



Dana E. Blackwell  
Executive Director

# LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

*COMMISSIONERS:*  
CAROL O. BIONDI  
PATRICIA CURRY  
HON. JOYCE FAHEY  
ANN E. FRANZEN  
SUSAN F. FRIEDMAN  
HELEN A. KLEINBERG, CHAIR  
DAISY MA  
DR. LA-DORIS MCCLANEY  
REV. CECIL L. MURRAY  
WENDY L. RAMALLO, ESQ.  
SANDRA RUDNICK, VICE CHAIR  
ADELINA SORKIN, VICE CHAIR  
DR. HARRIETTE F. WILLIAMS  
STACEY F. WINKLER

## APPROVED MINUTES

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The General Meeting of the Commission for Children and Families was held on Monday, **November 21, 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 Established)

Carol O. Biondi  
Patricia Curry  
Hon. Joyce Fahey  
Ann E. Franzen  
Helen A. Kleinberg  
Dr. La-Doris McClaney  
Rev. Cecil L. Murray  
Sandra Rudnick

### COMMISSIONERS ABSENT (Excused/Unexcused)

Susan F. Friedman  
Daisy Ma  
Wendy L. Ramallo  
Adelina Sorkin  
Dr. Harriette F. Williams  
Stacey F. Winkler  
Jason Anderson, youth representative  
William Johnson, youth representative

### APPROVAL OF THE AGENDA

The agenda for the November 21, 2005, meeting was unanimously approved.

### APPROVAL OF MINUTES

The minutes of the October 17, 2005, general meeting were unanimously approved.

## **CHAIR'S REPORT**

- Chair Kleinberg welcomed Dana Blackwell back from vacation, and thanked Elizabeth Hinton and Nansi Buenrostro for staffing the office in her absence.
- Chair Kleinberg thanked Commissioner Winkler for hosting the recent Commission retreat, and expressed appreciation to Dr. David Sanders for coming. With five new Commissioners in attendance, it was a very worthwhile event.
- The Commission's holiday luncheon will be hosted by Carol Biondi on December 12.
- With the election of new Commission officers in September, committee assignments are being redistributed. Discussions at the retreat made it clear that the Commission is interested in decentralizing its work and becoming involved at the regional-office level, and Chair Kleinberg thanked Helen Berberian for providing maps and overlays of the department's geographic structure.
  - Commissioner Rudnick will handle the personnel committee.
  - Commissioners Biondi and Curry will continue to focus on emancipation and issues of transition-age youth, and Commissioner Biondi will continue to concentrate on probation youth.
  - Commissioner Franzen will serve as the delegate to the Policy Roundtable for Child Care, and will also work with the faith-based community.
  - Commissioner Ramallo will focus on the homeless.
  - Commissioner Murray will help coordinate opportunities to work with universities on how social workers are trained.
  - A committee will continue to look at graphically presenting the continuum of care so that it communicates the full range of services available to children and families, from prevention through aftercare.
- Commissioners Curry, Rudnick, and Kleinberg presented the continuum of care to the New Directions Task Force. Interest was expressed in the concept, but questions arose about leadership and implementation. Lari Sheehan from the Chief Administrative Office said that much positive energy was generated by the presentation (the county librarian was particularly enthusiastic), and Bryce Yokomizo, director of the Department of Public Social Services, has offered to work on choosing areas of focus and developing next steps. Ms. Sheehan will keep the Commission posted.
- No relative care meeting is scheduled today, but Assemblymember Karen Bass is sponsoring a meeting on state foster care issues this afternoon from 1:00 to 5:00 p.m.
- Commissioner Franzen reported meeting with regional administrator Art Lieras and several local ministers at her church, which sponsors a Celebrate Recovery program for parents with drug and alcohol problems. Many churches, synagogues, and mosques have similar programs that assist parents who have completed and need

ongoing support. A February seminar is being planned for faith-based leaders, and an initial project will begin in the Santa Fe Springs area.

- Commissioner Fahey mentioned the Family to Family conference which includes a workshop on the faith community. Commissioner Franzen will attend, and Chair Kleinberg said that all Commissioners were invited to attend on November 29 and 30 or on December 6 and 7. Further information is available at the Commission office.
- Ms. Blackwell presented a draft page from the new Commission website, which she and Commissioner Williams have been working on for the last six months with the Internal Services Department. Users will be able to access agendas, minutes, Commissioner bios, annual reports, task force presentations, recommendations made to the Board of Supervisors, a history of the Commission, and other documents going about three years back. A resource directory will include links to external organizations such as the Child Welfare League of America, the Children's Defense Fund, the Children's Law Center, etc., and the site will contain a frequently asked questions (FAQ) page and links to the Department of Children and Family Services website.

While the site is in the design stage, Commission staff cannot make changes that is done by ISD. Staff will however maintain the site once it goes live. Ms. Blackwell asked anyone who spots typos or inaccuracies to please let her know. She also asked anyone with ideas about the site's URL to forward suggestions, and ISD can research whether or not names are available. Current possibilities include *laccf.org* or *childrenscommission.org*.

**Commissioner McClaney moved that the draft website design be approved and move forward. Commissioner Fahey seconded the motion, and it was unanimously approved.**

Ms. Blackwell also presented a draft of a Commission brochure, which replicates the look of the website and reinforces the body's charge and mission statement. It will include both a statement from Dr. Sanders regarding the Commission's relationship with the department and a list of focus areas and other agencies with which it works. If Commissioners have comments or questions, please contact Ms. Blackwell.

- Commissioner Biondi reported that a budget reconciliation bill recently passed by the House of Representatives cuts foster care allocations by \$600 million, mostly to kin families. A particularly serious provision would mean that, if a child moves from foster care to a non-IV-E funded facility (a mental hospital, crisis center, etc.) and then moves back, his or her time in the latter IV-E placement would be restricted to 30 days. Commissioner Biondi urged everyone to lobby their House Representatives, especially Republicans, about the devastation this change could bring. Former Commissioner Nancy Daly Riordan will call David Drier, chair of the Rules Committee.

The bill is going to conference, then to the House Rules Committee, and then to the Senate. Action is expected after December 5. Because that is also the date of the last Commission meeting of the year, **Commissioner Fahey moved that a letter from**

**the Commission to the Board of Supervisors be drafted outlining what would happen to the 5,000 children in California affected by this provision. Commissioner McClaney seconded the motion, and it was unanimously approved.** Dr. Sanders will provide a copy of the letter the department has drafted on this issue.

#### **DIRECTOR'S REPORT**

- At Assemblymember Bass's hearing this afternoon, Dr. Sanders has been asked to speak about Los Angeles County's waiver proposal, emphasizing its prevention and permanency aspects as well as its support for reunifying families, relatives, and children leaving care. He will stress the flexibility that the state can offer—short of a waiver—to align funding with those areas of need.

Susan Orr has indicated that the state has no problems with the county's waiver request proposal or its philosophy, but is trying to negotiate what the base allocation would look like, adjusting for one-time expenditures within previous years' averages.

- Two motions from the Board of Supervisors have passed in the last few weeks. One, from Supervisor Knabe, requires that the department look at its ability to expand mentoring supports within the context of permanency. The second, from Supervisor Antonovich, directs the department to implement the concurrent planning redesign across all regions and to expand the Permanency Partners Program (P3) to serve between 600 and 700 youth. A report is due to the Board by the end of this week.
- An editorial in the *San Francisco Chronicle*, distributed to Commissioners, favorably compares Los Angeles County's performance in child safety and permanence to counties in the Bay Area, which Dr. Sanders was pleasantly surprised to see.

#### **DCFS/DMH MENTAL HEALTH SERVICES PLAN**

As a result of the Katie A. settlement, the departments of Mental Health (DMH) and Children and Family Services (DCFS) have developed a joint countywide plan for enhanced specialized mental health services. Susan Kerr, DMH's chief deputy director, said that she and her DCFS counterpart, Joan Smith (deputy director for the bureau of finance), have personally dedicated themselves to ensuring that the plan's collaborative strategies are successful. A copy of the full plan, along with the letter to the Board of Supervisors recommending its approval, was included in Commissioner packets.

Of the 23,000 children currently in out-of-home placement, only 31 percent (7,130) are served by DMH, as shown in the gap analysis. The joint plan's goal is to increase that number to 11,500, at the same time making sure that services to current clients are upgraded to the level truly required. The target population for phase one is 50% of children in congregate care and all of the children in D rate homes. The joint plan's broad goals are to:

1. Improve the coordination between child welfare and mental health efforts on behalf of dependent children and youth

2. Improve the identification of need and access to mental health services for children and youth in the child welfare system
3. Expand the availability of specialized and intensive in-home mental health services for DCFS-involved children and youth
4. Reduce the reliance on out-of-home and congregate-care settings for children and youth in the child welfare system with emotional and behavioral problems
5. Reduce timelines to permanency for children and youth identified as in need of mental health services
6. Reduce placement disruptions as a result of emotional and behavioral problems for DCFS-involved children and youth
7. Improve the day-to-day functioning of children and youth in essential life domains (for example, emotional and behavioral well-being, supportive relationships, safety and stability, and placement stability)

Significant organizational and structural changes will be necessary within the two departments, including:

- The creation within DMH of a Child Welfare Mental Health Services Division responsible for interdepartmental training and the establishment of an enrollment and tracking system
- Increased capacity at the DMH ACCESS hotline, which will be synchronized with the countywide 211 calling system
- The co-location of DMH staff in DCFS regional offices to help screen, assess, and link children to mental health services; all will be also trained as systems navigators
- Accountability measures that include performance indicators, a Children's System of Care Assessment Application (CSOCAA) to be in place by January 2006, a joint Master Person Index (MPI) with a unique identifier for each client, an evaluation performed by the UCLA School of Medicine, and a performance-based contracting system with desired outcomes and consequences if they are not achieved

As part of DMH's move to in-home and community-based services, staff will be trained in various evidence-based treatment models and will also receive continued consultation, technical assistance, and coaching.

Commissioner Biondi expressed great distress over the Probation Department's exclusion from this plan, particularly since she understands that 42 percent of children in probation come with a dependency-system history. This plan is one of the most comprehensive efforts ever seen, for the most needy and at-risk children, and communication with that department is critical. Susan Kerr explained that the probation population is addressed in

the community services and supports plan for Mental Health Services Act (MHSA) funds, and the departments are working closely with Andrea Gordon at Probation. If a child is being served under the joint plan and is moved from DCFS to the probation system, Ms. Kerr commits to continuing to serve that child. Sandra Thompson added that START units being brought into the new division are expanding, and a mental health clinic will be co-located in the Compton office. Though she understands the pilot concept for the joint plan, Commissioner Fahey cautioned against omitting the probation population if it is to be included in the future, since any evaluation will need to fit it in.

Commissioner Murray asked about treating the families of the targeted youth, and Ms. Kerr replied that, in general, the MHSA plan provides for services to adults. The multi-disciplinary assessment teams and some evidence-based models may recommend family counseling, in which case families are treated together.

Dr. Charles Sophy reviewed service alignment flow charts for:

- Detained youth, including identification, mental health screenings, and service linkages, delivery, and evaluation
- Non-detained youth, including identification, mental health screenings, and family preservation service linkages, delivery, and evaluation
- Youth now in the child welfare system, including identification by replacement and reunification teams, needs assessments, and service delivery and evaluation

Evaluation outcomes will be tracked with regard to safety and stability, appropriate placement, health and physical well-being, emotional and behavioral well-being, supportive relationships, and caregiver/family functioning and resourcefulness. Using the unique identifier, information will be pulled at six-month intervals to see if, for example, children are moving from RCL level 14 placements to regular foster homes. For transition-aged youth, self-sufficiency and supportive relationships will be assessed in terms of living arrangements, finances, etc. Ms. Kerr will provide copies of the assessment tool. Chair Kleinberg expressed concern about the relatively small amount of money—\$50,000—allocated to UCLA for the joint-plan evaluation.

Each child entering the system will initially be evaluated at a medical hub (or, if one is not yet available, a team decision-making meeting) by using evidence-based forensic procedures plus standardized age-appropriate screening tools developed by the California Institute of Mental Health. Chair Kleinberg asked why it sometimes takes 30 days to get the results of the multidisciplinary assessment team's findings, citing caregiver concerns about dealing with a child all that time without knowing the child's issues. If families are recognized as needing mental health services, Ms. Thompson said, they are immediately referred. Part of the challenge is a systemic lack of services for adults.

Commissioner McClaney echoed Chair Kleinberg's concerns, saying that children are sometimes placed in inappropriate facilities, with improper medication, because of the

delay in getting information. When a child enters the system who is already receiving psychotropic medication, Dr. Sophy said, that triggers a call to a psychiatrist to evaluate need, dosage, etc., prior to the end of the 30-day period.

With regard to how the level of service intensity is determined, Ms. Thompson said that the individualized team decision-making approach looks at the needs and strengths of the family, and recommends doing whatever it takes to get the child home—similar to the wraparound and systems of care models. Risk and safety factors are gauged, and final decisions are made by the social worker. With the co-location of DMH staff, families no longer have to navigate the system themselves. In addition, providers will no longer have waiting lists, but instead will see families a maximum of 72 hours following referral. For children already in the child welfare system, Ms. Thompson hopes that the expansion of in-home and community-based services will decrease seven-day notices and engage families and communities. Crisis services will be available 24 hours a day, seven days a week.

Chair Kleinberg suggested that gaps may exist where additional dollars should be ensured, and a list of what needs to be advocated for would be helpful. In the MHSA plan, a chunk of funding goes to adults, which should include the families of DCFS children. Extensive needs assessments were performed for each SPA, and these are helping to inform the enrollment process that is being designed.

Commissioner Curry made a plea for procedures to be added to the flow charts to start early—at age 17 or younger—in developing a plan for transitioning youth out of the system and into adult services (jobs, SSI, adult regional center placement, housing, medications, and other special needs).

Ms. Thompson reported the demographics of children served, who are 55 percent male and 45 percent female. In terms of ethnicity, the breakdown is:

- 2 percent Asian/Pacific Islander
- 40 percent African-American
- 33 percent Latino
- 1 percent American Indian
- 16 percent white
- .3 percent other
- 7 percent unknown

Because of significant data problems within DMH, these most recent hard numbers are from 2002–2003; Ms. Kerr hopes that by phase two of the joint plan, those problems will be resolved and more accurate numbers will be available.

In response to a query from Commissioner McClaney, Joan Smith reported that a total of 143,000 referrals were made to DCFS from October 2004 through September 2005. Of those, 74,000 (a little over half) were unfounded, 35,000 were inconclusive, and 32,000 were substantiated. With that relatively low percentage of substantiated allegations, Commissioner McClaney suggested exploring methods of investigation that might not use so much time and energy, saying that providers often feel they are being harassed and the department is trying to shut them down. Chair Kleinberg asked that the topic be discussed at a subsequent time.

With regard to the joint plan's implementation timetable, Ms. Thompson said that the approval to hire the needed positions should happen today. The new Child Welfare Mental Health Services Division has subsumed the ICAT unit (with approximately 60 people) and the START unit, and will also employ five administrative positions. The 113 people to be hired in SPAs 1, 6, and 7—the areas of greatest unmet need—will report to regional management, since that was thought the most effective model.

The Mental Health Commission will hear a presentation on the joint plan, but that body is already requesting that the quality of family engagement be strengthened. It is very interested in working with the Children's Commission to jointly monitor the plan's implementation, and Chair Kleinberg will designate someone to take the lead on that. County Counsel's Brandon Nichols reported that the Katie A. panel has been invited to meet with county representatives to discuss the joint plan, possibly the first week of December.

### **MENTAL HEALTH NEEDS FOR FOSTER AND PROBATION YOUTH**

Nancy Shea from Mental Health Advocacy Services said that the system has greatly improved since she first became involved in 1976, when the only children's mental health services were the hospitals, from which children were discharged when their insurance ran out. However, she agreed with Commissioner Biondi's concerns about probation youth, as well as youth with serious emotional problems who are not in the system: they'll end up there if they are not treated.

The Katie A. settlement was filed two years ago. Why has it taken so long to get DMH and DCFS staff co-located? The two departments have their own mandates, interests, and constituencies—if the county as a whole is not going to take on the obligation, services will not be improved as they need to be. It will take more effort from the top, as in the case of emancipation services and the creation of the Education Coordinating Council.

Ms. Shea congratulated Ms. Kerr for being honest about DMH's problems with data; she is a great proponent of looking at case studies, and suggested going into SPA 6 and reading cases to get an idea of who the children are and what services they need. Nancy Shea said that the Katie A. panel had used a routinized way of looking at cases called quality service reviews. She is glad that assessment is part of the joint plan, and recalled a subcommittee of the Commission years ago designing service flow charts very similar to those presented today. Regarding therapeutic foster homes, she said that many children need intensive in-home services in a professional foster home where they are the only child placed. The Oregon Social Learning model is one approach to that—why has it not been explored before?

In her organization's joint program with Public Counsel, Ms. Shea has focused on children in juvenile halls with serious mental health issues, and is concerned about the lack of services both for girls and for assaultive and violent boys for whom traditional mental health services have not worked. Commissioner Biondi mentioned a Department of Justice agreement to address these issues, and the plan to hire 290 new probation officers for three juvenile halls. However, she asked, how much training will they get? Probation

officers at Dorothy Kirby Center, where seriously emotionally disturbed children are placed, receive no training at all in dealing with adolescent behaviors.

Commissioner Curry asked if Ms. Shea is seeing an increase in the numbers of high-end children in the halls since the closure of MacLaren Children's Center. Though she could not confirm that, Ms. Shea did say that substantial numbers of children in the halls with severe emotional problems are either coming directly from the foster care system, or were in the system at one time, were released back home, and are now in trouble again.

The number of probation children coming from the dependency system, said to be 42 percent, seems much higher than that 30+ percent it was before MacLaren's closure. Carol Ritchie, Probation Department, clarified that the 42 percent figure includes only children being tracked through that department's placement quality assurance program—in other words, children with DCFS histories who are now in Probation out-of-home placements, not every child served by the department. She will provide documentation to Ms. Blackwell.

**PUBLIC COMMENT**

There was no public comment.

**MEETING ADJOURNED**