STATEMENT OF PROCEEDINGS FOR THE REGULAR MEETING OF THE LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
http://lachildrenscommission.org

Monday, July 9, 2012

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (12-3232)

Attachments: AUDIO

Present: Chair Patricia Curry, Vice Chair Genevra Berger, Vice Chair Dr. Sunny Kang, Vice Chair Susan F. Friedman, Commissioner Carol O. Biondi, Commissioner Helen A. Kleinberg, Commissioner Dr. La-Doris McClaney, Commissioner Steven M. Olivas Esq., Commissioner Sandra Rudnick, Commissioner Adelina Sorkin LCSW/ACSW and Commissioner Martha Trevino-Powell

Excused: Commissioner Ann E. Franzen, Commissioner Daphne Ng and Commissioner Dr. Harriette F. Williams

Call to order. (12-2663)

The meeting was called to order by Chair Curry at 10:10 a.m.

I. ADMINISTRATIVE MATTERS

1. Introductions of July 9, 2012 Meeting attendees. (12-2664)

Self-introductions were made.

2. Approval of the July 9, 2012 Meeting Agenda. (12-2665)

On motion of Commissioner Dr. La-Doris McClaney, seconded by Commissioner Helen A. Kleinberg, unanimously carried, (Commissioners Ng, Kang, and Franzen being absent), this item was approved.

3. Approval of the minutes from the meeting of June 18, 2012. (12-2666)

On motion of Commissioner Helen A. Kleinberg, seconded by Commissioner Martha Trevino-Powell, unanimously carried, (Commissioners Ng, Kang, and Franzen being absent), this item was approved.

Attachments: SUPPORTING DOCUMENT

II. REPORT

4. Chair's report for July 9, 2012 by Patricia Curry, Chair. (12-2667)

No Chair's report was given.

III. DISCUSSION

5. Discussion and approval to reschedule the regular meeting of September 17, 2012 to September 10, 2012. (12-3067)

On motion of Vice Chair Dr. Sunny Kang, seconded by Commissioner Steven M. Olivas Esq., unanimously carried, (Commissioners Ng and Franzen being absent), the regular meeting of September 17, 2012 was moved to September 10, 2012.

IV. PRESENTATIONS

6. Presentation on Promoting Safe and Stable Families Act and Child Abuse and Neglect Prevention, Intervention and Treatment (Safe Children Strong Families) redesign.

- Eric Marts, Deputy Director, DCFS
- Marilynne Garrison, Division. Chief, Community-Based Support Division (12-3045)

Mr. Marts distributed a handout titled, "Safe Children Strong Families Redesign" and explained that the redesign creates a continuum of care for families and children. The redesign calls for a collaborative effort from other agencies in the development of the continuum and in reaching DCFS goals in the following areas:

- **Katie A. strategies**
- **Ensuring that DCFS is in line with the Title IV-E Waiver strategies**
- **National standards**

- **Systems Improvement Plan**

Ms. Garrison added that the design is comprehensive and includes services that address family needs during a crisis. She introduced Tamara Hunter, DCFS Children Services Administrator I, who gave a report on services provided on the prevention aspect and program contracts of the redesign.

Ms. Hunter reported the following:

The Safe Children Strong Families (SCSF) redesign was influenced by the Prevention Initiative Demonstration Project or (PIDP). PIDP was intended to test various approaches that prevent families from entering, re-entering, and extended involvement with the child welfare system. The following PIDP strategies that were found to be successful were embedded within the SCSF model:

- **Case navigation**
- **Specialized services and support to address unmet community-specific needs**
- **Peer-based support and capacity building**

The redesign allows for delivery of services that span from prevention of child abuse and neglect to aftercare services for families exiting the child welfare system. The redesign embraces the notion that there is ‘’no wrong door” through which families may enter.

The Strengthening Families Protective Factors Approach is a guiding philosophy throughout the redesign; this approach diminishes the likelihood of child abuse and neglect by strengthening the following factors for parents or caregivers:

- **Enhanced parental resilience**
- **Strong social connections**
- **Quality knowledge of parenting and child development**
- **Availability of concrete support when needed**

- **Social and emotional competence of children**

The redesign is fully aligned with the new DCFS Shared Core Practice Model which includes the following components:

- **Engaging**
- **Teaming**
- **Assessment and Understanding**
- **Planning and Intervening**
- **Tracking and Adapting**

SCSF model includes 5 separate program contracts:

Community Family Resource Center (CFRC)

This contract deals with the prevention aspect and is the most significant new feature within the redesign. Some attributes of CFRC include:

- **Funding through Promoting Safe and Stable Families (PSSF) and AB 2994.**
- **Community-based services designed to assist families in building their own protective capacities without stigma or shame.**
- **Services including intake/assessment, case navigation, peer-based support, parent education, specialized services and supports; and linkage.**
- **Services are received through walk-in inquiries and referrals by DCFS, schools, hospitals, or law enforcement.**
- **A percentage of funding is set aside for families with open DCFS cases who do not meet the criteria for other services or programs.**
- **DCFS referred families with closed cases are eligible to receive services. These services prevent these families from re-entering the system.**

Child Abuse Prevention, Intervention and Treatment (CAPIT)

Components of CAPIT include:

- **Funding through AB 1733.**
- **Addressing child maltreatment through the provision of both prevention and treatment-based services.**
- **Focusing on mental health-based services such as individual, family and group counseling with case management and linkage services.**
- **Providing services for families who do not meet the criteria of other programs.**

Differential Response Path 1

This program contract is contingent upon funding and allows Child Abuse Hotline calls that do not meet the criteria for an in-person response from DCFS staff to be referred to CFRC for intake evaluation and linkage to services.

Partnerships for Families (PFF)

This program contract is contingent upon funding and would allow DCFS to take on strategies employed through the existing PFF contract that are currently monitored by First 5 L.A. Components of PFF are:

- **Services for at-risk families through the provision of supportive services such as education, child care, concrete supports and counseling.**
- **Capacity building to grow community partnerships to coordinate, collaborate, and mobilize to engage at-risk families.**
- **The participant age range would likely be expanded to allow families with children of any age to participate.**
- **Countywide implementation of services be made available to families in all DCFS office catchment areas.**

Mr. Marts added that through this prevention initiative under the specialized services discretionary funds, agencies will have the ability to create evidence-based programs and programs that have been successful in their communities.

In response to questions posed by the Commission regarding the number of resource centers, Ms. Garrison stated that there will be 14 Community Family Resource Centers.

Ms. Garrison referenced the SCSF service delivery continuum on page four of the handout and reported the following:

<u>Assessment and Intervention Contract</u>

This contract is most similar to Family Preservation services. Once a call is received on the Child Protection Hotline warranting an investigation, an emergency response worker receives the investigation to evaluate the referral for any issues that involve mental health, substance abuse and domestic violence. If any of these are found, the Assessment and Intervention Contract assists in providing a screening to help link the family to needed services.

In order to address multiple assessments being conducted throughout the process, the redesign includes the convening of a child and family team that is consistent with the DCFS core practice model to make a disposition on the family being assessed. When the disposition is determined to be unfounded, inconclusive or substantiated, it is routed to the appropriate areas as indicated in the SCFS delivery continuum as follows:

- **Unfounded referrals:**
  DCFS referral is closed and the family may be referred to a Community Resource Center for additional services.

- **Inconclusive referrals:**
  DCFS referral is closed. The family may be routed to either Alternative Response Services if there is a finding of low to moderate risk assessment or PFF if there is an assessment of high to very high risk. The option of PFF is dependent on Title IV-E waiver funding availability.

- **Substantiated referrals:**
  DCFS case is opened. The child is channeled through either Family Maintenance or Family Reunification. In the event the child is removed

from the home, the goal is to achieve permanency for the child as soon as possible with the help of the Adoption Promotion and Support Services (APSS) contract.

In response to questions posed by the Commission regarding the service referral process, Mr. Marts responded with the following:

- **Due to limited program funding, families that will not be reunified within 90 days are not eligible for Family Preservation Services (FPS). To address the needs of ineligible families who need immediate services, funds have been dedicated in the Community Resource Centers to provide services to these families until they are eligible for FPS.**

- **At the front end of the SCSF service delivery continuum, a child and family team evaluation will be done to determine the types of services a child or family will need. Extreme cases will have been determined at this point and will be referred to the needed services.**

- **Through the redesign, unfounded referrals will have access to services through the Community Resource Centers. Cases with multiple unfounded referrals will be identified as high risk.**

Ms. Garrison responded with the following:

- **DCFS works closely with the Department of Social Services (DPSS) during the reunification process. Families are referred to the Greater Avenues for Independence (GAIN) program offices for beneficial services.**

Lorna Schill, Children Services Administrator II, Adoptions and Permanency Resources Division reported the following:

- **Adoption and Support Services (APSS) is federally funded through the Promoting Safe and Stable Families Act (PSSF) and is a Countywide specialized program with community-based agencies located in each Service Planning Area (SPA) to provide adoption focused services. Adoption from foster care is promoted when it is in the best interest of the child.**

- **Goals of APSS are to: 1) decrease the number of children in foster care and the number of disruptions with adoptive placements and homes; 2) increase finalized adoptions; and 3) to nurture the commitment of adoption. Parents and children are empowered through information, support and skills to be involved partners in directing their own permanency planning and decision making.**

- **Targeted Population includes:**

  1. **Children with an alternative permanent plan of adoption for whom adoption recruitment efforts are underway.**
  2. **Children with planned permanent living arrangement that could benefit from a more permanent plan of adoption.**
  3. **Families adopting a sibling group.**
  4. **Families involved in the adoption process including pre-adoption activities and post adoption.**

- **APSS is a voluntary program with open-ended services. In addition to case management and support services, APSS can provide referrals for linkage services.**

Mr. Marts added that the contracts will be implemented on January 1, 2014.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments: SUPPORTING DOCUMENT

V. WORKGROUP UPDATES

7. Children/TAY Mental Health Workgroups

- Susan F. Friedman, Workgroup Co-Chair (TAY Mental Health Workgroup)
- Genevra Berger, Workgroup Co-Chair (Children Mental Health Workgroup) (12-3159)

Vice Chair Friedman reported the following:

- **The Commission's Children/Transitional Age Youth (TAY) Workgroups have compiled a list of concerns involving the Mental Health Services Act (MHSA) regarding the funding for children and Transitional Age Youth (TAY). Additionally, the Workgroups held a series of meetings with Robin Kay, DMH Chief Deputy Director and one meeting with DMH Director Marvin J. Southard, D.S.W. to discuss**

the concerns. The Workgroups have scheduled an additional meeting with Dr. Southard which will be held on July 13, 2012.

Vice Chair Berger reported the following DMH responses to the Workgroups' concerns:

- **There is concern with the low occupancy rates of specific transitional housing providers that have contracts up for renewal. The contracts currently do not require the reporting of specific outcomes. The Workgroups recommended this be addressed prior to the contract renewing on July 1, 2012. DMH responded by placing the contractors on a one-year cycle versus the three-year cycle and agreed to working on outcome reporting procedures for contracts.**

- **In response to concerns about getting specialized providers for children and TAY, specifically in the Antelope Valley, DMH is working towards improving services in the Antelope Valley area.**

- **The Workgroups are concerned with the complex MHSA financial reporting by the Department of Mental Health (DMH) and suggested DMH refer to First 5 financial reporting for its clear and straight forward format. DMH agreed to consult the First 5 financial consultant on this.**

- **DMH has agreed to explore the possibility of deploying clinical staff to the probation day reporting centers to address the Probation population mental health needs.**

- **In response to concerns by the Workgroups with the close of the DMH Respite Program, the Department is working on implementing a new Respite Program.**

- **In response concerns by the Workgroup regarding the prudent reserve and unspent funds, DMH has agreed to make it a principal to track, credit, and report funds according to the age group to which the funding was originally allotted.**

- **In response to the Workgroups' recommendation to divide the Systems Leadership Team (SLT) into two groups with one specific to children and TAY, DMH agreed to make a recommendation to the SLT to appoint special committees for specific issues that are age group centered.**

Outstanding issues that have not been addressed are concerns with the decrease in MHSA funding that is going to children and TAY. The original levels of funding for children and TAY were approximately 16 and 17 percent and have since fallen to 7 percent in each category.

Vice Chair Friedman added that she recently attended the Mental Health Budget public meeting and was concerned with the lack of representation at the meeting with regards to children and TAY. Additionally, the prudent reserve was not discussed at the meeting.

Ms. Kay added that the State has provided clarification on the timeframe DMH has to use the prudent reserve. The timeframe has changed and DMH may continue to use the prudent reserve.

After discussion, by common consent and there being no objection, this item was received and filed.

VI. ACTION ITEM

8. Approval of the Commission's Children/TAY Mental Health Workgroups' document regarding concerns, questions and recommendations by the Workgroups related to the Department of Mental Health Annual FY 2012-13 Update and the Use of Prudent Reserve Expansion Dollars. (12-3195)

Chair Curry distributed a document with recommendations, questions, and concerns regarding the annual updates for Fiscal Year (FY) 2012-13 for expansion/prudent reserve and provided a brief background on the development of the document as follows:

- **Commissioner Sorkin attended a Systems Leadership Team (SLT) meeting and learned that there is consideration of using some of the prudent reserves for FY 2012-13.**

- **After inquiring with DMH on the origin of the recommendations for the allocation of the expansion of public reserve funds, DMH informed that there is an input process through the SLT. However, an SLT meeting was canceled diminishing the opportunity for this process. The Workgroups learned that the recommendations by the SLT were presented to the Board of Supervisors at the end of June 2012.**

- **The biggest concern by the Workgroups is that the departments may have not collaborated or provided input on the development of the plan for the expansion/prudent reserve. The Workgroups were informed that**

additions to the plan could not be done due to the stakeholder's process; however, the Workgroups have experienced instances that suggest otherwise.

- The Workgroups met on July 2, 2012 to develop recommendations with the intention of having the opportunity to provide input and a proposal.

  Included in the Work groups' document is a proposal for Children and TAY, MHSA expansion of prudent reserve funds with a focus on the prevention of crossover youth. A report issued in 2011 by the Conrad N. Hilton Foundation in collaboration with the County Chief Executive Office titled, "Young Adult Outcomes of Youth Exiting Dependent or Delinquent Care in Los Angeles County" offers key findings supporting early prevention in crossover youth. The research shows that the crossover population is the highest user of services in Los Angeles County extending from adolescence to adulthood. Additionally, early prevention would benefit the County as a whole from a cost perspective.

Chair Curry distributed the following documents supporting the early intervention recommendations:

- Assessing Risk of Future Delinquency Among Children Receiving Child Protection Services

- The Structured Decision Making® System for Delinquency Prevention

Ms. Kay added that DMH welcomes the Commission's input. She clarified that the Board of Supervisors' (Board) approval of the expenditure of funding from the prudent reserve is incorporated in the supplemental budget which is heard by the Board in the fall. In addition, DMH information from the State regarding the prudent reserve was received late due to the transitioning of state staff resulting from the dissolution of the State Department of Mental Health. DMH received guidelines from the State regarding the prudent reserve on June 20, 2012.

On motion of Commissioner Carol Biondi, seconded by Vice Chair Genevra Berger, the Children/TAY Workgroups recommendations were approved by the following vote:

Ayes (10): Commissioners Biondi, Kleinberg, McClaney, Trevino Powell, Rudnick, Sorkin, Vice Chairs Berger, Friedman and Kang, and Chair Curry

Noes (0): None

Abstentions (1): Commissioner Olivas;

Absenses (3): Commissioners Franzen, Ng, and Williams

Attachments: SUPPORTING DOCUMENT
SUPPORTING DOCUMENT
SUPPORTING DOCUMENT
SUPPORTING DOCUMENT

VII. DCFS DIRECTOR'S REPORT

9. DCFS Director's Report by Philip Browning, Director, DCFS for July 9, 2012. (12-2674)

Director Browning reported the following:

- **DCFS is moving forward on its Strategic Planning and will have a management meeting next week. A reorganization plan is forthcoming and will be shared with the Commission prior to releasing. Reorganization and structural changes are a component of the strategic plan.**

- **To address some of the issues with the Emergency Response Command Post (ERCP), an implementation plan for a 30-day assessment center will be submitted to the Board. This report will be submitted to the Commission prior to its release. Additionally, starting next week there will be a 24 hour assessment center at the Violence Intervention Program (VIP) center located at the LAC+USC Medical Center providing medical services in a child-friendly setting. There are also changes being made to the protocol for teens coming into the command post.**

- **Recently in a meeting with the City of Los Angeles Workforce Investment Board, Community and Senior Services (CSS), it was identified that there currently is no overarching memorandum of understanding among the seven workforce investment boards to help child welfare youth get employment. As a result, it was agreed to develop with a memorandum among the seven boards to work towards connecting youth to employment opportunities.**

After discussion, by common consent and there being no objection, this item was received and filed.

VIII. MISCELLANEOUS

10. Announcements for the meeting of July 9, 2012. (12-2670)

There were none.

Matters Not Posted

11. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (12-2668)

There were none.

Public Comment

12. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (12-2669)

There were none.

Adjournment

13. Adjournment for the meeting of July 9, 2012. (12-2671)

The meeting was adjourned by Chair Curry at 12:05 p.m.