



LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kate Edmundson
Interim Executive Director

COMMISSIONERS:
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SANDRA RUDNICK, VICE CHAIR
ADELINA SORKIN, LCSW/ACSW, VICE CHAIR
DR. HARRIETTE F. WILLIAMS

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, January 8, 2007, in room 739 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
Hon. Joyce Fahey
Susan F. Friedman
Helen A. Kleinberg
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Adelina Sorkin
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Ann E. Franzen
Wendy L. Ramallo
Sandra Rudnick

APPROVAL OF AGENDA

The agenda for the January 8, 2007, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the December 18, 2006, general meeting were unanimously approved as amended.

CHAIR'S REPORT

- Prior to the January 22 Commission meeting, members will gather to discuss changes to the body's committee structure to work better with the Department of Children and Family Services, especially in view of this year's Title IV-E waiver implementation.

Chair Kleinberg asked Commissioners to review the draft committee document and come prepared to contribute ideas.

- Commissioner Daisy Ma has submitted her resignation, effective December 30. Chair Kleinberg saluted her years of service on the Commission, noting her particular help on personnel issues. She will be missed.
- Jackie Acosta will be leaving DCFS this month, and the Commission will write to express appreciation for her help and cooperation.
- Chief Administrative Officer David Janssen will retire at the end of next week, and the Commission will send him a letter thanking him for his service; children's services have benefited greatly from his leadership and support.
- Commissioners received copies of the executive summary of an Annie E. Casey Foundation report on racial disproportionality in the child welfare system. The entire document is available from the Commission office or online at the Casey website. Should the Commission choose to address this important issue, Commissioner Biondi urged the inclusion of the Probation Department and various other players.
- At the Board deputies' meeting last week, one topic of discussion was the internal review of child fatalities within DCFS and how that might be consolidated with other child death reviews, including those performed by the Office of Independent Review and the Inter-Agency Council on Child Abuse and Neglect. Concerns were expressed about different reports' timing and completeness; DCFS will return to the deputies with a plan as to how the death review process will look.
- Also at the Board deputies' meeting, representatives from the Association of Community Human Services Agencies objected to the fact that DCFS's Title IV-E waiver implementation priorities do not include aftercare, though the Probation Department's priorities do. DCFS will add a page to its larger model regarding aftercare, particularly because it is an important piece of family reunification, but aftercare will not be added to the top six waiver priorities.
- The Commission will continue to contract with recorder Evelyn Hughes to prepare summaries of its meetings in 2007.

DIRECTOR'S REPORT

- Director Trish Ploehn outlined changes to the DCFS senior management team.
 - ✓ Jackie Acosta's last day with the department is January 22, and a motion goes before the Board of Supervisors on January 16 to upgrade the deputy director item she has been covering to a senior deputy director position, overseeing four services bureaus and juvenile court services. As soon as the change is approved, a bulletin will be released and a search commenced.

- ✓ The bulletin for the position of deputy director of finance and administration (a position Claudine Crank has temporarily filled) closed last Friday, and the bulletin for deputy director over the services bureaus closes this Friday. The Commission's assistance may be sought in interviewing candidates for these positions.
- ✓ A new risk management division has been created, combining the critical incident/child fatality, internal affairs, and litigation sections, with the possibility of adding the appeals section in the future. Paul Buehler, regional administrator for the Antelope Valley, has been named its division chief.
- ✓ The bulletin for chief of another new division, community-based support, closed last Friday, and Angela Carter will be interviewing candidates soon.
- Of the \$80 million in child welfare system augmentation funds recently awarded statewide, Los Angeles County received \$22.8 million—money intended to reduce caseloads and workloads, thereby achieving better outcomes. A little less than half these funds will go to augmenting children's social workers and support staff, including the addition of 40 staff to be used for family-finding at the front end of the system so that foster-care placements can be avoided. Other funds will enhance family preservation, increase wraparound slots, augment mentoring programs, and support the infrastructure for all these changes.

One shift being contemplated is the way children's social workers are hired into the department. Historically, the more seasoned CSW IIs have been preferred, with less-skilled trainees (individuals with masters degrees or bachelors degrees plus two years of experience) being brought in less frequently. As CSW IIs became more difficult to find, larger numbers of trainees were recruited, some of whom had very little life or job experience to appropriately serve as arbiters of major decisions for children and families. Cheryl Nagash, Mitch Mason, and Amaryllis Watkins are currently developing a plan to instead bring trainees on as case aides—no longer carrying cases by themselves—assisting a unit or group of social workers as they are being trained. Chair Kleinberg and Vice Chair Sorkin asked to be included on this work group.

- A March 14, 2006, Board motion required that the 2002 countywide initiative for the prevention of child abuse and neglect go beyond the boundaries of DCFS. The Chief Administrative Office and other departments are creating a plan to set up a community-based prevention effort throughout Los Angeles County, and DCFS has set aside \$5 million to work with communities to seed some ideas and get started. Ms. Ploehn and Ms. Carter met recently with former director David Sanders, now with the Annie E. Casey Foundation, and that organization is interested in providing additional funds for the effort, helping the county form a public/private partnership for community-based prevention strategies that could serve as a Casey 'pilot' for possible replication throughout the nation. This is still in the planning stages, and Commissioner Williams asked to participate on the planning group. Ms. Carter will update Commissioners at a future meeting when arrangements are more solid.

- High-level managers from DCFS and the departments of Probation, Mental Health, Public Health, and Health Services—known as ‘Champs,’ short for ‘champions’—meet every Thursday under the leadership of Sandra Thomas and Dr. Charles Sophy. Originally formed to focus on the concerns about mental health services raised by the Katie A. process, the group has expanded to address gaps in a multitude of services for children and families.
- Susan Kerr distributed an estimate of the flexible funding available from the Title IV-E waiver, as well as the latest draft of the five-year implementation plan, which includes negotiations recently agreed upon with the Association of Community Human Services Agencies. (A separate logic model for aftercare will be added.) The most recent financial analysis projects \$74,155,000 in flexible funding, available over the waiver’s five years. With anticipated administrative efficiencies and caseload reductions over time, it is hoped that this will be a conservative estimate. After the draft memorandum of understanding from the state was received last Friday, department representatives identified some issues that will need to be negotiated further.

The Chief Administrative Office has agreed to engage the Public Consulting Group, based in Oakland, to assist with the allocation of waiver resources between DCFS and the Probation Department. This firm has extensive credentials in working with Title IV-E funding in Massachusetts, and has history in Contra Costa County as well. The CAO will fund its involvement for eight weeks at the beginning of waiver implementation, and possibly bring it back in six to nine months for a review.

A small group of CAO, DCFS, and Probation staff will meet early this week to begin bringing the program and fiscal planning work groups together. The waiver plan is expected to appear on the Board of Supervisors’ January 30 agenda, and Ms. Kerr will bring the finalized Board letter and plan to Commissioners at their next meeting.

JUVENILE COURT UPDATE

Judge Michael Nash updated Commissioners on a number of topics.

- Toward the end of 2006, approximately 28,000 children were under court jurisdiction, with fewer than 23,000 in out-of-home care. Over 2,000 adoptions were completed in 2006, and family maintenance cases have been on the increase for a couple of years.
- A new organization—Los Angeles Dependency Lawyers, Inc., consisting of four separate firms and a small conflict panel—is being created to provide legal representation for all parents and other adults in the child welfare court system. (Parents may be represented by a court-appointed attorney as long as they retain parental rights and their children are under the jurisdiction of the court.) The previously functioning panel still exists, although members are no longer assigned cases. In time, the number of lawyers involved is expected to diminish through attrition.
- The consolidation being undergone by the Children’s Law Center will reduce its three entities to two, and should result in children and adults being represented by organiza-

tions with better training, supervision, and support services for attorneys. The quality of CLC's representation has always been good, Judge Nash said, and improvements should now be seen with regard to its services for parents. Commissioner Williams expressed concern about the possible shuffling of clients during the reorganization, and Judge Nash acknowledged that the significant turnover of attorneys and the reconfiguring of their supervision could cause some instability. The shake-up has resulted in part from personal issues, he said, in part from the group's innate design, and in part from changing the way things operate. Compensation issues have also arisen; although the biggest disparities are with County Counsel, the two organizations representing children and adults should be relatively close in compensation.

