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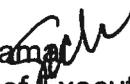
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June 30, 2015

To: Mayor Michael D. Antonovich
Supervisor Hilda L. Solis
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Supervisor Don Knabe

From: Sachi A. Hamai 
Interim Chief Executive Officer

PROGRESS UPDATE ON THE BLUE RIBBON COMMISSION FOR CHILD PROTECTION RECOMMENDATIONS

On June 10, 2014, the Board of Supervisors adopted recommendations issued by the Blue Ribbon Commission on Child Protection (BRCCP) contained in its final report entitled "*The Road To Safety For Our Children.*" At the same time, the Board adopted an analysis of the BRCCP recommendations concurrently issued by the Chief Executive Office (CEO). Since June 2014, much effort and activity have taken place to move the BRCCP recommendations forward.

The Office of Child Protection (OCP) submits this report to provide this Board with an update on the activities that have taken place and identify what progress has been made. The OCP worked closely with several County departments and other organizations, including the Departments of Children and Family Services, Health Services, Mental Health, Probation, Public Health, and Public Social Services, CEO, District Attorney, and First 5 L. A. All updates are through June 26, 2015, unless otherwise stated.

This report is the first in a series of reports that will be periodically issued (i.e. every four months) by the OCP to update this Board on the progress of the implementation of the BRCCP recommendations. The OCP will issue its next report in October 2015. This report is divided into three sections. Section I provides an overview of where the County is in implementing all BRCCP recommendations. Section II includes a discussion of six specific BRCCP recommendations and the implementation status of each. Section III

"To Enrich Lives Through Effective And Caring Service"

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refers to the attached matrix that includes a summary of activities completed, or underway, for each BRCCP recommendation listed.

SECTION I: OVERVIEW

The attached report shows the County departments' progress to date for each BRCCP recommendation. Recommendations are categorized into the four domain areas described below: Prevention, Safety, Permanency, and Well-Being.

In addition, a fifth category designated as Global Impact was added to indicate a recommendation which materially impacts more than one domain area. The responses provided by departments were reviewed by the OCP to determine the status of each project, ranging from "plan development in progress" to "implementation completed" (refer to Table 1). Table 1 summarizes the status of all BRCCP recommendations by domain area. The OCP presented an overview of this report on the June 11, 2015 meeting attended by County departments and members of the public.

For the ten BRCCP recommendations that do not directly impact child safety or service delivery, but rather are organizational or administrative in nature, the OCP envisions these recommendations will be folded into the countywide strategic plan on child protection. Furthermore, the OCP will work with departments and community partners to build upon the BRCCP recommendations and define specific objectives that are measurable and achievable.

JUNE 2015 STATUS

Table 1: Status of BRCCP Recommendations by Domain Area (6/26/15)

DOMAIN AREA	Planning Development Yet to Begin	Plan Development in Progress	Plan Development Completed	Pre-Implementation Efforts Underway	Implementation in Progress	Implementation Completed	Total
Prevention	1	2	-	1	-	2	6
Safety	2	3	2	4	4	1	16
Permanency	1	1	-	1	3	3	9
Well-being	2	2	-	1	3	-	8
Global Impact	1	4	-	-	7	6	17
County Administration	7	1	-	-	1	-	*9
Total	14	13	2	7	18	12	*66

*There are 66 recommendations, and the status for 65 recommendations are only shown as one will not be implemented.

SECTION II: UPDATE ON SPECIFIC BRCCP RECOMMENDATIONS

This section provides more detail on the status of the following six topics related to specific BRCCP recommendations. For each of these topics, the OCP and departments provide information on the County's progress to date, as well as a description of current planning efforts and next steps.

1. Articulating a County Mission on Child Safety
2. Approved Relative Caregiver (ARC) Program
3. Social Worker – Public Health Nurse Joint Visit Initiative
4. Data Sharing
5. Multi-Departmental Training
6. Psychotropic Medication

1. BRCCP Recommendation: Articulating a County Mission on Child Safety

Lead: Board and OCP

One of the foundational BRCCP recommendations calls for the Board to “*articulate a countywide mission to prioritize and improve child safety.*”

There are three major milestones to articulating the recommended mission:

-1-
Establish and Operationalize the Office of Child Protection (OCP)

-2-
Adopt County Mission Statement on Child Safety

-3-
Develop, Implement, Fund, and Monitor a Countywide Strategic Plan for Child Safety

The Board has made progress relative to this recommendation. The Board operationalized the OCP in February 2015 and adopted a Countywide mission statement on child safety on March 24, 2015. See Table 2 below.

Table 2: Mission Statements

Countywide Mission Statement on Child Safety <i>Protect our children, support our families and champion their success</i>	Office of Child Protection Mission Statement <i>Leading a broad partnership that implements meaningful solutions to improve the lives of children and families</i>
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Joint strategic planning is underway. OCP seeks to develop a plan that is broad in that it addresses the entire continuum of care, yet remains manageable. The OCP has completed stakeholder convenings in each supervisorial district, reaching out to over 400 County and community partners and stakeholders seeking input into the Countywide strategic plan on child safety. OCP will seek additional input from relative caregivers, foster parents, and foster youth. Choices will have to be made as to what will be included in the final plan.

The importance of the ability to remain focused on implementation of the plan's strategies and objectives cannot be overstated. The OCP will pursue this focus by developing a comprehensive, yet manageable plan - a plan that is not structurally designed for failure because it attempts to do too much in too little time. The OCP aims to submit a proposed strategic plan to the Board for its approval during the fall of 2015.

2. BRCCP Recommendation: Support Relative Caregivers - Approved Relative Caregiver (ARC) Program
Lead: DCFS and DPSS

The BRCCP made recommendations to support relative caregivers to ensure parity of funding for children placed with kin to that of children placed in foster family settings.

In response, on March 12, 2015, the Department of Children and Family Services (DCFS) submitted formal notification informing the State that Los Angeles County will opt-in to the ARC Program and that the program will commence June 1, 2015 to ensure retroactivity for eligible participants. The ARC program is a new program for relative caregivers of a foster child who is ineligible for federally funded foster care benefits. Under this program, an approved relative caregiver will be able to receive a payment equal to the basic foster care rate.

On June 1, 2015, the ARC program launched in Los Angeles County. Whenever a child is placed with a relative caregiver, an eligibility worker will contact the relative caregiver to inform them of the ARC program and to assist with completing the ARC application. DPSS and DCFS continue to work together to ensure ARC payments are made accurately and timely.

3. BRCCP Recommendations: Pairing Public Health Nurses with Children's Social Workers (CSW-PHN Joint Visit Initiative)

Lead: DCFS, DPH, DHS, and DMH

The BRCCP made several recommendations related to health services for children in the child protection system, including two recommendations focused on the youngest children.

- Pair a Public Health Nurse (PHN) with a Children's Social Worker (CSW), when conducting a child abuse or neglect investigation for all children under 24 months of age. *While the BRCCP indicated children under the age of one, the County expanded the age group to all children under 24 months of age.*
- All children under 24 months of age whose cases are investigated by DCFS should be screened at a medical hub. *While the BRCCP indicated all children should be screened, the County recommends that the PHNs refer children to the nearest medical hub, when medically necessary.*

The countywide CSW-PHN Joint Visit Initiative will be rolled out in phases. Phase I will begin on July 1, 2015 at Martin Luther King, Jr. Outpatient Medical Center and the Compton and Vermont Corridor DCFS regional offices. During July, recently hired DCFS PHNs will begin training and joint visits will commence later in the month. The OCP has been working closely with DCFS, the Departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH), and the Service Employees International Union representing PHNs and CSWs to ensure all essential factors are in place before the launch date.

Presently, DCFS and DPH have finalized procedures and forms necessary to implement operational changes, including the PHN Assessment Tool and the joint visit protocol. Departments are hiring staff, a training curriculum and plan has been finalized by DCFS and DPH, and a streamlined Hub referral form has been finalized by DCFS and DHS.

4. BRCCP Recommendations: Data Sharing

Lead: OCP

One BRCCP recommendation calls for the County to “develop a clear, multi-system data linkage and sharing plan that would operate as a single, coordinated system.”

The OCP has worked with County Counsel and several departments to develop a protocol for electronically sharing information with DCFS, across other County departments, on caregivers under investigation for suspected child abuse or neglect. The departments involved in the protocol include: DCFS, DMH, DHS, DPH, Department of Public Social Services (DPSS), Probation, Sheriff, and the District Attorney (DA). The information will be shared electronically in near-real time to enhance the ability of DCFS line staff to conduct full, comprehensive investigations when trying to protect children. Currently, County Counsel is completing its final review of the protocol.

5. BRCCP Recommendations: Multi-Department Training

Lead: OCP, DCFS, and DMH

The BRCCP calls for cross-training among DCFS employees and other departments and agencies closely involved in the “identification, prevention, protection, and treatment of at-risk children”.

In response, the OCP is working with DCFS, DMH, DPH, and Probation to develop trainings that will be the first step to message a shared responsibility for the safety and well-being of the County’s children. The OCP has assumed the lead on the implementation of this BRCCP recommendation and has had early planning discussions with the departments to discuss core training topics that will be impactful to each participating department and prospective funding mechanisms. The conceptual design of this new training model is to implement an interdisciplinary training approach that familiarizes County staff with the operations of child-serving departments and community-based agencies and that leverages the ongoing cross-departmental relationships currently in existence.

The University Consortium for Children and Families will offer two pilot trainings at the DCFS Compton and West San Fernando Valley Offices. The OCP is working with departments to develop conceptual training design, identify a training delivery system with capacity to manage the anticipated volume, and identify funding mechanisms.

6. BRCCP Recommendations: Psychotropic Medication

Lead: DMH, Court, DCFS, and OCP

The BRCCP recommends that “the Board should issue a clear mandate that non-pharmacological interventions are best practice with children wherever feasible.”

The DMH is working with relevant departments and the OCP to develop an electronic system, ePMA, that automates the authorization process for psychotropic medications prescribed to children in the foster care system. This system will allow for the regular tracking of data on youth being prescribed these medications, thereby improving the County’s ability to effectively manage and provide oversight of this practice, and measure improvement over time.

DMH has also adopted standards for use of psychotropic medications on children that were used as the template for the recently adopted Statewide standards. Moreover, by the end of this year, group homes prescribing physicians who are contracted by group homes will be credentialed through DMH’s credentialing program to ensure that the prescribers’ practices meet County standards. On May 1, 2015, DMH established an “Insufficient Confidence Protocol” that identifies physicians who have a pattern of prescribing outside of DMH’s prescribing parameters.

Finally, DCFS is working to secure Medi-Cal billing information from the State to ensure our records on youth receiving psychotropic medications are complete and accurate.

SECTION III: UPDATES ON ALL BRCCP RECOMMENDATIONS

While this memo provides an overview on the implementation status of six BRCCP recommendations, the attached report includes an update on each of the 66 BRCCP recommendations. For each BRCCP recommendation, a status is indicated with brief explanatory comments.

Each Supervisor
June 30, 2015
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The initial BRCCP progress report is attached, and the OCP will provide future updates to the Board on the status of implementing the BRCCP recommendations. If you have any questions, please contact Fesia Davenport at (213) 974-1186, or by email at fdavenport@ceo.lacounty.gov.

SAH:FD
VD:ljp

Attachment (1)

c: Executive Office, Board of Supervisors
County Counsel
Child Support Services
Children and Family Services
Commission for Children and Families
Community and Senior Services
District Attorney
Health Services
Inter-Agency Council on Child Abuse and Neglect
Mental Health
Parks and Recreation
Probation
Public Health
Public Library
Public Social Services
Sheriff

Update by the Office of Child Protection on the BRCCP Recommendations - June 2015

Recommendation	Entity	STATUS UPDATE						Comment
		Planning Yet to Begin	Plan Development in Progress	Plan Developed	Pre-Implementation Efforts Underway	Implementation in Progress	Implementation Completed	
1. PREVENTION								
1.1 Oversee countywide prevention efforts.	OCP		✓					The OCP is working with First 5 LA, and DPH to develop a comprehensive countywide prevention plan . The plan will be developed in phases. Phase I will have a narrower focus than the overall plan. The conceptual design of Phase I focuses on the highest referral zip code areas in the County. Data is being gathered. Meetings with DCFS Prevention and Aftercare Providers, and community residents have been held or planned to better understand needs in these high referral areas.
1.2 DPH and First 5 LA to jointly develop a comprehensive prevention plan to reduce the overall incidence of child abuse and neglect.	OCP, First 5 LA and DPH		✓					The OCP has taken the lead on this initiative working closely with First 5 LA and DPH. Please see response to recommendation 1.1 above.
1.3 Prioritize access to Early Childhood Education learning programs for all children under the supervision of DCFS between ages 0 to 5.	DCFS						✓	DCFS has developed an automated Head Start Referral System. The system automatically searches for children who may be eligible for referral and allow DCFS social workers to electronically refer children to Head Start and other early childhood education (ECE) programs throughout Los Angeles County. The system was developed with the assistance of the Los Angeles County Office of Education Head Start Program, Long Beach Head Start, LAUSD, Child Care Resource Center, Options Resource and Referral agency, and organizations throughout the County.
1.4 Pair a Public Health Nurse with a DCFS social worker in child abuse or neglect investigations of all children from birth to age two.	DCFS, DPH, DMH, DHS, CoCo, CEO/OCP				✓			This initiative will be implemented in phases. Phase I includes the Martin Luther King, Jr. Medical Hub and the Compton and Vermont-Corridor DCFS Regional Offices. The initiative is scheduled to launch July 2015.
1.5 DPH's evidence-based home visit service should be made available to all children under age one seen at a Medical Hub.	DPH	✓						This recommendation requires further review since it cannot be implemented in a robust fashion as written. The connection between medical hubs serving DCFS children and nurse home visiting would occur where a family at the hub was found eligible for an appropriate program. Many nurse home visiting programs are designed to serve women prenatally. OCP will work with DPH to identify how this recommendation can best be implemented.
1.6 Conduct assessments of each medical hub to identify each hub's strengths and weaknesses.	DHS						✓	The findings of the recommended medical hub assessment were issued by DHS on January 9, 2015 and adopted on January 13, 2015.

Agencies: County Counsel (CoCo), Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS), District Attorney's Office (DAO), First 5 Los Angeles (First 5 LA), University Consortium for Children and Families (UCCF), Inter-Agency Council on Child Abuse and Neglect (ICAN), Service Employees International Union (SEIU)

Update by the Office of Child Protection on the BRCCP Recommendations - June 2015

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2. SAFETY								
2.1 E-SCARS should be utilized fully by all relevant agencies and receive the necessary support to be well-maintained and enhanced.	DCFS, DA				✓			The DAO is currently circulating a Memorandum of Understanding (MOU) and there is a planned launch of a Memorandum of Agreement (MOA) for law enforcement agencies across the county. Although many law enforcement agencies are already using E-SCARS, the MOU and MOA formalize the roles and responsibilities of law enforcement, DCFS, and the DAO. In order to properly audit the system, the DAO will expand its E-SCARS unit to increase its oversight of response and information sharing. Also, DCFS is working on the 2015-2016 redesign of the E-SCARS system. The redesign will include a "High Risk" fatality flag and a "Child fatality" flag.
2.2 Training of all levels of law enforcement must be enhanced to include: sufficient initial and recurrent training on child abuse and E-SCARS.	DA				✓			The DAO will appoint a high level attorney-manager to manage the expanded E-SCARS Unit. The attorney will train law enforcement and prosecutors on E-SCARS issues including cross-reporting. The DAO is in the process of hiring three paralegals who will support the expanded E-SCARS Unit.
2.3 DCFS should create an adaptive training process for social workers and their supervisors that consists of a continuous learning environment akin to a teaching hospital. It should also conduct a job audit of social workers to determine what can be done differently or by others to address social worker workload.	DCFS					✓		In August 2013, DCFS implemented a new training program for new staff. The training model is based on a teaching hospital model that involves simulation training. In August 2014, DCFS implemented mandatory training for its Supervising Social Workers. In 2009, DCFS conducted a duties audit of clerical duties to determine which job functions should and could be performed by clerical staff. DCFS will revisit this duties audit.
2.4 Review research findings from Emily Putnam Hornstein, Ph.D and others on risk factors for children at risk of a child fatality due to abuse and neglect as well as data from the Interagency Council on Child Abuse and Neglect.	DCFS						✓	Dr. Putnam-Hornstein's work was reviewed and conversations were held between DCFS and Ms. Putnam-Hornstein regarding data and risk modeling. DCFS is an active participant in ICAN's workgroups and is familiar with their work. Also, DCFS currently monitors high risk cases associated with AB 109 releases, Sex Offender Registry, etc.

Agencies: County Counsel (CoCo), Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS). District Attorney's Office (DAO), First 5 Los Angeles (First 5 LA), University Consortium for Children and Families (UCCF), Inter-Agency Council on Child Abuse and Neglect (ICAN). Service Employees International Union (SEIU)

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2.5 Using both case reviews and research findings, identify specific characteristics that distinguish children who have positive outcomes versus those who are subsequently severely injured or killed. Specifically identify key risk factors that are present in cases resulting in child fatalities.	DCFS					✓		DCFS conducted reviews of 100% of child fatalities related to abuse/neglect between 2011 through August 2014. The findings from those reviews were shared department-wide via "Lessons Learned" notifications and by incorporating key factors from the lessons learned into social worker trainings and simulation labs. This is an ongoing process.
2.6 Conduct a review of all child fatalities due to abuse and neglect within the past three years of children served in the Department of Health Services medical hub, DCFS, Probation, DPSS, by a DPH public health nurse or home visiting program or by a First 5 LA home visiting program.	OCP	✓						A single entity should collect and analyze this information in order to implement this recommendation.
2.7 Conduct a thorough review of all open cases in the above departments.	DCFS	✓						OCP must work with the relevant departments to develop a plan for the recommended review including identifying criteria for cases to be reviewed, and what specifically should be reviewed in each case. Due to the large volume of cases that may be reviewed, a technological tool might be helpful in identifying cases to review.
2.8 Continually measure progress against measures of success identified (in Section III, p. 14).	OCP, DCFS, and potentially other departments and entities		✓					DCFS monitors performance using a STATS process against Federal, State, and County performance indicators. DCFS continues to monitor performance on a monthly basis. However, this recommendation also focuses on well-being outcomes and has implications for other County Departments. The OCP is working with the Children's Commission to develop a holistic set of measures that includes other sectors of the continuum of care, e.g. well-being.
2.9 Modify access to and delivery of key services including; health, mental health; domestic violence; substance abuse treatment; housing for adults; home visiting and prevention supports for children, youth and families. These services will need to be prioritized for those at highest risk of later fatalities.	DCFS					✓		This all encompassing recommendation speaks to an overhaul of how numerous services are provided. A substantive update cannot be provided for this recommendation until after the OCP has finalized the strategic plan. Also, this recommendation may be impacted by the proposed health agency currently being assessed in the County.
2.10 Equipped with specific case information and research findings that identify children at greater risk, proactively engage staff in the above serving departments to address risk factors immediately, thereby mitigating the likelihood of a child fatality.	DCFS		✓					See 2.5 above, and 2.11 and 5.15 below regarding multi-departmental training. As each of these initiatives proceed, OCP will work to converge the work of all three efforts in order to engage staff around identified risk factors.

Agencies: County Counsel (CoCo), Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS). District Attorney's Office (DAO), First 5 Los Angeles (First 5 LA), University Consortium for Children and Families (UCCF), Inter-Agency Council on Child Abuse and Neglect (ICAN). Service Employees International Union (SEIU)

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2.11 Utilize a technological solution such as E-SCARS that crosses departments to ensure that information is shared and staff alerted when potentially fatal risk factors are present.	DCFS			✓				DCFS is working on the 2015-16 redesign of the E-SCARS system. The system enhancement will include functionality to flag as "High Risk" those referrals containing allegations meeting certain criteria. In addition, DCFS contracted with a vendor to develop a tool for risk modeling (i.e. data mining and analytical tool) that can be used for early identification of and intervention in cases based on high risk levels. In terms of the analytic tool, DCFS recently conducted tests to validate the tool. Risk factors associated with child fatalities were identified by the tool, however, the specific factors or specific combination of factors were not disclosed to DCFS as the tool is considered proprietary by the vendor. DCFS is developing a Statement of Work to procure services to develop the tool. See also 2.13 and 2.14 below.
2.12 All Sheriff's deputies and local law enforcement agencies within the County of Los Angeles must cross-report every child abuse allegation to DCFS, as required by State law. In addition, it should be documented that a cross-report was made, for example, in a police report or law enforcement log.	DA				✓			See 2.1 and 2.2 above, and 2.13 below.
2.13 The District Attorney's Office should increase its oversight of the law enforcement response and sharing of information, including cross-reporting between DCFS and law enforcement agencies, to ensure that each agency carries out its mandated investigative response.	DA				✓			The DAO is in the process of hiring three paralegals to support its expanded E-SCARS unit. The paralegals will monitor law enforcement responses to SCARS. This includes the timeliness of the responses and follow up to ensure law enforcement conducts an independent, but parallel investigation to DCFS. The paralegals will work closely with the District Attorney's law enforcement liaisons and meet with local law enforcement agencies when deficiencies are observed. The additional paralegals will allow the DAO to audit a much larger percentage of SCAR reports than is currently audited.
2.14 The County should develop an early warning system within E-SCARS to alert DCFS and law enforcement of high-risk allegations of abuse as early as possible. A convergence of high-risk factors would alert supervisors of high-risk situations and allow them to take appropriate action.	DA and DCFS			✓				The ESCARS "High Risk Allegations" functionality is being incorporated in the 2015-16 redesign of ESCARS, which is currently under development.
2.15 The Board should continue its active oversight of DCFS' strategic plan by adding a requirement for regular reporting of specific safety related outcomes, including recurrence of maltreatment within six months of a previous incident, maltreatment rates in out-of-home placement, and reentry into care within six months of a permanent placement.	OCP/DCFS		✓					Once the strategic plan is developed and Countywide outcome measures adopted, the OCP intends to conduct regular meetings with public and private members of the County's child protection network where data (including DCFS' data) will be regularly shared and discussed in order to assess how children and families are faring in the County's child protection network.

Agencies: County Counsel (CoCo), Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS). First 5 Los Angeles (First 5 LA), University Consortium for Children and Families (UCCF), Inter-Agency Council on Child Abuse and Neglect (ICAN). Service Employees International Union (SEIU)

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2.16 The County can measurably and immediately improve child safety by requiring all departments to target resources and high quality services, including prevention services, toward children under the age of five.		✓						
3. PERMANENCY								
3.1 A child's funding should be determined by the needs of the child, not whether placement is with a relative or a foster family. The CEO and DCFS should examine the County's ability to waive federal eligibility rules and its accompanying funding flexibility to strengthen support for children in out of home care.	DCFS, CEO/OCP						✓	The issue of a child's funding has been addressed. In March 2015, the County opted into the State Approved Relative Caregiver (ARC) Program for eligible relative caregivers. DCFS and DPSS launched the program on June 1, 2015. Relative caregivers started receiving payments in June. The process is ongoing and continuing.
3.2 The County, through the Auditor-Controller and the CEO, should review the current mix of county licensing and supports for foster homes and approval and supports for kin, to assess the inconsistent performance and resource allocation, and to determine whether a more uniform streamlined system would be more effective. The Commission believes consideration of contracting out this process is warranted.	OCP, Auditor-Controller					✓		The University of California Los Angeles is conducting an analysis of the current process of licensing foster homes - both State licensed and Foster Family Agency certified homes. Additionally, DCFS will issue a Request For Proposal to contract out certain services for relative caregivers. The services proposed to be contracted out include the home approval process, etc. See also response to recommendation 3.6 below.
3.3 DCFS should develop a computerized, real-time system to identify available and appropriate placements based on the specific needs of the child.	DCFS					✓		In August 2014, DCFS operationalized an enhanced Foster Care Search System. The search system allows social workers to search for potential foster homes by geographic region, zip code, school location, etc. The system provides real-time information. DCFS has also developed a mobile app for workers and supervisors to help speed up the process. DCFS has begun to develop the scope of Phase II enhancements to the search system.
3.4 The County and DCFS should utilize its Title IV-E waiver dollars to ensure parity of funding for children placed with kin to that of children placed in foster family settings.	DCFS						✓	See 3.1 above.

Agencies: County Counsel (CoCo), Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS), District Attorney's Office (DAO), First 5 Los Angeles (First 5 LA), University Consortium for Children and Families (UCCF), Inter-Agency Council on Child Abuse and Neglect (ICAN), Service Employees International Union (SEIU)

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3.5 A child's services should be based on the needs of the child, not placement with a relative or a foster family. The CEO and DCFS should ensure that relative caregivers are more fully supported.	DCFS/CEO				✓			On the issue of funding see response to Recommendation 3.1 above on the issue of services. DCFS intends to contract out relative caregiver services in pursuit of providing enhanced services for relative caregivers. A draft Statement of Work is under development. The basic concept is to support relative caregivers starting from the time of the initial home inspection which will include a brief orientation to the child welfare system, and a caregiver needs assessment. The contractor would have authority to provide concrete supports for immediate basic needs, such as special foods, furnishings, supplies, smoke and carbon dioxide alarms, car seats, etc. Ongoing relative caregiver support would be facilitated by a SPA based network of contractor service referrals to community agencies combined with contractor provided direct services.
3.6 The Board should call for an independent analysis of non-relative foster family recruitment efforts in the County to determine how the system can be more efficient and effective. The analysis should use sound data to address a range of questions, including whether there are safe and appropriate homes in each SPA to meet the needs of foster youth.	DCFS					✓		An independent UCLA research team is analyzing the DCFS recruitment process, current census, and retention and outcome data. Also, see response to recommendation 3.2 above. The next steps will be informed by, among other things, the findings of the study.
3.7 DCFS should involve foster youth in the rating and assessment of foster homes.	DCFS						✓	DCFS has solicited and received input of foster youth in its rating and assessment of foster homes. The "Foster Youth Satisfaction Survey" was completed and posted on the DCFS website. Effective January 2015 during the annual re-evaluation and quality assurance review process of placement facilities, DCFS will interview a sample of placed children to obtain their input regarding the quality of care and services provided by a Foster Family Agency or Group Home. This survey is web-based, ongoing and results will be reported monthly
3.8 The Board should require regular reporting on the frequency of missed monthly social worker visits, the wait times for children in offices or at the Command Post needing placement, the length of time for kin caregivers to be approved, and the number of foster homes recruited.	DCFS/OCP		✓					Once the strategic plan is developed and Countywide outcome measures adopted, the OCP intends to conduct regular meetings with public and private members of the County's child protection network where data (including DCFS' data) will be regularly shared and discussed in order to assess how the County's child protection network is faring.
3.9 The Board should establish specific benchmarks for improvement in the measures identified (in 2.15 and 3.8) and, as warranted. This should be done in collaboration with the CEO and DCFS.		✓						

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4. WELL-BEING								
4.1 The Board should issue a clear mandate that non-pharmacological interventions are best practice with children wherever feasible. The Board should work with the Juvenile Court to fully implement and measure compliance with this mandate.	DMH, Dependency Court, and OCP		✓					DMH currently monitors foster and probation youth's medication regimen. The OCP, DCFS, DMH, Probation, and the Courts are working to automate the current Psychotropic Medication Authorization process. DMH is expanding its credentialing process to non-DMH contracted psychiatrist working with foster and probation youth. DMH recently launched its "No Confidence" program to be used when a prescriber's prescribed regimen falls outside of pre-established standards. DCFS is working with the State to secure State Medi-Cal billing records which will reflect which foster youth have had psychotropic medication prescriptions billed to Medi-Cal - this will enable the County to conduct better data analysis. Finally, OCP is working with DMH, DCFS, and Probation, to identify other areas where the County can take action in this area.
4.2 The County should establish mechanisms for cross-system education-related coordination, collaboration, and communication.	DCFS, Probation, Schools, OCP	✓						The Education Coordinating Council (ECC) has gone without a permanent director for several years. This critical position will be filled, and the director will be charged with convening the ECC network on a regular basis in order to broaden its reach and enhance its effectiveness.
4.3 The County should ensure that school stability and child safety are improved through Countywide expansion of the pilot program that has been proven effective in the Gloria Molina Foster Youth Education Program.	OCP, DCFS					✓		DCFS is partnering with Bonita USD and Mountain View SD through other initiatives to support foster youth in these school districts. Discussions are needed to determine what is needed to expand implementation and what impact if any the Local Control Funding Formula may have on current County efforts.
4.4 All children entering placement and children under age one whose cases are investigated by DCFS should be screened at a Medical Hub.	DCFS, DPH, DMH, DHS, CoCo, CEO/OCP				✓			The named Departments are working together to implement a new process where all children under age two (not age one) associated with a referral alleging abuse or neglect will have an assessment by a Public Health Nurse and, if deemed necessary, be referred to a Medical Hub. This initiative is scheduled to launch in July 2015. DCFS policy currently requires detained children to be seen at a medical hub within certain time frames.
4.5 Children placed in out-of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs.	DCFS, DHS	✓						In the BRCCP Final Report, this recommendation was paired with the above recommendation. This recommendation will be addressed once the nurse-social worker joint visit initiative is launched.

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4.6 DPH must be held directly responsible for substance abuse treatment for high-risk teen mothers.	DPH		✓					DPH and DCFS continue to collaborate to strengthen linkages to substance use disorder (SUD) treatment. DPH currently has a grant award from First 5 LA that will terminate on June 30, 2015. The grant allocated funding to have co-located Substance Abuse Navigators at all DCFS Regional Offices to refer/link DCFS involved parents/caregivers, with children aged 0 – 5 years, to SUD treatment. DPH will temporarily pickup funding for this highly successful program and work with DCFS to figure out a plan for continued funding to sustain the program. Going forward, the discussions will expand the target population to include high risk parenting teens and include funding for SUD treatment.
4.7 As part of performance-based contracting, mental health treatments for teens and transitioning youth must incorporate trauma-focused assessments and treatments, developmental status, ethnicity, sexual identify, and vulnerability to self-harming behaviors.	DMH					✓		Self-harming behaviors are symptoms usually associated with Anxiety, Depression, PTSD, and Eating Disorders that impact individuals' overall general functioning. By incorporating a self-harming behavior category into the Child/Adolescent Full Assessment and documentation trainings, youth and teens will be assessed for self-harming behaviors. This will work because appropriate treatment(s) will be provided based on the clinical assessment and established DMH practice parameters.
4.8 Children age five and under in the child welfare system must have access to age appropriate mental health services.	DMH					✓		Over 1,300 clinicians have received training in the Birth to Five Core Competency and intensive Reflective Practice program. As noted in previous reports, ongoing professional development, as offered through the birth to five core competency and reflective practice training, is a critical impact strategy in promoting access to age-appropriate mental health services for young children in the child welfare system. The primary focus of the Birth to Five Core Competency and intensive Reflective Practice training program is to provide participating mental health clinical supervisors and clinicians with the knowledge/skills to augment both the quality and availability of infant and early childhood mental health services – particularly for children in or at risk of entering the child welfare system. The more clinicians who receive such training, the greater number of at-risk children whom they serve will receive screening, early identification, referral/linkage, and access to early intervention services such as evidence-based practices and other needed mental health services and family supports.

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5. GLOBAL IMPACT								
5.1 Oversee a Joint Strategic Planning Process to create a comprehensive, child-centered strategic plan that is data driven, informed by best practices, and connects all child welfare services in the County, and articulates measurable goals and time frames.	OCP		✓					OCP has begun the process to develop a countywide strategic plan. Between May 18, 2015 and June 11, 2015, the OCP held five stakeholder convenings (one in each Supervisorial district) involving over 400 county staff, contracted providers, schools, faith organizations, advocates, philanthropists and other community based organizations to solicit assistance in developing objectives that could potentially be included in the countywide strategic plan. Additional convenings are planned for foster youth, relative caregivers, and foster parents.
5.2 Establish a Los Angeles County Office of Child Protection (OCP), with Countywide authority to coordinate, plan, and implement one unified child protection system.	OCP						✓	The Office of Child Protection was operationalized in February 2015.
5.3 Oversee implementation of the Commission's recommendations upon adoption by the Board.	OCP					✓		The OCP will oversee the implementation of the recommendations of the Blue Ribbon Commission.
5.4 In collaboration with the Board, identify the services currently provided by the Departments of Health Services, Children and Family Services, Public Health, Probation, Mental Health, Public Social Services, First 5 LA, the Los Angeles Office of Education, the Domestic Violence Council, and the Housing Authority of the County of Los Angeles deemed as crucial to ensuring child safety. The accompanying budget and staff resources also should be identified.	CEO						✓	On October 20, 2014, a Board memo was issued by the CEO's Office providing the recommended information.
5.5 Departments and agencies closely involved in the identification, prevention, protection, and treatment of at-risk children should be mandated to participate in cross-training with DCFS employees. At a minimum, this interdisciplinary approach should include law enforcement, DMH, DHS, DPH, the Dependency Court, and Probation. Entities that could help create appropriate cross-training models include: UCCF, DA, and ICAN.	OCP/DCFS		✓					DCFS currently trains with County Counsel, law enforcement, DMH and other County Departments and partners. OCP is working with the named Departments and local schools of social work to develop cross-departmental training that also includes community partners. The conceptual design for this training calls for training to be done by geographic region to establish, enhance, and/or deepen relationships between County departments and private and/or community based partners who serve the same children and families.
5.6 DCFS, DMH, and DHS should train personnel, both in-house and in contract agencies, on how to most effectively work with the age 0-5 population, their families, and caretakers.	DCFS, DMH, DHS					✓		DCFS and DMH currently collaborate on several trainings focused on the 0-5 population. DCFS is developing an eLearning training on Trauma and Children 0-5 that can be accessed by staff at any time. Training topics will include: "Basic Underlying Needs" and "Underlying Needs and Trauma Response." These trainings will be video-taped to make them more readily accessible to staff.

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5.7 Greater disclosure, clarity, and inclusion should be a routine component of community engagement from planning to review of outcomes and allocation of resources.						✓		The OCP held two stakeholder convenings seeking input into the development of the Countywide mission statement on child safety. During May and June 2015, the OCP hosted five stakeholder convenings to help gather to inform the development of objectives for the countywide strategic plan on child safety. The OCP believes that ongoing communication and community engagement is an essential key to unifying the child protection network in the county and models this behavior in its work.
5.8 A first step is the re-establishment of community advisory councils that are attached directly to each DCFS Regional Office. These advisory councils would be co-chaired by the community and its respective Regional Office. In the past, SPA 6 effectively used this model in all three of its offices.	DCFS					✓		The DCFS Directors' Advisory Council members are helping to reestablish the DCFS Regional Advisory Councils. The Advisory Council has identified the re-establishment of local Community Advisory Councils as one of their three primary focus efforts. The Director's Advisory Council has agreed to act as liaisons to the various local councils; being active in meetings at the local level when appropriate. On December 2014, Regional Offices began implementation of the enhancements to the Regional Community Advisory Councils and a monthly reporting process.
5.9 The Board should adopt clear outcome measures which should include those set forth above. (p. 14 of BRCCP report)	OCP		✓					OCP is working with the Children's Commission to develop outcome measures that includes, but is not limited to, DCFS-specific child safety measures. The idea is to establish other measurable outcomes that will help drive other domains with the continuum of care including prevention and well-being and that will implicate the work of other County departments.
5.10 The OCP should regularly assess the County's progress and report its findings directly to the Board. The findings should be reviewed regularly at Board meetings.	OCP					✓		The OCP will provide its first update on the BRCCP recommendations in June 2015. Once outcome measures are established, the OCP will regularly assess progress and report to the Board.
5.11 Establish and evaluate measurable outcomes as part of the annual planning and budget allocation process to facilitate constant improvement, generalize successful and discontinue unsatisfactory practices.	OCP	✓						Work is underway to develop measurable outcomes.
5.12 The UCCF should submit an annual report on outcomes that are aligned with the County's vision.	DCFS/OCP						✓	The UCCF submitted its 2013-14 report. A review and analysis of the report is warranted.

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5.13 The Oversight Team must develop a dashboard to provide monthly report to the Board.	OCP						✓	The Transition Team developed a matrix to provide updates to the Board.
5.14 Capacity-building experts, including universities, should work with community-based organizations to enhance skills in grant application and administration, evidence-based practice, program design, and evaluation.	DCFS and other relevant departments						✓	On March 2, 2015 all the DCFS contractors were informed about an upcoming training that is offered by the Office of Small Business; the training is scheduled for March 13, 2015. The trainings focused on assisting all attendees on how to successfully submit a proposal for a Request for Proposal. This recommendation, however, is larger than DCFS. DCFS should as much as possible focus on its core mission.
5.15 Performance-based contracting on agreed-upon outcome measures by DCFS, other appropriate departments and the contracting agencies for children and families should be adopted, rewarding contracting agencies that achieve better results for the children they serve.	DCFS					✓		DCFS is moving in this general direction . Performance-based outcome measures have been embedded in the Prevention and Aftercare, CAPIT, and Adoption Promotion and Support Services contracts that commenced in January 2015. Performance measures will be embedded in the Family Preservation and Partnership for Families contracts that are under development.
5.16 The County needs to develop a clear, multi-system data linkage and sharing plan that would operate as a single, coordinated system. (Include: DCFS, DPSS, DMH, DPH, Probation, LACOE, and school districts at minimum. Also, partner with universities).	OCP		✓					The County has made progress in this area. OCP is currently working with County Counsel to finalize a multi-departmental data-sharing protocol. An automated tool will be developed to provide information to DCFS Emergency Response Social Workers investigating allegations of abuse or neglect. This is a very important first step in the development of a multi-system. data linkage and sharing plan.
5.17 The CEO and Juvenile Court should co-lead the creation of a Countywide confidentiality policy regarding a child's records and court proceedings to allow sharing of information across relevant departments, agencies, persons, and the Court to serve the needs of the child and increase the transparency of the system.	OCP						✓	The June 2014 CEO report indicated that California law already enables information sharing across relevant agencies and the Court for the purposes of coordinating services to best meet the needs of the child. The reports also mentioned the need for training County staff so that they understand the data sharing provisions and the various statutes that enable the sharing of data. This can be addressed in the efforts related to multi-departmental sharing.
6. COUNTY ADMINISTRATION								
6.1 A comprehensive service delivery system, including prevention programs that stop child maltreatments before it starts.	OCP		✓					This all encompassing recommendation speaks to an overhaul of how various services are provided. A substantive update cannot be provided for this recommendation until after the OCP has finalized the Countywide strategic plan.
6.2 All relevant County entities to work together and with the Community.	OCP					✓		This fundamental concept permeates much of the work of the OCP as it works with County departments, other governmental entities, contracted providers, faith based providers, philanthropy. This recommendation speaks to a continuous way of doing business together.

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6.3 Joint strategic planning and blended funding streams.	OCP	✓						The strategic planning process is underway. When appropriate, funding streams will be blended when necessary, appropriate and otherwise permissible under appropriate statutory or regulatory authority.
6.4 Data-driven programs and evaluations.	OCP	✓						OCP recognizes the value and power of data. The OCP is committed to data driven decision making and recognizes that evaluations can
6.5 Have clear oversight and authority over financial and staffing resources from all relevant departments, as delegated by the Board.	OCP/CEO							Please see the analysis contained in the CEO's Board report dated June 10, 2014, which was adopted by the Board. On pages 10 - 14 , the report outlines statutory barriers to transferring to OCP "oversight and authority" over various County departments. This recommendation was not adopted by the Board of Supervisors.
6.6 Institute an annual Countywide budget review process that examines all proposed, present, and past resource allocations and align them with the goals of the Countywide strategic plan, as well as coordinate relevant funding streams from various departments.	OCP/CEO	✓						
6.7 Serve as the repository of and review all recommendations related to the protection of children. Oversee implementation of appropriate recommendations.	OCP	✓						
6.8 Review existing County commissions and, with the Board, streamline them, as appropriate.	OCP	✓						Defer to CEO's Governance Report (July 2015) and work with the CEO to assist in review.
6.9 ICAN should be removed from within DCFS and exist as an independent entity.	DCFS, OCP	✓						
6.10 An annual overview of the state of the field of child welfare, presented to the Board by external experts.	OCP	✓						

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