



LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kimberly A. Foster
Executive Director

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ADELINA SORKIN, LCSW/ACSW, VICE CHAIR
DR. HARRIETTE F. WILLIAMS
TRULA J. WORTHY-CLAYTON

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **August 6, 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)

Susan F. Friedman
Helen A. Kleinberg
Dr. La-Doris McClaney
Sandra Rudnick
Stacey Savelle
Adelina Sorkin
Trula J. Worthy-Clayton
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Carol O. Biondi
Patricia Curry
Ann E. Franzen
Rev. Cecil L. Murray

APPROVAL OF AGENDA

The agenda for the August 6, 2007, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the July 16, 2007, general meeting were unanimously approved.

CHAIR'S REPORT

- At this morning's meeting of committee chairs, Commissioner Worthy-Clayton presented recommendations for involving young people in the Commission's work, including the possibility of creating internship positions for youth coming out of foster care and asking the California Youth Connection to help identify interested youth.

Chair Kleinberg expressed appreciation to Commissioners Worthy-Clayton and Savelle, and to executive director Kimberly Foster, for their work on this issue.

- Committee chairs also considered County Counsel's opinion on the structure of Commission committees, whose formal membership must consist only of Commissioners. Several Commissioners commented on the value of other partners' participation and input, stressing that much of the Commission's work would not be possible without their help. However, only Commissioners may legally make decisions.
- The former chief executive officer of the Los Angeles County Children's Planning Council, Yolie Flores Aguilar—recently elected to the school board of the Los Angeles Unified School District—has accepted the new position of chief executive officer for The Children's Planning Council Foundation, Inc. The search for a new chief executive officer for the Children's Planning Council is underway.
- Kimberly Foster provided a written summary of the meetings she attends on the Commission's behalf, and will continue to do so on an ongoing basis.
- The "All for the Love of Kids" annual fund-raiser and awards dinner is scheduled for the evening of August 9 at the Edwards Renaissance 14 Theatres in Alhambra, with proceeds going to the family and children's services trust fund.

DIRECTOR'S REPORT

On behalf of Department of Children and Family Services director Trish Ploehn, Susan Kerr updated Commissioners on a number of issues.

- Last Tuesday, the Board of Supervisors approved an allocation of \$3.75 million—\$1.25 million for each of the next three years—for the older youth adoption project, including an expansion of the permanency partners program (P3), the increased online recruitment of adoptive parents, and additional outreach to other agencies and the faith-based community. The Board in particular asked the Chief Executive Office to work with DCFS and County Counsel on recruitment within faith-based programs.
- The department's emancipation division has been renamed the youth development services division.
- The July 27 Learning Organization Group (LOG) meeting on the Title IV-E waiver was well attended, and representatives from all service planning areas agreed that up-front assessments should be the next full-scale effort. Chair Kleinberg and Ms. Kerr agreed that more help with analyzing the data provided during the LOG's afternoon session would have been useful, and holding a 'data LOG' was suggested.
- On July 17, the Board of Supervisors approved in concept the revised corrective action plan for the Katie A. lawsuit settlement. The Chief Executive Office was asked to present a funding proposal for the plan's \$33 to \$36 million price tag on August 7, but has requested a two-week continuance for that report.

- With regard to Commission questions about publicizing the Request for Information for the prevention initiative, DCFS twice ran an ad in the *Los Angeles Times*, posted a notice of the RFI on two county websites where such requests normally appear, and mailed notices to contractors and contract agencies with Promoting Safe And Stable Families Act initiatives. Ms. Kerr promised to find out if family preservation contractors and Partnerships for Families agencies (funded by First 5 LA) were also notified.

Responses were received from all SPAs, but not all were acceptable, and Chair Kleinberg expressed concerns that service providers are not available in areas where they are needed. DCFS staff met with providers in other SPAs to explore their willingness to serve as lead contractors for more than one area while engaging local agencies to provide services. Ms. Kerr hopes that over the next year, Harvey Kawasaki's community-based activities will assist other organizations to qualify for participation.

Contract negotiations are in progress, and DCFS expects the Board to approve contracts in September, with services to begin in October for a 12-month period.

- Of the 55 children's social worker applications received at the June 16 recruitment fair in Hawthorne, 27 are now complete—four from Spanish-speaking candidates—19 were found to be ineligible, and the balance need further information.
- A meeting of the child fatality roundtable, which gathers on an ad hoc basis, is being scheduled soon, and Commissioners will be notified of roundtable dates as far in advance as possible. DCFS's bureau of information services is upgrading the critical incident/fatality tracking (CIFT) system, and Ms. Kerr believes a demonstration will be available to Commissioners the first week of September. Cecilia Custodio is the point person in the bureau for this effort.
- Responding to community concerns about inordinate delays in obtaining goods, Ms. Kerr requested an audit of DCFS's procurement section last November, and the Auditor-Controller's office sent the first phase of its report, on central procurement, to the Board of Supervisors last Friday. The findings were disturbing, indicating that severe abuses have been going on for the last four to five years. These include serious deficiencies in complying with county purchasing procedures, inappropriate purchases, shipments being paid for before they were received, few purchase-order controls, no inventories for four years, improper spend-downs toward the end of fiscal years, and goods being stockpiled. Forty-five storage units were being rented without upper management's knowledge, and numerous caches of car-seats, beds, blankets, and office supplies were discovered elsewhere as well, including 20 pallets of toner cartridges, now expired, found at the former MacLaren Children's Center facility.

The department has earned praise from the Auditor-Controller's office for its quick and aggressive response to the audit report. Corrective actions have already included installing a new procurement manager, imposing disciplinary consequences on employees, and reasserting proper procedures. When appropriate, stockpiled goods will be immediately made available to families; others will go to central county sur-

plus, and unusable purchases will be discarded. The second phase of the audit, already begun, will cover the DCFS regional offices and its bureau of information services, and should be complete within six to nine months.

RELATIVE CAREGIVER COMMITTEE REPORT

Commissioner Williams reported on the last meeting of the relative caregiver cabinet, which she and Commissioner Murray co-chair.

- Attendees heard a report on the progress of the Adoption and Safe Families Act (ASFA) home assessments, and seemed satisfied that the backlog appears to have considerably diminished. However, questions remain about whether assessment results are being input into case files on a timely basis, and further information on the number and types of home denials is still being sought.
- Kin-GAP Plus (the enhanced version of the Kinship Guardian Assistance Payments program), which keeps D and F rate children connected to the system and provides additional clothing allowances and other services, is going smoothly.
- Concerns were raised about the Kinship Education, Preparation & Support (KEPS) training program for caregivers, as two vendors new to the process recently took over and are expected to take four to six months to get up to speed, thus creating a potential backlog of untrained relatives. A representative from the Community College Foundation, which provides an initial orientation class for caregivers prior to their entering KEPS, knew nothing about the new contracts, and DCFS staff were asked to make those linkages. Contracts stipulate that vendors must provide a certain number of classes within a particular timeframe, but details were not known. Ms. Kerr is aware of correspondence regarding vendor progress, and will report further to the Commission; she does not believe there will be a lengthy delay in getting relatives trained. The previous KEPS training contract finished in June, however, so Commissioner Williams predicted at least a two-month backlog.
- A subcommittee is working on the relative caregiver fact sheet, a draft of which was previously shared with the Commission.
- At its own expense, the Alliance for Children's Rights has hired an attorney to be on-site at two kinship support centers. Since many families don't have the resources for legal help, the committee was extremely supportive and appreciative of this move. A memorandum of understanding will be drawn up with the Board of Supervisors, and Commissioner Williams will notify Commissioners if a letter of support is needed. Possible conflict-of-interest issues have been noted by County Counsel, but so far those have been resolved, and it is hoped that the MOU will proceed without delay.

The committee's next meeting is scheduled for October 10, and a roundtable discussion will take place on October 23 at St. Anne's, when a large turnout is expected. Commissioner Williams thanked Chair Kleinberg for her help with those arrangements.

TITLE IV-E WAIVER COLLABORATION: DCFS, PROBATION, AND CASEY FAMILY PROGRAMS

Jackie Contreras (formerly Acosta) worked in Los Angeles County government for 11 years and is now a senior director at Casey Family Programs in Seattle, under former DCFS director David Sanders, Casey's executive vice president for systems improvement. In June, the Board of Supervisors approved an agreement with Casey Family Programs to accept funds and project management consulting around the Title IV-E waiver.

Ms. Contreras reviewed the history of the Casey family's numerous charitable organizations, initially funded through the success of UPS. Casey Family Services, the direct arm of the Annie E. Casey Foundation (named for the family's matriarch) administers the Family to Family programs for which DCFS is the anchor site in Los Angeles. From San Francisco, Bill Bettencourt led many Annie E. Casey efforts, but has now relocated to Chicago; Jana Rickerson, also in San Francisco, now plays a larger role.

Casey Family Programs is an operating foundation focused on improving outcomes for children nationally, with a particular emphasis on improving foster care and preventing the need for children to enter foster care in the first place. Ms. Contreras reviewed the organization's vision for the year 2020, which includes a reduction by half of the U.S. foster care population through the prevention of placement, the quick attainment of permanency for children already in the system, and working with local jurisdictions to build a collective will for change. Casey's strategies for improving self-sufficiency for children in foster care target education, employment, and mental health issues.

As head of Casey's systems improvement section, Dr. Sanders is tasked with operationalizing the achievement of those goals, partnering with others who share the same vision. Funding is flexible, but as an operating foundation, Casey Family Programs doesn't just give out grants and walk away; it provides both funds and strategic consulting expertise to efforts that fit with its mission. The organization's internal structure is changing, Ms. Contreras said, with the systems improvement division soon to be called 'knowledge management' and staff being hired who will be dedicated to prevention and waiver efforts. Yakiciwey Washington is senior director over the field offices, and David Berns is that division's executive vice president.

Lisa Parrish reported that a county group—including representatives from the Chief Executive Office, DCFS, and the Probation Department, along with consultants analyzing spending histories and gauging trends—has met each month for some time to discuss waiver implementation. This group, now called the steering committee, will continue to meet with representatives from Casey Family Programs, including Ms. Contreras, to integrate work on the waiver's key prevention strategies.

Casey Family Programs is supporting waiver management teams of three items each at both departments involved with the waiver—at DCFS, deputy director Lisa Parrish, CSA III Tish Sleeper, and a CSA II to be hired; and at Probation, program director Kathy New along with positions to look at the accrual of eligible spending and to concentrate on pro-

bation wards placed in group homes and ‘crossover youth,’ who move into the delinquency system from foster care.

Casey wants to help transform residentially based services so that group homes provide short-term interventions for children who can’t be placed in home-based settings during their time in foster care. (At present, 1,350 children are placed in group homes through DCFS; a similar number are in group homes with Probation.) The goal is to substantially reduce the number of children growing up in group homes without permanent family connections. Since April of 2005, the residentially based services work group has been examining successful practices that balance treatment and permanency needs. Members also support legislation requiring the state to pilot new funding mechanisms for program models that resemble wraparound—using parent partners to engage families in treatment, and providing a seamless aftercare system to continue treatment when children are returned to their communities. An expansion of wraparound services is also planned, along with the development of intensive-treatment foster care homes that require a higher level of caregiver training, fewer children placed per home, and 24-hour support.

Casey Family Programs funds are also being invested in family-finders who are trained to review family connections with youth to identify possible permanent connections and placement resources. Improving data expertise and the use of information is being discussed as well, as is an evaluation of the waiver efforts. The state plans to fund a small evaluation study of the two counties participating in the waiver, performed by Dr. Charlie Ferguson at Sonoma State University, but more focused evaluation efforts are needed to assess the merits of individual strategies.

Another piece of the Casey plan has to do with improving internal and external communication and combining waiver and prevention efforts with general child welfare reform. Technical assistance and expert consultants—one to address the child death review process and another for the issues of crossover youth—will be brought in as well. Joanne Edgar has been retained to chronicle the big-picture waiver events, documenting partnerships, departmental movement, and the achievement of outcomes. DCFS’s specific goals for this year, Ms. Parrish said, are identical to those the Federal and state governments already measure—permanency, safety, well-being, less reoccurrence of abuse, less abuse in foster care, fewer children in out-of-home care, faster timelines to permanency, etc.

Vice Chair Sorkin finds the Casey vision for 2020 admirable, but questioned its seeming focus on older children. Of children in care in Los Angeles, those age five and under are the segment experiencing the greatest growth, and they are not placed in group homes. Can Casey Family Programs help with that population? What about First 5 LA funds, or the Mental Health Services Act? Commissioner Williams recommended that departmental efforts for young children be coordinated with the First 5’s Partnerships for Families initiative, especially since that initiative came into being prior to the waiver.

Continuing DCFS investments in preventing young children from coming into care in the first place is key, Ms. Parrish responded, as is the emphasis on front-end assessments to determine family issues—domestic violence, mental health, substance abuse—and pro-

vide families with services either to prevent detainment or to reunify children quickly. The hope is that the five-year-old in care won't become the fifteen-year-old still in care, Ms. Contreras said; outcomes for children emancipating from long years in the system are often poor, and permanent connections with adults are vital. Casey Family Programs is open to supporting improved outcomes across the system, however, and its approach may differ across jurisdictions. She hopes that, in guiding future waiver plans, the steering committee will look at where funds can make the biggest impact.

Asked by Commissioner Williams if the Commission might have a seat on the steering committee, Ms. Parrish explained that the group has heretofore been led by the Chief Executive Office and been composed of county departments. Its recent reconstitution, however, could open the door for a discussion with DCFS director Trish Ploehn about the Commission's inclusion.

Chair Kleinberg sees waiver plans concentrating on the front and back ends of the system, while life for children in the middle won't really change. Because placements for older children are more expensive, reducing them will save dollars, and if families are properly assisted when their children are young, they won't enter or return to the system, also saving money. Along with up-front assessments, which Ms. Parrish said regional administrators want initiated right away, the next set of waiver priorities to speed reunification includes a team decision-making expansion, permanency planning, visitation, and community-based placements. The fact that children in residential care tend to be those who stay longest in the system worries DCFS, since research shows a shaky future for them as adults and as parents themselves. Research likewise shows poor outcomes for children who are abused when very young, Chair Kleinberg countered, and she advised not focusing completely in one area. She also raised the mental health issues that children in long-term care often experience, and Ms. Parrish reported that DCFS is working closely with the Department of Mental Health to find funds to address those needs.

According to the fact sheet distributed in Commission packets, placement numbers for June 2007 are nearly identical to those for May 2006, despite the department's implementation of team decision-making, concurrent planning, and other initiatives. Totals are a function of both admissions and exits, Ms. Parrish explained, and more children have entered the system over the last year, resulting in a plateau. She believes that regional administrators would attribute this to a variety of causes, including the challenges of training high numbers of new and inexperienced staff, the multitude of recent initiatives overwhelming even accomplished employees, high caseloads, and difficulties with worker retention. She is confident that the correct strategies for safely reducing the numbers of children in care have been adopted, and that those strategies will ultimately reduce the number of admissions once staff are completely conversant with them. One concern raised at July 27's LOG meeting, Commissioner Worthy-Clayton said, was that many initiatives are not universally in place throughout the regional offices; perhaps full implementation may influence the numbers. According to Ms. Contreras, Ms. Ploehn also wants to look at systemic issues that impede improvements, and at investing waiver dollars throughout the broader system. Chair Kleinberg suggested that Commissioners read

individual cases as they have in the past, as those reviews can offer another significant window into departmental progress.

Despite the fact that the summer months generally yield fewer abuse reports because school is not in session, Vice Chair Sorkin pointed out that June's emergency response numbers appear high, at over 14,000 for the month. Ms. Parrish felt that regional administrators would see this as a positive response to their community outreach and to changing perceptions of the department. On the other hand, DCFS should not accept referrals for 'service issues' cases that could be solved by links to services for the family.

If numbers remain static, Chair Kleinberg asked, how will evaluators analyze what's happened and know which initiatives are working? An August 20 meeting with Casey Family Programs in Sacramento will address those questions, Ms. Parrish said, as will continuing discussions with researcher Jacquelyn McCroskey and the qualitative evaluations of the point of engagement initiative that are currently available.

Within DCFS's organizational structure, Angela Carter is taking the lead on the county's overall prevention initiative, along with Harvey Kawasaki's community-based programs division, which oversees family preservation, family support, child care services, and education and mentoring. Ms. Carter also co-chairs the prevention work group with Commission Vice Chair Sandra Rudnick.

From the audience, Service Employee International Union representative Danny Ramos urged the department to connect to its greatest asset, its employees, to reverse what he sees as "the longest trend we've seen" of children lacking resources for permanency. A former emancipated youth has developed a computer program that can match children with permanent homes on a national level, and Mr. Ramos encouraged both the department and the Commission to view a demonstration and consider using the program.

DCFS MEDICAL HUBS UPDATE

Dr. Charles Sophy distributed a written executive summary, charts of 2006–2007 medical hub visits and mental health screenings, and a matrix of hub services, staffing, and future needs. He and Karen Bernstein from the Department of Health Services then answered Commissioner questions.

- Caregivers generally transport children to the hubs, with DCFS providing taxi vouchers if necessary. Children may go elsewhere if distances are unmanageable, particularly in the East San Gabriel Valley, which lacks a nearby hub. Only the LAC+USC medical hub is open during evening hours, and is used primarily for emergencies, such as when a child is injured while in foster care. The former MacLaren Children's Center in El Monte, now housing offices and training programs, is being considered as a satellite site, and a meeting is planned this week to discuss options.
- Though they are not mandated to do so, some caregivers in out-of-county placements prefer to bring their children to the hubs because of the consistency of care available

there. Since other counties lack a reliable tertiary system, DCFS may also permit children to see a caregiver's primary care physician.

- Wait times at appointments vary by hub and by family size; in general, it takes 30 to 45 minutes from registration to the time a child is seen. Depending on the number of children involved, families may be at a hub for several hours to complete the initial medical exam, developmental screening, vision and hearing tests, and full physical required for each child—a version of the comprehensive Child Health and Disability Prevention (CHDP) examination. The exam also looks at the child's teeth, and outside referrals are made for dental care if needed. Staff attempt to schedule comprehensive mental health screenings on the same day, often performed at the community mental health center at the LAC+USC hub.
- Conditions often seen at the hubs include obesity, lapsed immunizations, and general hygiene issues that can often be resolved through better parent education. Referrals are also made for medical issues that have not been addressed adequately over time, such as diabetes, recurring asthma attacks, and acne. Once the planned electronic system is put in place in the spring of 2008, DCFS will be able to better track this kind of medical information and place it in the child's health and safety passport.
- Approximately 40 to 50 percent of detained children move from the initial age-tailored mental health screening to a mental health assessment, and are then referred to treatment. Screening results are faxed to the co-located Department of Mental Health staff in the regional office where the case is assigned, and that information and medical exam results feed into the second stage of the multidisciplinary assessment team (MAT) process required for all newly detained children. (Until enough money is allocated to fully fund the MAT process, through the Katie A. corrective action plan or otherwise, the same process is accomplished by DMH staff participation in team decision-making conferences.)
- Younger children tend to display behavioral issues such as ADHD and oppositional defiance, while older youth exhibit those issues along with mood and anxiety disorders that can sometimes be resolved relatively quickly with therapy.
- Between 5 and 10 percent of the birth-to-five population have developmental disabilities and are referred to Regional Centers. All hubs currently perform developmental screenings, but their tools are not standardized and timing concerns exist, since a screening performed at detainment, with all its emotional trauma, may not be a good indicator of a child's long-term needs. Additionally, good developmental assessments are often done in the child's home, with parental input. If a foster parent has had the child for only a couple of days, results may be of little value.
- The urinalysis in the routine medical exam can reveal drug use, which will trigger links to substance abuse services.

- Hubs can refill a child's medication if the prescription does not follow the child into placement; caregivers should bring the empty bottle, the name of the pharmacy, or any other information available to help track the child's medical history. For psychotropic medication, the Violence Intervention Program (VIP) at the LAC+USC hub has an on-site child psychiatrist, and Dr. Sophy often reviews prescriptions himself. Treatment follow-up occurs at the hubs or with medical providers in the community.
- In the past, a child who has been abused in care and taken to an emergency room with a broken bone has not always been examined for breaks in other bones, or other injuries that might indicate ongoing child abuse. Newly detained children automatically go to a medical hub and are seen by a forensic expert, but ensuring that children already in the system are properly examined is part of educating the community in general about child abuse. Once hub capacity increases, Dr. Sophy would like to see all children injured in care sent to a hub before further placement decisions are made.
- Of the 14,631 visits made to all the hubs during the 2006–2007 fiscal year, 2,616 visits were made by children not newly detained. In the hubs' next phase, Dr. Sophy wants to target all children in care who have not yet experienced an expert examination and get them into the hubs at least once. He would also like all children in the system to receive a comprehensive examination before permanent placement. In the meantime, children in care may always be brought to a medical hub for care.
- The LAC+USC hub handles so many patient visits—about a quarter of all those in the past fiscal year—because of its central location, because it is open 24 hours a day, and because of the excellence of its staff under Dr. Astrid Heger. Within the next two years, Dr. Sophy hopes that Dr. Heger will begin training doctors to serve at other medical hubs. Likewise, he also wants to see interns and residents rotate throughout the hub system.
- Even if King-Harbor Hospital is closed, its hub should not be affected, as outpatient services will be retained and even expanded at the same site.
- Capital improvement dollars from the Department of Health Services have been allocated to renovate a laboratory building on the Olive View-UCLA Medical Center campus, allowing other onsite child health clinics to move there and the medical hub to expand into the vacated exam rooms and stay in the hospital building for better access to ancillary services. (A modular building was initially planned, but permit-related issues were encountered.) A request has also been made to L.A. Care for infrastructure funds, and the scope of any expansion will depend on that. Although more exam rooms are a high priority, Ms. Bernstein believes that the hoped-for time-frame of completing the expansion by September 2008 may be unrealistic.
- At the High Desert Health System hub, a physician item is being borrowed from elsewhere in the High Desert system, and a supplemental budget requested has been made for a permanent item.

- Probation youth are not using the medical hubs, since clinics exist in the juvenile halls.
- An outreach event for community doctors is planned in December, to bring them to the hubs and begin building collaborative relationships. The Alliance for Children's Rights has been doing trainings at the hubs to educate physicians about hub resources and the continuity of care needed once children leave the hubs. The Alliance also plans to provide education and resources to doctors in the community.

In future, Dr. Sophy would like to see a hub in the East San Gabriel Valley that could pick up the overflow from other hubs; he is also starting dialogues with facilities in Long Beach and Santa Fe Springs. He would like to sponsor hospital events around diabetes and other illnesses, and help discourage families from using emergency rooms as their primary care physicians. Making sure that children already in the system have thorough medical exams is also a priority, as is better supporting caregivers.

Commissioners thanked Dr. Sophy and Ms. Bernstein for their efforts on behalf of health care for children.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED