrals for children under age 2 years is 16,984; of these approximately 7% (1,195) were jointly investigated. In order to meet the increased demand, we recommend that a new ER PHN function be created to conduct joint visits to assist families with coordination of medical appointment and link them to other social services. The PHNs, similar to the ER CSWs, would be responsible for completing no less than two ER visits per day and also will assess all children in the household. DCFS' data indicates that the average caseload has 2.5 children per household.

Fig. 2



FY 2013-14 Total PHN Visits

Children	PHN Visits	Percent
Over Age 2	1,797	60%
Under Age 2	1,195	40%
All PHN Visits	2,992	100%

The table below depicts the methodology used to calculate the total number of PHNs needed to conduct an average of 16,000 joint investigations annually for all children under 24 months of age. Approximately 50% of children who receive a medical screening at the Children Welcome Center/Youth Welcome Center require further medical assessment. Based on this percentage, we estimate that 8,000 of the 16,000 children under age two would also have "medical necessity" for further medical assessment at the Hub. DCFS will need to develop a tracking tool so that we can have accurate data on the total number of children under 2, who have been referred to the Medical Hubs for screening.

Table 3: Calculation of Additional PHNs Needed for Children Under 24 Months

Unit	Calculation	Total
Caseload per week:	2 visits per day x 5 days/week	10 visits
Caseload per month:	10 visits x 4 weeks/month	40 visits
Caseload per year:	40 visits x 12 months	480 visits
Total referrals under 24 months:	16,000 referrals	
Number of additional PHNs:	16,000 referrals/480 visits	34 PHNs
(*)Workforce Fluctuations (20% additional):	20% x 34 PHNs	7 PHNs
Total PHNs		**41 PHNs**

(*) Accounts for 20% of leave time (vacation, sick, maternity, return to work, etc.)

The salaries and employee benefits costs for each PHN is $158,000. The total request for 41 PHNs is $6,477,000. This cost does not include any associated services and supplies costs (e.g. office space, computer, training, etc.). With an additional six supervisors and six support staff, the total salaries and employee benefits cost equals **$7,953,206**. In addition, DHS will provide **$1,998,363** to support the cost of medical screenings and forensic exams (see page 10 for breakdown by Medical Hub).

The Committee, in collaboration with on-the-ground DCFS ER social workers, assessed the workload impact to the CSWs and determined that since the PHN nurses would be taking responsibility for establishing the Medical Hub appointment and following up with the families, the CSW caseload impact would be minimal. Currently, CSWs accompany families in all cases where exigency and/or immediate medical care are needed. Moreover, if a medical screening is needed, the PHN works with Medical Hub staff to make an appointment, and the parent is then responsible for taking the child(ren) to the Medical Hub. To that end, CSWs do not accompany parents to the Medical Hubs but instead works directly with Medical Hubs to obtain the appropriate medical information required to make the final case determination. Once the child is seen by the Medical Hub provider, the information is provided to the CSW within 48 hours.

REALIGNMENT

Currently, the child welfare system incorporates PHNs on the front end (during the ER investigation) and the back end (once the child is detained). DCFS manages the PHNs on the front end, and they provide consultation and care coordination for children with medical issues or developmental delays. DPH manages the nurses that provide ongoing case management for children placed in out-of-home care to ensure annual medical and dental appointments occur timely.

It is important to mention that the Governor's 2014-15 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 CA Department of Social Services or the CA 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, a new Memoranda of Understanding defining respective roles and responsibilities among county departments of public health and child welfare may be needed. In preparation, and contingent upon the State's allowance to repurpose the realigned funds, the Committee will, under separate cover, develop a proposal to consolidate the PHN Program under the administration of one County department to determine the classification of nurses best suited for the required duties; and to clearly delineate the roles and responsibilities, along with clearly defined performance measures and outcomes. The Committee intends to finalize the recommendation by the end of April 2015, so long as clarification on the realigned funds has been issued by the State

III. Full Countywide Implementation Plan

While we will be implementing the proposed process Countywide, we recommend a Phase In Approach. This section will highlight the total cost for: 1) *Expanding the Medical Hubs and 2) Pairing a CSW and PHN to screen children under the age of 2, if medically necessary*.

1. Expansion of the Medical Hubs

DHS will be providing a separate proposal to the Board regarding expansion of Hub services and any related staffing request. This report will include any related cost required for implementation.

Implementation of the new process would not impact the existing CSW workload, yet new DCFS policy and training would be required for all staff in order to clarify the roles of expanded duties of the PHN and Medical Hub system, including use of the PHN Assessment Tool and requesting for parental consent. In addition, training staff on communication of medical information and data through the emHub system is also critical, because real time entry of medical information is necessary for CSWs to make timely, informed decisions. Therefore, this enhanced process would allow the CSW to review findings from a medical professional within 48 hours in order to help make a decision about whether to close a referral or open a case.

2. Pairing a CSW and PHN

To implement Countywide we propose hiring 41 nurses specifically to conduct joint ER investigations for all children under 24 months who are being investigated. The unit would include supervisors and administrative staff to support this function. The proposed total cost for a new PHN staffing is $7.95M, based on the FY 2014-15 budget. As Table 4 shows, this function would include a total of 41 PHNs, six Supervising PHNs, and six support staff.

Table 4: Estimated Cost for Staffing of PHNs

ITEM TYPE	UNIT COST[1]	NUMBER FTEs	ESTIMATED S&EB
Public Health Nurse (PHN)	$158,000	41	$6,477,000
Supervising PHN	174,938	6	1,049,628
Intermediate Typist Clerk	71,161	6	426,968
TOTAL		53	**$7,953,206**

[1]Includes Salary and Employee Benefits (S&EB)

3. DMH Cost

Currently, DMH has a contract with VIP-CMHC to provide mental health services to LAC+USC Medical Center; and DMH staff will be providing services at the MLK, Jr. Outpatient Center. To cover the cost of mental health services at the three additional Medical Hubs (Harbor-UCLA Medical Center, Olive View Medical Center, and High Desert Regional Health Center), DMH estimates a total of $826,448 for seven DMH staff (including one supervisor) with services/supplies. DMH anticipates that there will be $85,605 in Medi-Cal revenue, which would decrease the total requested NCC to $740,843.

4. Transportation

Families may need transportation assistance in order to attend to their Medical Hub appointments. With the parent/legal guardian being responsible for taking their child(ren) to the Medical Hub for a medical screening, some families may request assistance with transportation costs. To meet this need, DCFS will determine the total estimated cost for transportation assistance (e.g., bus tokens, transit fare subsidies), and this would be included in the total estimated cost for implementation.

Total Estimated Cost

The estimated total cost of full implementation at all DCFS Regional Offices would be $9.3 million. Table 5 lists additional resources required to implement the new process and the associated Net County Cost (NCC). To address these recommendations, funding has been set-aside in a DCFS Provisional Financing Sources (PFU) account in Fiscal Year 2013-14.

Table 5: Cost of Resources Required to Implement New Process		
Request	**Estimated Cost**	**Funded by DCFS PFU**
Medical Hub Expansion[1]	TBD	
Staffing ER PHN Unit (41 Nurses; 6 Supervisors; 6 Support)	7,953,206	$7,953,206
DMH Request[2] (6 PSWs; 1 Supervisor)	826,000	740,843
Transportation Support for Families[3]	500,000	500,000
Total	**$9,279,206**	**$9,194,049**

[1]DHS funded
[2]Reflects $85,000 in estimated revenue anticipated to offset cost.
[3]Estimated amount will need to do an assessment.

Training

Prior to launching the pilot, DCFS and DPH will need to:

- Update the Lab Simulation training to incorporate the role and the overall purpose of the CSW and PHN during the joint visit. Simulation training would further reinforce policy and make it more realistic. DCFS is also considering simulation exercises for performance evaluations in the future.
- DPH will need to develop a training curriculum and train PHN on the use of the Assessment Tool. The training should incorporate the use of the Medical Hub 24 Hour Hotline with the Forensic RN/MD.
- The Supervising PHN would need to develop a quality assurance process to ensure the tool is uniformly implemented; the PHNs are scheduling appointments prior to leaving the home and following up with caretakers who miss their Medical Hub appointments.
- Policies will need to be developed to address any inconsistencies that may arise if the CSW and PHN do not agree with a single proposed course of action.
- A tool will need to be developed to track the linkages to the other services such as Medi-Cal, Food Stamps, Substance Abuse Treatment services, etc.

In addition, the departments will need to provide a mechanism where the PHNs can access the E-MHub system while working in the field and train PHNs so that they are able to schedule appointments.

Phase In Approach

The workgroup is recommedning a Phase In approach within the MLK Medical Hub to service the Compton and Vermont Corridor. We recommend that a 3 to 4 month rollout and a comprehensive assessment of what is working well and areas of improvement. Once this is finalized, we recommend that we continue to phase in the other DCFS regional offices.

FY 13-14	TOTAL # of Referrals	# Referrals for 2 and under	No PHN Visit	CURRENT # OF PHNS	ADDITIONAL VOUNTEER PHNs
COMPTON	2,977	870 (29%)	803 (92%)	4	2
VERMONT CORRIDOR	3,368	880 (26%)	836 (95%)	5	3
Totals	6,345	1,750 (28%)	1,639 (93%)	9	5

To minimize destabilization of the PHN program in the pilot offices, replace existing ER-PHN Unit volunteers with experienced DCFS-PHNs, transferred from non-pilot offices, **with incentive pay**. Assign new PHN items (with requisite supervisory and support) to those offices from which they transfer.

PHASE ONE SERVICE DELIVERY MODEL

CSW/PHN pairing vision, during the joint visit:

- CSW will be paired with PHN during investigations of referrals that include a child, age 23.99 months and under.
- CSW will investigate, as usual; and continue to be responsible for all casework decisions.
- CSW will consult with PHN during investigation. PHN will be a secondary assignment to the referral.
- DCFS-PHN will visit to observe child(ren) and interview parents; and to conduct bio-psychosocial and environmental assessment*
- DCFS-PHN will determine medical necessity for additional medical screen. If medically-necessary, PHN will refer child(ren) to Hub (MLK Hub, up to expanded hours of operation; then LAC+USC Hub, after-hours).*
    - Consenting parents will transport child(ren) to Hub within 72 hours.
    - Hub clinician will determine additional forensic/treatment needs AND obtain parental consent to proceed.
    - Hub clinician will enter outcomes into e-mHub within 48 hours.
- DCFS-PHN will retrieve Hub outcomes and provide to CSW.*

*In the event that the case falls under the purview of a DPH-PHN [pursuant to existing policies/MoU], then these three bullets pertain to a DPH-PHN).

IMPLEMENTATION "NEXT STEPS"

1. Communicate with the Union, Court, Attorneys (specifically LADL) and community medical providers.
2. Expand MLK capacity before PHASE ONE launch (hours of operation, equipment, staffing).
3. Solicit an adequate number of PHASE ONE PHN volunteers from Compton and Vermont Corridor to form specialized ER-PHN Units, with adequate PHN supervision, support and space.
4. Solicit an adequate number of PHASE ONE PHN volunteers countywide for after-hours/weekend ERCP duty, with adequate PHN supervision, support and space.
5. Develop a sound CSW/PHN pairing process. As referrals are received, the SAAMS Unit distributes referrals to on-duty ER-SCSWs to rotationally assign to duty ER-CSWs. ER-PHN unit(s) should develop a parallel process to assign secondary PHNs to each referral (Immediate Response v. 5-Day).
6. Develop an Emergency Assistance Request (EAR) Protocol to expedite issuance of transportation resources (checks or taxi vouchers) for consenting parents to timely transport their children to the local Hub, as necessary.
7. Develop requisite Policy/Training:
    a. Simulation Training for both CSWs and PHNs
    b. ER-PHN Training on child welfare legal mandates and crisis intervention
    c. ER-PHN Policy
8. Develop PHASE ONE Outcomes Tracking through Bureau of Information Services (BIS), to include but not be limited to:
    a. # of investigations (daytime, after hours/weekends) - to include #s of children (under 23.99 months and older siblings)

b. # of Hub referrals for medical screens
c. # of Hub referral refusals (by parents)
d. # of Hub appointment failures (by parents)
e. # of detentions
f. # of detentions due to appointment refusals or appointment failures
g. # of disagreements between CSW and PHN, that required higher-level evaluation
h. Impacts on ER referral closure timelines and detention rates (baseline v. PHASE ONE)
i. Health Outcomes - # of PHN-generated specialty referrals (that would not have otherwise been generated); and whether family is already involved in any Nurse Home Visitation Program.

MOST IMPORTANTLY: We do not know what we do not know. PHASE ONE will be monitored regularly and frequently to determine efficiencies and additional staffing/other needs. On a monthly basis, DCFS will provide a status update to the Board on the overall progress of implementation along with the total number of children who have received joint visits and medical screenings.

We recommend that we phase in implementation so that we can iron out some of the implementation issues prior to countywide rollout. This will enable us to test the PHN Assessment Tool, the turnaround time for the Medical Hub, the timeliness of families bringing children to the Medical Hubs for screening, and any other implementation related issue. In addition, we also need to ensure that this new process is not severely impacting DCFS' ability to appropriately disposition cases. We propose to implement the following in the phases outlined below:

MLK, Jr. Outpatient Center and High Desert have the highest number of ER Referrals in the County, and the Compton DCFS Regional Office would be the first to implement the new process in the MLK, Jr. Hub service area. We would also need to coordinate the expansion of the DHS Medical Hub Expansion plan prior to implementation so that they are ready to address the increased demand of these families. *Refer to Attachment D for a list of all DCFS Regional Offices and the proposed number of PHNs assigned by phase.*

Table 6: FY 2013-14 Total Child Abuse/Neglect Referrals and Removals

Phase	Medical Hub Clinic	Referrals	Removals
1	Martin Luther King, Jr Outpatient Center	40,998	3,090
2	Olive View-UCLA Medical Center	28,521	1,495
3	High Desert Regional Health Center	37,279	2,927
4	Harbor-UCLA Medical Center	21,562	1,289
5	LAC+USC Medical Center[1]	19,538	1,395
	Others[2]	4,097	529
	Total	151,995	10,725

Source: DCFS. July 2014.
[1]LAC-USC includes LAC-USC, Children's Hospital Los Angeles, and East San Gabriel Valley Satellite Hub
[2]Others include: Asian Pacific, CPH/ERCP, Deaf Unit, First Family Unit, MART, and Medical Case Management Services

Implementation of Phase I

IV. Performance Outcomes

Program performance will be tracked to monitor operations and inform decision making as we continue to review the outcomes achieved. During Phase I, the County will work on tracking activities and services provided to children and families to ensure the program is implemented as designed.