Last week began the transition, which Judge Nash sees as going very smoothly. By the second half of this year, he is confident that the organization will settle down so that CLC staff can focus on representing children. He takes responsibility for some of the volatility, since he had originally asked that the organization look at its structure with an eye to changes that would allow it to represent as close to 100 percent of the children in the court system as possible.

- The 'drug court,' a new therapy protocol for adults being piloted at the Children's Court, was funded for 20 families and is filled to capacity. In place for six months, it is designed to link parents with substance abuse issues to treatment, providing supervision to expedite their reunification with their children. Parents appear every one to four weeks to report on their progress, outside of regular court sessions, and work with a cadre of social workers specifically assigned to drug court participants.

Additional grant funding has been obtained to expand the protocol, with the goal of implementing it in all 20 dependency courts over the next couple of years. Judge Nash is discussing with DCFS the possibility of geographically reorienting the courts, which are each responsible for one or more DCFS regional offices, making the expansion easier to accomplish. (At present, drug court participants are limited to cases from the Belvedere office.)

Delinquency drug courts have also been established at Eastlake and in all three courts at Inglewood (though that pilot has not yet been successful), as well as a less intense version in Sylmar that focuses on meaningful services. These tend to have much more family involvement than other drug courts, although youngsters in the delinquency system are seldom treated as part of a family. A grant was received a few years ago to develop a treatment protocol to use in all 28 delinquency courts; Judge Nash has not been satisfied with the progress of that protocol, but still believes the idea is viable.

- Judge Nash is also developing a substance abuse protocol for children in the dependency court; given that one key factor in the lives of youth who cross over to the delinquency system is substance abuse. No process yet exists to identify youth with substance abuse issues nor to provide them treatment with appropriate oversight. He hopes to pilot this new protocol next month, though it may take longer.

- A dual-status protocol, in which youngsters can be under the jurisdiction of both the dependency and delinquency systems, is also being developed. Better assessments could help youth in danger of crossing over to be prevented from doing so, and provide a better continuum of services for youth who do. Dual status could also help youth who become 602s in the delinquency system to remain in that category only for as long as necessary for their interests and to protect the community. A pilot project is being targeted for March in the Pasadena delinquency court.
- The protocol providing educational advocates and attorneys for children having specific issues with the educational system continues to be a success. In every case Judge Nash has seen, advocates have accomplished what they were brought in for.
- A comprehensive health protocol, aligning with the medical hubs, is being developed with DCFS.
- A revised protocol was implemented last year regarding the approval process for psychotropic medications, and that committee will be reconstituted this year to focus on better oversight for youth on medication. Judge Nash is working with the judicial council and the administrative office of the courts to see that the statewide process mirrors what is being done in Los Angeles County. He hopes that a statewide form to approve medications will encompass and improve on what has been done locally.
- During the second half of 2006, monthly trainings were held for court personnel on various DCFS initiatives, ensuring that everyone in the court system could incorporate them into their advocacy practice. Follow-up trainings will take place this year.
- A committee is discussing the resource guidelines from the National Council of Juvenile and Family Court Judges, in existence for 12 years, to improve the handling of abuse and neglect cases. Half of last year was taken up with reviewing the chapter on the dependency process's initial hearing to make sure that the most comprehensive hearing possible takes place, setting the stage for everything that occurs in the case thereafter. Discussions will likely last for another couple of months, after which trainings for judicial officers and lawyers will be scheduled.
- A planning meeting will be set in the next few weeks to begin preparing for the 2007 Partnership Conference in the fall. Last year's conference was a success, with high attendance and workshops and presentations of a uniformly excellent quality.
- Judge Nash distributed copies of the court's *Partners* publication, and asked the Commission for an article about its role and activities for the next issue.

SUBSTANCE ABUSE SERVICES TO DCFS ADULTS

Dr. Charles Sophy reviewed an executive summary of DCFS substance abuse services for adult clients, centering on the memorandum of understanding with the Department of Public Health's alcohol and drug program administration. Donna Fernandez, program manager for the DCFS drug section, and her staff then presented a flow chart developed

jointly with the multidisciplinary assessment teams and the community-based support section, showing adult substance abuse services from hotline call to treatment.

Following a referral from the hotline, emergency response workers—who must bear in mind that parental substance abuse alone is not legally considered child abuse—use the structured decision-making tool to assess the child’s (or children’s) safety and risk factors, at the same time screening for the family’s potential eligibility for CalWORKs or general relief. If a suspicion of an adult’s substance abuse emerges, social workers in selected offices may refer high-risk pregnant women to First 5 LA programs or to Partnerships for Families. In the Wateridge and Compton offices, an up-front assessment for substance abuse may also be requested through a contract with SHIELDS for Families, Inc. In all offices, drug tests may be required, and a team decision-making conference—not normally a part of the emergency response investigation—may be arranged.

The services that can be offered upon the disposition of a case depend on the family’s CalWORKs status. If they are eligible, welfare reform mandates that adults be offered supportive services when they cannot hold a job because of substance abuse, mental health, or domestic violence issues. The percentage of DCFS families in CalWORKs is high, and that program’s assessment and treatment system, administered by the Department of Public Social Services and the Department of Public Health’s alcohol and drug program administration, allows maximized funding for services.

When a child is not detained, families enter family maintenance or voluntary family maintenance. CalWORKs clients are referred to a DPSS office, where they self-disclose their problems with substance abuse to a GAIN (Greater Avenues for Independence) social worker. Clients are then enrolled in supportive services and referred to a Community Assessment Services Center for treatment. (The Linkages pilot program has outstationed GAIN workers in the Metro North and North Hollywood offices who attend team decision-making conferences and expedite this step.) Families with non-detained children who are not eligible for CalWORKs are referred directly to a substance abuse treatment agency, usually relying on private insurance for payment.

When a child *is* detained, families enter family reunification or voluntary family reunification, triggering their participation in the memorandum of understanding for time-limited family reunification services. (Adults in the Belvedere office may also be referred to drug court.) Again, CalWORKs clients are referred to a DPSS office, enrolled in supportive services, and referred to a Community Assessment Services Center for treatment; families not eligible for CalWORKs are referred directly to treatment.

Timing is crucial, since normally when children are removed from a home, parents cease receiving CalWORKs or GAIN benefits. According to AB 429, however, parents may remain enrolled in supportive services for up to six months when participating in a family reunification program, and that time can be extended if the parent is on CalWORKs when the child is removed. Still, referrals take time, and successful treatment is not easy.

Commissioner Fahey asked about non-CalWORKs parents who are in family maintenance or voluntary family maintenance, with their children remaining at home. Since most private treatment slots are full and adults can do nothing but get on a waiting list, what incentive do the courts have to allow a child to stay with substance-abusing parents? Dr. Sophy explained that drug testing, though certainly not treatment, is used as a deterrent and a type of behavior modification, encouraging parents to stay clean or risk their children's removal. Tests are performed twice a month, if the court has not ordered them more frequently. Commissioner Fahey suggested regular unannounced visits at odd times, and regular surprise drug testing, as well as making sure that at least one non-substance-abusing relative is living in the home. She also asked that these options be added to the flow chart.

Clearly, CalWORKs funding and other DPSS-administered programs are vitally important to parents' receiving treatment for substance abuse. Family reunification has been given another \$3 million a year, but that is not a lot of money. Wise spending decisions are critical, especially with the six-month time limit on supportive services enrollment.

Dick Browne, from the Department of Public Health's alcohol and drug program administration, reviewed the structure of the 21 Community Assessment Services Centers (CASCs) throughout Los Angeles County, which do an excellent job of juggling various funding streams—including CalWORKs, general relief, and Proposition 36—on behalf of clients. CASCs, which are organized by SPA, perform assessments, determine an appropriate level of care, and place clients in programs within the SPA or outside the region if necessary. If a participant needs to remain in treatment past the six-month timeframe, programs will seek further funding, doing whatever is necessary to make sure that services continue. A court order can also continue treatment, and it will be important to brief judicial officers and attorneys on that option, so they know to ask for it. (In voluntary family maintenance, Commissioner Fahey noted, the court is not involved, so other alternatives must be explored.)

