

LOS ANGELES COUNTY

COMMISSION FOR CHILDREN & FAMILIES



2010-2011
Annual Report



LOS ANGELES COUNTY BOARD OF SUPERVISORS



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History

Twenty-seven (27) 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) 2010/11, the Commission advocated for improved 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, 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 on our mission: enhancing the well-being of children and families of Los Angeles County. The Commission believes that "the children can't wait," and we therefore summon a sense of urgency and dedication to our duties. This is a voluntary assignment, but we are greatly rewarded through the intrinsic and passionate nature of the ongoing effort to improve lives.

Overview

Fiscal Year (FY) 2010/11 was an extremely difficult year for the Department of Children and Family Services (DCFS) which was faced with significant scrutiny in the media and at the Board of Supervisors (Board) relating to concerns over the number of child fatalities and concern for the backlog of child abuse investigations in the DCFS Emergency Response (ER) unit. DCFS staff were redeployed from all sections of the Department to assist with the backlog. In addition, during FY 2010/11 DCFS had three Directors/Interim Directors and three members of the DCFS Executive Team that departed. These management changes and staff redeployments brought instability to many of the initiatives and programs throughout DCFS affecting children and families.

The Probation Department (Probation) struggled to reorganize and improve services with a new Chief while under the scrutiny of the Department of Justice (DOJ). The Probation Department also worked with the American Civil Liberties Union (ACLU) to settle on the terms of a lawsuit the ACLU filed against the Los Angeles County Office of Education (LACOE) regarding education issues at Camp Challenger and other Probation camps.

During these turbulent times, the Commission remained focused on our role of advising the Board on important issues affecting at-risk children and families in Los Angeles County and advocating for services for children and youth.

We anticipate that the next few years will be a time of rebuilding in DCFS and Probation. This year the Commission's Annual Report, contains key principles and outcomes we envision as part of the rebuilding. It is for this reason that we have framed our work around the ideals of *Family + Community + County Continuum of Care (FC4)*, created in 2005 by this Commission. During this period of transition and change, the Commission has highlighted and updated the key elements of the FC4. We believe FC4 is still relevant today, and we hope these concepts provide core values that will be incorporated in rebuilding both County departments. In most areas of this report, our concerns and recommendations have not changed since the FY 2005/06 Annual Report. The Commission is still committed to the following three key outcome areas established by DCFS in 2003 and the fourth outcome added by the Board in 2010.

1. Safety
2. Permanency
3. Reducing reliance on out-of-home care.
4. Self-Sufficiency

In addition to achieving success in the key outcome areas, **Prevention** services for children and families and **Integration** of County programs need to be a high priority. A County structure needs to be in place that will hold County departments accountable and provide a roadmap for County departments that share the same client populations and will support integration of services through shared Department outcomes, shared Management Appraisal and Performance Plan goals, and program evaluations. To achieve integration, there needs to be a countywide **Implementation** plan developed that starts with prevention. Community programs need to be part of the County plan and integrated with other community programs and County programs. As seen in the FC4 diagrams, to meet their challenges, families need County and Community blended services based on individual needs via an integrated service delivery system that is culturally appropriate and easily accessible within their own community.

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

The Commission for Children and Families has continued to focus on the creation of an integrated seamless service delivery system that improves outcomes for the children and families who have contact with County departments. In an effort to promote understanding of this system, the Commission, created the *Family+Community+County Continuum of Care (FC4): A Partnership to Support Families and Children*, in 2005. FC4 is envisioned as a continuum: a circular service delivery system in which the individual or the family can enter at any point with an array of services (public or private, formal or informal) that will move the family to self-sufficiency and the child or youth to a safe, permanent home that is nurturing and has limited or no reliance on government services.

The impetus for the FC4 arose from the desire to integrate the Board approved recommendations of the four workgroups co-chaired by the Department of Children and 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. The most recent effort is the motion by Supervisor Antonovich on March 2, 2010 ([Item 6](#)) that makes “Self-Sufficiency” the 4th Outcome for DCFS, and the motion dated December 7, 2010 ([Item 3](#)) which makes “Self-Sufficiency” not just a DCFS Goal, but a countywide goal. Both the Board motions (excerpt below) and the integrated service delivery model for children and youth, ages 0-24 years, developed as part of the plan (attached) include the key outcomes, partnerships, and principles of FC4. They provide a roadmap for implementing other countywide initiatives, such as prevention.

Establishing Self-Sufficiency as a Countywide Goal
(Item 3 of the December 7, 2010 Board Meeting).

“Given that no County department can effectively serve a youth in isolation, the motion directed the Chief Executive Officer to convene a workgroup of diverse partners and stakeholders to plan integration of youth self-sufficiency services. Through its ongoing extraordinary commitment and dedication, this workgroup of County departments, commissions, children’s advocates, non-profit providers, philanthropy, and former foster youth, created a shared vision and developed a sound foundation, upon which to structure a Countywide integrated service delivery protocol. The foundation asserts that, in order to become truly self-sufficient and productive adults, youth must attain success in the outcome areas of (1) permanency/housing; (2) social and emotional well-being; (3) education; and (4) career/workforce readiness before exiting care. The building blocks for success in these areas begin at birth; and County service delivery must begin at birth; and County service delivery must begin addressing each of these areas as soon as a child enters our

*system. Therefore, **all** “child and/or youth-servicing” County departments must acknowledge, execute and be accountable for their unique and joint roles/responsibilities within the integrated youth self-sufficiency service delivery system. Moreover, County departments must acknowledge, execute and be accountable for their unique and joint roles/responsibilities within each of the four outcome areas; and achieve cost efficiencies by streamlining redundancies in order to collectively serve the County’s children and youth as effectively as possible.”*

The Chief Executive Office – Service Integration Branch (SIB) has done an outstanding job pulling together the County departments and community representatives in the development of the self-sufficiency plan. However, in order to understand the role of the CEO branch and how it can operate most effectively for children and families, there are various questions that need to be answered to clarify the current CEO structure:

- What is the role of the clusters in the Self-Sufficiency and other initiatives?
- How do the clusters interact with the SIB, and what happens if there are competing priorities for departments between the SIB and the clusters?
- What is the role of SIB in other family-focused initiatives that require leadership for coordination and implementation? In order to focus on prevention across County departments, is it necessary that prevention be assigned to SIB?
- How is it determined which “special projects” will be assigned to SIB and which left to the clusters?
- Will SIB be staffed appropriately to handle all of the initiatives and special projects?
- How will the various County initiatives be integrated with each other? Is there a need for the clusters and SIB, or are there duplicative efforts?

In order for the type of participation, integration of services, and blending of funds required for FC4, these questions need to be answered and changes need to be made regarding how the County structure operates.

Whether it is within SIB or the clusters, an integrated system needs to be developed. At the community level, public-private and formal-informal services need to be available to build on the strengths of the family, community, children and youth. The seamless continuum of care must be easy to access, culturally and linguistically appropriate and user-friendly. Families need an array of services from which to choose that are appropriate for them and accessible. The principles of Strengthening Families adopted by First 5 LA, the Policy Roundtable for Child Care and the LA Partnership for Early Childhood Investment (a philanthropic funding collaborative comprised of large private foundations, family foundations and representatives of key County departments), offers a framework for strength-based and family-focused programs. Your Board recognized the potential for this approach in approving the Roundtable’s Policy Framework for Child Care (March 29, 2011), and the CEO is scheduled to launch a Strengthening Families Learning Community including County department directors and key community partners in January 2012. Parents as Partners, currently funded in part by First 5 LA, also offers a model of multi-County departments and community partners working together. The Community Partners presented some of the successes of these programs at one of the monthly Commission meetings that was held at Magnolia Place.

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 2010-11, through its participation on various multi-agency committees and the continuation of work of the Commission's Committees in the areas of Relative Care, Crossover, Mental Health Transition Age Youth (TAY), Faith-Based Community, and Childhood Wellness has remained focused on the importance of integration of services. 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, including the following four principles that FC4 is based on:

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

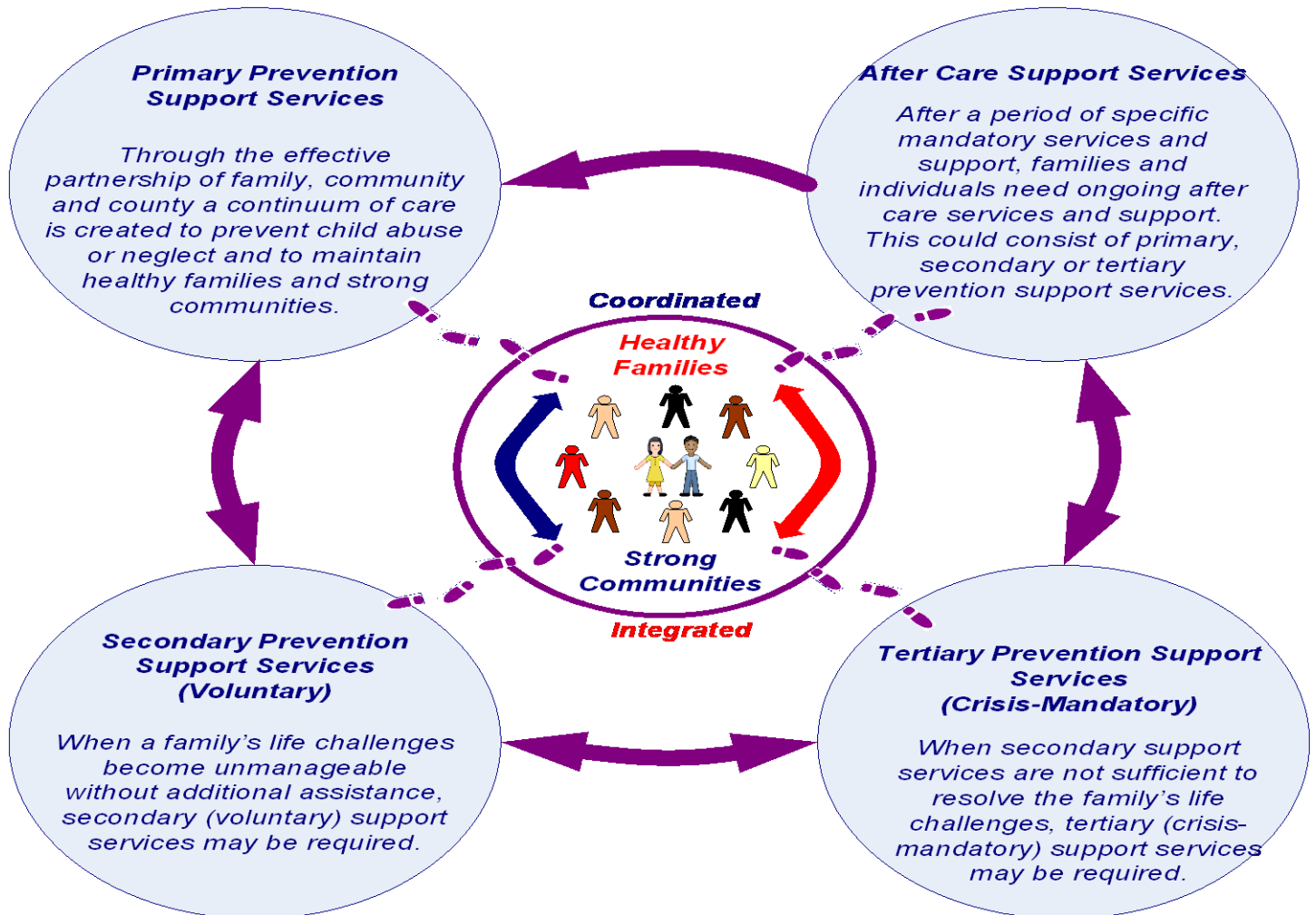
The Commission firmly believes that should the County develop a coordinated and seamless service delivery system based on the four FC4 principles, families would be better able to achieve self-sufficiency, communities would grow stronger and the utilization of County services would diminish. FC4 is depicted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

Family+Community+County Continuum of Care (FC4)

Partnership to Support Children and Families

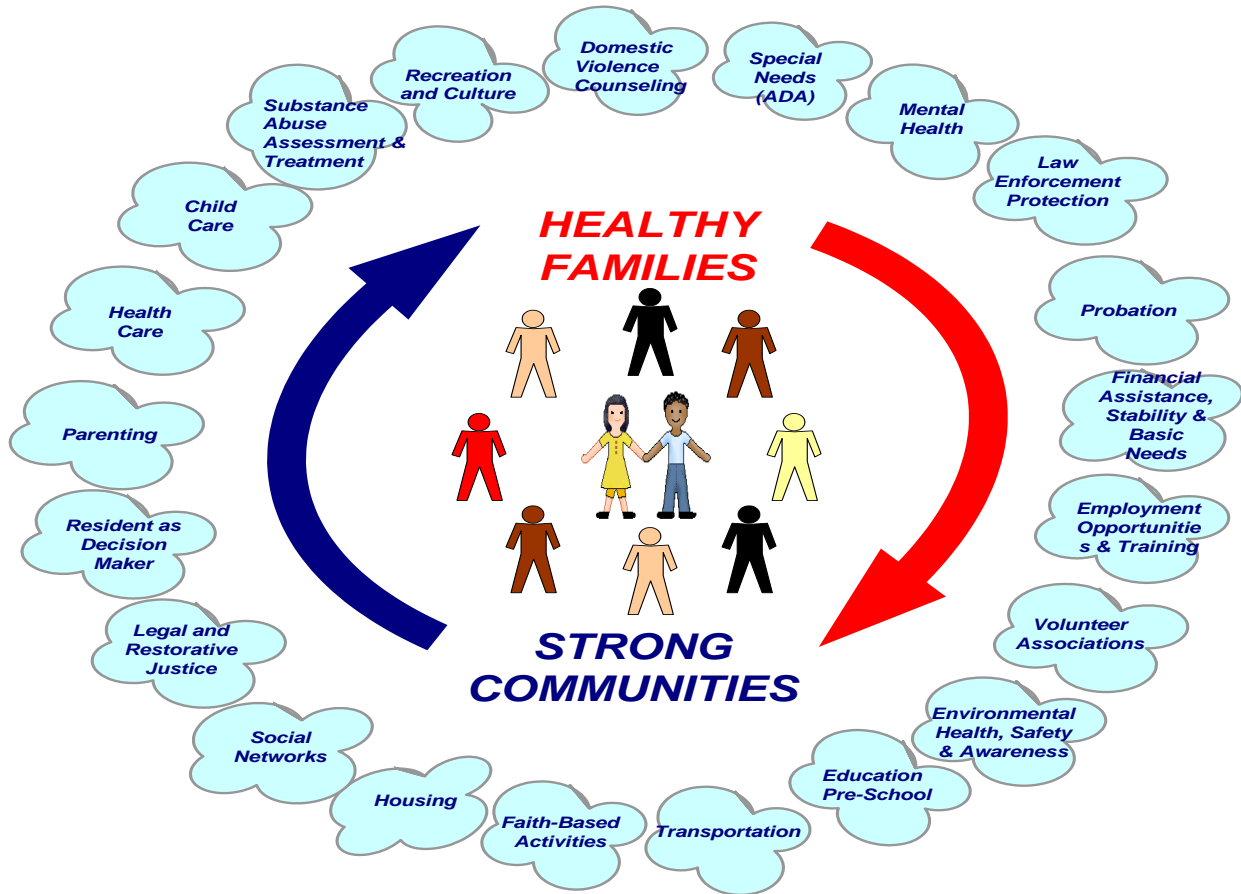
Families meet a number of challenges and should receive county and community blended services based upon their individual needs via an integrated services delivery system that is culturally appropriate and easily accessible within their own communities.

Healthy Families+Strong Communities



Los Angeles County Commission for Children and Families

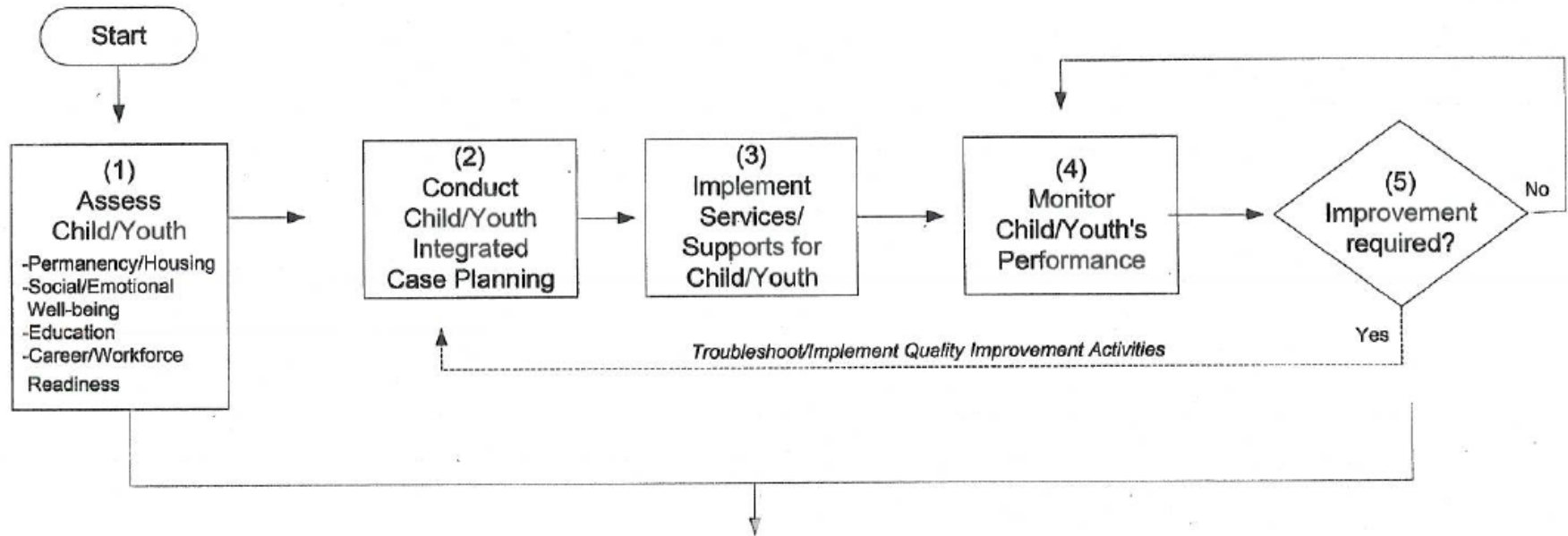
Family+Community+County Continuum of Care (FC4)
Partnership to Support Children and Families



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).

**Self-Sufficiency:
An Integrated Service Delivery Model for
Children and Youth, Ages 0 - 24**



Accountability:
 Aggregate Data/Performance Indicators
 Departmental Strategic Plans
 Management Appraisal and Performance Plan Goals
 Quality Assurance & Improvement
 Reporting to Oversight Entities (Federal, State, Board of Supervisors, etc.)

Note: Above diagram is from the Self-Sufficiency report developed by the Chief Executive Office Service Integration Branch.

Key Initiatives of FC4

Prevention

The Commission took a leadership role in the formation of the original Committee on Prevention and was an active participant. Prevention remains at the heart of FC4. The Commission supported the successful outcomes of the Prevention Initiative Demonstration Project (PIDP) as documented by the independent evaluation ([March 9, 2011 letter to the Board](#)). The PIDP is funded by the reinvestment money available through the Title IV-E Waiver. Despite outstanding outcomes for families produced by PIDP, funding has not been forthcoming to replicate this success. Prevention cannot be the job of one County department and it cannot be funded by one County department. In order to be successful serving families, PIDP needs to integrate services and blend funding across County departments as suggested in FC4. In an effort to encourage prevention services, the Commission met with the Department of Mental Health (DMH) through a Commission workgroup. The workgroup focused its efforts on identifying Prevention and Early Intervention (PEI) funding that could be used to add services to the PIDP Prevention Initiative. It appears these efforts will result in a partnership between DMH and PIDP providers, but it may have limited funding. While this is a good start, the County needs to develop an overall plan and other County departments need be part of a prevention continuum.

If prevention efforts are going to be successful, there needs to be a County structure in place that plans and coordinates services and funding across County departments to achieve integration. In addition, prevention efforts need to encompass a number of areas such as preventing at-risk families from entering foster care, preventing abuse and neglect, preventing youth from crossing from foster care to probation and preventing serious mental health and health problems. The prevention networks in the communities could be utilized in creating services for reunifying families. A clear structure is needed not only to coordinate cross-departmental activities, but to partner more actively with First 5 LA, local foundations, and community groups that are already active in this arena.

Permanency

In order to achieve Permanency there are a number of services required. These include:

- Adoption
- Aftercare
- Family Reunification
- Family Visitation
- Family Preservation

The Commission participated on the Department's Committees focused on these aspects of Permanency. Each area requires multiple services from County Departments and community providers and requires a strong public private partnership.

During FY 2010/2011, the reentry rate for families under the jurisdiction of DCFS increased and the number of adoptions decreased. As a result of its concern about cases over 60-days in emergency response, DCFS redeployed staff from the back-end of services to the front-end. The redeployment of Children's Social Workers (CSWs) to

the DCFS ER Units, the reduction in the number of adoption workers, and management changes, all contributed to setbacks in Aftercare, Adoptions, Family Reunification, and Visitation. It is important that staff and resources are committed in each of these areas and that there be a renewed focus on preventing reentry by assessing family reunification readiness and providing necessary services in the community in a timely manner.

From the beginning of the case to the very end, all planning and activities need to move toward permanency for the children. There needs to be a planned focus on the front-end of the foster care system, not through temporary redeployment of staff, but through a planned approach with proven tools and trained staff. Thorough assessment of the issues that bring children and families to the attention of DCFS/Probation must be made and then necessary services can be sought immediately. There is a need to identify family members, friends and a community support system early in a case, and provide a multidisciplinary approach by conducting quality Team Decision Making (TDM) conferences including all relevant parties so that all resources can be fully utilized.

Visitation and Reunification are two important components of Permanency. The following are the findings of the Visitation/Reunification Committee which was co-chaired by DCFS and the Commission for Children and Families and included stakeholders from multiple County departments and the court:

- Reunification planning and implementation starts on day one of detention.
- Community-based placement is best because it makes visitation with families more convenient and keeps children in the same educational environment.
- TDM's and case plans must include a visitation plan.
- Frequent and purposeful visitations between children and their families are the best building block for reunification.
- Coaches should be used to assist families and help address issues during visitation.
- Visitations are most successful when the environment is comfortable and it helps promote family interaction.
- Feedback about visitation must be given to the social worker.
- Regional offices need to develop with their communities various sites for visitation. DCFS needs to recognize the role that faith-based groups can play and develop other resources for the more difficult cases.
- DCFS needs to define reunification readiness for the family and work with them to achieve it.
- Reunification readiness needs to be discussed at a reunification TDM. Needed resources for the family need to be identified and educational changes for children need to be considered. Transition planning needs to take place so that resources are available immediately upon reunification.
- Court reports need to reflect the plan and the input of the families.
- Aftercare resources must be identified by the department and must be available for at least six months if needed.

FC4 Summary and Next Steps

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

Commission Committees and Workgroups 2010/2011

Standing Committees 2010/2011

Childhood Wellness Committee

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

Faith-Based Committee

Ann Franzen, Chair
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Adelina Sorkin, LCSW/ACSW
Martha Trevino-Powell
Dr. Sunny Kang

Relative Care Committee

Harriette F. Williams, Ed.D, Chair
Rev. Cecil L. Murray
Patricia Curry
Helen A. Kleinberg

Ad-Hoc Committees

Crossover Youth Ad-Hoc Committee

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

DCFS Public Health Nurses Ad-Hoc Committee

Helen A. Kleinberg
Patricia Curry

Workgroups

Transition Age Youth (TAY) Mental Health Workgroup

Susan F. Friedman, Chair
Patricia Curry
Dr. Sunny Kang
Helen A. Kleinberg
Stacey Savelle
Adelina Sorkin, LCSW/ACSW
Martha Trevino Powell

Mental Health Services Act (MHSA) Children's Workgroup

Genevra Berger, Chair

Commission Committees and Workgroups

Relative Care Committee

The largest population of youth in out-of-home-care reside with relatives. The Commission has continued to work with DCFS to improve support services for relatives and the children in their care. In accordance with the recommendations of the Relative Caregiver Permanency Workgroup, which the Commission chairs, DCFS established the Kinship Support Division (KSD) at the close of FY 2004/05 with the intent to provide the unique support and services necessary for this population. While the Commission is pleased that DCFS has committed to a division focused solely on this population, improvements in service delivery and support continue to be needed. The KSD includes two Kinship Resource Centers intended to provide information, referral services, and supportive services to relative families under the supervision of DCFS and for those who are not under County supervision. The lease on the two Kinship Resource Centers expired one and a half years ago, and the Committee has advocated that the two Kinship Centers remain in operation to provide support to relatives, but be relocated to areas that are accessible to public transportation and in areas with a high concentration of relative care providers. In addition, the relatives have also requested that resources and supportive services available in the centers be increased, particularly services like respite care which could be provided through DMH. Without clear attention to the appropriate extension of the leases for the Kinship Centers, and appropriate staffing to assure family support, the efforts of the Board of Supervisors, County Departments, Commission, and advocates will continue to fail in achieving effective outcomes.

In an effort to increase the supportive services available to relatives, the Commission has taken the lead in bringing together DCFS, Probation, and DMH with relatives to determine if additional supportive services could be available through these departments, or other County departments that would assist the relatives in providing permanency, safety and self-sufficiency for children in their care.

The Commission will be working this year to use the concepts in FC4 in an attempt to expand the services available to Relative Care providers.

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 Transitional Age Youth (TAY). The focus of the Committee is to become a conduit to transmit information concerning what is available to families in need, and to help them become a positive participating member of their community. We see the faith community as a major resource along with the County Community Continuum of Care (FC4).

Childhood Wellness Committee

Research indicates that children of all ages entering the child welfare system often experience trauma that can interfere with their development. When a child has experienced a traumatic separation from their parent(s), often he/she may display low self-esteem, a general distrust of others, mental health issues, and inadequate social skills. The Commission supports the recommendation of the American Academy of Pediatrics that all children in foster care receive a comprehensive physical, mental health and development evaluation within one month of placement.

The Committee/Commission continues to work on the issue of childhood obesity. We have worked closely with Children's Court and DCFS to address nutrition and childhood obesity. This year, we also spoke with the Probation Department in the evaluation of meals served at the Juvenile Halls. We will continue to follow this issue.

Though the Committee first started with the issue of childhood obesity five years ago, another focus this year was that of asthma among the children under the supervision of the County and especially those children who have been designated to receive F-Rate services that should only be placed in homes that are free of second-hand smoke. Representatives of the Commission's Committee met with the Health Director of DCFS. As a result of the meeting, DCFS made a commitment to place children who have been diagnosed with asthma in homes that are free of second-hand smoke.

Through these efforts listed above, the Committee also recognizes the importance of FC4 and the need to ensure that children under the supervision of the County receive adequate services to meet their physical, mental health and educational needs. The Committee will be working to identify the best way to integrate wellness with the concepts and principles of FC4.

Crossover Youth Ad-Hoc Committee

Recognizing the importance of Prevention, the Crossover Committee was established to discuss methods to stop youth, who enter foster care, from crossing over to the Probation system.

The Commission partnered with DCFS and Probation to identify existing resources and programs that could be used in this effort. The resources identified included a Probation program offered to children who are most at risk of delinquent behavior. The program identifies children in school, and the school administration works jointly with the Probation Department, the school, the youth and the family. DCFS implemented a pilot extending this program to foster children. In addition, DCFS and Probation joined with Prevention Programs offered by the Department of Parks and Recreation to target and involve foster youth. Through these joint efforts of school-based programs, Probation initiatives, and the Department of Parks and Recreation, DCFS was able to identify at-risk youth and provide support and appropriate intervention aimed at preventing delinquency.

The Committee also discussed the issue of using traffic court citations given to foster youth as early warning signs of problems that potentially could lead to crossover. Besides traffic violations, traffic court includes citations for curfew violations, chronic trancies, jaywalking, smoking, etcetera.

These efforts could only have been accomplished by the creativity, partnership, and integration of services by multiple County departments. The work of the Committee illustrates the need for a close connection among County departments and the courts and community as illustrated in FC4.

TAY Mental Health Workgroup

The Commission's Mental Health Workgroup was established to address the Commission's concern for TAY, ages 16-24. The workgroup reviewed the services and funds spent through the MHS Community Support Services (CSS) Plan. There were a number of questions regarding the "unspent funds," "prudent reserves" and whether the service plan should be reviewed and changed. It has been six years since the original TAY plan was developed. The Self-Sufficiency Committee has many of the same questions and concerns about TAY and will be joining the Commission Workgroup so that the two groups can work jointly with DMH.

The workgroup met and collaborated with Dr. Robin Kay, Chief Deputy Director of DMH, and other members of her team, as well as some members of the Mental Health Commission regarding other issues related to TAY. The representatives from DMH discussed the difficulty they encountered with the Prevention and Early Intervention (PEI) funding because of the requirement to include new providers who previously did not have a contract with the County. The Workgroup suggested that, based on the successful outcomes of the PIDP, DMH consider outreach to the PIDP providers so that their programs might be enhanced through the use of PEI funding, should they successfully participate in the PEI solicitation. The DMH agreed that this would be consistent with the County PEI Plan that had been developed.

DMH worked with DCFS and providers in the PIDP networks to ensure that the PIDP providers be included in the solicitation and receive specific instructions for the DMH MHS Master Agreement List so that they will be eligible to submit a proposal. A Request for Information (RFI) for PEI contracts and services will be released in November 2011.

Perhaps the most important contribution by the workgroup pertained to youth who are on probation in the community living either with parents or relatives, not in camps or halls. DMH included language in the solicitation to establish prevention efforts with youth in the community at risk of juvenile justice involvement, who have had probation involvement but are not incarcerated, as a priority population. Approximately 16,000 probation youth in the community will be eligible for services in the roll-out of these new PEI programs.

In addition, DMH and the Workgroup agreed to work on ways to assess client satisfaction in addition to traditional measurements of outcome. We are also working on a model for focus groups and other avenues for making contact with the TAY populations.

These efforts utilize the concepts and principles of the FC4 by involving multiple County departments and integrating programs and services in the community while blending funds.

DCFS Public Health Nurses (PHN) Ad-Hoc Committee

This year, concerned over the reports from DCFS showing a high percentage of child fatalities of children under the age of four, two Commissioners met with representatives from DCFS and Department of Public Health (DPH) to discuss the workload, allocation of resources, and whether additional nurses working with the Clinical Social Workers (CSW) on the hotline in the DCFS Emergency Response (ER) unit could provide additional review that would assist in identifying problems that might be otherwise overlooked for this high risk population. The Commissioners also discussed with representatives of DPH and DCFS whether linking with preventative programs like PIDP and/or the Visiting Nurse program funded by First 5 LA might also offer solutions.

Subsequent meetings with DCFS and DPH were expanded to include deputies from two Board offices, as well as representatives from DPSS, CEO, and DMH. One result of the discussions at the meetings was DPH applied for money from the state to hire clerks that could input medical information into children's medical passport to relieve the PHNs of this task so that the nurses can spend their time assessing children and providing services instead of inputting data. The meetings also focused on other ways to communicate and coordinate the programs and provide more nurse time to serve children and families. The group attempted to examine all of the possible resources available to assist the social workers.

The PHNs are currently divided into two groups. One is funded by the County under the jurisdiction of DCFS and the other is funded by the State under the jurisdiction of DPH. The current system of having two separate nursing programs operated by two County departments with separate legislative and funding complexities is challenging. Besides funding, some of the obstacles the Commissioners discovered were concerns over how the two programs worked together and how they related to the social worker in the specific offices, including issues about roles and responsibilities, legal restraints, and expectations.

This is an area that the concepts of FC4 could be used to develop meaningful support for at-risk children by integration of services from multiple County departments and blending of funds from First 5 LA and County departments to provide Prevention services targeted to at-risk young children under the age of four.

Given the extent of the needs of at-risk children and the multiple County departments that could provide assistance, it was agreed that the CEO/SIB would continue to examine the current utilization of resources and examine all the possible resources available to assist social workers to find solutions to the existing problems through integration of resources and blending funds and services with organizations and programs such as First 5 LA and PIDP. The CEO/SIB will report back to the deputies and then to the Commission in September/October 2011, with additional recommendations.

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.

Commission Representation on County Bodies 2010/2011

AB12	Patricia Curry
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 Disproportionality Workgroup	Stacey Savelle
Court Committee on Psychotropic Drugs	Sandra Rudnick
Education Coordinating Council	Helen A. Kleinberg Martha Trevino-Powell
Family Reunification Workgroup	Helen A. Kleinberg
External Stakeholders Visitation Committee	Helen A. Kleinberg
First 5 LA	Harriette F. Williams, Ed.D.
Mental Health Services Act System Leadership Team (SLT)	Adelina Sorkin, LCSW/ACSW
Policy Roundtable for Child Care	Ann Franzen
Prevention Workgroup (Prevention Initiative Demonstration Project)	Sandra Rudnick
Self-Sufficiency Committee	Patricia Curry
Systems Improvement Plan (SIP)	Adelina Sorkin, LCSW/ACSW

RECOMMENDATIONS TO THE BOARD OF SUPERVISORS

The Commission respectfully submits the following recommendations to your Board:

1. 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.
2. Develop a County structure implementation plan that will embody the key elements of FC4, shared MAPP Goals, integration of family services, blending of funds, and outcomes accountability of County departments.
3. 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 PIDP.
4. 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).
5. Instruct the CEO to clarify and streamline the duties between the Service Integration Branch and clusters and to eliminate duplication where it currently exists.
6. Encourage First 5 LA, DPH and the DCFS to integrate and coordinate nursing programs in the community, including the First 5 Visiting Nurse Program, with the efforts of Public Health Nurses from DPH and DCFS who assist Social Workers in their work with families.

RECOMMENDATIONS FOR THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES AND THE DEPARTMENT OF PROBATION

1. Adopt a policy of transparency and inclusion of stakeholders in strategic planning, data sharing, and decision making.
2. Develop a stronger working partnership with caregivers that provides resources and support in the community.
3. Support increased efforts to prevent youth from crossing over from DCFS to Probation. Provide on-going advocacy for those who have already crossed over.
4. Provide after-care services for children and families who are leaving the care of DCFS and Probation.
5. Develop a plan to implement the recommendations of the Reunification/Visitation Committee.

Commission Meetings

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

Committee Reports and Updates:

Child Fatalities

- Child safety enhancements
- DCFS Child Death Report

Disproportionality and Disparity in the Child Welfare System

Integration of County Services

Implementation of AB12

Programs and Services

- Permanency
- Wrap Around
- Adoptions
- Family Preservation
- Prevention Initiatives (PIDP)

Relative Care Providers

- Impact of AB 12
- Support Services
- Impact of SB 654

Title IV-E Waiver

- Current Programs funded
- Proposed programs funded
- Need for program evaluations and outcomes studies

During FY 2010/11, the Commission sent letters to the Board and other officials on the following issues or areas of concern.

- [Letter Dated August 2, 2010](#)
Request for support of SB 1255 Prohibiting the Electrolyte Replacement Beverage (ERB) and restricting the sale at school campuses.
- [Letter Dated October 14, 2010](#)
Recommendations to the Department of Probation for adoption of a protocol for reporting Probation youth fatalities to the Board of Supervisors.
- [Letter Dated March 9, 2011](#)
Recommendation to the Board of Supervisors to support and fund the Prevention Initiative Demonstration Project (PIDP).
- [Letter Dated March 21, 2011](#)
Support of Board of Supervisors' motion strengthening children protection through the CEO Department Cluster reconfiguration and concerns regarding the County Governance structure.
- [Letter Date March 23, 2011](#)
Recommendation to the Board of Supervisors that an evaluation of the Family Preservation contracts be conducted.
- [Letter Dated April 18, 2011](#)
Letter to Assemblymen Mike Feuer in support of AB73 regarding public access to dependency proceedings.