LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Celebrating 29 Years of Advocacy & Achievement

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October 23, 2013

To: Supervisor Mark Ridley-Thomas, Chair
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Genevra Berger, Chair
Los Angeles County Commission for Children and Families

RE: Prevention for At-Risk Children and Families

The Commission for Children and Families (Commission) met by invitation with the Children and Families' Well-Being Cluster on October 16, 2013 to share a summary of our current work and to present the enclosed materials on the urgent need for prevention services throughout County Departments. The Commission's focus is prevention at the front end, utilizing programs that are designed to keep at-risk children and families from entering the child welfare system in the first place. The cost of familial abuse and neglect is enormous both in terms of human suffering and financial investment. The annual cost of remedial support is currently set at $80 billion nationwide.

The Commission has for many years advocated a county-wide system of prevention in the underlying belief that the cornerstone of child safety is through prevention. We further believe that central coordination is essential to: 1) determine what prevention programs are now operating in various departments (some of which may not even be designated in terms of "prevention"); 2) define the funding sources that support such programs; and 3) develop an architecture of preventive services that runs seamlessly throughout the County.

It is therefore the Commission's hope and recommendation that the Board of Supervisors appoints a dedicated entity with full authority to organize and oversee the development of a County Prevention Initiative as a systematized means of identifying and engaging high-risk families before the onset of a formal child welfare intervention.

GB:sdi:ma

Enclosures

c: Chief Executive Officer
Executive Officer, Board of Supervisors
Chief Probation Officer
County Counsel
Director, Department of Children and Family Services
Director, Department of Health Services
Director, Department of Mental Health Services
Executive Director, Community Development Commission & Housing Authority
Executive Director, Domestic Violence Council
Executive Director, First LA
Chair, Blue Ribbon Commission on Child Protection
Chair, Education Coordinating Council
Chair, State Advisory Committee on Juvenile Justice and Delinquency Prevention
President/CEO, Public Counsel
President/CEO, Alliance for Children's Rights
DCEO, Children & Families' Well-Being
Children's Board of Supervisors Deputies
Health Board of Supervisors Deputies
Justice Board of Supervisors Deputies

S:\Letter to BOS Re Prevention CCF Presentation_102313 Final_

Commission for Children and Families

Presentation to
Children and Families Well-Being Cluster
October 16, 2013

Current Activities of the Los Angeles County Commission for Children and Families

I. Projects on which Commission is Working

- Ensuring that Prevention, Community Service and Supports and Innovation needs for children and youth are considered by DMH for the next MHSA 3 year Plan
- Identifying nutrition issues at Probation Camp Challenger
- Identifying opportunities with private foundations to assist DCFS in increasing the number of foster homes
- Reviewing and reorganizing with DCFS Independent Living Program allocations for transition age-youth in light of actual usage patterns
- Improving family reunification by focusing on family visitation, especially for high risk children and families
- Expanding foster care access to early childhood Education with Child Care Roundtable
- Reviewing Spanish language access issues with DCFS
- Reaching out to DMH Service Area Community Councils concerning unmet mental health needs of children and youth
- Bringing focus to the plight of foster youth in sex trafficking trade
- Improved Mental Health Care for Foster youth

Current Activities of the Los Angeles County Commission for Children and Families (cont.)

II. Commission Collaborations with other County and State Entities

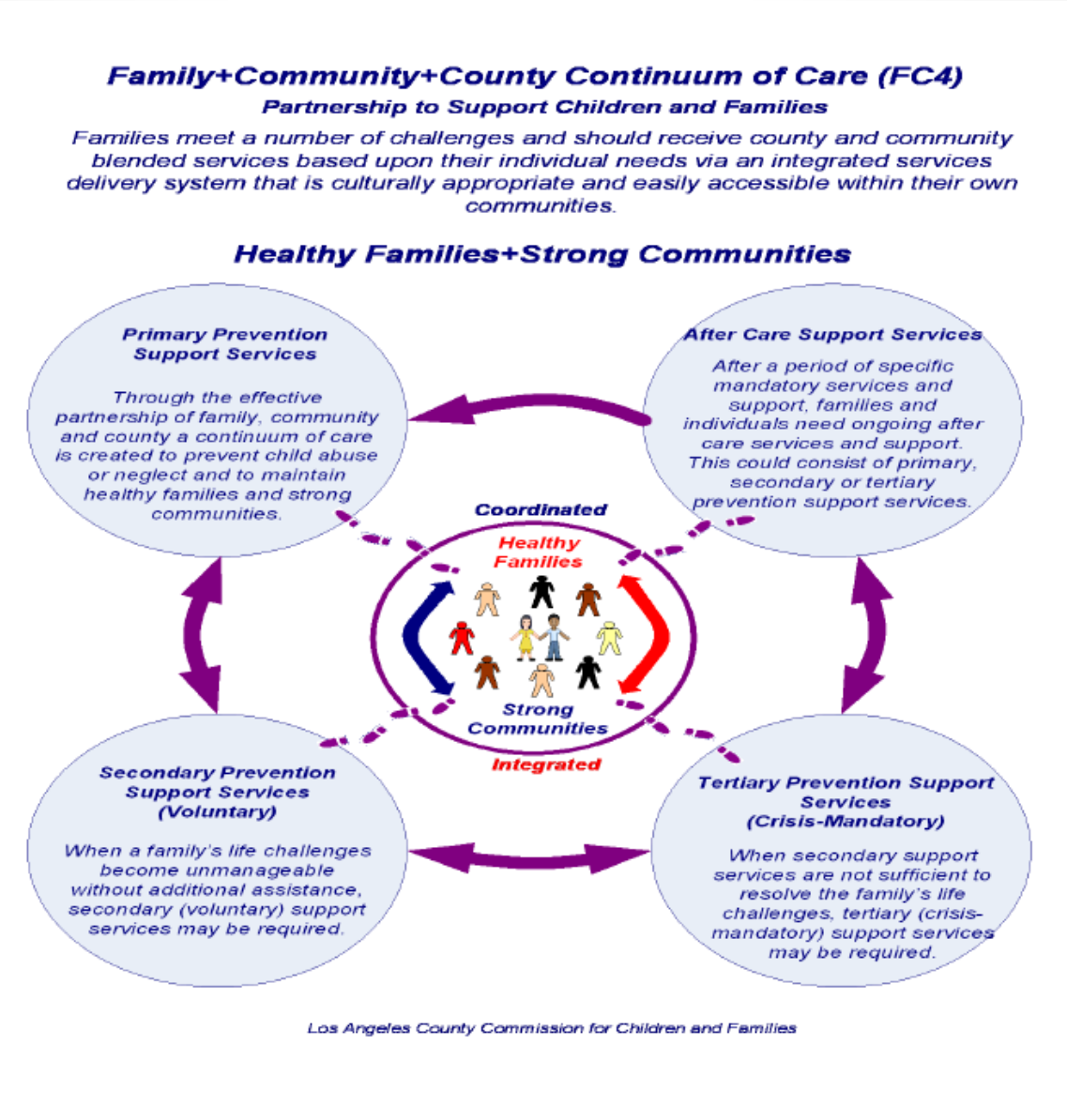
- First 5 Commission
- Education Coordinating Council
- DPH Development of Home visitation network
- Childcare Policy Roundtable
- DCFS Strategic Planning Committees (6 commissioners attending different meetings on Prevention and Aftercare, Self-Sufficiency, Training, Visitation Centers, Reunification, Relative Care, the Care for Young Children)
- State and County CSEC Commissions (Commercially Sexually Exploited children)
- California State Advisory Committee on Juvenile Justice and Delinquency Prevention

III. Current Commission Committees and Workgroups

- Mental Health/SLT
- Self Sufficiency
- Community/Agency Partnership
- Childhood Wellness
- Visitation
- Legislation

The Commission for Children and Families supports a structure for child welfare that includes a continuum of care for families, community and the County. All entities must aspire to provide support for the continuum moving from prevention to aftercare. Our FC4 diagram reflects that vision. Prevention is key throughout the continuum.

FC4 Continuum of Care



Prevention requires a collaborative effort

- Department of Children and Families
- Department of Mental Health
- Department of Health Services
- Department of Parks and Recreation
- Public Library
- Department of Public Health
- Community and Senior Services
- Department of Public and Social Services
- Sherriff's Department
- Probation Department
- Office of Education (LACOE)
- First 5 LA
- Community Development Commission (CDC) and Housing Authority of the County of Los Angeles (HACoLA)

The cost of child maltreatment nationally is at $80 billion a year

Costs of Child Abuse and Neglect	Amount
Acute Medical Treatment	2,907,592,094
Mental Health Care System	$1,153,978,175
Child Welfare System	$29,237,770,193
Law Enforcement	$34,279,048
Total Direct Costs	**$33,333,619,510**
Special Education	$826,174,734
Early Intervention	$247,804,537
Emergency/Transitional Housing	$1,606,866,538
Mental Health and Health Care	$270,864,199
Juvenile Delinquency	$3,416,149,283
Adult Criminal Justice Costs	$32,724,767,699
Lost Worker Productivity	$7,834,164,589
Total Indirect Costs	**$46,926,791,578**
Total Direct and Indirect Costs of Child Abuse and Neglect = $80,260,411,088	

Gelles, Richard J., & Perlman, Staci (2012). Estimated Annual Cost of Child Abuse and Neglect. Chicago IL: Prevent Child Abuse America.

Findings unanimously endorsed with February 28, 2006 Board Motion, by Supervisors Don Knabe and Zev Yaroslavsky:

- The Lack of an effective prevention strategy in LA County has significantly compromised child safety
- The Department of Children and Family Services is not primarily responsible for the prevention of child abuse or neglect.

Children with one or more Allegations, Substantiated Cases

Human suffering and social disarray compel greater focus today than historically on prevention. The research is compelling.

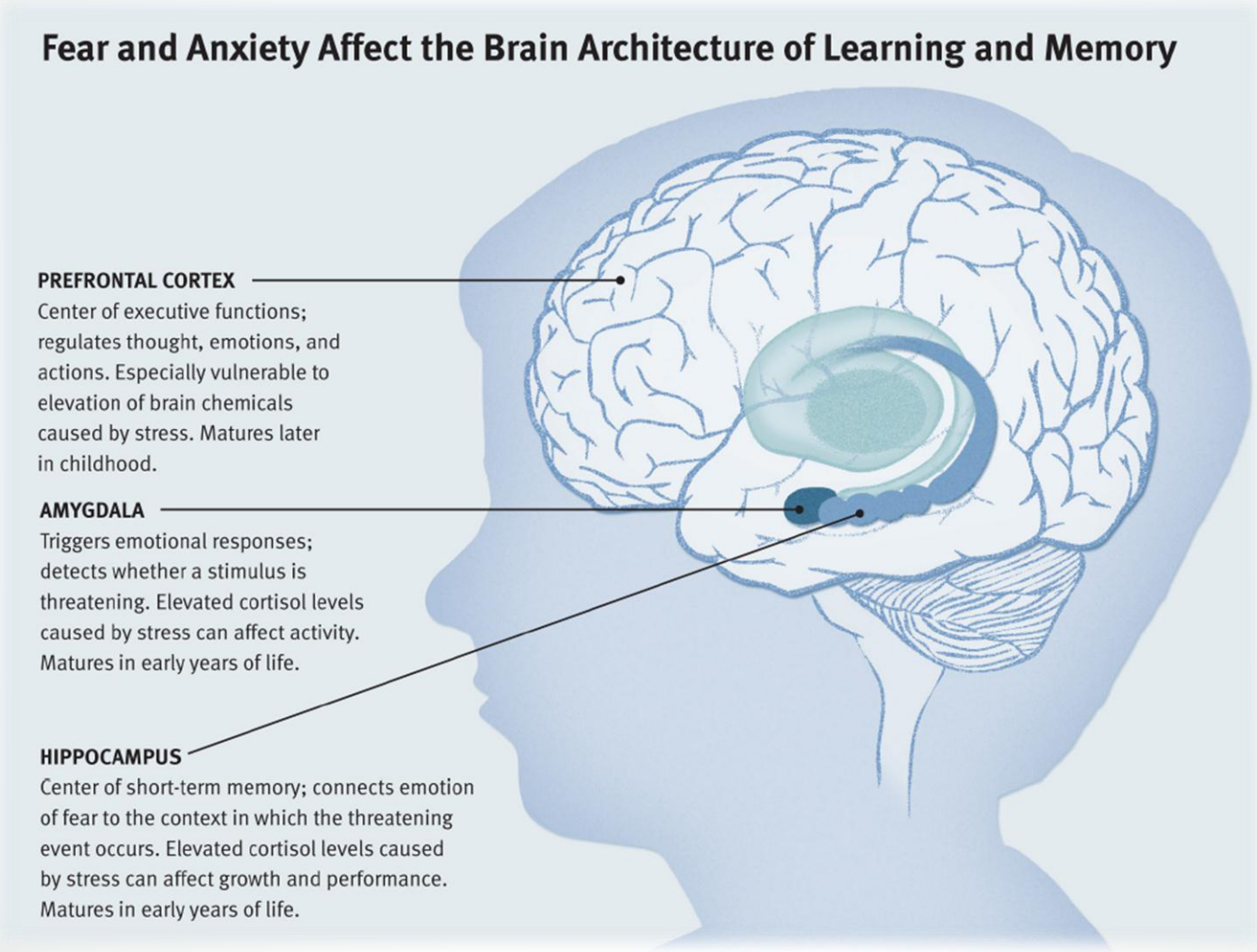
AGE	JUL2003/2004	JUL2012/2013
Under 1	2,752	3,335
'1-2	3,007	3,664
'3-5	4,617	5,198
Total 0-5 Population	**10,376**	**12,197**
'6-10	8,118	7,484
'11-15	7,868	6,618
16-17	2,181	2,226
Total Population*	**28,543**	**28,525**
0-5 % of Total Population	**36.35%**	**42.76%**

0-5 Increase from 2003 to 2013 = 17.55%

* Does not include youth 18 years of age and older.

Note: Based on substantiated reports Sexual Abuse, Physical Abuse, Severe Neglect, General Neglect, Exploitation, Emotional Abuse, Caretaker Absence/Incapacity, At Risk, Sibling Abused, Substantial Risk, Missing

Science shows that exposure to circumstances that produce persistent fear and chronic anxiety can have lifelong consequences by disrupting the developing architecture of the brain.



National Scientific Council on the Developing Child (2010). Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9. Retrieved from http://developingchild.harvard.edu/

Positive Preventive Programs

- **Prevention Initiative Demonstration Project (PIDP)**--faith-based centers, **DCFS**, community-based service agencies build social networks ,increase economic opportunities and increasing access to and utilization of beneficial services, activities, resources, and supports to prevent abuse and neglect
- **Partnership for Families (PFF)-** community agencies, DHS prevention for families referred to DCFS but no substantiation of abuse found
- **Welcome Baby & Home Visitation Projects**--**First 5 LA**, community hospitals, Best Start community partners follow new babies for one year
- **Parent Child Interactive Therapy**-- **First 5 LA, DMH**, community agencies – intensive parenting training
- **DPH Nurse Family Partnership**--community hospitals, **DCFS**, community agencies services for first time parents
- **DHS Medical Hubs--DCFS** and Community hospital centers examinations provided for detained children
- **DPH--First 5 sponsored Substance and Alcohol Abuse Programs** for documented and undocumented low income women
- **DMH PEI Evidence Based Practices (EBP's)***
  - Reflective Parenting Program, Child-Parent Psychotherapy, Parent-Child Interactive Therapy, Incredible Years Parenting Program, Positive Parenting Program

In Los Angeles we receive 900 calls a day to our hot line, or 38 referrals per hour.

*DCFS Data 2012

Recommendations

1. **Challenge:** Too many families do not receive prevention services and their children suffer from abuse and neglect. County departments are not working together sufficiently to identify families in need of prevention services nor are they referring families to the appropriate programs before any maltreatment occurs.
   Recommended Solution: All County departments must make a commitment and define their role and programs. The county needs to establish a vision and mechanism for collaboration and integration across all of its departments. The county along with the community and community prevention programs needs to form a continuum of care that results in stronger families, safer children, and healthier communities. This will help strengthen families so that fewer families are referred to the welfare system.

Recommendations (cont.)

2. **Challenge:** There is no centralized, dedicated leadership in bringing together county departments to focus on preventing child abuse.

   Recommended Solution: Appoint a dedicated entity with full authority to organize and oversee the county Prevention Initiative. If necessary, employ a consultant to recommend various structures.

3. **Challenge:** There is no strategy to identify at-risk families before they come into the child welfare system.

   Recommended Solution: Use data mining from currently available lists to identify at-risk families.

4. **Challenge:** There is no structure ensuring faithful implementation of initiatives that have been launched.

   Recommended Solution: Set Management Appraisal and Performance Plan (MAPP) Goals for department heads specifically related to prevention for at-risk families in collaboration with others.

Recommendations (cont.)

5. **Challenge**: There is no system to identify the costs associated with children entering the foster care and probation systems and no collective outcome studies to see if the current fragmented programs are having positive outcomes.

   Recommended Solution: Have the entity appointed for Prevention Coordination or the CEO assess and report cost savings on an annual basis. The report should detail the number of cases entering DCFS broken down by age.

6. **Challenge**: There is no advance fiscal planning or advance programmatic planning. Frequently, we miss opportunities for funding, planning, sustaining, and integrating services, and developing new partnerships because multiyear strategic plans or fiscal plans have already been made.

   Recommended Solution: Identify departments that currently or shortly will be in the process of developing strategic plans. Identify departments that are developing fiscal plans for specific funding sources. Determine how these plans can incorporate prevention for at-risk families.

Thank you for your time and attention.

MAKING PREVENTON A PRIORITY FOR AT-RISK CHILDREN AND FAMILIES IN LOS ANGELES COUNTY
10/16/13

For years Los Angeles County has struggled to keep children safe from maltreatment and to programmatically strengthen and reunify families. There has been a focus on reducing the number of children in the foster care system through a variety of approaches to permanency. There have been efforts to integrate the services of county departments to create a continuum of appropriate services. In addition, there have been efforts to "fix" the Department of Children and Families (DCFS) through changes in management. In spite of our continuous efforts to develop methods to get children out of the system, the numbers from July 2003 and July 2013 indicate that there has been an increase of 17% in the number of substantiated cases of abuse and neglect of the most vulnerable children, those under the age of 5. They now account for 43% of the total cases up to age 18.[1]

We believe that more emphasis is needed on preventing at-risk children and families from entering the child welfare system. The ultimate goal is to stop maltreatment before it starts. That is not to say we should abandon children in the foster care system or diminish their services in any way. DCFS is charged with caring for children who have suffered abuse or neglect and to work with families wherever possible to secure reunification or alternative permanency options for children. Prevention at the front end, however, begins before the children come under the jurisdiction of DCFS. There seems to be a mistaken notion that DCFS should not only care for the children in foster care but also prevent them from entering the system. DCFS does not have all the necessary programs needed to identify and serve at-risk families. Other County Departments have the services and greater ability to interact with families prior to an incident of abuse or neglect. County Departments need to take responsibility for delivery of services that can effectively address the needs of at-risk families. Their programs more broadly address root causes of abuse, such as poverty, lack of job training, mental illness, substance abuse, lack of child care, inadequate understanding of parenting skills or understanding of parenting responsibilities, and the importance of early child development.

Leadership and accountability are the keys to success in embarking on a two-pronged approach of prevention as well as support for families coming into the child welfare system.

The cost of continuing on our current one-prong approach in trying to solve the problem on the backend will not work. Nationally, the cost of child maltreatment is estimated to be at least $80 billion[2] and by some estimates, as much as $124 billion[3]. We need to invest our resources on the front end to stop abuse and neglect; otherwise, we will continue to pour money into a problem that can't be solved with the current approach. This is costly both in dollars and in the long-term damage to children.

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[1] Child Welfare Indicators Project, UC Berkeley, http://cssr.berkeley.edu/ucb_childwelfare/
[2] Richard J Gelles, & Staci Perlman, (2012). Estimated Annual Cost of Child Abuse and Neglect. Chicago, Ill: Prevent Child Abuse America.
[3] Fang X, Brown DS, Florence C, Mercy J. The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. Child Abuse and Neglect. January 2012. http://www.cdc.gov/ViolencePrevention/childmaltreatment/

Current research documents the urgency of early intervention.

1. We know now that 81% of child maltreatment fatalities occur among children younger than the age of 4.[4]
2. In addition to the physical injuries, maltreatment causes stress that can disrupt early brain development. Extreme stress can harm the development of the nervous and immune systems. As a result, children who are abused or neglected are at high risk for health problems as adults. These problems include alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases.[5]
3. Research done by First 5 LA and others document the need to build capacity of communities to work together to strengthen families. Place-based efforts to strengthen families have been proven to decrease the numbers of abused and neglected children.[6]
4. Harvard University studies show that the sequential architectural development of the young child's brain. The effect of trauma disrupts that building process.[7]
5. The 2011 Conrad Hilton Foundation study of youth who cross over from child welfare to juvenile detention system found that this group is the most seriously at-risk for poor outcomes and the most costly youth for whom to provide care. Crossover youth were found to be more than twice as likely to be heavy users of public services, three times more likely to experience jail stays, and 1.5% more likely to receive General Relief. Crossover youth were also 50% less likely to be consistently employed than their Child welfare counterparts.[8]

Early intervention and prevention can only be achieved by development of a coordinated and comprehensive countywide plan to work with at-risk families in the communities where they live. Partnerships must be developed with County departments and local private agencies, faith-based organizations, the community, and families to create buy-in and to ensure continuity over time which is difficult for government alone to achieve. We know who the children are that are at greatest risk for maltreatment. The increased numbers of young children 0-5 suggests there should be a strong involvement from First 5 LA in the Prevention effort.

In addition to the risk of abuse to children of a young age, we know that abuse and neglect can occur in families where there is a great deal of stress. This comes from a family history of violence, drug or alcohol abuse, poverty and chronic health problems. Families that do not have nearby friends, relatives or other social supports are also at-risk. Communities burdened by poverty, on-going violence and weak connection between neighbors are also related to higher risk for child abuse and neglect. Communities must be engaged to work with government to address these risk factors. These same factors are reasons why youth end up in the Probation

[4] Center for Disease Control and Prevention http://www.cdc.gov/violenceprevention/pdf/cm-data-sheet--2013.pdf
[5] National Scientific Council on the Developing Child (2010). Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9. www.developingchild.harvard.edu
[6] Center for Disease Control and Prevention http://www.cdc.gov/ViolencePrevention/childmaltreatment/Facts
[7] www.developingchild.harvard.edu/library/
[8] http://www.hiltonfoundation.org/images/stories/PriorityAreas/FosterYouth/Downloads/Hilton_Foundation_Report_Final.pdf

halls and camps. We know from the Hilton Foundation Report,[9] that the relationship between children entering foster care and then crossing over to probation has a negative impact on the child and high cost to the county. This is another reason we need to identify families early and provide them the help and support needed. One way to do this is by developing a differential response system when families are reported to DCFS through the hotline. Calls that do not result in a substantiated referral or the child being detained should be connected to resources that can prevent these families from having further contact with child welfare or probation.

The Government alone cannot get the job of Prevention done; it needs a variety of new non-governmental partners. A recent chapter of A New Synthesis of Public Administration titled, "The Changing Reality of Practice," summarizes efforts of public administrators in diverse cities around the world to reconcile traditional government systems and practices with the need to work in new and different ways. The report notes:

> *"It involves exploration. This entails the scanning of ideas, learning from the experience of others, framing issues in broad societal terms to expand the scope for innovation. It requires a commitment to experimentation. This includes the testing of ideas to refine the concepts incrementally and to accelerate the collective learning about what works and what does not. It requires a willingness to learn and to introduce course corrections as needed.*[10]

The County has developed a number of good multi-agency successful pilot prevention initiatives. These initiatives need to be pulled together into a comprehensive, coordinated (but not controlled) countywide plan instead of individual programs or efforts that are fragmented. The foundation for the plan needs to provide a continuum of contracted interventions through multi-agency partnerships of public and private agencies in the community that are culturally responsive and centered on the strengths and needs of the children and families.

These programs and services need to be combined with other county services and private efforts in communities to strengthen families and create a safety net that will provide a comprehensive network to help families. Some of these current efforts include:

1. **The Prevention Initiative Demonstration Project (PIDP).** In the PIDP, DCFS and community agencies collaborated to support families at-risk for child maltreatment. The Initiative was planned, implemented, and evaluated, as the result of a county- wide focus on a more preventive approach initiated by Supervisors Yaroslavsky and Knabe in 2006. Despite the successful outcomes of the Initiative, today there is no plan for long-term funding to continue financing this successful work. PDIP is viewed as a DCFS program and funding responsibility, not as a County responsibility to support families in order to prevent children from suffering abuse and neglect. We need to adopt a new way of thinking in which we make the development and continuation of successful prevention programs a priority and a County responsibility. We cannot afford to fund prevention programs and develop them to a

[9] Conrad N. Hilton Foundation, Los Angeles, CA – November 9, 2011, http://www.hiltonfoundation.org/images/stories/PriorityAreas/FosterYouth/Downloads/Hilton_Foundation_Report_Final.pdf

[10] Jocelyne Bourgon, Ch. 7, The Changing Reality of Practice, A New Synthesis of Public Administration: Serving in the 21st Century, [n.d.]

point where they achieve the intended successful outcomes and then abandon these efforts to start new pilots.[11]

2. **First 5 LA's,** Welcome Baby Project.[12] First 5 LA has developed a successful prevention model in *Welcome Baby*, as a voluntary home visitation program initiated at the hospital calling for engagement and support of the family for a year following birth. This program was developed in connection with the Place-based, Best Start initiative of First 5 LA. Additionally, First 5 has six more intensive in-home visitation models for families who can benefit from services beyond those offered by *Welcome Baby*, which provides health and education information on such things as feeding and parent bonding.[13] As a County, we need to work together on a plan to sustain these programs as First 5 LA revenues continue to decline.

3. **Parent Child Interactive Therapy (PCIT) -** PCIT is having great success strengthening families through 8 months of individual counseling sessions with Parent and child. The therapy involves coaching from a mental health professional through a one-way mirror.[14] The grant from the First 5 LA provides $20 million over 5 years to DMH to train PCIT providers. Success of this important program for families required that funds be identified and allocated beyond those available under EPSDT. Many children and families require these services before a billable medical diagnosis is reached. One potential source of funding is the MHSA Prevention and Early Intervention (PEI) funds. The next 3-Year MHSA Plan for those funds is currently being developed. If we are committed to making prevention for families a priority, the funds must be allocated during this planning process. There is no point in spending $20 million on training if we are not going to set aside treatment funds for the program.

4. **Department of Public Health's Nurse Family Partnership**[15] reaches low income mothers who are having their first child and follows them for two years. Documented and undocumented women are eligible for these services. Unfortunately, because of lack of coordination and planning at other County departments, slots are unused and remain open. DPH also has a variety of other prevention programs that have proven successful, but are not coordinated with the at-risk families DCFS serves.

5. **The Department of Mental Health (DMH)** is using a strong cadre of Evidenced-Based Programs (EBPs) for children 0-5. Under the MHSA Plan, the state required that all counties allocate 51% of PEI funding for children, and that the majority of the programs used must be

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[11] Mc Croskey, J., Pecora, P.J., Franke, T., Christie, C.A. & Lorthridge, J. (in press). Strengthening families and communities to prevent child abuse and neglect: Lessons from the Los Angeles Prevention Initiative Demonstration Project. *Child Welfare*.

[12] First 5 LA, Welcome Baby, http://www.first5la.org/Welcome-Baby

[13] First 5 LA Moves Forward with In-Home Visit Models, http://www.first5la.org/articles/first-5-la-moves-forward-with-in-home-visit-models

[14] First 5 LA Parent-Child Interaction Therapy, http://www.first5la.org/articles/evie-s-desk-introducing-our-new-countywide-initiatives

[15] County of Los Angeles Public Health, http://publichealth.lacounty.gov/mch/nfp/nfp.htm

EBPs. The stakeholder's in Los Angeles County voted to raise that percentage to 65%. These EBPs include **Reflective Parenting Program (RPP**), a ten-week parenting training that focuses on temperament, separation, security, discipline, anger and playing with one's own children; **Child-Parent Psychotherapy (CPP),** a 50-week intervention for children from birth to 5 who have experienced at least one traumatic event, with the goal of restoring the child's sense of safety through the involvement of the parent in the intervention; **Parent-Child Interactive Therapy (PCIT)** in which a therapist observes the parent/child interaction from the other side of a one-way mirror and coaches the parent and helps them make course corrections, practice relationship enhancement and develop discipline skills; and **Incredible Years Parenting Program (IY)** which is used for treatment of child aggressive behavior problems and Attention Deficit Disorder.[16] At-risk families need to know of these programs and how to access them and be part of a continuum of prevention. A referral process and evaluation of these programs based on outcomes for children and families is vital. Programs need to be maintained where they are effective and integrated with other services if needed.

6. **Best Start Initiative -** First 5 LA is implementing the Best Start Initiative currently based on a six-core family value framework (Building Stronger Families).[17] The goal of First 5 is to strengthen families and community support for families. This effort should be an important part of any County discussion or planning for prevention in communities.

7. **Community Development Commission (CDC) and Housing Authority of the County of Los Angeles (HACoLA) -** There are various housing projects underway for emergency housing and permanent and affordable housing funded through a variety of sources including DMH, DCFS, First 5 and others.[18] Many of these efforts are overseen by the CDC.

8. **Imagine L.A.** Undoubtedly, there are many private efforts underway. One worth mentioning is the work the Los Angeles Chamber of Commerce has initiated in the program, Imagine L.A. Faith-based organizations are providing support and mentoring to families who have lost their job or are at-risk of becoming homeless.[19]

The good news here is that some excellent programs have been developed. The bad news is that many of them are individual projects created by county departments or others in response to a particular state or federal funding source they have received. There is no assessment of need or overall county plan which demonstrates integration and coordination of prevention efforts and where individual projects fit into that plan. Some of these projects have no long term-sustainability plan. There is no one overseeing these efforts collectively to ensure that funding is replaced for projects with successful outcomes that lose their funding source. Therefore, we risk losing important programs such as PIDP or Partnership for Parents only to start over again when another source of funding pops up.

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[16] Presentation to Commission for Children and Families, July 8, 2013 by Department of Mental Health, http://file.lacounty.gov/bos/supdocs/78467.pdf

[17] First 5 LA Homeless Children 0-5 Report, http://www.first5la.org/files/PacketCOMMISSION07-12-12.pdf, http://www.first5la.org/files/Item%2002%20Commission%20Minutes%2007-12-12%

[18] Community Develoipment Commission, http://www3.lacdc.org/CDCWebsite/Default.aspx

[19] Los Angeles Area Chmaber of Commerce, http://www.lachamber.com/webpage-directory/news-and-publications/newsandpublications-news/

There have been past efforts to support a countywide prevention plan, including the work done by the Commission for Children and Families and the Prevention Workgroup set up through a Board motion from Supervisor Yaroslavsky and Supervisor Knabe and led by the CEO. These efforts can provide the building blocks for a new countywide effort.

In 2005, the Commission for Children and Families developed a vision of a circular delivery system in which a family at-risk can enter at any point of need and receive an array of services. Public and private, formal and informal services would be made available to move the family to self -sufficiency and the child to a safe permanent home that is nurturing and that has little or no reliance on government services. This system which we named **FC4** (Family+Community+Continnuum of Care) as a partnership to support children and families. It is still an excellent model today.[20]

In 2006, a Prevention Work Group was set up to implement the Yaroslavsky, Knabe Prevention Motion.[21] The Workgroup developed an intricate vision of a child, family, and community, county collaboration for child abuse and neglect prevention. This work provided a good starting point for developing a plan to meet today's needs. The CEO's staff has extensive files on the planning and collaboration envisioned.

RECOMMENDATIONS

1. **Challenge:** Too many families do not receive prevention services and their children suffer from abuse and neglect. County departments are not working together sufficiently to identify families in need of prevention services nor are they referring families to the appropriate programs before any maltreatment occurs.
   Recommended Solution: All County departments must make a commitment and define their role and programs. The county needs to establish a vision and mechanism for collaboration and integration across all of its departments. The county along with the community and community prevention programs needs to form a continuum of care that results in stronger families, safer children, and healthier communities. This will help strengthen families so that fewer families are referred to the welfare system. This requires the following steps:

   - Make prevention a priority.
   - Develop a countywide plan with short and long-term implementation goals.
   - Inventory current programs in all departments touching at-risk children and families.
     - DCFS, DMH, Department of Health Services (DHS), Parks and Recreation, Public Health, Public and Social Services, Sherriff's, Probation, and First 5 LA, Office of Education (LACOE), Public Library, Community and Senior Services, Community Development Commission (CDC) and Housing Authority of the County of Los Angeles (HACoLA)

[20] Commission for Children and Families 2009 Annual Report, http://lachildrenscommission.org/cms1_152664.pdf
[21] Board of Supervisors Statement of Proceedings, February 28, 2006, Motion by Supervisors Zev Yaroslavsky and Don Knabe, http://lacounty.info/bos/sop/supdocs/24036.pdf Report http://lacounty.info/bos/sop/supdocs/24068.pdf Final Action

- Inventory community efforts through the Healthy Cities website, county contractors, private foundations, United Way, 211Information Line.
- Create a plan to develop partnerships with the community, faith-based organizations, non-profit providers, and private foundations aimed at identifying at-risk families in the community and developing services and supports to connect them to.
- Perform an assessment of needed programs in the County departments.
- Identify funding sources for prevention services.
- Support existing programs.
- Establish evaluations that focus on outcomes for children and families,
- Conduct yearly reviews and analyses of programs, funding and outcomes.

2. **Challenge:** There is no centralized, dedicated leadership in bringing together county departments to focus on preventing child abuse.
   Recommended Solution: Appoint a dedicated entity with full authority to organize and oversee the county Prevention Initiative. If necessary, employ a consultant to recommend various structures.

3. **Challenge:** There is no strategy to identify at-risk families before they come into the child welfare system.
   Recommended Solution: Use data mining from currently available lists to identify at-risk families, e.g.:
   - Create a system of differential response for families referred through the hotline and for open cases with unsubstantiated abuse and neglect;
   - Review school district reports of truancy in young families;
   - Review Animal control reports of families where cruelty to animals has been reported;
   - Review Sheriff's reports on family disturbances to identify families that are at risk of entering the child welfare system.
   - Connect with DCFS' pregnant and parenting teens to determine if support services are needed. This recently initiated effort must be continued and expanded in order to break the cycle of families being raised in the foster system generation after generation.

4. **Challenge:** There is no structure ensuring faithful implementation of initiatives that have been launched.
   Recommended Solution: Set Management Appraisal and Performance Plan (MAPP) Goals for department heads specifically related to prevention for at-risk families in collaboration with others. The Board of Supervisors (Board) and Chief Executive Officer (CEO) should hold County departments accountable. In addition, the Board should require semi-annual reports on Prevention from the CEO on the status of implementation and interagency collaborations.

5. **Challenge**: There is no system to identify the costs associated with children entering the foster care and probation systems and no collective outcome studies to see if the current fragmented programs are having positive outcomes.

Recommended Solution: Have the entity appointed for Prevention Coordination or the CEO assess and report cost savings on an annual basis. The report should detail the number of cases entering DCFS broken down by age.

6. **Challenge**: There is no advance fiscal planning or advance programmatic planning. Frequently, we miss opportunities for funding, planning, sustaining, and integrating services, and developing new partnerships because multiyear strategic plans or fiscal plans have already been made.
   Recommended Solution: Identify departments that currently or shortly will be in the process of developing strategic plans, for example DCFS and First 5 LA. Identify departments that are developing fiscal plans for specific funding sources, for example DMH with the MHSA funds and First 5 LA with Prop 10 Funds. Determine how these plans can incorporate prevention for at-risk families.

Conclusion: While we are building resilience in our families and our communities, we must build flexibility into our governance models to achieve higher values at lower cost. Multi-agency, public and private prevention provides that pathway.