



**LOS ANGELES COUNTY COMMISSION
FOR CHILDREN AND FAMILIES**
Celebrating 31 Years of Advocacy & Achievement

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September 25, 2015

TO: Mayor Michael D. Antonovich
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FROM: Dr. Sunny Kang, Chair 
Los Angeles County Commission for Children and Families

RE: COMMISSION FOR CHILDREN AND FAMILIES' AD HOC
WELCOME CENTERS COMMITTEE FINAL REPORT

In response to increasing concerns regarding the Children and Youth Welcome Centers, the County's twenty-three (23) hour temporary shelters for children awaiting placement, the Commission for Children and Families (Commission) established the Ad Hoc Welcome Centers Committee in March 2015.

Through analysis of Welcome Centers data from the first six (6) months of 2015; analysis of pending legislation; interviews with key stakeholders, including the Department of Children and Family Services; and integration of leading child welfare research, the attached report highlights primary issues and challenges facing the Children and Youth Welcome Centers and outlines a series of recommendations to address these concerns. Recommendations included in the report are consistent with the State of California's Child Welfare Continuum of Care Reform, specifically AB 403, Core Practice Model and the intentions of the Katie A. Settlement Agreement.

The final draft of the report has been shared with County departments that play a critical role in the lives of children in Los Angeles County, and was approved by the Commission on September 21, 2015. If you have any questions, please contact members of the Ad Hoc Welcome Centers Committee, Patricia Curry at trishacurry@earthlink.net, Wendy Smith at wsmith@usc.edu, or Liz Seipel at nanaliz@me.com, or Commission for

Supervisor Michael D. Antonovich, et. al.

September 23, 2015

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County Counsel

Ad Hoc Committee Report and Recommendations

September 12, 2015

Commissioner Trisha Curry

Commissioner Wendy Smith

Commissioner Liz Seipel

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During the past five months, the CCF Ad Hoc Committee has benefited from the knowledge and suggestions of many individuals and groups in its exploration of the complex issues surrounding entry and re-entry into care in Los Angeles County. We would like to thank the following people for their help:

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Commission for Children and Families
Welcome Centers Workgroup Report

Need for action.

For more than a decade Los Angeles County has struggled to find an effective way to make the entry into foster care for children and youth who need it safe, supportive, and facilitative of placements or reunifications that will be successful. Maclaren Children's Center has been closed for 12 years, workers' offices were inadequate and inappropriate to the task, and the Welcome Centers have seen ever-increasing numbers of entries, repeated entries, and overstays of children of all ages. During the first six months of 2015, the number of children and youth at the Centers has risen alarmingly. In this period, 3680^[1] children and youth entered the Welcome Centers; the total number increased 40% from January to June, with a 26% increase in the second quarter over the first quarter. Of particular concern are entries of infants and children 0-2, which rose by approximately 71% in the second quarter over the first quarter, and repeat entries of adolescents, which increased 41% in the second quarter over the first quarter. The children and youth who are coming into our care after traumatic family disruptions and losses deserve our renewed efforts to create systems that will enable us to provide the services and healing they desperately need.

^[1] This number may include multiple entries of individual child or youth.

Entries: January-June, 2015

**Note: numbers may reflect multiple entries of same child or youth

	January	February	March	April	May	June
CWC	219	204	208	257	254	393
YWC	359	317	319	316	418	416
Total	578	521	527	573	672	809

Children's & Youth Welcome Centers

Ages	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015
0-2	62	62	75	98	93	149
3-5	59	44	35	54	50	95
6-11	84	75	96	102	106	133
11<12	14	27	12	10	5	16
12-13	64	40	49	36	58	56
14-16	184	151	70	96	195	220
17-18	98	92	124	123	139	106
18+	13	30	66	54	26	31
Total	578	521	527	573	672	809

¹ Data provided by the Los Angeles County Department of Children and Family Services.

Repeat Entries

	January	February	March	April	May	June
CWC	21	22	20	29	31	57
YWC	36	43	29	43	60	50

One of the critical underlying causes of the large number of children at the Centers is the insufficient number of suitable foster care placements for these children, leading to stays longer than 24 hours, or multiple returns. All too frequently, when no placement has been found, the child or youth must return to the Welcome Center for another night, sometimes repeating this pattern for one or more additional days and nights. The serious psychological effects on children aside, the efficiency and feasibility of having Children's Social Workers (CSWs) who must locate and interview relatives, run background checks, locate foster homes, and also transport children back and forth between Welcome Centers and regional offices, is questionable at best.

A changing landscape. Statewide efforts to improve child welfare and youth outcomes are underway, presenting opportunities to make potentially long-lasting positive changes for children in our county. In order for DCFS to continue to operate the Centers, which are currently unlicensed, as emergency shelters, the state of California is now requiring that DCFS obtain licensure for the Welcome Centers as 72-hour transitional shelter care facilities for a period of up to three years. The licensure expiration date can be extended in 3-month increments, but it is clear that the Centers are not intended to be designed as permanent institutions or solutions. The state is currently engaged in finalizing California's Child Welfare Continuum of Care Reform (AB 403, or CCR). The process is ongoing and some provisions and their effective dates are still being negotiated, but

² Data provided by the Los Angeles County Department of Children and Family Services.

early versions of CCR state that central county shelters will be phased out³. The Core Practice Model (CPM), mandated by the state, also calls for a community-based, multiagency collaborative approach in which services are provided in the child and family's community, moving away from service delivery in central shelter facilities.

In light of these developments, the current fluidity in the child welfare environment, and in recognition of the traumatic nature of removal from home and placement or re-placement into care, we believe the time has come to take bold steps to move the county away from institutionalizing what are essentially holding facilities and move forward with an aggressive effort to recruit and increase the number of needed foster homes while creating emergency shelter placements that are part of a trauma-informed continuum of care. We urge the county to use this three-year period to design and transition to a system in keeping with the direction and vision of the state and CCR, addressing not only the current crisis, but also the underlying problems of youth coming into care and those with serious mental health needs who require re-placement.

Lack of appropriate placements further jeopardizes the mental health of many of our children and youth. By designing a countywide system of entry into emergency care and services that is built to address the complex needs of traumatized youth, we can meaningfully increase the likelihood of successful placement (or reunification) during that emergency shelter period. No single solution will work; there are multiple complex problems, each of which is difficult, but not impossible, to solve. Solutions for youth in the Youth Welcome Center (YWC), most of whom are teens who need to be re-placed, will be different from those required for young children, most of whom are first time detainees. Tackling multiple complex problems simultaneously requires comprehensive planning, engagement of key stakeholders, and an investment of the resources necessary for implementation.

³ California Department of Social Services. *California's Child Welfare Continuum of Care Reform (CCR)*. Retrieved from http://www.cdss.ca.gov/cdss/entres/pdf/CCR_LegislativeReport.pdf. August 24, 2015.

Our interventions with youth at this critical moment – and detention for the first time, or for the second, third, or fourth time, is a critical moment – constitute an opportunity as well as a crisis. We are the “corporate parent”⁴ of the children and youth in our care; if we think of our own babies, children, or 14- or 16-year-olds (or ourselves at that age) suddenly removed from our homes following a traumatic event, and thrust into a world of strangers, it becomes inescapably clear that this is a critical moment. What we provide (or fail to provide) at these moments can have determining effects for a child’s or youth’s long term development and success in life.

The convening of the Blue Ribbon Commission and the formation of the Office of Child Protection (OCP) demonstrate that the county does indeed have the will to find better solutions for all of the children in our care. The OCP has recently engaged the Los Angeles County community in developing its joint strategic plan, along dimensions of prevention, safety, permanency, and well-being. Now is the time to turn our best thinking to the protection, safety, and well-being of the children and youth moving through the Welcome Centers.

⁴ Courtney, M. (2009) The difficult transition to adulthood for foster youth in the U.S.: Implications for the state as corporate parent. *Social Policy Report*, 23(1), 3-19.

Children's Welcome Center (CWC)

Complex issues combine to give rise to the arrival of so many very young children at the Welcome Center: the multiple underlying problems leading to removal from home and their effects; the lack of sufficient foster family-like settings necessary for babies and young children; lack of adequate training for CSWs to understand neuroscience and how it should affect casework; lack of access to high-quality child care; lack of connection to community-based services that can work with families with young children, and the resulting underrepresentation of early intervention providers at Child and Family Team meetings. Further exploration of these issues is urgently needed; DCFS should immediately convene knowledgeable advocates and stakeholders to discuss and develop a plan that addresses these underlying and interrelated issues. In this report we comment on general issues affecting young children in care, and those affecting recruitment, support, and retention of foster families for young children.

During the first six months of 2015, **876 babies and children under the age of 5** entered the Children's Welcome Center.

New detentions/re-placements Children's Welcome Center

	January	February	March	April	May	June
New detention	149	139	151	184	179	261
Re-placement	70	65	57	73	75	132
Total	219	204	208	257	254	393

- The CWC houses children aged 0-11.
- In the first quarter, **199 infants aged 0-2 entered CWC**; in the second quarter, **340 infants aged 0-2 entered CWC, a 71% increase.**

⁵ Data provided by the Los Angeles County Department of Children and Family Services.

- **70% were new detentions.**
- 10% of new detentions identified as having mental health issues
- **90% of re-placements identified as having mental health issues**
- 24% of all children and youth during first two quarters were under age 5
- There were 180 repeat entries at the CWC during first two quarters.

Traumatized children and youth with important developmental needs and vulnerabilities.

Advances in neuroscience make clear that experiences of early life stress (ELS) or Adverse Childhood Experience (ACE) such as abuse, neglect, parental absence, loss, or rejection, overwhelm a child's developing psychobiological resources. Research amply demonstrates that these experiences have negative and potentially life-long effects on brain function and development, as well as on overall psychosocial development. There are identified "sensitive periods" for the development of specific capacities during both childhood and adolescence. (For example, the period from 6-12 months, critical for development of the highly important orbito-frontal cortex, depends on repeated and frequent face-to-face positive interactions with the caregiver.⁶ Effects of prolonged or repeated negative arousal activate the stress hormones, flooding the infant's psychobiological state.)⁷ It bears repeating that fully 24% of children entering the Welcome Centers during the first two quarters of 2015 were between ages 0-5.

Traumatized children and youth entering care for the first time typically have little or no knowledge of what it means to be placed in foster care. Often they do not understand why they have been removed, where they will be going, how long they will be there, whether they will see their families or return to their schools, or who they will be living with. Each of these losses gives rise to anxiety and fear, added to the distress caused by the situation that led to detention.

⁶ Applegate, J. & Shapiro, J. (2005) *Neurobiology for clinical social work: Theory and practice*. New York: W.W. Norton & Co.

⁷ Cozolino, L. (2006). *The neuroscience of human relationships: Attachment and the development of the social brain. Chap. 3: The developing brain*. New York: W.W. Norton & Co

Negative effects of multiple placements. The importance of stable placement for children and youth cannot be overstated, and demands that we create an entry/re-entry system that enables successful placement, especially for the children and youth whose problems are most serious. Contrary to the belief that cases of multiple placement necessarily represent difficult children that are hard to keep, research has shown that caregiver, child and agency behaviors all play an important role in placement instability.^{8,9} Placement instability is associated with negative outcomes such as increased likelihood of substance use among young adults,¹⁰ increased risk of depression, life dissatisfaction, low self-efficacy, smoking, and criminal convictions.¹¹ In addition, placement changes in foster care are found to disrupt the regulation of a key neuroendocrine system (hypothalamic pituitary adrenal axis or HPA axis, or the stress response system) that is centrally involved in anxiety disorders, mood disorders, and disruptive behavior disorders. However, there is emerging evidence that the HPA axis is amenable to environmental interventions.¹² **These findings underscore the need to do more than offer a safe place to wait for services and placement; rather, the period immediately following removal must include attention to trauma, to the individual and specific needs of the child, and assistance to both the child and the potential care provider to make a successful transition. Systematic efforts to intervene at the policy and practice level to prevent unnecessary placement changes (and to reduce the impact of those changes that are necessary) can make a difference to the future of the children in our care.**

Trauma informed care – or the organizational structures and processes that involve understanding, recognizing, and responding to the effects of all types of trauma – can

⁸ Cross, T., Koh, E., Rolock, N. & Eblen-Manning, J. (2013). Why do children experience multiple placement changes in foster care? Content analysis on reasons for instability. *Journal of Public Child Welfare*, 7(1), 39-58.

⁹ Dregan, A., & Gulliford, M.C. (2012) Foster care, residential care and public care placement patterns are associated with adult life trajectories: Population-based cohort study. *Social Psychiatry & Psychiatric Epidemiology*, 47,1517-1526.

¹⁰ Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child and Adolescent Social Work Journal*, 29, 61-83.

¹¹ Dregan & Gulliford, op cit.

¹² Fisher, P., Ryzin, M., Gunnar, M. (2011). Mitigating HPA axis dysregulation associated with placement changes in foster care. *Psychoneuroendocrinology*, 36, 531-539.

help children and youth who have experienced so much change and uncertainty, in addition to the maltreatment and violence that led to system involvement in the first place. Training in trauma informed care can also help managers and staff better anticipate the behaviors and attitudes of these young people, thereby decreasing the negative effects of entry or re-entry into placement and increasing the likelihood of successful planning and placement. Trauma-informed environments are healing environments, as recognized in the Core Practice Model, which calls for trauma-informed assessment.

Discussion with providers and other stakeholders underscores the fact that there are identifiable barriers that must be overcome if the numbers of children staying, 'overstaying,' or re-entering the Welcome Centers are to be substantially reduced.

Key barriers to placement:

1. Insufficient number of foster homes available for very young children and for older youth with serious mental health needs.
2. Insufficient number of Emergency Shelter Care (ESC) beds available, especially for babies and very young children.
3. Insufficient number of Intensive Treatment Foster Care placements.
4. Children with severe mental health needs and lack of supports to enable foster caregivers to manage in these situations

Key obstacles to recruitment and retention of foster homes:

1. Visitation requirements. Foster caregivers are required to transport children to a sometimes prohibitive number of court-ordered visitation sessions with parents, siblings or family members, particularly for infants. We all agree on the crucial importance of visitation, however, the court does not require that foster parents must be the ones who provide transportation and monitoring; alternative arrangements should be sought and explored. Despite efforts to develop regional visitation centers, visitation is often at distant geographical locations.

- a. For licensed foster families, Human Service Aides and Visitation Centers provide some assistance; Foster Family Agencies (FFAs) are expected to provide these supports, but there may be considerable variation.
2. Lack of quality childcare for working foster caregivers, with particular impact on ability to take children under age four. Efforts to remediate this are currently underway, but additional dollars may be needed until legislation is passed. Our ability to attract additional foster parents by paying for childcare could be a factor in reducing the number of infants and children waiting at the CWC; the savings to the CWC could offset the childcare dollars spent for foster parents.
3. Lack of immediate and ongoing support/assistance to caregivers for children/youth, especially those with substantial or complex mental health needs.
4. Lack of information about children in need of placement. Care providers do not always receive critical information, such as case number, correct name, birth date, MediCal details. Children sometimes arrive with medication but without a psychotropic medication authorization (PMA) for medication. This creates placement instability, disruption and trauma for already traumatized children and for their caregivers.
5. The costs can be prohibitive for some foster parents, particularly for those taking infants and young children. Children may arrive with no clothing, there may be delays in reimbursement for clothing, and no reimbursement for formula or diapers. Foster care providers are not compensated if a child arrives after midnight, leading to unwillingness to accept infants after hours. In addition, initial costs associated with licensing, fingerprinting, and classes can be considerable.
6. Negative press about child welfare in L.A. County has discouraged some potential foster parents.

Youth Welcome Center (YWC)

Like the first five years, adolescence is also a critical time for brain development and psychosocial development. During this period, youth are especially sensitive to environmental cues and there is great neural plasticity, a combination that means that the environmental surround and the available opportunities and interventions can have a lasting neurobiological value. Just as exposure to stressful events (abuse, neglect, placement failures) can alter the brain and stress response system, as in the example of post-traumatic stress disorder (PTSD), so too can positive events in the form of interventions or changes in the environment “rewire” the brain in a short period of time. These advances in neuroscience underline the importance and crucial need for foster homes with trained caregivers who can understand the reactive behaviors and urgent needs of these children and youth. It is important to make available the appropriate resources to support caregivers who step up to provide care for this vulnerable population.

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New detentions/replacements Youth Welcome Center

	January	February	March	April	May	June
New detention	54	40	48	45	74	67
Re- placement	305	277	271	271	344	349
Total	359	317	319	316	418	416

- Children and youth aged 12-21
- In first quarter, **719 youth 14-18 entered YWC**; in second quarter, **879 youth 14-18 entered YWC, a 22% increase in second quarter over first quarter.**

¹³ Data provided by the Los Angeles County Department of Children and Family Services.

- **15% new detentions (85% re-placements)**
- 15% of new detentions identified as having mental health issues
- **85% of re-placements identified as having mental health issues**
- 43% of total children and youth during first two quarters were between 14 and 18
- There were 261 repeat entries at YWC during first two quarters.

Youth who have abandoned their placements, or who have been relinquished by care providers who may feel they cannot cope, have another set of equally problematic issues, frequently relating to unaddressed mental health problems, rejection or mistreatment by care providers, drugs or serious acting out behaviors. The disturbing nature of some of their mental health symptoms or behavioral acting out (aggression, substance abuse, defiance, vandalism, arson) has led to discussions of possible changes to the 241.1 protocol that would allow some youth to be moved to probation under a revised protocol. Such a change threatens to unravel nine years of work by a multiagency, multidisciplinary collaborative that included staff from DCFS, Probation Department, Department of Mental Health (DMH), the courts, and advocates, with the support of Casey Family Programs and the Child Welfare League. L.A. County created a national collaborative model for design of a best practice protocol (241.1) for dual status for the county's crossover youth (those with child welfare and juvenile justice involvement). Child abuse and neglect increases the risk of arrest as a juvenile by 55% and the risk of committing a violent crime by 96%.¹⁴ Rather than removing these young people from the child welfare system of care, child welfare services should instead be enhanced to help them.

¹⁴ Bilchik, S. & Nash, M. (2008) Child welfare and juvenile justice: Two sides of the same coin. *Juvenile and Family Justice Today*.

L.A. County's Current Plan

The county is exploring alternate solutions and recently released a Request for Information (RFI) to private providers for a three-year contract to provide licensed 72-hour transitional shelter care facilities. Concurrently, the county is considering the conversion and licensing of the existing Welcome Centers as emergency shelter care providers, allowing stays of up to 72-hours for children and youth. In conversations with DCFS, they have indicated to us that their intention is to maintain the current policy of up to 23 hour stays. (The committee's concern is that, as indicated by the data, this intention has been stymied up to now by lack of sufficient foster homes and by the intense mental health and other needs of many youth that prevent them from being successfully placed in this time frame.) The Centers were not constructed as shelters and will require extensive changes, including the addition of appropriate bathroom and dormitory spaces as well as other changes to the physical spaces. It is not clear how many additional and necessary services and skilled staff would need to be incorporated to care for the additional children who may be there for up to 72 hours rather than the current 23 hours. The transformation of these facilities into what might be a more adequate, but still temporary fix, is well-intended, but does not address the underlying systemic problems described in this report. We believe that it will be a fleetingly effective solution, as the need for more shelter is likely to continue to grow if causative dimensions are not addressed.

The fiscal implications of a costly transformation of the YWC for a short term "fix" that will not fully address the needs of the large group of youth who are hard to place (or to re-place) and may not then be consistent with the mandates of CCR and Core Practice Model merits careful consideration. By the time construction is completed, it is possible that the Centers will no longer comply with the state's new direction. The same dollars might better be spent on building a long term effective solution to meet the needs of youth in our county with new approaches, based on best practices in other counties or states, than on past solutions which have proven to be ineffective and are currently at issue in litigation.

Ad Hoc Committee Recommendations

1. Children's Welcome Center.

- a. Additional analysis is needed before specific recommendations can be made about the Center itself. Alignment with ongoing efforts is critical in order to leverage all available resources. Discussion with groups such as the Policy Roundtable on Child Care and Development, Violence Intervention Program (VIP), Project ABC, and the Young Children in Care Strategic Plan Working Group may be helpful in developing a more robust set of supports for young children.
- b. Develop a plan for immediate and aggressive recruitment of foster homes for babies and children under five years.
- c. Develop a public-private task force to develop solutions for key obstacles to recruitment listed above.
- d. Review University of California Los Angeles (UCLA), Trylon Associates, Inc., Leap and Associates Resource Family Recruitment report (see Appendix A) to determine whether its recommendations can be an aid to foster parent recruitment.

2. Youth Welcome Center.

Overarching Goal: Design an effective **countywide decentralized network of community based trauma-informed emergency shelter care**. Using group home emergency contracts currently in place to begin, add to that platform the necessary components to both improve services (and outcomes) for youth and meet state CPM and CCR mandates. This would begin the phasing out of a centralized county emergency shelter for youth, the great majority of whom (85%) are in need of re-placement and mental health services and supports, and therefore require and could benefit from intensive multi-department response and Child and Family Team meetings occurring in the days and weeks immediately following entry or re-entry. Intensive, individually tailored planning and support (services) in or close to the home community at this critical

time conform to the requirements and are in the spirit of AB 403, the Katie A. Settlement Agreement, and the Core Practice Model, and could enable successful placement and decrease repeat entries.

- Year 1: immediately:
 - i. Divert youth from placement at the Youth Welcome Center to existing network of emergency shelter care group homes or foster homes.
 1. L.A. County currently has 134 emergency shelter group home beds where youth can remain for up to 30 days if needed. Develop a plan over the next three years to transfer Youth Welcome Center functions to the existing network of emergency group home shelters, and begin intensive recruitment of additional beds countywide.
 - ii. Using these current emergency shelter contracted providers, create and evaluate a **pilot program** to test advantages of adding the following:
 - ***Point person at entry, re-entry.*** The foster care Search Engine is useful and important, but cannot make informed judgments as to specific match between emergency placement availabilities and high needs child/youth. We suggest the addition of an on-duty, knowledgeable, trained DCFS staff member who is in contact with emergency shelter providers on a daily basis and is aware of placement openings and capabilities day-to-day to assist in maximizing the usage of the beds.
 - ***Multi-disciplinary/departmental entry-response team.*** Create small team of DCFS, DMH, Los Angeles County Office of Education (LACOE), Department of Health Services (DHS), Department of Public Health (DPH) that meets with entering or re-entering youth within 24-48 hours. The team works with the youth, the CSW, and the provider using the CPM and existing family team if one is in place, to set up a family conference, begin planning for placement, re-placement, reunification, and treatment

where needed; and establishes or reconnects linkages with family members, and other important adults and systems. The team should work closely with Family Finders, and stays with youth (and providers) from entry into placement.

- Immediately *convene a small multi-disciplinary steering committee* under the auspices of the OCP, including stakeholders and members of the Commission for Children and Families Ad Hoc committee. This multidisciplinary steering committee, working closely with OCP, should begin immediately to *develop recommendations and an implementation plan* with input from private providers, stakeholders, and relevant county departments. Steering committee and OCP to *make recommendations to DCFS and Board Of Supervisors (BOS)*, including a time frame for implementation, on the development of a best practice model for L.A. County, building on the existing network of 72-hour and 30-day foster care placements.
- Request Casey Family Programs, who consulted with the ad hoc committee, to provide information on *effective practices and models* in other large and diverse urban centers (and smaller communities with programs that lend themselves to scaling up).
- Conduct a *cost analysis of the current costs of the YWC*, including costs of construction and other requirements to become licensed, in order to compare costs of further institutionalizing the Youth Welcome Center with other alternatives outlined in this report. The analysis should include consideration of costs associated with the added staff and educational services that licensure would require.

Years 2 and 3:

- *Build a trauma-informed network of immediate (emergency) care* for youth awaiting placement or re-placement based on recommendations from Ad Hoc Committee and OCP, and lessons from the pilot program.

3. **Recommendations to increase placement resources.** The greater the number of foster homes, the fewer children will wait at the Welcome Center, so efforts should be directed at removing barriers to both recruitment and retention of foster caregivers. Building family care capacity is foundational to CCR, which calls for funding to support recruitment, retention support, and training of resource families. Based on provider reports, the following are issues that contribute to recruitment and retention problems, and should be addressed. Review findings and recommendation of the UCLA, Trylon Associates, Inc., Leap and Associates Resource Family Recruitment report to inform and improve the current recruiting process
- a.* Discuss methods of cost sharing with foster parents for classes, licensing, fingerprinting, and items for infants and young children, such as diapers and formula.
- b. Intensive recruitment effort to increase foster homes for very young children aged 0-5.* Focus recruitment efforts on this area of great need, so that young children experience as little traumatic change of environment as possible.
- Provide vouchers for foster parents at the time the child is dropped off, redeemable at stores (i.e.: Target, Ralphs, etc.) around the county for diapers, formula, and other needs.
 - Work collaboratively with the early child care and education system to provide resources for child care for foster parents who need it.
 - *Emergency care and foster care.* Conduct an analysis of the needed numbers of emergency shelter beds, intensive treatment foster beds, and emergency foster beds, and develop a plan to actively recruit the appropriate numbers of each. Target foster parents willing to take children aged 0-5.
 - *Visitation.* Work with stakeholders to develop recommendations and procedures for transportation and monitoring of visitation that removes

some of the burden from foster parents. Some examples suggested to the Ad Hoc Committee include:

- Hire additional staff to transport children and monitor visits, or provide Human Service Aides (HSAs) and visitation centers like those provided for licensed foster families.
- Amend contracts to pay or require FFA social workers to provide transportation and monitor visitation.
- Prioritize finding appropriate placements that are close to the child's family.
- Provide transportation vouchers to parents and arrange locations that are easily accessible for foster caregivers.
- **Family Finding.** Family Finding technology is available; no positions should remain unfilled. Immediately hire sufficient staff, and in addition, if necessary, contract services, or develop a pool of volunteers such as CASA to initiate Family Finding as soon as a child is detained. Use emergency foster homes for children during this process.
- **Information at time of placement.** Require that a packet arrive with each child, containing basic information such as name, date of birth, case number, CSW, contact info for CSW and Supervising Children's Social Workers, MediCal card or information, and vouchers for formula, clothing and diapers.
- **Recruitment campaign.** Develop a positive public relations campaign that encourages people to become foster parents. Increase person-to-person recruitment efforts.

Conclusion. The Welcome Centers were a positive response to the problem of children and youth waiting in office buildings for placement, however, current entry and overstay data as outlined in this report suggest that serious problems continue and, in fact, are increasing for many children in the period following a first detention or those in need of re-placement. These complex problems cannot be addressed through a single solution nor by a single agency, but rather with a comprehensive and system-wide plan that harnesses the resources of DCFS, DMH, DPH, DHS, LACOE, and other county departments to provide protection, safety, and enhance the well-being of children and youth, as called for by the Blue Ribbon Commission when it recommended creation of the Office of Child Protection

DCFS has accomplished a great deal over the last few years in increasing the number of emergency foster beds and emergency group home beds, and is currently working with consultants to develop additional Intensive Treatment Foster Care (ITFC) beds. At the same time, however, the number of foster care beds has decreased. We should continue to build and improve on the resources we now have, consistent with CCR, and to fill in the gaps where needed. Statewide efforts to improve child welfare and the outcomes for children and youth in foster care create circumstances favorable to new approaches that are based on what is now known about the impacts of traumatic experience early in life. There is no reason to wait, and every reason to act now.

Appendix A

Related legislation, research, and efforts by others in the child welfare community

AB 403 Continuum of Care Reform.

This legislation is designed to ensure that youth in foster care have their physical, mental, and emotional needs met, and have the greatest opportunity to grow up in permanent homes and ultimately lead successful adult lives. The bill: 1). provides targeted training and support to resource (foster) families to enable them to care for youth living with them; 2). Increases youth placement in family settings; 3). Transforms existing group home care into places where youth who are not ready to live with families can receive short-term interventions to help prepare them for family life. Importantly, it is guided by a philosophy that the first out-of-home placement should be the right one.¹⁵

Core Practice Model. The Core Practice Model (CPM) is a state mandate that articulates the values, core components, and standards of practice that will be implemented in county child welfare and mental health agencies, as well as other service providers and community or tribal partners working with children and families involved with child welfare who have or may have mental health needs¹⁶. Key components of the model call for the formation of Child and Family Teams; listening to youth and families; identifying underlying emotional, social, safety, permanency, and developmental needs; and tailoring individualized case plans to meet the specific underlying needs of the youth and family. The CPM as described is consistent with our recommendations for a process that allows for an exploration of needs specific to the child/youth/family and a plan to address them.

State litigation settlement agreement. The California Department of Social Services and the county of Los Angeles reached a settlement agreement, signed by Director Browning, L.A. County Counsel, and the State Attorney General on April 30, 2015, that calls for the

¹⁵ AB 403 (Stone): Foster Youth: Continuum of Care Reform fact sheet, from Office of Assembly member Mark Stone. Retrieved from www.childsworld.ca.gov/PG2976/htm August 25, 2015.

¹⁶ California Department of Social Services & California Department of Health Services. *Pathways to mental health services: Core practice model guide*. Retrieved from www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf August 15, 2015.

county to submit applications for both Welcome Centers to become 72-hour transitional shelter care facilities within 60 days. The agreement states that the licensure shall run for a period up to three years, with the possibility of extensions in 3-month increments, clarifying that this is not a long-term solution. Further, it states that the county may decide to establish a county-operated or contracted runaway and homeless youth shelter for youth 12-17, or 18 if they are attending school, who refuse placement and do not comply with program requirements. If such a facility is established, youth would reside for up to 90 days, receiving intensive services.

The Investment in Mental Health Wellness Act of 2013 (SB 82). This legislation aims to increase the continuum of mental health crisis services throughout the state, and has a number of provisions. Of interest here is the crisis triage personnel funding and the L.A. County plan for field-based triage teams, including Youth Crisis Teams designed to serve, among others, DCFS-involved youth. Members of these teams could serve as important members of the multidisciplinary crisis response team we propose above, providing mental health perspective and services as plans are made for appropriate longer term placement.

Resource Family Recruitment in Los Angeles County – UCLA, Trylon Associates, Inc, and Leap and Associates. A project designed to describe how the process of bringing resource families into the foster care system is currently conducted in L. A. County, with special attention to the bifurcated system of DCFS and FFA recruitment, training, assessment and approval, and placement efforts. The goal of the report is to identify areas for improvement, enabling DCFS and FFAs to work together more effectively and efficiently.¹⁷

¹⁷University of California, Los Angeles. (2015).Resource family recruitment in Los Angeles County: Description, insight, and pathways forward. DRAFT summary.