

**County of Los Angeles
Commission for
Children and Family Services**



**Annual Report
Fiscal Year June 2005-July 2006**

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*CCF wishes to thank Kate Edmundson and Julio Portillo for their assistance in creating this report.

Commission Officers

Helen Kleinberg, Chair
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Commission Committee Responsibilities

300/600 Taskforce	Patricia Curry, Carol Biondi
Faith Based	Ann Franzen, Hon. Joyce Fahey Rev. Cecil L. Murray Dr. La-Doris McClaney William Johnson
Family Reunification	Helen Kleinberg, Adelina Sorkin
Prevention	Sandra Rudnick, Patricia Curry
Relative Care	Dr. Harriette Williams
Personnel	Sandra Rudnick, Daisy Ma Helen Kleinberg Dr. Harriette Williams
Commission Representation On External Bodies	
AB 129/Probation	Carol Biondi
First Five LA	Dr. Harriette Williams
Children's Planning Council (CPC)	Adelina Sorkin
Policy Roundtable Child Care	Adelina Sorkin, Ann Franzen
Dependent Minor Substance Abuse Protocol	Adelina Sorkin
Education Initiative	Helen Kleinberg
Education Coordinating Council	Helen Kleinberg Dr. Harriette Williams, Alternate
Emancipation Program Partnership	Patricia Curry
Prop 63/MHSA Planning Group	Patricia Curry, Carol Biondi
Agency Court Cooperation Committee	Adelina Sorkin
Court Visitation Resource Committee Court Permanency	Helen Kleinberg Dana E. Blackwell
Drug Court	Helen Kleinberg
Group Home Workgroup	Dana E. Blackwell

Runaway Taskforce

Dana E. Blackwell

Judicial Protocol Visitation Committee

Helen Kleinberg, Adelina Sorkin

DEDICATION

The Los Angeles County Commission for Children and Families would like to acknowledge the leadership of two extraordinary department heads, Dr. David Sanders, Department of Children and Family Services, and Paul Higa, Department of Probation, for their commitment to families and children and for their vision.

Dr. Sanders put a relentless emphasis on outcomes. He worked as a partner with private sector providers and caregivers. He also welcomed and utilized a citizens' commission in an effective manner. He encouraged team decision making and data collection. Dr. Sanders believed in his staff and encouraged them to experiment with services so that they could develop strategies that would deliver positive outcomes. He believed in evidence based practice and envisioned a County structure based upon communication, the blending of resources, and shared outcomes. He placed the Department and the County on the right path.

Paul Higa recognized the need for vast changes in the probation system and was beginning to provide a pathway to move from a punishment philosophy to one of rehabilitation before his untimely death. There was a plan for camp redesign that was ready to be implemented. We miss him and will work closely with the new director, Robert Taylor, and the Board of Supervisors to see that the changes Paul envisioned become a reality.

The Commission's work was made easier by the commitment of these two men, and by their honesty both in assessing the problems, recognizing the challenges, and consistently believing in the strengths and abilities of the families, children and youth they served.

CREATION OF FC4

The Commission for Children and Families (Commission) has continued to focus on the creation of an integrated seamless service delivery system that improves outcomes for the children and families who have contact with County departments. In an effort to promote understanding of this system, the Commission created the *Family+Community+County Continuum of Care (FC4): A Partnership to Support Families and Children**. FC4 is envisioned as a continuum: A circular service delivery system in which the individual or the family can enter at any point with an array of services (public or private, formal or informal) that will move the family to self-sufficiency and the child or youth to a safe, permanent home that is nurturing and has limited or no reliance on government services.

The impetus for the FC4 arose from the desire to integrate the Board approved recommendations of the four workgroups co-chaired by the Department of Children and Families (DCFS) and the Commission - Prevention, Family Reunification, Permanency and Relative Care Permanency: www.lachildrenscommission.org/reports. FC4 is based on the following four principles:

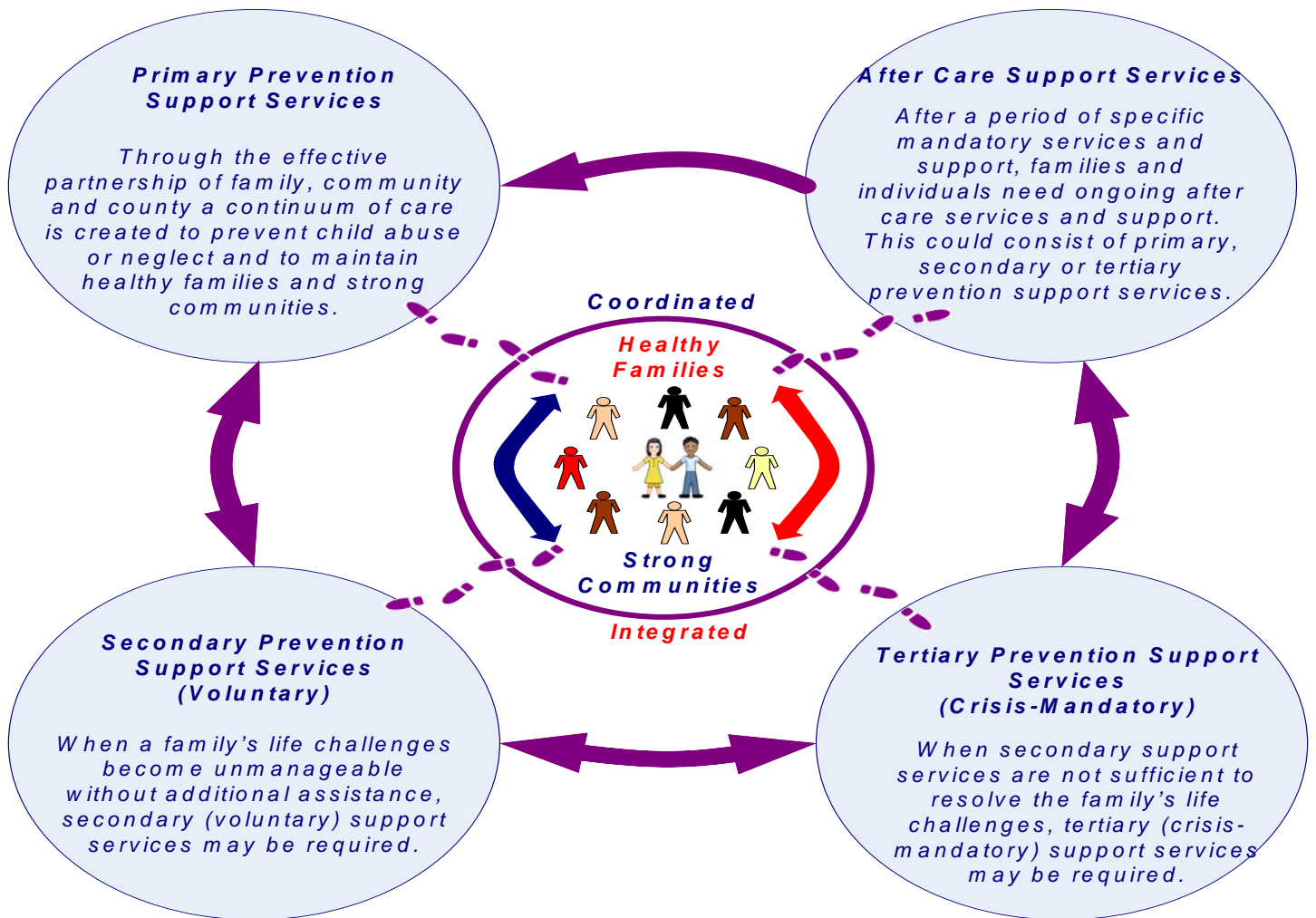
1. Family Focused - Strength Based
2. Community Based Service Delivery
3. Coordinated and Integrated Service Support System
4. Performance Based Outcomes and Evaluation

The Commission firmly believes that should the County develop a coordinated and seamless service delivery system based on the four FC4 principles, families would be better able to achieve self-sufficiency, communities would grow stronger and the utilization of County services would diminish. FC4 is depicted in the following graphic.

Family+Community+County Continuum of Care (FC4) **Partnership to Support Children and Families**

Families meet a number of challenges and should receive county and community blended services based upon their individual needs via an integrated services delivery system that is culturally appropriate and easily accessible within their own communities.

Healthy Families+Strong Communities

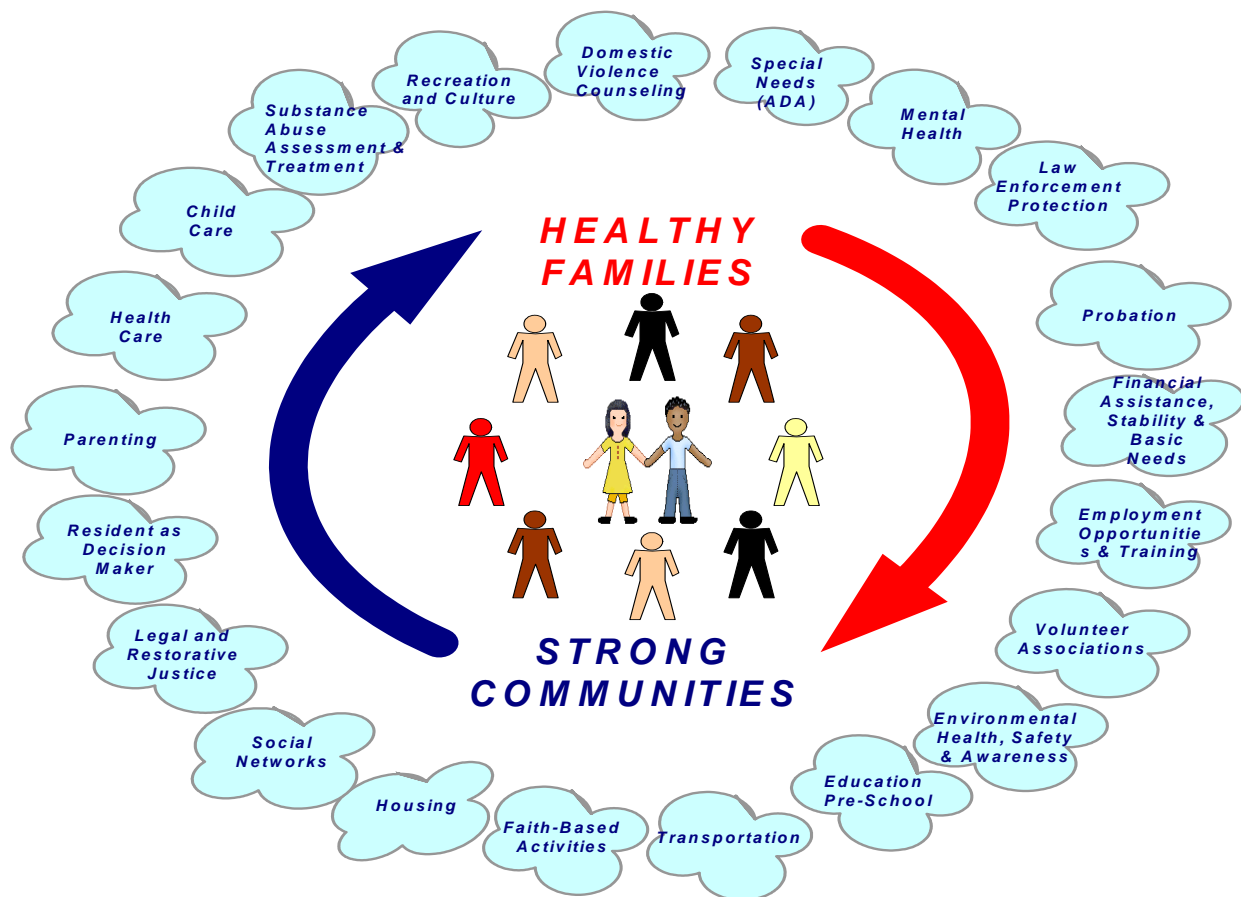


The Board of Supervisors sees the need for such a system, as several motions were passed during FY 2005-06 that attempt to move the County in this direction such as; Prevention, Skid Row (Homeless) and ECC Passport. The Commission continues to work with County departments, community groups, youth and other relevant entities such as First Five LA, the Education Coordinating Council, the START unit, the Faith Based Community Committee, the County Service Integration Branch, and the Superior Court to promote and implement the FC4 continuum of care

It must be recognized that service and systems integration is not possible unless funding streams allocated to supporting families and children are also integrated. County resources and revenue must be maximized. Each County department has funding streams intended to help families reach self-sufficiency, better meet their physical and mental health needs, and transition to new beginnings. If these funds are leveraged in a way that is coordinated with the efforts intended by the Mental Health Services Act (MHSA), Title IV-E Waiver, and First Five Funds the County will then be better able to create such a system.

An integrated system must be developed at the community level also so that public-private and formal-informal services are available to build on the strengths of the family, community, children and youth. The seamless continuum of care must be easy to access, culturally and linguistically appropriate and user friendly. Families need an array of services from which to choose what is appropriate for them and accessible. The Commission also believes that untapped resources exist from private foundations and from within communities. The following depicts key services identified by community/family representatives.

Family+Community+County Continuum of Care (FC4)
Partnership to Support Children and Families



Los Angeles County Commission for Children and Families

*CCF wishes to acknowledge the assistance of John Langstaff and Cecelia Custodio from DCFS in creating the FC4 and Healthy Families/Strong Communities graphics.

By focusing on service delivery at the front end of the system, a thorough assessment of the issues that bring children and families to the attention of DCFS/Probation can be made, and then necessary services can be sought immediately. There is a need to identify all of the funding available from the government (i.e., Federal, State, County and City) and to blend funds such as CalWorks, Substance Abuse, EPSDT, childcare, education, housing, transportation, mentoring and others to meet the needs of the family quickly and easily. There is also a need to identify family members, friends and community support systems early in the case so that these resources can be fully utilized.

We have been greatly encouraged by the discussion of the Title IV-E Waiver from the Federal government and the state which will enable funding for DCFS and a small percentage of probation youth, to be used in a more flexible manner. This will greatly help the County to implement the recommendations for Prevention, Reunification and Permanency and can help make the continuum of care (FC4) a reality.

The Commission, during FY 2005-06, through its participation on various multi-agency committees and its continuation of work in the areas of Prevention, Family Reunification and Permanency has remained focused on the role of DCFS and Probation and on service integration so that families and children receive comprehensive service aimed at safety, stability, self sufficiency and the access to community based services.

PREVENTION

At the heart of FC4 is the integration of the Prevention workgroup's identification of three levels of prevention; Primary, Secondary and Tertiary. Some of the questions being asked are: 1) what supports are needed to keep families out of the child welfare system, 2) what is needed to assist families through the system, 3) what supports are currently offered by County departments, community-based service providers and other partners, and 4) what supports are needed to maintain the family after the crisis?

- *Primary Prevention:* Primary prevention services are aimed at preventing abuse and neglect and at maintaining healthy families and strong communities through the effective partnership of family, community and County agencies.
- *Secondary Prevention (Voluntary):* When experiencing challenges in their daily living, a partnership of family, community-based services and County services are available to support and assist a family's efforts to effectively resolve their problems and/or concerns.
- *Tertiary Prevention (Mandatory):* When voluntary support services are not sufficient and a family's challenges reach a crisis level their engagement in services is mandated by child welfare and/or the juvenile judicial system. A continuum of both County and community-based services should exist to help the family stabilize and ensure proper treatment and support to effectively resolve the issues which required mandatory services.

The Commission identified aftercare services as an integral and critical component of a comprehensive service delivery system.

- *Aftercare:* Continued community-based support services provided to families to ensure that the challenges remediated by mandated County intervention are sustained and children can remain safely with their families. The aftercare services should be similar to the initial prevention services, thus making the continuum of care circular.

In an effort to implement these recommendations, the Commission participated on Dr. David Sanders' Prevention committee: we also served on the Prevention committee led by the Service Integration Branch which was developed in adherence to the March 14, 2006 Board motion to develop a "community specific prevention system in Los Angeles County to alleviate social and economic pressures on at-risk families before they require more intensive intervention." The Prevention Plan outlines a strategy to target communities as opposed to individual families. There was a discussion about piloting a Prevention Model in three communities. At the close of

this reporting period a specific implementation plan had not been submitted to the Board. The Commission continues to be engaged.

FAMILY REUNIFICATION

Once a family is in need of more intensive services and DCFS has determined that their children can no longer remain safely with them in the home, multiple services are required. Thus, the need for public-private partnerships is critical. During this reporting period, the Commission and DCFS continued to convene the Family Reunification workgroup to ensure that permanency was not synonymous with adoption. The child welfare community embraced the notion that reunifying children with their families was the first, if families are supported adequately and safety is achieved and best option for permanency. This represents a culture change with a focus on working with and respecting the family members and designing services to effect change so that children and youth can, if it is safe, be returned home to their birth parents. The emphasis is on Team Decision Making (TDM), parental involvement, and the creation of clear outcomes through joint case planning, blended funding, and family visitation.

The recommendations to strengthen parent/child visitation protocols and practices are, according to research, the most important path to safe and timely reunification. Judge Michael Nash, presiding judge of the Juvenile Court asked Judge Zeke Zeidler to convene a workgroup to create the protocols and procedures necessary to ensure that the court prepares appropriate visitation orders and that those orders are implemented by the DCFS workers. In addition to Court representatives, the Commission, multiple representatives from County departments, caregivers and agencies participated.

On March 28, 2006, the Family Visitation Guidelines (www.lachildrenscommission.org/reports) were accepted by both the Court and DCFS. The DCFS is committed to implementing the protocols and procedures set forth in the Guidelines and has created a visitation resource workgroup to identify the necessary

resources to ensure such implementation. The Commission continues to send its representative to ensure that the Guidelines are implemented.

Key concerns for the Commission on these committees were to ensure that visits were frequent, that they included siblings, that they were held in family friendly environments, and that visits were designed to address the goals of the case plan. There needs to be more focus on solving the problems that brought the family into care. The recommendation is for less emphasis on monitoring and more utilization of coaches or specialists to assist in family functioning. Visits cannot be taken away from a child or parent as a punishment by anyone in the system. We will be looking to the Title IV-E Waiver as a funding source to implement a strong visitation program. It is the Commission's hope that social workers will be allocated time to observe family functioning. It is difficult for us to understand how they can determine if families are ready to unify if they never see them together. A family visitation plan is a necessary product of any TDM or multidisciplinary decision-making body.

In addition to strengthening family visitation as a means to reunify families, the workgroup report also recognized the need for improved family centered, strength based assessments and ready access to substance abuse services (assessment and treatment) if families are going to be able to keep their children safely in their homes.

Assessment

The committee fully supports the use of TDM throughout the length of the case. The report recommended specific intervals so that the case plan can evolve around specific behavioral changes, the provision of appropriate services, and the progress toward permanency can be monitored. Upfront thorough assessment of the child, family needs and resources available (including family friends and community) are essential. These issues and the need for Family Group Decision Making (FGDM) for some cases were discussed with both the representatives from the Casey Foundation and the Concurrent Planning Team. The committee feels strongly that DCFS needs to allocate more resources for FGDM. It could be especially helpful in planning for family visitation. As part of the assessment process, the committee has also been

concerned about the comfort level of the parents. The report recommended the use of a parent advocate. The committee envisions this being someone from the community or who has experience with the system. We are hoping that the Title IV-E Waiver can supply some funding to this area, as well.

Data Collection

The committee is very clear about specific data regarding reunification, the time required, the services utilized, the types of issues faced by the family, the aftercare services provided, and the number of failed reunifications. We began our first effort by examining children 0-3 because their timeline for reunification is considerably shorter than others (i.e., six months). The committee was concerned that the number of reunifications might be less because of time constraints. We were pleased to find that the data showed that reunifications were occurring appropriately. This positive result may be because of the use of family preservation services for these families. Our goal is to collect this type of data on a regular basis.

Substance Abuse

The reunification report highlighted the need for substance abuse treatment and assessment within the system. Estimates of the impact on child welfare vary from 60% of the cases. Following a number of meetings between DCFS, the Commission, and DHS, Dr. Sanders agreed to allocate \$3 million from Promoting Safe and Stable Families (PSSF) to fund a beginning substance abuse program. Work began on an MOU with the Department of Health Services (DHS). The Commission sat on the committee that oversaw the creation of this program. The MOU was slow to be drafted and slow to be signed by both Departments and thus the money from the Federal government went unspent until April with a June finish for the first year. The plan was to join the assessment and treatment process already functioning for DPSS and clients through the Community Assessment Service Center(s) (CASC) system. The Department was slow to train social workers, and allocated little in staff time for the project; it was clearly not considered a priority. This was very disappointing. The reunification committee will monitor its implementation in the second year of the three year allocation of Federal dollars. There is a need to work with DHS to also examine prevention efforts in the substance abuse field. DHS is willing to work with DCFS.

There are also questions about how the Public Health Nurses (PHNs) in the DCFS offices can be utilized effectively in the substance abuse area. Additionally, concern has been expressed for families with co-occurring disorders (mental health and substance abuse).

Resource Families and the Role of the Caregiver

DCFS is training resource families. If they can find enough families who can truly play a dual role of assisting in reunification, while at the same time being available to adopt, those families could be quite helpful. The committee was concerned that resource families may not be objective in assisting with visitations and in the reunification process. There remains much work that needs to be done with the caregivers to help them in what is a very difficult role. There are also training issues in terms of preparing children for visits—dealing with expectations and disappointments (e.g., parents don't always show up), helping parents connect with school and medical appointments, and determining what is appropriate during a face to face visit and during phone calls.

In addition to leveraging funds from the MHSAs, First 5, DHS Drug and Alcohol Services, EPSDT and Cal Works, it is clear that the flexibility of the Title IV-E Waiver could help institute the recommendations of the workgroup report and the Family Visitation Guidelines.

RELATIVE CAREGIVER PERMANENCY

The largest population of youth under the supervision of DCFS resides with relatives. The Commission has continued to work with DCFS to improve support services for relatives and the children in their care. In accordance with the recommendations of the Relative Caregiver Permanency workgroup, which the Commission co-chairs, DCFS established the Kinship Support Division (KSD) at the close of FY 2004-05 with the intent to provide the unique supports and services necessary for this population.

While the Commission is pleased that DCFS has committed to a division focused solely on this population, improvements in service delivery and supports continue to be

needed. The majority of the staffing in the KSD is dedicated to completing Federally mandated American Safe Families Act (ASFA) assessments for new and existing caregivers. The Commission agrees that this is a critical component of ensuring child safety. Unfortunately, however, even with KSD, DCFS has not been able to complete the initial and annual assessments in a timely manner, resulting in the loss of Federal funding, delayed financial support to relative providers and potential risk for children. Moreover, by focusing on the regulatory aspects of relative care provision, the KSD is not able to provide the level of supportive services critical to this population. The Commission's Relative Care committee has worked closely with the Department's leadership to ameliorate this situation. At the beginning of FY 2006-07, an all day retreat will take place to examine existing internal barriers preventing DCFS from meeting the totality of relative provider needs.

The KSD includes two Kinship Resource Centers intended to provide information and referral services to relative families under the supervision of DCFS and for those who are not under County supervision. The centers should facilitate support groups and develop community partnerships. Staffing at these two centers is inadequate to meet the needs of this large population. Additionally, the KSD has three kinship liaisons co-located in three regional offices. Their role includes working with regional staff to advocate on behalf of relatives, participating in TDMs and developing local service partnerships and resources. The regionalization of KSD staff appears to be effective. But again, the current organizational structure does not allow for more staff to be utilized in this manner, as the focus of the KSD is to meet regulatory standards.

The Commission strongly believes that the social work staff of DCFS must focus on the regulatory standards mandated by ASFA. It is the Commission's position that the case carrying CSW should attend to the safety standards of relative homes during their monthly home visits. Without this assistance the KSD staff spends more than the state guidelines of three hours to complete the annual reassessment of a relative provider's home. If the case carrying CSW included safety as a regular part of their monthly home visit, the need for KSD staff to spend an average of 16 hours to complete the annual reassessment would not be necessary and would allow the KSD to dedicate more of their resources to providing supportive services.

The Commission, through its Relative Care committee, will continue to focus on these issues in the coming fiscal year. Additionally, the committee will begin to develop partnerships with other County departments and community providers to ensure that relatives receive the types of supportive services that will assist them in providing permanency for the children in their care, have equal access to internal DCFS supportive and recreational opportunities and receive timely financial assistance.

YOUTH TRANSITIONS

The Commission is encouraged by the Department's focus on achieving permanency for youth. Through the focus on prevention and permanency, there should be fewer youth who transition to adult life without a family. The development of programs, and DCFS's partnership with the Juvenile Court to develop guidelines aimed at decreasing the number of Long Term Foster Care (LTFC) orders will certainly help to decrease the numbers of youth exiting the system without a permanent support system. Current efforts to seek mentors for children in the system are also encouraging.

Commissioners have also served on the Runaway Task Force led by DCFS to determine who the youth are who run, why they run from their placements, how many return, what are the roles of the caregivers and the Department, and what changes are needed. The Commission is concerned about this population because when youth run, DCFS does not look for them. The Task Force has agreed that when the youth run it is often for drugs, some sort of recreation or because of mental health issues. The task force is talking to some of the youth in this population and examining various staffing configurations at DCFS that might offer them greater support. Runaways stand to benefit a great deal from preventative programs, given that the same factors motivating them to run away also make them highly susceptible to the dangers associated with living on the streets. We are also represented on the Juvenile Courts' committee looking at substance abuse among adolescents in the system.

Additionally, approximately over half of the youth in the County's probation suitable placement system have transitioned there from the dependency system. All too often they do not receive the type of support and after care services they are eligible for through Medi-Cal and EPSDT funding and mandated by the Department of Justice (DOJ). The Commission has continued to focus on these populations of youth as a strategy to prevent their re-entry into other systems of care.

Probation Youth

Through the MHSA Community Services and Supports Plan, \$1.5 million dollars were allocated to improve services for probation youth transitioning from the juvenile camp system. The Commission participated on the committee that was established to determine how these funds should be allocated. Allocation of these funds supported the Probation Camp Redesign developed by former Probation Chief Paul Higa. The key goals of the redesign include:

- Improved focus on **quality** reassessment
- Administration and availability of psychotropic medications in five camps instead of one
- Regionalized services
- Treatment to drive program services
- Determining objectives for appropriate lengths of stay
- Improved transition supports

Based on these goals, the committee determined that the funds would be used to improve levels of staffing in the following areas:

- Clinical services
- Substance abuse treatment
- Parent advocate
- A pilot program at girls camp Scott/Scudder

The Commission sees this as only a small step toward improving services for probation youth and has worked diligently to ensure that the entire probation system is

reformed. Recent audits and the Probation Camp Redesign are important steps toward this goal.

In an effort to prevent youth from crossing over to the delinquency system, the Commission has continued to convene the Start Taking Action Responsibly Today (START) committee (300/600), a multi-agency partnership including DMH, DCFS, Probation, Children's Law Center and LAUSD. DMH contracted Dr. Denise Herz, CSULA, to: 1) collect data on all 241.1 cases processed by the DCFS 241.1 unit between April 1 and December of 2004 in an effort to understand the characteristics of youth who "crossover" from the dependency system to the delinquency system, and 2) evaluate the effectiveness of the START unit. While youth in the program exhibited difficulties with educational stability, mental health disorders and 89% had been arrested - in general, the evaluation revealed that the START program was successful - risks diminished and strengths grew.

The evaluation will help the committee in its focus to fine tune the program in a way that is coordinated with other County initiatives and outcomes; in particular, how the START program will interface with the implementation efforts of AB 129 being led by Judge Michael Nash, Presiding Judge of the Juvenile Court. The Commission participates on the implementation planning group. Led by the Child Welfare League of America, this committee is developing a "dual status system" and implementation plan that will insure that foster children will no longer be lost when they crossover to the delinquency system. The resources which they currently receive will follow them and DCFS will be required to maintain responsibility for them along with Probation.

Transition Age Youth

The Commission is represented on the Emancipation Program Partnership (EPP), a public-private partnership under the direction of the Chief Administration Office. The goal of the EPP is to blend County resources and services in partnership with public agencies to provide a seamless delivery system to benefit all Transition Age Youth (TAY) under the County's supervision. During this reporting period the following goals were accomplished:

- Representatives from DMH and Probation have been co-located in the DCFS Emancipation office to ensure systems integration.
- The job description for the Systems Navigator created under the MHSA CSS TAY plan has been finalized.
- The Transitional Resource Centers located throughout the County will house the Systems Navigators in order to develop regional support services for youth.
- Housing Specialist positions have been developed.

MENTAL HEALTH

Since the closure of McLaren Hall, the Commission has been tracking the Katie A. lawsuit and settlement agreement. The Katie A. panel has appeared several times before the Commission. In response to the settlement, DCFS and DMH have developed a Countywide enhanced specialized Mental Health Services Plan. The Departments' estimate that only 31% of the children in out-of-home care are currently receiving services. The Plan is targeted at those unserved and underserved children/youth that are currently or entering in the child welfare system and in need of mental health services, particularly those who are considered Seriously Emotionally Disturbed (SED) and now placed in congregate or in D rate homes. This covers Service Planning Areas (SPAs) 1, 6 and 7. The changes include creating a Child Welfare Mental Health Services Division within DMH and collocating DMH staff in DCFS regional offices to help screen, access, and link children to mental health services. This staff will be trained as System Navigators. The Commission will continue to review this plan as it is implemented. The plan, in addition to the MHSA funds, the Title IV-E Waiver, and the establishment by DCFS of the Hubs which include a mental health screen, as well as health exams for children entering the system, give us hope that mental health services will truly improve. The Multi Assessment Team (MAT), an upfront assessment of the child and family, has proven to be very effective.

We have yet to see what will be available for adults—the parents who are desperately in need of immediate, comprehensive services if they have any chance of getting their children back. Mental Health is one of the major reasons for child abuse and

substance abuse, especially for neglect. Often families face problems of both mental health and substance abuse. Integration of much needed services among departments is still in its early stages. In some DCFS offices, DPSS workers are helping families enroll immediately into Cal Works. Mental health staff are located in DCFS offices to help navigate the mental health system. Nurses continue to provide health expertise for social workers. This year, educators are supposed to be located in the offices to assist with educational issues.

EDUCATION

The Commission continues to serve on the Education Coordinating Council (ECC) to advocate for the ECC Education Blueprint adopted by the Board. The Commission has worked with the Department to promote enrollment of young children, especially four year olds in preschool. We have helped to identify what social workers, caregivers, and birth parents should consider in advocating for their child at school at every grade level— DCFS is compiling a document which will be presented for the Commission's review. The Commission continues to advocate for more involvement by DCFS offices with their local schools and for DCFS to require its social workers to fill out the education field in CWS/CMS so that data about a child's education is available. Offices are just now beginning to work with school personnel to assist the students, caregivers and parents. The data match performed by the council in conjunction with LAUSD showed that foster children and probation youth are performing poorly in every area. Their schools are scattered throughout the county with greater concentration in certain SPAs. Areas of concern for students, caregivers, birth parents and social workers include placement in the appropriate school and class, tutoring, after school opportunities, gathering credits and promoting high school graduation.

While the Commission was distressed to see how poorly the foster children did educationally, the probation youth scores were even lower. The ECC will be meeting with superintendents from several school districts to explore ways to improve student achievement. The Commission also is pushing DCFS to keep children/youth in their school of origin so that their education will not be disrupted. Maintaining children in their school of origin is the law, but relative placement, lack of appropriate

community placements, and transportation are major obstacles. We believe that community placement should be high on the Department's list of programs for the Title IV-E Waiver because it is essential in education and in promoting child-family visitation.

An additional challenge for foster youth is the California requirement to pass the California High School Exit Exam (CAHSEE) to graduate from high school. DCFS needs to track the children and see that they receive the necessary support. Caregivers and birth parents must be aware of the tests, the times they are offered, and the preparatory classes that are available.

The ECC also identified 203 DCFS students and 89 probation students in LAUD who were identified as gifted and talented. The Commission was pleased and surprised to hear that they had even been tested. Jacqueline McCroskey, Professor from USC, has arranged for doctoral students to study the factors that enabled these students to overcome barriers to achievement.

FAITH BASED RESOURCES

The faith based community is made up of churches, synagogues, temples, mosques, and other houses of worship throughout the County. The Commission initiated the Faith Based committee as a way to expand the traditional notion of "community based services". The committee strongly believes that the faith community is an untapped resource for the County and that it provides programs and resources that can be of great benefit in the development of strong and supportive families. The focus of the committee is to become a conduit to transmit information concerning what is available to families in need and to help them become a positive, participating member of their community. We see the faith community as a major resource along the entire County Community Continuum of Care (FC4).

The committee believes strongly that the faith community can assist with supportive services for birth families, foster families, relative care givers, children and youth.

The goal of the committee in the upcoming fiscal year will be to develop and implement a plan from which each regional DCFS office can begin to structure their efforts in this regard. The committee will identify outreach strategies, training issues, and coordination of efforts.

Success in this area has already been shown in Compton. Eric Marts has 25 places of worship which are participating in a community Faith Based program. Other cities which have begun work in this area are: Azusa, Glendora, North Hollywood, Palmdale, Pasadena, San Dimas, Santa Fe Springs, and Torrance.

PARTNERSHIPS

The Commission for Children and Families firmly believes that community and multi-agency partnerships are essential to the creation of a seamless continuum of care that provides support to children, youth and families. In keeping with this belief, the Commission views itself as a community partner with representation on various other governmental and planning groups designed to coordinate services throughout the County to improve outcomes for children and families. Commissioners serve with each of the following organizations:

- Los Angeles County Children's Planning Council
- Education Initiative
- Education Coordinating Council
- Emancipation Partnership
- First 5 LA
- Los Angeles County Policy Roundtable for Child Care
- Juvenile Court AB 129 Committee
- Juvenile Court Visitation Committee
- Juvenile Court Cooperation Committee
- Juvenile Court WIC 241.1 Committee
- Juvenile Court Probation Committee
- Legal Permanency Workgroup

- Mental Health Services Act Community Services Supports Planning
- Residentially Based Services Workgroup
- Runaway Taskforce

RECOMMENDATIONS TO THE BOARD OF SUPERVISORS

In its capacity to advise the BOS on issues related to Child Welfare, the Commission made the following recommendations during this reporting period:

- Joint training among County departments, community agencies and stakeholders
- Expansion of team decision-making throughout the length of a case
- Development through public-private collaboration on the SPA level so that a network of culturally and linguistically appropriate services are available to all families
- Dedicate County resources to examine the blending of funds and networks to provide easy access for parents, children, youth and caregivers
- Support for implementation of the Title IV-E Waiver requests to Federal and State governments.

CONCLUSION

This is the opportune time to create a public-private continuum of care (FC4) in which families are supported and children are kept safe. There is greater understanding today of the needs of the population, the multiple services that both the government and the private sector can provide, the possibility for the blending of funds, and the flexibility offered through the Title IV-E Waiver. Coordination, communication, and commitment should result in a service delivery system that benefits families, communities and the entire county. The Commission looks forward to working with the Board of Supervisors to implement FC 4.