



COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

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October 31, 2016

Revised

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

From: Judge Michael Nash (Ret.) 
Executive Director, Office of Child Protection

ADVANCING EFFORTS TO SUPPORT SELF-SUFFICIENCY FOR TRANSITION-AGED FOSTER YOUTH

On June 28th, 2016, a motion co-authored by Supervisors Antonovich and Kuehl¹ requested that the Executive Director of the Office of Child Protection (OCP), in conjunction with all affected departments including the Departments of Mental Health (DMH), Public Health (DPH), Health Services (DHS), Community and Senior Services (CSS), Office of Education (LACOE), Public Social Services (DPSS), Probation, and with input from Children and Family Services (DCFS), to:

- 1) Revisit the integrated service delivery plan ("Supporting the Long-term Success of Young Adults and Transition-Aged Adults") developed in January 2013 and report back on outcomes to date;
- 2) Identify new goals to meet the unique needs of transition-aged youth (starting engagement and service delivery at age 12 when possible); and
- 3) Develop new Fiscal Year 2016-17 Management Appraisal and Performance Plan (MAPP) goals for each department that address the needs of these targeted youth.

The Board also requested the OCP, in conjunction with the Director of the Center for Strategic Public-Private Partnerships (Center), identify opportunities to engage the philanthropic community in the needs of transition-aged youth (TAY).

¹ Item 22, June 28, 2016 Motion by Supervisors Antonovich and Kuehl

In response to this motion, the OCP established a TAY workgroup, comprised of relevant departmental representatives, to examine the outcomes of the 2013 Integrated Service Delivery Plan (ISDP) and identify new mechanisms to meet the needs of TAY. The OCP also met with key advocates and constituents to better understand current gaps in available services and resources for TAY. The Center utilized its connections with philanthropy to identify and understand where beneficial partnerships with the County could be acquired.

2013 INTEGRATED SERVICE DELIVERY PLAN (ISDP): BACKGROUND

The 2013 ISDP model built upon the teaming practices DCFS was already planning to employ under its Core Practice Model for their Child and Family Team (CFT) meetings. The main component of the ISDP was to make the CFT meeting multidisciplinary and to engage youth and their families to develop comprehensive case plans that addressed their social and emotional well-being, housing, education, and career/workforce readiness needs. This was intended to ensure that if youth support systems are compromised, youth are still able to take care of themselves. Each department agreed to provide staff that would join the CFT meetings, as appropriate, based on the needs of the youth and their family. Both DCFS and Probation were also to have access to point-persons in each department whom they could contact regarding available services, supports, knowledge, and guidance.

As part of the Core Practice Model, the first stage of creating a CFT meeting is an in-house case review with both DMH and DPSS staff that are co-located in DCFS offices. Once a review is completed, a CFT facilitator engages with the child and their family to explain the CFT process and make recommendations about whom to invite to the team meeting. Ultimately, the youth and their family decide who attends their CFT meeting.

2013 ISDP: OUTCOMES TO DATE

To test the ISDP model and see if it could be expanded countywide, a pilot was implemented in Pomona. The pilot program was implemented for a six month period starting in September 2013 and targeted 20-25 youth. Though there were some successes, integration of services was not achieved for reasons discussed below.

County departments played varying roles in the pilot of the ISDP. CSS had staff attend some CFT meetings when a youth was ready for employment. DPSS provided linkages to programs such as CalFresh and subsidized employment. Social workers contacted Public Health consistently when youth reached age 14, if they had a serious medical condition. DPH also built a website (http://publichealth.lacounty.gov/cms/tay_index.htm) to provide information to transitioning youth about resources in areas such as sexual health, mental health, and health care clinics. Although mental health services are often critical to a youth's success, DMH was routinely not invited by the youth or family to the CFT meeting. However, social workers would sometimes directly refer youth to mental health service providers when they felt these services were strongly needed.

LACOE and Probation partnered together to create Multidisciplinary Team (MDT) meetings for youth in camps. Unlike CFT meetings, Probation can determine who is

invited to the MDT meeting, and, therefore, which departments will be in attendance. DMH partnered with them to provide families transportation to camps so they could attend MDTs. Under this model, that is still being used, LACOE employs an electronic tool, EPIC, to create a single individual learning plan for each probation youth. Counselors present this plan 45 days before the youth's release from camp to help them stay on track once they transfer to their new school.

2013 ISDP: IMPLEMENTATION BARRIERS

Departments identified a number of barriers that impeded the implementation of this model.

- 1. Department Inclusion at CFT Meetings.** By program design, youth decide who attends their CFT meetings. Youth and families generally did not invite other youth-serving departments to attend these meetings. Furthermore, departments reported that not many department point-persons were contacted through the CFT facilitators for information. This led to a loss of important transition services for youth, especially in stigmatized but crucial areas such as mental health and public health.
- 2. Policy Alignment.** In order to accommodate the youth and family, CFT meetings often took place after-hours or at a youth's home. For some representatives of the youth-serving departments outside of DCFS, to attend would have been a violation of their departments' policies about providing services off-site. These meetings also led to safety concerns from some department staff. This contributed to co-located staff and essential interagency personnel not participating in the CFT meetings.
- 3. Multiple and Inconsistent Transition Plans.** System-involved youth have multiple plans that all address transition goals. This includes their CFT meeting goals, Transitional Independent Living Plan (TILP), 90-day transition plan, and education plans from the school districts. There is no coordination between the multiple transition plans, which leads to confusion and disconnect on the part of the youth.
- 4. Lack of Consistent Guidance to Make Use of Services.** There was no consistent guidance and support for the youth regarding understanding the benefit of services and opportunities and knowing how to follow through with accessing them. When outside departments participated in CFT meetings and offered services, youth often did not take advantage of these resources. This was particularly true in the area of employment. When internship or job opportunities were made available, the youth often did not follow through or commit to a position.
- 5. Lack of Formal Department Coordination.** There was no consistent follow-up or venue developed for discussion regarding policy/implementation of the ISDP. This meant that implementation barriers were not regularly uncovered or resolved.

MODIFIED PLAN FOR SERVICE INTEGRATION

The following modified model developed by the current TAY workgroup uses the basic framework of the 2013 ISDP while addressing the challenges of the initial approach.

- 1. Train CFT facilitators to educate youth and families about the benefits of having relevant youth-serving department representatives at CFT meetings.** Instead of allowing the youth to create the team from the ground up, the workgroup recommends that the CFT facilitator, trained to be experts on the resources available to the youth, present the youth and their family with a proposed CFT meeting team, using their training to provide an informed justification for this approach. If the youth then wants to veto any proposed parties, they may. A script could be developed for facilitators, as part of their training, so they can learn how to present the idea of a multi-departmental team in a trauma-informed manner that is responsive to the way youth make decisions. The goal is to have the youth heavily involved in creating the CFT, but also recognize that youth and families need to be educated about what resources can give them the best chance to successfully transition. This is particularly important in areas where services are stigmatized, such as mental health and public health. If the youth vetoes any proposed parties, the CFT facilitator could be trained to ensure that referrals are made to relevant individual agency point people that can outreach to the youth to ensure that they are informed about the services and benefits available.
- 2. Start Services Earlier.** CFT meetings can serve as a forum to engage youth in self-sufficiency resources as early as age twelve. In addition to ensuring that wrap around mental health services are available from a young age, the TAY workgroup recommends transition-related educational services are emphasized early to create a solid foundation for career/college readiness. The TAY workgroup also recommends health services focused on self-sufficiency begin earlier. For example, pregnancy prevention is a large part of self-sufficiency. Research suggests that there is a generational cycle of foster youth becoming parents and having children who also become system-involved.²
- 3. Align department policies so that staff can attend CFT meetings.** All relevant youth-serving departments should examine and align their policies to allow for attendance at CFT meetings in a comfortable, safe space for youth and their families that accommodates their schedules. Probation has successfully utilized video and teleconferencing to increase attendance at MDT meetings. This is something the workgroup suggests be examined for CFT meetings.
- 4. Ensure there is only one transition plan for youth.** A single transition plan shared between CFT facilitators, Youth Development Services (YDS) workers, Individualized Transition Skills Program (ITSP) mentors, and school districts would help enable both youth and providers to be clear with regard to the goals and path of

² Putnam-Hornstein (2013). California's Most Vulnerable Parents: When Maltreated Children Have Children.

the plan.³ A single plan would also help prevent the provision of duplicative services and would allow departments to more easily identify barriers to self-sufficiency. Currently, the CFT process can continue until a youth reaches the age of 21, whereas YDS services start at age sixteen and end at age 21. Because there is overlap, YDS and the CFT facilitators need to begin coordinating with each other at age 16, to ensure there is a consistent plan and a warm hand-off such that youth are not lost during the transfer or overlap of caseworkers. The departments should come together to develop the process to coordinate around this single plan. This would be much easier to accomplish if the plan could be shared electronically. Probation and LACOE have successfully utilized an electronic platform to create a single transition plan across agencies that could be used as a model by others.

5. **Create a Roadmap.** A college/career roadmap that both CFT facilitators and YDS workers use as a checklist for TAY should be developed based on previously tested models and with input from outside experts to aid in streamlining self-sufficiency goals. This step-by-step process will provide guidance, timelines, and potential resources for providers to help TAY reach employment and/or attain higher education, as well as learn important life skills such as financial literacy.
6. **Continuing Facilitation of Service Integration for TAY.** Facilitating implementation of service integration for TAY should be the primary role of someone working inside a County department in order to institutionalize the process. What this should look like will be determined over time by the workgroup.

PROMISING PROGRAMS AND OPPORTUNITIES FOR IMPROVING SELF-SUFFICIENCY

Education

In order to better prepare youth for college, the OCP, through the Education Coordinating Council (ECC) is partnering with the National Center for Youth Law's initiative, FosterEd, as they develop and rollout a new College Readiness Pilot in Los Angeles County. FosterEd has already successfully implemented their model in the states of Arizona, New Mexico and Indiana, as well as countywide in Santa Cruz. The model includes identifying and training educational champions for each foster youth and then providing them with a team to facilitate achievement of the youth's academic goals. One aim of the College Readiness pilot is to develop coordination between the school districts and DCFS/CFT facilitators, and create a single transition plan for youth. FosterEd is currently partnering with the Torrance DCFS office and the Centinela Valley Union High School District to ensure that families, students, child welfare staff, and education staff are all communicating about education and well-being, in tandem with child safety and permanence, during the CFT process. The lessons learned from this

³ As part of a 2011 Board Motion authored by Supervisor Antonovich, DCFS's YDS Unit implemented the ITSP which was designed to support self-sufficiency. ITSP provides intensive mentoring services and in-home life skills training.

partnership will be applied to the College Readiness pilot, so that the CFT process is leveraged to improve education outcomes for youth.

In the College Readiness pilot, FosterEd will work with the youth while they are in high school and then provide a warm-hand off to their partner, the Opportunity Youth Collaborative (OYC)⁴, which will provide academic support to these youth while they are attending college. Furthermore, OYC will provide employment services and resources to youth who chose to take a career pathway instead of going to college. One avenue to do this will be through engagement with the Performance Partnership Pilot (P3). OYC is also helping to coordinate related efforts through the Learn and Earn to Achieve Potential initiative funded by philanthropy and working with the county. OCP's role in this pilot will be to bring the right players, such as LACOE, the Court, DCFS, CSS, as well as other key partners to the table to facilitate coordination. The planning and infrastructure building stages of the College Readiness pilot are currently taking place and will last until the spring of 2017. Education case management for students will begin in the 2017-2018 academic year. The goal of the pilot is to serve a minimum of 150 students. The intention is to pilot this program in 3-5 different high schools in at least 2 school districts in the county.

Social/Emotional Well-Being

Many of the youth that become involved with the system experience trauma in some way. It is vital that these youth receive the prevention and early intervention mental health services they need. DMH currently has a Prevention and Early Intervention (PEI) plan that offers services to address those needs. Each Evidence-based practice is designed to address one or more key community mental health needs and one or more priority populations. PEI programs consist of a variety of evidence-based practices, promising practices, and community-defined evidence practices (hereafter EBPs.) There are a number of good, widely available, EBPs that clinicians are able to use as needed (see Attachment 1). Supporting the clinicians' ability to choose, based on a face-to-face assessment, which of the EBPs is best suited for a particular youth is a great opportunity to enable more youth to be better served by these much needed PEI services. Clinicians, with their knowledge of the youth and family's specific circumstances and underlying needs gained from their assessment, can work with the youth and family to identify one or more EBPs that are best suited to address their needs and circumstances.

Alcohol and substance abuse are the highest reported mental health issues for California foster youth after Post-Traumatic Stress Disorder.⁵ The Center is exploring opportunities to connect County mental health and substance abuse services and philanthropic public health approaches. These approaches include providing a safe space, such as a doctor's office, or other settings in schools or community-based

⁴ LA County serves on the OYC's Board and has been an active part of its creation. The OYC also currently partners with several County departments. Philanthropy has provided significant support to the OYC.

⁵ Courtney, et al. (2016). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of Youth at Age 19.

organizations where youth receive services, for confidential screening, interventions and referrals to services for youth while promoting healthy choices. The National Institute on Drug Abuse's Principles of Effective Adolescent Treatment recommends that health care providers utilize this type of approach for early identification and intervention of substance use. The American Academy of Pediatrics also endorses this approach and recently issued new guidance to help support its implementation in pediatric settings.

In addition to these efforts, philanthropy is investing in a collective impact model to work with the county in supporting pregnancy prevention efforts and to support pregnant and parenting teens.

Housing

There are currently multiple opportunities within the County around housing due to the County's Homeless Initiative and LAHSA's Youth Coordinated Entry System. Los Angeles was recently chosen to be one of three communities around the Country to receive support from A Way Home America for a 100-day challenge to house 100 youth in 100 days. Philanthropy has been deeply involved throughout this and other related initiatives. The Center and the OCP have participated in public agency as well as private sector convenings around this initiative. The Youth Coordinated Entry System seeks to provide integrated, electronic, SPA-wide homelessness assessments and access to housing services, thus ensuring that youth are quickly connected to the most appropriate housing and service interventions. The Center hopes to help build up and support philanthropic/county relationships and facilitate joint initiatives as this innovative work unfolds.

The Center will also facilitate connections between the Child Welfare Funders Collaborative and the Home for Good Funders Collaborative, helping to bring together the intersection of partners interested in youth homelessness issues. Furthermore, the Center is exploring opportunities that can support LAHSA and DCFS, including increasing the affordable housing stock in Los Angeles County for programs such as the Transition Housing Program (THP), THP+, and Supervised Independent Living Program (SILP). Youth in these transitional housing programs are using too much of their monthly incomes to pay for housing, which limits their ability to pay for other expenses. Finally, the Center seeks to support LAHSA in its application for funding through HUD's Notice of Funding Availability specifically for youth.

Employment

The OCP is currently working with CSS, DCFS, and Probation to fund the Department of Parks and Recreation led Recreation Employment and Achieving Career Happiness Program (REAACH). REAACH began in 2010 through the generous funding of Supervisor Antonovich. It provides at-risk college youth between the ages of 16 and 24 with 450 hours of in-classroom learning, experiential job training, and mentoring before providing the youth with part-time jobs that are scheduled around their classes. The REAACH program has completed 7 classes with approximately 320 participants. It has a 96% (308 participants) graduation rate, and still employs approximately one-third (100 participants) of its participants. Given its success rate and the opportunities it provides

to TAY, the workgroup hopes to expand the program to all Supervisorial Districts within the next few years.

The County Development Internship (CDI) also provides great opportunities for TAY. The goal of this program is to provide 12 to 24 month internships that will prepare youth for permanent positions within Los Angeles County. There are currently two arms of this program: one for DCFS and one for the Department of Human Resources. The DCFS arm of the CDI program has hired 97 interns since 2006. 65 of these interns received permanent appointments. The DHR arm of the CDI program had 51 interns since 2005 achieve permanent placements in a variety of departments. The TAY workgroup is working towards ensuring that these two branches collaborate to provide the maximum amount of opportunities to system-involved youth, to ensure that DCFS workers know about openings in all departments, and ensure that all vacancies are being filled (on average there are currently 5 vacancies).

CSS created access to permanent job opportunities for system-involved youth through its partnership with the Sheriff's Department. CSS provides 120 hours of training for youth who are then eligible to apply for entry level jobs in the Sheriff's Department. This fiscal year, 51 (out of a projected 110) youth have already participated in the program. The Sheriff's Department's Human Resources division has aligned its hiring policies to ensure these youth would be eligible for its entry level positions. The TAY workgroup will work towards aligning hiring processes in other departments to make sure CSS youth are eligible for jobs in other departments. The workgroup will also work to ensure there is consistent guidance and support for the youth regarding understanding the importance and benefit of job opportunities and knowing how to access and follow through with them.

CSS also leads the County Workforce Development Board's effort for the Workforce Innovation and Opportunity Act (WIOA) Youth Program, funded by the Department of Labor. WIOA provides eligible older youth with linkages to training and paid and unpaid work experience in high-growth, in-demand sectors of the economy. Through this program, LA County focuses services specifically for eligible disconnected youth aged 16-24. CSS has prioritized services for those in foster care, those who have aged out of the foster care system, as well as probation, homeless and TANF youth. Services and youth activities provided include academic assistance, financial literacy education, dropout recovery strategies, labor market and employment information, entrepreneurial skills training, comprehensive guidance and counseling, classroom and vocational training, leadership development, mentoring, and supportive services. The TAY workgroup will work to provide the maximum amount of accessibility to and opportunities through WIOA. The workgroup will also explore working with partners such as the Department of Business and Consumer Affairs to provide financial literacy education and more.

MAPP GOALS

The OCP worked independently with each representative of the workgroup to develop new Fiscal Year 2016-17 MAPP goals for their respective department directors that address the needs of TAY. See Attachment 2 for the list of these specific MAPP goals.

NEXT STEPS

The OCP will continue to meet with the TAY workgroup to help facilitate and oversee implementation of the recommendations in this report, while a long-term plan can be developed for how to institutionalize implementation and monitoring of the modified integrated service delivery plan within county departments.

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 Stefanie Gluckman at 213-893-2507, or by email at sgluckman@ocp.lacounty.gov.

MN:CDM
SKG:BS

Attachments (2)

C: Executive Office, Board of Supervisors
Chief Executive Office
Children and Family Services
Community and Senior Services
County Counsel
Health Services
Mental Health
Office of Education
Probation
Public Health
Public Social Services

**County of Los Angeles Department of Mental Health
Prevention and Early Intervention – Evidence-Based Practices and Promising Practices**

PROGRAM NAME		DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	MODALITY
1	Aggression Replacement Training (ART)	ART is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. Its goal is to improve social skills, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger control training, and training in moral reasoning. Skill-streaming teaches pro-social skills. In anger control training, youths are taught how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others.	Children (5-12) – Skillstreaming Only Children (12-15) TAY (16-17)	Group
2	Incredible Years (IY)	IY is based on developmental theories of the role of multiple interacting risk and protective factors in the development of conduct problems. Parent training intervention focuses on strengthening parenting competency and parent involvement in a child's activities to reduce delinquent behavior. Child training curriculum strengthens children's social/emotional competencies. Teacher training intervention focuses on teachers' classroom management strategies, promoting pro-social behaviors and school readiness.	Children (0-12)	Individual Group
3	Individual Cognitive Behavioral Therapy (Ind. CBT)	CBT is intended as an early intervention for individuals who either have or may be at risk for symptoms related to the early onset of anxiety, depression, and the effects of trauma that impact various domains of daily living. CBT incorporates a wide variety of treatment strategies including psychoeducation, skills acquisition, contingency management, Socratic questioning, behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies and behavioral rehearsal.	TAY (16-25)	Individual
4	Interpersonal Psychotherapy for Depression (IPT)	IPT is a short-term therapy (8-20 weeks) that is based on an attachment model, in which distress is tied to difficulty in interpersonal relationships. IPT targets the TAY population suffering from non-psychotic, uni-polar depression. It targets not only symptoms, but improvement in interpersonal functioning, relationships, and social support. Therapy focuses on one or more interpersonal problem areas, including interpersonal disputes, role transitions, and grief and loss issues.	Children (12-15) TAY (16-25)	Individual
5	Managing and Adapting Practice (MAP)	MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioners easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. MAP as implemented in L.A County has four foci of treatment, namely, anxiety, depression, disruptive behavior, and trauma.	Children (0-15) TAY (16-21) Disruptive Behavior: 0-21 Depression and Withdrawal: 8-21 Anxiety and Avoidance: 2-19 Traumatic Stress: 2-18	Individual
6	Parent-Child Interaction Therapy (PCIT)	PCIT provides highly specified, step-by-step, live-coaching sessions with both the parent/caregiver and the child. Parents learn skills through didactic sessions to help manage behavioral problems in their children. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	Young Children (2-7)	Conjoint: Parent/caregiver and Parent/caregiver with Child
7	Seeking Safety (SS)	SS is a present-focused therapy that helps people attain safety from trauma or PTSD and substance abuse. It consists of 25 topics that focus on the development of safe coping skills while utilizing a self-empowerment approach. The treatment is designed for flexible use and is conducted in group or individual format, in a variety of settings, and for culturally diverse populations.	Children (13-15) TAY (16-25)	Individual Group
8	Trauma Focused CBT (TF-CBT)	An early intervention for children who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and TAY receiving these services.	Children (3-15) TAY (16-18)	Individual Conjoint
9	Triple P Positive Parenting Program (Triple P)	Triple P is intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. Levels Two and Three, which focus on preventive mental health activities, are being implemented through community-based organizations. Levels Four and Five, which are early interventions parenting and teen modules, are being implemented by DMH directly operated and contract agencies.	Children (0-15) TAY (16-18)	Individual and/or Group

NEW MAPP GOALS – SELF SUFFICIENCY FOR TAY

The following new MAPP goals were created for the 2016-2017 year to support self-sufficiency for transition-aged youth:

CSS

1. By November 2016 develop and launch a referral mechanism to increase access and awareness of The Youths Jobs Program and other services for foster, probation and/or crossover youth to work experience, employment, training services and resources within each County designated Workforce Region.

2. By June 30, 2017, Ensure 600 foster, probation and/or cross over youth attain any combination of the following:
 - a. Obtain a high school diploma or GED, an occupational certificate,
 - b. Enroll in post-secondary education or training,
 - c. Participate in the Youth Jobs Program (subsidized employment) to attain work readiness, and/or
 - d. Achieve unsubsidized employment.

3. Joint MAPP Goal with DPSS in response to Board Motion 22 – DPSS MAPP Goals
 - a. By June 30, 2017, develop and implement the Youth in Partnership (YIP) Peer Mentorship Pilot to provide support and guidance to current DCFS/DPSS Family Maintenance or Family Preservation youth ages 16-21, by collaborating with DCFS, Probation, CSS, DMH, LACOE and key other partners.

 - b. **Milestones and target completion dates:**
 - i. By October 31, 2016, develop the YIP peer mentor curriculum and recruit and select 10-20 Former Foster Youth (FFY) ages 21-24 (minimum of two must be current DPSS GROW participants) to be trained as peer mentors.

 - ii. By November 30, 2016, begin training the selected FFY candidates to become YIP mentors.

- iii. By January 31, 2016, implement the YIP pilot by providing Mentors with subsidized employment through the Youth Jobs Program and by having Mentors begin providing mentoring services and support to a total of 20-40 DCFS/DPSS youth.

DCFS

1. Pilot a single transition plan for TAY in Kinship Care that is shared between YDS transition coordinators and CFT team members in the Compton and San Fernando Valley Offices, so the team is clear on the self-sufficiently goals and path of the plan.
2. Create, with input from outside experts, a college/career/housing roadmap that YDS transitional coordinators and CFT team members can use as a checklist for TAY participants in the Philip L. Browning Youth Worker Program to aid in streamlining self-sufficiency goals. This step-by-step process will provide guidance, timelines, and potential resources to secure gainful employment, and/or attain higher education, and stable housing.
3. Develop and participate in a TAY self-sufficiency workgroup, which will serve to uncover cross-departmental barriers and promote best practices to implement an integrated service delivery model.

DHS

1. Create a process so that 100% of TAY youth with chronic medical illnesses (e.g., diabetes, heart disease, asthma) who are referred to DHS for ongoing care receive outreach and can access a primary care provider either within DHS or the community primary care network.
2. Ensure 1 – 2 Drug Medi-Cal Providers in each Service Planning Area who are part of the new DMC waiver in LA County have specific expertise in serving TAY with serious substance use disorders and have capacity to accept TAY referrals.

3. In an effort to reduce pregnancy rates among system-involved youth, DHS and DMH will collaborate to provide comprehensive education about, and access to, methods of pregnancy prevention (including abstinence, long acting reversible contraception [LARC], and all other forms of contraception).

DMH

1. **Priority 1:** Ensuring self-sufficiency for all Los Angeles County youth requires attending to the needs of particularly vulnerable populations, including LGBTQ youth. It is essential that we enhance the capacity of mental health providers and key stakeholders to establish environments that serve LGBTQ youth in a supportive, affirming, and culturally competent manner.
 - a. Target Date
 - b. January 31, 2017 - Milestone 1
 1. Complete the solicitation for providers that will develop a training curriculum and deliver trainings for providers that serve LGBTQ youth. This training will raise awareness of the unique needs and vulnerabilities of this population, address strategies for combating bullying and discrimination and ways to enhance self-efficacy.
 - c. June 30, 2017 - Milestone 2
 1. Conduct a minimum of two trainings for providers that serve LGBTQ youth to enhance skills in working with this population. Evaluate practice change as a result of the training and administer a client satisfaction survey to assess the impact of training on the satisfaction of youth receiving services.
2. **Priority 2:** Employment is the road to self-sufficiency for many youth. However, achieving independence through employment is particularly challenging for youth with serious emotional disturbance. DMH will develop a supported employment solicitation that will enable the Department to assist youth with mental health challenges in preparing for, obtaining and maintaining employment.
 - a. Target Date
 - b. May 31, 2017 - Milestone 1

1. Complete all components of a competitive solicitation for an agency that provides employment support services. This solicitation will enable DMH to identify a vendor that will assist vulnerable youth in all aspects of readiness for employment, skills in seeking and obtaining employment and strategies for maintaining employment while managing mental health wellness.
- c. May 31, 2017 - Milestone 2
 1. Complete the program design for the TAY supportive employment Program. Conduct discussions with the existing County Youth Opportunity Program to align the DMH training opportunity with the opportunities afforded through the inter-Departmental initiative.
 - d. June 30, 2017 - Milestone 3
 1. Hire a peer (a TAY in recovery) that can participate as a coach/mentor in the supportive employment program and begin orientation of this new staff person.
3. **Priority 3:** Late adolescence and early adulthood are the developmental periods in which young adults often experience initial episodes of psychosis. Developing psychotic disorders during this developmental period is particularly tragic as young adults not only experience severe mental illness, but miss developmental opportunities. However, research findings indicate that early intervention into initial episodes of psychosis can change the trajectory of the disease and promote young adults' ability to pursue educational, vocational and social opportunities. In FY 2016-2017, DMH will enhance awareness of and interventions for youth with early-onset psychosis.
- a. Target Date
 - b. June 30, 2017 - Milestone 1
 - a. Engage NAMI and NAMI Urban Los Angeles in identifying materials, campaigns and strategies for educating TAY-serving mental health and social service providers. Build a curriculum for raising awareness and screening youth receiving services to ensure early identification of those experiencing

prodromal signs and/or symptoms of psychosis. Ensure the curriculum addresses strategies for pursuing self-sufficiency goals (education, work, relationships).

- c. June 30, 2017 - Milestone 2
 - a. Conduct trainings for DCFS, Probation and community-based organizations in recognizing prodromal signs/symptoms of early-onset psychosis, how to engage and support youth, and how to support youth in achieving goals for self-sufficiency despite having a serious mental illness. A minimum of 3 trainings will be conducted in each of the next two fiscal years FY 16/17 and 17/18.
4. **Priority 4:** In an effort to reduce pregnancy rates among system-involved youth, DHS and DMH will collaborate to provide comprehensive education about, and access to, methods of pregnancy prevention (including abstinence, long acting reversible contraception [LARC], and all other forms of contraception).

DPH

1. Enhance the TAY Public Health Toolkit (targeted for transition age youth, including CFT pilot youth, and staff from DCFS, DMH, DHS, and DPH, and Probation that provides comprehensive resource information on DPH services [e.g., sexually transmitted disease testing and treatment services, substance abuse services, health insurance enrollment services, pregnancy and birth control services, etc.]) by adding content to an existing County mobile application platform. *FY 16/17 Milestones:* (a) Identify appropriate County agency mobile app; (b) Identify and secure funding for technical assistance in preparing content for mobile application; (c) Add TAY Public Health Toolkit to identified mobile app; and (d) Publicize Toolkit app. *FY 17/18 Milestone:* (a) Develop a mechanism to track app-hits and report hits 6 months post-implementation.
2. Enhance transition planning coordination between CCS and HCPCFC PHNs for youth with special health care needs involved in both programs. FY 16/17 Milestones: (a) Ensure all CCS nurses receive comprehensive training on CCS transition planning and are aware of the TAY Public Health Toolkit. (b) Develop

mechanism to ensure and document communication between CCS and HCPCFC/Probation PHNs for youth that are involved in both programs.

3. Work with the Office of Child Protection and DCFS to increase the proportion of Child, Family Team meetings involving PHNs.
4. Expand the use of CRAFFT Screening Tool¹ at Medical Hubs for determining need for substance use disorder services (SUD) for Transitional Age Youth and linking them to SUD agencies for medical necessity determination, assessment and placement into the appropriate level of Drug Medi-Cal treatment services.

DPSS

1. By June 30, 2017, develop and implement the Youth in Partnership (YIP) Peer Mentorship Pilot to provide support and guidance to current DCFS/DPSS Family Maintenance or Family Preservation youth ages 16-21, by collaborating with DCFS, Probation, CSS, DMH, LACOE and key other partners.

- a. Milestones and target completion dates:

- i. By December 30, 2016, develop the YIP peer mentor curriculum and initiate the recruitment and selection of 10 – 20 Former Foster Youth (FFY) ages 21-24 (minimum of two must be current DPSS GROW participants) to be trained as peer mentors.
- ii. By January 31, 2017, begin training the selected FFY candidates to become YIP mentors.
- iii. By February 28, 2017, implement the YIP pilot by providing Mentors with subsidized employment and by having Mentors begin providing mentoring services and support to a total of 20 – 40 DCFS/DPSS youth.

¹ The CRAFFT screening tool is a brief clinical assessment tool designed to screen for substance-related risks and problems in adolescents. CRAFFT stands for the key words of the 6 items in the second section of the assessment (Car, Relax, Alone, Forget, Friends, Trouble).

- iv. By June 30, 2017, complete evaluation of initial pilot outcomes to support recommendations for expansion of the pilot if successful.

LACOE

1. 100% of students will have adequate academic assessments in place by the time the MDT is held at the Camp Schools within 10 days of enrollment
2. LACOE Counselors will complete an Initial-Individual Learning Plan within 10 days of student's arrival at a Camp School using Educational Passport System.
 - a. Transition ILP will be prepared prior to 45-60 days of a youth's release from Camp with all stakeholders' agreement.
 - b. An Exit Packet will be provided to students/guardians, receiving schools and CCTP/Gang Probation Officers for students transitioning 100% of the time as measured by LACOE Ed Programs Aftercare audits.
3. LACOE Counselors will be fully trained on the Educational Passport System to ensure a successful transition in developing Initial and Transition ILPs.
4. LACOE Counselors will implement the Los Angeles Educational Passport System for all LACOE Juvenile Court, County Community and Foster/Homeless students for data sharing and the development of ILPs as measure through data queries.
5. LACOE Counselors will initiate contact with District of Residences (DORs) and CCTP/Gang Probation Officer of incarcerated students after they arrive at a Probation Camp School, and communicate with all stakeholders, student, parents/guardians, home school district, CCTP DPO, and/or Gang DPO for recommendation and agreement of next school placement before the Transitional Multi-Disciplinary Team meeting as measured by LACOE Ed Programs Aftercare audits and EPS data queries.
6. Continue to decrease the time it takes to enroll students into their DORs upon their exit from camp.

7. LACOE Division of Pupil Services staff will conduct bi-annual audits on the Aftercare process.
8. Initial-Individual Learning Plans will be implemented at Juvenile Hall Schools for long-term special populations.

PROBATION

1. Develop and implement a short-term and long-term strategic plan that will continue to enhance the outcomes noted on the 2013 Board Report.
 - a. **Milestone(s) and Target Date(s)**
 - i. By January 1, 2017, provide a report detailing the number of participants, current programming, service gaps/needs and proposed next steps to address gaps in services.
 - ii. By April 1, 2017, explore and develop strategies/partnerships with county agencies that result in career paths and internships for eligible TAY.
 - iii. By February 1, 2017, inventory the current Departmental employment contracts and create and/or enhance the Scope of Work (SOW) to aide in meeting the needs of eligible TAY and ensuring job readiness and placement.
 - iv. By April 1, 2017, review policies and update where applicable and initiate certification for training courses for Probation staff responsible for the case management and supervision of TAY that will focus and target legislation and best practices that result in enhanced resources and support TAY/TJS participants.
2. Develop the necessary audit tools to determine all outcomes, both positive and negative, of the program participants while finding ways to improve on our operation.
 - a. **Milestone(s) and Target Date(s)**
 - i. By December 1, 2016, work with the Department's Quality Assurance Monitoring Unit, to develop a methodology and process for auditing program effectiveness as it relates to job preparedness/placement.
 - ii. By March 1, 2017, present data that reflects outcomes for both TAY and TJS participants.

- iii. By April 2017, YDS/AB12 Directors, create policy and procedural manual that includes enhancements and best practice language for YDS and TJS operations.
3. Enhance case management procedures by implementing a multi-disciplinary team approach designed to assist probation TAY youth with a seamless transition and reintegration from placement to their respective home and school environments.

a. Milestones and Target Dates

- i. By June 30, 2017, develop and implement transitional MDTs for TAY youth at placement providers to ensure that youth are connected to tailored interventions that address their individual needs.
- ii. Explore the enhancement of continuum of care by looking at the feasibility of identifying mentors or committed adults to long-lasting, personal relationships with TAY youth while they are in out-of-home care.