



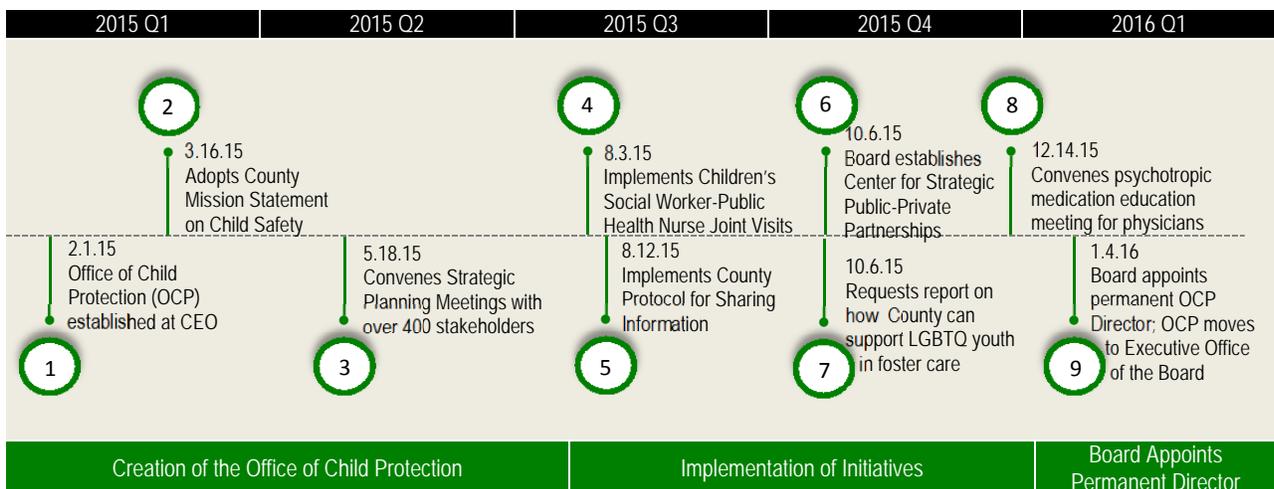
County of Los Angeles
AD HOC INITIATIVES

CHILD PROTECTION

Topic	Document	Date
Establish Office of Child Protection	1. Board Motion - Adopt the Recommendations in the Final Report of the Blue Ribbon Commission for Child Protection and Establish a Transition Team to Monitor and Implement Recommendations (Establish the Office of Child Protection)	6/10/14
	2. Board Correspondence - County Mission Statement on Child Safety	3/13/15
Implementation of Initiatives	3. Board Correspondence - Leveraging the County's Health System to Prevent Child Abuse and Neglect	4/13/15
	4. Board Correspondence - Protecting Commercially Sexually Exploited Children: Countywide Single Coordinated Entity, Unified Operational Model, Safe House Program	8/11/15
	5. Correspondence – Los Angeles County Protocol for Sharing Information When Investigating Reports of Suspected Child Abuse/Neglect or Making Detention Determinations	8/12/15
	6. Board Correspondence - Options for Establishing a Philanthropy Liaison in the Office of Child Protection	9/23/15
	7. Board Motion - Establish Center for Strategic Public-Private Partnerships	10/6/15
	8. Board Motion - Supporting LGBTQ Youth in Foster Care	10/6/15
	9. Board Correspondence - Supporting LGBTQ Youth in Foster Care	12/7/15
	10. Board Correspondence - Progress Update on the Blue Ribbon Commission for Child Protection Recommendations	12/16/15

- Information Available on County Office of Child Protection Website at: <http://priorities.lacounty.gov/childprotection/>
- Board Correspondence may be searched by title and date at: <http://portal.lacounty.gov/wps/portal/bc>

CHILD PROTECTION TIMELINE



9 Final Motion

AGN. NO. S-1

MOTION BY SUPERVISOR GLORIA MOLINA and SUPERVISOR MARK RIDLEY-THOMAS

June 10, 2014

Adopt the Recommendations in the Final Report of the Blue Ribbon Commission for Child Protection and Establish a Transition Team to Monitor Implementation of the Recommendations

After nine months of investigation and public hearings, the Blue Ribbon Commission on Child Protection has issued its report along with recommendations that will lead the effort to reform the child protection system. The recommendations are feasible, practical and will improve child safety.

Accomplishing structural reform within the child protection system will steer the County of Los Angeles into a new era of providing services that will embrace a child-centered philosophy. Fundamental changes to department policies, increased training, investigations of referrals regarding child abuse and neglect, and increased oversight are critical to child protection and reforming the system to better serve children and ultimately reduce child fatalities.

Achieving a paradigm shift in the child protection system is a long-term proposition. Exactly one year ago this month, the Board of Supervisors voted to create the Blue Ribbon Commission for Child Protection. The Commission was tasked with conducting a review of previously delayed or failed efforts to implement reforms and provide recommendations for a feasible plan of action to expeditiously implement much

MOTION

Molina _____

Ridley-Thomas _____

Yaroslavsky _____

Antonovich _____

Knabe _____

needed reforms.

In April, the Commission released a report containing over 40 recommendations for reform. The most unique recommendation is to create the Office of Child Protection to ensure far greater independent monitoring of child protection services among all the County departments that provide child protection services. These recommendations reflect a thoughtful and comprehensive analysis of over 700 prior Board-approved recommendations, witness testimony made available to the Commission from leaders in the child welfare field and stakeholders, review of child fatality case reports, and review of best practices in the field of child welfare.

The Board of Supervisors has a fundamental role in implementing the recommendations of the Blue Ribbon Commission for Child Protection. Only the Board of Supervisors can ensure that these recommendations, which cross a wide array of County departments, are implemented in a timely and effective manner.

Implementation of the recommendations—which cannot be achieved solely by the departments—requires the restoration of long-term integrity to child protection services. Implementation of the recommendations requires partnering by the Board of Supervisors.

I, THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS:

1. Adopt the recommendations in the final report of the Blue Ribbon Commission for Child Protection *with further CEO analysis on the cost and timeframes.*
2. *The Board of Supervisors establish the Office of Child Protection (OCP) as a separate entity that reports directly to the Board of Supervisors. The OCP will be housed within the Board of Supervisors Executive Office.*
3. *The Board of Supervisors immediately undertake an executive search for the Director of the OCP. The Transition Team should work with the Board*

of Supervisors to provide input as to job description, desired qualities and experience for the Director of OCP. The Board of Supervisors will interview candidates and select the Director of OCP.

4. *The Transition Team be requested to make recommendations to the Board of Supervisors as to size and scope of the OCP, with the final determination to be made by the Board of Supervisors.*
5. Establish a Transition Team to monitor implementation of the recommendations, upon adoption by the Board, contained in the Commission's report of April 2014.
6. The Transition Team should be comprised of **9** members:
 - a. Five (5) members chosen by the Board of Supervisors; and,
 - b. ***One (1) representatives from the Blue Ribbon Commission for Child Protection;*** and,
 - c. A representative from Juvenile Court; and,
 - d. A representative from the Chief Executive Office; and,
 - e. ***A representative from the Children's Commission.***
7. Direct the CEO and other relevant County departments who provide child protection services to collaborate with the Transition Team to prioritize implementation of the recommendations.
8. ***Recommend to the Transition Team an assessment of Medical Hubs and Public Health Nurse programs to identify each Hub's strengths and weaknesses and recommend a plan for immediate implementation to meet the needs of each geographic area.***
9. Request that the Transition Team provide formal advice to the Board regarding recommendations for child safety, until the new, overarching Office of Child Protection is created to act as a unified coordinating entity.

10. *Prior to implementation of any the Blue Ribbon Commission recommendations, the Chief Executive Office will work with all relevant County departments, the Transition Team and/or OCP to determine cost of implementation and identify a source of funding for Board of Supervisors approval and execution. Chief Executive Office and relevant departments are also to identify savings within their departments and could offset any of these costs.*
11. Once created, the Office of Child Protection is to establish a critical pathway for the provision of child protection services in the County of Los Angeles, including but not limited to, developing one Countywide strategic plan, defining program outcomes and measures of success, streamlining of processes for greater efficiency, along with a timeline of major milestones.
12. Request that the Transition Team report back to the Board of Supervisors each month, beginning August 5, 2014, on the status of implementing the recommendations, and request that the Chair of the Board place this matter as a set item on the regular agenda.

MR/sf



County of Los Angeles CHIEF EXECUTIVE OFFICE

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SACHI A. HAMAI
Interim Chief Executive Officer

March 16, 2015

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

From: Sachi A. Hamai 
Interim Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

RESPONSE TO BOARD MOTION ON DEVELOPING A PROPOSED MISSION STATEMENT ON CHILD SAFETY

On April 18, 2014, the Blue Ribbon Commission on Child Protection (BRC) issued its final report – *The Road to Safety for Our Children*. The Board adopted the recommendations on June 10, 2014. The BRC report included recommendations on preventing child abuse, protecting abused children from further abuse, and on child well-being. One of the BRC recommendations spoke to the need to articulate a countywide mission to prioritize and improve child safety. The rationale behind articulating this mission is to serve as a guiding principle for County department heads and other top level managers and as a critical message to everyone working in the child protection system that child protection is a priority. Articulating a mission to prioritize and improve child safety involves three milestones: 1) Establish and operationalize the Office of Child Protection; 2) Adopt a County mission statement on child safety; and 3) Adopt, implement and monitor a data driven, child-centered strategic plan. The Board has established and operationalized the Office of Child Protection (OCP). On January 13, 2015, this Board unanimously passed a motion introduced by Supervisor Kuehl directing the development of a County mission statement on child safety consistent with the BRC recommendations.

The County already has a strong mission statement that serves as the foundation of its work - *To enrich lives through effective and caring service*. A mission statement specific to child safety flows from the County's foundational mission statement and emphasizes the Board's commitment to ensuring the safety and well-being of its children. We also developed a mission statement for the OCP illustrating how the County mission on child safety will be fulfilled. The illustration below depicts the relationship of these three mission statements to each other.

"To Enrich Lives Through Effective And Caring Service"

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Stakeholder Input Process: Department Heads and Essential Partners

The OCP engaged a variety of stakeholders to help develop the proposed County mission statement on child safety. Before conducting stakeholder meetings, the OCP compiled and reviewed the mission statements of 36 County departments and one commission, paying particular attention to those Departments that impact child safety and well-being. Within five weeks, the OCP held five separate stakeholder meetings to seek input on what a County mission statement should include. The first three stakeholder meetings were held with County department heads and/or their designees. Participating departments included: Chief Executive Office, Child Support, Children and Family Services, District Attorney, Health Services, Library, Office of Education, Mental Health, Parks and Recreation, Probation, Public Health, Public Social Services, and Sheriff. One-hour meetings were held on February 3, 10, and 24, 2015. Several departments sent multiple representatives so that as many as 24 County representatives participated in the three meetings.

During the department head meetings, we discussed the meaning of child safety and whether any proposed statement on child safety should begin and end with child safety. This group readily agreed that the proposed mission statement must emphasize child safety, but not focus on child safety alone. This sentiment is consistent with the BRC's final report.

During the meetings, each attendee developed a proposed mission statement on child safety and then worked within a small group to reach consensus on a group mission statement. The group statements were shared with all other groups and a discussion

ensued about the attributes of each statement. After the discussion, participants identified those statements that resonated most strongly with them. There was broad support for the idea that after a child's safety needs are addressed, the County must do more. Broadly supported themes that emerged from these three sessions included: "protect," "well-being," "leadership," "partnership," and "champion."

Recognizing that the work of child protection and child welfare involves numerous private partners, the OCP held two meetings to seek input from private stakeholders also vested in the safety of our children. Each meeting lasted approximately two-and-a-half hours. The first meeting was held in the City of Lancaster on March 6, 2015 and the second meeting was held in South Los Angeles on March 9, 2015. Through these meetings, we were able to secure input from 81 additional stakeholders, including community-based organizations, County-contracted service providers, school districts, relative caregivers, advocates, and the health care and faith-based communities. We followed the same statement development and discussion process used during the department head meetings. Again, there was broad support for the idea that after a child's safety needs are addressed, the County must do more. Broadly supported themes that emerged from these meetings included: "children," "support families," "safety," "collaboration," "effective," and "partnership."

The OCP paid close attention to the nuanced differences in tone, and themes reflected in the statements produced during each of the stakeholder meetings. Certain proposals for a County mission on child safety seemed more appropriate for the OCP mission statement and vice-versa. Other proposals included important concepts and themes which would be too limiting if included in a mission statement, and, therefore, far more appropriate as a stand-alone value. Yet, other statements were very specific and would be better suited as a strategy under the joint strategic plan that the OCP will be developing. In order to provide a broad view of the how each piece works together, below you will find: 1) a proposed County mission statement on child safety, 2) a proposed mission statement for the OCP, and 3) value statements for the OCP.

Proposed Mission Statements: County Safety Statement and OCP Statement

Preamble to the County Mission Statement on Child Safety:

The safety and well-being of all of our children is of highest priority in the County. Consequently, County departments and agencies will work together as a team to provide the highest quality services to children and families. Broad community input and support is also critical to this mission. The County has established the Office of Child Protection to ensure the County achieves its child safety mission.

Proposed Countywide Mission Statement on Child Safety:

***Protect our children, support our families and
champion their success***

Proposed Office of Child Protection Mission Statement:

The proposed OCP mission statement was designed to complement the countywide safety mission statement by explaining how it would be accomplished.

***Leading a broad partnership that implements
meaningful solutions to improve the lives of our
children and families***

In this context, a “broad partnership” is defined as County departments working together, as well as with other diverse stakeholders within the community.

Proposed Values for the County Mission on Child Safety:

Value	Value Statement
Integrity	We do the right thing for our children and families, listening to their voices, and placing their needs at the center of our policies and actions.
Data Driven Planning	We strategically use data to inform planning, activities, and decision making.
Integrated Service Delivery	We facilitate inter-agency collaboration to ensure that County departments both work together and with other diverse stakeholders. Towards this end, joint planning and budgeting is a necessary part of this collaborative process.
Child Centered and Family Focused	We consider the impact of policy implementation through the eyes of our children and families, and are committed to supporting a continuum of care that is both preventative and provides long-term support.
Transparency	We readily share information about our processes, activities, and decision making.
Community Engagement	We actively engage the community as real partners about the best ways to protect children and support their families in the cultural context of each community.
Advocacy	We seek to influence national, State, and local policy decisions, program development, and resource allocation to promote continuous improvement of the child protection system and better child protection outcomes.
Innovation	We constantly challenge ourselves and partners to advance best practices and seek new solutions for improving child protection, establishing Los Angeles County as a national model.

Conclusion

The OCP submits for your consideration the proposed mission and value statements listed above. Although this Board requested a single statement, the stakeholder process also enabled us to secure input on a mission statement for the OCP. In addition, the OCP mission and values statements are the pre-cursor to the joint strategic planning process – another BRC recommendation. Upon adoption of the proposed mission statements, the OCP will next turn its attention to the joint strategic planning process. Stakeholder groups will be involved in this process, as OCP seeks to build a “new partnership” moving forward. Survey results from the stakeholder meetings held in Lancaster and South Los Angeles reflect general satisfaction with the mission statement input process and a desire to participate in a future joint strategic planning process.

If you have any questions or need additional information, please contact Fesia Davenport at (213) 974-1186, or via email at fdavenport@ceo.lacounty.gov.

SAH:FAD
CDM:AM:ljp

c: Executive Office, Board of Supervisors
County Counsel
Child Support Services
Children and Family Services
Parks and Recreation
Probation
Public Health
Sheriff



SACHI A. HAMAI
Interim Chief Executive Officer

County of Los Angeles

CHIEF EXECUTIVE OFFICE

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Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

April 13, 2015

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

From: Sachi A. Hamai
Interim Chief Executive Officer

LEVERAGING THE COUNTY'S HEALTH SYSTEM TO PREVENT CHILD ABUSE AND NEGLECT

Background

In its final report entitled, *The Road to Safety for Our Children*, the Blue Ribbon Commission on Child Protection (BRCCP) made several recommendations related to child safety and health services. The first recommendation called for the County to pair a Public Health Nurse (PHN) with a Children's Social Worker (CSW), when conducting a child abuse or neglect investigation for all children from birth at least until age one. The second recommendation called for the County to refer to the medical hub all detained children, and all other children under age one being investigated by the Department of Children and Family Services (DCFS). While the BRCCP indicated children under the age of one, the County expanded the age group to all children under 24 months of age. The third recommendation called for an assessment of the strengths and weaknesses of the medical hubs.

DHS Medical Hub Augmentation Plan

On January 9, 2015, the Department of Health Services (DHS) submitted a report of its assessment of the County's Medical Hub Clinics (medical hubs). DHS determined that additional resources would be required in order to: provide higher quality of service, reduce wait times, and increase the number of examinations conducted at the medical hubs. DHS recommended allocating \$1,998,363 of its existing resources to enhance staffing resources at the six County-run medical hubs.

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Joint Visit Conceptual Design by Chief Executive Office

On January 12, 2015, the Chief Executive Office (CEO) issued a report proposing a conceptual design of how PHNs could be paired with CSWs to conduct joint visits. The report also identified various tasks requiring completion and identified resources needed to implement the joint visit initiative. Finally, the CEO report recommended a phased in approach starting with one medical hub (Martin Luther King, Jr. Outpatient Center) and two DCFS Regional Offices (Compton and Vermont Corridor) rather than a simultaneous countywide roll-out.

Board's Motion Regarding Implementation

On January 13, 2015, this Board approved a motion introduced by Supervisor Mark Ridley-Thomas and Supervisor Sheila Kuehl directing the Interim Chief Executive Officer and Directors of DCFS, DHS, Mental Health and Public Health to:

1. Implement the recommendations, per the CEO's report dated January 12, 2015, for the actionable items related to pairing a PHN and a CSW when conducting abuse and neglect investigations for all children under 24 months of age;
2. Report back in 90 days on the milestones, performance outcomes, operational changes and additional board actions, including an update on the medical hub augmentation and its impact on appointment wait times and functionality of the medical hubs;
3. Finalize policy and recommendations regarding the provision of screenings of newly detained children, including coordination with existing initial comprehensive medical exams; and
4. Report back in the CEO's Recommended Fiscal Year 2015-16 Budget with an assessment of budget and operational changes needed to implement the recommendations.

The Office of Child Protection (OCP) submits this implementation plan for Phase I of the joint visit plan in response to the Board's January 13, 2015 motion. The plan is attached as Attachment I and has a July 1, 2015 launch date. The OCP has worked with the CEO, and DCFS, DHS, Public Health, Mental Health, and County Counsel to develop a workable plan. This report identifies milestones, performance outcomes, operational changes, and an update on the medical hub augmentation.

Each Supervisor
April 13, 2015
Page 3

The screening of newly detained children at each medical hub, as opposed to non-detained children subject to an investigation, will be addressed after Phase I of the CSW-PHN Joint Visit Initiative launches. It is important to note, however, that detained children are seen at medical hubs as DCFS policy requires that detained children be seen at a medical hub within certain timeframes. Finally, the CEO will issue a separate report which includes an assessment of budget and operational changes needed to implement the recommendations necessary to implement the CSW-PHN joint visit initiative.

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
Children and Family Services
County Counsel
Health Services
Mental Health
Public Health

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Leveraging the County's Health System to Prevent Child Abuse and Neglect

Executive Summary

The countywide CSW-PHN joint visit initiative will be rolled out in phases. Phase I will involve the Martin Luther King, Jr. Outpatient Medical Center (MLK Hub) and Compton and Vermont Corridor DCFS regional offices and will launch on July 1, 2015. On that date, recently hired DCFS PHNs will begin training and joint visits will commence later in the month. The July 1, 2015 launch date assumes the existence of several material factors identified in the table below:

Factor	Implementation Milestones and Next Steps	Status*
Hub Augmentation and Capacity	• DHS must hire staff to augment hubs placing an emphasis on the MLK Hub	IP
	• MLK Hub will offer expanded hours and ensure sufficient capacity exists to meet the increased demand for medical screenings	R
	• DMH will co-locate staff at the MLK Hub	IP
	• The DHS Nurse Advice Line will be operational	R
Adequate Space	• DMH staff co-located at the MLK hub must have space and equipment	IP
	• MLK hub space must be configured to enable DMH Medi-Cal certification**	IP
Adequate Staff Resources	• Hiring must be completed by all Departments and staff in place	IP
Procedures for Pairing CSW-PHN	• DCFS and DPH must finalize policies and forms necessary to implement operational changes including the PHN Assessment Tool and the joint visit protocol	IP
Operational Changes	• Streamlined PHN referral form must be finalized by DCFS and DHS	IP
	• Changes to e-mHub must be operational to accept the PHN referral form	IP
Training Staff	• Training Units from DCFS and DPH must finalize a joint training plan and curriculum to include: didactic training, hands-on training, and shadowing	IP

*Status: IP – In Progress; R – Ready to Launch; **Important but launch not contingent upon this factor

In addition, data collection metrics and tracking systems are needed to monitor and analyze results from Phase I and inform adjustments required to improve the process in subsequent phases. A preliminary list of metrics to measure safety, operational efficiency and effectiveness, and desired outcomes has been identified, and an electronic tracking system to capture most of this data is under development by DCFS.

The conceptual design of the joint visit initiative recommended that five PHNs be hired to launch Phase I – two for the Compton regional office and three for the Vermont Corridor office. After working closely with the PHN workgroups, uncovering more details about the logistics and timing of the referral process, and working on various staffing solutions, DCFS management recommends that the number of additional PHNs for the Phase I offices be increased as fully explained in Section III of this report. The OCP supports this request. In addition, DCFS has agreed to fund six additional Medical Case Workers, one for each hub, to assist DHS with the current workload at the Medical Hubs with an emphasis on responding to the needs of children and families referred to the hub through this joint visit initiative as fully explained in Section I of this report.

Lessons learned from Phase I will help to make the staffing projections closer to the actual need, and will enable each phase of the roll out to occur quicker than the phase that preceded it.

Phase I Planning Efforts Since January 2015 Board Motion

The OCP has worked closely with DCFS, DHS, DMH, DPH, and the Service Employees International Union (SEIU) representing PHNs and CSWs to ensure that all essential factors are in place before the launch date. The CEO's Office previously established the CSW-PHN Joint Visit Executive Leadership Committee. This committee consisted of executive managers and Directors from DCFS, DHS, DMH, DPH and helped to develop the conceptual design of the joint visit initiative presented in the CEO's January 12, 2015 Board report. The OCP met with the committee on March 3, 2015 to obtain an update on progress made since the Board issued its directive to take all actionable steps to implement the joint visit initiative.

After the Board's January 13, 2015 motion directing the CEO and other involved Departments with implementing all actionable items, DCFS established three implementation workgroups. These workgroups were established to begin the process of converting the joint visit conceptual design into practice. The workgroups are:

CSW-PHN Pairing: This workgroup was established to address all operational issues and identified implementation barriers to the conceptual design.

Policy & Training: This workgroup was established to address all policy and training issues associated with the joint visit initiative. The group is also charged with developing a workable training plan that equips PHNs and CSWs to team with each other during the joint visit, yet maintain an appropriate amount of independence to perform their separate functions.

Data & Measures: This workgroup was established to focus on the type of data needed to capture both operational and programmatic information that will help us determine whether the joint visit model as implemented is effective and supports the desired safety and health related outcomes.

On February 19, 2015, DCFS held a meeting with PHNs and a subsequent meeting with the SEIU management representing the PHNs. During those meetings, PHNs raised a number of questions regarding the joint visit initiative. The OCP has worked with SEIU, DCFS and DPH to prepare solutions and responses to the questions. While answers to some questions remain under consideration, none of the remaining questions pose a barrier to implementation. DCFS and SEIU must hold another meeting with staff to share the responses to the questions and also share the final plan for the Phase I roll-out before implementation. In addition, the OCP met with the workgroups, management from the involved Departments, SEIU Representatives, Nursing Directors from DHS and DPH, and County Counsel on March 10, 17, 20, 24, and 27 to obtain material updates, advice, and legal counsel to support the OCP's coordination of the planning efforts of all involved departments.

To aid understanding, this report provides updates and identifies next steps in the context of the following areas:

I. Medical Hub Augmentation and Capacity – This section provides an update on the Medical Hub expansion. This section also focuses on efforts to position the MLK Hub for Phase I of the joint visit initiative.

- II. Co-located Mental Health Services** – This section provides an update on the progress DMH has made in its plan to provide co-located mental health services at the MLK Hub.
- III. Public Health Nurses (PHNs) Staffing** – This section provides an update on the progress DCFS has made in developing a staffing and hiring plan to ensure sufficient resources for the Phase I DCFS regional offices.
- IV. Implementation Concerns and Solutions** – This section provides an update on concerns raised by Public Health Nurses and the solutions developed to address those concerns.
- V. CSW-PHN Joint Visit Policy, Training and Operations** – This section describes the major policy, procedural, and operational changes required to implement the joint visit initiative.
- VI. Measures and Outcomes** – This section describes the metrics to be measured and outcomes we seek to improve as a result of the joint visit initiative.

I. Medical Hub Augmentation and Capacity

Space

Hub space enhancements are in the planning stages at the MLK Hub. For MLK, DHS has determined that the existing Hub space will accommodate the Phase I joint visit initiative for the time being. On February 3, 2015, Supervisor Mark Ridley-Thomas introduced a motion that was approved by the Board to assess the feasibility of relocating the Hub to another MLK campus location. In the Board motion, the location was specified and a new building to accommodate the more collaborative and integrated vision for hub services is currently being planned. The preliminary timeline to construct the new building is approximately two years.

Space enhancements are also in the planning stages at the Harbor-UCLA Hub. At Harbor-UCLA, DHS has been working on a plan to relocate the Hub from two trailers on campus to a larger space. The Harbor Hub staff and hospital leadership are determining the correct clinic layout and working to minimize the structural modifications required to improve the space. DHS is working to propose a funding strategy for these renovations.

Hub enhancements for the Olive View Hub have been completed. Staff at the Olive View Hub moved into their new space in the hospital on January 26, 2015. The Hub now has four exam rooms compared to two previously, as well as more space for co-located DCFS and DMH staff.

Staff

On January 13, 2015, this Board directed the CEO to add 14 new positions to the DHS budget to augment staffing levels at all six DHS medical hubs. CEO has granted DHS hiring authority to fill the positions during the current budget year. The 14 items will be added in DHS' FY 2015-16 Recommended Budget and effective July 1, 2015. Of the 14 items, four are allocated to the MLK Hub as follows. Of these four positions, candidates for two positions (Senior Physician and Nurse Practitioner) have been identified. For the remaining two positions (Financial Services Worker and Medical Case Worker) there is not an existing

Leveraging the County's Health System to Prevent Child Abuse and Neglect

list for these items, meaning an exam must be prepared. The timeline for filling these positions is as follows:

- By April 30, 2015 – Exams posted for Medical Case Worker II and Financial Services Worker,
- By May 31, 2015 – Interviews will be completed,
- By June 15, 2015 – Employment offers will be extended, and
- By July 15, 2015 – Appointed candidates will commence work at the hubs.

In order to expedite the hiring for the MLK Hub, by April 10, 2015, DHS will post a transfer opportunity notice for existing Medical Case Workers who may be interested in transferring to the MLK Hub.

In order to support expansion of capacity at the medical hubs and handle the work created by the joint visit initiative, DCFS will supplement the Medical Case Workers at each hub by funding six additional Medical Case Workers – one allocated to each hub. This will result in two Medical Case Workers at the MLK hub. Medical Case Workers will provide care coordination and link children with needed resources to address issues identified by hub providers. For example, Medical Case Workers may follow-up with DCFS, a Regional Center, and/or the child's school for a child with developmental issues. These positions will work closely with the DCFS PHN and CSW to form a case management team, to ensure that services are coordinated and duplication of effort is avoided. The Medical Case Worker will also work to ensure that children and their families receive follow-up appointments and increase the likelihood that parents attend follow-up appointments by contacting the family if an appointment is missed.

Cost: The full cost (i.e. salary and employee benefits) for six Medical Case Worker II items is \$416,000. CEO has given DHS authority to hire during this budget year. DHS will request in Final Changes that the six permanent Medical Caseworker II items be added to its FY 2015-16 budget.

In addition, DHS is recruiting to fill three daytime Registered Nurse II positions to staff an advice line as fully described below. No new position has been added to the DHS budget to provide the advice line service.

Operational Changes

Nurse Advice Line

DHS has installed a new telephone line for a Nurse Advice Line at the LAC+USC Medical Center. This telephone line will be staffed twenty-four hours a day, seven days a week by DHS Registered Nurses. In addition to serving caregivers, patients and CSWs, the Nurse Advice Line will be available for DCFS PHNs to contact, if they have a question or are seeking advice to assist them during a joint visit. In instances when a nurse is assisting another caller or is otherwise temporarily unavailable, the PHN will be able to leave a voicemail message and have his or her call returned by the DHS nurse within two hours. The outgoing voicemail message will note that if the caller is unable to wait two hours for a return call, the child should be brought to the closest emergency room or urgent care for evaluation.

Expansion of MLK Hub Hours

DHS has developed a staffing plan that will enable the MLK Hub to extend hours from 5:00 pm to 7:00 pm. Extended hours will be implemented before the Phase I launch date. DHS will continually assess the demand once Phase I begins, and will extend hours of operation to 8:00 pm if necessary. For situations

that require a child to be seen at the Hub after extended hours or on weekends, the child and parent will be referred to LAC+USC Medical Hub.

Streamlined Hub Referral Form

DHS and DCFS are working together to define any changes needed to the existing hub referral form in order to streamline the form for PHN use. They have also developed the technical requirements for a change that will need to be made to the e-mHub system to recognize and accept the streamlined referral form. The work to operationalize these changes is underway and expected to be completed by June 30, 2015.

Next Steps

- Hire all staff ensuring that MLK Hub staff are hired before launch date;
- Operationalize the Nurse Advice Line in advance of the launch date
- Extend hub hours and give notice to all Phase I involved Departments
- Finalize and test the streamlined e-mHub referral form
- Implement changes to the e-mHub system that will enable use of streamlined referral form

II. Co-located Mental Health Services at the MLK Hub

DHS identified the need for children and families served at the Medical Hubs to have onsite access to crisis intervention and a bridge of mental health services, until a family is connected with a mental health provider in the family's community. To address this need at the Medical Hubs and for the Phase I roll-out at the MLK Hub, DHS has worked with DMH to co-locate DMH staff at the hubs including the MLK Hub. The components of co-location include: 1) space and equipment; 2) staff, 3) training, and 4) Medi-Cal certification.

Space

On January 13, 2015 and February 12, 2015, DMH visited LAC+USC Medical Hub facility to learn more about the day to day operation of mental health staff in the medical setting. DMH has been in discussion with DCFS and DHS regarding the needs of co-located mental health staff at the MLK Hub. On February 18, 2015, the Departments discussed the space needs for the co-location of mental health staff at the Medical Hub. After the meeting, DHS provided DMH an approximate number of children and youth referred and general reasons for referral to the medical hub. DMH invited DHS to participate in the interview process of the mental health co-located clinicians. DMH is currently collaborating with DHS on developing a guideline and an agreed upon process for those children and youth who will be receiving mental health services at the hubs.

DMH anticipates being able to bill Medicaid for some of the specialty mental health services its staff will provide to the children and youth referred to the Medical Hub. DMH will work to obtain Medi-Cal certification of the hubs in order to bill for these services. Certification means that the space allows a billing Medi-Cal provider to provide a patient with services and that visit is able to draw down reimbursement from Medicaid. The space must meet the Federal and State Criteria for a space where a

certified provider is able to work. The certification will be done by DMH based on a set of standard elements that must be in the clinical setting. The certification process can take three to six months from the date of the certification request. However, both billable and non-billable services can be provided during the certification process. Panic buttons are required at the point service delivery begins. This is a Department and Union requirement.

Staff

On January 13, 2015, this Board authorized DMH to hire six Psychiatric Social Workers and one supervisor to augment services at the Medical Hubs. On March 2, 2015, DMH hired a Mental Health Clinical Supervisor who will monitor and manage the work of the Psychiatric Social Workers. The recruitment for these social workers is ongoing. Fifteen candidates have been interviewed thus far and DMH intends to make selections and extend offers before June 30, 2015.

Cost: The cost (i.e. salary and employee benefits) of the six Psychiatric Social Worker items and the Mental Health Clinical Supervisors is 825,000. DMH will request in Final Changes that that these permanent items be added to its FY 2015-16 budget. DMH has current authority to hire to fill the six social worker positions. The source of funding, additional costs and potential for revenue offset is discussed in the CEO's report on the Recommended Budget for FY 2015-16.

Training

DMH will train its staff in several areas to ensure that the newly hired Psychiatric Social Workers are prepared to provide effective services. The social workers will be trained in several areas including, screening and assessment, essential DMH data systems, trauma, crisis assessment, documentation, and screening tools. The training dates have yet to be determined but will occur with a sufficient amount of lead time to allow staff at the MLK Hub to absorb the training before the launch date.

Next Steps

- Timely install necessary computers equipment at each hub
- Commence the Medi-Cal certification process
- Hire all staff ensuring that MLK Hub is staffed before launch date
- Train all staff ensuring that MLK Hub staff is trained before launch

III. Public Health Nurses Staffing and Staffing Plan

Staff

Conceptual Methodology

The conceptual design of Phase I identified a need for five additional PHNs to handle the increased number of joint visits - two assigned to the DCFS Compton Office and three assigned to its Vermont Corridor Office. The conceptual design recommended that Emergency Response PHN units be established. This is a sound plan in that this replicates the Emergency Response model used for CSWs.

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The estimated need for five additional PHNs was based on data provided by DCFS reflecting the number of referrals for FY 2013-14 involving children under two years of age. The DCFS data reflected the following FY 2013-14 data on referrals involving children under two:

- 6,345 referrals received by the Phase I offices,
- 1,750 of the 6,345 referrals involved a child under two,
- 111 (7%) of the 1,750 referrals involving a child under two received a joint visit, and
- 1,639 (93%) of the 1,750 referrals of a child under two did not receive a joint visit.

The conceptual design recommended five additional PHNs for the Phase I offices to meet the need. Please refer to the CEO's original report dated January 12, 2015 for a detailed analysis of the projected need. The conceptual design does not appear to account for, among other things, the additional 453 referrals received during nights and weekends that are handled by the Emergency Response Command Post for families in the catchment area of the Phase I Offices. For this and other reasons identified below, OCP supports the recommendation that the staffing levels for Phase I be increased.

Determination of Additional Need

The conceptual design called for the creation of an Emergency Response (ER) PHN Unit. The success of this model depends on having a sufficient number of PHNs available day in and day out to conduct visits and to also have time in the office to complete follow-up and link families to services. After analyzing the data and comparing it to the realities of everyday practice with workgroup members, it appears that the initial estimated need for five PHNs seems appropriate as a mathematical proposition, but too conservative to implement a staffing plan.

A review and assessment of the data is the starting point of the staffing analysis. Next, logistical and operational issues must inform a staffing plan – a plan which, in this case, points to a need for additional PHNs. This DCFS staffing plan must address the following:

- 1) The need for PHNs (like CSWs) to have days when they are not conducting investigations (i.e. being on rotation) allowing them time in the office to conduct follow-up and link families to services;
- 2) The need to have PHNs available to respond to referrals received after hours and weekends; and
- 3) The need to have an adequate number of PHNs available during those times where referrals are received simultaneously rather than in a series.

As such, DCFS recommends that the five PHN items approved by the Board be supplemented with nine additional PHNs assigned to the Phase I offices; plus six additional PHNs assigned to the DCFS Emergency Response Command Post (ERCP) operation (to handle nights and weekends); plus two PHN Supervisors to manage the new PHNs in the Phase I Regional offices and ERCP. The OCP supports this recommendation echoing the sentiments contained in the conceptual design – the true need will be unknown until Phase I is implemented and PHNs and CSWs start conducting joint visits. If during implementation it turns out that Phase I Offices are overstaffed, this positions DCFS to roll out Phase II sooner because trained staff can be redirected to Phase II Offices. The revised PHN staffing request is identified below.

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Revised PHN Staffing Request

Table 1: PHN Staffing Plan

	Regional Office (Regular Hours)		Weekend/Afterhours	Total
	Compton	Vermont	ERCPC	
Total PHN Need	9	7	6	22
PHN Transfers Into Phase I Offices	1	1	0	2
Pre-approved PHN Items	2	3	0	5
New PHN Ask	6	3	6	15*

* (22 PHNs need - 2 transferred PHNs - 5 Pre-approved new hires = need for 15 additional PHNs)

Table 2: PHN Supervisor Staffing Plan

	Regional Office (Regular Hours)		Weekend/Afterhours	Total
	Compton	Vermont	ERCPC	
Total PHNS Need	1	1	3	5
PHNS Transfers Into Phase I Offices	1	1	0	2
Pre-approved PHNS	.50	.50	0	1
New PHNS Ask	n/a	n/a	2	2*

*(5 PHN Supervisors needed – 2 transferred supervisors – 1 pre-approved new hire = need for 2 additional supervisors)

PHNs assigned to ERCPC for evenings, nights and weekends will support additional phases of the roll out of the joint visit initiative.

Once Phase I launches, much learning, tracking and adapting will occur. DCFS and DPH will gain a better understanding of what the actual need for PHNs will be. The learning from Phase I will be used to adjust or “true-up” the number of PHNs needed in Phase I offices and the ERCPC as well as inform staffing needs for future phases of the joint visit initiative. If Phase I lessons learned reveal that Phase I has been over-resourced, then DCFS will determine the appropriate need and redirect PHN resources to Phase II offices.

Cost:

Previously approved costs – 6 staff, \$965,000

- Five PHN and one PHN Supervisor item was previously approved for the Phase I Offices.
- The cost of the salary and benefits for these six items is \$965,000.

Additional items requested – 17 staff, \$2.75M

- Fifteen additional PHN items and two additional PHN Supervisor items requested.
- The cost of the salary and employee benefits for the 15 additional PHNs is \$2.4M and \$350k for the two additional PHN Supervisors.

Existing staff – 4 staff, \$666k

- DCFS intends to devote four existing staff to the Phase I at a cost of \$666,000 for salary and employee benefits.

Total staff devoted to Phase I and costs – 27 staff, \$4.4M

- The total number of all staff (existing and new items) devoted to Phase I of the joint visit initiative is 27.

Leveraging the County's Health System to Prevent Child Abuse and Neglect

- The total cost of the salary and employee benefits of all staff working on the joint visit initiative for Phase I and the ERCP is \$4.4M.

CEO will provide DCFS with ordinance items for this current budget year and for FY 2015-16. DCFS will ask that the permanent items be added to its budget once the total number of needed PHNs and PHN Supervisors is determined.

PHN and PHN Supervisor Staffing Plan

Table 3: Regional Office PHN Staffing Plan

Shift/Hours	Regional Office (Regular Hours)		Total
	Compton	Vermont	
Day (M-T) 7:00 am – 5:30 pm	5	4	9*
Day (T-F) 7:00 am – 5:30 pm	4	3	7*
Total			16

* One supervisor assigned to each Phase I Regional Office.

Table 4: ERCP PHN Staffing Plan

Shift/Hours	Emergency Response Command Post	Total
Day (F-M) 7:00 am – 5:30 pm	2*	2
Swing 1 (W-Sat) 4:00 pm – 2:30 am	2*	2
Swing 2 (Sat – Tu) 4:00pm – 2:30 am	2*	2
Total		6

* One supervisor per shift. Each supervisor will be assigned additional duties to ensure they are fully engaged.

Hiring Plan and Hiring Timeline

The OCP has been working with DCFS and DPH to coordinate efforts to implement a hiring plan and timeline. DCFS currently does not have a list of eligible PHN candidates from which it can hire PHNs. It takes approximately four months to promulgate a list. DPH has allowed DCFS to use DPH's recently promulgated list in order to expedite the hiring process. DCFS will use the DPH list to invite PHN candidates to apply for the PHN positions allocated to this joint visit initiative. Candidates hired from this list will conduct joint visits and form the PHN – ER units as envisioned in the conceptual design. In order to launch Phase I in July, the additional PHNs should be hired by no later than June 30, 2015. The milestones for the DCFS PHN hiring plan are listed below:

- By April 10, 2015 DCFS issued canvass letter,
- By April 20, 2015 DCFS will begin the interview process,
- By May 10, 2015, DCFS will make final selection of candidates, and
- By June 30, 2015, PHNs are hired and assigned to DCFS regional offices or ERCP.

Next Steps

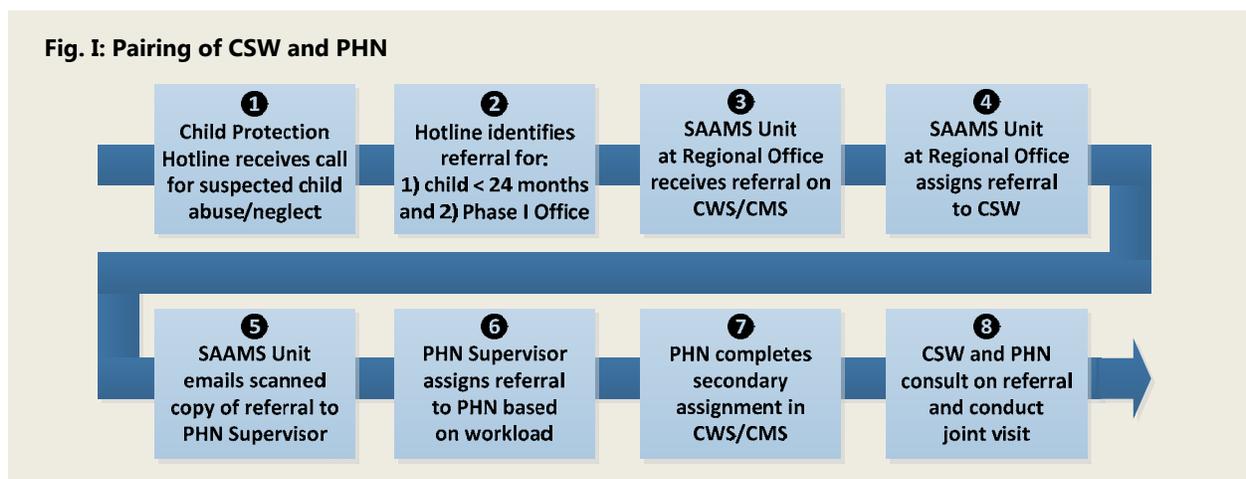
- Implement PHN hiring plan for PHNs and PHN Supervisors
- Solicit volunteers to serve as Lead Workers to mentor ER PHN Units
- Solicit volunteers to supervise the ER PHN Units

IV. Implementation Concerns and Solutions

The OCP has convened meetings with DCFS, DHS, DPH, and SEIU to work through identified implementation challenges in the following areas: 1) Operational issues associated with pairing PHNs and CSWs; and 2) Policy/Training.

CSW-PHN Pairing Protocol

Figure I on the next page provides a high level overview of a proposed conceptual design for assigning PHNs and CSWs to referrals and then pairing them for a joint visit.



On February 19, 2015, DCFS held a meeting with PHNs regarding the joint visit initiative and the Phase I roll out. Out of that meeting came various concerns identified by PHN staff and SEIU. The questions that came out of that meeting generally fall into the seven categories identified in Table 5.

Table 5: Issues and Concerns

Issue	Concern
1. Scope of Practice	Ensuring proposed PHN duties under this initiative fall within their scope of practice and thereby are in compliance with the Nurse Practices Act
2. Process and Procedure	Identifying processes in the conceptual design that pose implementation challenges or that will have unintended consequences
3. Policy/Training	Identifying which PHNs will be trained and topics to include in the training
4. Hub Capacity	Assessing whether Hubs will have capacity to handle increased visits
5. Staffing Phase I	Assessing whether 5 additional PHN staff represented a realistic estimate
6. Technological Support	Identifying need for technological support for PHNs in the field conducting joint visits
7. Single Administration	Identifying the County entity appropriate for single administration of the PHN program

DCFS, DPH and DHS have developed solutions to many of the issues and questions posed by staff. For other issues, solutions are being developed. Other issues are outside the scope of this joint visit initiative

as they are more appropriate for bargaining between the County and labor. With respect to all pending issues, the OCP will continue to meet with DCFS, DPH and SEIU to identify solutions. Once solutions or responses have been developed for the identified barriers and concerns, DCFS and DPH will hold another staff meeting with PHNs, PHN Supervisors and CSWs to respond to their questions and share the progress made to date.

Next Steps

- Present the pairing protocol to the DCFS-SEIU labor meeting
- Hold follow-up meeting with PHN and PHN Supervisors to share plans to address issues and share final plan for the Phase I roll-out.

V. Policy and Training

Several policies and forms needed to implement Phase I are currently under development and review. The OCP intends to reconvene the policy workgroups to finalize the policies. Once finalized, the policies must be presented to SEIU representing CSWs before implementation. At or around the same time, DCFS and DPH must also preview the joint visit initiative with stakeholders including: the Dependency courts, attorneys representing parents and children, and community medical providers.

Policy

Work on developing the policies necessary for the joint visit initiative is well underway. The DCFS Policy Unit, in collaboration with DCFS regional staff from the Phase I Offices, and Public Health Nurses drafted a proposed policy document titled, *PHN and CSW Joint Visit on Emergency Response Referrals for Children Under 24 Months of Age*. Once finalized and approved, this FYI will serve as the policy basis of the joint visit initiative. A policy workgroup has been established to vet the document. The workgroup consists of both DCFS and DPH PHNs, SEIU, and the DCFS Policy and Training Unit.

The FYI, among other things, informs staff about the purposes of the joint visit initiative; that Phase I is limited to the Compton and Vermont Corridor Regional Offices; provides direction on what must be done during a joint visit; and outlines the duties and responsibilities of the PHN and the CSW.

PHN Assessment Tool

The PHN Assessment Tool is a form under development that PHNs will use when conducting a joint visit. Recently, the OCP and DCFS sought input on the form from County Counsel and the Nurse Directors from DPH and DHS. Out of this discussion came a recommendation to revise the form to ensure that a PHN's assessment will remain a clinical observation rather than a medical diagnosis. The Nursing Directors have indicated that the proposed PHN Assessment Tool does not call for the PHN to engage in activity that is beyond a PHN's scope of practice.

Next Steps

- Finalize the FYI and present the document to CSWs
- Finalize PHN Assessment Tool
- Communicate plan to stakeholders

Training

A comprehensive training plan is being developed to ensure that Public Health Nurses have the requisite skills to determine whether a child should be referred to the MLK Hub or other appropriate safety related action. The plan is being developed through a collaborative effort between the DCFS and DPH Training units. The Policy/Training Workgroup will re-convene in April to finalize the training plan.

The training plan incorporates a multi-level approach: didactic training, hands-on training, and shadowing. PHNs will be allowed to shadow Emergency Response CSWs in order to gain a better understanding of the type of work they do. Then PHNs will be sent to training. Training modules will take five days to complete and will include lectures, computer-based tutorials, information guides, and simulations. DCFS plans to train all newly hired PHNs, all PHNs in the Phase I offices and all PHN Supervisors in the Phase I offices. Each training cohort will consist of 24 participants. The training curriculum is divided into two components: didactic and practicum.

Table 6: Training Curriculum Components

Didactic	Practicum
<ul style="list-style-type: none"> ▪ Core Practice Model Overview ▪ PHN/CSW Roles and Responsibilities ▪ Emergency Response (ER) Overview & Legal Authority ▪ Procedures for Conducting Joint Visits ▪ Field Safety Considerations ▪ Child Abuse Identification & Reporting Laws ▪ Medical/Health Documentation (including CWS/CMS contact entry) 	<ul style="list-style-type: none"> ▪ Scenario simulations where PHNs and CSWs will be able to gain an overall understanding of the joint visit process for the specific target population. ▪ Simulations will enable PHNs and CSWs to get insight into the type of skills that are necessary as well as obtain a perspective on what circumstances can be present during a joint visit.

Next Steps

- DCFS and DPH finalizing training manual and curriculum.
- Develop schedule to allow PHNs to shadow Emergency Response CSWs
- Develop training schedule for newly hired and existing PHNs assigned to Phase I Offices

VI. Measures and Outcomes

To understand the impact that Phase I has on the safety and well-being of children under 24 months, tracking various process and outcome measures is critical. Moreover, the results from Phase I will inform the adjustments required to achieve better results in subsequent phases. A data workgroup has been established. The Data Workgroup was tasked with creating the workflow process to capture data elements to be tracked and monitored during Phase I. Performance will be tracked during implementation of Phase I to ensure that services are provided to children and families; and to inform policy decisions that will impact future phases of the CSW-PHN Joint Visit Initiative as County-wide rollout continues. Most of the data elements are to be documented in CWS/CMS, and monthly activity reports (trends, impact) will be run to measure performance during Phase I.

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A preliminary list of data elements that will be tracked and monitored during implementation of Phase I have been identified and categorized into three types of outcomes: (1) process; (2) child welfare; (3) health. These outcomes pertain only to those referrals that received a CSW-PHN pairing during the investigation.

Table 7: Performance and Outcomes Measures

Activity	Measure
Referrals Assigned to CSW and PHN	<ol style="list-style-type: none"> Total number of referrals that paired a CSW and PHN <ul style="list-style-type: none"> By time period (traditional business hours; afterhours) By referral type (Immediate Response, 5-day, etc.) By child’s age (less than 24 months (focus child); siblings over 24 months) Type of allegation
Joint Visits	<ol style="list-style-type: none"> Total number of visits conducted by PHNs <ul style="list-style-type: none"> Number of initial visits that a CSW and PHN conducted together Number of initial visits conducted separately Number of joint visits conducted jointly Number of children assessed by PHN (by age)
Hub Referrals by PHN	<ol style="list-style-type: none"> Number of Hub referrals by PHN for medical screening <ul style="list-style-type: none"> Number of Hub referral refusals (by parents) Number of children screened at Medical Hub (by age) Number of days that Hub screening occurred after joint CSW-PHN visit
Hub Appointment Management	<ol style="list-style-type: none"> Total number of appointments Number of Hub appointment failures (by parents) <ul style="list-style-type: none"> Number of appointments rescheduled <ul style="list-style-type: none"> Number of times rescheduled: 1, 2, 3, etc. Reasons for rescheduling (parent request vs. Hub requests) Number of children that were not scheduled for an appointment within 72 hours of joint visit and the reasons (parent request vs. Hub unable to accommodate) Number of families that required (and received) transportation assistance
Child Welfare Related	<p><i>The following require a comparison of the baseline with Phase I outcomes by regional office</i></p> <ol style="list-style-type: none"> Number of detentions Impacts on ER referral closure timelines. Information on referrals open > than 30 days <ul style="list-style-type: none"> Number of children who required a Hub exam Number of children who received a Hub exam within 72 hours of joint CSW-PHN visit Impact of #8 above on referral closures (< 30 days vs. > 30 days) Number of children returning to the system Number of children with recurrence of maltreatment Number of child fatalities, if any
Linkage with Health Care and Supportive Services	<ol style="list-style-type: none"> Number of PHN-generated community referrals Number of children who were referred to services as a result of PHN-generated referrals <ul style="list-style-type: none"> Number who received/obtained services Number who were deemed ineligible by agency Number who declined services Number of families already connected with Home Visitation and other community-based specialty (resource) services at the time of the referral Number of families with an existing Medical Home (and at time of referral/case closure) <ul style="list-style-type: none"> Number with no identified Medical Home at time of referral Number with private provider as Medical Home at time of referral Number with DHS as Medical Home at time of referral

More work is required to identify additional measures indicative of health related outcomes for children. The OCP has reached out to DHS and to the Children’s Data Network to help identify meaningful health

related measures that can be tracked through this joint visit initiative. As roll-out continues, data collection will improve and the metrics and outcomes initially chosen to be measured will likely change.

Next Steps

- Determine how to track requests for medical records and impact on disposition
- Continue to work on identifying health related outcomes and measures

Conclusion

Since January, much planning and work has taken already place to implement the CSW-PHN joint visit initiative. Each Department is working to implement its hiring plan, and the workgroups continue to meet to finalize policies, procedures and work through other logistical details. The Departments continue to work together to address intra-departmental operational changes. The OCP will provide a pre-implementation report on or before June 15, 2015 to keep this Board apprised of progress being made. The CEO will issue a separate report assessing the budget and operational changes, including personnel and capital improvements needed to implement the recommendations outlined in the Board reports issued by DHS on January 9, 2015 and CEO on January 12, 2015.



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Chief Executive Officer

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First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

October 16, 2015

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

From Sachi A. Hamai
Chief Executive Officer

PROTECTING COMMERCIALLY SEXUALLY EXPLOITED CHILDREN: COUNTYWIDE SINGLE COORDINATED ENTITY, UNIFIED OPERATIONAL MODEL, AND SAFE HOUSE PROGRAM

On April 14, 2015, May 12, 2015, and June 16, 2015, this Board adopted five motions related to Commercial Sexual Exploitation of Children (CSEC). Each motion was directed towards the Chief Executive Office (CEO) and/or other relevant departments. The specifics of each motion are summarized in the table below.

Board Sponsor(s)	Motion Directives
Ridley-Thomas and Solis (adopted 4/14/15)	Report back during Budget Deliberations on the feasibility of using \$6,738,000 of Healthier Communities, Stronger Families, Thriving Children (HST) funds from the CEO's Budget to the Provisional Financing uses Budget and report back on the following: <ul style="list-style-type: none"> • The feasibility of using the funds to offset \$300,000 in ongoing net county costs related to the CSEC STAR Court; • Services, programming interventions, and recovery solutions for CSEC, including a CSEC court in the dependency court; and • Recommendations related to dedicated staffing and evaluation tools and resources that track the magnitude of sexually exploited children with the County.
Solis and Knabe (adopted 05/12/15)	<ul style="list-style-type: none"> • Assess the feasibility of developing a safe facility for CSEC.
Ridley-Thomas and Antonovich (adopted 6/16/15)	Analyze the feasibility of creating a single entity responsible for, among other things, all countywide efforts related to human trafficking. This coordinating body would be responsible for, among other things:

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Board Sponsor(s)	Motion Directives
	<ul style="list-style-type: none"> • Developing and maintaining an informational and research database; • Developing a CSEC informational website; • Overseeing expansion of the County's First Responder Protocol; • Implementation of the County's SB 855 Plan; • Assessing training needs and recommend training solutions; • Assessing and evaluating County programs to determine if resources are appropriately allocated to avoid redundancy; • Reviewing and evaluating proposed initiatives; • Identifying funding streams; and • Developing a CSEC strategic plan.
Knabe and Solis (adopted 6/16/15)	<ul style="list-style-type: none"> • Assess the feasibility of creating a unified operational model to administer and oversee programs and services exclusively for victims of child sex trafficking.
Knabe (adopted 6/16/15)	<p>Explore options to refresh, rebrand, and expand the Safe house program to additional County facilities and to include CSEC. Specifically, the motion directed the CEO with a plan and timeframe to:</p> <ul style="list-style-type: none"> • Outreach to the public to educate them about the Safe House Program; • Train necessary employees to identify warning signs of CSEC and what should be done when a CSEC is identified; and • Implement expansion of the Safe House Program to include Sheriff's stations, hospitals, community health clinics, certain County offices and facilities.

With the exception of the May 12, 2015 motion related to a safe facility, each motion was referred back to its primary sponsor then consolidated and incorporated into a single motion introduced by Supervisors Ridley-Thomas and Antonovich and adopted by the Board on June 30, 2015. The June 30, 2015 motion directed the CEO to review all motions collectively and when appropriate issue recommendations on the feasibility, structure, implementation, planning, and necessary staffing levels. The report related to the Board's May 12, 2015 motion related to a safe facility for CSEC will be issued by the Department of Children and Family Services (DCFS) and other County Departments and is expected in mid-November 2015. This report addresses the motions originally introduced on June 16, 2015 and incorporated into the June 30, 2015 motion. Recommendations related to possible uses of the HST fund will be included in a companion report issued simultaneous to this report.

The CEO has worked closely with the Office of Child Protection (OCP), DCFS, Fire, Probation, Sheriff, and Public Health to develop recommendations responsive to these CSEC related motions. The recommendations are discussed in Attachment I and are summarized in the table below.

Motion	Summary of Recommendations
Single Coordinated Entity	<ol style="list-style-type: none"> 1. Collapse the CSEC Steering Committee and the CSEC Action Team and fold both into the newly established CSEC Integrated Leadership Team responsible for implementing the objectives identified in the Board's June 16, 2015 motion. 2. Identify the following Departments as standing members of the newly established CSEC Integrated Leadership Team: DCFS, Probation, Sheriff, Mental Health, DPSS, Public Health, Health Services, District Attorney and Public Defender, Alternate Public Defender, and Panel Attorneys. 3. Designate DCFS, Probation, and Sheriff, as co-leads of the CSEC Integrated Leadership Team collectively responsible for ensuring that a Countywide, CSEC-focused strategic plan which encapsulates the Board's identified objectives, is developed, implemented and monitored. 4. Designate the OCP as the County's decision maker on operational CSEC issues when an impasse is reached that threatens efforts to impede progress on implementing the Countywide strategic plan for CSEC and/ or unify the Countywide CSEC operational model. 5. In order to ensure a sustained effort and follow-through, require DCFS, Sheriff and Probation to dedicate at least one full-time equivalent to work on operational CSEC issues with their respective Departments and an additional .5 FTE to the CSEC Integrated Leadership Team and other CSEC efforts (attend planning meetings, write reports, prepare presentations, track data, etc.). 6. If not otherwise prohibited by its grant, Sheriff should add both DCFS and Probation to its Task Force leadership team and should be added to the SB 855 Executive Committee. 7. For the first year of its existence of the CSEC Integrated Leadership Team, require the team to meet, at least monthly, with the initial meeting occurring no more than 30 days after the Board adopts these recommendations. 8. Further require the CSEC Leadership Team to jointly issue regular written reports (every four months) on its activities and progress on implementation of its strategic plan.
Unified Operational Model	<ol style="list-style-type: none"> 1. Adopt the SB 855 plan as the County's foundational unified operational model. 2. Within 30 days of its initial meeting, require the CSEC Integrated Leadership Team to convene a meeting with relevant Departments and stakeholders to begin work on a Countywide CSEC strategic plan that addresses the entire continuum – from prevention to support - using the Action Team's plan as a foundation.
Safe House Program	<ol style="list-style-type: none"> 1. Identify the population that the rebranded program should serve. 2. Rename the program the "Safe Place Program" and determine whether a new name and logo are desirable and appropriate. 3. Develop a public awareness campaign that uses public service announcements, signage, literature, posters, and social media (including a

Motion	Summary of Recommendations
	website). 4. Require all County Departments to post, on their website, a link to the County's informational CSEC site. 5. Conduct a readiness assessment of which County Departments should participate in early roll-out of the re-branded program.

If you have any questions or require any additional information, please contact Fesia Davenport at (213) 974-1186, or by email at fdavenport@ceo.lacounty.gov.

SAH:JJ:FD:ljp

Attachment

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

Executive Summary

This report is divided into four sections. The first section discusses options for establishing a single, countywide, coordinating body to manage, coordinate, and monitor the County's many CSEC initiatives and conclude that no one County Department could effectively serve as the single coordinating entity. The second section discusses options for a unified operational model and recommends that the County's SB 855 plan serve as the foundation of the County's unified operational approach to serving CSEC. The third section discusses options for establishing a Countywide Safe House Program for CSEC and recommends that phased-in approach to the implementation of this initiative. The final section provides a general timeline for a single coordinating entity comprised of DCFS, Probation and Sheriff to begin the work of implementing the approaches and programs contemplated by the Board's CSEC motions.

Countywide CSEC Coordinating Body

The June 16th and June 30th motions both include the term "human trafficking." Human trafficking and child sex trafficking are different yet related concepts with the former definition being broader than the latter. Specifically, human trafficking includes, but is not limited to, child sex trafficking and is defined by the United States Immigration and Customs Enforcement as:

The recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.

The definition of child sex trafficking is narrower and is generally used to describe a commercial enterprise where minor children are induced by coercion, fraud, duress, and/or deception to engage in and perform sexual acts in exchange for money or some other form of compensation.

The CEO sought clarification the primary sponsor's office to clarify that the intent of this motion was to focus on child sex trafficking and not human trafficking. As such, this memo focuses on child sex trafficking, the commercial sexual exploitation of children (CSEC) for purposes of providing options for a Countywide coordinating entity devoted to CSEC.

Discussion

Although it is feasible to create an entity to coordinate the County's activities related to CSEC it is not advisable to do so since there are several, existing, County-sponsored groups working on CSEC that could meet the Board's objectives. One of these groups could be repurposed and called the CSEC Integrated Leadership Team (Leadership Team). The existing CSEC initiatives include:

Countywide Coordinating Entity, Unified Operational Model, and Safe House Program for Commercially Sexually Exploited Children

- The SB 855 Steering Committee;
- CSEC Task Force;
- The Los Angeles County Human Trafficking Task Force;
- The CSEC Action Team; and
- The District Attorney’s Office (DAO) collaborative efforts related to diversion.

A profile of each collaborative is included in Table 1 below:

Table 1

County Effort	Date	Members	Purpose
SB 855 Steering Committee	2014	20 departments and partners including DCFS and Probation	To investigate suspected child abuse and make placement decisions when a child is suspected or identified as being sexually exploited.
CSEC Task Force	2012	7 departments including DCFS, Probation and Sheriff	To examine and track the CSEC population, make recommendations to address the needs of these youth and eliminate their recruitment into the abusive life of sex trafficking.
Human Trafficking Taskforce	2015	5 departments and partners including Sheriff, District Attorney, and DCFS, a community based network	To address and attack the problem of human trafficking (including sex trafficking) through a regionalized law enforcement, social services, and community-based organizational approach.
CSEC Action Team	2014	7 departments and stakeholders including DCFS, Probation, and the California Child Welfare Council CSEC Action Team managed by the CEO	To develop a comprehensive county-wide strategic plan to address CSEC, to implement the CSEC strategic plan (working with and through other departments and stakeholders), and implement the plan’s objectives.
District Attorney’s First Step Diversion Program	2014	5 County Departments and community based organizations including the DAO, Sheriff, Probation and DCFS	To provide girls and boys ages 12-17, who are arrested for sex-related crimes, with the opportunity to complete a year-long program (that provides counseling, medical and social services) in exchange for clearing original charges.

The Leadership Team should be comprised of a broad number of child serving County Departments and other CSEC serving entities, but not be so large as to render the group unwieldy and therefore ineffective. The Leadership Team would be responsible for, among other things:

- Accomplishing the deliverables identified in the Board’s June 16, 2015 motion;
- Regularly convening the Leadership Team members to share information and learning;
- Track progress on County CSEC initiatives;
- Identify and remove policy and operational barriers to effective coordination and service delivery; and

- Keep the Board apprised of the effectiveness of the County's CSEC initiatives.

Because the Leadership Team would be tasked with accomplishing the specific deliverables identified in the June 16, 2015 motion, a designated decision-maker would be advisable in order to manage projects involving multiple departments, and make final decisions when an impasse among the departments, or differing approaches to problem solving threaten to impede progress.

Of the five collaborative groups identified above, three of them merit serious consideration for being designated as the single Countywide CSEC coordinating entity. Those three collaboratives are: The SB 855 Steering Committee (Steering Committee), The Los Angeles County Human Trafficking Taskforce (Task Force); and the Los Angeles County Action Team (Action Team). A description of the purpose and work of each group is listed below. These three stand out among all others because of the scope of their work and/or the breadth of their membership. The relative strengths and weaknesses of each of the three entities in terms of being designated as the County's coordinating entity are summarized in Table 3 below.

SB 855 Steering Committee

The SB 855 Steering Committee is focused on child sex trafficking or youth at risk of becoming CSEC. The steering committee was established in 2014 in response to the passage of Senate Bill 855 (SB 855) in 2014. This legislation:

- Clarified that CSEC fall under the jurisdiction of the child welfare system as victims of child abuse and neglect pursuant to State law;
- Created a statewide CSEC program to be led by each county's child welfare agency to serve CSEC through a multidisciplinary team approach; and
- Provided funding for various interventions and services (including training, data collection, protocol development, certain types of staffing, supplemental foster care rate payments).

As required by SB 855, the County formed a multi-disciplinary CSEC steering committee to create a plan to serve CSEC victims using a multidisciplinary team approach and to oversee the delivery of CSEC services. SB 855 requires that the team be led by the each county's human services department (in the case of Los Angeles County it is DCFS), and include representatives from county probation, county mental health, county public health, and the juvenile court. The legislation designates as optional participation from other organizations such as law enforcement, survivors, and advocates. The County's Steering Committee is comprised of the Departments and entities identified in Table 2 below. DCFS is the County's lead as required by SB 855.

Table 2

Law Enforcement/ Law Related	Law Enforcement/ Law Related	Social & Health Services	Education and Advocacy
County Sheriff	Probation	Children and Family Services	Los Angeles Unified School District (LAUSD)
Los Angeles Police Department	Alternate Public Defender	Public Health (DPH)	Educational Advocates
Long Beach Police Department	Public Defender	Public Social Services	Placement Representatives
Children’s Law Center	District Attorney	Mental Health	Survivor Advocates
Los Angeles Dependency Lawyers	County Counsel		
Juvenile Court	Panel Attorneys		
Los Angeles City Attorney			

The purpose of the Steering Committee is to develop and implement a multi-disciplinary, County-wide protocol for delivering services to CSEC. A fuller discussion of this approach can be found in the next section of this report. The Steering Committee submitted a plan to the State outlining the County’s approach to CSEC. The plan calls for an array of services and interventions, including:

- Increasing awareness and training;
- Advocacy Services;
- CSEC oriented Court Services;
- Specialized Placements; and
- Incidental Supports.

The appeal of the Steering Committee is its:

1. Exclusive focus on child sex trafficking victims;
2. The existence of an operational protocol ready for Countywide roll-out;
3. Existence of a screening protocol (see unified operational model discussion below);
and
4. Multi-disciplinary approach born out of a social services model.

The limitations of the Steering Committee is the lack of a clear path outlining how all of the County’s various CSEC efforts (not all are mentioned in this report) will be coordinated and will work together. Put another way, there is no single document that pulls together all components of County CSEC efforts clearly delineating roles, responsibilities, relationships and resources along the entire CSEC continuum (i.e. prevention, protection, integrated service delivery, post-intervention supports). To that end, the Steering Committee’s approach appears to be deep in the area of integrated service delivery and supports and less so in the other areas of the continuum. Finally, as currently configured the Steering Committee is a committee of equals. There is no obvious protocol to resolve issues when they arise. These issues were raised by the Office of Child Protection (OCP) in a meeting with representatives from DCFS and Probation. While there was not uniform agreement on what the OCP sees as limitations

of the Steering Committee's approach, there was agreement that adequate resources are necessary and that having a third-party to decide issues would be helpful.

Los Angeles County Human Trafficking Taskforce

The Sheriff's Department is creating and building out a task force to combat human trafficking called the Los Angeles County Human Trafficking Task Force (Task Force). The Task Force is comprised of several agencies under the joint leadership of: the Sheriff's Department, CAST (Coalition To Abolish Slavery) - a community based organization experienced in servicing victims of sex trafficking, and the United States Attorney's Office. The Task Force has three major goals:

- Identify victims of human trafficking;
- Provide victim-centered services to identified victims; and
- Investigate cases of alleged human trafficking and supporting prosecution of traffickers.

The Task Force has victim-centered, collaborative protocols and approaches to combat human trafficking including child sex trafficking. Training, community outreach, and raising awareness are critical components of the Task Force's plan. The Task Force has four subcommittees: Law Enforcement, Training and Outreach, Victim Service Providers, and Administration. The Task Force has also identified five objectives. They are:

1. Establish a sustainable and multidisciplinary, collaborative Task Force responding to victims of all forms of human trafficking;
2. Make data-driven decisions based on a shared understanding of human trafficking problem within Los Angeles County;
3. Identify victims of all forms of human trafficking through collaborative efforts supported by the Task Force training, investigation, and outreach;
4. Conduct effective trafficking investigations leading to successful prosecutions of cases at the state and federal level; and
5. Support a comprehensive array of victim services which meet the individualized needs of victims of all forms of human trafficking.

The Sheriff's Department has assigned dedicated staff to the Task Force and intends to add more regardless of whether it receives a federal grant to combat human trafficking. The Sheriff's Department plans to conduct an evaluation to measure the effectiveness of its proposed strategies, processes, performance and impact/outcomes.

The appeal of the Task Force is its:

1. Intent to use dedicated staff for both line operations and administration;
2. Focus on addressing the demand for CSEC; and
3. Decision to complete an evaluation by an independent party.

In terms of potentially designating the Task Force as the entity coordinating Countywide CSEC initiatives, other considerations must be addressed. The State Legislature and the California Department of Social Services has issued a clear mandate that CSEC are victims not criminals, should not be arrested, and should be provided the range of services offered by each county's child welfare agency. Cities and counties are slowly moving away from a law enforcement approach to serving this population.

By definition the Sheriff's Department is a law enforcement agency. As such, their status as a law enforcement agency seems to place them in conflict with the direction that the State is moving. Also, the Task Force will not focus exclusively on CSEC. Rather its efforts will be divided among other human trafficking populations. Finally, consideration must be given to the fact that the Task Force's efforts will be funded by a time-limited grant.

These issues were raised in a meeting between OCP, the Sheriff, and the Sheriff's staff working on the Task Force and merit further discussion. The Sheriff's Department does not believe that these considerations should prevent them from serving as the single coordinating entity as the Department has changed and continues to change its approach to CSEC. Should the Board elect to designate the Sheriff's Department as the County's coordinating entity for all CSEC initiatives, the Sheriff's Department has committed to taking all necessary steps to successfully carry out the charge and manage the perception issue raised by having a law enforcement agency serve as the face of the County when serving this vulnerable population.

Los Angeles County CSEC Action Team

The County's CSEC Action team was established after the State mandated that each County establish a team to develop a strategic plan to address CSEC and to implement those plans. The action team was assisted by a consultant procured by Probation and was comprised of DCFS, Probation, DPSS, DMH, District Attorney's Office, and CAST. DCFS and Probation co-led this action team and the CEO provided limited project management support. The Action Team developed a strategic plan consisting of four major focus areas:

1. Service Delivery;
2. Placement Resources;
3. Awareness and Outreach; and
4. Multi-System Data Collection and Sharing.

For each focus area goals and objectives were identified. One deliverable out of that strategic plan was the County's First Responder Protocol currently operational in two areas of the County. The Action Team still exists informally, but its focus has been diverted away from implementation of the strategic plan and towards Board motions specifically related to CSEC. The appeal of the Action Team is its comprehensive approach to CSEC and development of a framework for how CSEC objectives would be accomplished and sequenced. The appeal of the Action Team is:

Countywide Coordinating Entity, Unified Operational Model, and Safe House Program for Commercially Sexually Exploited Children

1. Fairly comprehensive approach, from the victim’s perspective, to address CSEC; and
2. Concrete and identified steps outlined to move the plan forward.

One challenge of the Action Team was the uneven levels of dedicated staffing resources from various County Departments. For example, DCFS was able to dedicate staff to the Action Team, but the dedicated staff was not full-time and was not at the appropriate level when considering the workload associated with CSEC. Probation’s ability to dedicate staff to CSEC has been the driving force behind CSEC in the County. But as this population moves to child welfare, DCFS must dedicate adequate administrative resources.

The Office of Child Protection discussed the staffing resources issue with both DCFS and Probation. DCFS represented that the Department was in the process of designating a full-time Assistant Regional Administrator to coordinate the Department’s work around CSEC. In addition, as caseloads have decreased, the Department is in a better position than it was previously. The Department intends to dedicate between 6 and 12 social workers to work on CSEC exclusively complementing the work of existing Children’s Social Worker’s.

Table 3

Existing CSEC Entity	Reasons Supporting Designation As Countywide Coordinating Entity	Reasons Supporting Non-Designation as Countywide Entity
SB 855 Steering Committee	<ul style="list-style-type: none"> • Exclusive focus on child sex trafficking victims, • Protocol in place and operational, • Multi-disciplinary approach borne out of a social services approach 	<ul style="list-style-type: none"> • Approach is deep (for services) but not wide (e.g. does not address demand). • Lacks neutral decision maker
Trafficking Task Force	<ul style="list-style-type: none"> • Dedicated/ing staff focused on administration, and line operations; • Focus on addressing demand for CSEC; • Planned two-part evaluation 	<ul style="list-style-type: none"> • Law enforcement agency as the face of County CSEC efforts results in inconsistent messaging, • Non-exclusive focus on CSEC, • Sustainability after grant expires, and • Lacks neutral decision maker.
CSEC Action Team	<ul style="list-style-type: none"> • Broader approach to addressing CSEC Countywide found in strategic plan • Inclusiveness of key County Departments 	<ul style="list-style-type: none"> • Lack of dedicated staffing at appropriate level

Conclusion and Recommendations

Based on the foregoing analysis it appears that the no single CSEC focused entity is poised to adequately cover the entire continuum to combat CSEC – yet this is exactly what CSEC victims need and the County should be doing. The continuum includes:

- Prevention;
- Protection;
- Placement;
- Treatment; and
- Support.

An approach that treats and supports victims without adequately addressing demand is less than ideal and the reverse is also true – a focus on the demand for CSEC without addressing treatment and support is equally undesirable. None of the entities identified above can adequately cover the entire continuum and there appears to be overlap and duplication between the planned or current activities of the Steering Committee, Task Force, and Action Team. Based on the foregoing, the CEO recommends that the Board take the following action:

1. Collapse the CSEC Steering Committee and the CSEC Action Team and fold both into the newly established CSEC Integrated Leadership Team responsible for implementing the objectives identified in the Board's June 16, 2015 motion.
2. Identify the following Departments as standing members of the newly established CSEC Integrated Leadership Team: DCFS, Probation, Sheriff, Mental Health, DPSS, Public Health, Health Services, District Attorney and Public Defender and the Alternate Public Defender.
3. Designate DCFS, Probation, and Sheriff, as co-leads of the CSEC Integrated Leadership Team collectively responsible for ensuring that a County-wide, CSEC-focused strategic plan which encapsulates the Board's identified objectives, is developed, implemented and monitored.
4. Designate the Office of Child Protection as the County's decision maker on operational CSEC issues when an impasse is reached that threatens efforts to impede progress on implementing the County-wide strategic plan for CSEC and/ or unify the County-wide CSEC operational model.
5. In order to ensure a sustained effort and follow-through, require DCFS, Sheriff and Probation to dedicate at least one FTE to work on operational CSEC issues with their respective Departments and an additional .5 FTE to the CSEC Integrated Leadership Team and other CSEC efforts (attend planning meetings, write reports, prepare presentations, etc.).

6. If not otherwise prohibited by its grant, Sheriff should add both DCFS and Probation to its Task Force leadership team.
7. For the first year of its existence of the CSEC Integrated Leadership Team, require the team to meet, at least monthly, with the initial meeting occurring no more than 30 days after the Board adopts these recommendations.
8. Further require the CSEC Leadership Team to jointly issue regular written reports (every four months) on its activities and progress on implementation of its strategic plan.

Unified Operational Model

Discussion

A unified operational model can take various forms. In a County the size of Los Angeles, appropriate levels of uniformity and coordination are essential components of any unified operational approach. County departments, partners, stakeholders, and others need a shared understanding of CSEC, and a clear understanding of everyone's role and responsibility in combatting CSEC. Essential components of a unified operational model include: 1) An agreed-upon, multi-departmental screening or assessment tool that will identify CSEC or youth at risk of CSEC; 2) A protocol that delineates the roles and responsibilities of each stakeholder in the CSEC continuum; and 3) Standardized communication channels must be established.

DCFS, DPH, Probation, and the Children's Law Center have agreed to use a screening tool developed by a private, non-profit organization. Plans to train on this tool are currently underway. In addition both Health Services and Public Health have developed screening protocols and/or assessment protocols. The protocols remain in draft phase and have yet to be finalized.

In June 2015, DCFS submitted a plan to the California Department of Social Services (State) describing how Los Angeles County would operationalize its plan to address the needs of CSEC. DCFS submitted the plan, as opposed to Probation or Sheriff, because SB 855 requires that the County's human services agency be the lead on any plan to implement SB 855 and receive State funding. In Los Angeles County, and with regard to CSEC, DCFS is the County's health and human services agency. The plan describes the County's vision to provide comprehensive services to the CSEC. Highlights of the plan are summarized in Table 4 below. The State will use the plan to identify the amount of funding Los Angeles County will receive from the State's CSEC program. The plan was developed as a result of a collaborative process involving the stakeholders identified in Table 1 above.

The plan describes the County’s current and future operational approaches to CSEC case management and service delivery. The future approach involves expanding and building upon the existing approach and has two major components: 1) Expansion of the County’s existing First Responder Protocol; and 2) Establishing a CSEC court in the dependency court (currently CSEC court exists in the delinquency court only). A central component of these approaches is a focus on coordination and integration among County departments and partners emanating from a victim-centered orientation.

Table 4

	Partners	Goals and Deliverables
First Responder Protocol	DCFS, Probation, DHS, Survivors/Advocates, Law Enforcement	<p><i>A multi-disciplinary team is assembled within 90 minutes of receiving a call giving notice of the recovery of a CSEC youth.</i></p> <ul style="list-style-type: none"> • Avoid arrest and divert CSEC to child welfare system • Engage youth immediately and intensively • Connect youth with experienced CSEC advocate • Coordinate case planning at earliest possible point • Develop safety plan including housing options • Ensure comprehensive medical evaluation
Dependency CSEC Court	DCFS, DMH, DPH, Children’s Law Center, survivor advocates, education advocates, and caregivers, and others as appropriate.	<p><i>Modeled on the existing CSEC court in delinquency. This court would monitor and direct each youth’s case plan to ensure that coordinated services are provided timely, and appropriately.</i></p> <ul style="list-style-type: none"> • Case planning and case management • Ensure youth have 24/7 access to a member of their MDT • Monitor youth’s progress and condition in placement to reduce run-away behavior • Increase gender sensitivity when necessary • Uncover and address underlying needs • Provide comprehensive mental health treatment • Assist with building self-esteem • Build upon existing resiliency factors

In addition to the screening/assessment tools and the operational protocols listed above, three other Departments are playing very important roles in the County’s efforts to combat CSEC: Health Services, Public Social Services, and Mental Health. Table 5 below summarizes the efforts of each department.

Table 5

Department	CSEC Efforts	Purpose
Health Services	Developed a draft assessment and intervention protocol for DHS staff.	To identify children involved or at risk for CSEC and to provide comprehensive care including treatment of acute medical issues, pregnancy prevention and care, treatment and care of sexually transmitted infections, mental health services. Health Services’ goal is to: prevent at risk children from entering CSEC, to prevent re-entry into CSEC for those involved, and to mitigate the mental, physical, and emotional impact of CSEC.

Countywide Coordinating Entity, Unified Operational Model, and Safe House Program for Commercially Sexually Exploited Children

Health Services	Developed a proposal to provide Countywide 24/7 medical/mental health services to recovered CSEC	To provide comprehensive medical services to recovered CSEC.
Mental Health	Training of contracted providers	Mental health has identified mental health contracted providers in each SPA who have been trained to identify CSEC.
Public Health	Developed a draft protocol for improving identification of and response to CSEC	Increase awareness and identification of CSEC encountered by DPH Programs and provide guidance on screening, and appropriate treatment and referral.
Public Social Services	CSEC Awareness Campaign among hotels/motels providing emergency shelter services to County recipients of General Relief	Raise awareness among DPSS contracted providers regarding child sex trafficking sex; securing commitments from contracted providers to disallow usage of their facilities for sex trafficking; posting of anti-sex trafficking posters in visible areas of the contracted providers; agreement with contracted providers to allow local law enforcement to inspect their registers, and other activities.

Conclusion and Recommendations

A unified operational model to CSEC requires uniformity, coordination of design and effort, and regular and ongoing communication. The County has many of the operational components in place for an operational model, but those components require coordination and ongoing communication to unify the Countywide operational model. Based on the foregoing, the CEO makes the following recommendations:

1. Adopt the SB 855 plan as the foundation for the County’s unified operational model.
2. Within 30 days of its initial meeting, require the CSEC Integrated Leadership Team to convene a meeting with relevant Departments and stakeholders to begin work on a Countywide CSEC strategic plan that addresses the entire continuum – from prevention to support - using the Action Team’s plan as a foundation.

Safe House Program

Discussion

In 1997, the current Safe House Program was implemented in Los Angeles County, mainly in Fire stations, as a way to provide a temporary haven for any child or adult facing a potentially threatening situation and needed a safe place. A few years later, the County implemented the Safe Surrender Program, which gave parents or guardians the choice to legally and safely surrender their babies at any hospital or fire station in Los Angeles County. While the Safe Surrender Baby Program has experienced high levels of success and visibility, the Safe House Program has not. It is feasible to refresh, rebrand, and expand the current Safe House Program to include CSEC. In order to successfully rebrand this program, the target population should be redirected to CSEC and other vulnerable youth. The term “Safe House” program has a specific meaning in the world of sex trafficking, therefore, the program should be named

something different while retaining the safety connotation. The CEO recommends that the program be renamed the "Safe Place Program." The conceptual design of a rebranded program should be operationalized by the CSEC Integrated Leadership Team as outlined below.

Phase I: Program Re-Design and Planning

1. Identify the population that the rebranded program should serve.
2. Determine whether a new name and logo are appropriate.
3. Develop a public awareness campaign that uses public service announcements, signage, literature, posters, and social media (including a website).
4. Require all County Departments to post, on their website, a link to the County's informational CSEC site.
5. Conduct a readiness assessment of which County Departments and/or community agencies should participate in early roll-out of the re-branded program.

Phase II: Roll-Out

Include the following departments in the initial roll-out of the rebranded Safe House Program: Fire Department, Children and Family Services, Probation, Public Social Services, and Sheriff. Early implementation would include the following actions for each Department:

- Prominently display the Safe Place logo, signage and literature;
- Include the safe house link on the Department's website;
- Train staff on signs of CSEC activity; and
- Train personnel on the steps to take when a CSEC seeks sanctuary in a Department's designated safe house facility.

After a reasonable implementation period, the CSEC Leadership Team should review the rebranded program, solicit feedback from each participating department, and make necessary adjustments before including other County departments or other entities such as: public libraries, hospitals, and clinics, and other non-county facilities.

Timeline for Early Efforts of Integrated Leadership Team

Below is a proposed timeline for the major activities under each of the three areas discussed above. These timelines are provided to show how the CSEC Integrated Leadership Team could spend its initial months:

Action Item	Nov	Dec	Jan	Feb	Mar	Apr
<p><i>Conduct the Inaugural Meeting of the CSEC Leadership Team</i></p> <p>Identify the current state of CSEC efforts: roles, responsibilities, relationships and resources from all CSEC related bodies. Identify and eliminate redundancy.</p>	→					
<p><i>Develop Strategic Plan</i></p> <p>Start work on a County-wide CSEC Strategic Plan which includes timelines for all deliverables identified in the Board's June 16, 2015 motion – including plan to roll out the SB 855 multi-disciplinary approach, and First Responder Protocol.</p>			→			
<p><i>SB 855 Implementation</i></p> <p>Continue work of implementing SB 855. Compare services and interventions (actual and planned) with those of other initiatives, identify and eliminate redundancy when appropriate.</p>						→
<p><i>Human Trafficking Implementation</i></p> <p>Continue the work of the Human Trafficking Task Force. Compare services and interventions (actual and planned) with those of other initiatives, identify and eliminate redundancy when appropriate.</p>	→					
<p><i>Safe Place Program</i></p> <p>Develop plan to rebrand and redesign the program.</p>			→			



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August 12, 2015

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Second District

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Third District

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Fourth District

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TO: Philip L. Browning, Department of Children and Family Services
Cynthia A. Harding, Department of Public Health
Mitchell H. Katz, M.D., Department of Health Services
Jackie Lacey, Office of the District Attorney
Jim McDonnell, Sheriff's Department
Jerry Powers, Probation Department
Marvin J. Southard, D.S.W., Department of Mental Health
Sheryl L. Spiller, Department of Public Social Services

FROM: Fesia A. Davenport 
Interim Director, Office of Child Protection

**LOS ANGELES COUNTY PROTOCOL FOR SHARING INFORMATION WHEN
INVESTIGATING REPORTS OF SUSPECTED CHILD ABUSE/NEGLECT OR
MAKING DETENTION DETERMINATIONS**

As you know, the Office of Child Protection (OCP) has worked with each of your departments to finalize the attached protocol governing the sharing of confidential information for the purposes of investigating reports of suspected child abuse or neglect, or for the Department of Children and Family Services (DCFS) in making a detention determination. This protocol allows for the information to be shared through a two-person child abuse multidisciplinary team in person, telephonically, by facsimile, or electronically. Upon completing a thorough analysis of existing laws, County Counsel has determined that the sharing of this information is authorized by Welfare and Institutions Code Section 18961.7 for these purposes in order for workers to make appropriate and immediate decisions.

With this protocol finalized, DCFS emergency response workers, dependency investigators, other social workers involved in conducting investigations or making detention determinations, and their supervisors can receive information on individuals

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suspected of child abuse or neglect, or others residing in the home, if it is pertinent to the investigation. The information that can be shared for these purposes from other County departments is listed in Attachment A. This is information that can be shared within a two-person child abuse multidisciplinary team or your current multidisciplinary team process. Within the multidisciplinary team, all members can share relevant information with each other.

The OCP will be partnering with the Chief Information Office to create a new mechanism for electronically sharing this information using the two-person multidisciplinary team process. This mechanism will allow for expedited access to this important information, for better and more thorough child abuse investigations, and will include appropriate controls to protect the information. Once the new mechanism is completed, trainings will offered on how to access the information through the electronic system. This should greatly improve the ease and timeliness in which workers are able to access this critical information.

If you have any questions, please contact me, or your staff may contact Carrie Miller at cmiller@ceo.lacounty.gov. For any legal questions, you can contact the County Counsel attorney who advises your department.

Attachments (2)

FAD:CDM:ljp

c: Chief Executive Office
County Counsel
Chief Information Office

Data Elements to be Shared Electronically for Suspected Child Abuse or Neglect

Dept.	Data to be Shared
DHS	<ul style="list-style-type: none"> - Trauma-related injuries - Current psychotropic and opiate medications - Hospitalizations or emergency room visits within the last year
DPH	<ul style="list-style-type: none"> - Not receiving services from a SAPC contracted provider
DMH	<ul style="list-style-type: none"> - History of serious mental health illness - Recent hospitalization for psychiatric reasons - Forensic mental health history - Co-occurring disorder with substance abuse - Substance abuse (without another mental disorder) - Borderline or antisocial personality disorder diagnosis - Mental health episodes within the last year of: <ul style="list-style-type: none"> o Paranoia o Depression o Schizophrenia o Bi-polar o Delusions - Current participation level in treatment
DPSS	<ul style="list-style-type: none"> - Homelessness/housing instability - Domestic violence involvement - Substance abuse history
DA	<ul style="list-style-type: none"> - Penal Code violations related to the following areas: - Crimes against children under the age of 18 - Crimes relating to concealment of a child from a legal custodian or deprivation of child custody - Possession, sale, or distribution of pornography depicting an individual under the age of 18 - Employment of a minor in pornography or performing a prohibited act
Sheriff	<ul style="list-style-type: none"> - Case and charge information - Temporary restraining orders - Homelessness - Registered sex offender - Parole status - County warrant information - History of violent crimes - Non-violent crimes within the last 5 years <ul style="list-style-type: none"> o Filed arrests
Probation	<ul style="list-style-type: none"> - Homelessness - Substance abuse - Criminal history - Convictions of crimes against children - Current sex offender registrant (290 status) - Arson offender - Felony convictions when supervised by LA County Probation - Serious and violent offenses - Domestic violence - Currently active on Probation - Offense type - Location of current supervision - Inactive cases within the last 5 years

**LOS ANGELES COUNTY PROTOCOL
GOVERNING INFORMATION SHARING BY THE LOS ANGELES COUNTY CHILD
ABUSE MULTIDISCIPLINARY PERSONNEL TEAM CONVENED PURSUANT TO
WELFARE AND INSTITUTIONS CODE SECTION 18961.7**

The State Legislature has long recognized that the exchange of otherwise confidential information relevant to child abuse and neglect maintained by county departments is essential to the protection of children who are known or suspected of being abused or neglected. It therefore enacted laws allowing for the formation of child abuse multidisciplinary personnel teams comprised of individuals who are trained in the prevention, identification, or treatment of child abuse in order to allow information that would otherwise be confidential to be shared within the confines of the team for the safety and protection of at risk children within the County and preventing harm to these children.

The purpose in developing this protocol is consistent with the State Legislature's intent expressed in Welfare and Institutions Code section 16500 "*that all children are entitled to be safe and free from abuse and neglect.*"

At the same time, the County and each of the agencies participating in this protocol acknowledge that the information to be exchanged under this protocol is confidential and they are committed to preserving and maintaining the confidentiality of such information by limiting the disclosure of such information to that which has been determined to be generally relevant to the prevention, identification, or treatment of child abuse, by preventing the unauthorized access to or disclosure of such information, and by ensuring safeguards are in place to protect the confidentiality and security of such information.

1.0 Purpose of this Protocol

- 1.1 This protocol is drafted and implemented in accordance with Welfare and Institutions Code section 18961.7. The sharing of confidential information pursuant to this protocol is intended to allow Participating Agencies to investigate reports of suspected child abuse or neglect made pursuant to Sections 11160, 11166, or 11166.05 of the Penal Code, or for the purpose of child welfare agencies making a detention determination. This protocol is also intended to ensure that confidential information gathered by the team is not disclosed in violation of State or federal law.
- 1.2 This protocol is specifically intended to apply to the sharing of confidential information by teams established under Welfare and Institutions Code section 18961.7, which authorizes a two-person child abuse multidisciplinary team. Information sharing pursuant to this protocol is intended to allow provider agencies to investigate reports of suspected child abuse or neglect made pursuant to statutorily referenced

mandated reporter provisions¹ or for the purpose of child welfare agencies making a detention determination. This protocol also applies to investigations of non-mandated reports of child abuse if the sharing of information is done to make a child welfare detention determination.

- 1.3 Multidisciplinary personnel teams are also authorized under other provisions of State law, including but not limited to Welfare and Institutions Code sections 830², 10850.1³ and 18964⁴. Team members are encouraged to form multidisciplinary teams as permitted by these additional statutes to share relevant information to the extent permitted by these laws.

2.0 Definitions

- 2.1 Unless otherwise indicated, the terms used in this protocol shall have the same meaning as in Welfare and Institutions Code section 18961.7.

3.0 Participating Agencies

- 3.1 The provider agencies participating (Participating Agencies) in this protocol are:

The Los Angeles County Office of Child Protection (OCP)

The County of Los Angeles Department of Children and Family Services (DCFS)

The Los Angeles County Office of the District Attorney (DA)

The County of Los Angeles Department of Health Services (DHS)

The County of Los Angeles Department of Mental Health (DMH)

The Los Angeles County Probation Department (Probation)

The County of Los Angeles Department of Public Health (DPH)

The County of Los Angeles Department of Public Social Services (DPSS)

The Los Angeles County Sheriff's Department (LASD)

¹ Penal Code § 11160 (health provider mandated reporter), 11166 (general mandated reported), or 11166.05 (reporting of emotional damage).

² This statute addresses three person multidisciplinary personnel teams.

³ This statute permits the sharing of confidential records of federally funded public social services by members of multidisciplinary personnel teams.

⁴ This statute allows a multidisciplinary personnel team to deem other persons to be members of that multidisciplinary personnel team.

4.0 Establishment of the Multidisciplinary Personnel Team

- 4.1 A child abuse multidisciplinary personnel team is established, pursuant to Welfare and Institutions Code section 18961.7, for the County of Los Angeles.
- 4.2 The multidisciplinary personnel team established pursuant to Welfare and Institutions Code section 18961.7 consists of a minimum of any **two** child abuse multidisciplinary personnel team members described in Section 5.0.

5.0 Members of the Multidisciplinary Personnel Team

- 5.1 To maximize the rapid and effective sharing of information for the protection of children, the Participating Agencies have each designated at least one qualified person to serve as the administrative member of the multidisciplinary personnel team.
- 5.2 The members designated by the Participating Agencies to serve as a member of the multidisciplinary personnel team specified in Section 4.0 are listed on Attachment A.
- 5.3 The multidisciplinary personnel team may also include additional persons meeting the criteria set forth in Welfare and Institutions Code section 18961.7 and whose access is authorized by their respective agencies.
- 5.4 The director of each Participating Agency may change and/or increase his or her agency's designated members by transmitting a written notice, from the director or the director's designee, to the directors of each Participating Agency and to each person referenced in Section 5.2. The information contained in the written notice shall be incorporated into this protocol through a revised Attachment A.

6.0 Training and Qualifications

- 6.1 All members of the multidisciplinary personnel team shall be trained in the prevention, identification, or treatment of child abuse and neglect cases and be persons who are qualified to provide a broad range of services related to child abuse. The multidisciplinary personnel team may include any or all of those categories of persons listed in Welfare and Institutions Code section 18961.7(b)(1).
- 6.2 DCFS is the child protective agency for the County of Los Angeles. DCFS has determined, in consultation with the other Participating Agencies, the following regarding training for membership in the multidisciplinary personnel team:
 - 6.2.1 DCFS shall develop a training curriculum regarding the prevention, identification, or treatment of child abuse and neglect cases and make this training available to all potential members of the multidisciplinary personnel team.

6.2.2 The training curriculum shall be made accessible via an e-learning platform and each member's participation shall be tracked in the County of Los Angeles learning management system (aka SABA or The Learning Net). Upon completion of the training, trainees will be required to electronically indicate their understanding and agreement to the confidentiality of the data sharing process. Lastly, the e-learning will be readily available at all times, via SABA, for newly appointed multidisciplinary team members and for any subsequent refresher training, as necessary or required to ensure compliance with any statutory or regulatory requirements.

6.2.3 In addition to the above training curriculum, if deemed appropriate, a specific confidentiality training shall be developed for Social Workers assigned to Emergency Response units, Dependency Investigations units, and their respective supervisors regarding the confidentiality and security of the accessed information and how to appropriately access and use the accessed confidential information.

6.3 The items listed in the preceding section are not intended to describe the only way in which a person may meet the training requirements for membership in the multidisciplinary personnel team. It is intended to identify one agreed-upon way in which the training and qualifications may be satisfied. Members of the multidisciplinary personnel team have discretion on a case-by-case basis to determine whether an individual meets the training and qualification requirements.

7.0 Purpose of Information Sharing Under WIC section 18961.7(a)

7.1 The sharing of confidential information pursuant to this protocol is intended to allow Participating Agencies to investigate reports of suspected child abuse or neglect made pursuant to Sections 11160, 11166, or 11166.05 of the Penal Code, or for the purpose of child welfare agencies making a detention determination.

7.2 Making a detention determination is fact intensive. Such a decision requires both a broad and detailed understanding not only of the child who is the subject of an allegation of child abuse or neglect, but also of the members of that child's family, both nuclear and extended, as well as the members of that child's household. A decision to remove a child from his or her home should not be made when available services would prevent the need for removal. Conversely, when a decision is made to remove a child from his or her home, Welfare and Institutions Code section 319(d)(1) requires the juvenile court to make a determination, on the record, referencing the social worker's report or other evidence relied

upon, as to whether reasonable efforts were made to prevent or eliminate the need for removal of the child from his or her home. For these reasons, a legally sound detention determination unavoidably requires exchange and consideration of both broad and detailed information regarding, at a minimum, the service needs of the child, his or her family members and household members; the services available to the child, his or her family members and household members; the services already received by the child, his or her family members and household members; and the benefit, or lack of benefit, derived from the services received by the child, his or her family members and household members. For this reason, Welfare and Institutions Code section 18961.7 authorizes the broad and detailed exchange of information, and this protocol is intended to bring about the full exchange of information permitted under Section 18961.7.

- 7.3 The agencies who may exchange information pursuant to this protocol include, at a minimum, each agency listed in Welfare and Institutions Code section 18961.7(b)(2).
- 7.4 Each of the Participating Agencies listed in this protocol is a provider agency within the meaning of Welfare and Institutions Code section 18961.7(b)(2) and therefore may engage in the sharing of confidential information that is generally relevant to the prevention, identification, or treatment of child abuse, pursuant to this protocol.

8.0 Information that May be Disclosed and Exchanged among Members of the Multidisciplinary Personnel Team

- 8.1 The members of the multidisciplinary personnel team may disclose to and exchange with one another information and writings that relate to any incident of child abuse or neglect that a member of the multidisciplinary personnel team possessing that information or writing reasonably believes is generally relevant to the prevention, identification, or treatment of child abuse.
 - 8.1.1 Welfare and Institutions Code section 18961.7(c)(1) and this protocol require only that the information and writings relate to "any" incident of child abuse. It need not relate to the specific report of suspected child abuse or neglect which led the multidisciplinary personnel team to meet.
 - 8.1.2 The information and writings must be reasonably believed to be "generally" relevant to the prevention, identification, or treatment of child abuse. It need not be specifically or directly relevant to the prevention, identification, or treatment of child abuse in a particular instance.
 - 8.1.3 The State Legislature, in requiring that the information and writings be "relevant," set a low threshold. To illustrate, the

California Evidence Code defines relevant evidence as evidence, including evidence relevant to the credibility of a witness, "having *any* tendency in reason to prove or disprove any disputed fact that is of consequence" in making the determination. (See Evidence Code section 210.)

- 8.2 In developing this protocol, the County convened a group composed of representatives from each of the Participating Agencies, including persons designated under Section 5.0 above. The members of that group considered, in light of their training and experience, what categories of information are generally relevant to the prevention, identification, or treatment of child abuse. As a result, the items of information listed on Attachment B, at a minimum, were identified as being generally relevant to the prevention, identification, or treatment of child abuse.
- 8.3 The categories identified in Attachment B may be modified by the multidisciplinary personnel team referenced in Section 5.2 by updating Attachment B.
- 8.4 Absent facts to indicate that, in a specific instance, one or more of the items of information listed on Attachment B, is not generally relevant to the prevention, identification, or treatment of child abuse in a specific instance, the items of information listed on Attachment B are generally relevant and the members of the multidisciplinary personnel team may disclose to and exchange with one another those items of information, whether verbally or in writing.
- 8.5 The categories of information identified in Attachment B. are categories of information the Participating Agencies agree to share electronically through the Data System referenced in Section 13.0. This information is not, however, the only information that may be shared through a multidisciplinary team or under this Protocol. Any information may be shared that is generally relevant to the prevention, identification, or treatment of child abuse, as more fully discussed in Sections 8.1, 8.1.1, 8.1.2, and 8.1.3.
- 8.6 The Probation Department may share Criminal Offender Record Information (CORI) provided such sharing is permitted under State law, and since Welfare and Institutions Code section 18961.7 permits the sharing of information among Participating Agencies, the Probation Department may share CORI information in a manner consistent with Welfare and Institutions Code section 18961.7 and this Protocol.
- 8.7 "Protected health information," as defined in the federal Health Insurance Portability and Accountability Act of 1996, commonly called HIPAA,

may be shared in a manner consistent with Welfare and Institutions Code section 18961.7 and this Protocol, pursuant to 45 Code of Federal Regulations (C.F.R.) section 164.512, subdivisions (a) and (b).

9.0 How Information Will Be Shared By Members of the Multidisciplinary Personnel Team

- 9.1 Information and writings may be shared in person.
- 9.2 Information and writings may be shared telephonically.
- 9.3 Information and writings may be shared by facsimile.
- 9.4 Information and writings may be shared electronically.

9.4.1 When the County of Los Angeles' Data System referenced in Section 13.0 is functionally capable of ensuring that the accessing of information and writings is consistent with Welfare and Institutions Code section 18961.7 and this protocol, then the electronic sharing of information and writings may be accomplished through the use of the Data System, or any other appropriate electronic means when the Participating Agencies have established sufficient privacy and security controls to ensure no unauthorized access occurs.

10.0 When Information May be Shared

- 10.1 The information and writings which may be shared pursuant to Welfare and Institutions Code section 18961.7 and this protocol may be shared for a 30-day period following a report of suspected child abuse or neglect.
- 10.2 The information and writings which may be shared pursuant to Welfare and Institutions Code section 18961.7 and pursuant to this protocol may be shared for a period of time longer than 30 days following a report of suspected child abuse or neglect if documented good cause exists.
- 10.3 To establish good cause, the members of the multidisciplinary personnel team will discuss, among themselves, the exchange of information and writings beyond the 30-day period and whether they reasonably believe that good cause exists to support the sharing of information and writings longer than 30 days. They shall discuss the specific child abuse or neglect referral for which the information sharing may need to extend past 30 days. They shall also discuss the facts which the multidisciplinary personnel team believes to be good cause for the sharing of information and writings longer than the 30-day period. Then they shall discuss whether they believe good cause exists to support sharing beyond the 30-day time period.

- 10.4 If the members of the multidisciplinary personnel team believe good cause exists to support sharing beyond the 30-day time period, the basis for this conclusion shall be documented. As an example, DCFS will document the reason for good cause in the Child Welfare Services/Case Management System (CWS/CMS) Contact Notebook.
- 10.5 Any discussion relative to the disclosure or exchange of the information or writings during a team meeting is confidential, except to the extent that disclosure is required or permitted by law.

11.0 Child Abuse Multidisciplinary Team Meetings

- 11.1 Members of the multidisciplinary team identified in Section 5.2 will meet periodically for the purpose of (1) quality assurance, (2) ensuring the continued relevancy of all identified data sharing elements, (3) ensuring adherence to the protocols, (4) reviewing privacy and security issues, and (5) modifying as needed any provisions of this protocol to ensure compliance with State and federal laws.

12.0 Ensuring Confidentiality

- 12.1 Each Participating Agency shall make a determination regarding the specific information which will be available for multidisciplinary personnel team access.
- 12.2 No confidential information or writings shall be disclosed to persons who are not members of the multidisciplinary personnel team except to the extent required or permitted under applicable law.
- 12.3 Every member of the multidisciplinary personnel team who receives information or records regarding children and families in his or her capacity as a member of the team shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.
- 12.4 Information and records communicated or provided to the team members by all providers and agencies, as well as information and records created in the course of a child abuse or neglect investigation, shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections. Existing civil and criminal penalties shall apply to the inappropriate disclosure of information held by the team members.

13.0 Data System Access Control and Authorization

- 13.1 An electronic data system (Data System) will be developed to facilitate sharing of information under this Protocol.
- 13.2 Participating Agencies shall develop uniform written policies and procedures that include security and privacy awareness training that addresses purpose, scope, roles, and responsibilities to facilitate the secure access to the Data System.
- 13.3 All persons accessing the Data System developed for this protocol, must sign a confidentiality statement that includes, at a minimum, General Use, Security Safeguards, Acceptable Use, and Enforcement Policies. The confidentiality statement must be signed by any individual prior to access. The confidentiality statement must be renewed annually.
- 13.4 The Data System shall support “Roles” for all users, which define levels of access. Access levels shall be based on the types of individual information that these users need to perform their job functions.

14.0 Data System Security and Privacy Training

Each Participating Agency shall ensure all multidisciplinary personnel team members who have access to confidential information under this protocol are trained on how to access the information and how to protect the privacy and security of the information received.

15.0 General Information Security Safeguards and Controls

- 15.1 Participating Agencies shall adhere to Board of Supervisors (Board) Information Technology (IT) Security Policies #6.100 to 6.112 and Information Management Policy #6.200, including without limitation other applicable Board policies.
- 15.2 Participating Agencies shall employ security controls that meet applicable federal and State standards so that the information and data being transmitted shall not introduce any viruses, worms, unauthorized cookies, Trojans, malicious software, or malware into the Data System.
- 15.3 Participating Agencies shall take reasonable steps to ensure information is complete, accurate, and up-to-date to the extent necessary for the person’s or entity’s intended purposes and has not been altered or destroyed in an unauthorized manner.
- 15.4 The Data System shall be protected with reasonable administrative, technical, and physical safeguards to ensure data confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.

- 15.5 The Data System shall use role-based access controls for all user authentication, enforcing the principle of least privilege.
- 15.6 The Data System shall display a warning banner stating that data is confidential, the system is logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.
- 15.7 The Data System shall provide an automatic timeout requiring re-authentication of the user session after no more than (20) minutes of inactivity.
- 15.8 Any data transmissions outside the Data System's secure internal networks must be encrypted using FIPS 140-2 certified algorithm, which is 128-bit or higher, such as AES.
- 15.9 Any remote access to the Data System shall be via two-factor authentication.
- 15.10 The Data System shall be protected by a comprehensive intrusion detection and prevention solution in the network and workstations, at the minimum.

16.0 Data System Auditability

- 16.1 The Data System shall audit when a person logs onto the system, including failed logons.
- 16.2 The Data System access logs shall include, but not be limited to, the following types of information: data modification, creation, and deletion.
- 16.3 System logs shall contain sufficient information to establish what events occurred, when the events occurred (time and date), the sources of the events, the outcomes of the events, and provide the capability to include additional, more detailed information in the audit records for audit events identified by type, location, or subject.
- 16.4 Data System log data shall be archived for at least (3) years after occurrence.
- 16.5 All Data System and audit log entries must have a timestamp that includes date and time utilizing a central time source.
- 16.6 All audit logs are deemed confidential, unless otherwise required by law and shall be secured accordingly.

17.0 Data System Authentication

- 17.1 The Data System will implement unique user names for accessing confidential information. Usernames must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the system. Passwords must be changed at least every (90) days, preferably every (60) days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
- (i) Upper case letters (A-Z)
 - (ii) Lower case letters (a-z)
 - (iii) Arabic numerals (0-9)
 - (iv) Non-alphanumeric characters (punctuation symbols)
- 17.2 The use of multi-factor authentication will be considered when personal identifiable information (PII) and/or personal health information (PHI) is being accessed.
- 17.3 The Data System shall prevent access after (5) failed logon attempts.

18.0 Amending this Protocol

- 18.1 This protocol may be amended only by written agreement of each of the Participating Agencies.

19.0 Term and Termination of this Protocol

- 19.1 This protocol shall become binding upon a Participating Agency at the time the protocol is signed by the director of that Participating Agency.
- 19.2 Upon execution, this protocol shall remain in full force and effect unless otherwise terminated.
- 19.3 Any Participating Agency may terminate its participation in this protocol by sending an advanced written 30-day notice to the directors of the other Participating Agencies indicating intent to terminate participation in this protocol.

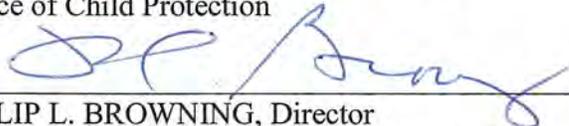
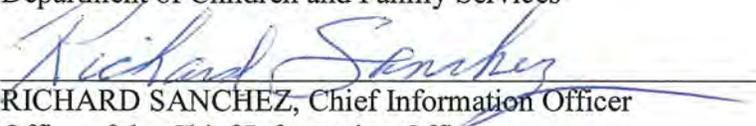
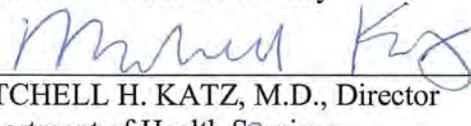
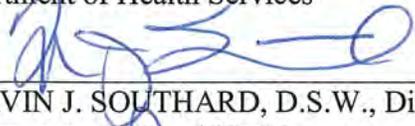
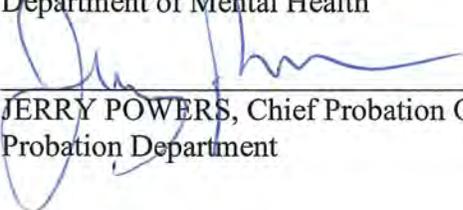
20.0 Implementation and Oversight

- 20.1 The OCP will also provide oversight and coordination of activities under this Protocol and the development and implementation that supports this protocol, in addition to serving as a Participating Agency.
- 20.2 The Chief Information Office (CIO) will assist in the development and implementation of any system that supports this protocol.

21.0 Signature and Distribution

- 21.1 This protocol may be executed in one or more counterparts; all counterparts shall be deemed to constitute one document and shall have the same force and effects as if all signatures had been obtained on one document. Further, a faxed or other form of electronic signature shall have the same force and effect as an original signature.
- 21.2 A copy of these protocols shall be distributed to each Participating Agency and to all persons who participate in the multidisciplinary personnel team, as is required pursuant to Welfare and Institutions Code section 18961.7(e).

The signatures below reflect the agreement of the following agencies to the terms of this Protocol.

Signed:	 _____	Date: <u>7/1/2015</u>
	FESIA A. DAVENPORT, Interim Director Office of Child Protection	
Signed:	 _____	Date: <u>7/1/15</u>
	PHILIP L. BROWNING, Director Department of Children and Family Services	
Signed:	 _____	Date: <u>7-1-15</u>
	RICHARD SANCHEZ, Chief Information Officer Office of the Chief Information Officer	
Signed:	 _____	Date: <u>7-6-15</u>
	JACKIE LACEY, District Attorney Office of the District Attorney	
Signed:	 _____	Date: <u>7-8-15</u>
	MITCHELL H. KATZ, M.D., Director Department of Health Services	
Signed:	 _____	Date: <u>7/1/15</u>
	MARVIN J. SOUTHARD, D.S.W., Director Department of Mental Health	
Signed:	 _____	Date: <u>7/14/15</u>
	JERRY POWERS, Chief Probation Officer Probation Department	

Signed: Cynthia A. Harding Date: 7-2-15
CYNTHIA A. HARDING, Interim Director
Department of Public Health

Signed: Sheryl L. Spiller Date: 7/2/15
SHERYL L. SPILLER, Director
Department of Public Social Services

Signed: Jim McDonnell Date: 7-8-15
JIM MCDONNELL, Sheriff
Sheriff's Department

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

Thomas Fagan
THOMAS FAGAN
Principal Deputy County Counsel

APPROVED BY:
CHIEF EXECUTIVE OFFICE

Sachi A. Hamai
SACHI A. HAMAI
Interim Chief Executive Officer

Attachment A

Office of Child Protection

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Office of the District Attorney

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Department of Public Social Services

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Lyric Nash
HSAIL, GR Special Projects and SSI Advocacy
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LyricNash@dpss.lacounty.gov

Sheriff Department

Scott R. Goodwin
Manager
(562) 754-2082
SRGoodwin@lasd.org

Attachment B

District Attorney:

- Penal Code violations related to the following areas:
 - o Crimes against children under the age of 18
 - o Crimes relating to concealment of a child from a legal custodian or deprivation of child custody
 - o Possession, sale, or distribution of pornography depicting an individual under the age of 18
 - o Employment of a minor in pornography or performing a prohibited act

Department of Health Services:

- Trauma-related injuries
- Current psychotropic and opiate medications
- Hospitalizations or emergency room visits within the last year

Department of Mental Health:

- History of serious mental health illness
- Recent hospitalization for psychiatric reasons
- Forensic mental health history
- Co-occurring disorder with substance abuse
- Substance abuse (without another mental disorder)
- Borderline or antisocial personality disorder diagnosis
- Mental health episodes within the last year of:
 - o Paranoia
 - o Depression
 - o Schizophrenia
 - o Bi-polar
 - o Delusions
- Current participation level in treatment

Probation Department:

- Homelessness
- Substance abuse
- Criminal history
 - o Convictions of crimes against children
 - o Current sex offender registrant (290 status)
 - o Arson offender
 - o Felony convictions when supervised by LA County Probation
 - Serious and violent offenses
 - Domestic violence
 - o Currently active on Probation
 - Offense type
 - Location of current supervision
 - o Inactive cases within the last 5 years

Department of Public Health:

- Not receiving services from a SAPC contracted provider

Department of Public Social Services:

- Homelessness/housing instability
- Domestic violence involvement
- Substance abuse history

Sheriff Department:

- Case and charge information
- Temporary restraining orders
- Homelessness
- Registered sex offender
- Parole status
- County warrant information
- History of violent crimes
- Non-violent crimes within the last 5 years
 - o Filed arrests



SACHI A. HAMAI
Interim Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

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Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

September 23, 2015

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

From: Sachi A. Hamai 
Interim Chief Executive Officer

OPTIONS FOR ESTABLISHING A PHILANTHROPY LIAISON IN THE OFFICE OF CHILD PROTECTION

On June 16, 2015, this Board instructed the Interim Director of the Office of Child Protection (OCP) to work with the Interim Chief Executive Officer (CEO) to:

1. Collaborate with Southern California Grantmakers (SCG) to develop options for establishing a philanthropy liaison position within OCP, as well as necessary support for that position;
2. Identify funding for this initiative through a combination of philanthropic donations and County resources, with the County share from the Provisional Financing Unit (PFU) for implementing Blue Ribbon Commission recommendations; and
3. Report back to the Board within 60 days with estimated costs and timeframes for implementing said options and transfer the County share of funding.

The OCP has worked with the Southern California Grantmakers (SCG) to develop a plan responsive to the Board's motion and submits for your consideration the following proposal to establish a philanthropy liaison position within OCP.

"To Enrich Lives Through Effective And Caring Service"

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Intra-County Correspondence Sent Electronically Only**

Background

The final report of the Blue Ribbon Commission on Child Protection (BRCCP) recommended that the County establish a closer working relationship with the philanthropic community to help improve the child protection system, noting that the Director of the OCP “. . . should reach out to the philanthropic community and build strategic partnerships to help improve the child protection system. . . The power of public-private partnerships has been under-utilized by the County to date and should be an important strategy for improving services.”¹

The recommendations presented by the BRCCP were widely supported by a coalition of private funders. These philanthropists have subsequently come together to form the Foster Care Funders Collaborative under the leadership of SCG, a regional association representing over 200 grantmakers that builds relationships between the private and public sectors and enhances the impact of individual and collaborative projects for the public good.

The SCG Funders Collaborative is specifically interested in identifying ways in which they can work with Los Angeles County to improve outcomes for our most vulnerable children and families. On June 1, 2015, the Board received a letter signed by Christine Essel, President and CEO of SCG, and Fred Ali, President and CEO of the Weingart Foundation, proposing that the Board consider establishing a philanthropy liaison within the OCP. Under this proposal, the salary of the liaison, as well as the salaries of support staff, would be equally funded by the County and philanthropy for three years. Should the Board elect to establish the philanthropy liaison as a permanent part of County government, after the three year period, all costs associated with the liaison would be borne by the County.

As described in the Board's June 16, 2015 motion, the Philanthropy Liaison would:

1. Facilitate ongoing cooperation and partnership between philanthropy and County agencies engaged with children and families, including: the Departments of Public Health, Mental Health, Health Services, Children and Family Services, Public Social Services, Sheriff, and Probation, as well as the Los Angeles Office of Education, First 5 LA, Los Angeles Homeless Services Authority, and various commissions;
2. Develop a shared agenda for joint initiatives to ensure the health and well-being of children within Los Angeles County;

¹ *The Road to Safety for Our Children*. Final Report of the Los Angeles County Blue Ribbon Commission on Child Protection. (Apr. 18, 2014. p. 13.)

3. Coordinate with LA n Sync and advocate for and work toward increased national philanthropic and federal funding support for Los Angeles County; and
4. Proactively link nonprofit leaders and organizations to the work of the OCP.

The OCP, working closely with SCG and philanthropic leadership (OCP-SCG workgroup), has developed options to establish, fund, and staff a philanthropic liaison position along with the requisite support staff.

I. Conceptual Design of the Center for Strategic Public-Private Partnerships

The philanthropy liaison and associated support staff would be housed in a newly created County organizational unit whose name signals its significance and distinct purpose in the County's organizational structure. The proposed name for the new unit is The Center for Strategic Public-Private Partnerships (Center or CSPP).

The Center should be housed in the OCP. This placement would be consistent with the Board's direction that the Center be housed within OCP and the focus of the SCG Funders Collaborative. If the Board determines that the Center should become a permanent part of County government the Board can explore, at that time, whether the Center should remain within the OCP, or be placed in another County office.

Based on a similar model established within the governmental structure of the City of Los Angeles, the County-SCG workgroup recommends that the new office be staffed by a total of three, full-time staff whose functional titles would be: Center Director; Associate Center Director; and Administrative Assistant. The Center Director and Administrative Assistant would be hired initially to establish the Center. The Associate Center Director would be hired last, after the Center is operational. The Associate Center Director and the Administrative Assistant would report to the Center Director who would, in turn, report to the OCP Director. The incumbent for each position would have several responsibilities including:

Center Director

- Work collaboratively with SCG, philanthropy, and nonprofits to plan, develop, and advance those initiatives that both the County and the philanthropic community agree upon and have the most potential to support the health and well-being of children in Los Angeles County and which otherwise align with County goals and efforts.

- Serve as a conduit for ongoing communication from philanthropy and the nonprofit sector to the County and vice-versa to aid mutual understanding, address shared concerns, and strengthen the County-philanthropy relationship.
- Link the philanthropy and nonprofit community to the work of the OCP to identify opportunities for value-added collaboration.
- Identify and work with similar local and federal efforts across the nation.

Associate Center Director

- Serve as project manager and implementer of County-SCG initiatives.
- Support the Center Director's efforts to enhance communication between the County and SCG and link philanthropy and nonprofits to the work of the County.
- Act as the County's liaison for LA n Sync.

Administrative Assistant

- Provide administrative and office support to the Center Director and Associate Center Director.
- Research and analyze philanthropic, federal, state, and other funding and partnering opportunities.
- Respond to inquiries from grantees, County departments, and other stakeholders.
- Prepare status reports, presentations, and other reports as necessary.
- Collect and analyze statistical data.
- Assist in the formulation, implementation, and administration of Center initiatives.

The Center will work closely with philanthropy, nonprofits and County Departments to identify existing initiatives and efforts, identify gaps in services and program delivery, and develop with the County those initiatives that will support the County's and philanthropy's shared mission of improving outcomes for our most vulnerable children and families. Within its three-year pilot period, and as soon as it is practical to do so, the CEO should assess the Center's effectiveness and make recommendations to the Board regarding whether the Center should be retained as a permanent part of the

County's organizational structure and whether the Center should remain within OCP or be more appropriately situated elsewhere within County government.

Recommendation

- Establish the Center within the OCP;
- Hire three full-time staff to conduct the work of the office; and
- Conduct an assessment of the Center's work as soon as it is practical to assist the Board in deciding whether the Center should become a permanent part of County government after the three-year pilot period expires.

II. Staffing Recommendation

Although the staffing discussion below focuses on the Center Director, it is equally applicable to the Associate Center Director position. The Administrative Assistant position should be a County employee.

OCP recommends hiring a consultant to serve as the Center Director. This option allows a broad search for a candidate outside of the County with demonstrated expertise in working with philanthropy and readily supports an initial time-limited employment arrangement. The Associate Center Director can be either a consultant or an existing County employee – a consultant is preferred. OCP will pursue the consultant option initially and seek to hire an employee only if no suitable consultant can be found. The Administrative Assistant should be an existing County employee.

The first step in the selection of a consultant is to develop a scope of work that clearly identifies the role, expected deliverables, and the pricing schedule. After a consultant has been interviewed and selected for the position, the County would enter into an agreement with the consultant which would delineate the role, responsibility, deliverables, and compensation of the consultant. A notice of an opportunity for a lateral transfer will be used to hire the Administrative Assistant.

Recommendation

- Hire a consultant to serve as the Center Director;
- Hire a consultant to serve as the Associate Center Director and seek a County employee only if no suitable consultant candidate can be found; and
- Hire an existing County employee (i.e., transfer) to serve as the Administrative Assistant.

III. Funding Options and Cost

In reviewing models of philanthropic offices in other jurisdictions, such as the City of Los Angeles and the State of Michigan, the OCP-SCG workgroup recommends that the County and philanthropy each contribute one-half of each position's base salary. The 50:50 ratio on the base salary would be applicable whether the Board elects to hire a consultant or temporarily transfer an existing County employee. The County would provide office space, computer equipment and other necessary support as deemed necessary and appropriate by the OCP Director. Table 1 shows the estimated cost contribution from the County and from SCG.

Table 1: Shared Cost for Consultant Team

Working Titles	Salary Range	Half of Cost Funded Each By County & Philanthropy	
		Minimum	Maximum
Center Director	\$125,000 - \$175,000	62,500	87,500
Associate Center Director	65,000 - 85,000	32,500	42,500
Administrative Assistant	48,000 - 60,000	24,000	30,000
Salary Subtotal	\$238,000 - \$320,000	\$119,000	\$160,000
Cost: training, convenings, printing, travel, publications	10,000	5,000	5,000
Total Cost	\$248,000 - \$330,000	\$124,000	\$165,000

Note: County will provide work space, supplies, office phone and other essential work implements.

Based on the responsibilities and desired characteristics of the Center Director, Associate Center Director, and Administrative Assistant, the OCP recommends that the salary range for each position be equivalent to the salary ranges identified in Table 1 above. However, actual salary placement within each range will depend on a number of factors including each candidate's qualifications, demonstrated skill level, and salary history.

The OCP has worked with the CEO's Compensation and Classification Division (Comp/Class) to discuss the proposed salary ranges for each position. For any position that will be filled by a County employee during the three-year pilot period, the Comp/Class Division recommends that the OCP submit a duty statement to enable Comp/Class to conduct an analysis of the proposed salary range. As such, no duty statement need be submitted for the Center Director since this position will be filled by a consultant. It is unlikely that a duty statement is needed for the Associate Center Director position since OCP will look to a consultant to fill this position. However, out of an abundance of precaution, OCP will submit a duty statement for the Associate Center Director. Finally, OCP will submit a duty statement for the Administrative Assistant position. In the unlikely event that CEO Comp/Class recommended salary range exceeds the proposed OCP salary range by more than 15 percent, OCP will provide notice to this Board and, barring instructions to do otherwise, will hire within the CEO Comp/Class recommended salary range.

SCG will be the fiscal agent for the philanthropy-supported costs of the Center. Per the Board's June 16, 2015 motion, the County's shared cost the PFU account established for the purpose of implementing the BRCCP recommendations will be used to support the Center during the initial implementation period. If the Board elects to make the Center a permanent part of County government, the OCP recommends that funding be shared by the County departments identified in the Board's June 16, 2015 motion, and other departments as appropriate.

Recommendation

- Hire all Center staff within the salary ranges proposed above;
- Should CEO Comp/Class recommend a higher salary range, hire within the recommended salary range after giving notice to the Board;
- Enter into a shared funding agreement with the SCG;
- Enter into consultant agreements for the Center Director and Associate Center Director positions; and
- Share funding costs among County Departments if the Center should become a permanent part of the County's structure.

IV. Timeframes for Staffing the Center for Strategic Public-Private Partnerships

OCP estimates that the Center can be operationalized within 90 days of receiving direction from the Board to do so. All Board offices will be invited to participate in the interviewing process for the Center Director. The list below identifies the necessary steps that must be taken and authority provided in order to operationalize the Center.

Next Steps

In order to proceed with establishing and operationalizing the Center, several tasks must be completed as follows:

- The Center must be established within the OCP;
- OCP must enter into a funding agreement with SCG for the purposes described in this report, not to exceed the maximum amount of the County's shared contribution for funding the salaries of the Center Director, Associate Center Director, and Administrative Assistant and other identified costs;
- The OCP may need authority to enter into a funding agreement with consultant(s) for the purposes described in this report, not to exceed the maximum amount of the County's shared contribution for funding the salaries of the Center Director, and/or the Associate Center Director;
- OCP will request ordinance authority to hire the Administrative Assistant;
- The CEO requires authority to move a sufficient amount of funding out of the PFU account to cover the County's share of cost; and

Within 90 days of hiring the Center Director, the OCP will submit a draft report to the Board identifying joint, preliminary, OCP-philanthropy initiatives to seek input and feedback on the proposed initiatives.

Each Supervisor
September 23, 2015
Page 9

If you have any questions on this report, please contact Fesia Davenport at (213) 974-1186, or by email at fdavenport@ceo.lacounty.gov.

SAH:FD
VD:ljp

- c: Executive Office, Board of Supervisors
- Children and Family Services
- County Counsel
- Community and Senior Services
- Child Support Services
- District Attorney
- Health Services
- Mental Health
- Parks and Recreation
- Probation
- Public Health
- Public Library
- Public Social Services
- Sheriff

MOTION BY SUPERVISORS HILDA L. SOLIS AND SHEILA KUEHL

October 6, 2015

The final report of the Blue Ribbon Commission on Child Protection (BRCCP) recommended that the County establish a closer working relationship with the philanthropic community to help improve the child protection system, noting that the Director of the OCP “. . . should reach out to the philanthropic community and build strategic partnerships to help improve the child protection system. . . . The power of public-private partnerships has been under-utilized by the County to date and should be an important strategy for improving services”.¹

The recommendations presented by the BRCCP were widely supported by the philanthropy community. A group of philanthropists have formed the Foster Care Funders Collaborative under the leadership of the Southern California Grantmakers (SCG), a regional association representing over 200 grantmakers that builds relationships between the private and public sectors and enhances the impact of individual and collaborative projects for the public good. The SCG’s Funders Collaborative is specifically interested in identifying ways in which they can work with

¹ *The Road to Safety for Our Children*. Final Report of the Los Angeles County Blue Ribbon Commission on Child Protection. (Apr. 18, 2014. p. 13.)

MOTION

SOLIS _____
RIDLEY-THOMAS _____
KUEHL _____
KNABE _____
ANTONOVICH _____

Los Angeles County to improve outcomes for our most vulnerable children and families.

On June 16, 2015, the Board of Supervisors directed the Interim Director of the Office of Child Protection (OCP), in consultation with the Interim Chief Executive Officer (CEO), to work with SCG to develop options for establishing a philanthropy liaison within the OCP, including estimated costs, timeframes, and the identification of funding through a combination of philanthropic and County resources. The goal of the philanthropy liaison office is to develop a collaborative relationship between the County and philanthropic community for the purpose of identifying and implementing joint projects to improve the outcomes of vulnerable children and their families.

On September 23, 2015, the CEO issued a report providing a conceptual design of the proposed philanthropy liaison office, staffing options for that office, as well as related costs, funding options, and timeframes.

WE, THEREFORE, MOVE that the Board of Supervisors approve the conceptual design for the office and direct the Interim CEO and the Interim Director of the OCP to:

1. Establish the Center for Strategic Public-Private Partnerships (Center) within the Office of Child Protection;
2. Staff the Center with no more than three County employees or three consultants, or an appropriate combination thereof, as recommended in the CEO's September 23, 2015 report, and at the respective base salaries not to exceed the amounts identified in the CEO's report; and as appropriate, based upon qualifications for the position;
3. Develop and execute an agreement with SCG to identify the County's and SCG's respective roles and responsibilities in jointly funding the costs of the Center staff who will perform the work of the Center;

4. Develop and execute the necessary agreements to procure the services of any consultants that will be hired to perform the work of the Center;
5. Request ordinance authority for any of the Center positions that will be filled by a County employee, if appropriate.
6. Appropriate the County's shared cost for the Center, for fiscal years 2015-16, and 2016-17 through the Provision Financing Uses designated for Blue Ribbon Commission Recommendations;
7. At the end of fiscal year 2015-16, or as soon as is practical to do so, and working closely with SCG, conduct an analysis to determine whether the Center's initiatives and efforts are supportive of vulnerable children and families and the effectiveness of its efforts.
8. If the analysis determines that the Center meets the needs of the County and philanthropy, develop a funding sustainability plan where the County's share of the Center's cost are shared among County Departments identified in the Board's June 16, 2015 motion.
9. Report back to the Board within 90 days with a status update on progress made in establishing and operationalizing the Center.

#

HLS:aa
SK:to



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles

CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
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Second District

SHEILA KUEHL
Third District

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Fourth District

MICHAEL D. ANTONOVICH
Fifth District

December 7, 2015

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

From Sachi A. Hamai
Chief Executive Officer

SUPPORTING LGBTQ YOUTH IN FOSTER CARE

On October 6, 2015, this Board adopted a motion introduced by Supervisor Kuehl related to outcomes of lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in the foster care system. The motion pointed out that LGBTQ youth in foster care have a higher than average number of foster care placements and a greater likelihood of being in a group home, hospitalized or homeless at some point in their lives. The motion directed that a Board report be issued within 60 days on the following action items:

1. Identify each County department currently serving LGBTQ youth and establish an inventory of LGBTQ-specific programs;
2. Review existing demographic data collection, intake, service planning and case review processes; and
3. Work with the Office of Child Protection (OCP) to submit recommendations no later than 180 days after the beginning of the contract period to the Board to consider for adoption.

The OCP has worked with the Chief Executive Office to identify and hire a consultant, Khush Cooper and Associates, using the delegated authority provided by the Board in its motion. The consultant's contract was fully executed on December 4, 2015. The consultant will commence services under the contract on January 4, 2016, due to the difficulty of scheduling all required introductory, level-setting meetings with various Departments during the upcoming holiday season.

"To Enrich Lives Through Effective And Caring Service"

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Each Supervisor
December 7, 2015
Page 2

The consultant will be working with the following Departments identified in the motion, in addition to other Departments deemed necessary or helpful by the consultant: Children and Family Services, Probation, Mental Health, Health Services, Public Social Services, Public Health, Community and Senior Services, Office of Education, and County Counsel. The consultant has developed a work plan with specific dates and milestones. Progress under the contract will be monitored by the OCP and a final report with recommendations will be issued before the expiration of the 180-day timeline stated in the Board's adopted motion.

If you have any questions, please contact Fesia Davenport at (213) 974-1186, or by email at fdavenport@ceo.lacounty.gov.

SAH:JJ
FAD:ljp

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

LGBTQ.bm

"To Enrich Lives Through Effective And Caring Service"

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MOTION BY SUPERVISOR SHEILA KUEHL

October 6, 2015

SUPPORTING LGBTQ YOUTH IN FOSTER CARE

This Sunday, October 11, 2015 will mark the 27th anniversary of National Coming Out Day. Every year on this day, we celebrate and support those who come out as lesbian, gay, bisexual, transgender, or queer (LGBTQ) or as an ally for equality, to remind everyone of the great power of openness and visibility, and being honest about who we are. Every person who speaks up has the ability to change hearts and minds, and to create new advocates for equality.

Today, in honor of National Coming Out Day, I ask that my colleagues join me in speaking up for lesbian, gay, bisexual, transgender and questioning youth in the Los Angeles County child welfare system. These youth face unique challenges and barriers to finding positive outcomes and permanent homes—challenges stemming from discrimination due to their sexual orientation, gender identity and/or gender expression. Not only are LGBTQ youth overrepresented in the foster care population, there are also significant disparities in experience between LGBTQ youth and their non-LGBTQ counterparts. These disparities could be mitigated if we develop and utilize accurate data and enhanced training efforts to more fully address their needs, including identifying and remediating the effects of bullying and trauma.

MOTION

SOLIS _____

RIDLEY-THOMAS _____

KUEHL _____

KNABE _____

ANTONOVICH _____

As part of a five-year, federal grant awarded to the LGBT Center in Los Angeles, the Williams Institute at UCLA and Holarchy Consulting conducted a landmark study of 786 randomly sampled foster youth ages 12 to 21. The findings show that 19 percent—nearly one in five—foster youth in Los Angeles County identify as LGBTQ. This means that there are between 1.5 and 2 times more LGBTQ youth as a percentage of young people in foster care than outside foster care.

Given this overrepresentation of LGBTQ youth among foster children, it is even more problematic that there has been very little focus on this population. According to the Williams-Holarchy study, LGBTQ youth have a higher than average number of foster care placements and a greater likelihood of being in a group home, hospitalized or homeless at some point in their lives. More stable placements and stronger reunification efforts could lead to improved educational and permanency outcomes. Costly group home and hospital stays could be avoided with a more targeted approach in serving this unique population. While many of our departments have made very good efforts to develop specialized LGBTQ programs, now is the time for the County to systematically address the needs of LGBTQ youth in our child welfare system.

I, THEREFORE, MOVE that the Los Angeles County Board of Supervisors direct the Interim Office of Child Protection, in consultation with the Interim Chief Executive Officer and Departments of Children and Family Services (DCFS), Probation, Mental Health, Health, Public Social Services (DPSS), Public Health (DPH), Community and Senior Services (CSS), Office of Education, County Counsel and all other child and/or youth serving departments, to report back in 60 days on the following action items.

- Provide delegated authority of up to \$100,000 to hire an expert consultant to identify each County department currently serving LGBTQ youth in any capacity, and establish an inventory of LGBTQ-specific programs.

- For these departments, the consultant shall review existing demographic data collection, intake, service planning and case review processes to identify:
 - (1) improvements to providing culturally competent care and support;
 - (2) opportunities to add questions or information (in a culturally competent and sensitive manner) about sexual orientation, gender identity and discriminatory experiences to such data collection, intake, service planning and case review processes; and,
 - (3) identify training needs for department staff, as well as contractors (for example, DCFS Children's Social Workers and mental health providers, as well as foster and relative caregivers and parents) in order to raise the competency of those collecting this information or serving this population to do so confidentially, respectfully and accurately.
- The consultant shall work with the Office of Child Protection to submit recommendations no later than 180 days after the beginning of the contract period for the Board to consider for adoption.



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

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MICHAEL D. ANTONOVICH
Fifth District

December 16, 2015

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

From: Sachi A. Hamai 
Chief Executive Officer

SECOND 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.

On June 30, 2015, the Office of Child Protection (OCP) submitted its initial report updating the Board on progress made in implementing the BRCCP Recommendations. This report provides similar and more current information. The OCP will issue its next report in March 2016 covering the period commencing November 2015 through February 2017.

In preparing this update, 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 October 31, 2015 unless otherwise stated. Attachment I provides a report of activities completed or underway for each BRCCP recommendation listed.

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REPORT OVERVIEW

In the report, recommendations are categorized into the four domain areas: 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.” Table 1 below summarizes the status of all BRCCP recommendations by domain area. Most of the recommendations in the “plan development yet to begin” category are administrative in nature and will likely be folded into the OCP strategic plan.

OCTOBER 2015 STATUS

*Table 1:
 Status of BRCCP
 Recommendations
 by Domain Area*

DOMAIN AREA	Plan Development Yet to Begin	Plan Development in Progress	Plan Development Completed	Pre-Implementation Efforts Underway	Implementation in Progress	Implementation Completed	Total
Prevention	-	3	-	-	1	2	6
Safety	3	1	-	-	11	1	16
Permanency	1	1	-	1	3	3	9
Well-Being	1	2	-	1	4	-	8
Global Impact	1	3	-	-	7	6	17
County Administration	7	1	-	-	1	-	*9
Total	13	11	-	2	27	12	*65

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

PROGRESS FROM JUNE 2015

In comparison to the update provided last June, the status of 13 of the 65 BRCCP recommendations has changed. The status of 12 of these 13 recommendations has been promoted to “implementation in progress.” As of October 2015, a total of 27 recommendations are at the “implementation in progress” stage (see Table 2), by comparison, only 16 recommendations were at the “implementation in progress” stage in June 2015. Progress occurred primarily in recommendations related to E-SCARS, the Children’s Social Worker – Public Health Nurse Joint Visitation Initiative, and multi-departmental training. The total number of recommendations completed remains unchanged at 12.

Table 2: Change in Status of BRCCP Recommendations from June – October 2015

Status	Number of Recommendations (June 2015)	Change in Total (October 2015)	Revised Total (October 2015)
Planning Development Yet to Begin	15	-2	13
Plan Development in Progress	13	-2	11
Plan Completed	2	-2	-
Pre-Implementation Efforts Underway	7	-5	2
Implementation in Progress	16	+11	27
Implementation Completed	12	no change	12
Total	65	no change	65

Note: As progress is made in implementing the BRCCP recommendations, the number of recommendations at an early implementation stage will decrease, and the number of recommendations moving towards completion will increase.

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
- District Attorney
- Sheriff
- Child Support Services
- Children and Family Services
- Commission for Children and Families
- Community and Senior Services
- Health Services
- Inter-Agency Council on Child Abuse and Neglect
- Mental Health
- Parks and Recreation
- Probation
- Public Health
- Public Library
- Public Social Services

Update by the Office of Child Protection on the BRCCP Recommendations - October 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, DPH and other agencies and entities to develop a 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 identifying and addressing the reasons for referrals in high referral zip code areas in the County. Data is being gathered and analyzed to determine additional zip codes to include in Phase I. Meetings with DCFS Prevention and Aftercare Providers and community residents have been held or planned to better understand needs in these high referral areas. The plan will include strengthening communities and focusing on the five protective factors.
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. Additional departments and agencies have been added to the planning effort including DPSS, DCFS, members of the Children's Commission, L.A. Unified School District, and the Advancement Project. The prevention plan will focus on community based efforts aimed at strengthening communities, strengthening the five protective factors within families, and reforming the County's delivery of services which support and strengthen families. See also 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 allows 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. To date 7,000 children have been referred since the inception of the Head Start Referral System.
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. Joint visits under Phase commenced in August 2015 and includes the Martin Luther King, Jr. Medical Hub and the Compton and Vermont-Corridor DCFS Regional Offices. Joint visits are being conducted and referrals are being made to the Medical Hubs when appropriate. OCP and all involved departments will be issuing a report covering the first 90 days of Phase I. This data will be used to inform further roll out of this initiative to other areas of the County.

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

Recommendation	Entity	STATUS UPDATE					Comment
		Planning Yet to Begin	Plan Development in Progress	Plan Developed	Pre-Implementation Efforts Underway	Implementation in Progress	
1.5 DPH's evidence-based home visit service should be made available to all children under age one seen at a Medical Hub.			✓				<p>OCPC will work with DPH and DHS to ensure that medical hub staff are trained on home visitation programs in order to identify those families that may be eligible. The eligible population seen at the hubs will likely be small. As such, OCP will also incorporate the expansion of and access to home visitation services into its prevention plan.</p>
1.6 Conduct assessments of each medical hub to identify each hub's strengths and weaknesses.	DHS					✓	<p>The findings of the recommended medical hub assessment were issued by DHS on January 9, 2015 and adopted on January 13, 2015.</p>
<p>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)</p>							
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					✓	<p>The DAO has secured or is securing written agreements to ensure that E-SCARS is fully utilized and DCFS is working on enhancements to the E-SCARS system. Specifically, the DAO has established a new Memorandum of Understanding (MOU) with all relevant departments (DAO, Sheriff, and DCFS). The DAO is circulating and securing signatures for a Memorandum of Agreement (MOA) with law enforcement agencies within Los Angeles County. The MOU and MOA will reinforce the function and accountability of law enforcement, DCFS and DAO. Regarding E-SCARS, the Board previously approved the release of \$764,000 to DCFS for system enhancements and ongoing E-SCARS support and maintenance. DCFS continues with its redesign of the E-SCARS system, which will provide for a "High Risk" fatality flag and a "Child Fatality" flag. The redesign is expected to be fully operational by the Spring of 2017.</p>
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					✓	<p>The DAO has completed the expansion of its E-SCARS unit. The DAO has appointed a prosecutor to serve as Deputy-in-Charge of the newly expanded unit and has hired three additional paralegals who will support the E-SCARS Unit. The Deputy-in-Charge will train law enforcement and prosecutors on using E-SCARS, including cross-reporting. With additional resources in place, an increase in DAO audits of E-SCARS is contemplated. In addition, the E-SCARS Unit can now fully focus on its oversight of response and information sharing by the involved agencies.</p>

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

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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 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 job audit of clerical duties to determine which job functions should and could be performed by clerical staff. The audit was partially implemented. DCFS will revisit this job audit since policies, processes and procedures have changed since 2009.
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.
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 Risk Management Division is currently updating their Critical Incident Fatality Tracking (CIFT) system which is used to capture trends related to critical incidents and fatalities.
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. This recommendation should be considered as part of the BRCCP recommended commission study which will be part of the CEO's report on the governance structure.
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.

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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2.8 Continually measure progress against measures of success identified (in Section III, p. 14).	OCF, DCFS, and potentially other departments and entities		✓			✓	This recommendation requires two levels of measurement - At the DCFS service delivery/youth outcomes level and at the Countywide systems outcomes level. DCFS monitors performance using a monthly STATS process against Federal, State, and County performance indicators. The OCP is working with the Children's Commission to develop a comprehensive set of outcomes measures that builds upon relevant information from other departments who also serve children within the other domains of the continuum, 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 recommendation speaks to an overhaul of how numerous services are accessed and delivered. A substantive update cannot be provided for this recommendation until the OCP has finalized its strategic plan. Also, this recommendation will likely be impacted by other efforts in the County related to health integration and homelessness.
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					✓	DCFS staff regularly participate in DCFS training academy sessions which includes Lessons Learned to enhance critical thinking and help identify and improve practice around risk factors. As OCP initiatives related to multi-departmental safety training proceed, OCP will work with relevant departments in order to engage staff around identified risk factors.
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 contracted with a vendor to develop a proof of concept for a risk modeling tool (i.e. data mining and analytical tool) that can be used for early identification and intervention in cases based on high risk levels. After validating the proof of concept, DCFS is developing a Statement of Work to procure services to develop a risk assessment 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					✓	The DAO continues to train all law enforcement agencies within the County of Los Angeles on E-SCARS cross-reporting. With the recent expansion of the E-SCARS Unit, the DAO can now provide recurring trainings to law enforcement agencies, as well as address any deficiencies in their data entry into E-SCARS.
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 has hired three additional paralegals to support the newly expanded E-SCARS unit. The paralegals will audit law enforcement responses to SCARS. They will monitor the timeliness of law enforcement responses and any follow up investigations. As a result, paralegals can seek to cure deficiencies and discrepancies in the SCARS, which will ensure that law enforcement leads an independent and parallel investigation to DCFS.

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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						<p>The E-SCARS "High Risk Allegations" functionality will be incorporated in the 2015-16 redesign of E-SCARS, which is currently under development. The DAO will monitor the incorporation of the E-SCARS "High Risk Allegations" to safeguard that such an assessment tool does not conflict with crime charging or investigation standards. In addition, a "Child Fatality" flag will accompany a SCAR when a child fatality has occurred. This will alert all E-SCARS users to take action appropriate within their respective offices.</p> <p>Prior to submitting the SCAR, the DCFS supervisor will mark a newly created "High Alert" box if the referral meets either Child Fatality, Near Fatality, Critical Incidents, Abduction and Media Alert criteria. This process and functionality will be in addition to the current E-SCARS functionality.</p>
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		✓				<p>Once the OCP 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 whether children are safer, and how children and families are faring in the County's child protection network across the entire continuum of care.</p> <p>As a first step, OCP will incorporate into its strategic plan, specific roles (including work related to prevention) for child and family serving departments serving the same population as DCFS or those children and families at risk of coming to the attention of DCFS.</p>
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.			✓				
<p>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)</p>							
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						<p>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.</p>

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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 State Department of Social Services (CDSS) will pre-empt the field relative to licensing and approval with the implementation of the Resource Family Approval Program. On October 15, 2015, CDSS issued written directives governing its Resource Family Approval Program. The purpose of this program "is to implement a unified, family-friendly, and child-centered resource family approval process to replace the existing multiple processes for licensing foster family homes and approving relatives and non-relative extended family members as foster care providers, and approving families for legal guardianship or adoption." Statewide implementation of this program is authorized for all California counties effective July 1, 2017. On the issue of supports for relative caregivers, please see 3.1 above and 3.5 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 (FCSS). Phase I of the FCSS has two major modules: 1. One component of the FCSS automates the formerly paper-based child placement process and provides a mobile application for workers and supervisors to confirm when a child has been placed in or removed from a bed - thereby providing more timely information as to bed availability. 2. Another component of the FCSS allows caregivers, group homes, and foster family agencies to manage their respective profiles. This module enables caregivers to review and verify home profiles, provide updates on home contact information; and enables FFAs to update their information online. Enhancement of the FCSS will be an ongoing process. See 3.1 above.	
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.
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					✓			In order to better support relative caregivers, DCFS intends to contract out home assessment and supportive services for relatives. Proposed contracted relative caregiver service components include: orientations, procurement of necessary supplies and services, emergency needs, support groups and training, educational advocacy and legal assistance. DCFS is developing the Statement of Work.

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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					✓	The University of California Los Angeles recently issued a final report of its analysis of Los Angeles County's current process for recruiting resource parents. The report includes several recommendations to improve resource parent recruitment, retention, and for the placement of foster children. The recommendations require review and approval, and for approved recommendations, implementation plans. OCP will work DCFS, Children's Commission, and others, including philanthropy to begin the work of identifying and implementing the recommendations as appropriate.
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		✓				DCFS is developing a BRCCP data package which will include the information/data requested. The BRCCP data package will be placed on the SITE (i.e., DCFS intranet) so that it is easily accessible and available to staff. In addition to DCFS efforts, OCP intends to conduct regular meetings with stakeholders in the County's child protection network to share relevant data that will help inform stakeholders and improve outcomes for children and families.
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.		✓					

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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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		✓					In November 2015, OCP will issue a report to the Board laying out Phase I of a comprehensive county-wide plan regarding psychotropic medication and foster/probation youth. The plan will address three major areas: 1) service delivery reform; 2) quality control and heightened monitoring; and 3) strengthening our administrative tools that drive our administrative processes and data analysis.
4.2 The County should establish mechanisms for cross-system education-related coordination, collaboration, and communication.	DCFS, Probation, Schools, OCP	✓						The County has a structure in place to address this recommendation - The Education Coordinating Council (ECC). The ECC has gone without a full-time director for some time and its meetings (and agenda) has been reduced to twice per year. The ECC Director has been hired and will begin work in November. The ECC Director will work with the ECC for the cross-system education-related coordination, collaboration and communication referenced in this recommendation.
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						✓	Expansion of this program will necessarily be impacted by the recent passage of the Legislation Control Funding Formula (LCFF). The County must partner with local school districts to leverage resources provided by the LCFF and ensure that there is no duplication of effort between this program and the LCFF. The Education Coordinating Council will be tasked with working with DCFS to determine how to best expand the program while simultaneously assessing how LCFF funds can be used to assist in this effort.
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 recently implemented Phase I of this initiative where children under investigation under age two (not one) are referred to a medical hub when medically necessary. Nurses were hired in July 2015 and joint visits began in August 2015. OCP will be issuing a status report and preliminary assessment to the Board in November which will cover the first 90 days of the project.
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 recommendation 4.4 above. This recommendation will be addressed once the nurse-social worker joint visit initiative is launched.

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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4.6 DPH must be held directly responsible for substance abuse treatment for high-risk teen mothers.	DPH		✓					DPH's grant from First 5 LA used to fund this program terminated June 30, 2015. This grant funded the co-located Substance Abuse Navigators at all DCFS Regional Offices to refer and link DCFS involved parents/caregivers, with children aged 0 – 5 years, to substance abuse treatment. DPH-SAPC will use Substance Abuse Prevention and Treatment (SAPT) Block Grant funding to extend funding through December 2015. Under the proposed program, services will be expanded to include more families by removing the child(ren)'s age restrictions and the expansion of services includes high risk teen mothers (aged 12 - 17 years) and pregnant teens. DCFS and DPH will work together to identify permanent funding for this program.
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 identity, and vulnerability to self-harming behaviors.	DMH					✓		The Department will be implementing a universal suicide risk assessment tool and will ensure these changes are made in conjunction with the self-harm category, the DSM 5 new diagnosis coding system (in which there are different information related to non-suicidal self-injury), and the ICD-10-CM (in which there are several diagnosis codes for self-harm which will allow for a valid secondary diagnosis). The revised forms will be released with a planned implementation date of October 1, 2015. Implementation of all revisions will allow for tracking of the responses through the EHR system. The self-harming behavior screening and assessment training was incorporated into the Psychiatric Diagnostic Training curriculum in July 2015; which occurs every three (3) months.
4.8 Children age five and under in the child welfare system must have access to age appropriate mental health services.	DMH						✓	Training is ongoing. The University Center for Excellence in Developmental Disabilities at Children's Hospital LA (UCEDD/CHLA) provided a summary report of participant data collected for the FY 2014-15 Birth to Five Core Training Series. UCEDD/CHLA provided training to clinicians in the DMH Provider Network through a contract with DMH. Another training contract with UCEDD/CHLA was approved. UCEDD staff will implement a Birth to Five Mental Health Core Training Series for FY 2015-16. The SOW requires specific learning objectives for each training session and submission of quarterly reports. During the summer period of June through August 2015, DMH Family and Community Partnerships, and CSOC staff provided a series of trainings on the ICARE Assessment Form for DMH Specialized Foster Care (SFC) and contract providers in Service Area 3 and for countywide Parent Child Interaction Therapy (PC IT) providers. A total of four trainings were conducted for a combined total of 82 participants.

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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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 were held 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	OCP/DCFS						✓	DCFS continues to offer and expand upon training in partnership with all of the agencies listed above. Additionally, OCP is working with DCFS, Probation, DMH and other partners (including law enforcement to implement multi-departmental training that includes training along with community partners.
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						✓	Training on the 0-5 population continues to be offered to DCFS staff and some of these trainings have been videotaped and made available to all DCFS staff electronically. Additionally, DCFS has partnered with San Diego Regional Training Academy/PCTWA who are working to complete and post online the eLearning on Trauma.
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.							✓	Since it was operationalized, the OCP has conducted no less than ten stakeholder convenings and participated in other non-OCP sponsored meetings related to child welfare in Los Angeles County. 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. OCP will host regular meetings with stakeholders regarding topics of importance and relevance to child protection.

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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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; and 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.
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 was held on 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.

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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5.15 Performance-based contracting on agreed-upon outcome measures by DCF, 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 plans to release solicitations consistent with this recommendation as early as the end of September 2015. Conversations have yet to be had with other child and family serving departments but there are plans to do so.
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: DCF, 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 DCF's 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.
<p>Agencies: County Counsel (CoCo), Departments of Children and Family Services (DCFS), Health Services (DHS), Mental Health (DMH), Public Health (DPH), 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)</p>							
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.
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, 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 help the County understand which programs, services, and interventions should be continued and which should be discontinued.
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.

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

Recommendation	Entity	STATUS UPDATE					Comment
		Planning Yet to Begin	Plan Development in Progress	Plan Developed	Pre-Implementation Efforts Underway	Implementation in Progress	
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	✓					

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)