

Wellness Committee
Report to the Commission for Children and Families
January 9, 2012

This Committee was convened in 2007. Though our primary focus was regarding childhood obesity, we had in mind the need to promote child well-being. Child well-being is addressed in AB 636: Child Welfare System Improvement and Accountability Act of 2001. A primary outcome for CWS focus is on how effectively the developmental, behavioral, cultural and physical needs of children are met. Child Welfare Outcomes regarding well-being include:

- Wellbeing 1
Families have enhanced capacity to provide the their children's need
- Well-being 2
Children receive services appropriate to their educational needs
- Well-being 3
Children receive services adequate to their physical, emotional and mental health needs.

Dr. Sanders also provided the Commission with the document from the US Department of Health and Human Services Administration for Children and Families, Promoting Social and Emotional well-Being by Facilitating Healing and Recovery—The Critical Interplay of Relationships and Brain Development.

Traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody, in conjunction with a criminal justice orientation. In contrast, when viewed through a child development lens, the abuse or neglect of young children should be evaluated and treated as a matter of child health and development within the context of a family relationship crisis, which requires sophisticated expertise in both early childhood and adult mental health.

We have worked diligently to address the issue of childhood obesity. As a result of our efforts, the Board of Supervisors adopted a policy on nutrition and physical activity in December 2009. At our last meeting we asked the CEO the status of this policy.

Rogelio Tapia from the CEO did forward to the Committee the follow-up survey that will be sent to the various departments covered by this policy. The survey currently is a draft. We welcome your thoughts regarding this survey and would appreciate your comments by January 12, 2012.

One of the other issues the Committee has addressed is the menus served at the Juvenile Halls and Camps. Stephanie Sasnauskas, the Probation Department dietician who has worked with us, provided the following update. She is responsible for the kitchens, establishing the menus and specialized medical diets.

Recently there was a Plate Waste Study. Commissioner Franzen had asked about waste of food at our last meeting. Stephanie and the Department of Public Health conducted the survey. These surveys are conducted once or twice each year. The findings indicate that 95% of the food is being eaten. The revised menus include fruits and vegetables. However, youth indicated that they only like to eat salads if it has dressing. Many youth are asking for more food.

Since Stephanie is unable to access a youth's medical records to see if there are medical problems that might indicate a need for a special diet or even if the BMI has been determined. It is Stephanie's opinion that visually 80% of the youth look to be overweight or obese. Interview with some of the youth indicate that prior to being detained, they would eat all day long. Stephanie indicates that it would be helpful to have access to medical records since she would be able to make better recommendations regarding specific menus.

At the Hall or Camp, meals and snacks are more structured. Nutritional standards are being met and are exceeded. Menus will change even more. Contractors are now working with Stephanie. More money has been secured to provide contractors with more money to include more fresh or frozen vegetables rather than canned vegetables.

The third issue we have addressed is Asthma. Several reports have been completed regarding the detrimental affects of second hand smoke for children and especially children with asthma. In January 2008, the bill authored by Senator Jenny Oropeza became law. This law prohibits smoking in cars with children under the age of 17. In May 2011, we met with Dr. Sophy regarding having a policy to ensure that children with Asthma are not placed in homes that they would be exposed to second hand smoke. He indicated that it was a good idea and was

doable for children with Asthma who have been designated as F-Rate. Dr. Sophy did indicate that one problem to include all children is the lack of foster care homes.

The communication we received from the Office of the Medical Director regarding the status of the proposed policy indicates that “DCFS’ current policy (Specialized Care Increment (SCI) F-Rate) makes the statement as follows: It is important that children with asthma live in smoke free homes.

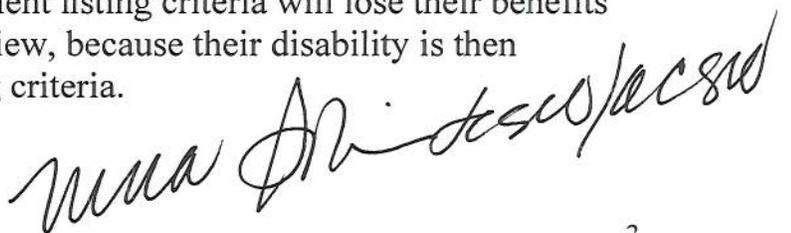
It is the opinion of the Committee that there should be a policy and that it be monitored to ensure that children are not exposed to second hand smoke.

The last issue we have addressed is with respect to the implementation of AB 1331 that mandates counties to complete SSI applications for youth 16.5 to 17.5 years of age. This law was passed to ensure that there would be a safety net for youth aging out of the system.

The Department has indicated that the “Revenue Enhancement Division is the point for the SSI applications. The Division’s staff are experts in addressing all eligibility tasks and activities for DCFS children and youth...” “The process of applying for SSI for DCFS children and youth is a partnership between the Revenue Enhancement Division and the services/program staff such that the latter staff are assigned to complete the appropriate screening and facilitate the submission of the required documents.”

The department uses the Procedural Guide on SSI applications. We will be asking to meet with Revenue Enhancement regarding the SSI application process. Our review of the SSI Disability Screening Guide is that it is basically a checklist and does not address the specificity required by SSA. Social Security makes its decision based on all of the medical, school and other information they receive. We also reviewed Training Resource on AB 1331: Accessing SSI to Improve the Transition for Foster Youth with Disabilities—Trainee’s Guide for Child Welfare Workers, Supervisors and Managers.

It is important to ensure that objective medical information is included to support the application process with functional capacity of the youth. In addition, we will be inquiring how many youth who receive SSI benefits and are receiving these benefits based on the children’s impairment listing criteria will lose their benefits during their age 18 re-determination review, because their disability is then evaluated under adult impairment listing criteria.

A handwritten signature in black ink, appearing to read "MMA Dr. Joseph", is written over the bottom right portion of the text.



Los Angeles County
Chief Executive Office and
Commission for Children and Families

Child Wellness Policy Survey

The Chief Executive Office and the Commission for Children and Families is evaluating the progress of the implementation of the Child Wellness Policy. In December 2009 the Board approved this Policy requiring the subject departments to promote child nutrition and physical activity.

The following questions are intended to assess the County's progress. Please provide information on your department's efforts to date.

1. Describe the actions taken to make nutrition and physical activity information available on departmental website(s) for parents, caregivers, and staff.
2. Describe the actions taken to include nutrition and physical activity information in training and program curriculum. This applies to departments interacting directly with parents and caregivers.
3. Describe the actions taken to utilize nutrition and physical activity guidelines (CDCP, American Academy of Pediatrics) in child care, group home, foster family contracts, and services or programs provided to children.



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4. Describe the actions taken to follow State nutrition standards for meals. This applies to departments providing residential services and serving meals during the school day for school-aged children.
5. Describe the actions taken to make information available on the importance of breastfeeding and breast milk. This applies to departments with County health clinics and hospitals and prenatal/pediatric services.
6. Describe the actions taken to accommodate breastfeeding and/or use of breast milk in contracted settings as well as parole, probation, and foster care settings.



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7. Describe any operational challenges in the implementation of the Policy. Note any substantial changes to contracting procedures, staffing, costs, etc.

8. Describe the impact the Policy has made to your department's prior, earlier efforts to improve nutrition and physical activity. Has the Policy been beneficial in strengthening or coordinating those earlier efforts?

9. Describe any performance measures or outcomes your department utilizes to assess the impact of nutrition or physical activity programs.



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WILLIAM T FUJIOKA
Chief Executive Officer

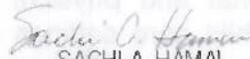
ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

December 1, 2009

15 DECEMBER 1, 2009

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012


SACHA A. HAMAI
EXECUTIVE OFFICER

Board of Supervisors

GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

REQUEST TO APPROVE A CHILD WELLNESS POLICY FOR LOS ANGELES COUNTY (ALL DISTRICTS) (3 VOTES)

SUBJECT

This recommendation is for approval of the Child Wellness Policy for Los Angeles County to provide a mechanism for enhancing the provision of current age-appropriate nutrition and physical activity information to parents, caregivers, and staff; ensures that current age-appropriate nutritional and physical activity guidelines for children both in out-of-home care and in child care settings are promoted and adhered to; and provides opportunities for public education and training.

