

**LOS ANGELES COUNTY  
COMMISSION  
FOR  
CHILDREN AND FAMILIES**



**ANNUAL REPORT  
FISCAL YEAR  
2004-2005**

**Commission Membership  
FY 2004-05**

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Adelina Aguayo Sorkin

Second Supervisorial District

Dr. La Doris McClaney  
Reverend Cecil L. Murray  
Harriette F. Williams, Ed.D

Third Supervisorial District

Carol Oughton Biondi  
Helen A. Kleinberg  
Phalen G. Hurewitz, Esq

Fourth Supervisorial District

Honorable Joyce Fahey  
Christina S. Mattingly  
Sandra Rudnick

Fifth Supervisorial District

Patricia Curry  
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The Commission for Children and Families continues to encourage the integration and coordination of services from public and private agencies so that children, youth and their families have ready access to resources that will promote their health, safety and well-being. During FY 2004-05, the Commission remained committed to advancing the ideas and recommendations set forth in the Board approved Prevention, Family Reunification and Permanency reports. Each set of recommendations speak to the fundamental and system wide change that must take place if service delivery is to be seamless, strength-based, and family centered. If the recommendations were viewed in total, they would represent the blueprint for such a system and in practice would provide children, youth and their families with a comprehensive, community based continuum of care.

Although the main thrust of the Commission's focus is it's oversight responsibility of the Department of Children and Family Services (DCFS), we have continued to bring stakeholders together and have continued to participate in many other forums sponsored by county and community agencies in an effort to highlight the needs of specific populations in the child welfare system so that the development of a continuum of care or seamless service delivery system is responsive to their identified needs. In that regard, the Commission has focused on transition age youth, youth in the delinquency system, kinship providers and children in need of legal permanence. Focus in these areas are critical when one considers for example that approximately 30% of all probation youth have a history with the dependency system, or that a great many transition age youth end up homeless or incarcerated in the adult correctional system and that kinship providers represent the largest population of caregivers in the dependency system.

The Commission continues to see positive progress taking place at the DCFS. This is clearly demonstrated with the implementation of such programs as Point of Engagement, Structured Decision Making, Concurrent Planning, Team Decision Making and Permanency Partners Program. We are also encouraged by the DCFS' priority of community engagement and capacity building and efforts to ensure that community providers are working to achieve outcomes that help bring children to permanence in a timely manner. All of this is critical if families are to provide their children with safe, stable and nurturing homes and communities.

This annual report to the Board of Supervisors represents the Commission's continued efforts to improve the quality of services provided to the many at risk children, youth and families in our county by working with consumers, communities, advocates and stakeholders.

## **PREVENTION AND THE DEVELOPMENT OF A CONTINUUM OF CARE**

The Prevention work group report recommended a comprehensive county-wide plan that supports children, family and youth in each stage of the service continuum. The recommended continuum of care requires the county to realign its resources so that the departments which provide services to families, children and youth are working in partnership with each other. Also critical to this effort is enhancing the partnerships between county and community agencies so that services are more readily available in the communities in which our families, youth and children live.

The Commission met with members of the SPA 8 Council to receive their input as to what an effective continuum of care would include to meet the varied needs of the county's at risk populations. Additionally, Commission members met regularly with the Service Integration Branch of the Chief Administrative Office to discuss the ability of county agencies to partner with each other in a more integrated and coordinated fashion. The move away from a siloed service delivery system is imperative. The Commission feels strongly that there must be acknowledgement by the county and its departments that not one agency, specifically, DCFS, is totally responsible for the safety and well being of our children and families. Clearly, families usually come into contact with other county agencies before abuse and/or neglect occur.

With additional input from the Children's Planning Council, the Commission began developing a continuum of care model that when graphically depicted shows how children and families can move throughout the different levels of care and the county and community partnerships needed at each level of care to comprehensively meet their needs. Entitled Family, County, Community Continuum of Care, FC4 – the continuum of care has four (4) levels of service:

- **Primary Prevention:** Through the effective partnership of family, community and county agencies. primary prevention services are aimed at preventing abuse and neglect and to maintain healthy families and strong communities.
- **Secondary Prevention (Voluntary):** Services available to families when

they experience 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 families' 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.
- **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.

Each level of service is designed to include county and community agencies working in partnership to help the family sustain stability and improve the ability of the community to support the family in their independence from intervention of mandatory services by helping them to stay safe, stable and well. A family may enter the system at any point. The goal is to provide every family with the appropriate level of service necessary for them to achieve safety, well being and self-sufficiency. The continuum emphasizes the need for cooperation and coordination among public and private resources with a strong emphasis on the need for aftercare services, especially for those families that have received mandatory intervention.

The Commission will continue in the coming fiscal year to work with county and community stakeholders to more thoroughly develop the model with the goal of bringing it before the Board of Supervisors to be accepted as the model by which the county provides services.

## **FAMILY FIRST**

The Commission for Children and Families is encouraged by the Department's focus on creating a strong and comprehensive front-end delivery system that is focused on keeping children safely at home while providing families with supportive, community based services. The Family Reunification Committee, a partnership with the DCFS and comprised of various stakeholders, has focused on the importance of Team Decision Making (TDM) and visitation as

key elements in supporting family reunification. Parents have generally felt ignored in the child protection system. They do not believe that there is anyone to advocate on their behalf nor do they believe that their concerns, obligations or fears are taken into consideration when critical decisions about their families are being determined. It is, therefore, critical that parents feel comfortable in the TDM process so that they can actively participate in creating a service plan that can be readily implemented and can assist the family in addressing their issues in a timely manner. The committee has assisted the DCFS in designing the TDM process to include partners in a process that, when possible, results in timely reunification. The committee has also stressed the importance of reunification as a first step within the concurrent planning process.

Engagement of the family is important, but nothing can be accomplished unless resources are located within the communities and are readily accessible for the families to utilize. To this end, the committee has recognized substance abuse, mental health and domestic violence as the three key areas of service needs for families. We have been working with the DCFS to allocate dollars (Safe and Nurturing Families Federal Dollars) to expand the accessibility of substance abuse assessment, treatment, and after care. As part of the Continuum of Care (FC4) we envision health (substance abuse) and mental health services working together with DCFS and the Juvenile Court to insure that services are available to families in each of the four service areas identified in the continuum of care.

In the Family Reunification report great emphasis was placed on the importance of visitation as a building block for safe and timely family reunification. The committee recognizes that the current visitation practice is inadequate. A great deal must be done to improve the number of visits a family has, the quality and purpose of the visits, and to have all the stakeholders recognize how critical it is for families to visit with one another so that attachments are maintained and trauma is lessened. To this end, Juvenile Court convened a committee to review the current visitation protocols. In partnership with the DCFS and community stakeholders, including the Commission, new visitation protocols are being created.

The Committee has also been reviewing key data regarding family reunification, especially for those families with children ages birth to three. The Committee is specifically concerned with the relatively short regulatory and legal timelines to permanency for this population of children which makes adoption much more likely than family reunification. It is, therefore, important that timely and accessible support services are provided to families to ensure that they have

a reasonable opportunity toward reunification. The Committee is also interested in collecting more data about families involved in the child protection system especially as it relates to substance abuse and mental health issues. We are seeking ways to collect this data. So far the tools used in Structured Decision Making (SDM) have not given an accurate picture.

## **RECOGNITION OF KINSHIP CARE**

Since April 2000, when the BOS tasked the Commission with examining the safety of children who reside with relative caregivers, we have worked diligently to ensure that the issues related to relative care became a priority for the DCFS and that the involved children received the necessary services and supports to meet their needs. After studying the needs and issues of relatives and the children in their care, authoring three (3) significant reports and working meticulously and in advocating with the Department's leadership, DCFS has created a division specifically designed to support the over 40% of relatives providing care for the over 11,000 DCFS supervised children and youth. It is important to note that when the Commission convened its first relative caregiver taskforce in 1999 there was know one on DCFS staff with kinship responsibility.

The goal of the new Kinship Support Division (KSD) is to ensure that kinship families receive services and supports that promote health, safety, permanence, and well-being. The mission statement of the KSD is:

*Recognizing that kin families are an important asset to be valued and respected, the Los Angeles County Department of Children and Family Services has established a new Kinship Support Division. This Division will promote family reunification and family permanence by enabling safe and suitable kin placements through the provision of supportive services that promote safety, survival, good health, social and emotional well-being, economic well-being, school achievement and workforce readiness.*

*In order to accomplish this mission, DCFS will embrace a culture of respect and utilize the full scope of services and supports through public and private partnerships and community based organizations to meet the unique issues and challenges facing both formal and informal kin providers.*

At the close of this reporting period, an organizational chart was being developed, with a total of 87 staff allocated to the division. Because kinship homes must be approved according to ASFA standards, much of the division's

efforts will be to ensure that homes are assessed and reassessed on an annual basis to meet these standards. The Commission's relative care committee has concerns that while the intent and indeed the mission of the KSD is to provide resources and support, the current level of staffing will not be sufficient to attend to all aspects of its responsibilities. The Commission will provide close oversight to the development of the KSD and the implementation of the recommendations made in the above mentioned reports.

The Commission and in particular the Commission's relative care committee is extremely encouraged and satisfied by DCFS's recognition of the importance of kinship providers in the efforts of the Department to keep children connected to their families and to their communities.

### **IMPROVED TRANSITIONS**

In November 2004 California voters passed Proposition 63 – the Mental Health Services Act (MHSA) which provides counties with money to assist those in need of mental health services and support. In the first phase of the planning to develop the Community Services and Supports plan, the Commission served as an alternate delegate for the DCFS and co-chaired the Transition Age Youth workgroup. Focus on this population is especially critical when one considers that many of these youth are leaving long term institutional care and/or are aging out of the children's mental health, child welfare or juvenile justice systems. Although the county has recognized the need to develop services for this population, the MHSA provided a unique opportunity for the county to build on the progress that has already been made. As a result of the Commission's involvement in this process:

- \$12,292,326 was allocated to Transition Age Youth ages 16 to 25. These funds will be used to develop: 1) System Navigators that will serve in an outreach, assessment and resource linkage capacity; 2) increase the number of Drop-In Centers and Transitional Resource Centers throughout the county and expand their hours of operation; 3) develop a network of Housing Specialists to assist this population to access emergency shelter and permanent housing.
- \$1.5 million in System Development dollars to develop mental health and substance abuse treatment infrastructures within the probation camps.
- \$1,415,404 allocated to Full Service Partnership Providers to ensure the delivery of appropriate transition services for children and youth returning to the community from both the probation halls and camps.

The Commission's 300/600 Taskforce Committee's focus during this



reporting period continued to explore how this population could best be served through a multi-agency partnership. Specific attention was given to a possible program redesign that would include youth who could potentially cross over from the dependency system to the delinquency system. The Commission feels strongly that this population of youth needs the type of intensive services and case management that the START program is intended to provide. At the close of this reporting period a program review had been initiated by Professor Denise Herz of California State University Los Angeles. The committee is also working with the Presiding Judge of the Juvenile Court to develop a protocol for the county to implement AB129 to ensure that crossover youth would have dual status and continue to be monitored by DCFS. This issue is of particular concern because approximately 30% of over 20,000 youth in the delinquency system have a history with DCFS.

## **Recommendations to the Board of Supervisors**

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

1. To send a five signature letter to California's Senators urging their support of the Kinship Caregiver Support Act to ensure that children residing with relatives are safe and well protected.
2. To accept the recommendations submitted by the Los Angeles County Policy Roundtable for Child Care regarding Governor Schwarzenegger's 2005-06 proposed budget on child development services.
3. To consider recommendations for the utilization to the Mental Health Services Act funds and urging the BOS to extend mental Health Services to probation youth.

## **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 commissions and planning groups designed to coordinate services throughout the County to improve outcomes for children and families. The Commission is represented on 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
- New Directions Taskforce
- Juvenile Court Visitation Committee
- Juvenile Court Cooperation Committee
- Juvenile Court WIC 241.1 Committee
- Juvenile Court Probation Committee
- Mental Health Services Act Community Services Supports planning

