

DRAFT



**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://latchildrencommission.org>**

Monday, August 15, 2016

10:00 AM

AUDIO FOR THE ENTIRE MEETING. (16-4105)

Attachments: [AUDIO](#)

Present: Commissioner Genevra Berger, Commissioner Maria Brenes, Commissioner Patricia Curry, Commissioner Wendy Garen, Commissioner John Kim, Vice Chair Jacquelyn McCroskey and Chair Sunny Kang

Absent: Commissioner Carol O. Biondi, Commissioner Candace Cooper, Commissioner Sydney Kamlager, Commissioner Liz Seipel, Commissioner Janet Teague and Vice Chair Wendy B. Smith

I. ADMINISTRATIVE MATTERS

1. Call to Order. (16-3687)

Chair Kang called the meeting to order at 10:09 a.m. and noted a lack of quorum. Commissioner Brenes joined the meeting after the call to order, establishing a quorum of members in attendance.

2. Introduction of meeting attendees. (16-3688)

Members of the public were invited to introduce themselves.

3. Approval of the minutes from the July 18, 2016 meeting. (16-3689)

This item was tabled to allow a quorum of members to be in attendance. After a quorum was established, on motion of Commissioner Garen, seconded by Commissioner Brenes (Commissioners Biondi, Cooper, Kamlager, Seipel, and Vice Chair Smith being absent), this item was approved.

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

4. Chair's Report. (16-3690)

Chair Kang reported the following:

- **Step Up for Kin will be hosting a webinar on Understanding Family Finding, Relative Assessment and Approval, on Wednesday, August 17, 2016, at 10:00 a.m. Commissioners may contact Tamara N. Hunter, Executive Director for more information;**
- **The Commission will be launching a new website in the next couple of weeks; Commissioners are asked to submit pictures for publishing on the website; and**
- **For clarification, the Commission is not entitled to confidential juvenile records; however, updates on practices and policies concerning the Department of Children and Family Services (DCFS) can be provided to the Commission. Philip L. Browning, Director, DCFS, confirmed that an update will be provided regarding allegations made by a member of the public who claims to have experienced repercussions from a social worker for speaking with the Commission.**

5. Report by Philip L. Browning, Director, Department of Children and Family Services. (16-3691)

Philip L. Browning, Director, Department of Children and Family Services (DCFS) reported the following:

- **There was a recent incident featured in the media involving a couple who attempted to cross into Mexico with a dead child in a duffel bag. Recently, there was also a fairly large drug bust involving many gang members. In these and other situations, media reports have indicated that DCFS took possession of the children. This Commission is more aware of such situations than the general public;**
- **DCFS is hosting meetings around the County to provide basic information to relative caregivers, foster parents, Foster Family Agencies (FFAs), and group homes regarding the Continuum of Care Reform (CCR). DCFS continues to receive information from the State Department of Social Services and the State Department of Health Care Services regarding CCR. Elements of CCR will go into effect on January 1, 2017;**

- **There are still questions about the new Short-Term Residential Therapeutic Program (STRTP) component of CCR relating to mental health. The expectation is that STRTPs and FFAs will have to be accredited and have a mental health contract; however, there are some questions regarding this requirement. Some agencies do not currently have mental health contracts and there is a sense of urgency with the Department of Mental Health (DMH) regarding how to go about contracting with agencies;**
- **There is also a great deal of confusion about how CCR will be impacted by Federal legislation, H.R. 5456. California and New York have gone on record about their concerns with H.R. 5456. There have been a series of meetings throughout the country designed to provide more information on the legislation and to determine if California and New York can be convinced to drop their objections. The Board has also gone on record expressing concerns.**

In response to questions posed by the Commission regarding the percentage of agencies currently accredited, Mr. Browning confirmed that it is a small percent. He explained that there is a two-year window in which agencies can be grandfathered in, until 2019. He added that there are several group homes that would never be approved under the new requirements, and some group homes may be merging.

III. PRESENTATIONS

- 6. Quality Parenting Initiative (QPI)**
- **Carole Shauffer, Youth Law Center, Senior Director, Strategic Initiatives**
 - **Cathi Huerta, Youth Law Center, California Coordinator for QPI (16-4020)**

Carole Shauffer, Youth Law Center, presented an overview of the Quality Parenting Initiative (QPI) and reported the following:

- **The idea behind QPI was to focus on the quality of care with the goal of ensuring excellent parenting versus focusing on just the number of out of home placements, permanency and safety for children in the child welfare agency. QPI is grouped by the state with the Continuum of Care Reform (CCR) and Resource Family Approval (RFA);**
- **QPI's position is if quality parenting can be ensured, not only will the children benefit but the number of caring families will increase. Children should have the best parenting possible;**

- **The goal is to increase the number of willing and able families who will be excellent parents and want to improve the lives of children. These goals can be achieved by having a child welfare agency that is committed to supporting excellent parenting;**
- **Our experience is that a committed child welfare agency increases the number of resource families, improves retention and ensures that the families recruited are the ones desired and capable of fulfilling all responsibilities;**
- **One of the reasons there are not enough foster parents/resource families is that the brand “Foster Parent” is corrupted; the brand meaning the collection of thoughts and ideas people have. People do not want to be a “Foster Parent” because their thoughts of this role are negative. The notion of foster parenting is not up to par with other examples of other volunteer opportunities, such as the Peace Corps;**
- **When people think of foster parenting, it connotes negative perceptions, such as:**
 - **Foster parents are going to be a “junior adoptive parent” and not really committed to the child;**
 - **People who are foster parents are only in it for the money and exploit children in their care because they do not have other means of income; and**
 - **Foster parents have an almost martyr like commitment to the children, which is unique and un-relatable to others.**
- **None of these perceptions are effective brands for recruitment; and**
- **QPI has changed the “Foster Parent” brand to reflect a more positive vision in 55 sites, resulting in recruiting and retaining desirable and willing families.**

Cathi Huerta, Youth Law Center, reported the following information:

- **The other brand “Adoptive Parent” evokes more favorable feelings, it reflects the willingness of becoming a parent to a non-biological child and “Foster Parent” needs to evoke similar feelings;**
- **Los Angeles County is beginning brand changes with a regional approach; the first regions are Van Nuys and Compton;**

- **Once the brand has been developed the next phase is implementation; the brand is geared to meet the needs of the County, Region, and families;**
- **Foster families need a different promise, with clear expectations of excellent foster parenting, love and care for children. The brand today is controlled by the L.A. Times, after school special movies, the movie “Precious” and many other factors. Foster parents are also told not to get attached to the children along with a mixture of other messages. The goal is to ensure that children are receiving the best quality of care; clear expectations must be presented and most importantly aligned with the child welfare system.**
- **To achieve these goals we must:**
 - o **Recognize that caregivers are professional partners and not under paid babysitters; not beds or houses;**
 - o **Listen to people who are already doing the work and include their experiences within policies and practices;**
 - o **Listen to the consumers; birth parents, children in care and foster parents;**

Ms. Shauffer added that for Los Angeles County, commitment is needed from all who are impacted.

Ms. Huerta added that large amounts of money are spent on recruitment and advertisement, but that has not guaranteed retention. The best recruiters are caregivers; however, they must believe they are a part of the system to provide the best service. DCFS would take the leadership in implementing QPI and involving all entities to adopt and implement QPI. Training modules funded by the State will be provided.

Ms. Shauffer invited the Commission to attend the 2016 QPI National Conference in Cleveland, Ohio, September 27-28, 2016.

Attachments: [SUPPORTING DOCUMENT](#)

7. Young Children in Care

- Laura Andrade, Ph.D., Department of Children and Family Services, Multidisciplinary Team (MAT), Program Manager
- Richard Cohen, Ph.D., Project ABC, Director (16-4021)

Laura Andrade, Ph.D., DCFS, Multidisciplinary Team, Program Manager and Richard Cohen, Ph.D., Project ABC, Director introduced this item. Dr. Andrade indicated that the Young Children in Care (YCIC) Workgroup started many years ago and due to its impact, it was included as a DCFS strategic plan objective. The YCIC Workgroup is a collaborative effort with CASA of Los Angeles, Vice Chair McCroskey, Project ABC, regional DCFS staff, nurses, and other people that touch the lives of young children.

Dr. Andrade presented the following:

- **The data reviewed is from DCFS' internal data tracking system. The data is reported to the State and indicates the County's status with regard to the Federal child welfare standards. LA County now breaks out outcomes for very young children because we realize that they have very special needs that must be addressed differently;**
- **Dr. Andrade noted that DCFS has a hard time achieving permanency standards for young children due to a number of different variables;**
- **Young children need attuned and loving caregivers in order to develop, grow, learn, and have adequate brain functioning;**
- **The quality and nature of the relationship between young children and caregivers needs to be assessed. For these children, determining child safety is more than just referring to the standard safety manual and looking for bruises. This is an area in which DCFS must train its Children's Social Workers (CSW);**
- **Children, ages zero to one (0-1) are the biggest foster care entry population;**
- **Children under the age of five (5) make up 45% of the entire foster care population;**
- **Of those children under the age of one (1), 26% are African American. Racial disproportionality starts with this population, who tend to remain in the system. They over-represent the general population by seven percent (7%);**

- **Some reasons young children are not in more permanent situations include:**
 - o **The basic payment rate set by the State as of July 1, 2015 for children under the age of five (5) is \$22.00 a day, while the rate for children 15 and older is \$28.00 a day;**
 - o **Many Foster Family Agencies (FFAs) do not have standardized developmental screening and staff have not been trained on development; and**
 - o **Sixty-six percent (66%) of children under the age of five (5) enter foster care due to general neglect allegations. This can be the most damaging category to this population because of brain development and the relationship with an attuned caregiver.**

**The “Still Face” YouTube video, which demonstrates how neglect can impact a child’s socio-emotional development was viewed.
(<https://www.youtube.com/watch?v=apzXGEbZht>)**

Dr. Cohen presented the following:

- **Dr. Cohen indicated that children under the age of one (1) have the highest number of placement changes; the younger the child, the higher the number of placement changes.**
- **Given the importance of relationships to a young child’s development, the first questions we must ask are, How can we maintain this family? What prevention activities and supports can be put in place? If the relationship with a parent can’t be maintained, we must ask, How can we get the child somewhere where they are not going to bounce around; a place where someone is going to develop with them the level of connection, sense of routine, and the day-to-day responses that all kids need?**
- **When a child does not get the responses they need, they will give up trying because it is not going to make any difference. The long term attachment consequences of neglect are significant;**
- **Continuity is also really important because young children need to be screened and assessed for developmental delays that can be recognized by long term caregivers;**

- DCFS is encouraged to continue funding the County 211 program that conducted developmental screenings over the phone. Of 229 children screened through this program, 76% had a high to moderate risk of developmental delays;
- In order to determine if a child has developmental delays, someone has to know the child well enough to be able to respond to the screening; and
- The YCIC Workgroup is working on reducing the number of placement changes, but also sensitizing the CSWs to what it is they are looking for during their visits, in terms of relationships and how the child is doing.

Dr. Andrade presented the following:

- There is a greater demand to look at older, high-risk kids in DCFS. Of the 15 kids listed (in presentation materials) as high-risk, half of them entered the system between the ages of zero to three (0-3). Eighty percent (80%) of brain development happens between the ages of 0-3 and 90% happens from zero to five (0-5);
- During Fiscal Year 2013-14, almost one (1) in 10 kids who aged out of foster care first entered by age three (3); and 12.3% entered by their fifth (5th) birthday. DCFS is raising one (1) in four (4) of every child that enters foster care; and
- Children at age 16-17 do not have permanent connections because they go through multiple placements and CSWs; they experience disrupted attachments over and over. They do not know how to deal with people or follow rules because they were raised in the system.

Another YouTube video that demonstrated a child's positive reaction to an attuned relationship was shared.

(<https://www.youtube.com/watch?v=TU0f8a3Cizo>).

- Dr. Cohen indicated that the implications of what we think children will remember, what they know, and what they respond to is huge. When

working with YCIC Champions in the DCFS offices, they are talking about what this means on a child by child basis; people then start thinking how do they change practice? What can they do about this? And what is their job?

- **Dr. Cohen stated that the YCIC Workgroup does not tell people how to change practice, but helps people figure out how they are going to change practice, and helps drive people to the YCIC Champions in the office.**

Dr. Andrade presented the following:

- **The YCIC Workgroup is trying to figure out best practices for DCFS at a systems level for this population;**
- **The first huge gap identified was the need for training. Many CSWs are very young and do not have a lot of exposure to young children. They do not have a lot of experience with the developmental milestones and what the red flags are for young children;**
- **The Service Employees International Union agreed to endorse mandatory training for all CSWs. The DCFS Executive Team is working on rolling out the training in early 2017 to train all CSWs and support staff. In addition, the training will be open to other collaborators in the community, so there will be similar language when talking about the needs of young children;**
- **The YCIC Workgroup strongly supports young children receiving standardized and validated developmental screenings; not check lists for each child ages zero to five (0-5). There needs to be a set of standardized measures that can be compare to other children that are the same age, ethnicity, etc.;**
- **The Office of National Pediatrics recommends developmental screenings at 9, 18, and 24-36 months. This is not happening currently. Standardized screenings are currently being conducted for newly detained children, but not for non-detained children. There needs to be more collaboration to ensure that kids gets standardized screenings regularly;**
- **The development of YCIC Office Champions includes developing expertise and resources in all DCFS offices. Non-case carrying staff in the regional offices will also receive specialized training around this population and support the CSWs with their specific case work;**

- **Cases and children are discussed in the Champions Workgroup. Department of Mental Health (DMH), Regional Center, and community-based providers voluntarily participate in the YCIC Workgroup;**
- **Best practice protocol includes referring all children ages zero to five (0-5) to an Early Child Education program. Research has shown this to be a very strong protective factor;**
- **We are exploring and expanding resources at the SPA level. Staff in the regional offices are made the leads so they are starting to engage community providers to bring resources to DCFS on a voluntary basis;**
- **Child and Family Teams are a great opportunity to talk about the developmental needs of young children;**
- **We need to see if all the work that is happening is going to change our outcomes by data tracking; and**
- **The concept of safety for this population is more focused on the relationship.**

Dr. Cohen shared how CSWs and DMH came together to make recommendations on a case presented at a meeting held in the Compton office. He expressed that these workgroups have become a learning collaboratives because there are experts in various areas, such as occupational therapy, early intervention, and nursing, coming from different perspectives to talk about one child's specific needs, while using a common language.

Vice Chair McCroskey added that the Commission had a role in the development of the YCIC Workgroup by insisting that people focus on young children, and she was recruited early on to help get the conversation started.

In response to questions posed by the Commission, Dr. Cohen confirmed that 30% of 13,000 kids are at the highest risk for developmental delays. Mr. Cohen added that they have been working on ensuring that California and the County are meeting the requirements of the Child Abuse Prevention and Treatment Act and stated that the problem is with coordination; Federal law does not indicate who is responsible for that.

A large percentage of children under age five (5) are placed in FFAs. Current FFA contracts do not require the agencies to conduct developmental screenings.

Dr. Andrade stated that detained children go through a Multidisciplinary Assessment Team (MAT) process, where community-based agencies perform a comprehensive psycho-social assessment of the child's needs as they enter foster care. Detained children are covered for screenings at least once a year and will have ongoing screenings if the child has needs. The issue lies with non-detained children; they have the same needs as detained children, but have fewer resources.

Vice Chair McCroskey stated that the remedy to developmental delays is within the family; the relationship is the remedy. It is important to have screenings that can lead to thorough assessments. She added that if you do not have a family who is willing to work on that relationship with the child, then we do not have a remedy.

Chair Kang stated this presentation was eye opening and enlightening. The Commission would like Dr. Andrade and Dr. Cohen to return and engage in further conversation on what can be done differently support prevention in earlier stages.

Attachments: [SUPPORTING DOCUMENT](#)

IV. MISCELLANEOUS

- 8.** Opportunity for members of the public to address the Commission on item(s) of interest that are within the jurisdiction of the Commission. (16-3692)

No member of the public addressed the Commission.

9. 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. (16-3693)

There were no matters presented.

10. Adjournment. (16-3694)

The meeting adjourned at 11:59 a.m.