

County Ordinance for Commission for Children and Families – 1984

The Los Angeles Commission for Children and Families was created by the Board of Supervisors in 1984. Its duties as spelled out in its ordinance are as follows.

1. Review all programs administered by County departments, which provide children's services for all children at risk.
2. Receive input from appropriate community groups and individuals concerning County-administered children services programs.
3. Review and make recommendations to the Board concerning legislation dealing with children's services.
4. Make recommendations as necessary to the Board on action to be taken to improve children's services.
5. Provide an Annual Report to the Board of Supervisors

Commissioners Serving from June 2006 – July 2007

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MISSION

As members of the Los Angeles County Commission for Children and Families, we hold ourselves accountable to the Board of Supervisors and to the communities that they serve and from which we come. Although we are a diverse group of child advocates, we work collaboratively and are firmly united on our mission: enhancing the well being of children and families of Los Angeles County. The Commission believes that “the children can’t wait,” and we therefore summon a sense of urgency and dedication to our duties. This is a voluntary assignment, but we are greatly rewarded through the intrinsic and passionate nature of the ongoing effort to improve lives.

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Sandra Rudnick, Vice Chair
Adelina Sorkin, Vice Chair

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Ann Franzen, Chair
Rev. Cecil L. Murray
Joyce Fahey
Dr. La-Doris McClaney
Adelina Sorkin

Relative Care

Harriette Williams, Chair
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Child Fatality

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First Five LA

Dr. Harriette F. Williams

Children’s Planning Council

Adelina R. Sorkin

Education Coordinating Council

Helen Kleinberg

Childcare Policy Roundtable

Ann Franzen

Los Angeles Mentoring

Stacey Savelle

Interagency Delinquency Prevention Program
(START Redesign)

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Family Reunification	Helen Kleinberg
Residential Based Workgroup	Trula Worthy-Clayton
Visitation Resource Committee	Helen Kleinberg
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INTRODUCTION

The Los Angeles County Commission for Children and Families is required by its ordinance to report yearly on the progress made by the County departments in improving the lives of children and families under their care. While the ordinance includes a wide scope, the Commission has devoted most of its efforts to understanding and advocating for an improved child welfare and a better juvenile justice system. This report discusses the major initiatives, challenges, and cultural changes that are beginning to occur. Change is the operative word. The Los Angeles County Department of Family Services (DCFS) is today focused on the prevention of child abuse and neglect, on maintaining strong families, and on securing permanent families for the children under its care. The Probation Department is beginning to talk about rehabilitation instead of punishment. The report ends with recommendations to the Board of Supervisors.

THE COMMISSION

The Board of Supervisors created the Commission in 1984 at the same time that it authorized the establishment of a separate department for children and families (originally part of the Department of Public Social Services). It was the Board's purpose to have knowledgeable citizens oversee the child welfare system and advise it on the progress being made in improving the services offered to children and families. Each supervisor appoints three members for a two-year, renewable term. Commissioners serve at the pleasure of their board office and are chosen because of their knowledge about the well-being of children and families. Commissioners are volunteers who give of their own time.

Through presentations to the Commission, participation with other County entities, Committee work and access to the County's leadership, the Commissioners oversees the County's efforts to improve the lives of children and their families. The Commission's work is greatly enhanced by numerous relative caregivers, former foster youth, academics, legal advocates, and parents who attend meetings, inform committees, and share their individual experiences with Commissioners.

In last year's report, the Commission spelled out its vision for Los Angeles County's services for children and families. This vision involved the creation of an integrated and seamless service delivery system in Los Angeles County that improves outcomes for the children and families and engages the public and private community resources. The Commission referred to this as the Family Community County Continuum of Care (FC4): a partnership to support families and children. This year's report looks at the progress made in the effort to create the continuum and demonstrate better outcomes. An examination of the current environment suggests why creating a comprehensive system is so difficult, yet so critical.

CURRENT ENVIRONMENT

Government is ill equipped to raise children. Child welfare's efforts over the past thirty years prove that long-term foster care does not produce good outcomes for children. Many of the youth emancipating after years in the system have mental health issues, lack a good education, have no adult connections and have become homeless or incarcerated.

Changing the child welfare system and the juvenile justice system is very challenging. DCFS and Probation believe that they have identified the right strategies. The challenge is to implement them with limited funding, a work force that needs retraining, a need to shift beliefs and attitudes, and an environment filled with enormous stress for families. For example, housing costs are high, especially in low-income neighborhoods. There is high unemployment and underemployment. Many families lack health insurance and the emergency rooms are overcrowded. Gangs threaten everyone in many communities. Gas and food prices are up. Many families have multiple generations of dysfunction; efforts to locate relatives frequently result in finding few family members who do not have a criminal record. Los Angeles has a large population of undocumented families; both the public and private sectors struggle to find services for them. There are a limited number of resources to address mental health issues; voter passage of Proposition 63, a tax on people earning \$1 million or more, raised great hopes, but studies currently suggest that cuts to parts of the existing mental health system will negate the impact of the new programs. The education system gets poor marks and foster children are even less successful than the general population.

Mental illness, substance abuse, and domestic violence are the three major causes of child abuse and neglect. The most recent report based upon the Structured Decision Making tool (see Attachment A) finds that 40% of the time social workers identify substance abuse as a factor at the very beginning of the case. DCFS reports that 30% of the children/youth being placed outside of their homes are suffering from neglect or severe neglect. Based upon recent initial mental health assessments, 30% of the children/youth enter the system needing mental health treatment. 48% of youth in the probation system have been involved with DCFS. According to recent reports from the Children's Planning Council, the juvenile justice system is badly in need of a corrective action plan; the report says that the current system promotes recidivism and adds to the overflowing prison population. Disproportionality continues to be a problem; more African American children/youth are in the DCFS and Probation systems than warranted by their numbers in the population.

In an effort to address the need to reunify or secure permanent homes for children, over the past few years, DCFS has implemented five new strategies. They include Points of Engagement, Multi-Disciplinary Assessment Team, Concurrent Planning, Team Decision Making and Permanency Partners Program (P3) (See Attachments B-F). It has taken several years to implement all of the strategies across the eighteen offices of DCFS. As of today, a comparison of the data collected by the Department of Children and Family Services shows little change in the caseload or outcomes in the last year as a result of these strategies. (see Attachments G & H).

Data from DCFS shows that as of June 30, 2007 there were 37,883 children in out-of-home care with 10,753 of them residing with relatives or non-relative extended family. The LA County Fast Facts (see Attachment I) from DCFS shows that for the first six months of the calendar year (January-June '07) there was a 3.2% increase in timely adoptions (within 24 months); there was, however, no change in the percentage of timely family reunifications (within 12 months). There is some movement in reducing the number of children/youth spending time in long-term care. For this year, there was a 3.3% reduction in the number of children in long-term foster care. For this year, there was a 3.7% reduction in the median length of stay in out-of-home care for children. However, half of the children/youth were in care for more than 516 days. Given all of the initiatives

that DCFS has implemented in the last two years, the data is disappointing; it is, however, too early to make any judgments. If the new emphasis on front-end assessments, prevention and voluntary services keep families out of the formal child welfare system, then DCFS is dealing with the most serious cases, which may require more time and more resources.

TITLE IV-E WAIVER

Much of the year has been spent planning for the Title IV-E Waiver (see Attachment J) from the federal and state governments, which will allow for flexible funding as a result of a capped allocation. Its success is predicated on the County's ability to lower the caseload so that savings will be generated. Only two counties in California applied for the Waiver, Los Angeles and Alameda Counties. It was a brave move on their part, especially as the rules kept changing and the funding dwindled to considerably less than anyone expected. Commissioners were concerned when it looked like the Waiver would only yield \$60 million in flexible funds. Those dollars vanished as the implementation date approached. It is now about \$5 million per year in projected savings. The County has, however, elected to implement the Waiver strategies because there is consensus that the departments are on the right track.

The extensive planning in preparation for the Waiver demonstrated that the County, particularly DCFS, is ready to do business in a completely different way. DCFS convened multiple groups of stakeholders both in their regional offices and in other locations to identify the most important priorities to be addressed in the Waiver. Probation representatives participated in these along with caregivers, commissioners, representatives from the Department of Mental Health, educators, lawyers and community-based agencies. The result was 200 recommendations that were later organized into a manageable 47. The anticipated savings from the Waiver was further reduced when the legislature granted a 5% raise to caregivers, which, though deserved, decreased the amount of savings in the Waiver. At its implementation only \$5 million was projected on savings and only three priorities were selected for DCFS and two for Probation in the first year of the five-year project. In addition, as a part of the Waiver, there is a major effort to implement prevention strategies to keep children/youth and families from becoming part of the DCFS and Probation systems.

The Waiver Demonstration Project began on July 1, 2007 with the following priorities for the first sequence:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

- 1) Expansion of family team decision-making conferences to focus on permanency - such conferences will be held every six months for children placed in-group homes and children in out-of-home care two years or longer with no identified permanency plan.
- 2) Upfront assessments for mental health, substance abuse, and domestic violence for high risk cases with expanded family preservation slots starting at the Compton office - the goal is to use comprehensive assessments and appropriate treatment and services in the community in order to avoid taking children into care.
- 3) Expansion of family finding and engagement through specialized permanency units starting in three offices - units of six CSWs with reduced caseloads will be in three DCFS offices: Lakewood,

Metro North, and Pomona. They will serve the most disconnected and longest waiting youth to find permanent connections for the youth.

4) Prevention - a countywide initiative focusing on locally based agencies that will form networks of prevention services and supports.

TITLE IV-E WAIVER PRIORITIES – 1st SEQUENCE

THE PROBATION DEPARTMENT

1) Enhanced cross-system case assessment and case planning-multidisciplinary teams in each of the three juvenile halls will assess youth with a suitable placement court order in order to develop initial treatment plans and identify the most appropriate placement.

2) Expansion of Multi-Systemic Therapy and Functional Family Therapy-Probation will utilize these evidence-based practices to serve youth residing in congregate care and will provide funds to DMH to expand existing services in MST and FFT for approximately 120 youth and families for FY2007-2008. (see Attachments K - L).

School-based probation officers have been identified as potentially having a huge impact by providing intervention services to at-risk youth, bringing in community resources, and making referrals. Probation is currently present in 150 schools, with a big demand for more, especially at high-risk middle schools experiencing elevated delinquency levels and students flirting with gang involvement.

The Probation Department is also a participant in the Prevention Initiative with DCFS. Because approximately 48 percent of probation youth have had some involvement with DCFS, any initiative that reduces the number of children entering the child welfare system will ultimately lessen those numbers in the probation system as well. The Probation Department is interested in leveraging existing resources such as school-based and area office programs, and in working with the city of Los Angeles in gang-related prevention efforts. The Probation Department has made clear to the city and to the Los Angeles Unified School District that DCFS is a critical part of the continuum of care.

PREVENTION

With so few funds to reinvest from the Waiver and such a modest effort at changing services, there is greater pressure on prevention programs. In order to maximize dollars and services, County prevention efforts must collaborate with local community efforts, especially the faith-based community, the schools, and the local providers. This continuum of care must include: enough services to aid the families with marginal problems (voluntary services), immediate community-based services for those families in crisis where court intervention is necessary, and support and linkages to community resources for families who are reunifying, adopting, or seeking

guardianship. This is the type of prevention that DCFS and the Commission have collaborated on with the stakeholders.

The Commission has been working with DCFS on a prevention strategy (see Attachment M) since Dr. David Sanders asked it to co-chair a committee in 2004. The report from the committee was adopted by the Board of Supervisors, and discussions about implementation began. Early on, there was a realization that many departments needed to play a role in preventing child abuse and neglect; this is not the sole responsibility of DCFS. In many cases multiple departments are servicing the same families. While everyone believes that prevention must be countywide, current efforts have not been organized into a comprehensive plan. The private sector agencies do a considerable amount of blending of funds in order to service their clients, but there is no public-private plan that maximizes funding and creates a simple, user-friendly continuum of care.

Today there are two prevention strategies in the County: DCFS's prevention initiative and the Healthy Families, Safe Communities, Thriving Children (HST) (see Attachment N) by the Service Integration Branch (SIB) of the County. Both address all three levels of prevention.

These plans are the result of multiple stakeholders identifying the best way to do community building; there are two plans that approach the communities in a slightly different way. The \$5 million dollars promised by DCFS for this year will be distributed to community-based agencies (one in each of the eight County SPA's) that were selected through a Request for Information (RFI) process. Agencies will be funded based upon referral rates for child abuse and neglect that are received by the DCFS hotline and poverty rates. Funding is only for one year and each agency can design its own prevention program. The agency is required to subcontract with other agencies in its community. The criteria for the program must be that it can be mounted quickly and that it can demonstrate outcomes. Clearly no program can service an entire SPA so the prevention effort will assist families in a limited area.

The Board of Supervisors has allocated \$1.473 million a year (more than \$8 million for five years) for the HST project. It will be mounted in four areas of the County: Pacoima, Wilmington, Florence-Firestone and Lancaster. The HST community action teams assigned to each community will build on existing programs in a community organizing and building effort. This effort, directed by the Chief Executive Office (CEO) for the County, is scheduled for implementation in early 2008, but some work has started in the communities already. The Board of Supervisors has requested that the two prevention programs report back to the Board on how they plan to work together.

While these two prevention programs are being implemented, the Department of Mental Health is engaging the community in its process to identify prevention and early intervention projects to fund under the Mental Health Services Act (MHSA). Commission representatives are participating in this process, which is in its initial stages. Finally, the evaluation components in all of these programs will be critical and must bring value to the discussion for planning, implementation and coordination of a seamless system.

CASEY FAMILY PROGRAMS

DCFS has worked with Casey Family Programs for ten years in an effort to utilize evidence-based programs to improve the service delivery system. Casey has introduced new concepts, trained staff, and assisted in the implementation of programs. Casey has been especially effective in its Family-to-Family programs and in training staff on Team Decision Making and Family Group Decision Making (see Attachment O). Casey's national goal is to reduce by 50% the number of children in foster care across the United States by the year 2020. Dr. David Sanders, the past director of DCFS, is now the Vice President of Systems Change for Casey. He has been very helpful in working with DCFS in supporting the Waiver and in designing the prevention initiative. Casey has made a large commitment to helping to insure the success of the Waiver strategies. Casey will provide one million dollars for each of the five years of the Waiver. These dollars fund three management positions in DCFS and three management positions in the Probation Department. This is extremely important, as the management staff for both departments is spread very thin and each is juggling multiple assignments. According to the agreement (accepted by the Board of Supervisors) the County will provide \$5 million in FY2007-2008 for the DCFS prevention demonstration project. In addition, Casey Family Programs will provide consultation services and technical support to DCFS and Probation at no cost and will directly fund vendors to assist with a communications plan, evaluation plan, preventive efforts, and residentially based service reform.

MENTAL HEALTH

The availability and quality of mental health assessment and treatment for children under the County's care have long been a major problem. At a recent Mental Health Services Act meeting, a representative from the Department of Mental Health said that a recent study showed that 75% of mental health patients say that their problems began when they were children. DCFS says that only about 31% of the children/youth under its care are currently receiving services. It is also not clear how effective or appropriate these services are. Approximately 45% of the children/youth now being screened at the HUBS need mental health services. Chief Robert Taylor, the Director of the Probation Department, reported that preliminary results of the assessment at the juvenile halls shows that about 58% of the youth have co-occurring mental health and substance abuse disorders, while another 25% have mental health problems. Clearly, mental health is a huge issue. Through the Waiver, one of Probation's priorities is to establish a multidisciplinary team at the three juvenile halls so that case plans can reflect the needs of the children/youth and can determine the outcomes to be achieved. There is also a pilot project between DCFS, Probation, and Mental Health in Pasadena to develop assessment teams for youth crossing over between DCFS and Probation. That project includes an examination of mental health treatment plans and their outcomes. Assessment is, of course, only a part of the necessary services. There needs to be a menu of available and accessible mental health practitioners and programs, and there needs to be an emphasis on short and long term outcomes.

There are several efforts by the County to address the severe mental health needs of its children and youth. In 2005, the Board approved the Enhanced Specialized Foster Care Services Plan (see Attachment P) which began the process of placing mental health units within each DCFS regional office and its HUBS. It also established a Child Welfare Division in DMH. This has greatly

improved the coordination and support between DCFS, Probation and DMH. Managers from these departments now meet every Thursday to discuss implementation of programs together. This is called the CHAMPS Meeting. One of its goals is the development of an electronic tracking system for DCFS-involved children and youth. This could really aid in determining the services being utilized and in evaluating the ongoing service needs. DCFS has also established six HUBS (see attachment Q) at County hospitals where almost all detained children are assessed for both health and mental health needs. Probation, as part of the Waiver, is utilizing evidenced based therapies such as Multi-Systemic Therapy and Functional Family Therapy for youth with severe conduct disorders.

The County was sued by legal advocates in 2002 for the poor mental health services provided for children placed by DCFS at MacLaren Children's Center; the facility was closed as a result of the Katie A. lawsuit (see Attachment R.) The County has an action plan which includes better mental health assessments, the expansion of intensive programs such as "WRAP Around" (see Attachment S) and new in-home intensive mental health services, such as Multi-Systemic Therapy and Functional Family Therapy. Throughout the past year, the court-appointed panel has continued to meet with DCFS and DMH in an effort to insure compliance with the settlement agreement in the Katie A. lawsuit. The panel has appeared before the Commission, and two commissioners participated in a review of the progress being made with DCFS's Executive Team and some members of the panel. Though not specifically mentioned in the settlement, the panel has been supportive of the DCFS-DMH efforts to create better mental health assessments through the Multi-Assessment Team (MAT).

MAT is a comprehensive assessment of the child and his or her family, conducted in the community by a mental health provider. The MAT assessment is court-ordered at the beginning of the case when the social worker believes there is a need for a mental health assessment. Creating the report takes about 30-45 days and includes talking to health and educational providers, as well as family. The outcome is a more informed case plan for the child. This process is currently available in eight of the eighteen DCFS offices. However, it was recently granted funding from the Board of Supervisors to fund its expansion to all DCFS offices. Social workers and caregivers have been enthusiastic about this process, but express concern over the length of time it takes. The Commission has urged the Department to examine whether there are parts of the process that could be accomplished by a paraprofessional. Mental Health screenings are also conducted at the HUBs. As of April 2007, 87% of the newly detained children were screened at a HUB.

There is some hope that the MSHA funding from voter-approved Proposition 63 will result in prevention dollars that can be utilized very early to prevent serious mental illness for children/youth. Last year, two Commissioners played a significant role in insuring that mental health service dollars were allocated for the Transition Age Youth (TAY-age 16-25). This year DMH is planning with the stakeholders for the early intervention and prevention MSHA dollars. The commission has one delegate, thus one vote, and one alternate delegate who will continue to advocate for the TAY population through this planning process. While all the stakeholders review the multiple mental health needs of children/youth and adults, staffing issues are also of great concern. DMH may not have enough mental health therapists to provide the necessary services. There is a shortage of therapists trained to work in mental health for young, non-verbal children.

The lack of mental health practitioners is also being addressed in the MSHA planning groups and there is some funding to address education and work force issues. An additional problem is that the mental health providers are finding that the state will not always reimburse them through EPDST funds for assessments. The state auditors have interpreted those dollars to be exclusively for treatment, with no provision for funding the necessary assessment. This is a major funding issue in which state support is critical and essential in supporting the IV-E Waiver priorities.

CULTURE CHANGE

As the Commission worked with the County over the years, it began to talk about the necessity for a total culture change. We think that DCFS, DPSS, DMH, and to a lesser extent Probation, have made some real strides in this direction. They are working more collaboratively and are joining with private agencies to serve communities. Much more work is needed, especially in helping to change the attitudes of the workforce. The following are some examples of those efforts:

1. Community and stakeholder engagement in the Waiver process and the selection of priorities.
2. DCFS efforts to work with communities in the prevention planning process.
3. Committee work between DCFS and the provider community to redesign the group homes to make them short term and therapeutic.
4. Assessment and utilization of community resources as part of the Points of Engagement Initiative across the County. Work in some regions with faith-based organizations.
5. Linkages Pilot (see Attachment T) in three DCFS offices that places DPSS GAIN workers in DCFS offices in order to quickly sign up eligible families for CalWorks or other DPSS programs.
6. Inclusion of parents as active participants in the decision-making process through Team Decision Making.
7. Hiring people from the community to serve as Human Service Aides.
8. Emphasizing the strengths of families and doing case plans based upon the family's needs, rather than the cookie-cutter approach of the past.
9. Efforts toward transparency – more honesty and clarity in discussing challenges that the department and the County face.
10. DCFS's role in assisting Probation in preparing for the Waiver and its efforts to help change Probation's approach to youth and their families, to a therapeutic rather than custodial model.
11. CHAMPS meeting weekly to insure and oversee the implementation of changes in the mental health services. This meeting includes DCFS and Mental Health and Probation.
12. Placement of DMH system navigators in DCFS's regional offices.
13. Hiring and utilization of education liaisons and education counselors hired by DCFS, to assist at TDMs; they help with issues related to children/youth records, credits, behavior issues, educational needs, school enrollment, keeping the child/youth in his or her school of origin, etc . . .
14. Use of screening tools at the HUBs to identify young children with developmental issues.
15. Joint trainings at the LOGs (Leadership Organization Group) which include community agencies, caregivers, County departments, commissioners, educators, etc.

16. New efforts to work with community agencies to identify and train mentors for DCFS and Probation children/youth.

Because there is so much work to be done in helping to improve family function and in preparing children to be productive adults, the County has a number of bodies working to improve planning, implementation and cooperation. Each plays an important role and much of the current progress is due to their diligence and commitment. A Commissioner serves as a member of each of the following County bodies: the Los Angeles County Children's Planning Council, the Education Coordinating Council, the Child Care Policy Roundtable, First Five Los Angeles, and the Interagency Delinquency Prevention Program. Participation on these bodies informs our work, and assists in coordinating services, and helps keep the Board of Supervisors informed. Commissioners also participate in committee meetings with DCFS such as the Reunification Committee, Prevention Committee, DCFS Visitation Resource Committee, and the Residential Based Reform Committee. Commissioners also attend committees of the Dependency Court.

The Commission also has its own committees: Faith-Based, Child Fatality Review, and Relative Care. The following are the reports from some of these committees.

COMMITTEE REPORTS

Family Reunification

Family Reunification is a DCFS committee focused on implementing its 2004 Report to the Board of Supervisors. A key priority of that report was the need for quality family/child visitation. While visitations are occurring today, they are not well planned, not often enough, and not designed to accomplish the goals of the case plan. In addition, siblings quite often do not get to visit on a regular basis. It is terribly traumatic for children not to see their parents or siblings. In addition, the family unit is damaged when it is separated for long periods of time, and members are forced to function on their own.

Following the creation of visitation protocols and guidelines by the Dependency Court, a resource committee for visitations was formed. A Commissioner still attends those meetings. In this important area DCFS has been very slow to act. There are resource issues and problems with the union over what they perceive as additional burdens for social workers. A visitation plan has been drafted and a pilot project has been proposed. The Commission hopes that improved, quality visitation will begin as a pilot in at least four offices. The hiring of Human Service Aides, a recommendation in the Reunification Report, may help facilitate improved visitation. It is hoped that the aides can help organize and supervise visits; however, visits must be tied to the case plan.

The Reunification Committee has recommended the use of Team Decision Making (TDMs) throughout all cases - meeting quarterly to reexamine the case plan, review the quality of the services, hear the child and family responses, examine visitation efforts and evaluate outcomes. Family Group Decision Making (FGDM) is also an important tool that should be utilized more often by DCFS. The Casey Family Program is very supportive of this and is funding trainings. The committee has also been concerned because at least 40% of the DCFS cases involve substance

abuse. It is monitoring the MOU between DCFS and the Department of Public Health Services to provide assessment and treatment for families in a small pilot using funding from the Federal Safe and Stable Families Act. Much more work is needed in the area of substance abuse and domestic violence. There needs to be an interdepartmental group, similar to CHAMPS, that plans for the blending of funds and the coordination of programs with the community providers for all families in need of substance abuse services. The court has implemented a drug court as a pilot in one area of the County and is planning to expand throughout the County. There is also a need to examine resources for families involved in domestic violence.

Faith-Based

Our Faith Based Committee has been working hard to involve the Faith Based community with the Department of Children and Family Services. Our goal is to develop programs that reach out to the children and families that are served by the DCFS.

We have found that many of the churches, synagogues, temples, mosques and other houses of worship throughout the County are ready, willing and able to provide the programs and resources necessary to assist in the development of strong, supportive family units. These Faith Based Organizations have child and family friendly facilities in place. They have individuals within their memberships with a desire and interest in helping others.

It is estimated that there are 8,000 Houses of Worship in Los Angeles County; each one has facilities and, more importantly, members that are willing to be used in the service of others. In our different SPAs, we have begun working with these Faith Based groups to develop and expand programs that help the children and families of the DCFS. These programs are at various stages of development but what is most exciting is that we are building momentum and already seeing the benefits. Imagine the impact if each one of these 8,000 beacons of hope is placed into service - what a tremendous impact upon the children and families of LA County!

SPAs 1 and 7 are in the early stages. SPA 1 is working with 3 or 4 churches. These churches are willing to align with DCFS and are currently planning to meet with as many as 40 additional churches to discuss the program and ask them to join as partners in this crusade.

SPAs 3, 4 and 5 are also working with the churches in their area to develop committees and work on implementation strategies.

In SPA 8, the Torrance office has 50 Houses of Worship already involved with the program. Each one is working to develop programs around the strengths of their congregation. These range from activities for children and families, game nights, dinners and holiday celebrations. This summer they hosted a basketball camp for foster and group home children. 106 children benefited from the week of fun and instruction. Next year more camps are planned. On September 16, they hosted an all day event complete with bounce houses, slides, dunk tanks game and prizes. Music and entertainment filled the day and food was served by In 'n Out Burger, Weinersnitzel and more. 75 booths were hosted by Faith Based organizations as well as DCFS partners and service providers. In 2008, they are planning to have tutoring and mentoring classes. Even more amazing is that there are 300 more Houses of Worship waiting to start programs: after school programs, physical

fitness, visitation rooms, food banks, furniture giveaways, mentoring, tutoring, computer training, SAT preparation, parenting skills; the list goes on.

Providing these activities within the local community facilitates growth and interaction with others for youth and their families outside of the traditional confines of DCFS. They offer a safe and beneficial learning environment away from the streets and stresses of daily life.

There are many hurting children and families within DCFS. The love and generosity given by the Faith Based Community is having an impact of which the committee is seeing more and more each day. The Commission has partners in our Faith Based Houses of worship that are willing to give of their time and resources for the children and families of LA County. The goal was to see if the Faith Based program could help provide a better tomorrow for our children. The Commission thinks it has and as it continue to provide better tomorrows it will see stronger healthier families less dependent on DCFS. The number of DCFS families is going down in the communities impacted by Faith Based. The goal for 2007 and 2008 is to spread the word that we have started and to make more services and programs available to all neighborhoods throughout L.A. County.

Together the Commission and Faith Based Committee can make a difference in the lives of the children and families they have been charged with serving.

Child Fatality Committee

In order for the Commissioners to develop a better understanding of the various situations influencing the number of children and youth dying in Los Angeles, the Commission for Children and Families began a dialogue with the County Counsel and DCFS. By law, the department cannot remove children simply because of their parents' lifestyle, habits, or because of the environment in which the child is being raised. Very young children die because of substance abuse or domestic violence, and these patterns must be studied. Because of the numerous child deaths, the Commission decided to become more involved in Child Death Case Reviews to understand and evaluate DCFS' response to child fatalities.

Under the leadership of the former DCFS Division Chief for Risk Management, who was appointed in January 2007, a protocol was established, and a system was designed for Child Fatality Case Reviews so that children's social worker did not feel as if this was an inquisition or an indictment. In addition, that Division Chief began to participate with the Inter-Agency Council on Child Abuse and Neglect (ICAN) and the interdepartmental death review committee (consisting of LAPD, Sheriff, DMH, DPSS, Coroner, etc.). However, with the resignation of the former Division Chief (for personal reasons) in July 2007 (six months after being on the job) concerns arose because the protocols he designed for 1) a systematic process for the investigation and review of child fatalities, 2) clear protocols for corrective action plans for child fatalities, and 3) the operation of the DCFS Child Fatality Round Table had not actually been implemented. In addition, there is currently a vacancy in the Office of Independent Review (OIR), and there have been no updates regarding effort to find a replacement. For these reasons, the DCFS system for reviewing Child Fatality Cases is in chaos with no leadership.

Currently, the Commission does not have a clearly defined role with the death review team managed by ICAN. The Commission is desirous of addressing child fatalities and working collaboratively to identify potential systemic issues when a fatality or serious injury occurs to a child in care. It is still unclear what the Commission's involvement in child death reviews might be.

Relative Care

On December 23, 1999, the Board of Supervisors requested that the Commission for Children and Families develop a mechanism, together with the Director of the Department of Children and the Presiding Judge of the Juvenile Dependency Court, to review the safety and care of foster children currently residing with relative caregivers, and to report back to the Board with their findings and recommendations.

A Relative Caregiver Committee was then established by the Commission; individuals composed of a broad spectrum representing both the public and private sectors also attend. The group met several times a month in various locations from March 2000 to July 2000. The Committee gathered information and data from all available resources, including surveys, participatory forums, and interviews with caregivers and youths. After several necessary postponements, the report of the Committee was finalized and submitted to the Board on February 13, 2001. By Board motion, the Department and the Dependency Court were ordered to work together to implement the recommendations, and DCFS subsequently submitted its response indicating actions to be taken.

In order to monitor the progress of implementation, the Relative Caregiver Committee was made a standing committee of the Commission, and has met on a regular basis since that time in an effort to insure the safety and quality of life for children, and to provide support and assistance to relative caregivers. Accepting the assignment to participate in planning efforts regarding the Permanency initiative was a logical extension of the Committee's on-going activities.

The Kinship Cabinet is a sub-committee of the Commission for Children and Families that reviews Kinship related policy issues and tracks performance measures and outcomes. The Cabinet convenes on a monthly basis to address systematic issues related to the placement of children in the homes of Relative Caregivers. More than one-half of the youth who are under the supervision of DCFS currently reside with their relatives.

A recommendation was made for the Cabinet to track adoption and legal guardianship statistics within probation, in addition to tracking outcomes within DCFS. It was proposed that the Cabinet create a relationship with one of the universities in an attempt to pursue evaluation and research of adoption and legal guardianship rates within probation and DCFS.

The 2006-2007 Cabinet defined four performance objectives that will be monitored:

1. The number and percentage of the following cases within a one-year period: adoption, legal guardianship, KinGap cases, and long-term connections.
2. Number and timelines of annual re-assessments approved.
3. Number of children removed from denied homes before jurisdiction is terminated.

4. The reduction of ASFA related GRI payments over a 12-month period.

The Cabinet has focused its attention on the following three areas throughout the 2006-2007 fiscal years:

-Adoptions and Safe Families Act (ASFA)

The Adoptions and Safe Families Act of 1997 was reviewed by the Commission. This act requires that the homes of Relative Caregivers and Non-Related Extended family members be held to the same standards as those of Foster Parents. The Cabinet continues to review two major issues in relation to Relative Caregivers as well as AFSA:

- Backlog of cases
- Apparent mistreatment of relatives by DCFS workers

-Relative Caregiver Facts Sheet

Concern was expressed by some of the Commissioners that the Relative Information Packet is overwhelming. The Commission further requested that DCFS create a one page "Fact Sheet" to be given to Relative Caregivers with pertinent information including resources and appropriate phone numbers. The fact sheet would also give key steps for immediate action during times of crisis. The Cabinet through a sub-committee is in the process of addressing these issues.

-Kinship Guardian Assistance Payment (KinGap Plus)

The Kin-GAP program allows relative caregivers to see their children's cases closed out of the foster care system, yet still receive funding at the basic foster care rate. For children with special needs, or families needing childcare services or specialized counseling, the basic rate falls short of subsidizing that assistance. Caregivers either resist leaving the system or must ask the court to order a higher rate. To encourage relatives to take these children, the Kin-GAP Plus program has been proposed through legislation, to allow funding at a higher rate. The state has put the implementation of Kin-GAP Plus on hold, because of questions around Medi-cal eligibility. During the wait, however, families continue to receive the services they need, and the court is not terminating jurisdiction.

Interagency Delinquency Prevention Program (IDPP)/ Formerly START Program

Commissioners have long had concerns about the number of youth who are within the DCFS system and become part of the Probation system. The START (Start Taking Action Responsibly Today) Program was implemented approximately 10 years ago in response to recommendations of the Children's Commission 300/600 Task Force, convened on behalf of the Los Angeles County Board of Supervisors to address crossover youth. The mission of the Interagency Delinquency Prevention Program (formerly the START), is to prevent pre-delinquent dependent children from formal entry into the juvenile justice system and adjudication as delinquents. The IDPP program seeks to intervene with those youth most at risk of delinquency. The target population for the

program is DCFS-involved children and youth who display a pattern of behavioral problems that suggests they might be at risk for future delinquent behavior. Such behaviors include substance abuse, gang involvement, truancy, curfew violations, AWOLs, physical aggression to people or animals, destruction of property, and/or theft. In order to qualify for the program services, children must also be Medi-Cal eligible and meet the threshold criteria for medical necessity.

The IDPP team consists of a DMH Psychologist, a Probation Department Deputy Probation Officer, and an LAUSD Educational Liaison who works in collaboration with the Team Decision Making (TDM) process. This team is designed to provide assessment, consultation, referral, and linkage services to DCFS CSWs for those children and youth in their caseloads who present with significant risk factors for delinquency.

Current evaluative studies have raised questions about the program in terms of outcomes achieved and the relatively small number of clients served by the program. Commissioners are working with the County to look at other comprehensive service programs that might prove to be more effective. In addition, more recently, planning has taken place, related to AB 129, (see Attachment U) to develop multidisciplinary teams for all children and youth referred to the Court via the 241.1 process.

RECOMMENDATIONS FOR THE BOARD OF SUPERVISORS

1. The IV-E Waiver must have a thorough evaluation. The evaluation should include random case review, client surveys, and multidisciplinary focus groups, not just statistics.
2. DCFS needs to collect only the most important data and analyze its significance on an ongoing basis. Data must be shared with stakeholders.
3. The Team Decision Making process needs to be expanded throughout the length of the case.
4. Mental health services and outcomes need to be regularly reexamined for both parents and children/youth.
5. Quality visitation must be piloted and expanded as quickly as possible.
6. All of the components of the Katie A. settlement must be implemented and evaluated.
7. The Multidisciplinary Assessment Team (MAT) should be implemented across the County.
8. A County task force should be convened to examine issues related to attracting, retaining, and employing workers in the social service and mental health fields. Incentives like loan forgiveness should be explored.
9. The work hours of social workers needs to be examined in light of the need for visitation. Workers need to be working in the evenings and on weekends when parents and children/youth are available for visitation.
10. Expand the usage of Family Group Decision Making so that it is an accessible tool for social workers and probation officers to employ.
11. Monitor the culture change in the Probation Department and continue joint trainings.
12. Fully implement the Camp Redesign for the Probation Department.
13. Implement the recommendations in the Children's Planning Council report on Juvenile Justice.
14. Reexamine the new structure for County management under the CEO. Design the social service model around the needs of the client and the creation of a Family Community County Continuum of Care. This should bring DCFS, Children's Mental Health, and Juvenile Probation together.
15. Create a continuum of care in the prevention area by blending public and private funds.
16. Create a task force to examine the impact of substance abuse and domestic violence on child welfare and juvenile justice, define best practices, examine funding streams and recommend evidence-based programs that coordinate current resources.
17. Change the process/protocol for investigating and reviewing fatality cases and address systemic issues, and make appropriate recommendations.
18. Provide regular status reports to the full Commission regarding compliance of the DCFS fatality unit, with protocols and guidelines.
19. Explore all the possibilities and implement the faith-based projects as quickly as possible.
20. Explore resources for staffing the Coroner's office that would expedite autopsies and subsequent reports regarding child fatalities.
21. Examine all County dollars involved with prevention so that a single strategy can prevail.
22. Require all County departments to work with families and children/youth on a strength-based model.
23. Implement the recommendations of the blueprint to improve education for children in the DCFS and Probation systems through the Education Coordinating Council.
24. Provide child care so that relative caregivers can participate in trainings.

CONCLUSION

The Commission is pleased that there is progress; however, everything takes too much time. DCFS has five major initiatives: Points of Engagement, MAT, Concurrent Planning, TDMs, and P3, but implementation of the initiatives is uneven. They do not all look alike in the eighteen regional offices. This slow implementation, though probably necessary in such a large organization, makes the initiatives seem like separate programs. Everything is still in silos, with workers only knowing about their little piece. There is not a sense of creating a continuum of care.

Second, the data collection system is still a work in progress. DCFS collects a lot of data, probably more than it needs and perhaps not always the right kind; its ability to analyze it, share it, and apply lessons learned on a regular basis is limited. More time must be spent on analysis, and the knowledge gained must be shared.

DCFS needs to determine if the new initiatives are successful: and if they are successful, what are the relevant elements? Which families and children/youth are really helped and why? The data issues are further hampered by the state requirements that counties build no additional data systems without state approval. DCFS needs to examine data systems that are used by other counties that may improve the quality of its information.

Third, funding is a huge issue. All of the programs are on very shaky ground – for example, the Waiver will provide much less funding than originally anticipated, prevention funding in DCFS is only secure for one year, and mental health funding is still inadequate. Relative care providers still need training that includes childcare; quality visitation for children and families will require more resources. Additionally, the County lacks a coordinated interagency strategy to really address the key causes of child abuse and neglect: substance abuse, domestic violence and mental health.

Fourth, the pace of change at the Probation Department, in terms of truly working with the youth and families to improve family conditions and connect troubled young people with the necessary services, is far too slow. Many people, including some who work for Probation, liken its services to DCFS twenty years ago. The number of probation youth who are in need of mental health services alone suggests a need for more prevention and immediate treatment. The stories in the Los Angeles Times about the treatment of families trying to visit their young people who are under the care of the probation department are very discouraging. These are families under enormous stress; they need the County to work with them to improve their quality of life and help keep siblings out of trouble – mistreating them sends the wrong message and does a great deal of harm. Respect, support and care for all members of the family must be the philosophy of all County departments.

The County needs a public-private continuum of care that will lower the stress on families/children/youth and will provide a user-friendly system that can be easily accessed in the communities. Today the County is moving very slowly in that direction.