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August 10, 2018

To: Supervisor Sheila Kuehl, Chair
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From: Judge Michael Nash (Ret.)
Executive Director, Office of Child Protection

OCP COORDINATED RESPONSE TO THE ANTHONY A. MOTION

On June 26, 2018, following the tragic death of 10-year-old Anthony Avalos, the Board of Supervisors directed:

1. The Office of Child Protection (OCP) to collaborate with the Department of Children and Family Services (DCFS), the Los Angeles Sheriff's Department (LASD), and any other agencies that may had contact with the family in the Anthony Avalos case, to review the history of contacts and identify any systemic issues that may have impeded the coordination of services

2. DCFS to review the staffing levels in the Antelope Valley regional offices and report back on the assessment of appropriate staffing ratios and adequate supervision of case-carrying social workers

3. The Health Agency, the Department of Health Services (DHS), OCP, and DCFS to report back on existing medical Hub services in the Antelope Valley, and ways to improve Hub access and availability, quality of care, and appropriate staffing resources

4. The OCP to review the ongoing collaboration of law enforcement with DCFS in child abuse and neglect referrals, and identify any gaps and issues that still need to be addressed

5. DCFS and the OCP to develop a standing case-quality assurance team that will review random samples of cases throughout the County and conduct targeted reviews based on exigent circumstances to provide feedback on the quality of services and oversight provided to families, the efficacy of engagement with other County agencies or contractors, and any systemic issues potentially impacting service quality

6. DCFS and the OCP to review the recommendations of the Blue Ribbon Commission on Child Protection (BRC) and report back on the status, compliance, and implementation of those recommendations.

The report that follows flows from a review of the lengthy file maintained by DCFS on Anthony and his family, meetings between and among the various entities listed above, plus internal meetings within the various entities. The report is divided into sections corresponding to the Board's inquiries.

History of Contacts and Systemic Issues Identified

The family of Anthony Avalos had 13 contacts with DCFS between February 28, 2013, and November 2, 2016. Reporting parties included Heather Barron (Mother of Anthony), social workers, law enforcement officers, relatives, school personnel, and community service providers, including therapists.

The reports filed fell into four categories:

- First, in 2013, Mother reported that Anthony was the victim of sexual abuse.
- Second, from April 29, 2014, through April 28, 2016, there were allegations of general neglect, physical abuse, and emotional abuse involving Mother and/or boyfriend, Kareem Leiva (father of three siblings). The April 29, 2014, report resulted in the opening of a Voluntary Family Maintenance case.
- Third, an April 27, 2015, incident involving the father of a sibling resulted in the filing of a Dependency Court case.
- Fourth, an investigation was opened on November 2, 2016, involving the father of two other siblings.

The table below shows a timeline of the various filed reports.

Date	Victim(s)	Alleged Perpetrator	Allegations	Disposition
02/28/2013	Anthony	Maternal grandfather	Sexual abuse	Substantiated; situation stabilized
03/04/2013	Duplicate report			
04/29/2014	Anthony Siblings (3)	Mother	Emotional abuse Physical abuse General neglect	Unfounded Inconclusive Substantiated VFM 04/29–12/04/2014
10/04/2014	Anthony Siblings (3)	Mother	Emotional abuse Physical abuse	Inconclusive Unfounded

Date	Victim(s)	Alleged Perpetrator	Allegations	Disposition
11/05/2014	Sibling	Mother	Physical abuse	Evaluated out
04/24/2015	Sibling	Mother	Physical abuse	Inconclusive
04/27/2015	Anthony Siblings	Sibling father	General neglect Emotional abuse	Substantiated Inconclusive Dependency sibling 04/27/2015–10/21/2016
06/12/2015	Sibling	Mother	Physical abuse	Unfounded
09/18/2015	Anthony Siblings (4)	Mother Kareem Leiva	Physical abuse	Inconclusive
09/18/2015	Duplicate report			
09/19/2015	Duplicate report			
09/28/2016	Anthony Siblings (5)	Mother Kareem Leiva	General neglect Emotional abuse Physical abuse	Unfounded Inconclusive
11/02/2016	Siblings (2)	Sibling father	General neglect	Unfounded

In reviewing the case file, we found aspects of the case that reflect apparently appropriate systemic responses, as well as systemic issues. However, while the death of Anthony was horrible, heartbreaking, and apparently brutal; while it occurred in the Antelope Valley; and while there had been previous DCFS involvement with Anthony and his family, from a systemic perspective, this case is very dissimilar to the notorious and awful 2013 death of Gabriel Fernandez.

As previously noted, DCFS had involvement with Anthony and his family during a significant portion of the time from February 28, 2013, to November 2, 2016. During that period, there were multiple DCFS investigations involving no fewer than 12 social workers (not counting supervisors). There were frequent consultations among many of the social workers on the multiple incident investigations. Social workers frequently visited the family home and conducted home evaluations. The children were regularly interviewed, frequently alone, and regularly had their bodies checked for signs of physical abuse. Numerous collateral witnesses were interviewed, including relatives, neighbors, service providers, school personnel, and law enforcement. Social workers used Structured Decision Making® tools including Safety Assessments, Risk Assessments, and Family Strengths and Needs Assessments. The use of these assessments was generally appropriate in quantifying risk levels, and appropriately identified the

need for case promotion. School reports and family medical reports were obtained. Social workers and law enforcement personnel from LASD appropriately used E-SCARS (the Electronic Suspected Child Abuse Report System) to cross-report the various incidents.

On two occasions, DCFS promoted the investigation to actual cases. From May 2014 to December 2014, a Voluntary Family Maintenance (VFM) agreement with supervision occurred. From June 2015 to October 2016, a case was conducted in the Dependency Court. Numerous interviews with the children occurred wherein the children indicated no issues. Numerous persons, including social workers, relatives, service providers, school personnel, and others, reflected no concerns. Following the last investigation in November 2016 until the time of Anthony's hospitalization on June 20, 2018, there were no further calls to DCFS or law enforcement from anyone, including teachers, medical personnel, neighbors, friends, and relatives. During the VFM agreement, the family was involved with a Family Preservation provider. Following the closure of the VFM, the family received many months of in-home services from Hathaway-Sycamores Child and Family Services that overlapped with the Dependency Court case. During the Dependency Court case, Mother completed a domestic-violence program and a parenting program. From September 2014 to July 2017, Mother also birthed three more children.

Taking into consideration the considerable actions by DCFS and actions and statements from others from 2014 through 2016, along with considering systemic issues, the key question is whether or not Anthony might still be alive today if certain things had been done differently. That question cannot be answered, especially when considering the extent of DCFS involvement followed by 18 months of a lack of reporting from any source, mandated or otherwise. What is clear is that Anthony's death did not occur while the family was being monitored by DCFS.

Nevertheless, this tragic case offers lessons to be learned that can be translated into system improvements to help minimize the risks for other children in future. Listed below are some recommendations for improvements.

1. **Reevaluate the VFM Process**

   The DCFS VFM process that was revised on August 31, 2016, needs further review. Changes to be contemplated include extra consideration before entering a VFM, along with enhanced monitoring, when there are children age five or younger in the home; and a requirement that no VFM be terminated with no further DCFS action planned without a comprehensive report on the family's compliance with the case plan and an evaluation of the safety and risk factors that led to the case's initiation in the first place.

2. **Improve the Skills of Staff Interviewing Children**

   Both social workers and law enforcement should have comprehensive training on interviewing children, with particular emphasis on how to evaluate and further investigate when children provide inconsistent statements or retract previous statements of abuse or the lack thereof.

3. **Retrain Social Workers on the Proper Use of SDM**

   While SDM tools were used in this case, multiple inaccuracies were noted in the tools' completion. Social workers need to better understand the need for their accurate completion of the tools, as inaccuracies can profoundly impact the course of action necessary in a given case.

4. **Increase Collaboration between DCFS and Law Enforcement**

   While both DCFS and law enforcement (LASD) regularly use E-SCARS to cross-report allegations of abuse, there is little indication of significant investigative collaboration. Training is needed for both child welfare and law enforcement on how they can more consistently and effectively work together when investigating reports of child abuse from both the child-welfare and law-enforcement perspectives.

5. **Improve the Medical Hub System**

   Los Angeles County created a medical Hub system to provide, most significantly, a process for expert forensic medical examinations to determine whether or not a child has suffered abuse, and a process for a comprehensive initial medical examination when a child is detained by DCFS. The medical Hubs must be adequately resourced so that they are available on short notice for forensic examinations or initial medical examinations, and social workers and others need training so they know when these examinations are necessary and how to access them. A review of resources, policies, practices, and training must be undertaken by all relevant entities—including the Health Agency, DHS, DCFS, the Department of Mental Health, and the Department of Public Health—along with a consideration of how to accumulate and track data on these issues.

6. **Improve the Investigation Skills of Social Workers at the Front End and Beyond**

   It is a necessary and important aspect of the child welfare system that social workers are called on to investigate reports of the abuse and/or neglect of children. That means that social workers need to understand that investigating allegations of abuse or neglect means they are gathering facts or evidence that may actually be used in a court case, criminal or dependency. Investigations need to integrate intensive fact-gathering skills (similar to law enforcement) utilizing multiple sources, including the use of technology; risk identification; the recognition of signs of abuse or neglect; interviewing skills; double-checking facts; seeking expert opinions; contacting the relevant mandated reporters and collateral contacts; consultations with supervisors and colleagues; and more. One other item worth considering in investigations is how to accord proper weight to multiple similar reports of abuse or neglect, particularly when they involve younger children.

7. **Improve the Capacity to Assess Needs and Progress Made Throughout the Span of the Case**

   Another necessary and important aspect of the child welfare system is that social workers are called on to make recommendations for services that help to keep

children safe and reduce the likelihood of harm occurring in the future. They are also called on to monitor the family's follow-through with these recommendations and to make a determination of when it is safe to close a case. This means that the services recommended need to address the underlying needs of the whole family, particularly those of the parents; match the level of intensity of needs and risk present; evaluate that the services are working, or re-evaluate what services should be recommended; and gather input from the service providers and incorporate that feedback into the case plan. Further, social workers need input and guidance from others to do this effectively. Resources need to be available for social workers to consult with experts from the Department of Mental Health (DMH) and other partners to help inform and shape these assessments, and get help in linking families to the appropriate services.

8. Reduce Social Worker Caseloads

High caseloads have always affected the quality of work for all participants throughout the child welfare system—social workers, judges, attorneys, and others. Moreover, high caseloads have long been an issue in the Antelope Valley. While this issue has been somewhat mitigated by the hiring of an increased number of social workers over the past few years, it still remains a system issue.

Assessment of Staffing Ratios and Supervision in Antelope Valley

Recruitment and Retention

DCFS has meaningfully decreased the rate of attrition over the past year with the implementation of a mentoring program (in partnership with labor representatives), innovative trainings, and strength-based coaching.

The following table highlights the successful decreased attrition rate of newly hired Children's Social Workers (CSWs).

All Offices	Hire Year					
	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Terminated within 12 months	36	79	66	72	48	3
Total "hired"	173	526	601	682	553	288
Rate of attrition	20.81%	15.02%	10.98%	10.56%	8.68%	1.04%

However, attrition in the Antelope Valley (AV) remains a significant challenge and is amongst the highest in DCFS.

Lancaster	Hire Year					
	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Terminated within 12 months	1	7	1	10	7	0
Total "hired"	11	41	32	71	41	0
Rate of attrition	9.09%	17.07%	3.13%	14.08%	17.07%	0.00%

Palmdale	Hire Year					
	CY 2013	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Terminated within 12 months	3	4	4	9	3	0
Total "hired"	12	38	31	72	31	23
Rate of attrition	25.00%	10.53%	12.90%	12.50%	9.68%	0.00%

Further, while the department-wide average length of service for a CSW is 6.1 years, the average for the Lancaster office is 4.8 years, and the Palmdale office's is 3.9 years.

The Lancaster and Palmdale offices are farther away from the center of Los Angeles County than any other regional offices, and the AV community remains relatively isolated. Compared to the rest of the county, its geographic area is very large and sparsely populated. Many staff assigned to those offices, especially newer CSWs, do not live in the AV, which contributes to a relatively high turnover rate. Accordingly, DCFS plans to work with the Chief Executive Office (CEO) and Department of Human Resources (DHR) to examine the possibility of extraordinary measures to both recruit and retain highly qualified staff in the Antelope Valley. This may include strategies such as initial assignment bonuses, long-term retention bonuses, transportation allowances, location-based pay differentials, and enhanced training and supports.

Span of Control

Supervising Children's Social Workers (SCSWs) are critical to ensuring the standard of work performed by individual CSWs. They guide CSWs to develop their investigative skills and critical thinking, promote the thoroughness of investigations, and review the quality of casework on an ongoing basis. This role is particularly important given the high number of new CSWs hired as part of DCFS efforts to reduce caseloads. Ideally, DCFS recommends a SCSW span of control (number of CSWs reporting to the supervising position) of 1:5; however, the current average span of control is 1:6. To immediately increase the level of supervision in the Antelope Valley, DCFS will work with the CEO and return with a specific proposal to lower supervision to a 1:5 ratio in both the Palmdale and Lancaster offices. Further, DCFS will study the impact of that lowered span of control over a 12-month period to inform subsequent recommendations for other regional offices.

Caseloads

Lower caseloads allow CSWs to interact more meaningfully with families, and give them the critically necessary time to conduct thorough investigations. National research clearly supports the nexus between lower caseloads and improved outcomes for children, and suggests that financing lower child welfare caseloads may be cost-effective when children exit to permanency sooner. Starting in early 2015, with the support of the Board of Supervisors and the CEO, DCFS has steadily decreased its countywide Continuing Services (CS) caseload from an average of 24.5 to an average of 19.2 today. In that same period, countywide Emergency Response (ER) referral averages fell from 15.2 to 9.9. However, the AV area has experienced mixed success in

these efforts. Current caseloads for the Lancaster office are 16.0 (CS) and 12.3 (ER), and are 23.2 (CS) and 7.7 (ER) in the Palmdale office.

During this time, DCFS has also implemented the Core Practice Model (CPM) that represents a national best-practice for engagement with children and families in the child welfare system. When used with fidelity, CPM techniques allow CSWs to encourage a family's interest in and commitment to making needed changes. However, both CPM work and meaningful family engagement are complex and time-intensive. These and other factors necessitate a further examination of current caseload standards to assure that the quality of DCFS work is not compromised as a result of the quantity of tasks being performed. Given the critical and universal importance of this issue, DCFS will work with the CEO to review caseloads and continue developing strategies to further reduce them across all service areas.

Improving Access, Care Quality, and Staffing Levels to High Desert Medical Hub

Background

On December 2, 2004, the Board of Supervisors took initial action to provide 24/7 access to forensic, medical, and mental health expertise and assessment services for children in or at risk of entering the foster care system by approving the "Medical Hub" concept intended to support DCFS in ensuring safety and permanency for the children under its care.

Today, the seven Medical Hub clinics in Los Angeles County, six of which are operated by DHS, are a key part of enhancing the safety and well-being of children in the DCFS system. The Medical Hubs are charged with providing initial medical examinations (IMEs) to all children entering the foster care system to assess the need for further medical, dental, developmental, and psychological intervention. Clinical services are also offered to children remaining in the care of their parents and to those referred to DCFS or with an established DCFS case who are in need of forensic evaluations to determine abuse and/or neglect. In 2015, Medical Hubs began to offer medical screenings to children moving to Transitional Shelter Care, primarily to rule out acute medical issues and communicable diseases that could threaten the health of other children in those placements. The Medical Hubs also serve as sites for the coordination and delivery of medical, mental health, and public health services through partnerships by co-located staff from DCFS, DHS, DMH, and the Department of Public Health (DPH). Services provided in the Medical Hubs aim to mitigate adverse child outcomes associated with child abuse and neglect and to promote family reunification (by reducing unnecessary detentions) when this is in the best interest of the child.

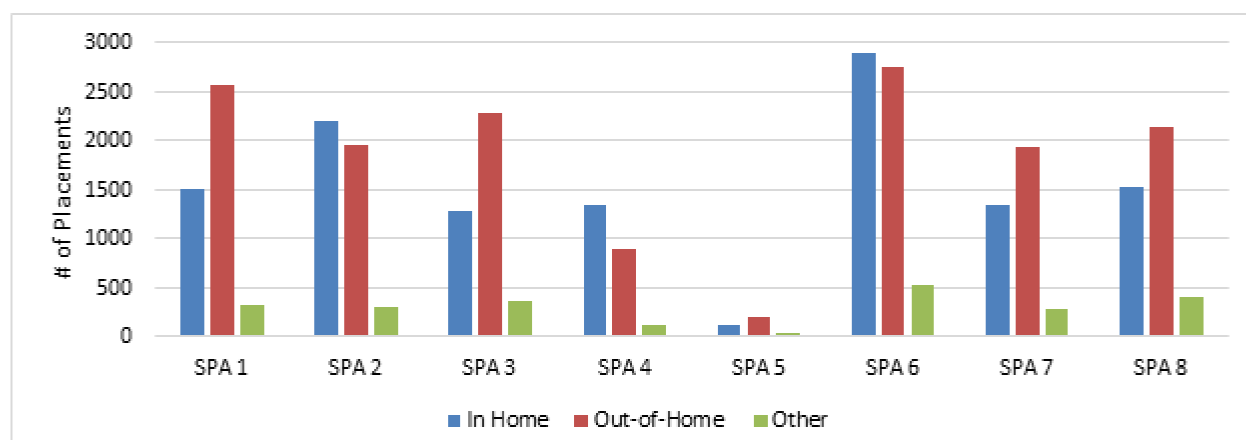
Practice patterns at the DHS Medical Hubs have evolved to meet the needs of the communities they serve; however, inconsistent approaches and capacities have contributed to confusion about what services are offered and how to access them. In response to the recent events in Antelope Valley, the Medical Hubs as a collective have committed to strengthening their partnerships and aligning their approaches to care for Los Angeles County's most vulnerable children, with an emphasis on providing full-

scope services in proximity to where children referred to DCFS reside and/or are placed in foster care.

HDRHC Medical Hub

The High Desert Regional Health Center (HDRHC) serves Service Planning Area (SPA) 1–Antelope Valley. SPA 1 has the second-highest rate of out-of-home placements in Los Angeles County, following closely behind SPA 6 (Figure 1); however, since its inception, the HDRHC Medical Hub has been unable to meet the needs of DCFS-involved children in the region who are either detained or who remain under supervision while still residing in the home of a parent.

Figure 1. DCFS Placement Types by SPA[1]



At present, pediatric services at HDRHC are delivered through both the Medical Hub and the Pediatric Clinic on weekdays from 8:00 a.m. to 4:30 p.m. These two clinics are adjacent to one another, allowing for shared staff and flexibility in appointment types. The Medical Hub offers scheduled forensic evaluations, Initial Medical Evaluations (IMEs), and continuity-of-care visits for DCFS-involved children. As a result of staffing shortages and a lack of proper workflow, the Medical Hub has only a limited ability to offer same-day clearance evaluations for children awaiting placement. After hours, children may access urgent-care services through the Urgent Care Clinic (which serves adults and children) until 11:00 p.m. every day, but no Hub-related services are available during evening hours. The Pediatric Clinic offers primary care (also called continuity-of-care) services and same-day appointments for acute medical needs such as ear infections, asthma, and minor injuries.

The HDRHC Medical Hub is staffed by personnel from DHS, DMH, DPH (public health nurses), and DCFS Hub-based social workers. The Medical Hub also works closely with DCFS workers from the two regional offices in the area, Palmdale and Lancaster.

[1] Source: CWS/CMS History Database—Snapshot of placement locations for 29,246 DCFS-supervised children, both in-home and out-of-home, as of March 14, 2018. Out-of-county placements are excluded from these counts. “Other” includes: Non-Foster Care Placement, Adoptive Home–Adoption Not Finalized, and Guardian Home.

During its weekday hours of operation, the Medical Hub each month provides approximately 130 initial medical examinations, 180 continuity-of-care visits, 10 forensic evaluations, and occasional medical clearance exams for DCFS-affiliated children. The HDRHC Medical Hub also refers approximately 40 to 60 patients per month to non-DHS acute care facilities for urgent medical or forensic evaluations.

Recent roundtable sessions with stakeholders from DCFS and Health Agency leaders/ providers working in the Medical Hubs have identified several challenges at the HDRHC Medical Hub that fall into two major categories: 1) a lack of timely access to appropriate medical evaluations; and 2) a lack of clear workflows for obtaining consultations and appropriate services. The roots of these challenges are complex, but DHS has engaged in aggressive efforts to untangle and rework its approach, in partnership with DCFS and the Office of Child Protection. These two areas are considered in further detail below, along with associated next steps.

Lack of Timely Access to Appropriate Medical Evaluations

Currently, the HDRHC Medical Hub includes 1.8 full-time-equivalent (FTE) nurse-practitioners and one part-time physician (the HDRHC Hub Medical Director), all of whom perform IMEs and continuity-of-care visits, and one part-time nurse-practitioner who is trained to perform forensic evaluations. There are no forensic pediatricians in the HDRHC Medical Hub to support the forensic nurse-practitioner or to provide direct clinical care. While the HDRHC Medical Hub has open positions for both MDs and NPs, recruitment is difficult because of the remote location of the clinic (making commuting an undesirable option for candidates living outside of the Antelope Valley) and, because of the County's current pay structures, the lack of a pay differential offered to forensic-trained staff.

During the hours that the Medical Hub is closed, DCFS social workers requiring urgent evaluations and exigent forensic examinations are referred to Antelope Valley Hospital or other DHS Medical Hubs, particularly LAC+USC Medical Center (LAC+USC) in Boyle Heights. Non-acute evaluations (non-emergent, non-exigent forensics and IMEs) are deferred to later dates when that is feasible—and are often booked months into the future—or are referred to other DHS Medical Hubs.

In large part because of the shortage of provider and support staffing in the HDRHC Medical Hub, children in need of an IME often experience delays in accessing care. In 2017, the most recent available data, the average time there from DCFS referral to IME visit was 59 days—compared to the standard established in state regulations of 30 days for children in out-of-home care. (The DCFS policy standard is 30 days for children three years of age and older, and 10 days for children younger than three, from the time of detention.) The average time from referral to IME visit across all Medical Hubs is 46 days.[2] No data is available on the Medical Hub clinics' compliance with meeting timely access standards for exigent forensic examinations.

[2] Per data analysis conducted by the Office of Child Protection, "Los Angeles County Medical Hubs, Data Analysis of Forensic and Initial Medical Exam Timelines," July 2018.

While the primary barrier to securing adequate access to the HDRHC Medical Hub is the inadequacy of provider and support staffing, other issues also make it difficult for DCFS staff and caregivers to access services at HDRHC (as well as some of the other Medical Hubs). These include:

- The limited hours of operation in the HDRHC Medical Hub and Pediatric Clinic (themselves reflective of staffing shortages)
- Inefficient scheduling processes (back-up patient lists, standardized-visit timeframes, low use of open access slots, etc.)
- Appointment no-shows, typically around 20% at the HDRHC Medical Hub
- Difficulty contacting patients/caregivers to schedule appointments
- Lack of patient/caregiver access to transportation to Medical Hub appointments

Steps to Improve Timely Access

DHS has developed a preliminary plan to address these challenges to timely access over the next six months. Permanent staffing levels at HDRHC will depend on a detailed assessment of the true demand for services (a portion of which is pent-up and not reflected in current referral counts) in the region.

DHS commits in the near term to provide staffing to ensure the following:

- Clinical care in the Medical Hub at all times on weekdays
- Forensic evaluations offered every weekday
- Necessary nursing and clerical staff to support the number of medical providers in the Medical Hub
- Clinical care in the Pediatric Clinic at all times on weekdays to enhance sick-care and continuity-of-care visits for Hub patients.

In addition to adding visit capacity, an expansion in hours will also help to improve access. DHS will conduct a needs assessment to determine whether the Medical Hub should remain open until 8:00 p.m., allowing increased capacity with trained staff to provide both scheduled appointments (IMEs, continuity visits, forensic evaluations) and to accommodate unscheduled needs (urgent forensic exams, medical clearance exams, sick-care visits, etc.), which often reach a peak in the afternoon and evening hours. After 8:00 p.m., when volume may not be sufficient to support the Hub's remaining open, DHS will add capacity and expertise to HDRHC Urgent Care, which remains open until midnight. This will allow continued access for sick-care visits and medical clearance exams, as well as assistance with arranging urgent forensic exams. This will

minimize the need for DCFS workers and the children under their care to travel for services.

Additionally, DCFS has created an electronic reminder system to prompt social workers to remind caregivers of upcoming appointments to reduce the number of no-shows.