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and adopt the attached Child Wellness Policy for Los Angeles County, effective December 1, 2009, or upon Board approval whichever is later, which includes a mechanism for enhancing the provision of current age-appropriate nutrition and physical activity information to parents, caregivers, and staff; ensures that nutritional and physical activity guidelines for children both in out-of-home care and in child care settings are adhered to; and provides opportunities for public education and training. There is no net County cost (NCC) associated with this recommendation.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

On April 14, 2009, on motion of Supervisor Don Knabe, the Board instructed the Chief Executive Office (CEO) to convene a child wellness workgroup, comprised of the Departments of Public Health (DPH), Children and Family Services (DCFS), Probation, Health Services, Mental Health, Parks and Recreation (Parks), and the Los Angeles County Office of Education (LACOE), as well-as the Commission for Children and

The Honorable Board of Supervisors
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Families, the Education Coordinating Council, First 5 LA, the Child Care Policy Roundtable, the Children's Council of Los Angeles County (Council), the Association of Community Human Service Agencies and the Juvenile Court, to develop a Child Wellness Policy for Los Angeles County that includes a mechanism for enhancing the provision of current nutrition and physical activity information to parents, caregivers, and staff, ensures that nutritional and physical activity guidelines for children both in out-of-home care and in child care settings are promoted and adhered to, provides opportunities for public education and training, and addresses issues involving the use of psychotropic medications that cause obesity in children, and report back in 120 days. The motion was amended to also include the Public Defender and Commission on Nutrition. The purpose of this report is to present the Child Wellness Policy for Los Angeles County and recommend its approval by your Board.

On November 19, 2009, as required by your Board, the proposed Child Wellness Policy for Los Angeles County was presented to and approved by the County's Audit Committee.

FISCAL IMPACT/FINANCING

There is no NCC impact associated with implementation of this recommendation.

FACTS AND PROVISIONAL/LEGAL REQUIREMENTS

The CEO convened a child wellness working group comprised of the aforementioned departments and agencies to develop the attached policy. During this process, we found that there are several efforts currently underway to address child wellness in the areas of nutrition and physical activity throughout the County that are consistent with the intent of your Board's instructions. Some of them include:

DPH

In partnership with California Food Policy Advocates, DPH is developing a pilot to evaluate promising strategies for improving nutrition and physical activity in licensed child care programs that participate in the federally-funded Child and Adult Care Food Program. This effort will target licensed providers of child care for the birth-to-five years of age population and utilize nutrition and physical activity guidelines that have been established as best practices.

PARKS

In 2003, Parks established a "healthy parks" element by incorporating physical activity and healthy nutritional elements into all programs wherever appropriate. Furthermore, Parks has been partnering with other County departments, agencies, and community-based organizations to provide a wide range of nutrition and physical education classes, health services provided by mobile health care providers, and active or passive recreation programs. In recent years, newly installed outdoor fitness zones to encourage exercise have become available at various local County parks.

As an effort to promote services benefiting health and wellness, the Play for Life campaign was created. The campaign's message encourages youth, teens, families, and seniors to be active at one of the County's park facilities by participating in the various activities or programs offered. The Play for Life campaign has included buttons with catchy phrases, bookmarks, pole banners, and colorful posters.

FIRST 5

First 5 LA has implemented the following programs: Best Start LA Baby-Friendly Hospital Project, Best Start LA Welcome, Baby! Program, Sesame Street Healthy Habits for Life Resource Kit Pilot Study, Healthy Kids, Women, Infants, and Children Early Intervention Dental Project, Dental Home Project, Oral Health Community Development. Additionally, one of the three priority areas of the Community Opportunities Fund includes good health (nutrition, physical activity, and oral health).

LACOE

LACOE demonstrated its commitment to student and employee wellness by adopting a Wellness Policy and Regulations in August 2006. The policy and regulations were based upon the Coordinated School Health Model that is endorsed by the Centers for Disease Control and Prevention (CDCP). The policy and regulations address eight components: nutrition services, health/nutrition education, physical education and physical activity, health services, mental health/counseling services, safe and healthy school environment, parent and community involvement, and employee wellness.

Training

This wellness policy also includes requirements for all County departments to have current age-appropriate nutrition and physical activity information available for parents, caregivers and staff on departmental internet websites. Additionally, those departments that interact directly with parents and caregivers shall ensure that age-appropriate

nutrition and physical activity information are included in all training and program curriculum.

Adherence to Current Age-Appropriate Nutritional and Physical Activity Guidelines

All County child care, group home and foster family agency contracts and other contracts, services or programs provided to children shall include language to ensure that all departments, contractors, caregivers and community partners use the most current age-appropriate nutritional and physical activity guidelines recommended by the Centers for Disease Control and Prevention (noting special needs for pregnant and breastfeeding women) and the American Academy of Pediatrics, and shall include contract monitoring processes to ensure compliance with these guidelines.

Use of Psychotropic Medications

Under the County's current guidelines, use of psychotropic medications to meet the health, mental health and emotional needs of children shall be addressed with thoughtful care by the primary care physician or psychiatrist. Evaluation and follow-up protocols, as implemented by the Juvenile Court and DCFS on March 1, 2009, include discussion of indications for use, frequency of dosage changes, potential complications/side effects, cautions and appropriate medical work-up. As indicated, follow-up also includes monitoring child/youth's height and weight. Laboratory tests shall be obtained as recommended by the practice parameters of the American Academy of Child and Adolescent Psychiatry and general physical evaluations shall be done at intervals recommended by the Child Health and Disability Prevention Program periodicity table or by the child's medical provider.

CONTRACTING PROCESS

Not Applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The County is charged with the health and well-being of the children under its care. The proposed Child Wellness Policy for Los Angeles County will enhance our efforts in this area. Additionally, we believe the use of Neighborhood Councils to disseminate nutrition and physical activity information will help mobilize the community to assist the County in its efforts to improve healthy lifestyles.

Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL



CONCLUSION

Approve the attached Child Wellness Policy for Los Angeles County and instruct all County departments to adhere to the provisions therein.

Respectfully submitted,

for Sari Sheehan
WILLIAM T FUJIOKA
Chief Executive Officer

WTF:JW
BM:cvb

Attachment

- c: Executive Officer, Board of Supervisors
- County Counsel
- Association of Community Human Services Agencies
- Child Care Policy Roundtable
- Children and Family Services
- Children's Council of Los Angeles County
- Commission for Children and Families
- Education Coordinating Council
- First 5 LA
- Health Services
- Juvenile Court
- Los Angeles County Office of Education
- Mental Health
- Parks and Recreation
- Probation Department
- Public Health

Child Wellness Policy.bl



Los Angeles County
BOARD OF SUPERVISORS POLICY MANUAL

Policy #:	Title:	Effective Date:
3.116	LOS ANGELES COUNTY CHILD WELLNESS POLICY	12/01/09

PURPOSE

The purpose of this policy is to provide a mechanism for enhancing the provision of current nutrition and physical activity information to parents, caregivers, and staff; ensure that nutritional and physical activity guidelines for children both in out-of-home care and in child care settings are promoted and adhered to; and provide opportunities for public education and training.

REFERENCE

Department of Public Health; Los Angeles County Office of Education Wellness Policy and Regulations; First 5 LA Preventing Childhood Overweight Study (WIC); Best Start LA Baby-Friendly Hospital Project; Best Start LA – Welcome, Baby! Program; Centers for Disease and Control and Prevention Nutritional Guidelines; American Academy of Pediatrics; Nutritional and Physical Activity Guidelines for Licensed Child Care Providers; and Title 15 Article 9. Food Section 1461 Minimum Diet.

POLICY

The Los Angeles County Board of Supervisors (Board) recognizes the important contributions nutrition and physical activity make toward a child's ability to grow up healthy and thrive as an adult. The Board is committed to providing children, including those in out-of-home care, with knowledge, information, and an environment that fosters appropriate nutritional choices and participation in appropriate physical activity.

All County Departments shall have access to current age-appropriate nutrition and physical activity information available for parents, caregivers and staff on departmental internet websites. Those departments that interact directly with parents and caregivers shall ensure that age-appropriate nutrition and physical activity information are included in all training and program curriculum.

All County child care, group home and foster family agency contracts and other contracts, services or programs provided to children shall include language to ensure that all Departments, contractors, caregivers and community partners use the most current age-appropriate nutritional and physical activity guidelines recommended by the Centers for Disease Control and Prevention (noting special needs for pregnant and breastfeeding women) and the American Academy of Pediatrics, and shall include contract monitoring processes to ensure compliance with these guidelines.

All County Departments that provide residential services for school-aged children and serve meals during the school day shall follow the California Education Code governing nutritional standards for foods and beverages available to students: Education Code 49430, 49431, and 49431.2, as added by SB12 (Ch. 235, Statutes of 2005), and 49565-49565.8, as added by SB281 (Ch. 236, Statutes of 2005).

Information regarding the importance of breastfeeding and use of breast milk for infants shall be made available through County health clinics and hospitals, prenatal and pediatric services. Breastfeeding and/or the use of breast milk shall be accommodated in contracted early care and education (child care) settings as well as parole, probation and foster care settings.

RESPONSIBLE DEPARTMENTS

Chief Executive Office; Department of Public Health; Department of Children and Family Services; Department of Health Services; Department of Mental Health; Department of Parks and Recreation; and Probation Department.

DATE ISSUED/SUNSET DATE

Issue Date: December 1, 2009

Sunset Date: November 30, 2014