Activity	Process Measures	Outcome Measures
Joint PHN and CSW Visit	• Number of joint visits during normal working hours, nights and weekends. • Average length of time to conduct a joint visit.	*Child Well-Being* • Number of children who received a joint visit and do not enter or return to the child welfare system. • Number of fatalities of children under 24 months who received a joint visit. • Number of children detained. *Family Connections to Services/Support* • Number of families connected to services by type of service: — Medi-Cal, food stamps, CalWORKS — Mental health, substance abuse — Housing assistance • Number/percent of families where DHS serves as their medical home *Case Closure* • Number/percent of dispositions within 30 days
Referral for Medical Screening	• Length of time between joint visit and the medical screening. • Number of children referred to a Medical Hub for a medical screenings and those that actually receive a medical screening. • Number/percent of families that receive transportation assistance to and from a Hub visit.	

Process Measures
- Number of CSW/PHN joint visits by DCFS Regional Office
- Number children who receive medical screenings at a Medical Hub
- Number of days screening occurred after joint visit: 1,3,5
- Number/percent of Hub appointments that are completed (parent and child make appointment)
- Number/percent of no shows to Hub appointments
- Number/percent of families that received transportation assistance to and from a Hub visit

In addition, we will evaluate whether the proposed model meets intended outcomes to improve overall child well-being. An evaluation may be designed to measure enhanced care coordination, stronger linkages to Hubs or medical providers, and ultimately an increase in the number of families who are stabilized.

Outcome Measures
- Number of children returning to child welfare system (detained)
- Number of child fatalities

- Number of children with a recurrence of maltreatment
- Number of families connected to services (by type of service)
- Number of families with a medical home
- Number/percent of families that state the County Medical System is their medical home

An evaluation and data collection plan will be developed prior to implementation to ensure data elements are consistently collected across sites. If an evaluation of the model shows that the process operates as intended and outcomes are favorable, we will continue the rollout as planned. If the model is not working as intended, we will refine the model prior to proceeding with Countywide roll out.

Furthermore, an evaluation of the PHN Assessment Tool will review the usefulness/effectiveness of tool to best support the PHN in evaluating the child during the visit.

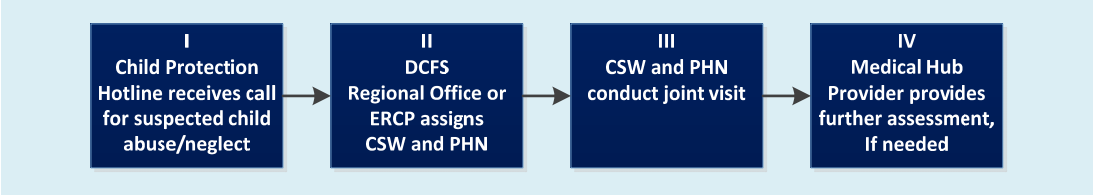
The multi-departmental team will continue to evaluate progress of the rollout by monitoring operations and data to make changes to the process as necessary. In addition, the team will update the Board, on a quarterly basis, on overall implementation to ensure better outcomes are achieved for children.

Based on the recommendations presented in this report regarding implementation, the following attachments provide additional details related to this plan, including: process flows, PHN Assessment tool, and a list of the DCFS Regional Offices that would launch the enhanced process in each of three phases.

Attachment A

End-to-End Business Process

The proposed process describes the roles of the CSW and PHN and how we propose to implement the joint visit by the CSW and PHN for all children under 24 months of age. Beginning with a call to the Child Protection Hotline, DCFS reviews the referral and determines whether to assign a CSW to investigate and ensure the safety of the child. For referrals that involve children under 24 months, this process would also assign a PHN to conduct a joint visit with the CSW. Once the CSW and PHN complete the initial visit, they would ensure linkages to any needed services and care coordination. If they determine further medical assessment is necessary, the CSW would refer the child and family to the nearest Medical Hub for further assessment by a medical professional. The chart below summarizes the process, and a detailed business process follows.



The first section reviews the role of the Child Protection Hotline (CPHL) in evaluating an incident of suspected child abuse/neglect in order to determine whether to open the referral for investigation. Section II describes the assignment of the in-person investigation to a CSW and PHN for children under 24 months.

Child Protection Hotline Staff

I. Receive call for suspected child abuse and neglect and determine need for investigation

1.1 Takes call from a constituent or mandated reporter to gather information on an allegation.

1.2 If an in-person response is warranted, then the CPHL opens a referral. Depending on the severity of the situation, the CPHL determines the timeframe in which the investigation should occur: Immediate or 5 day.

1.3 If an in-person response is not warranted, then the referral is evaluated out or closed.

1.4 If a referral opens and the allegation was received during regular business hours, the CPHL assigns the referral to a DCFS Regional Office for the investigation.

1.5 If the referral opens and the allegation was received during afterhours, the CPHL assigns the referral to the Emergency Response Command Post (ERCP) for the investigation.

Assignment of CSW and PHN

II. Staff Assignment to DCFS Regional Office or Emergency Response Command Post (ERCP)

2.1 Receives referral from CPHL; the DCFS Regional Office or the ERCP reviews the referral to determine staff assignment.

2.2 If the referral involves a child under 24 months or a child with a suspected serious medical issue or developmental delay, then a CSW and a PHN are assigned to the referral. At each office, the next available PHN will be assigned to the referral. In addition, each office will follow the existing CSW assignment process to ensure equitable distribution of IR and 5-day referrals among PHNs.

2.3 If the referral does not involve a child under 24 months or a child with a serious medical issue or developmental delay, then only a CSW is assigned to conduct the ER investigation.

Section III describes the role of the CSW and the PHN. Based on the observations from the joint visit, the CSW would determine one of two pathways:

A. **Child is unsafe** – If it is determined that the child is under immediate danger or unsafe, such that the child must be removed from their home; the CSW will seek a warrant to detain the child unless exigent circumstances exist.

B. **More information is needed to determine if child is safe**

- If the PHN determines that it is medically necessary that the child receives a medical screening, the PHN will work to obtain parental consent to bring the child to the Medical Hubs. (ie the Parent brings the child to the HUB)
- If the PHN determines that it is not medically necessary that the child receives medical screening, then the CSW continues the standard investigation.

PLEASE NOTE: If the CSW and PHN cannot agree on a proposed determination, the CSW will discuss the issue with the Supervisor or the Assistant Regional Administrator who will be responsible for making the final determination.

Joint Visits by CSW and PHN

III. Conduct joint visit

3.1 Prior to the visit, the CSW and PHN will review records to determine if there is any prior history with DCFS. If prior history exists, a file review of both DCFS and medical history will be conducted to ensure the CSW and PHN are knowledgeable about the family so that they can have an informed discussion with the family.

3.2 At the home visit, the CSW and PHN will request and document consent from the parent to enter the home.

- **CSW** will continue to be responsible for conducting an assessment on the safety and well-being of the child(ren) and family.
- **PHN** will conduct a health assessment and will record all observations and recommendations on the standardized ***PHN Assessment Tool***. The tool is used to determine if the child has met major age-appropriate developmental milestones to assess: physical growth, language development, intellectual development, and social and emotional well-being. The assessment is a visual physical assessment to identify if the child has any medical issue that requires medical attention (immediate or long-term).

  The PHN provides all pertinent health related information to the CSW and discusses the overall health of the child. The CSW and PHN will collaborate and determine if:
  A. Child is not safe; or
  B. Additional information is needed.

A. CHILD IS NOT SAFE

3.3 If the CSW determines that the **child is not safe in the home**, such that the child must be removed, the CSW will seek a warrant to detain the child unless exigent circumstances exist.

The child would be referred to the Medical Hub for a Forensic Exam or Medical Screening prior to placement.

B. MORE INFORMATION IS REQUIRED TO DETERMINE IF CHILD IS SAFE

If Physical/Sexual Abuse or Severe Neglect is Suspected

3.4 If the CSW and PHN suspect physical/sexual abuse, medical assessment by a medical professional can help make a case determination. The CSW and PHN **will work with the parent to obtain consent to have parents bring/or accompany DCFS to immediately bring the child(ren) to the Medical Hub.**

The CSW will work with parents to complete the ***Parental Consent for Forensic Examination*** (Attachment E). The intent is to inform the parent of the benefits to going to the Medical Hubs as the child could benefit by seeing a medical professional. It may also help streamline the process to obtain a case closure.

3.5 If the parent provides consent for the forensic exam, the PHN informs the Medical Hub that the parent and child will be arriving to the Hub for a Forensic Exam (via emHub). The PHN may call the DHS Forensic Nurse/Physician Hotline to discuss.

3.6 The CSW accompanies the child and parent to the Medical Hub, if they are walking into the Hub for an immediate/same day appointment. If the appointment is for another day, the CSW may not accompany the parent and child. In these cases, a Safety Plan may be needed.

3.7 If the parent does not provide consent, the CSW may consult with a supervisor as to whether a consult with County Counsel is appropriate to seek a court order to take the child to a Medical Hub for further medical assessment. If appropriate, the CSW will work with County Counsel to complete an ***Application for Court Order*** (Attachment E).

If PHN refers Child Under 24 Months Being for Medical Screening at Medical Hub

3.8 The PHN will refer the child to the nearest Medical Hub for a Medical Screening. The child's siblings would be referred for a medical screening as well. If the parent provides consent, the PHN will set up a Medical Hub appointment within 72 hours.

3.9 The PHN follows up with the parent to ensure the he/she takes the child to the appointment. In addition, the PHN coordinates care and linkages to services, as needed.

3.10 If the parent does not provide consent or fails to show up to the appointment, the PHN will follow up with the parent and try to reschedule the apointment. If the parent is continually non-compliant, the PHN will discuss next steps with the CSW.

If the PHN does not refer the Child Under 24 Months for a Medical Screening, the CSW continues the investigation

PLEASE NOTE: If the CSW and PHN cannot agree on whether to refer the child to the Hub, the PHN will discuss the issue with the Supervising PHN/Nurse Manager who will be responsible for making the final determination.

Medical Hub Provider

Section IV describes the linkage to the Medical Hub for further medical assessment by the Hub provider.

IV. Medical Assessment

CSW and PHN Prepare Child and Family for Hub Visit

4.1 The PHN pre-registers the child in the emHub system and then calls the Medical Hub. If the PHN does not have access to emHub in the field, the PHN requests for a supervisor to enter the referral into the system.

4.2 PHN informs the CSW and family of the appointment at the Medical Hub.

4.3 The CSW may accompany the child and family to the closest Medical Hub for the examination, if the appointment is prioritized and scheduled immediately. However, if the Medical Hub appointment is scheduled for another day, the CSW will not accompany the child and family to the Medical Hub.

PLEASE NOTE: It is important to note that the number of referrals to the Medical Hub for a forensic exam is not anticipated to change. DCFS policy to refer children to the Medical Hub with suspected sexual abuse/physical abuse/severe neglect will remain the same. Therefore, the workload of the CSW should not increase in terms of accompanying children to the Medical Hub for a forensic exam.

Medical Hub Provider Conducts Assessment

4.4 At the Medical Hub, the provider will determine the need for a Forensic or Medical Examination. The provider will work closely with the parent to explain to them the type of proposed medical assessment (Forensic/Medical).

4.5 Upon parent consent, the Medical Hub provider proceeds with the medical assessment of the child. Again, the parent will be part of the process from beginning to end.

4.6 If the parent does not consent and the CSW and PHN have expressed concerns, the CSW may consult with a supervisor as to whether a consult with County Counsel is appropriate to seek a court order.

4.7 The provider conducts the examination.

4.8 Provider informs the CSW of the exam's findings. Findings are shared with the CSW within 48 hours. If the situation is urgent, the provider informs the CSW upon completion of the exam.

CSW and PHN Review Findings for Investigation and Provide Follow-up

4.9 The CSW and PHN review the provider's findings and determine next steps regarding coordination of care and the impact of the findings on the investigation.

4.10 The PHN is responsible for coordinating care and ensuring linkages to services are made based upon the provider's recommendations. The PHN will work with the family to coordinate the child's care as well as follow-up.

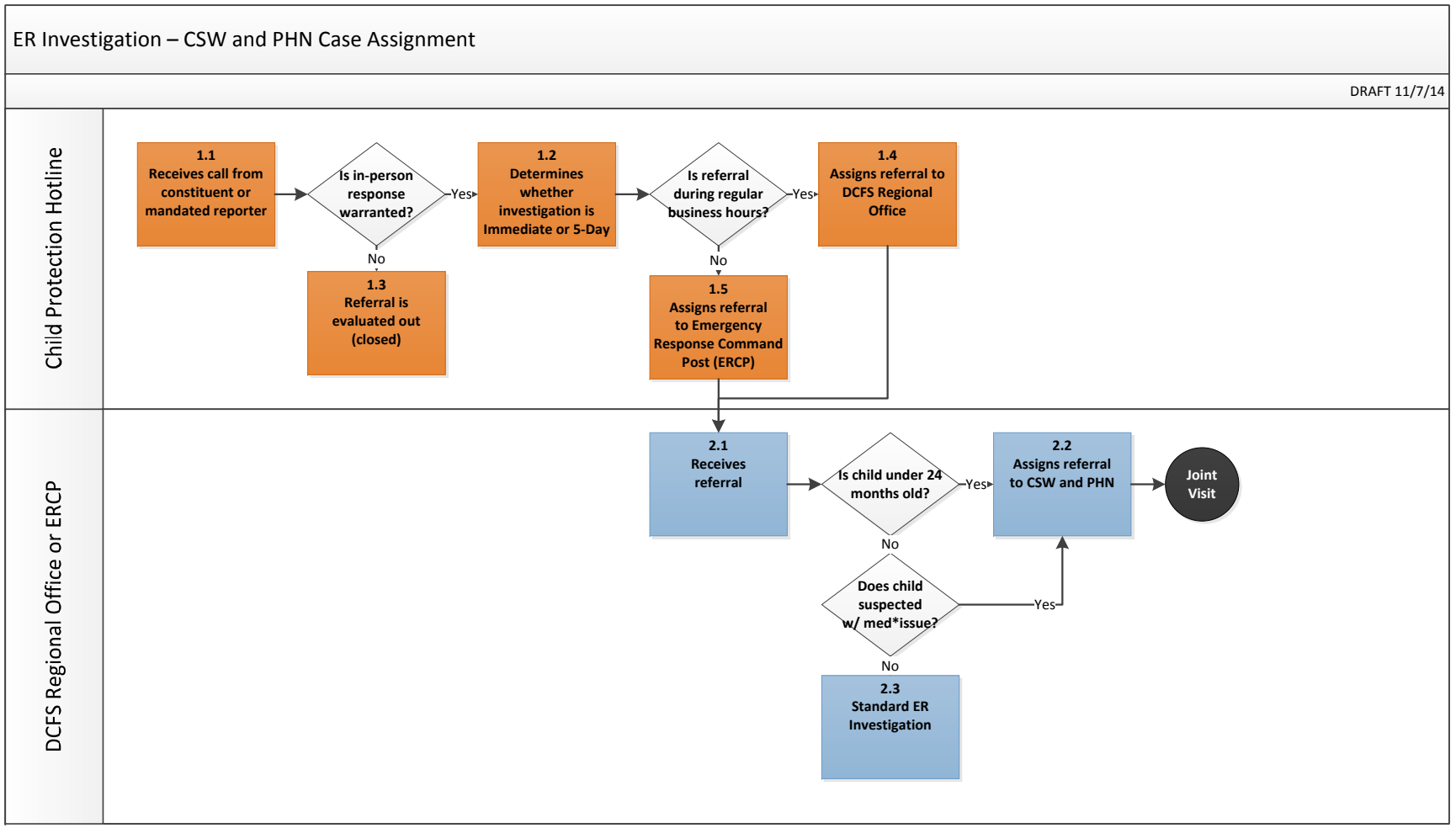
4.11 The CSW continues the investigation by reviewing the medical findings. If the provider's findings support evidence of child abuse or neglect, the CSW opens a case and takes appropriate measures to ensure the child(ren)'s safety.

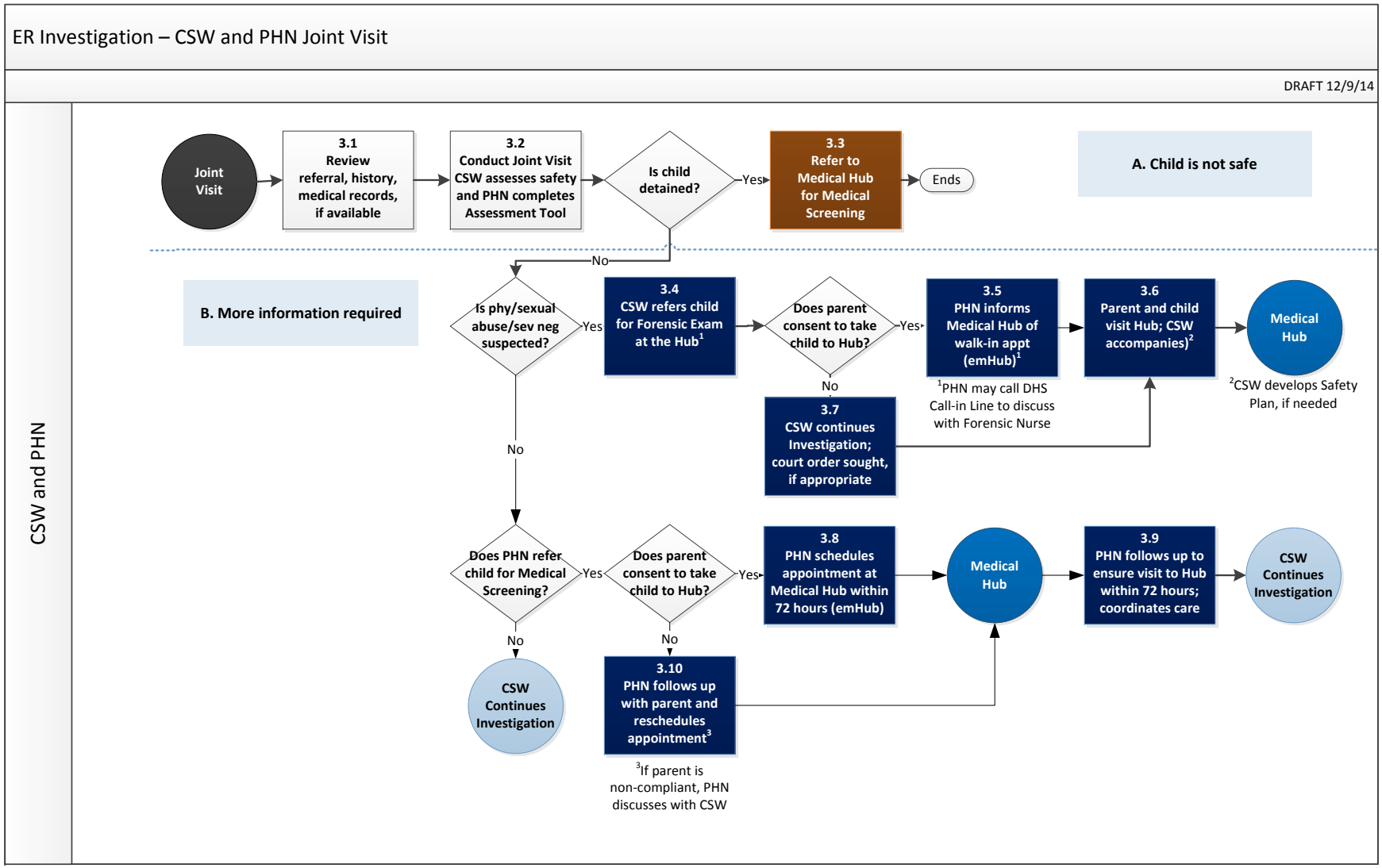
4.12 If the provider's findings do not support evidence of child abuse or neglect, the CSW closes the case and offers linkages to other support services, as appropriate.

As conducted in the existing process, the CSW carefully reviews all findings to determine whether to close the referral. If the evidence collected suggests that the investigation should continue, the CSW gathers additional evidence and may determine to open a case. This process does not address or make any change to the current practice regarding closure of the investigation.

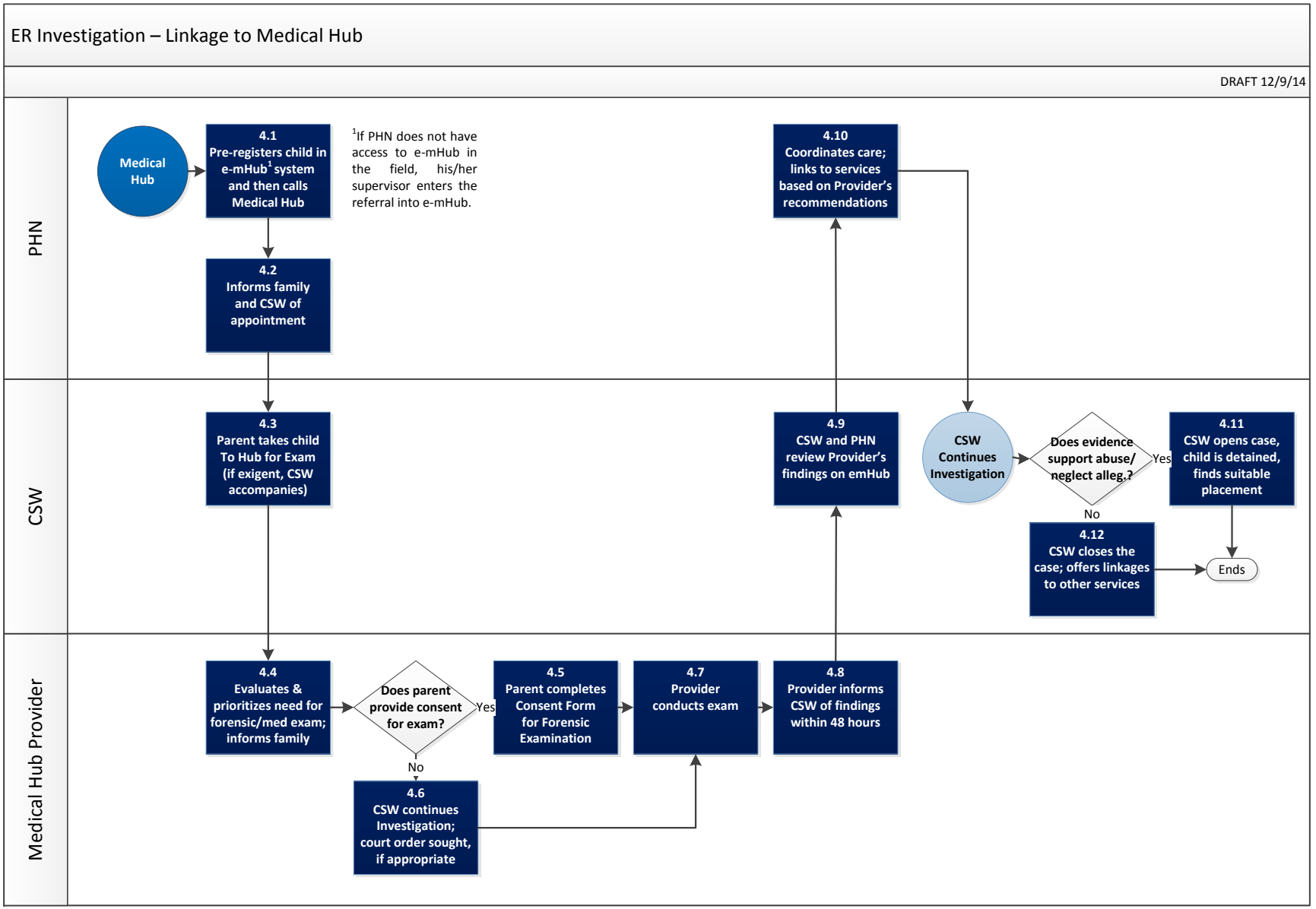
Attachment B

Process Flow Charts


ER Investigation – CSW and PHN Case Assignment
DRAFT 11/7/14
Child Protection Hotline
DCFS Regional Office or ERCP
1.1 Receives call from constituent or mandated reporter
Is in-person response warranted?
Yes
No
1.2 Determines whether investigation is Immediate or 5-Day
Is referral during regular business hours?
Yes
No
1.4 Assigns referral to DCFS Regional Office
1.3 Referral is evaluated out (closed)
1.5 Assigns referral to Emergency Response Command Post (ERCP)
2.1 Receives referral
Is child under 24 months old?
Yes
No
2.2 Assigns referral to CSW and PHN
Joint Visit
Does child suspected w/ med*issue?
Yes
No
2.3 Standard ER Investigation



For all children referred to the Medical Hub for a screening or forensic exam, parental consent is required.


ER Investigation – Linkage to Medical Hub
DRAFT 12/9/14
PHN
CSW
Medical Hub Provider
Medical Hub
4.1 Pre-registers child in e-mHub[1] system and then calls Medical Hub
[1]If PHN does not have access to e-mHub in the field, his/her supervisor enters the referral into e-mHub.
4.2 Informs family and CSW of appointment
4.3 Parent takes child To Hub for Exam (if exigent, CSW accompanies)
4.4 Evaluates & prioritizes need for forensic/med exam; informs family
Does parent provide consent for exam?
Yes
No
4.5 Parent completes Consent Form for Forensic Examination
4.6 CSW continues Investigation; court order sought, if appropriate
4.7 Provider conducts exam
4.8 Provider informs CSW of findings within 48 hours
4.9 CSW and PHN review Provider's findings on emHub
4.10 Coordinates care; links to services based on Provider's recommendations
CSW Continues Investigation
Does evidence support abuse/ neglect alleg.?
Yes
No
4.11 CSW opens case, child is detained, finds suitable placement
4.12 CSW closes the case; offers linkages to other services
Ends

Attachment C

Child Welfare
PHN Assessment Tool

CHILD WELFARE PUBLIC HEALTH NURSE – ASSESSMENT TOOL
Emergency Response – Joint Field Visit

This checklist is a tool to guide the PHN's observations in reviewing specific criteria that identifies *indicators of possible abuse, neglect, and/or risk factors during the initial joint field visit.* Complete each section of this form and identify concerns. If no concern is found, please indicate in the shaded box provided.

CHILD		**DOB**	**PARENT CONSENT**	(verbal) ☐ Yes ☐ No	**DATE**
CSW		**Phone**	**PHN**		**Phone**

ASSESSMENT AREA	COMMENTS
HEALTH HISTORY	
Prenatal care ☐ YES ☐ NO Where received _____ When received _____ ☐ Birth complications *i.e. prematurity, HTN, Gestational diabetes* Birth Weight:_____ Birth Length:_____ Gestational Age:_____ Place of birth:_____ ☐ Alcohol and/or drug use during pregnancy	
☐ **Health History: Medical conditions(s), allergies, hospitalizations, surgeries etc.** ☐ Parent is aware and knowledgeable of conditions ☐ Compliant with medical treatment or medication **Medical Provider(s): _____** **Medical Provider(s) phone number:_____** **Last medical appointment date: _____ Next medical appt date_____**	
DEVELOPMENTAL (for children under 24 months)	
☐ No developmental concern	
Area(s) of concern: ☐ Head control ☐ Language ☐ Sitting ☐ Talking ☐ Standing ☐ Walking or climbing ☐ Crawling or cruising ☐ Fine and gross motor skills ☐ **Parent lacks awareness** of dev. stages and milestones observed ☐ Not age appropriate **parenting skills/**discipline techniques observed	
PHYSICAL	
☐ No physical concern	
☐ **Signs and Symptoms of Physical Abuse:** injuries (bruises, burns, lacerations, visible physical abnormalities, etc.) ☐ **Reported Sexual Abuse History** (suspected or actual) ☐ **Signs and Symptoms of Neglect:** o Lack of medical care (IZ, care of illness or injury) o Malnourished/appears underweight (compared to normal/adjusted growth chart) o Overweight (compared to growth chart) o Pale, lack of muscle tone or development o Appropriate social interaction and bonding o Inadequate hygiene	

ASSESSMENT AREA	COMMENTS
NUTRITIONAL HISTORY	
☐ No nutritional concern/Age appropriate foods ☐ Feeding history/Problems ☐ Formula/Food availability/Food preparation ☐ Elimination	
PSYCHOSOCIAL	
☐ No psychosocial concern ☐ **Parental engagement**/interaction poor ☐ **Social interaction** concerns (smile, engagement vs. stranger/danger) ☐ **Sleeping** concerns ☐ **Eating** concerns	
ENVIRONMENTAL FACTORS & BEHAVIORS	
☐ No environmental concern ☐ Indication of substance abuse (parent or child) ☐ Inappropriate sleeping arrangements ☐ Lack of food, clothing, diapers (basic needs) ☐ Parental needs unmet (e.g. employment, transportation, health) ☐ Physical and/or mental health of parents is poor ☐ Limited access to care: transportation, health insurance ☐ Home safety issues: **Concerns with any of the following areas:** o Cleanliness o Potential for Injury/poison o Car seat o Swimming pool o Lead o Medication storage o Smoking o Secured windows/screens o TV safety o Pets	
RECOMMENDED NEXT STEP(S)	
☐ Forensic exam ☐ Medical treatment/care for urgent issues ☐ Educational material provided ☐ Medical assessment o HUB referral o Primary Medical Doctor referral ☐ Community agency referrals	
Form(s) Completed:	

Attachment D

Phased Implementation
DCFS Regional Offices
and Medical Hub Service Areas

Phased Implementation of PHN Joint Visits

For Phases 1-5, we propose implementation by Medical Hub service areas with the highest number of referrals and children who were detained during FY 2013-14:

Phase	Medical Hub	DCFS Regional Offices	PHNs
1	Martin Luther King, Jr. Outpatient Center	Compton East	3
		Metro North	3
		Vermont	2
		Wateridge	3
2	Olive View-UCLA Medical Center	Santa Clarita	2
		San Fernando Valley	3
		W. San Fernando	3
		W. Los Angeles	1
3	High Desert Regional Health Center	Palmdale	3
		Lancaster	2
4	Harbor-UCLA Medical Center	Lakewood (South County)	3
		Torrance	3
5	LAC-USC Medical Center[1]	Belvedere	2
		Covina	2
		Glendora	1
		Pasadena	1
		Pomona	2
		Santa Fe Springs	2
	TOTAL PHNs		41

[1]LAC-USC includes LAC-USC, Children's Hospital Los Angeles, and East San Gabriel Valley Satellite Hub

Attachment E

Forms

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

Medical Hub Clinic

- ☐ Harbor-UCLA Medical Center
- ☐ High Desert MACC
- ☐ LAC+USC East San Gabriel Valley Satellite
- ☐ LAC+USC Medical Center
- ☐ Martin Luther King, Jr. MACC
- ☐ Olive View-UCLA Medical Center

Consent for Child Forensic Examination

If coordination of care or treatment is needed, the required medical consent must also be obtained.
This consent is not intended to replace use of the CalEMA form as required by CA Penal Code Section 13823.5.

A forensic medical examination is a physical examination for the purpose of collecting evidence for potential use in a criminal or dependency investigation.

I hereby consent to a forensic medical examination of my child/myself for evidence of:

- ☐ Physical Abuse/Neglect _____ (Initial) [Parent/Legal Guardian only]
- ☐ Sexual Abuse/Sexual Assault _____ (Initial)

I understand that I may withdraw consent at any time for any portion of the examination.

I understand that collection of evidence may include taking photographs and/or videos and that these photographs and/or videos may include the anal-genital area (private parts). _____ (Initial)

I understand that the forensic examination may include the collection of hair, blood, saliva and/or urine samples for typing or toxicology analysis. _____ (Initial)

I understand that medical providers are required to notify child protective authorities of known or suspected child abuse; and any evidence or information obtained may be released to a child protective or law enforcement agency. _____ (Initial)

For Parent/Legal Guardian only: I understand that I have a right to be present during the forensic examination of my child, unless there is a valid reason for excluding me, while all or part of the forensic exam is being conducted. _____ (Initial)

I hereby waive my right to be present during the exam. _____ (Initial)

Child's Name: _____

Name of Parent/Legal Guardian: _____

Signature: _____ ☐ Parent ☐ Legal Guardian ☐ Child

Date: _____

Witness: _____

PATIENT DATA - Imprint or Print Legibly

Name:

MRUN:

Date of Birth:

Ward or Clinic:

Req. Loc. Code:

T-HS1098

FILE IN MEDICAL RECORD

Consent for Child Forensic Examination

PAGE 1 OF 2

HS1098 (4-14)

Request for Child Forensic Examination by Law Enforcement Officer

The undersigned, a duly authorized law enforcement officer, hereby requests that a forensic examination be conducted for the following child:

Child's Name: _____

Child's Date of Birth: _____

I certify that I have probable cause to suspect that this child may be a victim of child abuse or neglect and that I have the authority to request this examination. _____ (Initial)

In the absence of Probable Cause, written consent of the patient, parent or legal guardian, or an order of a court of competent jurisdiction is needed (see Penal Code 1543).

Date: _____ Time: _____ AM/PM

Signature of Law Enforcement Officer: _____

Print Name of Law Enforcement Officer: _____

Name of Law Enforcement Agency: _____

Badge/ID #: _____

Witness: _____

Application for Investigative Search Warrant for Medical Examination for Evidence of Physical Abuse and/or Sexual Abuse

Child Abuse Investigation SW No.
STATE OF CALIFORNIA - COUNTY OF LOS ANGELES
SEARCH WARRANT AND PROTECTIVE SERVICES WARRANT

Department of Children and Family Services social worker being sworn, states that the information contained within the search warrant and affidavit and the attached and incorporated statement of cause are true, and that, pursuant to *Welfare and Institutions Code* §§ 328, 16501(f) and 16504, and California Department of Social Services regulation MPP 31-101, an in-person investigative response is required to determine if the child(ren) is described within *Welfare and Institutions Code* § 300 and in need of being taken into protective custody pursuant to *Welfare and Institutions Code* §§ 305 and 306.

Furthermore, CSW states that he/she has **probable cause** to believe that said child(ren) is now at the location set forth below and that:

1. Evidence of child abuse and neglect will be found where the child(ren) is now located;

2. This warrant procedure is authorized pursuant to *Wallis v. Spencer* (2000) 202 F.3d 1126, *Pelster v.Walker* 185 F.Supp. 2d 1185, and *Rogers v. County of San Joaquin* 487 F.3d 1288. (See also *Penal Code §* 11171.5(a)[In child abuse investigations peace officers "may apply to a magistrate or an order directing" X-rays absent parental consent].)

