

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

2011-2012
ANNUAL REPORT



LOS ANGELES COUNTY BOARD OF SUPERVISORS



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Mark Ridley-Thomas
Second District



Zev Yaroslavsky
Third District



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Fourth District



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Fifth District

Commissioners Serving from July 2011 – June 2012

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Rev. Cecil L. Murray (Served until 5/14/12)
Daphne Ng (Appointed on 5/15/12)
Harriette F. Williams, Ed.D.
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Genevra Berger
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Stacey Savelle (Resigned 1/23/12)

Commission Officers

Patricia Curry, Chair
Genevra Berger, Vice Chair
Susan F. Friedman, Vice Chair
Dr. Sunny Kang, Vice Chair

**Commission Staffed by
Executive Office Commission Services**

Sylvia Drew Ivie, Executive Liaison (Effective 9/3/2012)
Martha Arana & Vibiana Navarro

History

Twenty-eight (28) years ago, on May 8, 1984, the Board of Supervisors (Board) approved the creation of the Commission for Children and Families (Commission). The Commission was given the responsibility to monitor and evaluate the recommendations made by the Children's Services Task Force.

The Commission was given the added responsibility in its Ordinance to:

- Review all programs administered by County departments that provide programs and services for all children at risk.
- Receive input from appropriate community groups and individuals concerning County-administered children's services programs.
- Review and make recommendations to your Board concerning legislation dealing with children's services.
- Make recommendations, as necessary, to various department heads to improve children's services.
- Make recommendations, as necessary, to your Board on action to be taken to improve children's services.
- Provide an annual report to your Board concerning the status of children's services, along with recommendations for their improvement to be utilized for broad community distribution and discussion.

Historically, and in Fiscal Year (FY) 2011/12, the Commission advocated for enhanced coordination and collaboration of County Departments and community partners in an effort to improve outcomes for children and families in Los Angeles County.

Our goal remains the same as it has for several years, to advocate for children and families and to ensure a continuum of care that is comprehensive, coordinated, and well integrated with County Departments, County Clusters (i.e. Children & Families Well-Being, Health and Mental Health Services, Public Safety, and Service Integration Branch Clusters), caregivers, the private sector and the community.

Commission Preamble

In 2001, the Commission adopted the following preamble to guide its work on behalf of children and families:

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 in 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.

OVERVIEW AND EXECUTIVE SUMMARY

Vision

The Commission for Children and Families is dedicated to a Vision of a child welfare system in which Family, Community, and a County Continuum of Care (FC4) work seamlessly together for the benefit of children and youth. This Vision guides the Commission in its review and exploration of the support systems available for at-risk children and youth. Families must be strengthened; services must be provided in a way which supports community-based delivery of services; departments within the County must collaborate and cooperate in the continuum of care needed by families, children, and youth. Programs must be evaluated; and outcomes measured on an on-going basis (See Pages 7-8 & 15-18).

Goals

To implement its Vision, the Commission embraces the goals of safety, permanency, reduced reliance on Out-of-Home care, and self-sufficiency for every at-risk child and youth within its jurisdiction.

Process

These goals are implemented through collaboration and support of County Departments and consultation with community-based organizations and advocates.

Departmental Support

Fiscal Year 2011/12 began with the welcome appointment of Philip Browning as the Interim Director of the Department of Children and Family Services (DCFS), bringing the promise of administrative stability and promotion of the goals of common sense, accountability, and critical thinking to a department which had recently experienced significant administrative turnover.

The Commission supported Mr. Browning's focused efforts to address the Emergency Response Command Post concerns expressed by the Board of Supervisors. At the same time, the Commission provided support to the agency by alerting the Director to the risks the necessary redeployment of staff was posing on other parts of the Department's operation. In addition, DCFS was given a voting seat on First 5 LA by the Board. The Commission supported this change in hopes that it will provide opportunities for additional programs and services focused on young children 0-5 in foster care or at risk of entering foster care.

The Commission also supported the appointment of the new Chief Probation Officer, Jerry Powers. Chief Powers also began a reorganization and rebuilding. The Commission assisted those efforts by supporting development of new programs for juvenile court, specialized programs for youth in Probation camps, and youth existing the camps.

The Commission supported efforts by both DCFS and Probation during the initial implementation of AB 12 which became effective January 1, 2012. The Commission participated in Committees and advocated for resources for Transition Age Youth (TAY).

Funding

Federal and State funding are critical to the operation of County services for children and youth. Both, DCFS and Probation made the request for an extension of the Title IV-E Waiver from the State and Federal Government a high priority. The Commission supports that extension, which has enabled the County to use the reinvestment dollars available from the waiver to better support families through prevention, reunification and aftercare. The Commission invited reports at four meetings on IV-E to help bring focus and attention to the progress made to date, and the need for continuation of the funding. The Commission also provided input on how the reinvestment dollars could be spent.

In addition, the County is the beneficiary of important funding for mental health and prevention services under the Mental Health Services Act administered by the Department of Mental Health (DMH). The Commission and DMH have worked diligently together to explore ways to provide necessary prevention and support services to children and TAY (See Pages 7, 10-11, 15, 21).

Community and Intradepartmental Collaboration

A Commission concern over many years has been the difficulty of facilitating intra-departmental collaboration and cooperation. Children and Youth need the services in the areas of mental health, health, substance abuse care, housing and employment, child care, education, transportation, mentoring and wellness, to grow into self-sufficient adults. The Commission supported the leadership of DCFS and Probation in seeking more collaborative support.

At Commission meetings, testimony was given by department representatives on subjects under the jurisdiction of DMH, Department Health Services (DHS), Probation, Los Angeles County Office of Education (LACOE), DCFS, and the Department of Public Health (DPH).

Input from community leaders was an important component of Commission meetings. Testimony was also provided from community advocates for children, Children's Law Center, Public Counsel, relative care providers, and church leaders during this 12 month period (See pages 19-20 for a list of the topics and the supporting materials presented at meetings).

Committees

The Commission also implemented its Vision and Goals by establishing Standing Committees and Ad-Hoc Work Committees and Workgroups dealing with childhood wellness, faith-based community support, crossover prevention, relative caregiver support, Public Health Nurse support, mental health services for children and TAY (See pages 5-9). The most concentrated work during this fiscal year was within the Mental Health Workgroup, and that work is continuing into the new fiscal year (See pages 10-11).

Participation in External County Bodies

The Commission has further implemented its Vision and Goals by participation in 15 different County bodies, including the First 5 LA Commission, the Chief Executive Office (CEO) Self-Sufficiency Committee, DCFS Pregnant and Parenting Teen Workgroup, DCFS Young Children in Care Workgroup, Casey Regional Planning Group on five Protective Factors, Youth Development Services Redesign Group, Delinquency Representation Guideline Committee, Agency Court Cooperation Committee, Education Coordinating Council, Mental Health Services Act System Leadership Team, and the Prevention Initiative Demonstration Project (See page 14 for a listing of delegate members).

Advisors to the Board of Supervisors

The 15-member Commission (see listing on Page 2) is selected by the five members of the Board of Supervisors to advise the Board on child welfare matters. Issues of concern to the Commission are communicated to the Board via letters or through working directly with Board offices. This year letters were sent to the Board regarding mental health services, support for the Edmund D. Edelman Children's Court, Title IV-E Waiver budget recommendations, AB 12 housing needs, and support for State legislation AB 2093 on education (See Page 21).

Conclusion

In sum, it has been a very busy and productive year identifying problems, celebrating collective endeavors, working in earnest with the interest and support of public and private partners dedicated to the well-being of our children and youth. We thank you all for your invaluable assistance.

RECOMMENDATIONS TO THE BOARD OF SUPERVISORS

The Commission respectfully submits the following recommendations to your Board. Recommendations 1 through 5 are based on the extensive work done by the Commission's Mental Health Workgroup over a two-year period. Recommendations 6 through 9 are based on previous recommendations which highlight the importance of Family + Community + County Continuum of Care (FC4).

1. Develop a process for the Mental Health Services Act (MHSA) funds that has transparency, checks and balances, oversight, and is more inclusive of an integrated approach for County departments who provide services for at risk children and families.
2. DMH should use Prevention and Early Intervention (PEI) funds to develop and implement prevention and early intervention programs aimed at children who have experienced trauma as part of a comprehensive continuum of care.
3. DMH should develop a plan to build capacity for PEI and Community Services and Supports (CSS) Programs for children and TAY by developing service providers who have expertise in serving the specific needs of children and TAY. The plan should include areas such as, Antelope Valley that do not have sufficient providers for children and TAY. This is important to ensure that services reach all children in the County.
4. Instruct DMH to develop prevention programs and participate in partnership with DCFS and Probation in providing ongoing services targeted at the youth who were the focus of the Hilton Foundation Report ([Download Report Fact Sheet](#) or [Download Executive Summary and Full Report](#)). These programs should identify youth at risk of crossing over from the foster care system to Probation and prevent this.
5. DMH should develop prevention and early intervention programs to target the approximate 16,000 youth in the community who are under jurisdiction of the Probation Department. The programs should assist in keeping these at risk youth from entering the juvenile camps and halls.
6. Adopt an Integrated Family + Community + County Continuum of Care (FC4) for all County departments providing services for children and families, and instruct departments to utilize these principles in delivering services for children and families:
 - Family Focused Services
 - Community-Based Delivery of Services
 - Coordinated and Integrated Service Support System
 - Performance-Based Outcomes and Evaluations
7. Develop a County structure implementation plan that will embody the key elements of FC4, shared Management Appraisal and Performance Plan (MAPP) Goals, integration of family services, blending of funds, and outcomes accountability of County departments.

8. Instruct the CEO to make “Prevention” a priority by developing a plan that identifies and integrates services across County departments, provides funding, and expands current effective prevention programs such as the Prevention Initiative Demonstration Project (PIDP).
9. Instruct the CEO to develop a plan for incorporating the FC4 and for evaluating the outcomes for all DCFS and Probation programs by organizing internal resources more effectively to reach across departments when desired outcomes are shared, and leveraging external resources to support implementation of the plan (e.g., First 5 LA, Casey Family Programs, Inter-University Consortium).

Commission Committees and Workgroups 2011/2012

Standing Committees 2011/2012

Childhood Wellness Committee

Adelina Sorkin, LCSW/ACSW, Chair
Ann Franzen
Helen A. Kleinberg

Faith-Based Committee

Dr. Sunny Kang, Chair
Ann Franzen
Dr. La-Doris McClaney
Rev. Cecil L. Murray
(Served until 5/14/12)
Adelina Sorkin, LCSW/ACSW
Martha Trevino-Powell

Ad-Hoc Committees

Crossover Youth Ad-Hoc Committee

Carol O. Biondi, Chair
Patricia Curry
Helen A. Kleinberg

Relative Care Committee

Harriette F. Williams, Ed.D., Co-Chair
(Served until 12/5/12)
Patricia Curry Co-Chair
Helen A. Kleinberg

DCFS Public Health Nurses Ad-Hoc Committee

Helen A. Kleinberg
Patricia Curry

Workgroups

Transitional Age Youth (TAY) Mental Health Workgroup

Susan F. Friedman, Chair
Patricia Curry
Helen A. Kleinberg
Stacey Savelle (Served until 1/23/12)
Adelina Sorkin, LCSW/ACSW
Martha Trevino Powell

Children's Mental Health Services Act (MHSA) Workgroup

Genevra Berger, Chair
Helen A. Kleinberg
Patricia Curry
Adelina Sorkin, LCSW/ACSW
Susan F. Friedman

Commission Focus on Mental Health

The Commission has been an active participant in the County Mental Health Services Act (MHSA) Stakeholder Process. We participated in the Stakeholder planning process for both the Community Services and Supports (CSS) Plan and the Prevention and Early Intervention (PEI) Plan. We have also provided representation on the MHSA System Leadership Team (SLT). It was with this background that in 2010 the Commission formed the Mental Health Services Act Workgroup for Transition Age Youth (TAY). This Workgroup initially began by reviewing the implementation and spending of the CSS TAY Plan and then began looking at the PEI TAY Plan implementation and spending.

In 2011, the Commission added a second Workgroup, the Children's MHSA Workgroup, to review the CSS and PEI Plans and the allocation of MHSA funding for children. In 2012, recognizing that both the Children and TAY Workgroups were identifying many of the same issues, the two Workgroups merged into one Workgroup.

After meeting for two years with DMH, the Workgroup drafted ten recommendations based on its findings ([Attachment I](#)). The Workgroup began by meeting with DMH to determine if the recommendations could be implemented; however, these discussions brought to light additional concerns regarding the MHSA planning and oversight process. These concerns were documented in a second set of recommendations titled, "Children/Transition Age Youth (TAY) Mental Health Workgroups' Suggested Discussion Points for the Mental Health Services Act (MHSA) Structure, Budgeting, Evaluation and Oversight." ([Attachment II](#)).

In April 2012, DMH presented their Annual MHSA Update Proposal. The Workgroup responded with a report titled, "Recommendations, Questions and Concerns Regarding the Annual Update for 2012/13 for Expansion/Prudent Reserve ([Attachment III](#)). This document not only detailed the additional concerns over the MHSA process and funding, but also proposed an alternate Prudent Reserve Expansion Plan for TAY to fund two programs which had been discussed and supported by the Commission's Crossover Workgroup. The Commission's alternate proposal suggested funding for two programs. The two programs were both related to needs of those youth crossing from the foster care system to the Probation system and the proposal was based on the needs pointed out in the report titled, "Young Adult Outcomes of Youth Exiting Dependent or Delinquent Care in Los Angeles County," issued by the CEO and the Conrad N. Hilton Foundation ([Download Report Fact Sheet](#) or [Download Executive Summary and Full Report](#)).

- The first program proposed using either MHSA unspent dollars or the MHSA Prudent Reserve Expansion dollars to add the Psychiatric Social Workers (PSW's) needed to complete the Multi-Disciplinary Teams (MDT) for the expansion of the successful 241.1 pilot project Countywide.

- The second program was a crossover prevention project brought to the Workgroup's attention by the Commission's Crossover Committee. This new pilot project targets identifying youth at high risk of crossing over from foster care to Probation and provides services to prevent these youth from crossing over. This proposal was to add PSW's to the Multi-Disciplinary Team.