To accomplish this, DHS will take the following steps in the next 45 to 60 days:

- Develop a staffing plan and associated budget request to staff the HDRHC Medical Hub and Urgent Care during the above hours at a level sufficient to meet the demand for services by DCFS-involved children in the region. DHS will return to the Board with a separate Board Letter requesting the needed items.

- Train staff on and activate a secure telemedicine information technology (IT) link that will allow HDRHC Medical Hub providers to consult and share medical information, including images, with forensic experts at the LAC+USC Medical Center's Medical Hub clinic 24 hours a day, seven days a week. We will also train staff to utilize DHS' enterprise-wide electronic health record, ORCHID, for direct messaging, image transfers, and consultations with forensic experts at other medical hubs

- Work with the CEO to 1) pursue opportunities to increase the pay differential or provide other incentives to effectively recruit physicians to the Antelope Valley; and 2) consider options to create special rates or incentives to recruit physicians with specific certifications in forensics (such as child-abuse fellowships, sexual-abuse evaluation training, or forensic interviewing certifications)

- Develop a strategy to successfully recruit qualified providers to the HDRHC Medical Hub

- Finalize a plan to address front-office/scheduling inefficiencies, including patient outreach and reminder calls, visit templates, scheduling scrubbing, etc.

- Develop various transportation options for caregivers who have trouble getting to HDHRC clinic appointments (e.g., ride-sharing options)

While these longer-term solutions to HDRHC Medical Hub's access issues are put in place, DHS also has immediate short-term strategies to serve as temporary solutions to enhancing services at HDRHC Medical Hub. These include:

- Beginning July 26, 2018, the HDRHC Medical Hub increased work hours (from 8 to 10 hours, once per week) for its forensic nurse-practitioner.

- On a short-term basis (until permanent staff can be hired), one of the Martin Luther King Outpatient Center's Medical Hub's forensic-trained pediatricians will travel to the HDRHC Medical Hub to provide forensic evaluations one day per week (effective August 2018); Olive View Medical Center's (OVMC) forensic-trained pediatricians will travel to HDRHC to provide forensic evaluations two days per week (effective September 2018); and LAC+USC Medical Hub forensic-

trained pediatricians will travel to the HDRHC Medical Hub to provide forensic evaluations two days per week. These temporary assignments will not affect access at their permanent work locations. DHS will explore similar arrangements with other Hub physicians. To encourage and support providers willing to travel to HDRHC, DHS is investigating opportunities—in compliance with County fiscal manual and mileage/travel guidelines—to provide transportation support for providers who can travel from their primary worksites to the Antelope Valley to provide care.

- One Registered Nurse I has been reassigned to HDRHC to provide additional support in the Medical Hub until permanent staff can be hired (effective August 2018).

- While DHS works quickly to expand services at the HDRHC Medical Hub, effective July 24, 2018, OVMC has expanded its forensic services to provide 24/7 emergency evaluations to assess for possible abuse. A Medical Hub pediatrician who is trained in forensic evaluations is on-call at all times to facilitate immediate evaluations in the Hub Clinic during regular hours, or in the Emergency Department/Urgent Care during hours when the Medical Hub is not operational. When such evaluations take place in the emergency-department setting (e.g., in the middle of the night), DHS has developed a fast-track protocol to ensure that children and caregivers/case workers do not wait in the waiting room but can be immediately seen and cared for. As noted above, transportation support for families who are referred to OVMC or other facilities will be explored to mitigate the challenges posed by distance.

- Co-located mental health services have been expanded. As of July 10, 2018, DMH increased its co-located mental health staff so two full-time clinicians are there at all times to screen children for mental health needs, and to link those in need to ongoing mental health services. DMH is in the process of interviewing and hiring three additional clinical staff.

- To open up space for more forensic evaluations and IMEs, continuity-of-care services will be provided by the Pediatric Clinic team when deemed appropriate by Medical Hub clinicians.

Lack of Clear Workflows for Obtaining Consultations and Appropriate Services

Discussions with DCFS staff have clarified the need for a triage system for workers who need support when assessing children for possible abuse. Current workflows do not support their immediate access to medical consultations that help direct the next steps in a child's evaluation for possible abuse. DCFS workers should have 24/7 access to qualified medical providers (and timely access to urgent mental health consultants) for consultations, as well as clear pathways for arranging acute medical evaluations (urgent or emergent), forensic interviews and examinations, and required clearance or initial medical evaluations.

Because the HDRHC Medical Hub supports such a large area with so many DCFS-involved children, and is not fully equipped to provide 24-hour emergency services, it has temporarily partnered with the OVMC's Medical Hub team and Pediatric Service to create a regional approach to serving children in SPA 1. Over the next 45 days, staff will establish workflows using services at both facilities to create full-scope, 24/7 services, including emergency-room evaluations after hours and access to forensic-trained pediatric providers whenever needed for phone or in-person consultation. The goal is to provide all these services on-site at the HDRHC Medical Hub. DHS will work with and support the HDRHC Medical Hub to create systemwide protocols that can be clearly communicated to the Health Agency and DCFS partners.

Steps to Improve Workflows

On July 6, 2018, HDRHC implemented a revised forensic evaluation and consultation protocol ensuring the 24/7 availability of a qualified forensic provider to manage DCFS referrals and to schedule emergency examinations for acute injuries, as well as exigent and non-exigent forensic examinations, in a manner consistent with established timely access standards. All forensic referrals are now reviewed by OVMC Medical Hub and/or LAC+USC Medical Hub forensic clinicians within 72 hours of receipt, and all appointments are scheduled within one business day of the initial referral review.

In addition, Medical Hub leaders from HDRHC and OVMC will work collaboratively with DCFS, DPH, DMH, and OCP to create the following in the next 45 to 60 days:

- A system that will allow forensically trained pediatricians to be available 24/7 to provide phone consultation and in-person support for SPA 1 DCFS workers and emergency-room providers in need of expert consultation
- Protocols to support access to 24/7 clearance evaluations and acute forensic or consultative evaluations at OVMC and HDRHC
- Revised protocols for the various types of assessments offered in the HDRHC and OVMC Medical Hub clinics, including prioritizing core services such as urgent consults, urgent medical consultations, forensics, and IMEs
- Training pediatric clinic staff on the child welfare system, knowledge of the required medical assessments, and the unique needs of DCFS-affiliated children.
- A training curriculum for DCFS social workers in Palmdale and Lancaster to help improve their knowledge of basic approaches to child abuse (both physical and sexual)
- Protocols for engaging public health nurses in initial assessments and ongoing support for children in DCFS placements (both in and out of the parental home)
- Protocols that support the engagement of DMH mental health consultants in the assessment and ongoing evaluation of complex cases at the time of referral

Monitoring and Accountability

A workgroup made up of staff from DCFS, DHS, DMH, OCP, and DPH who work in SPA 1 will meet monthly to ensure progress in the areas identified above. The group, which will provide quarterly updates to the Board of Supervisors, will be chaired by the Director of the HDRHC Medical Hub. Other members will include the Chair of the DHS Pediatrics Workgroup, a DCFS Deputy Director, representatives from DMH, DPH, and OCP, and Medical Hub leaders. The group will meet in the Antelope Valley to ensure that the region remains the focus for these efforts.

Ultimately, the DHS Director will be responsible for ensuring the success of these efforts. Success will be measured by an improved ability to recruit staff, improved operational efficiencies at the HDRHC, an alignment of services to meet the local demands of the patient population, the improved incorporation of DMH and DPH services, fewer patients diverted to other Hubs because of a lack of capacity in the Antelope Valley, and positive feedback from DCFS regarding consultations and trainings. Through proper implementation, DHS, OCP, and DCFS feel confident that this will lead to improved outcomes for children and families in the region.

The above steps are critical to enhancing services in the Antelope Valley specifically. However, a variety of challenges are shared systemwide. DHS will submit to the Board a separate report that includes a summary of system-level issues, broken down by category, along with appropriate next steps to improve Hub services countywide.

Collaboration Between Law Enforcement and DCFS

DCFS partners with law enforcement jurisdictions every day to increase child and public safety for the residents of Los Angeles County. Both agencies have the authority to investigate cases of suspected child abuse, neglect, or endangerment, and to take children into temporary custody when they can't remain safely at home. Law enforcement investigates to determine if a crime has been committed, and DCFS investigates to determine if a child has been, or is at risk of becoming, a victim of serious abuse or neglect.

Originally implemented in 2005, with enhancements to the system made in fiscal year (FY) 2017–2018, E-SCARS is a web-based application that facilitates collaboration and communication between and among DCFS, law enforcement, and the District Attorney's office for child abuse investigations, allowing easy access to information that informs conversations among the agencies. To assess the efficacy of the system and its formal structures, monthly E-SCARS Steering Committee meetings and monthly E-SCARS Subcommittee meetings are held. The DCFS Child Protection Hotline, DCFS Business Information Systems, the District Attorney's E-SCARS Unit, LASD's Special Victims Bureau, the Los Angeles Police Department's (LAPD) Abused Child Unit, and a number of independent law enforcement child-abuse detectives attend these meetings regularly to address any systemic barriers to cross-reporting, as well as jurisdictional issues. This ongoing collaboration has allowed for relationship-building and provided a regular forum to recognize successes as well as address issues requiring modifications to the cross-reporting process.

Staff from DCFS' Hotline, Risk Management Division, and Child Abduction Unit also collaborate with law enforcement through their participation in monthly Inter-Agency Council on Child Abuse and Neglect (ICAN) Child Abduction Task Force meetings—which promote information-sharing between DCFS and local and federal law enforcement systems to enhance joint efforts in recovering abducted children—and ICAN Child Death Review Team meetings, which review fatalities from the multifaceted perspectives of DCFS, law enforcement, the District Attorney, and the Department of Medical Examiner-Coroner to gain insights informing future practice.

DCFS is actively involved in streamlining the barriers these efforts identify to more effectively work in collaboration with law enforcement. Strategies include:

- E-SCARS training and policy development
- The Regional Office Co-Location Initiative, which calls for the development of formal agreements to provide donated space to designated CSWs at targeted law enforcement stations who in turn provide consultation and roll-call training on child abuse matters, and are ready to conduct concurrent joint-response investigations on reported and suspected child abuse and neglect allegations in their service areas
- The Expedited Response Initiative, which calls for a streamlined immediate emergency response to all calls made by law enforcement to the DCFS Child Protection Hotline when a child is in their custody
- The Centralized Law Enforcement Liaison (LEL) Initiative, through which DCFS designates a centralized LEL who facilitates partnerships between regional offices and their corresponding law enforcement stations and divisions. The LEL also schedules meetings between key administration personnel and agency heads, troubleshoots concerns, facilitates communications, ensures the sharing of information and reports, and disseminates informative materials between agencies and designated DCFS/law enforcement co-located personnel.

In the field of specialized investigations, Los Angeles County's DCFS has developed a recognized national model to respond to children falling victim to volatile and criminal home environments. The Multi-Agency Response Team (MART) initiative was unanimously approved and created in 2004 by the Board of Supervisors and tasked with developing partnerships/collaborations with every law enforcement jurisdiction in the county, the region, and the nation, and internationally when necessary. MART personnel are co-located within law enforcement jurisdictions and specialized tactical teams, providing 24/7/365-day services to children recovered during the course of law enforcement's serving warrants, parole searches and compliance checks, and federal-intelligence case investigations.

Given MART members' specialized investigation skill sets, they also take the lead in responding to other high-profile situations having a DCFS/law enforcement nexus, including the implementation of and first-level comprehensive response to the Board's Commercially Sexually Exploited Children (CSEC) Initiative and First Responder

Protocol (FRP). CSEC youth are victims of modern-day slavery (or human trafficking) and the criminal-offense oversight involves all law enforcement jurisdictions at the local, state, federal, and international levels.

Sustaining and enhancing the relationships between DCFS and law enforcement requires constant communication, follow-through in implementing shared developed protocols, and the flexibility to adapt to the new and expanded risk factors faced by children in today's social-media environment. DCFS values these partnerships, and promotes task-force and joint-committee participation. Currently, the DCFS Bureau of Specialized Responses participates in over 30 different joint law enforcement–led task forces, committees, workgroups, intelligence teams, and roundtables that meet monthly, quarterly, bi-annually, and/or as needed, maximizing the County's responsiveness to its most vulnerable children.

No one initiative or multi-effort strategy can prevent all tragedies. DCFS is dedicated to fostering an environment of cooperation with law enforcement and other key stakeholders to prevent child-death incidents within the population of thousands of children it supervises every day. In future, more meaningful collaboration between DCFS and law enforcement in investigating child abuse can be achieved by addressing systemic barriers from the highest level. The Board of Supervisors traditionally funds DCFS staffing to specifically investigate and address child abuse concerns. However, with many competing priorities (public safety in addition to child safety), law enforcement agencies vary in the resource levels that can be dedicated specifically to child abuse investigations. This can have a direct impact on their ability to address child abuse incidents that are cross-reported to them. LASD should consider developing a dedicated, centralized unit of officers with expertise in the investigation of child abuse and neglect to review every E-SCARS report that goes to LASD to examine how it was handled and how it was closed. Where there are concerns, the specialized officer could correct the E-SCARS report, provide counseling to the officer, then coordinate with DCFS.

A deeper analysis of both DCFS and law enforcement systems is necessary to truly integrate investigations in place of conducting parallel investigations. An inherent barrier to this is a difference in timelines as well as a lack of mutual expertise on how each system's investigation affects the other's. It would be ideal if a structure could be established for both law enforcement and DCFS to jointly investigate in a manner that meets the focus of both systems. Discussions have begun to establish a Joint Investigation Pilot with LASD in the Antelope Valley to address these concerns.

Additionally, as mentioned earlier, training is needed countywide for both child welfare and law enforcement on how they can more consistently and effectively work together when investigating reports of child abuse from both child-welfare and law-enforcement perspectives.

Development of a Case-Quality Assurance Team

Under the guidance and direction of Director Bobby Cagle, DCFS is enacting a six-part Enhanced Operation Plan in furtherance of its mission to protect children and keep

families together. This plan call for the immediate review of over 1,000 sample cases and will lead to the development of a permanent case-quality review team. Specifically, the plan requires:

- Case reviews by DCFS
  - 1,000+ cases, both open and closed, randomly selected and reviewed
  - Reviewers look for child safety, sound decision-making, best interests of the child
  - Data to determine any need for broader reviews or policy/practice changes

- Countywide focus groups that convene employees from DCFS and other county departments to determine:
  - What's working?
  - What isn't working?
  - What gaps exist in policy, training, or resources?
  - What additional tools do staff need to complete their mission?

- Multidisciplinary case/system analysis
  - Identify best practices across clinical disciplines
  - Establish shared policies across County departments
  - Analyze each department's practice for quality
  - Analyze each department's practice regarding LGBTQ children and youth, as well as issues surrounding implicit bias and disproportionality
  - Work with OCP, DHS, DMH, DPH, the Department of Public Social Services, and Child Support Services to formulate consensus recommendations

- Enriched training
  - Develop training based on the latest medical research on differentiating between inflicted and accidental injuries
  - Forensic interviewing of children
  - How to deal with recantations

- National expert consultations
  - DCFS is identifying national experts in social work, health, and mental health with concurrent expertise in child abuse and neglect.

Preliminary work has been initiated on this plan, including assigning and reviewing over 1,092 cases, convening internal focus groups, identifying points of contact for each of the involved County departments, and identifying expert trainers. DCFS will update the Board in 45 days on the Enhanced Operations Plan's progress and, working with the OCP, will return with recommendations for a permanent quality-assurance team based on lessons learned in the case-review process.

<u>Implementation of the Blue Ribbon Commission on Child Protection's Recommendations</u>

Below is a comprehensive list of the activities of the OCP, all of which flow from the BRC's Final Report, motions from the Board, and the OCP's Strategic Plan, which is based on the BRC's Final Report and input from over 500 stakeholders gathered through a series of convenings held throughout the county.

While quite a bit has been accomplished so far, a lot more needs to be done.

All the work highlighted below includes multidisciplinary efforts that are being achieved through partnerships with numerous entities, including multiple County departments, community stakeholders, private partners, the Juvenile Court, County commissions, advocates, school districts, universities, and philanthropic organizations.

<u>Prevention</u>

Preventing Children and Families from Coming into Contact with the Child Welfare System

- Released a Countywide prevention plan on June 30, 2017—*Paving the Road to Safety For Our Children: A Prevention Plan for Los Angeles County*—that engages the community in upfront primary-prevention efforts to strengthen families and keep them from being referred to DCFS
    - Included in this plan are six key strategies for providing primary prevention: networking existing community prevention networks together, expanding the capacity of the Prevention & Aftercare (P&A) networks to serve families, expanding home visitation programs, improving access to early care and education programs, monitoring the well-being of communities, and developing measures of prevention to evaluate our efforts. County departments made additional commitments as to how the County can show greater ownership over its role in prevention efforts.
    - Secured $78M of DMH's Mental Health Services Act Prevention and Early Intervention (MHSA-PEI) funding for expanding prevention services provided by the P&A networks ($28M across 2 fiscal years) and for expanding home visitation preventative programs ($50M across 2 fiscal years)
- DPH released a home visitation expansion plan on July 18, 2018, *Strengthening Home Visiting in Los Angeles: A Comprehensive Plan to Improve Child, Family, and Community Well-Being*.
    - Included in this plan is a vision for creating universally available home visitation programs for all new mothers who are interested in participating, including expanding evidence-based programs for families at risk of DCFS involvement and poor health outcomes, universal post-partum support and screenings, and improved coordination infrastructure to ensure that at-risk families connect timely to the right program.

- Presented recommendations involving early care and education to the Los Angeles Unified School District (LAUSD) Board of Education as part of its planning session on expanding high-quality early childhood education programs; as a result of this and other presentations, the school board approved the opening of 16 new early learning centers throughout the district for this next school year

<u>Safety</u>

Reducing the Risk of Families Being Re-Referred to DCFS

- Launched a project on June 28, 2018, using community-based support providers, to outreach to families referred to the Child Protection Hotline whose concerns do not warrant an investigation
    - Families with an identified need are offered a variety of community-based supports.
    - Preliminary data shows that the number of families being referred to these supports has tripled for most providers since the launch of this project.

Improving Child Abuse and Neglect Investigations

- Conducted a comprehensive analysis of the use of Structured Decision Making (SDM) related to safety and risk screenings, investigations of child abuse and neglect, and case management
- In May 2018, began a department-wide initiative to:
    - Examine policies, training, and practices for case decision-making
    - Retrain all case workers, supervisors, and regional managers on the proper use of SDM, particularly with regard to safety and risk assessments
    - Retrain workers on how to interview witnesses, when to use forensic exams, and how to handle a child's recanted allegations
    - Strengthen the supervisor/social worker teaming process for making case decisions
    - Refer families who are at high risk of coming back to the system to community-based supports and resources to reduce this risk

Fast-Tracking Access to Relevant Data to Better Inform Child Abuse and Neglect Investigations

- Designed an electronic system for Emergency Response (ER) social workers to access DCFS history and criminal-background data relevant to an investigation of child abuse or neglect

    - The system was launched in 7 DCFS offices in July 2018; the countywide launch is targeted for September 2018.

- Developed an MOU with DCFS for sharing relevant data across 7 County departments to ensure that investigations of child abuse and neglect are as comprehensive and thorough as possible

Determined the Best Use of Public Health Nurses in Child Welfare

- Released a plan on December 8, 2017, to ensure the best use of public health nurses in child welfare, and are working with DCFS and DPH to implement it

Permanency

Increasing the Use of Relative Placements for Youth Removed from Their Homes

- Increased the placement rate of youth with relatives and non-offending parents to almost 80%, as well as engagement with the whole family, in 4 pilot DCFS regional offices

- Discussions with DCFS are underway about expanding the pilot to additional regional offices over the next few months

Ensuring Timely Placements and Increased Stability for Hard-to-Place Youth

- Launched a pilot in April 2016 that uses a multi-agency teaming approach to stabilize and find permanency for hard-to-place youth, who frequently populate Transition Shelter Care (TSC) facilities, within 30 days

    - Results to date are promising for the 40 pilot youth:

        - 28 of the 32 who are still involved have maintained stable placements.
        - 7 of the 8 youth who graduated are successfully maintaining placements with a relative or have moved into a lower level of care.

Prioritizing Permanency for Foster Youth

- Finalizing a plan for increasing permanency for transition-age youth before they exit care, which should be released in August 2018

Providing Substance-Abuse Supports to Parents and Youth to Help with Reunification

- Outstationed counselors, starting in 9 DCFS offices, to provide on-site support and warm hand-off connections to substance-abuse supports for those parents or youth who need them

Well-Being

Addressing the Educational Needs of Foster and Probation Youth

- Implementing a transportation pilot that will run through June 30, 2019, to improve school stability for foster by keeping them in their schools of origin
  - Finalized a transportation-plan template to be used to negotiate a long-term interagency agreement between DCFS and the County's 80 school districts
  - Secured $150,000 of private funding to provide additional capacity for processing the hundreds of weekly notifications DCFS receives that affect which school youth attend
- Developed a healing-informed arts education program to be piloted in 3–5 schools starting in January 2019
- Developed a career/college pathway pilot that will launch in the Antelope Valley in fall 2018
- Working with partners to improve college readiness in the Antelope Valley
- Four education liaisons are co-located in Antelope Valley schools: two in the Antelope Valley Union High School District (working between four high schools) and two in the Lancaster School District (working at the middle school).
- Worked with the Los Angeles County Office of Education (LACOE) to improve data-sharing across all 80 of the county's school districts
  - All school districts have signed an agreement to create a single point for school districts and other users to access and share education data on foster youth.
  - LACOE and the Juvenile Court are working together to provide judicial officers with electronic access to education data for foster youth.

Addressing Timely Access to Forensic and Medical Exams and Medical History Information

- Conducted an analysis of medical Hub referral and appointment data to determine how to increase capacity and support for delivering timely forensic and medical examinations for children involved in investigations of abuse and neglect, as well as initial health exams for newly detained foster youth
  - Data results are being used to guide conversations with key partners about how best to address Hub capacity issues, ensure that core services are delivered in a timely manner, and clarify department and Hub policies.
- Establishing access for public health nurses to the comprehensive health record system in Los Angeles to improve health care coordination for foster youth

    - This access should be available in early 2019.

- Working with partners to develop a plan for increasing the number of foster youth receiving dental screenings and exams, when needed, within policy timeframes

    - Adding language about oral health care screenings to existing medical Hub forms so that data can be more accurately tracked regarding youth referred for needed dental exams

Ensuring the Appropriate Use of Medications for Foster Youth

- Established a task force focused on the use of psychotropic medication for youth in care and addressing audit findings issued by the State of California in August 2016

- Implemented new protocols in April 2017 for approving and monitoring psychotropic medication use for foster youth

    - Recent data reported on psychotropic medication use by foster youth in Los Angeles County shows a decline in usage (UC Berkeley report).

        - Between October 1, 2016, and September 30, 2017, the percentage of foster youth in Los Angeles County who were taking psychotropic medication was 10.8% (2,913 youth), compared to 12.0% (3,262 youth) from one year earlier (October 2015 through September 2016).

- Secured agreement from DCFS, Probation, and DPH to implement a Psychotropic Medication Youth Engagement Worksheet that will help to ensure that youth are engaged in discussions about their medication usage and prepared to make appropriate medication decisions on their own behalf once they reach the age of majority

Coordinating Mental Health Assessments for Youth in Child Welfare

- Developed a process map of current front-end mental health assessments and timelines that will be used for determining how best to coordinate and streamline these processes, where needed

- Held a convening of key partners on August 3, 2018, to learn about Illinois' Integrated Assessment model that efficiently coordinates screening, assessment (including mental health, health, and dental), and case planning for youth involved with DCFS

<u>Cross-Cutting Strategies</u>

Improving Prevention Efforts and Service Coordination for Dual-Status Youth

- Convening a multi-agency workgroup of key stakeholders to develop a plan for preventing youth from crossing over from dependency to delinquency, improving the treatment of youth who are dual-status, and strengthening data tracking and evaluation

Promoting Training Efforts across Organizations, Disciplines, and Sectors that Affect Children

- Developed a curriculum for training the P&A networks in providing healing-informed supports and strengthening family engagement efforts

- DPH and DMH are finalizing a budget request (to be made to the Board in the next few months) for allocating MHSA-PEI funding to expand home visiting capacity over the next two years; a Memorandum of Understanding is also being finalized.

Developing Measures to Monitor Progress and Drive Practice Change

- Developed a draft set of prevention measures across the outcome areas of pregnancy and early life health, safe children, child well-being, strong families, strong communities, and cost savings/avoidance, as well as a draft set of metrics and data sources for measuring them

If you have any questions, please contact me at (213) 893-1152 or by email at mnash@ocp.lacounty.gov, or your staff may contact Carrie Miller at (213) 893-0862 or by email at cmiller@ocp.lacounty.gov.

MN:CDM:eih

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