WHEREFORE, the affiant requests:

1. Hobbs Sealing requested: Yes ☐ No ☐

2. Night Search requested: Yes ☐ No ☐

3. A search warrant issue for the residence at California,

directing any peace officer to search the residence to locate the subject child(ren) (state name, and DOB/age if known):

and any other children residing at the location who are potential victims of abuse or neglect.

4. That social workers and law enforcement be given access to the subject child(ren) referenced above and/or the home environment to be able to assess whether said subject child(ren) and any other children located at the residence should be taken into protective custody under Sections 305 or 306 of the *Welfare and Institutions Code.*

5. Medical and/or Sexual Abuse Examination for Investigative/Evidentiary Purposes Requested: Yes [ ] No [ ]

☐ Mother ☐ Father ☐ Legal Guardian will be invited to be present for the exam.
☐ Mother ☐ Father ☐ Legal Guardian should be on premises but not in the exam room.

☐ Mother ☐ Father ☐ Legal Guardian should not be on the premises nor have any contact with the child(ren) during the exam.

6. Other Request:

I certify that the foregoing is true and correct under penalty of perjury under the laws of the State of California, executed in , California on , 20 .

Children's Social Worker

Investigative Search Warrant for WIC Medical Examination

Child Abuse Investigation SW No.
PROTECTIVE CUSTODY AND SEARCH WARRANT
THE PEOPLE OF THE STATE OF CALIFORNIA TO ANY PEACE OFFICER OF THE COUNTY OF LOS ANGELES AND IN THE STATE OF CALIFORNIA

Proof by affidavit having been made before me by Department of Children and Family Services Social Worker that there is **probable cause** to believe that, pursuant to *Welfare and Institutions Code* §§ 328, 16501(f) and 16504, and California Department of Social Services regulation MPP 31-101, an in-person investigative response is required to determine if the child(ren) is described within *Welfare and Institutions Code* § 300 and in need of being taken into protective custody pursuant to *Welfare and Institutions Code* §§ 305 and 306, and that the child(ren) stated herein will be found at the location set forth hereto, and that there is **probable cause** to believe evidence of child abuse and neglect will be discovered.

Moreover, this warrant procedure is authorized pursuant to *Wallis v. Spencer* 202 F.3d 1126; *Pelster v.Walker* 185 F.Supp. 2d 1185, and *Rogers v. County of San Joaquin* 487 F.3d 1288 (see also *Penal Code §* 11171.5(a) [In child abuse investigations peace officers "may apply to a magistrate or an order directing" X-rays absent parental consent]);

YOU ARE THEREFORE COMMANDED TO SEARCH:

The location: See attached and incorporated description page:

FOR THE FOLLOWING PROPERTY/PERSON:

You are to enter the premises described in the attached and incorporated description page, and inspect the premises for the child(ren) in the attached and incorporated description page:

1. Interview and Limited Body Inspection: You, or a social worker designated by law enforcement, may question the child(ren) described in the attached and incorporated description page, and any other children located at the premises outside the presence of their parents, guardian and caregivers and conduct a limited physical examination of the child(ren) described in the attached and incorporated description page, which may not exceed adjusting clothing to determine if the child has visible marks indicating injury.

You, or a social worker designated by law enforcement, may separate all of the people located at the premises and interview each person separate and apart from the other people located at the premises, provided the interview takes place in and around the location being searched.

2. You are to inspect all rooms, attics, basements, and other parts therein, any storage rooms, storage areas, service porches, bathrooms, cooking facilities, refrigerator units, cupboards, pantries, clothes containers, cabinets, closets, file cabinets, tool boxes, luggage pieces, safes, dressers, and trash receptacles of any kind located at the premises described in the attached and incorporated description page where the subject child described in the attached and incorporated description page may be hiding or concealed, or where there may be evidence of abuse or neglect.

3. You may photograph all minors and areas inspected.

4. You are to deliver to an appropriate custodian any child taken into protective custody and notify me forthwith.

5. You are to deliver to me forthwith an accounting of any items of evidence seized and any photographs taken during your inspection.

6. Based upon my findings of probable cause that the child will be found at the location to be searched, that the child is described by *Welfare and Institutions Code §* 300, and that evidence of child abuse and neglect will be found where the child is now located, a forcible entry to execute this warrant (pursuant to *Penal Code* §§ 1531 and/or 844) is authorized if the owner or occupant refuses entry.

7. Based upon the facts contained in the affidavit in support of the warrant, you are specifically authorized to execute this warrant without the presence of the owner or occupant.

8. Based upon my finding that immediate execution is reasonably necessary under the circumstances shown, you may execute this warrant without delay. This warrant and incorporated affidavit was sworn to and subscribed before me this th day of 20 .

9. This warrant shall be **effective until** _____, 20____ and shall be executed and returned to me prior to its expiration. After expiration, this warrant is void.

10. Other order:

WHEREFORE, I find probable cause for issuance of the search warrant and do so issue it:

1. A search warrant for the residence described in the attached and incorporated description page, directing any peace officer to search the residence for evidence of abuse/neglect and to locate the child(ren) described in the attached and incorporated description page at the location stated herein and described in the attached and incorporated description page.

2. Forcible entry to execute this warrant Petitioner's agency and/or law enforcement is authorized to enter the subject location pursuant to Penal Code §§ 844 and/or 1531.

3. Medical and/or Sexual Abuse Examination for Investigative/Evidentiary Purposes:

No [ ]

Yes [ ] Based upon the facts contained in the affidavit, there is reasonable cause to believe that the child(ren) suffered from physical abuse or sexual abuse, and, as such, you, or a person and/or agency designated by you, may seize the child(ren) and physically transport the child(ren) to an appropriate medical facility where you may consult with a medical practitioner, who has specialized training in detecting and treating child abuse injuries and neglect, and, if deemed appropriate by the medical practitioner, you may cause, and authorize, the following child(ren) to undergo a medical and/or sexual abuse examination for investigative and/or evidentiary purposes:

_____.

Any seizure of any child(ren) under this paragraph is temporary and the child(ren) shall be released to the parent(s) and/or guardian as soon as the consultation and examination are completed. If the child(ren) is to undergo a medical and/or sexual abuse examination for investigative and/or evidentiary purposes, said medical and/or sexual abuse examination shall occur on the same day that the child(ren) are seized.

The results, medical records, medical reports, x-rays, photographs, medical notes, diagnosis, medical opinion, and other documentation and information concerning the medical and/or sexual abuse examination performed on the child(ren) referenced above shall be released to DCFS forthwith, and may be discussed with DCFS.

☐ Mother ☐ Father ☐ Legal Guardian will be invited to be present for the exam.

☐ Mother ☐ Father ☐ Legal Guardian should be on premises but not in the exam room.

☐ Mother ☐ Father ☐ Legal Guardian should not be on the premises nor have any contact with the child(ren) during the exam.

4. Night Search approved: [ ] Yes [ ] No

Good cause for night service of this warrant having been established in the supporting affidavit, this warrant may be executed at any hour of the day or night.

5. Hobbs Sealing approved: [ ] Yes [ ] No

_____

Judge of the Superior Court