



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

COMMISSIONERS:
CAROL O. BIONDI, VICE CHAIR
PATRICIA CURRY
HON. JOYCE FAHEY
HELEN A. KLEINBERG
DAISY MA, VICE CHAIR
DR. LA-DORIS MCCLANEY
SANDRA RUDNICK
ADELINA SORKIN, LCSW/ACSW
DR. HARRIETTE F. WILLIAMS, CHAIR
STACEY F. WINKLER

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **April 18, 2005**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Not Established)

Carol O. Biondi
Helen Kleinberg
Sandra Rudnick
Adelina Sorkin

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Joyce Fahey
Daisy Ma
Dr. La-Doris McClaney
Dr. Harriette Williams
Stacey F. Winkler

APPROVAL OF THE AGENDA

The agenda for the April 18, 2005 meeting was not approved as a quorum was not established.

APPROVAL OF MINUTES

The minutes for the March 21, 2005 general meeting were not approved.

DIRECTOR'S REPORT:

- Training for Point of Engagement (POE) has begun for the Pomona, West Los Angeles, Torrance and Metro North offices as part of the roll out of the program. Ideas to improve Team Decision Making have been generated and Dr. Sanders suggested that they are taken up in the Family Reunification work group.
- The DCFS will begin facilitating a work group to focus on the transition of services provided by group homes and an examination of the current rate structure. A small group of providers will be included as well as Probation and the Department of Mental Health. A report is due back to the Board of Supervisors in June. The Department does have some ideas about how services can be structured to support families in the community. He was not sure if Hollygrove was participating in the work group.

Commissioner Sorkin asked if there is any thought being given to how group homes can assist with visitation. Dr. Sanders indicated that the contract with the group home speaks to their role in visitation. Commissioner Sorkin gave a specific example of an interrupted visitation incident and suggested that protocols be put into the policy to ensure that visitation take place as specified in the case plan and by the courts.

Vice Chair Biondi referenced New York's development of a group home rating system. She asked if the Department is contemplating such a strategy. Dr. Sanders responded in the affirmative and that regular monitoring will take place in an effort to achieve that goal.

- The major concern about the Promoting Safe and Stable Families (PSSF) RFP is that response is too short – five weeks. The timeline has not been changed and Dr. Sanders intends to start the new contracts July 1, 2005. Major changes to the RFP relate to 24/7 capacity by the providers and collaboration, neither of which have been a source of concern.

Commissioner Sorkin asked Dr. Sanders what rationale the Department used to determine the allocation for Asian Pacific Islander and American Indian for PSSF RFP. Both groups have approximately 1,000 children each on caseload. Yet each are being allocated about \$500,000. Dr. Sanders stated that the Department offers centralized services for both of those populations and the rationale was to time the Family Preservation services to the Department's centralized services to deal with the issues specific to those populations. The dollars, he stated, was primarily based on the number of children in placement over a two year period of time. He suggested that in the future a different formula would be a better approach. Commissioner Sorkin pointed out that two year old data does not reflect the composition today.

- The Department is consistently at or over 80% utilization of the risk and safety assessment in the Structured Decision Making tool. Additionally, all of the moderate risk cases that were open were done so appropriately. Commissioner Sorkin expressed concern that the SDM results are included in the court report.

OLD BUSINESS

Concurrent Planning Redesign: Trish Ploehn, DCFS Deputy Director, explained that the implementation of Concurrent Planning along with POE is intended to shift the way in which the Department works with youth and families at the front end of the system so that permanency takes place in a shorter period of time. She explained that the Concurrent Planning redesign includes massive work flow shifts as well as an equally massive culture change with internal and external stakeholders. The goals of the redesign include: reducing the timeline from initial placement to adoption finalization to 24 months, to finalize 4,000 adoptions in calendar year 2005 and to ensure timely permanence for children by successfully increasing family reunification, KinGAP/legal guardianship and adoption rates, and decreasing the rate of children in long term foster care.

Ms. Ploehn explained that the implementation of the redesign began in early 2004 by retraining all staff on the general concept of concurrent planning combined with policy and procedural training connected to the rollout of the pilot. In 2004 the consolidated home study initiative was implemented so that all families whether their intention is to foster or adopt will be trained and studied at the more extensive adoption level. The implementation of the Torrance Model is now fully implemented in all offices. Ms. Ploehn stated that the implementation of concurrent planning is one of many strategies/initiatives underway in the Department to improve outcomes for children and families.

Nancy Chess, DCFS, explained that a partnership was developed between labor and management called Continuous Quality Improvement team (CQI). The partnership was able to develop the concurrent planning design together in a process that focused on a shared vision for the children and families under the department's supervision. The team met for approximately one year. The CQI team will meet at least monthly to assess how the design and its implementation is progressing. The team's goal is to make a recommendation by September 2005 about Department-wide roll out of concurrent planning. Implementation will be piloted in five offices. Implementation includes training that will be completed by June 1st.

Ms. Chess indicated that the major work shifts in the concurrent planning redesign include: 1) TPR effort will be led by the Dependency Investigator; 2) adoption staff will enter the life of the case much earlier; 3) the CSW will retain the child's case through finalization; 4) a web based automated tracking system is in place to track permanency milestones. She emphasized that the concurrent planning model is adaptable to any of the "teaming" strategies being employed by the Department. Ms. Chess referred to a diagram which details the concurrent planning model and integration of activities with POE. The CQI team will pay special attention to how the Compton office implements concurrent planning as it is the only pilot office in which POE is fully operational. Ms. Chess shared actual case anecdotes that have gone through the teaming process with concurrent planning.

Commissioner Kleinberg acknowledged the inherent conflict between family reunification and concurrent planning and the need for very careful and thorough training. She also expressed concern that efforts toward family reunification will be minimized and adoption will be sought as the ideal permanency option. Ms. Ploehn acknowledged that this concern is shared by many, and training has been designed to address the conflict. Ms. Chess stated that the jurisdictions that have

successfully implemented concurrent planning have documented a rise in family reunification rates. This increase is attributed to the full disclosure process and engaging the family in permanency options. Training will address these two activities. Additionally, attention will be paid to the role of the resource family with respect to building support for the family in achieving successful reunification. Commissioner Kleinberg brought up the issue of visitation - who is responsible for developing the visitation plan and who in the department is in charge of visitation.

Commissioner Sorkin noted that the documents distributed to the Commission detailed goals for the number of adoptions so she questioned what the Department's goal was for reunification. Secondly, she questioned the timeline detailed in the documents commenting that the federal government has issued two sets of guidelines depending on the age of the child – the document only reflects one of the guidelines. Finally, Commissioner Sorkin asked for an explanation about the plan for the adoption portion of PSSF funds. Ms. Ploehn explained that those funds would be utilized for both pre and post adoption services. Commissioner Sorkin expressed her concern that the Department put forth its best efforts toward family reunification.

Vice Chair Biondi asked if the web based tracking program was collecting health and education information. Ms. Chess responded in the negative, and acknowledged the need for that information to be captured. She further explained that the system will begin collecting the permanency information on children from this point forward and will include reunification and guardianship.

Family Reunification Work Group Update: Commissioner Kleinberg stated that the Family Reunification (FR) Work Group is now focusing on the implementation of the work group's report recommendation. They are focused on the need for the Department to collect baseline data from all offices to understand where the Department is today on FR efforts so as to gauge their progress over time. The work group recognizes that not all families can be reunified; however, it is important that the process and efforts toward reunification takes place and is tracked. Commissioner Kleinberg detailed the data that the group feels is important to be collected and requested that the Department provide the group with that information.

Jackie Acosta, DCFS, stated that there is critical information about the families under the Department's supervision for which the current information system cannot collect. It is the work group's recommendation that the information be acquired through the family centered team decision making process. Examples of desired information include substance abuse, mental health and domestic violence. This would allow the Department to identify need, availability of and access to service. Additional information includes education, employment and transportation. Such information is critical as they are often the barriers to successful reunification. Ms. Acosta further outlined information critical to understanding visitation and information needed by the courts. She recommended that the Department should begin collecting this information.

Ms. Acosta explained that POE have eight critical components for the model to be successful. She stated that the vast majority of those components, to some extent, have been implemented in all of the offices. Those components include SDM, community development, front-end assessments, voluntary services, family preservation, Team Decision Making, timely access and linkage to services and visitation planning and implementation. She commented that each of the service

bureau deputies are responsible for ensuring that visitation planning and implementation is taking place within their service areas, yet she acknowledged the Department must assign leadership in order to make certain it is actually taking place.

Gary Puckett, DMH, expressed the importance of service responsiveness and linkage to resources within a family's community. He suggested that the engagement of community is critical so that the Department is aware of the resources available to families in advance of recommending services. The process of community engagement can take place through a variety of strategies: local focus groups with both consumers and providers, stakeholder meetings to problem solve about access barrier issues, and advisory councils. Mr. Puckett recommended that tracking community resources is critical to impact effective linkage to services that will support reunification efforts.

Donna Fernandez, DCFS, reported on the efforts to address the assessment and treatment of substance abuse amongst the Department's families, especially those with the goal of reunification. She stated that the Department does not specifically track alcohol and drug (AOD) use because it is not a mandatory field in the CWS/CMS system. Ms. Fernandez did share SDM data in regards to AOD use. The data reflected that for overall removals, caretaker substance abuse was the number one most prevalent safety factor with a removal rate of 49.6%. She explained that there is no way of knowing if there is overlap between AOD use and other safety factors. Ms. Kleinberg explained that the data is very incomplete because of the way the SDM tool is filled out and because information from all offices was not included.

Ms. Fernandez explained that currently in SPA 6, the Department is accessing AOD assessment and treatment services through the Community Assessment Services Centers (CASC). The Department will be expanding their utilization of the CASCs through a performance-based MOU with the Department of Health Services using the Time Limited Family Reunification portion of the Promoting Safe and Stable Families funding. The families that will be eligible to access the services are those families with children in placement for 15 months or less. Once the family has reunified, services end. The MOU outlines 1) the participation of the service providers in the Team Decision Making meetings, safety conferences, screenings and regional meetings, 2) DHSs commitment to link families to mental health and/or domestic violence treatment services when appropriate, and 3) DHSs participation in the evaluation of the MOU. Further, Ms. Fernandez detailed the responsibilities of the CASCs, all of which were consistent with the recommendations of the work group report. The MOU is scheduled to begin July 1, 2005.

Commissioner Kleinberg explained that this MOU is the first attempt on the part of the Department to invest in AOD services. She explained the critical nature of these services if families are to reunify in a timely and successful manner. Vice Chair Biondi commented on the need to advocate for Mental Health Services Act funding because often times there are also mental health issues that need to be addressed.

Commissioner Kleinberg stated that accountability for the implementation of the recommendations is critical. The collection of the baseline data is also critical so we understand how the different strategies employed by the Department are working to improve successful reunification rates. Finally, Commissioner Kleinberg expressed the importance of an identified person within the

General Meeting
April 18, 2005
Page 6 of 6

Department responsible for the various key components of the report's recommendations, such as visitation.

MEETING ADJOURNED