The Commission presented the alternative proposal to the Board Deputies. The Commission's support of these two Crossover projects resulted in a Board motion which was unanimously approved.

In addition to the issues above, the Commission DMH Workgroup was also concerned about:

- The slow implementation of the MHSA PEI programs for Children and TAY.
- DMH documents detailing allocations and expenditures indicating significant amounts of unspent PEI funds for children and TAY.
- Research presented at the [March 19, 2012](#) Commission meeting by Jacquelyn McCroskey, D.S.W, Chair of the Roundtable for Childcare showed the importance of prevention for children and indicated that when a child experiences trauma during childhood, especially those that are not resolved, the child will manifest medical and psychological conditions as an adult. Recent literature reinforces this prevention approach: Harvard studies of the child's brain architecture found that trauma and toxic stress thwarted natural development. The Adverse Childhood Experience Study (ACE) found that the physical and mental health of adults with chronic diseases were often the result of untreated adverse childhood experiences.

While the Commission recognizes that there are other sources of funding besides MHSA that are available for children, PEI was the first affirmation from the State that funds were necessary to address mental health problems before real illness and formal diagnoses are made. Therefore, the development and implementation of PEI programs and services is crucial for bringing needed prevention services that are not available through other funding sources.

Commission Committees and Workgroups

Relative Care Committee

The largest population of youth in out-of-home care reside with relatives. The Commission continues to work with DCFS to improve support services for relatives and the children in their care.

In an effort to increase the supportive services available to relatives, the Commission took the lead in bringing together DCFS, Probation, Department of Community and Senior Services and Mental Health (DMH) to work with relative caregivers. The Commission's goal was to determine if additional supportive services could be available by linking relatives with these, or other County departments that would assist relatives to provide permanency, safety and self-sufficiency for children in their care. Through this effort, the Commission was able to help bring a Systems Navigator to the North Kinship Relative Resource Center on a part-time basis to assist relative families by directing them to mental health services.

In an effort to highlight the important role relative care providers play in children's lives, and to support the needs of relative care providers, the Commission devoted one Commission meeting to discussion of relative care. This included presentations by the relative care organizations Grandparents As Parents, Raising Our Children's Kids and Community Coalition, as well as individual relative care providers who brought personal stories to share. At this meeting, DMH announced they would renew their efforts to provide respite care. Through the Commission's Mental Health Workgroup, Commissioners strongly advocated for respite care.

The Commission continued to work with relatives and DCFS to identify new locations to relocate the existing Relative Resource Centers. In addition to relocating the Resource Center in Service Planning Area 6 (SPA 6), DCFS committed to adding a Relative Resource Center in the Antelope Valley, which has now surpassed SPA 6 as the area with the highest number of relative care providers. DCFS also committed to adding three satellite Relative Resource Centers - the Pacoima Boys and Girls Club, Brown Temple in Pomona, and Aspirinet in Long Beach.

Faith-Based Committee

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 Commission believes that the faith-community can assist with supportive services for birth families, foster families, adoptive families, adoptive services, relative caregivers, children and TAY. The focus of the Committee is to become a conduit to bring the faith-based community together with DCFS and families in need. We see the faith community as a major resource. While the Committee was unable to meet regularly because of commitments of Committee members, the Commission sees this as an important Committee and looks forward to a more active role in the coming fiscal year.

Childhood Wellness Committee

The Childhood Wellness Committee and Commission continue to promote the need for DCFS to go beyond safety and improve the conditions for children under its care. As the literature states, most children involved with the child protective system have experienced abuse or neglect and separation from a parent. These traumatic experiences can lead to a variety of behavioral and emotional problems which can impact social emotional development, the ability to become self-sufficient, and health outcomes.

Six years ago, the Committee started its work on the issue of childhood obesity. We continue to follow this issue. We commend the Probation Department in its commitment to improve meals at the Camps and promote physical activity. DCFS did create a Healthy Life Styles Policy. The Committee followed up with the Chief Executive Office (CEO) on Policy No. 3.116 - Los Angeles County Child Wellness Policy approved by the Board of Supervisors in December 2009. This Policy has not moved forward and the Committee will continue to ensure implementation of this policy prior to its expiration in 2014.

During the coming year, the Committee and Commission will work closely with the Department of Public Health as it addresses the issue of childhood obesity through a grant from First 5 LA. This Committee will work on behalf of the Commission to advocate for services to address social-emotional issues, health disparities, and educational delays of children under the care of the County.

Crossover Youth Ad-Hoc Committee

Recognizing the importance of Prevention, the Crossover Youth Ad-Hoc Committee Workgroup (Workgroup) was established to discuss various methods to identify youth at risk of crossing over from the foster care system to the Probation system as well as to develop methods of intervention preventing the youth from crossing over.

The Workgroup discussed a number of different risk behaviors and types of interventions. One of the areas where problems often manifest themselves is in the school. Either through truancy or behavior at school, at risk youth can oftentimes be identified. The Probation Department, for a number of years, has had a successful school program where a probation officer stationed at the school brings together the youth, parents, and school staff to work together with youth who are at risk of crossing over. The Workgroup discussed Probation and DCFS working together and using this Program with foster youth. The two Departments have begun working collaboratively in the regions to pilot this effort.

The Workgroup also discussed a youth's appearance in traffic court as another early identifier and warning sign of at risk behavior and thus identified traffic court as a logical venue to provide services to these youth. Other discussions included topics such as the impact of closing all of the Juvenile Informal Traffic Courts, and reviewing the Probation Department's plan for handling cases that would have normally gone to those courts.

Through the Committees' work with the 241.1 Pilot Project, and with the help of Casey Family Programs and children's research, DCFS and Probation have developed an assessment tool to use in the Pilot Program to prevent crossover. The assessment tool was designed to identify whether a youth was at low-, medium- or high- risk of crossing over. The Workgroup reviewed and also provided input for the assessment tool and discussed how and what services could be provided to those youth in the high-risk category. It was agreed that the use of Multi-Disciplinary Teams modeled after the teams used in the successful 241.1 Pilot would be very important. These efforts along with the Hilton Foundation Report became the basis of the Commission's proposal to DMH and the Board regarding the use of MHSA expansion dollars for DMH Psychiatric Social Workers to be used as part of the team in the Prevention Project; this resulted in part of a motion passed by the Board on September 4, 2012 (Item No. 2).

DCFS Public Health Nurses (PHN) Ad-Hoc Committee

The Commission continues to seek expansion of the Visiting Nurses Program as part of the strategic plan for DCFS. The Commission believes use of the Public Health Nurses will provide great value to DCFS. DCFS workers are more knowledgeable about children when they are able to get information from medical entities.

Commission Representation on County Bodies 2011/2012

In addition to the work the Commission performs in their standing committees and workgroups, the Commission also participates in a number of committees and workgroups of other County bodies that cover a wide range of important topics affecting children and families.

Agency Court Cooperation Committee	Adelina Sorkin, LCSW/ACSW
Children's Court Trust Fund Oversight Committee	Adelina Sorkin, LCSW/ACSW
Delinquency Representation Guidelines Committee	Carol O. Biondi
Court Committee on Psychotropic Drugs	Sandra Rudnick
Education Coordinating Council	Helen A. Kleinberg Martha Trevino-Powell
Youth Development Services (YDS) Redesign Workgroup	Patricia Curry
DCFS Young Children in Care Workgroup	Helen A. Kleinberg
Independent Living Program (ILP) Budget Workgroup	Patricia Curry
Casey Regional Planning Group on 5 Protective Factors	Helen A. Kleinberg
First 5 LA	Harriette F. Williams, Ed.D. /Patricia Curry
Mental Health Services Act System Leadership Team (SLT)	Adelina Sorkin, LCSW/ACSW
Policy Roundtable for Child Care	Ann Franzen
DCFS Pregnant and Parenting Teen Workgroup	Sandra Rudnick
Self-Sufficiency Committee	Patricia Curry
Systems Improvement Plan (SIP)	Adelina Sorkin, LCSW/ACSW

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

The Commission for Children and Families has continued to be committed to and 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, in 2005 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, in 2005, to integrate the Board approved recommendations of the four workgroups co-chaired by the Department of Children and Family Services (DCFS) and the Commission – Prevention, Family Reunification, Permanency and Relative Care Permanency: www.lachildrenscommission.org/reports.

The Board has made attempts to move the County in a direction consistent with the FC4. This is evidenced by several motions the Board has passed over the years which are aligned with the concepts of FC4.

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.

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 for programs such as, Substance Abuse, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), and those funds available for jobs, childcare, education, housing, transportation, mentoring, and wellness to meet the needs of families quickly and easily. If these funds are leveraged in a way that is coordinated with the Mental Health Services Act (MHSA), Title IV-E Waiver, First 5 LA Funds, CalWORKs, and other funding streams, the County will then be better able to create such a system as outlined in FC4. The Commission also believes that untapped resources exist from private foundations and from within communities.

The Commission, during FY 2011-12, has remained focused on the importance of integration of services. During this fiscal year, the focus has been primarily on the integration of the Department of Mental Health's (DMH) services and funds from the Mental Health Services Act (MHSA) allocations for children and Transition Age Youth (TAY) for both Probation and foster youth. Through integration of County departments, families and children can receive comprehensive services aimed at safety, stability, self-sufficiency and access to community-based services.

The Commission continues to work with County departments, community groups, youth and other relevant entities to promote and implement the ideas incorporated in the FC4 continuum of care. 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 attached graphic.

FC4 Summary

Many of the elements of FC4 exist in current initiatives throughout DCFS, Probation, and other County departments; however, the overall system is still fragmented. In order to continue to make progress the following key outcomes, principles, partnerships, and elements need to be adopted and implemented by all County departments

Four Principles for Family and Children Services

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

Four Key Outcomes for Families and Children

1. Safety
2. Permanency
3. Reduced Reliance on Out-of-Home Care
4. Self-Sufficiency

Four Key Elements of County Structure for County Departments

1. Shared MAPP Goals for County Departments
2. Integration of County Services based on a Countywide Implementation Plan
3. Accountability of all County Departments through Collection of Data, Sharing of Data, Analyzing Data (Performance Counts), Shared Outcomes, and Program Evaluations
4. Blending of Funds Across County Departments

Four Key Partnerships Need to be Formed Among

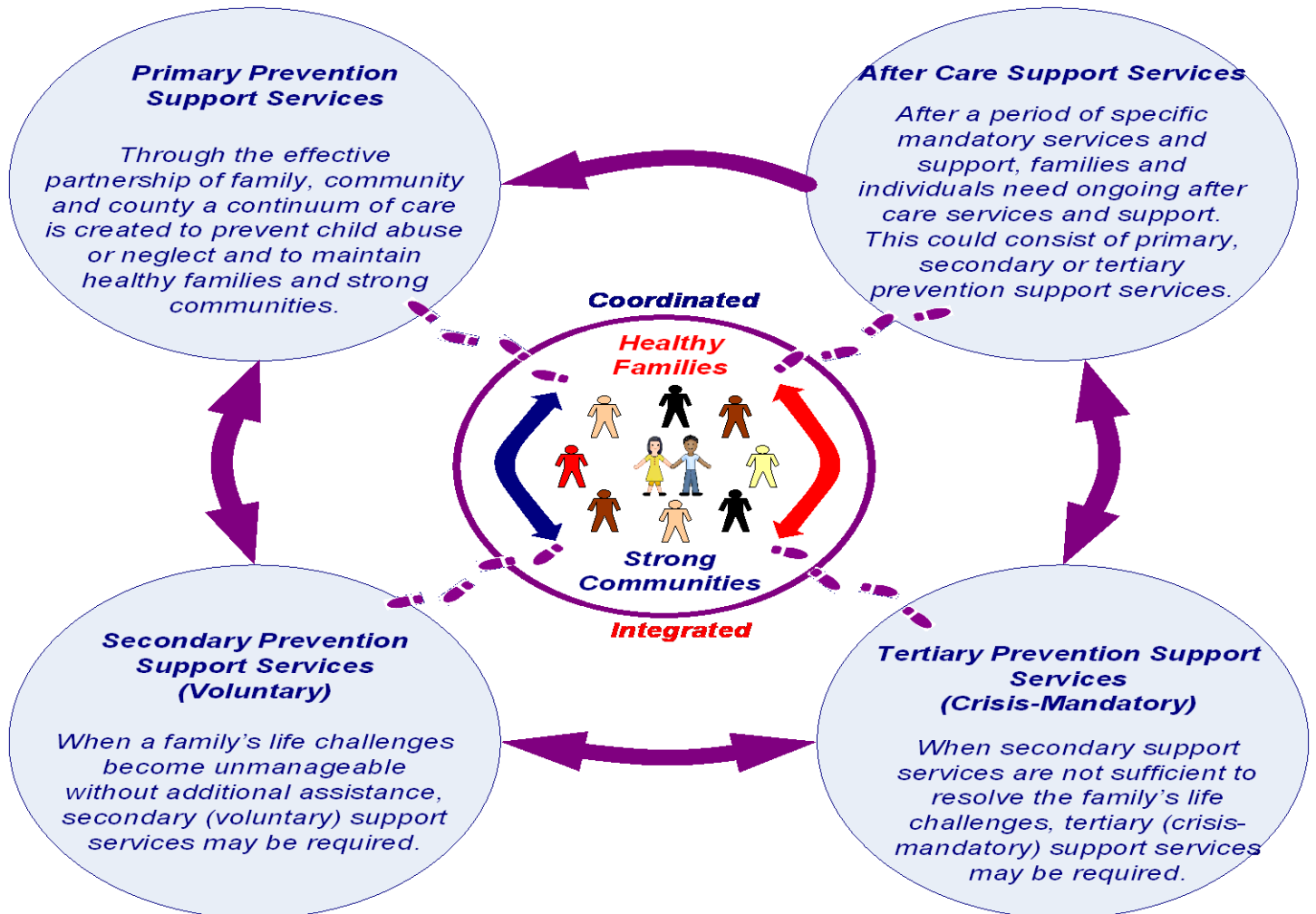
1. County Departments
2. Children and Families
3. Community Providers
4. Community Non-Profits, Faith-Based Organizations, and Volunteers

Family+Community+County Continuum of Care (FC4)

Partnership to Support Children and Families

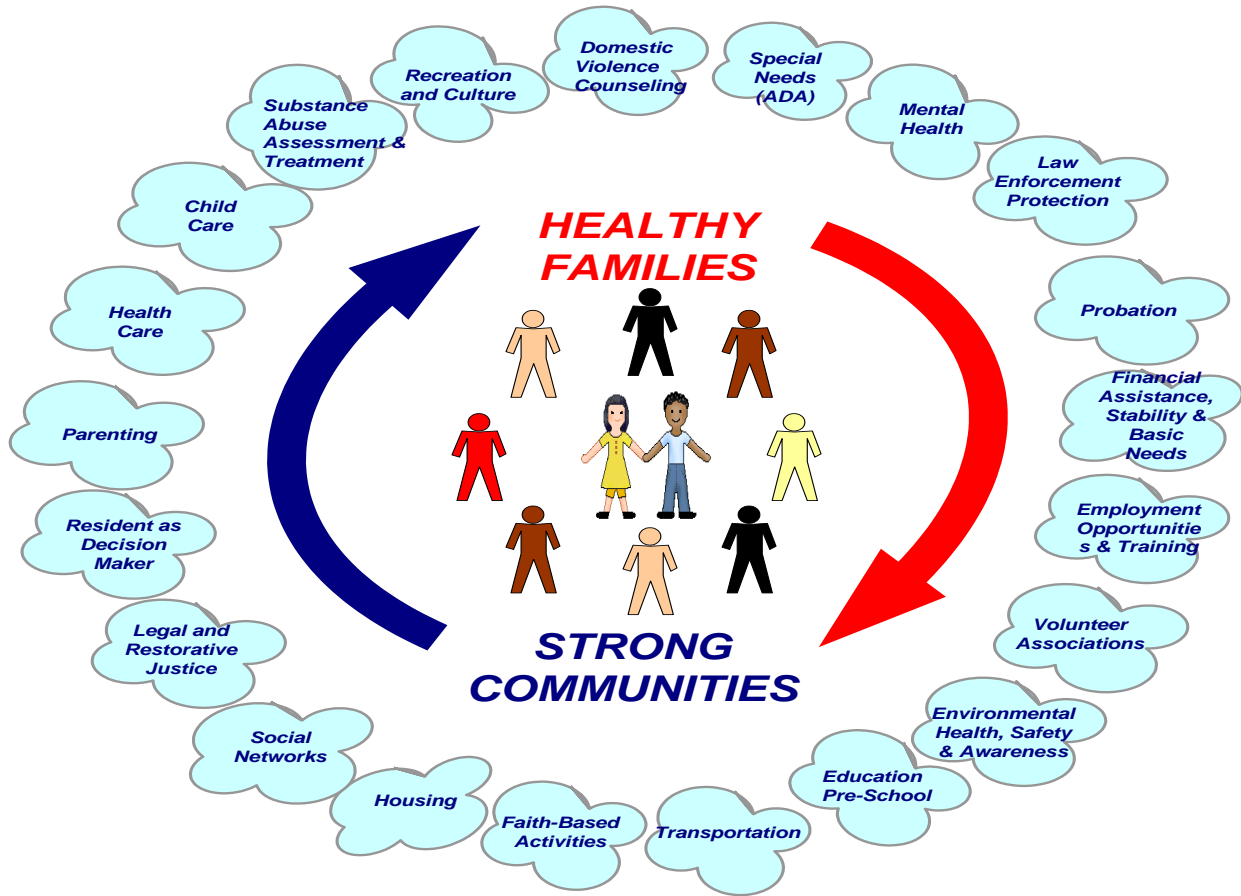
Families meet a number of challenges and should receive county and community blended services based upon their individual needs via an integrated services delivery system that is culturally appropriate and easily accessible within their own communities.

Healthy Families+Strong Communities



Los Angeles County Commission for Children and Families

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



Los Angeles County Commission for Children and Families

Note: The graphic is based upon information that the Commission compiled with community members to suggest the type of services that were necessary in the communities to support the Continuum of Care FC4

Commission Meetings

The Commission had presentations and discussions at Commission meetings on several key areas and topics of concern to the Commission.

These included reports and presentations on:

- ***Programs and Services*** ([7/18/11](#), [10/17/11](#), [11/21/11](#))
 - Permanency
 - Wrap Around
 - Adoptions
 - Foster Care Services
 - Family Preservation
 - Family Reunification
 - Prevention Initiatives
 - Aftercare Services
 - Mental Health Services for Foster Care Youth
- ***Title IV-E Waiver*** ([7/18/11](#), [11/21/11](#), [12/5/11](#))
 - Current Programs funded
 - Proposed programs funded
 - Proposed budget strategies
- ***Integration of County Services*** ([9/19/11](#), [3/5/12](#))
- ***Faith-Based Community*** ([10/3/11](#))
 - Collaborative efforts to assist at-risk children and families
- ***Implementation of AB 12*** ([10/17/11](#))
- ***California Youth Connection (CYC)*** ([10/17/11](#))
 - Legislative gains to improve the foster care system
- ***Education Coordinating Council's (ECC) Strategic Plan for Fiscal Years 2011-14*** ([10/17/11](#))
- ***Transitional Age Youth*** ([10/17/11](#), [4/2/12](#), [4/16/12](#), [5/7/12](#))
 - Transitional Housing Programs
 - Self-Sufficiency
 - Permanency/Housing
 - Education
 - Career/Workforce Development
 - Social/Emotional Well-Being
- ***DCFS Strategic Plan*** ([12/5/11](#))
- ***Disproportionality and Disparity in the Child Welfare System*** ([12/5/11](#))

- **Childhood Wellness** ([1/9/12](#), [5/7/12](#))
 - Childhood Obesity
- **Katie A. Exit Strategies** ([1/23/12](#))
 - Exit criteria and formal monitoring plan
- **Psychotropic Medication** ([1/23/12](#))
- **Crossover Youth** ([3/5/12](#))
- **Young Children in Child Welfare System** ([3/19/2012](#))
- **DCFS Realignment** ([4/2/12](#))
 - Funding Model
 - Programs Realigned
- **Mental Health Services Act** ([4/2/12](#), [4/16/12](#), [5/7/12](#))
 - Prevention and Early Intervention (PEI) funds
 - Prudent Reserve
 - Distribution of funds
- **Relative Care Providers** ([4/2/12](#), [6/4/12](#), [6/18/12](#))
 - Impact of AB 12
 - Support Services
 - Respite Care
 - Systems Navigators
- **AB 2093 (Skinner) Foster Youth Higher Education Preparation and Support Act of 2012** ([5/7/12](#))

During FY 2011/12, the Commission sent letters to the Board of Supervisors (Board) and other officials on the following issues or areas of concern.

- [Letter Dated October 18, 2011](#)

Letter to the Board informing them of the Mental Health Transition Age Youth (TAY) Workgroup collaborative spearheaded by the Commission regarding Mental Health Services Act (MHSA) Program Funds for TAY, ages 16-24.

- [Letter Dated November 5, 2011](#)

Recommendation to the Board for retaining the existing funding structure established at the Edmund D. Edelman Children's Court (Court), thereby preserving the Board's endorsement for the provision of adequate shuttle service established when the building plans for the Court were first drawn.

- [Letter Dated December 14, 2011](#)

Recommendations to the Board regarding strategies by DCFS and Probation for the Title IV-E Waiver Budget.

- [Letter Dated December 14, 2011](#)

Recommendation to the Board that the Title IV-E Waiver Budget for DCFS and Probation include in their budget funding to aftercare services for children and families.

- [Letter Dated April 18, 2012](#)

Recommendation to the Board that 1) DCFS and Probation along with local transitional housing experts, advocates and key stakeholders develop program recommendations; and 2) the Board communicates with State officials, developing AB12 implementation guidelines on which transitional housing program elements would be best suited to Transition Age Youth of Los Angeles County.

- [Letter Dated T ay 18, 201G](#)

Recommendation seeking the Board's support of AB 2093 (Skinner), Foster Youth Higher Education and Support Act of 2012.

**Los Angeles County Commission for Children and Families and Stakeholders
Workgroup Report and Recommendations
on
Mental Health Services Act (MHSA) Programs
for
Transitional Age Youth (TAY) and Children**

The Commission for Children and Families (Commission) has actively participated with the Department of Mental Health (DMH) in the extensive planning processes involved in creating the plans for the Community Services Support (CSS) and the Prevention and Early Intervention (PEI) portions of the Mental Health Services Act (MHSA). We are also active members on the Systems Leadership Team (SLT) that DMH developed to oversee the implementation of both plans. After years of involvement, the Commission became concerned that dollars allocated for children and Transitional Age Youth (TAY) were not being spent according to the original plans. The Workgroups was initiated to review the programs and spending.

Adults who suffer from mental health issues frequently state that their mental health problems first began when they were children. It is, therefore, crucial that treatment begin early in life.

The Commission formed two Workgroups in 2011 to review the programs and services provided to children and TAY, funded with the MHSA, PEI, and CSS money. The Commission met with representatives from DMH on a number of occasions. We thank them for their time and patience while providing the Commission with information and answering questions. Below are initial recommendations the Commission has developed from these ongoing meetings:

- 1. Establish the principle that DMH must track, credit, and spend prudent reserve and unspent funds for the populations that they were originally allotted by the County.**

The Commission acknowledges that the MHSA allocations from the State are for **all** age groups of eligible residents of Los Angeles County. References by the Workgroup of County overspending or underspending for different age groups relates to the percentages agreed to for the four age groups – children, TAY, adults, and older adults by DMH, stakeholders and the Board of Supervisors (Board). From the State point of view, the Workgroup also recognizes that overspending in one age group may be balanced or offset by underspending in another age group in terms of the State allocation. Therefore, references to overspending or underspending by the Workgroup should not be construed to be a comment on the State allocation but only refers to the County age group percentages.

Prudent reserve and unspent funds for children and TAY must not be diverted to adult populations in order to compensate for overages in adult programs or to enhance services in adult programs. A significant portion of the money in the prudent reserve and in the unspent funds was part of the County percentage allocation for children and TAY. The adult programs have overspent their percentage allocations in prior years while the children's and TAY Programs have been seriously underspent, allowing much-needed children and TAY programs to lag in development and implementation.

2. Identify the obstacles that are preventing implementation of programs and creating unspent funds in both the children's and TAY PEI and CSS budgets.

There are contracted service providers who have not delivered the services anticipated by the monies allocated to them by DMH. The revenue is then marked unspent. According to DMH financial reports dated 9/29/11, 10/19/11 and 3/2/12, over the past six years (i.e. Fiscal Year (FY) 2005/06 through FY 2010/11), the combined State allocation for children and TAY was \$313.7 million. Of this amount, \$136.5 million (44%) was spent. Another \$58.7 million (19%) is held in a State-mandated prudent reserve, which leaves \$111.1 million (37%) unspent. It should be noted that of the \$111.1 million unspent, \$94.1 million is in PEI funding. Given the much-documented need expressed by the care community, social workers and probation officers for preventive and clinical services, these funds can be vital in answering unmet needs for children and TAY.

3. Develop service providers who have expertise in serving the specific needs of children and TAY.

There are a number of providers with background and expertise in the adult and older adult populations; however, there are fewer providers with expertise in working with TAY and an insufficient number with expertise in children's issues. DMH representatives have cited this problem in meetings as one of the reasons for unspent funds. Other reasons involve the complex contracting process in the county as well as some contractor reticence in dealing with young populations. DMH should work with the provider community to develop additional quality providers for these populations.

4. DMH should allocate the anticipated additional State funding of approximately \$20 million due to increased tax revenues among the four programs, i.e. Adult, Older Adult, TAY, and Children, according to the original allocation percentages approved by the Board.

We have some concern that the referenced additional money will not be distributed accordingly because of the current under-spending for TAY and children and the over-spending for adults. Originally, the CSS allocation percentages favored the adult population. The stakeholders subsequently agreed to allocate 65% of the PEI dollars to children and TAY in order to strike a fair balance. Any new allocation must take this agreement into account and ensure that there is fairness in the County division of these much-needed dollars for all the populations.

5. **Develop new County structures for future oversight of MHSA Funds which will make the implementation plans for CSS and PEI transparent and ensure that stakeholders, County Departments, and the Board can see how the dollars that are allocated or unspent relate to the original plans that were developed.**
 - a. Stakeholders appear to be getting after-the-fact information pieces rather than actual planning involvement. Changes that are made to the County Plan are incorporated in large reports to the State. There is no easy-to-read summary report that indicates what the original County plan was and what the changes are.
 - b. Divide the Systems Leadership Team (SLT) into two distinct bodies, one for adult and older adult programs and one for children and TAY programs so that serious issues, such as significant under-spending of the County allocation, which affect TAY/children but not adult programs, can be concentrated in the hands of an ad hoc body which can devote full attention to resolving the problems. This includes allocation of funds, implementation, evaluations, recommendations for change, and future planning.
 - c. In addition to the Supervisors' Mental Health Deputies, the Children's Deputies and Justice Deputies should also be briefed on any changes in funding programs or issues affecting the TAY and children's PEI and CSS Plans.
6. **The Auditor-Controller (or an outside audit entity) should review the entire County MHSA budget in order to: 1) validate financial accountability; and, 2) assist DMH in establishing tracking-and-reporting procedures so that both lay people and the Board can understand the expenditures, the prudent reserve, and the unspent categories.**

The Workgroup received a number of reports from DMH. Our Commission recognizes that financial data is developed by DMH to satisfy State reporting requirements and that such requirements are subject to change. We found, nonetheless, that reports we received did not fully account for line items, e.g. an overspent amount of \$40 million shown as a deficit in the adult category was balanced out in a separate line item with no explanation of where the compensating \$40 million came from (nor was our Commission able to determine an answer from subsequent meetings with DMH staff).

- 7. DMH should review and amend the three existing transitional housing contracts for TAY to require standard accountability measures such as:**
 - a. Reporting within a specified frequency on reasons for rejections of referred youth.**
 - b. Reporting exit information and other data needed by Departments of Children and Family Services (DCFS) and Probation to determine next best steps for the youth.**
 - c. Evaluating outcomes of current DMH housing providers.**
 - d. Conducting a comprehensive financial and programmatic audit, before the contract is extended in July 2012.**
 - e. Signing a Memorandum of Understanding (MOU) by all providers guaranteeing monthly reports to Probation and DCFS on a set list of questions such as number of residents with children, number who exit prematurely, number currently employed, etc.**
 - f. These programs are jointly administered by DMH, DCFS, and Probation. There needs to be some clarification about each department role in the administration.**

It appears that in 10-plus years that the contracts have been in place, there has been no outcome evaluation of the three contracts. In addition, we found that there is a lack of substantive information regarding which youth are selected for the housing and whether their needs match the established criteria as well as how many youth are rejected; the length of stay in the housing and types of services provided. Based on information from DCFS and Probation, this lack of information has impeded their departmental planning efforts for the applicable youth.

One of the three DMH transitional housing providers has had a high ongoing vacancy rate over the last few years. We were advised by DMH that there is a unique problem for this provider because of separate funding streams for housing and services that have incompatible eligibility requirements. The workgroup suggested that if the incompatibility problems were insurmountable, the contract should be canceled. Following that discussion, the occupancy has increased to 90% for the last two months. Resulting concerns are whether the provider is taking the youth with the serious mental health issues for which the program was originally designed and whether it is providing the services for which it is receiving enhanced funding.

The three providers receive blended funding which may include Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Independent Living Program (ILP) and Supplemental Security Income (SSI), it has been reported that the aforementioned provider is additionally receiving \$500,000 annually in PEI funds.

- 8. Review the recommendations of the stakeholder group regarding respite care, determine what caused the initial efforts to fail and use the “lessons learned” to design a respite plan that will succeed in bringing these much-needed services to families.**

Respite services were in the original plan for children and were subsequently removed although they continue to be urgently requested by parents, caregivers, and relatives on an ongoing basis. DMH has indicated that there is a problem in finding providers who can deliver respite care services. Such services however are available for TAY and children in other counties.

Also, State Regional Centers provide respite care for families dealing with developmentally-delayed children and private agencies provide respite for families dealing with the elderly. DMH should research how other counties handle these needs and allocate resources to solve the problem.

- 9. Develop Mental Health service providers for children and TAY in the Antelope Valley.**

The Workgroup learned that children and youth from the Antelope Valley must be brought to Los Angeles for treatment and services. These reports came as anecdotal information to our Commission Workgroups from Probation and DCFS. The Workgroups did not have the resources to further research this issue but believe that more analysis is needed. It seems reasonable that with \$111.1 million in unspent revenue, there could be an assessment and treatment center that is much more

accessible to the Antelope Valley population. If, as indicated by DMH staff, contract providers are unwilling to make such a commitment to provide services in the Antelope Valley, one strategy might be to ask several providers to deploy staff one day per week. There are doubtlessly other possibilities that would emerge if targeted problem-solving were undertaken together with contract agencies.

10. Develop preventive care services for approximately 16,000 probation youth living in the community to help prevent them from entering juvenile camps.

In the original plan for PEI, the stakeholders identified a number of groups whose needs were countywide rather than of particular concern to the Service Planning Area (SPA) communities. Dollars were allocated for each of those populations in what was called SPA 9. One of those allocations was for probation youth. DMH should identify the expenditures in this category, including dollars placed in the prudent reserve and unspent categories. It is critical to keep youth at home in their communities and prevent the expensive cycle of involvement in the juvenile and adult criminal system.

We note that DMH has just recently contracted with 54 providers for PEI projects which account for a total of \$19.5 million over Fiscal Year 2011/2012 and Fiscal Year 2012/2013.

The Workgroup will continue its work and report on further recommendations at periodic intervals. We appreciate the efforts and cooperation of the DMH representatives and believe that these recommendations can help add transparency and better communication to the process.

Commission for Children and Families
MHSA TAY Workgroup

Susan F. Friedman, Workgroup Chair

Membership:

Patricia Curry, Commissioner
Genevra Berger, Commissioner
Helen A. Kleinberg, Commissioner
Nina Sorkin, Commissioner

Commission for Children and Families
MHSA Children's Workgroup

Genevra Berger, Workgroup Chair

Membership:

Patricia Curry, Commissioner
Helen A. Kleinberg, Commissioner
Nina Sorkin, LCSW, Commissioner
Martha Trevino Powell, Commissioner

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Martha Matthews, Directing Attorney of the Children's Rights Project

**CHILDREN/TRANSITION AGE YOUTH (TAY) MENTAL HEALTH
WORKGROUPS' SUGGESTED DISCUSSION POINTS FOR
THE MENTAL HEALTH SERVICES ACT (MHSA)
STRUCTURE, BUDGETING, EVALUATION AND OVERSIGHT**

The Commission's Children/TAY Workgroups have been meeting with representatives from the Department of Mental Health (DMH) for approximately two years to ensure that children and TAY are receiving adequate and accessible MHSA services. During that time, there were a number of concerns that surfaced. For example, the percentage of MHSA funding allocated for children and TAY has decreased every year since 2005. Also, there is confusion over whether the Systems Leadership Team's (SLT) role is advisory, oversight, and if SLT has the ability to approve funding and planning. In September 2012, DMH plans to develop a new MHSA plan. The Workgroups are concerned about a new plan being developed prior to these existing issues being resolved. These are only some of the concerns of the Workgroups. The following are issues that are beyond the scope of the Commission's resources, but nevertheless should be discussed and reviewed, particularly in light of the most recent acts by the Governor and Legislature to shift significant responsibilities for mental health programs from the state to counties.

1. ***An independent review of the entire MHSA allocation since its inception in 2005.*** This review should include: a.) budgeting and distribution of funds among the children, youth and adult populations; b.) the method that has been in place for making decisions on plan changes, funding changes, additions, and deletions; c.) the evaluation of provider services; and d.) recruitment and evaluation of providers.

The review should include special attention to and further discussion of:

- a. Producing financial reports that are transparent and easy to understand. An independent consultant should be considered for this.
- b. Determining if the current process of budgeting and reserves should remain or whether changes could improve the quality and effectiveness of the current system. An independent consultant should be considered for this.
- c. Determining how unspent dollars for children and Transition Age Youth (TAY) should be spent and ensure such spending provides the services most beneficial for those populations.
- d. Evaluating providers with contracts to ascertain the quality of their services by determining if outcomes have been set, whether those outcomes, if they exist, denote comprehensive performance indicators, and what corrective action has been taken for those providers with poor outcomes.

- e. Determining if there are areas of the County in which DMH has not been able to secure either the appropriate number of providers or the appropriate number of providers for different age groups and what action needs to be taken to recruit and train providers in those areas.

2. ***An independent review of the current process for approving service plans, funding, and providing oversight to determine what changes should be made.*** Currently, contract providers comprise 28% of the Systems Leadership Team (SLT) and DMH employees comprise 22% of the SLT. The role of the SLT is unclear. The website indicates their role is advisory; however, the workgroup was told that the SLT approves programs and funding for the MHSA County Annual Plan. A review of the current structure should include the following:

- a. A review of the roles, responsibilities and composition of all stakeholder entities including the Systems Leadership Team (SLT), Board of Supervisors' Deputies for Mental Health, Children, and Justice, the Commission for Children and Families, and the Mental Health Commission. Participation and the role of county departments such as Children and Family Services, Probation, Public Health, and Health Services that service these populations must be examined to ensure appropriate input and weight in decision making. The role of the providers must be carefully considered with input from County Counsel in the planning processes, in order to ensure that the contract providers' valuable input is preserved while at the same time keeping arms-length proprietary in fiscal decision-making.
- b. The new structure should provide appropriate equitable representation from advocates for the four age groups (children and families, TAY and older adults and adults) and the input from all stakeholders in meeting the needs of the populations to be served.
- c. Determination should be made about which parts of the current process are mandated by the MHSA legislation and which parts can be changed.
- d. A protocol is needed to develop a new process that allows for better integration of services between County Departments such as DMH, Department of Children and Family Services (DCFS), Department of Probation (Probation), and the Department of Public Health (DPH), as well as County-created entities such as First 5 LA.
- e. A specific component of the protocol should be an analysis of whether the SLT should be replaced by a process that includes a rotating Supervisor as Chair resembling the First 5LA structure or at least certain components of it. Other questions include how providers and other stakeholders will provide input into the new process.

- f. The role of the Mental Health Commission in the MHSA process is also vital to representing all these service populations and should be reviewed with this focus in mind. When making appointments, the Board of Supervisors should consider including Commissioners that are knowledgeable about children and TAY.
- g. Both First 5 LA and MHSA were voter-approved initiatives and have similar annual State allocations. First 5 LA may provide a model for changes to the MHSA process and should be considered as one alternative in the analysis.
- h. The full analysis of a new process for MHSA planning, spending and oversight should detail how the planning process should take place, who should be involved, and how stakeholder input should be included.

RECOMMENDATIONS, QUESTIONS AND CONCERNS REGARDING ANNUAL UPDATES FOR FISCAL YEAR 2012/13 FOR EXPANSION/PRUDENT RESERVE

The Commission for Children and Families has been an active participant in the County stakeholder process for both the Community Service and Support (CSS) planning and the Prevention and Early Intervention (PEI) planning for this voter approved effort to increase mental health services in the community. We have provided representation on the Mental Health Services Act (MHSA) Stakeholder's Systems Leadership Team (SLT) since its inception. In addition, the Commission established a Mental Health Workgroup about a year and a half ago to review the MHSA spending and programs. It is with this background and the needs of children and families that the Commission reviewed the recent plans for prudent reserve and expansion in the MHSA Annual Update for Fiscal Year 2012/13. In reviewing the DMH proposal, the Commission has the following questions, concerns, and recommendations regarding the plan:

RECOMMENDATIONS FOR ALTERNATE PLAN

1. The attached proposal includes suggested funding from expansion dollars for:
 - a. Psychiatric Social Workers (PSWs) in the delinquency courts; and
 - b. Funding PSWs as part of MDTs in the Department of Children and Family Services (DCFS) regional offices to identify youth prior to their "crossing over" to delinquency.

The report from the Conrad N. Hilton Foundation (fact sheet attached) on crossover youth points out the impact these youth have on **all** County funds and services even into their adulthood. Investing in services that would prevent youth from "crossing over" to delinquency would not only benefit the individual youth but also generate a net cost savings to benefit the County.

The research conducted by the Conrad N. Hilton Foundation in partnership with the Los Angeles County Chief Executive Office (CEO) makes a compelling case that some of the children and TAY expansion dollars be spent on this "crossover" population.

The cost for both programs is approximately \$2.2 million. These funds could be made available by shifting funds or eliminating programs from the current MHSA expansion proposal.

QUESTIONS AND CONCERNS

1. The Commission would like to suggest that a more inclusive MHSA planning process be developed. Since some of the services are directly for use in the foster care delinquency system, it would seem appropriate that input be solicited from the Children's Deputies, Justice Deputies, DCFS, Probation, or the Commission for Children and Families, prior to the development of the Plan. While the Commission recognizes the MHSA dollars are intended for all children in Los Angeles County, not just foster and probation children and TAY, the plan would benefit from the knowledge brought forward by the Deputies, Department Representatives, and the Commission who are knowledgeable on a variety of children's issues.

While it appears that most of the services earmarked for expansion come from the original CSS Stakeholder Plans, the largest category of expansion dollars is for Field Capable Clinical Services (FCCS) which was not part of the original TAY or children's plans. This seems to confirm that services can be added that were not part of the original stakeholder process.

2. There are \$6 million allocated to Cross Cutting in the proposed expansion dollars. What will be the percentage and dollar amount deducted from the Prudent Reserve for each age group for the Cross Cutting?
3.
 - a. The attached report from the Department of Mental Health (DMH) dated February 2, 2012 shows estimated unspent dollars for children under the CSS Plan of \$11,009,174 and \$6,249,892 for TAY. Since the Commission understands that DMH considers that unspent dollars are "one-time money" and cannot be spent on expansion services, how will these funds be spent?
 - b. The same February 2, 2012 report shows prudent reserves of \$19,898,182 for TAY funding. Does that mean after the expansion dollars of approximately \$2.1 million for each are taken out the balances will be approximately \$17.8 million and \$17.7 million, respectively?
4. The original CSS Plan included funding for Systems Navigators and Housing Representatives as part of the Transition Resource Centers (TRC). For a number of reasons the TRCs, while initially considered a success, have had a decline in the number of youth "dropping" into these centers. The Chief Executive Office Self Sufficiency Committee is currently assessing the TRCs as part of a larger Youth Development Services (YDS) Redesign. The TRCs may be eliminated or a new model developed. Is this the best time to expand Drop-in Centers? Should that decision be made after the Committee Assessment is complete?

5. While we are in agreement that we do not want TAY sleeping in the street, there were two SLT members who had objections to the emergency shelter bed expansion. It would be helpful to know why? The addition of 3,529 emergency shelter beds suggests a “big picture” problem. Perhaps we need to have an analysis of the problem and determine whether other actions need to be taken instead of just expanding emergency beds.
6. There is a substantial amount of funding being spent on Mental Health Services in the Probation camps. Has there been an analysis of the outcome study as to whether the current services are working? What is the total number of services needed? What are the types of services needed? Has there been an assessment of whether Full Service Partnership (FSP) is the best approach for services in camps?
7. The expansion plan funds that will support a Department of Children and Family Services/Probation – Systems Navigators. The Commission needs clarification on this item. The Commission is concerned regarding the effectiveness of the Systems Navigators in the camps and whether additional navigators are needed. It seems some analysis needs to be done on the effectiveness of the current eight System Navigators. Concerns have been raised from staff in the camps that the Systems Navigators in the camps merely refer the youth to the Systems Navigators in the community. In addition DMH indicated that the justification for adding a TAY Navigator is that a TAY Navigator was moved to the Relative Care Resource Center. However the center only has a Navigator one-half day, one day per week. That Navigator provides services to adult relatives, older adult relatives, children and TAY. Why would the TAY budget absorb the cost of a fulltime Navigator for a position that is only available half-day a week to assist all age groups? Should the funding for this position come from the Cross Cutting category?

The Commission acknowledges the efforts of DMH in dealing with the complex process of implementing and tracking of the MHSA funds and services.

To assist in the process, the Commission continually strives to bring together the diverse perspectives from all County departments to yield an integrated and comprehensive plan to improve the lives of at-risk children, youth and families in Los Angeles County.