Commissioner Williams reminded presenters about resources available through First 5 LA and its programs, including Partnerships for Families, the prenatal through three focus area, and baby zones. With these, no high-risk pregnant woman should ever have trouble getting services. In addition, first-time mothers may apply for cash assistance through CalWORKs as early as their second trimester of pregnancy. (Undocumented residents do not qualify for CalWORKs, but they are eligible for First 5 LA programs.) None of these funding and service choices, however, should be limited to the eight DCFS offices linked with Partnerships for Families, for instance, or to the pilot offices with co-located GAIN workers.

First 5 also works with pregnant and parenting teens referred by community agencies and hospitals throughout the county, Roberta Medina said, screening their eligibility both for CalWORKs and for First 5 programs. In addition, if an allegation of abuse received by the hotline is deemed inconclusive, families are referred to alternative services or to First 5 LA if the children are five years old or under.

Commissioner Williams offered to bring her concerns about the awareness of these services to the First 5 LA board, on which she represents the Commission. Chair Kleinberg suggested that the flow chart include more information about First 5, and also recognize whatever processes are open to undocumented residents.

With regard to co-occurring disorders—substance abuse and mental health, for instance—John Sheehy from the Department of Mental Health said that the highest concentration of DCFS adults come to DMH clinics through CalWORKs. One of the cornerstones of early recovery from substance abuse is mild depression, which can be treated by DMH if the participant is a CalWORKs client. In 2007, a new system of screening, referral, and treatment should provide a more appropriate stream of referrals than was previously the case. The Mental Health Services Act has infused money into the department, allowing the revamping of the co-occurring disorders system and providing incentives for clinicians to raise their competencies in that area. A link between substance abuse and HIV infections exists, for example, so screenings are now being done for high-risk sexual behavior. DMH also uses the CASC referral system, placing clients into residential treatment with the help of general relief funds when possible.

Angela Carter explained the memorandum of understanding with the Department of Public Health for the promoting safe and stable families' initiative, providing \$3.2 million in substance abuse services annually for family reunification clients. Most of the first year of this agreement was spent finalizing the MOU, and only 151 families were served in the final three months, mostly in residential care, at a cost of more than \$1 million. The program's annual capacity is 200 slots, half residential and half outpatient, even though it is estimated that at least 2,700 families in family reunification could benefit from this type of service. Children's social workers refer families centrally through the family support program, although Dr. Sophy is negotiating with the nurses' union, hoping to co-locate nurses in DCFS offices.

Information is key—tracking the number of individuals referred for treatment that do not complete it, the number of clients who finish treatment in six months, the number who need more time, how the referral process is working, and where else money can be found to provide services. Chair Kleinberg praised the development of the flow chart and invited presenters to come back with more information, citing concerns about the supervision of visits with family members involved in drug treatment, and how the number of families needing these services can be determined.

Dick Santa Cruz reviewed information gleaned in 2005 from family strengths and needs assessments done during the structured decision-making process, indicating that, overall, approximately one-third of DCFS clients have substance abuse issues—43 percent of family reunification clients, and 14 percent of family maintenance clients. (Structured decision-making conferences are first held 30 days into a case, and every six months thereafter. Most of this data came from either the second or third assessment, lending more credence to its accuracy.) These figures vary from office to office, and some drugs are more prevalent in some regions of the county than in others. One of the Title IV-E

waiver priorities is to expand up-front assessments, which should provide earlier identification of substance abuse issues. Mr. Santa Cruz expects to run data for 2006 soon, and to track this information over the next couple of years. More up-front assessments will require more treatment resources, Dick Browne noted, and the pros and cons of inpatient versus outpatient programs—and their different effects on a family—must be considered for every individual.

Chair Kleinberg thanked all the presenters, asking Mr. Browne to will return at the next Commission meeting to speak in more depth about the Community Assessment Service Centers.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED