



LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

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

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **April 2, 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
Patricia Curry
Ann E. Franzen
Susan F. Friedman
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Adelina Sorkin
Dr. Harriette F. Williams
Trula J. Worthy-Clayton

COMMISSIONERS ABSENT (Excused/Unexcused)

Hon. Joyce Fahey
Helen A. Kleinberg
Wendy L. Ramallo
Sandra Rudnick

APPROVAL OF AGENDA

The agenda for the April 2, 2007, meeting was unanimously approved as revised.

APPROVAL OF MINUTES

The minutes of the March 19, 2007, general meeting were unanimously approved.

CHAIR'S REPORT

- Vice Chair Sorkin announced that Chair would be absent for the next two months due to her husband's kidney transplant surgery last Thursday. She asked for everyone's help in ensuring the Commission's smooth functioning.

- Executive Director Kim Foster reported that she has been attending meetings of the Public Health Commission, which was formed after the separation of the Department of Public Health from the Department of Health Services last year. Its chair has asked to present to the Commission. The Department of Public has a number of programs involving children and youth that utilize public health nurses to educate middle and high schools students about preventing abusive romantic relationships, something that many youth in care are exposed to; they are also engaged with the Faith-Based community in various ways.
- Last Wednesday, Ms. Foster attended a Children's Provider meeting at Department of Mental Health, and asked district chief Paul McIver to present to Commissioners on the Mental Health Services Act's Full-Service Partnerships for children and transition-age youth. Commissioner Curry asked that the presentation include the entire MHSA effort for transition-age youth, since the pieces are all connected, and Commissioner Biondi wants presenters also to talk about the upcoming guidelines for prevention and early intervention. Sandra Thomas from DMH will coordinate the presentation, which is tentatively scheduled for the April 16 Commission meeting.
- Ms. Foster is participating on a Department of Children and Family Services Domestic Violence Steering Committee on Domestic Violence, along with representatives from DMH, ICAN and the Executive Director of the Domestic Violence Commission, and community partners in the Domestic Violence Community. The committee is planning a conference of public and private partners, and is looking at ways in which various departments can improve assessments and screenings for services that families might need around domestic violence.
- Vice-Chair shared that the Commissioners were e-mailed a draft letter for review regarding proposed changes in the administrative budgetary oversight of the Commission from the Executive Office to DCFS. The Commission has been under the Executive Office since its inception. The Commission has consulted County Counsel who is research the matter and will await the recommendations from County Counsel.

DIRECTOR'S REPORT (Given by Susan Kerr)

- Fifteen educational consultants have been hired for the 19 DCFS offices. All are credentialed, many in special education, and will advocate for the educational rights of children in care, attend team decision-making conferences, and help with high school exit exams.
- Lisa Parrish has been named the interim project manager for the Title IV-E waiver, handing off education and mentoring duties to Angela Carter and Harvey Kawasaki, and keeping the out-of-home care piece because of its relationship to waiver efforts.
- Interviews have been concluded for the vacant deputy director position, and Susan Kerr hopes that an announcement will be made at the next Commission meeting.

- Ms. Kerr presented a chart of the numbers of children leaving D rate homes from September 2006 through February 2007, broken out by termination and facility type. Those children listed as ‘replaced’ mostly moved to a lower level of care, and the one individual committed to a state hospital is there for the long term and is no longer under the aegis of DCFS; Susan Jakubowski will provide further specifics. Those children listed as being in ‘limbo’ are in the process of transitioning from one program to another, with cases awaiting final reappropriation—for example, a child for whom Youakim payments have been requested and denied, where the decision to maintain a TANF placement or replace the child is pending. Other examples of ‘limbo’ include abducted children prior to their safe return, and children newly reunited with their families whose cases are not yet ready for termination.

Because the DCFS computer system was down for several days last month, February reports may not be wholly accurate, but next month’s should be. The department is reviewing its data integrity and is cognizant of much work to be done to ensure accuracy and to gain the ability to drill down for deeper analyses. Commissioner Biondi asked for statistics on the numbers of IV-E runaway youth, including those under the Probation Department, which Ms. Jakubowski promised.

RELATIVE CARE COMMITTEE REPORT

- Commissioner Williams, chair of the Relative Care Committee for the past seven years, thanked co-chair Commissioner Murray and recognized Commissioner Worthy-Clayton, who recently joined the committee as its third commissioner. Commissioner Murray commended both Commissioner Williams’s work as chair, and the knowledgeable and caring resources he observed at last week’s cabinet meeting.
- The Community Coalition, which began as a grassroots organization, has grown into a sophisticated and effective advocacy voice for relative caregivers in Sacramento and elsewhere, working especially with Assemblymember Karen Bass, the organization’s former executive director. At a meeting two weeks ago with DCFS director Trish Ploehn as guest, the Coalition made three requests of the department:
 - ✓ Draft a relative-friendly training program for eligibility and social workers, providing feedback to the Coalition on May 21.
 - ✓ Establish a working group to create mental health parity for relative caregivers.
 - ✓ Develop protocols to ensure the implementation of Kin-GAP (Kinship Guardian Assistance Payments) Plus, which authorizes additional clothing allocations on April 15 and August 15, and allows specialized D and F rates to carry over into Kin-GAP—but not into emancipation—retroactive to October 2006.

Though some of these suggestions may need approval from the Chief Administrative Office, the cabinet believes they all make good sense. It will be tracking the Kin-GAP Plus issue to find out when families can expect to receive these resources.

- Commissioner Williams commended The Community College Foundation and its Kinship Education, Preparation & Support (KEPS) training program for caregivers.
- The relative-friendly training program developed at California State University, Long Beach, initially began with point of engagement and has now been rolled out to all DCFS offices, with mixed reviews. Because about half of all children in care are living with relatives, changing the DCFS culture so that relatives are viewed as assets is vitally important.
- Commissioner Williams commended Assemblymembers Karen Bass and Bill Maze for their series of legislative measures that will, over time, affect what happens to relative caregivers in California. Former Children's Law Center executive director Miriam Krinsky is still active in advocacy, and a Children's Law Center fact sheet on AB 298 will be sent to all Commissioners.
- According to DCFS representatives attending last week's cabinet meeting, the department has not yet taken a clear position on the addition of legal guardianship as an acceptable method for achieving permanency, as outlined in AB 298. The cabinet asked the Commission to request that the department report its thinking on this issue within a specified period of time.
- On March 22, a joint hearing of the Assembly Select Committee on Foster Care and the Blue Ribbon Commission on Foster Care took place in Sacramento on the role of the courts in foster care and the experiences of youth, families, and caregivers.
- At the Federal level, Senator Hillary Clinton has introduced a bill to make children living with relatives eligible for Chafee scholarships.
- Advocates are fighting to change current plans for the 2010 census to omit any mention of foster care, fearing a lack of statistics to support Federal legislative efforts.
- The cabinet is working on deliverables with regard to its oversight role in relative care. Jennifer Lopez, the new head of DCFS's relative care division, was unable to attend the most recent cabinet meeting, but members hope to meet with her soon.

The question seems to be whether legal guardianship can properly be considered a 'permanent' option. Adoption is rarely the preferred alternative for relatives reluctant to sever children's ties to their parents, and youth who emancipate from the system after living with relatives often return to their parents on their own. According to Commissioner Williams, if the department cannot embrace legal guardianship as a permanent option, as it did under former director David Sanders, it may be returning to the days of families feeling threatened with losing youngsters altogether if they do not formally adopt them. Legal guardianship for children in nonrelative care is considered a permanent option, and the recommendations of the permanency committee embodied in the Permanency Partners Program (P3) carry that through.

DCFS has not taken a position on AB 298, and Ms. Kerr said that a relative caregiver's preference for legal guardianship over adoption is not considered a reason for removal, as long as it doesn't indicate any unwillingness to raise the child. The legislation changes the order of the statute to first consider adoption by relatives, then legal guardianship by relatives, then adoption by nonrelatives. Commissioner Williams asked DCFS to report to the Commission within 30 days on what it believes should happen—not legislatively, but philosophically—including descriptions of the resources offered by both options.

Commissioner Curry also asked for an update on P3 and whether it is focusing more on legal guardianship than adoption for its population of youth age 14 and older. These are the children most likely to be languishing in the system in 'permanent' relative placements, and if they are not being adopted and the department is not accepting legal guardianship as an option, they could be experiencing barriers to permanency.

MAT ASSESSMENTS

Marilynne Garrison reviewed the history of the Multidisciplinary Assessment Team (MAT) program, saying that when she started with DCFS 18 years ago, it often took three or four months before workers got a clear picture of what was going on with the families in their caseloads. With the development of the MAT process through a collaboration with the Association of Community Human Service Agencies and the Department of Mental Health, comprehensive assessments are now available in SPAs 3 and 6 from contracted DMH providers within 30 to 45 days of a child's detainment. Families are looked at holistically, with children's needs being assessed in the areas of mental health, health, education, and appropriate development—especially important for children from birth to age five. Unlike point of engagement, which wraps services around families in an attempt to keep them from entering the child welfare system, MAT assessments are performed only on detained children. The first stage of the process is a comprehensive examination at a medical hub, and stage two proceeds to co-located DMH personnel at DCFS regional offices.

Since 2005, about 800 MAT assessments have been initiated, and offices using the process have shown better rates of permanency—children reuniting with their families or proceeding to adoption or legal guardianship—and more placement stability. Commissioner Biondi recommended quantifying the financial impact of these improved outcomes, predicting that it would get into the millions of dollars very quickly. Policy-makers might not be driven by doing what is right for children, but they could very well be swayed by savings in large amounts.

Eight agencies in SPA 3 and fourteen in SPA 6 provide MAT teams, following a Request for Information issued three years ago for DMH providers interested in performing assessments. At the time, no one realized that activities such as participating in family meetings and team decision-making conferences would not be billable through the existing EPSDT (Early Periodic Screening, Diagnosis, and Treatment) contract. Dr. Charles Sophy solicited the Commission's support to attend the EPSDT hearings in Sacramento,

on April 30, 2007 to address disallowances since providers cannot continue to pick up the shortfall, and billable sources must increase.

The program has plans to expand into the Antelope Valley (SPA 1) within the next few months and into SPA 7, in alignment with specialized foster care, by the end of the year. Billing issues have made some providers hesitant to become involved, and though progress is being made, creating an infrastructure to support the effort throughout DCFS is still a concern. Workforce development issues also affect expansion plans, as providers are having difficulty attracting employees with the appropriate background, and the Board of Supervisors may need to be approached for additional county staff and funding.

Two of the top MAT providers are Children's Institute, Inc., and the Los Angeles Child Guidance Clinic, whose staff travel far and wide to visit families. Dr. Sacha Dovick from the Los Angeles Child Guidance Clinic has done MAT assessments for the last two years, and works with DCFS to link families, caregivers, and children to needed resources within DMH and Regional Centers, and to make sure that schools are developing individualized education programs (IEPs) when appropriate. Dr. Dovick specializes in assessments for children birth to age five and in bilingual assessments for Spanish-speaking families, which she said can be a challenge to translate for coordinators facilitating the second stage of the MAT process, the team decision-making conference. Another obstacle is the lack of a point person in the DCFS office who is dedicated to the MAT effort, since scheduling meetings can be very time-consuming, and a scheduler in charge of arranging team decision-making meetings, point of engagement, and other conferences can face difficult competing agendas.

The MAT process does not usurp DCFS's responsibility in case management, Ms. Garrison explained, but engages the family in a way that produces an optimal case plan. The MAT steering committee, managed out of Sandra Thomas's office at DMH, oversees the program and includes providers and MAT coordinators from both DMH and DCFS. The MAT program is part of the enhanced specialized foster care initiative, but is not a formal part of the joint plan drawn up as a requirement of the Katie A. lawsuit settlement. A core curriculum for providers—with a particular emphasis on children birth to age five—will mirror the thorough, inclusive, and responsive approach used by the Los Angeles Child Guidance Clinic.

Dr. Dovick introduced William and Sandra Stinson, participants in the MAT process with their son, daughter-in-law, and grandchildren, ages five, three, and eight months; they moved here from Alabama when their daughter-in-law initially became pregnant. When the youngest granddaughter was four months old, she broke her leg falling off a bed, and another break occurred as a result of the cast and its removal. Doctors reported suspected child abuse, the DCFS hotline evaluated the call, and an emergency response worker contacted the Stinsons, who were babysitting the two older siblings. (Because of the child's young age, this step in the process happened very quickly.) Rather than advising them to immediately get fingerprinted and cleared to serve as caregivers in case the grandchildren were removed from their parents, the worker failed to mention this possibility and the

Stinsons—wholly unfamiliar with child protective services—did not know enough to ask. Police appeared to take the youngsters late one night not long thereafter, despite one's illness with the flu and the Stinsons' obvious care and concern for their grandchildren.

Mrs. Stinson planted herself in the worker's office, refusing to leave until he arranged for all three children to be returned to them, which they were within three days. A sympathetic dependency investigator became involved, and she pulled in Dr. Dovick, who visited the Stinson's within two and a half weeks of their obtaining custody of the grandchildren. Prior to the MAT process and Dr. Dovick's involvement, the Stinsons had felt like a case number, they said, with no one seeing them as individuals or as a family. Listening to them, Dr. Dovick was the first person to acknowledge that perhaps the child abuse charges were not true, and both the Stinsons praised her going beyond the call of duty in helping them, offering options, and fighting for them when they could not fight for themselves. Mr. Stinson admitted the seriousness of what happened, realizing that some families do abuse their children, but characterized the police removal of his grandchildren as "the worst thing that's ever happened to me," saying that his eldest grandchild is still traumatized by seeing law enforcement officers.

The Stinsons had custody of the children for two and a half months, appearing in court time after time only to have hearings continued because someone had failed to fulfill a requirement. "The right hand didn't know what the left hand was doing," Mrs. Stinson said. At one point, for example, the social worker told the Stinsons' daughter-in-law that the family needn't appear for a hearing; she went anyway, and the judge asked where everyone else was. Dr. Dovick was a great help in counseling the Stinson family on what to say in court, and a DCFS public health nurse—a MAT team member—reviewed the relevant X-rays so the judge would know the doctor's recommendations for the little girl.

Vice Chair Sorkin thanked the Stinsons for their story, explaining the Commission's role is in advocating for systemic changes within DCFS. Clearly, modifications are necessary to make things better for families new to the system, and to minimize the risk of compounding the emotional damage done to children. Part of the MAT program's purpose is to help identify ways in which the front end of the system can be improved, and Ms. Kerr will investigate the communication of inaccurate information about court appearances by social workers. In the Stinsons' case, the grandchildren were assigned a Children's Law Center attorney, but the grandparents themselves had no status in court—although Commissioner Friedman said that Mike Gennaco from the Office of Independent Review maintains that is no longer the case in general.

Commissioner McClaney praised the Stinsons and Dr. Dovick for their fortitude, and expressed concern over the high numbers of African-American children in the system who may be appropriate for adoption but who remain in foster care. Removing children from unsuitable parents is sometimes necessary, but money and other issues often take precedence within the process, and children of color are hurt.

Commissioner Curry suggested that the department develop a short, easy-to-read document to be given to families newly involved in an investigation, translated into multiple

languages, that outlines the potential things that can happen, perhaps recommending that relatives available to take children get fingerprinted right away. (Commissioner Biondi also noted that an expedited LiveScan check can be performed within 24 hours for a nominal fee.) Ms. Kerr promised to look into why the emergency response worker did not thoroughly explain to the Stinsons what might happen, since they should have received a timeline of possibilities prior to the case's transfer to a regional office. Unless immediate risk factors exist, a team decision-making conference should take place prior to a child's removal, and should occur in any case within 48 hours. Within that timeframe, however, detailed information is often not available. Relatives ought to have been at the meeting to discuss placement options, and should have been consulted even before that, but because this was an 'after-hours' case, that earlier meeting was not called.

The Stinsons are not typical of most MAT participants, Dr. Dovick said, many of whom are monolingual Spanish-speaking and find it difficult to take part in the process despite the encouragement of MAT coordinators and social workers alike. Few, too, would persist until their demands for information and action were met. Nevertheless, once families are embroiled in the child protection system, they are all subject to the same complex process, and MAT teams can smooth the way.

With regard to quality control, an MAT team intern regularly telephones families, parents, and caregivers to ask a standardized list of questions about their participation in the process, and those surveys show an overall 90 percent satisfaction rating for the program. Families love the information they're given, Laura Andrade said, as well being connected to services that link to their needs. Most individuals who respond negatively to the survey, she added, are still fighting allegations of child abuse.

ENHANCED SPECIALIZED FOSTER CARE

The four objectives of the enhanced foster care mental health services joint plan are:

- The improved coordination of child welfare and mental health services
- Establishing mental health units within each DCFS regional office and medical hub to provide systems navigation, case management, consultation, and training, as well as the identification and provision of mental health treatment needs and linkages
- Promptly providing necessary, individualized mental health services to children and youth in their own homes, a family setting, or the most homelike setting appropriate to their needs
- Enhanced accountability at the service provider and systems levels for improved service delivery and outcomes

Sandra Thomas summarized the accomplishments and challenges with regard to each of these goals, noting that the DMH child welfare division is now fully operational, with Greg Lecklitner serving as district chief. Thomas herself will continue to lead the imple-

mentation of the joint plan and the Katie A. settlement plan, and retains oversight of the juvenile justice, child welfare, and transition-age youth areas.

Despite the recent temporary hiring freeze, lifted as of today, 85 percent of the staff allocated in the October 2006 Board letter have been hired. Expansion in SPAs 1 and 6 has been hampered by facilities and renovation issues, but the SPA 1 crisis intervention office has a move-in date of mid-May, and construction in the building at Figueroa and 104th Street, in SPA 6, should be complete in early July. SPAs 1 and 7 will soon offer expanded basic mental health services.

The intensive in-home services called for in this joint plan are similar to the full-service partnerships being funded by the Mental Health Services Act, but the DMH-issued Request for Services issued last June for both has been delayed. On March 20, the Board of Supervisors approved bringing evidence-based practices into Los Angeles County; because of fidelity issues, the certification and selection process for providers of these programs is lengthy. Following the distribution of a readiness questionnaire, an April 15 meeting was scheduled with providers and evidence-based practice developers, and by May 15, 19 providers of multidimensional treatment foster care, multi-systemic therapy, and combination approaches—a total of 474 slots—should be identified. Training will occur through July, and services should start coming online in August.

Although the Board of Supervisors funded enhanced mental health services in response to the Katie A. class-action suit, most of that ‘class’ of children are now under the jurisdiction of the Probation Department, and Commissioner Biondi continues to be disturbed by probation youth’s exclusion from joint plans even though they are entitled to the same services as youth in the foster care system. Little is being done with regard to substance abuse, and despite the fact that between 60 and 80 percent of incarcerated youth have serious mental health issues, few services are available to them. A small program—paid for through the Schiff-Cardenas Crime Prevention Act—exists in the probation camps, but only because special permission was sought from the state; similar programs are disallowed elsewhere. In addition, the community services and supports component of the Mental Health Services Act excludes probation youth, and only youth at risk of entering the juvenile justice system appear in the priority guidelines for the upcoming prevention and intervention piece. Even the additional \$1.5 million recently allocated through the MHSA cannot be used in locked facilities, Commissioner Biondi said, and of the \$400,000 annual contract for MHSA full-service partnerships, only \$42,000 is actually financed by the MHSA; the balance comes from existing funding streams that providers can already access independently.

No one disagrees about the inequities for probation youth, Ms. Kerr said, but the Katie A. lawsuit addressed a specific population that did not include probation—high-needs children such as those housed at the former MacLaren Children’s Center, in or at risk of entering the foster care system. Not once has the Katie A. panel or attorneys pressed on probation youth, even though the class of youth benefiting from the settlement is, at age 14 and older, far more likely to end up on probation than in foster care. The Katie A.

price tag is a high one, and MacLaren account monies are dwindling fast. The state will not fund the broader efforts in the judge's November 2006 order without imposing a severe county burden, and unless the EPSDT billable-cost issues can be resolved, expanding the MAT program, a goal of the enhanced specialized foster care initiative, will also cost the county significantly.

As part of Title IV-E waiver planning, the Probation Department is collaborating with DCFS and focusing much attention on evidence-based approaches, including a grant-funded multi-systemic therapy program for youth with extreme behavioral problems who have stepped down from congregate care. The joint plan hopes to target youth before they get to probation with 80 slots for multi-systemic therapy, 40 of which will be located in SPA 6. Ms. Kerr will send Commissioners copies of the most recent plans for the IV-E waiver that DCFS has received from the Probation Department.

The Federal court recently ordered a rewrite of the correction action plan for the Katie A. settlement, Ms. Thomas said in conclusion, that work groups have been formed to address those issues. An extension to the deadline for submission of the revised plan, until June 30, was requested last week. In its sixth report to the judge last month, the Katie A. panel—which has been working closely with departmental representatives of late, through visits and weekly conference calls—spoke favorably about its relationship with Los Angeles County and expressed hope about resolving outstanding issues.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED