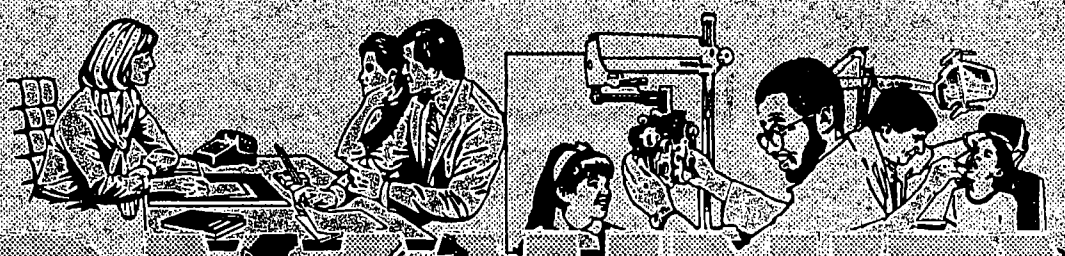
CHILD WELFARE
California



COMMUNITY COMMUNITY COMMUNITY PLAN

for

FAMILY PRESERVATION IN LOS ANGELES COUNTY

JUNE 1992

Commission for Children's Services
John Saunders, Chair

Family Preservation Services Committee
Nancy Daly, Chair

ACKNOWLEDGMENTS

We would like to thank the child advocate representatives from the various communities, the State Department of Social Services and the Los Angeles County Board of Supervisors for their support of a vision that promises a better way to service children and their families. A special debt of gratitude is owed to Vivian Weinstein, Alex Morales, Jacqueline McCroskey and Michael Olenick, representatives of the private sector, who utilized their many skills to guide various work groups in writing the chapters of this plan.

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The Commission for Children's Services

SPECIAL ACKNOWLEDGMENT

The charge that was presented to the Family Preservation Services Committee was monumental. To move the broad-based group toward accomplishment of its task, Nancy Daly, a member of the Commission for Children's Services, was selected as the chairperson for the Committee.

It was through Nancy Daly's capable and enthusiastic leadership that the work of the Committee was begun and ultimately accomplished.

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COMMUNITY PLAN
FOR
FAMILY PRESERVATION IN LOS ANGELES COUNTY

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INTRODUCTION

Family Preservation

"What we have found and detail in this report is a national disgrace - a pattern of institutional abuse and neglect of our most vulnerable children that cannot wait one more day for correction. The daily plight of these children, often left family-less, makes a mockery of our professed belief in family, our concern for our young, and for the cost-effective use of taxpayers' money.

Remedies to help this group must be comprehensive. They must involve all levels of government and address all the systems having responsibility for these children -- child welfare, juvenile justice, mental health, mental retardation and special education."

"At local and state levels there is much to be done as well. Advocates and citizens must seek a redirection of those policies and practices which result in children being victimized by public neglect. They must work to see that services are strengthened, that reviews are meaningful, and that meeting the needs of this group of children becomes a political priority."

Marian Wright Edelman
Director, Children's Defense Fund 1978 Report -
Children Without Homes - An Examination of Public Responsibility to Children in Out-of-Home Care

Los Angeles County, with the help of a broad-based Family Preservation Services Committee, has designed a unique Family Preservation Plan. This Plan is presented to the communities of the greater Los Angeles area in the spirit of Marian Wright Edelman's call for action. It is a commitment by Los Angeles County to preserve family life by identifying goals and principles of family preservation and then implementing them; strengthening basic and essential community supports; breaking down barriers to interagency coordination; fundamentally restructuring the service delivery system to integrate family preservation within the child welfare services program and bringing a broad array of resources together to combat the devastating impact on families of substance abuse, poverty, racism, ignorance and violence.

Recognizing the need for a comprehensive family preservation program for the families and children of Los Angeles County, the Board of Supervisors passed the following motion on November 12, 1991:

BOARD OF SUPERVISOR'S MOTION:

"Recommendation as submitted by Supervisor Edelman:

Renew a commitment to family preservation in Los Angeles County and instruct the Chief Probation Officer, the Directors of Mental Health, Health Services and Public Social Services to work with the leadership of the Commission for Children's Services and the Director of Children's Services, in collaboration with the County Child Care Coordinator, Superior Court, Office of Education, local school districts, universities, labor, child advocacy organizations, voluntary child welfare agencies and parent and community groups, on the final planning and implementation efforts for the "Plan for Family Preservation Services in Los Angeles County;" and commend the efforts of the Commission for Children's Services on this important issue."

The Family Preservation Services Committee

On July 2, 1991, the Commission for Children's Services initiated a broad-based planning process for family preservation in the County. Invited to participate in this process were over 50 representatives from public human services agencies, private child welfare agencies, child advocates, community activists, churches, cultural interests, universities, public schools and courts.

The Commission charged the Family Preservation Services Committee to develop planning concepts for the delivery of family preservation services in Los Angeles County which will:

1) build a community consensus among Los Angeles child advocates and family services professionals around effective service delivery models for family preservation in the County;

2) serve as the substance for any grant proposals for private funding to support public/private collaborative planning and service delivery efforts;

3) serve as the required "comprehensive family preservation plan" to the State Department of Social Services under proposed Section 16500.55 of the Welfare and Institutions Code; and

4) provide a blueprint for the Department of Children's Services in moving forward with an organizational structure, policy framework and system of resource management which 1) best serves the needs of children and families in the County and 2) is acceptable to the community.

The Work of the Committee

The work of the Committee evolved in two stages. During the first stage, the Committee assessed the need for a family preservation approach; developed a definition of family preservation; identified key principles and program characteristics of successful models from across the nation; established program goals; and designed an overall comprehensive, community-based framework for strengthening and preserving families in Los Angeles County, of which the family preservation approach is a piece.

The second stage involves identifying priority communities; designing the service delivery system; developing the Requests for Proposals (RFP) for Community Family Preservation Networks; providing technical assistance to assist non-traditional community organizations to prepare for the RFP and reviewing the proposals which seek certification as a community family preservation network.

Overview of Recommendations

The Committee recommends that community-based networks of community leadership and service agencies be organized throughout Los Angeles County. Organizing efforts should be prioritized based on geographic areas of highest need, in order to construct a system of family preservation service delivery consistent with the definition, goals and principles asserted in this Plan.

These community family preservation networks should be recognized and funded in order to meet the needs of at risk children and families who, without support from their community, would be likely candidates for public foster care, educational, mental health or probation placement or other alternative residential care.

CHAPTER I

THE CASE FOR INVESTING EARLIER IN FAMILIES

A Snapshot of Childhood in Los Angeles

In 1990, Los Angeles County was home to over 2.3 million children, of whom approximately 50 percent were Latino, 27 percent were Anglo, 11 percent were African-American and 11 percent were Asian or of other descent. More than one-quarter (28 percent) of these children dropped out of school; nearly one-fifth (18 percent) lived in extreme poverty (up 21 percent since 1980); and one-tenth (10 percent) were living on the streets with their families. In fact, families with children accounted for 40 percent of the homeless in 1990. A continued look at the condition of children in our County reflects that nearly 10 of every 1,000 babies born in 1989 did not make it to their first birthday; more than 1,300 infants born in County hospitals were born drug-exposed in 1990; the number of births to unmarried teens grew 22 percent between 1986 and 1989, even though the number of girls aged 15-19 in Los Angeles County declined during those years and violent crimes rose 16 percent between 1985 and 1989 in Los Angeles County, which has the highest crime rate in the State.

Parental substance abuse, crime, homelessness, poverty, and inadequate health care, among other factors, have seriously undermined the ability of families to provide a safe, secure and nurturing living environment for their children. Instead, these conditions have increased the risks of abuse, neglect and exploitation of children; contributed to emotional disturbance, juvenile delinquency and runaway behavior among youth; and resulted in a steady increase in recent years in the number of referrals to public and private agencies that serve children and families and in the number of children placed outside their homes for their protection and healthy development.

The Department of Children's Services, for example, received 108,088 referrals for abuse and neglect in 1990, up 36 percent from 1985. At least 80 percent of these cases involved parental substance abuse, including an average of 200 drug-exposed babies reported each month. Over 33,000 children were in out-of-home care in 1990, up nearly 80 percent since 1985. Costs for that care rose over 90 percent to $265.5 million.

In 1988, the **Department of Mental Health (DMH)** defined the DMH priority target population as children who have severe mental disorders which cause significant dysfunction in self care, family, or school and who are high risk of or require hospitalization or out-of-home placement.

The DMH served 16,000 children under eighteen years of age in fiscal year 1990-91. They estimates that twenty-seven (27) percent of the children served were in out-of-home placement in contrast to five years earlier when only four (4) percent of the 17,500 children served were in out-of-home placement. This dramatic change reflects the commitment of the DMH to serve the children who are a public responsibility and to work cooperatively with the DCS and Probation.

The DMH also places children out of home who are eligible for mental health services through the education law. The DMH has about two hundred and fifty children in placement at any one time and approximately fifty of those are placed out of State. The DMH gatekeeps these placements and attempts to avoid placement when possible, however placement becomes mandatory when designated on the school district's Individual Education Plan.

Many parents employ advocates to insure that their children secure the (more expensive or out of State) out-of-home placements of their choice. The costs for the DMH out-of-home program come from the AFDC budget and the costs rose from over five (5) million dollars in 1989-90 to over six (6) million in 1990-91. The number of children placed out-of-home rose slightly but the number of actual days dropped slightly. The costs per bed month rose by about twenty-four (24) percent during the year due to increases in group home rates.

The DMH and DCS also have a collaborative Voluntary Program to place children in psychiatric hospitals who require placement in order to free the higher cost psychiatric beds for other interagency children. DCS and DMH gatekeep and monitor this program. About twelve (12) children are in this program at any time, although twenty-five (25) slots are allocated. An intensive in-home program at the time of discharge from the psychiatric hospital may avoid placement or reduce the required placement time.

The **Probation Department** served over 20,000 minors in 1991. Of that total, 1,300 were status offenders (e.g., runaways, incorrigibles); 15,000 were minors supervised in their home. The twenty (20) Probation Department camps averaged a monthly population of 2,000; the three juvenile halls averaged a total population of 1,900 per month. During 1990, the Probation Department supervised approximately 1,100 children in out-of-home placement. Approximately 1,000 of those children were eligible for AFDC-foster care payments at a total annualized expenditure of approximately $30 million.

These children, most between the ages of 14 and 17 years, have incurred a wide range of sustained criminal charges and are most typically ordered by the Court into out-of-home placement because of their needs for psychological counseling and more effective parenting and supervision than they are receiving in their own homes. Their families suffer the full range of problems and dysfunctions as do the families of abused and neglected children. Frequently, Probation children or their siblings have been adjudicated as dependents.

Unknown numbers of families, children and youth received services from the over 1,100 not-for-profit children's services agencies in Los Angeles County. Some of these agencies provide services to families and children under contracts with the Departments of Children's Services, Mental Health and Probation, but many others offer a range of preventive and treatment services funded by charitable and community dollars. These agencies must be brought into a collaborative network of services to assure maximum benefits for families and their children.

Alarming Signs in Child Welfare

There are a number of alarming signs in child welfare which are contributing to the increased numbers and rate of out-of-home placements in Los Angeles County. These problems are of great concern to many public policymakers and community leaders who know that the treatment our children receive today lays the groundwork for the type of society which will carry Los Angeles into the twenty-first century.

1. Children are entering various systems of care younger, more disturbed and from more dysfunctional families.

No matter which agency one looks at, the children entering its doors are typically younger, more disturbed and from more dysfunctional families. Not only are they entering out-of-home care at earlier ages, but they are staying longer. In fact, our institutional systems are emerging as long-term parent substitutes -- custodians who often fail to provide the permanency which children so desperately need for their healthy development. To highlight this point, of the 33,000 children now supervised in out-of-home care in the Department of Children's Services, 57% are in Permanent Placement caseloads.

2. Children of color are disproportionately represented in out-of-home care.

A disproportionate number of children entering foster care, mental health and juvenile delinquency settings are children of color. For instance, while only 11 percent of the

children in this County are African American, they represent 44 percent (nearly half) of the children in foster care.

Factors such as community and cultural insensitivity on the part of the mainstream child welfare system certainly contribute to numbers so grossly out of sync with the County at large.

3. The lack of basic family supports and community-based services also contributes to increases in out-of-home placement.

Increases in out-of-home care can also be attributed to a lack of basic supports for families, such as adequate housing, health insurance and prenatal care. Community-based services, particularly early intervention services and in-home support services, are also scarce. Statewide, for every $10 spent to maintain a child in an out-of-home placement, only $1 is spent to prevent such placement (CWDA, 1990). Many parents are simply not able to get the in-home support services and parent education they need to function effectively in an increasingly stressful world.

The DMH community-based services, including clinic operated day treatment programs and outpatient services as well as co-located outpatient services at school sites, help maintain children at home who would otherwise be placed out-of-home. However, the DMH does place a small number of children based on the education law, when this might be avoided if a structured in-home intensive case management program were available for a period of time in addition to specialized school and other mental health services.

In the homeless and runaway youth arena, runaway shelters in the County, which have only 45 beds, served about 2,000 runaway youth in 1990, while another 1,945 children had to be turned away due to lack of space. At least three times as many runaways did not even request help.

4. Existing community services are uncoordinated, inaccessible and unevaluated.

More often than not, children and their families have needs that cross traditional agency boundaries. Yet, those services which do exist are often uncoordinated, inaccessible, and unevaluated. A 1991 report by the Los Angeles Roundtable for Children concluded that, "For the $9 billion spent on services for children, there is no overall planning of these services, no coordinated goal setting, no systemwide monitoring of fiscal or administrative efficiency, and no assessment of effectiveness for families and children." The report further found "profound inequalities in access to

both public and not-for-profit services for many agencies, they are unequally distributed, difficult for clients to identify and inaccessible to families in many parts of the County." When services are found to work, often they are available only as "pilots," or in pockets of the community.

5. Costs for care are rising due to fiscal incentives which favor the most restrictive and most costly types of care.

Fiscal incentives at the state and federal level have also led to an increase in out-of-home placements. In child welfare, for instance, Title IV-E of the Social Security Act (SSA), a federal program which provides matching funds for foster care expenses, is an open-ended entitlement. Every child who is removed from his or her home will receive federal matching funds to support that placement. In federal FY 1990, $1.2 billion was spent on Title IV-E placement. By contrast, Title IV-B of the SSA, which supports child welfare services designed to prevent placement, is a capped, limited amount of money which must be appropriated by Congress each year. In federal FY 1990, only $276 million was spent on IV-B services, its highest level ever.

Similarly, health insurance (both private and public) tends to favor the most restrictive, most expensive and often least appropriate types of mental health care for children. As a result, children are often placed out of their homes even when community-based, less intensive services would have been more appropriate.

This is extremely costly. In Los Angeles County, the child welfare, mental health, probation and school systems spend over $400 million annually for foster care and residential care. Unless we invest in creative strategies to keep families together, and serve more children within their own communities, it is estimated that by 1994, these costs will nearly double to $800 million.

6. Out-of-home care is not necessarily more effective in the healthy development for most children.

In addition to being more costly, foster care, in-patient mental health care and juvenile justice facilities are usually not more effective than community-based care. Rather, studies show that for most youth, community-based care is just as effective, and may be even more effective, than out-of-home care, since it treats the child within his or her natural environment and support systems, such as school, family and friends. Similarly, research demonstrates that when families can be helped to care for their children more effectively, children are better off with their families than in alternative settings.

Services designed to preserve the family have been shown to reduce child abuse, improve family functioning, and prevent more costly out-of-home care in the child welfare, mental health and probation fields.

Given that out-of-home placement is often less appropriate and more costly for children (in fiscal and human terms), Los Angeles County has developed an overall Plan to strengthen and preserve families, with the goal of intervening as early as possible. As part of that Plan, an interagency family preservation approach has been developed.

Chapter II

DEFINITION OF THE FAMILY PRESERVATION APPROACH

After considerable discussion, the Family Preservation Services Committee reached agreement on a unifying definition of family preservation in Los Angeles County.

Rather than focusing on any one particular service or agency that provides services, this definition represents an **approach** to family preservation that looks at children and their families holistically, in the context of their communities, with an emphasis on how services are delivered and connected. Moreover, the nature and intensity of the service(s) provided must be determined by the unique needs and characteristics of each family, as opposed to imposing a set model of service delivery on each family.

The definition also reflects the vision established by the Community Advisory Council to the Department of Children's Services, ensuring that every effort is made to reach families as early as possible.

The Definition

Family preservation is an integrated, comprehensive approach to strengthening and preserving families who are at risk of or already experiencing problems in family functioning with the goal of assuring the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment.

This approach requires all of the following elements:

- focuses on the needs and functioning of the family as a unit;
- views children and their families in the context of their environment;
- assesses clients holistically and delivers services in a comprehensive, coordinated manner;
- allows for varied intensity of services based on clients' needs;
- is time-limited based on clients' needs;
- facilitates accessibility of services;

- builds upon the family's strengths;
- affirms cultural values;
- is responsive, and tailors services to the unique needs of the community;
- recognizes the necessity of strong community supports for all families; and
- improves accountability by evaluating program effectiveness based on qualitative criteria.

CHAPTER III

PROGRAM GOALS AND GUIDING PRINCIPLES OF FAMILY PRESERVATION

Program Goals

The family preservation approach, as defined in this plan, must be viewed as part of a continuum of service models and basic family and community supports. Its success relies heavily upon the availability and accessibility of basic family supports (e.g., prenatal and basic health care, income supports, job opportunities, child care, adequate housing, effective public education, recreational and cultural development opportunities, and vocational training) and upon a strong community which can "buffer" families from the effects of poverty, racism and violence.

The Family Preservation Services Committee, therefore, is committed to a community plan and the creation of a service delivery system which will:

1. Assure that children who are receiving family preservation services in their own homes are safe and secure.

2. Empower families to resolve their own problems, effectively utilize service systems and advocate for their children with schools, public and private agencies and other community institutions.

3. Develop and enhance the functioning of families by building on identified family strengths.

4. Ensure that family problems are identified as early as possible and a full range of services are available and accessible to a) protect children, b) prevent problem escalation and c) engage families in a change process to remediate identified family problems.

5. Involve the community in building programs suited to the unique cultural, ethnic and demographic needs of neighborhoods.

6. Decrease the need for system resources over the long term (for example by preventing recidivism, reducing placement, supporting success and expediting goal attainment).

7. Break patterns of risk for multi-generational families with recurrent needs for crisis-oriented intensive services.

Guiding Principles

Underlying the Committee's work and its conceptualization of new models for service delivery is a set of principles considered to be critical to a successful family preservation model. The following key principles were found to be elements of the successful models described in the following chapter:

- a strong commitment to family preservation from top to bottom (governing boards to direct service staff);
- a clear sense of mission within the parameters of the family preservation approach;
- use of variable funding based on the needs of the family, including support for hard, soft and non-traditional services;
- pooled resources among community organizations and county departments. Families with multiple needs will require a multi-agency approach;
- family-centered, rather than funding-centered or even child-centered services;
- an emphasis on family strengths, not weaknesses;
- community/family input to program design;
- interdisciplinary staff training and support; and
- advocacy for services and basic family supports to help families meet their own needs.

CHAPTER IV

EXISTING FAMILY PRESERVATION MODELS

There are a number of agencies and programs which have provided family preservation services and have made an important contribution to our knowledge of how family preservation services can best be delivered.

The Family Preservation Services Committee examined models of service delivery throughout the State and nation to learn from successful models. The models described here are those that reflect the principles and elements embodied in the definition. For example, the models look at the family as a whole; they build upon family strengths rather than focusing on problems and barriers; they affirm and respect cultural values; they are tailored to the needs of the community; and they take a holistic, cross-systems approach.

The Committee also looked for exemplary programs that used creative, innovative techniques, such as "flexible funding" for services that do not fit neatly under existing public and foundation funding streams. The models also engage "interagency referral committees" in case management to bring people from different professional perspectives and different community organizations to develop the best course of action for each child and his or her family.

Examples are provided from a variety of disciplines and fields of practice. The models vary in terms of the time, energy and service provided to families, based upon their needs.

Whenever possible, empirical or descriptive data were used to provide evidence of effectiveness as measured in terms of family functioning, cost savings, maintenance of a child within a family, and/or diversion from out-of-home placement. Unfortunately, there is a paucity of empirical studies reported in the literature. Most of the written information that could be found was primarily descriptive.

I. Head Start

Goals and Objectives:	Prepare economically disadvantaged children for school; Empower parents; Support appropriate parental behavior
Program Characteristics:	Provides preschool program for children; parent education; parent support; case management
Target Population/ Referral Criteria:	Four year old preschoolers; families must be income eligible
Program Duration:	1 year
How Referred:	Outreach
How Funded:	Federally funded
Lead Agency:	Community-based or school-based
Linkage:	Community involvement on Parent Policy Council
Evaluation:	Many children do better in school; programs may vary greatly in quality of service delivery

II. Quality Day Care: Abecederaian Model

Goals and Objectives:	Prevent placement of children into special education
Target Population/ Referral Criteria:	Infants and mothers at risk for environmental retardation
Program Duration;	Infant and pre-school ages
How Referred:	Random selection
How Funded:	Private grants
Lead Agency:	University of North Carolina

Linkage:	None
Evaluation:	Children educationally competitive with middle class. Effects stable through age 15. Parents change behavior and use more developmentally appropriate approaches to discipline. Parents more likely to continue school.

III. Two Level Intervention - Workfare and Child Development

Goals and Objectives:	Goal is to provide economic self sufficiency for families needing education and job training; remove parent from welfare rolls.
Program Characteristics:	Expanded Child Care Options - Job training with child care and family counseling; Child Care; Social services specialist; Referral to social services. Parenting skills workshops, nutrition workshops. Jobs linked with Head Start - Job training; Case Management guidance towards self-sufficiency; Substance abuse counseling; Support through use of child health and development services; Child development services. Comprehensive Child Development Program - Referral to Job training; Child Care and developmental early childhood programs; Case management; health screening; immunization treatment and referral; Nutrition; Prenatal care; Parenting education; Assistance with housing, income support and other needed services. New Chance - (Teen Parents) Job training; Case Management guidance towards self sufficiency; Basic adult education; life skills instruction, family planning, health insurances, Developmental child care; pediatric care.

	Even Start - Job training; Child Care; Support services including counseling; adult education; parent-child activities designed to support healthy interactions
Target Population/ Referral Criteria:	Welfare recipients with children; Age of child usually 0-7 years.
Program Duration:	Varies
How Referred:	Social Services
How Funded:	Federally Funded - Family Support Act, Job Training Partnership Act, Grants
Lead Agency:	Community Based: Job Training & Child Development Agencies
Linkage:	Varies
Evaluation:	All have evaluations components and random assignment to varying levels of treatment. No data yet.

IV. Family Treatment: Oregon Children's Services Division

Goals and Objectives:	Prevent out of home placement
Program Characteristics:	Family systems approach/Multiple impact theory; Children's Services Workers are case managers - small caseloads. Emphasis on therapeutic intervention. Services are provided in the office or home setting.
Target Population/ Referral Criteria:	Imminent Placement of Child
Program Duration:	90 days

How Referred:	Children's Services Division through placement committee.
How Funded:	Public
Lead Agency:	Children's Services Division
Linkage:	Contracts with public and private agencies throughout the state.
Evaluation:	Prevention rate at termination was 88.7%. At 12 month follow-up 66% of families had no placement episodes. Services were most successful with adoption and sexual abuse and least with neglecting families. Multnomah County: Prevention rate at termination was 84.6%

V. Family Treatment: Iowa Department of Human Services Family Therapy Unit

Goals and Objectives:	Prevent placement in families with needs too great to be met by less intensive programs.
Program Characteristics:	Intensive in home comprehensive family therapy; assistance with concrete needs; parenting and home management skills development; 24 hour availability for crisis intervention; referrals to on-going community based supportive services.
Target Population/ Referral Criteria:	Families with children at imminent risk of initial or continued placement.
Program Duration:	Not to exceed 6 months
How Referred:	Department of Human Services
How Funded:	Public
Lead Agency:	Department of Human Services

Linkage:	Refer to community agencies and services provided by private agencies, state employed social workers and family therapists.
Evaluation:	Most families intact at end of intervention (88.2%).

VI. Homebased Models: Families First - Michigan

Goals and Objectives:	Keep family intact; Empower Family and parental autonomy.
Program Characteristics:	Based on Homebuilders Model; Family centered; Seen by worker 5-20 hours per week; Concrete and soft services provided (counseling, education, parenting, therapy, etc.)
Target Population/ Referral Criteria:	Youth at imminent risk of placement; Family responsive.
Program Duration:	4-6 weeks
How Referred:	Child Protective Services and Delinquency Staff
How Funded:	State dollars
Lead Agency:	State Department of Social Services
Linkage:	
Evaluation:	1041/1094 (95.2%) of children still in own homes after 3 months

Family Treatment focuses on family therapy; Longer time period
Homebased focuses on concrete services; Short time period
Crisis Intervention focuses on concrete services; Short time period

VII. Intensive Intervention: Santa Clara

Goals and Objectives:	Keep children safely in home; strengthen family's ability to seek and accept professional help; Improve family functioning & Communication. Reduce Abuse.
Program Characteristics:	Monitor for child safety, assessment/service plan, counseling, parent skills, advocacy with other agencies, health service liaison, school liaison, money management, basic needs, housing assistance, filling out applications assistance, recreation, etc., Special assistance funds (Flexible funding)
Target Population/ Referral Criteria:	Children at risk of imminent removal
Program Duration:	Maximum of 90 days
How Referred:	Emergency Response and Dependency Investigation Worker
How Funded:	County Dollars
Lead Agency:	Santa Clara Social Services Agency
Linkage:	Refer to outside agencies
Evaluation:	After one year 252/262 children still at home.

VIII. Interagency Family Preservation Program: Contra Costa

Goals and Objectives:	Modify key family factors related to risk of removing children from home. Strengthen family ability to care for and nurture children.

Program Characteristics:	Referrals accepted from Education, Mental Health, Probation. Family centered intervention. Therapist see family when needed 24 hours/day. Provide wide range of services from basic needs to therapeutic; Flexible funding
Target Population/ Referral Criteria:	Children at imminent risk of placement. Family has motivation and capacity to benefit from short term program.
Program Duration:	4-6 weeks
How Referred:	By Social Service and Probation
How Funded:	Originally Foundation funds, county mental health, probation and child protective services; A.B. 1696 AFDC-FC state and County Dollars.
Lead Agency:	County Department of Social Services and Probation
Linkage:	Interagency referral committee. Working towards common assessment tools, case management principles and training.
Evaluation:	120/144 (83.3%) remained at home at termination of services. After one year 75% still in own homes.

CHAPTER V

THE SERVICE DELIVERY MODEL FOR FAMILY PRESERVATION

The Family Preservation Services Committee has integrated the goals, principles and program elements into a service delivery system based on Community Family Preservation Networks (CFPNs). Each CFPN will be measured for consistency with the definition and principles to determine whether it is committed to the family preservation approach as articulated in this Plan. Demonstration of the program design principles, coupled with the required service delivery and evaluation elements to meet the goals listed in Chapter II, will be mandated in the community plan for any successful proposal.

The service delivery model provides a framework to design programs which would meet our family preservation approach. A matrix (Attachment I) was developed over several months which allows us to focus on characteristics of service delivery which would be necessary to enhance family functioning. We have defined eligibility, lead responsibilities, needs, direct services and successful models along the continuum of family functioning.

The Committee proposes that the range of public or private funds which are dedicated to the family preservation approach be directed to community family preservation networks which organize for the express purpose of family preservation or would expand current multidisciplinary service initiatives to adopt the family preservation approach.

The Committee has approached an understanding of the family functioning through a continuum of characteristics, support needs and manners of service delivery. The attached matrix helped the Committee form a common framework for discussions and achieve a community consensus on major service system design issues.

Family Services Systems Model

I. The Family Functioning Continuum

The family unit provides basic support for child development. There is a range of families in our communities. Beginning with healthy families, the characteristics include adequate income, housing and transportation. These

families provide for children's basic needs including health care, education, food, shelter, clothing and a safe environment.

As families begin to face minor challenges, most are able to utilize a variety of community supports. Inadequate income, language problems, teen status and disabilities can usually be addressed through an adaptable life style and help from family and friends.

When challenges such as major health failure, personal crisis, school failure, illegal behavior or substance abuse enter into the family picture, community professionals are often needed to provide service or guidance. These problems may be single focused or compounded by isolation and general neglect of their children.

When families begin to place children at high risk of abuse or neglect, the public agencies which represent the community interest in the child's welfare intervene. Children may remain in their homes, but only with certain conditions required of the parent(s) for seeking assistance.

Children are removed from the care and custody of parents when they are abused, neglected or are in need of residential care due to severe educational failure, mental illness or juvenile crime. For these children, some will be reunified quickly - others may grow into adulthood as wards of the juvenile court or will find new families through adoption.

II. Service Classifications

For the purpose of clearly defining the uses to which the Los Angeles community wishes to direct public and private funding of family preservation efforts, the Committee defined service needs for healthy families and families facing minor challenges as "Family Support Services". These services are necessary, but not within the parameters set for family preservation.

"Alternative Family Services" are defined as services to children in long-term foster care, adoption or independent living status. While services to these children would be appropriate, they are outside the parameters of family preservation at this time. "Family Preservation Services" are directed to the segment of the family services continuum that begins with families who face serious challenges, continue for families who place their children at risk and end

for families whose children may be in out-of-home care, but prospects for restoration of the family are good.

Further definition in the implementation phase of this family preservation initiative will need to more clearly define the specific characteristics of eligible client populations under the family preservation approach.

III. Referral Sources/Family Functioning Assessment

Referrals for family preservation services may come from a range of individuals and organizations. Families at lower risk may self identify for services. Community professionals, including police, teachers, medical staff and youth and family counselors will identify a large proportion of needy families. Criteria for referral will be based upon the source of referral.

Once accepted into the family preservation program, each family, rather than the identified child(ren), will be assessed in the context of its community, to determine its needs and level of functioning, as well as family dynamics. This assessment will be conducted in an empowering, culturally sensitive and holistic manner (i.e., the assessment will go beyond child protection needs to evaluate each family member's health, mental health, housing, child care, employment, substance abuse and other needs). Ethnic factors will be seriously and carefully considered in every phase of the assessment and treatment process. A multi-disciplinary, interagency approach will be utilized in conducting the family functioning assessment.

IV. Services Approach/Advocacy

For healthy families, informal support include family, friends, church groups, and neighborhood organizations. As families face challenges, professionals become engaged, usually through the active advocacy of families on their own behalf.

Private and public human service agencies become increasingly involved, with an approach which focuses on the family. Community supports must be examined. Services are usually time limited and assistance should be focused on building family strengths and helping those families regain their healthy status and access community supports on their own. When the family no longer provides a major role in a child's life, the service approach is focused on the child or youth in order to prepare that young person for further education or vocational opportunities.

V. The Nature of Service Needs

The service needs of families range from basic health and child care to intensive parenting education directed to restore broken families to health relationships.

In between these ends of the continuum, there are a range of health, mental health, addiction, child welfare, income assistance, law enforcement, juvenile justice, day treatment and special education services. Each family or child presents a different array of needs which require an individualized package of community services.

VI. Direct Services

Direct services vary based on the service needs of the family and the categorical human services which have developed in our communities. Mental health services tend to be highly structured, introspective analyses of the individual or family dynamics. Child welfare in Los Angeles focuses greatly on child safety and places large numbers of children into foster care pending resolution by the parent(s) of the problems which cause them to place their children at risk. Education looks at barriers to school success and provides more structured and supervised care for troubled children. Developmental disabilities focuses on environmental and physical barriers to healthy development. Health care focuses on physical well-being.

While other disciplines can be analyzed as well, the basic understanding of the Committee is that each discipline has evolved with special perspectives and skills which are valuable components of a comprehensive approach to families in need. The major challenges to the categorical system are gaps in services and duplication of efforts which results in waste and confrontation between professionals and confusion for families seeking help.

Professionals in the community will best be organized into service delivery networks where they may collaborate at the systems levels and negotiate multidisciplinary service delivery for at risk children and their families.

VII. Funding Sources

The Committee proposes a framework which focuses on families, communities and their needs for human services. Funding sources are asked to examine the overall program concept and adopt the framework for their application of both public monies and private funds.

Assembly Bill 546

Assembly Bill 546 provided an excellent opportunity to apply the concepts and principles of family preservation in Los Angeles County. The legislation authorized the State Department of Social Services to allow the County to transfer up to 25 percent of the non-federal share of approximately $364.1 million in foster care payments to family preservation services. The DCS is committed to dedicating nearly 6 percent of the non-federal share, or $6 million in FY 1992-93 to finance community family preservation networks which successfully prevent imminent placement or safely reunify a family torn apart by child abuse, neglect or exploitation.

The DMH management level staff are participating in this initial program design for Family Preservation projects. The DMH managers responsible for DMH services located in the six (6) identified communities for family preservation (Chapter VII) will participate in planning with the local coalition of agencies. DMH will also involve the local DMH funded mental health service providers, usually contractors, in the local planning process.

DMH will collaborate with the local coalition of agencies to make existing local mental health services accessible to family preservation project clients who meet the DMH target population criteria. In addition, DMH will collaborate with DCS to blend funds by granting family preservation project dollars to existing DMH contractors and matching Medi-Cal to expand mental health services. DMH will, with existing resources, provide quality assurance and monitoring of these mental health services and will insure that they are integrated with the mental health system of care. The Probation Department is also joining the effort in family preservation. Probation has committed approximately $1 million towards providing services to targeted children who are wards of the court because of a status offense or commission of a crime.

Senate Bill 620 - Healthy Start

The Healthy Start Support Services for Children Act authorizes $20 million in planning and operational grants for school districts to implement coordinated services for children and their families at or near school sites.

SB 620 provides an exciting opportunity to involve schools in a comprehensive multi-disciplinary effort to reform the delivery of service to children and their families. The goal of the Healthy Start program is to ensure that children and youths, especially those at risk, have access to the health, mental health, social services, and other programs they need in order to succeed in school.

Schools are encouraged to adopt the principles and guidelines of this Family Preservation Plan in the implementation of their Healthy Start programs and establish working relationships with lead agencies of the Community Family Preservation Networks. In the future, a range of available funding streams which support community service initiatives should be blended for maximum effect.

Formal protocols and agreements are currently being drafted in order to link service agencies to the involved school sites.

Assembly Bill 1650

Assembly Bill 1650 provides for school-based early mental health prevention and intervention services to pupils in kindergarten and grades 1 through 3. These services in the schools will be provided by a variety of mental health service providers. Local education agencies will be provided funds by the State for periods of up to 3 years.

As Assembly Bill 1650 services are implemented, formal linkages by those school districts should be negotiated by Community Family Preservation Networks.

Assembly Bill 1733/2994

Agencies which receive core services funding under AB 1773/2994 can serve as the lead agency of a CFPN or as a service provider in a CFPN, providing they are located in and serve the targeted communities. Core service providers are those providers which have all of the following services available for clients and provide these services directly:

- individual, group and family counseling to be provided in the office or off site.

- Parent support groups with parenting skills instruction.

- In-home counseling and teaching and demonstrating parenting instructions.

- Case management services, defined as assessment of clients' needs, referral to appropriate resources and follow-up and documentation to assure that clients receive needed services.

- 24-hour telephone availability to agency clients.

Protocols for service delivery under A.B. 1733/2994 are being finalized for integration of agency services to at-risk families. The protocols are consistent with the structure of Community Family Preservation Networks. The integration of service delivery will occur as populations overlap within the target communities. The final protocol language being submitted for approval reads as follows:

"Some of the A.B. 1733/2992 agencies provide Family Preservation Services which can be the key to reunification of families, family maintenance, and prevention of abuse in high risk families and amohoration of trauma of abuse both for children and their families.

The following criteria will be used to establish client eligibility and priority for services:

a. The A.B. 1733/2994 agencies will give priority to families at risk of abuse/neglect, including where there has been abuse and where there is a suspicion that abuse/neglect could occur, whether or not there is an open DCS case.

b. Most A.B. 1733/2994 agencies will provide services such as counseling, parent support groups, and other home bound services to families facing serious challenges which would create an at risk situation for the child.

c. Most A.B. 1733/2994 agencies will provide services not only to children, but to their parents and all other important family members, whenever indicated, to meet the needs of the child.

d. Most A.B. 1733/2994 agencies will provide services to children in out-of-home placement and to foster parents and other relatives who are taking children into their care. Services will seek to reduce the trauma of placements for these children and to decrease the incidence of acting out behaviors. Agencies will also assist the families to work toward reunificaiton.

e. Criteria for provision of services will be agreed upon by the contracting agency and DCS for programs providing specialized services.

Blended Funding

To maximize services and to provide more comprehensive care, DCS will collaborate with other governmental agencies, such as DMH, to blend financial resources.

Other Public/Private Funding Sources

Other private/public funding sources are encouraged to join with the public child/family welfare community in strengthening and preserving families. The plan for family preservation in Los Angeles County is one based on collaboration between the community, public human services providers and private service providers. To develop and maintain the level of service that is required in the community, a commitment of resources from all who are interested in preserving families is needed.

CHAPTER VI

EVALUATION OF THE FAMILY PRESERVATION PROGRAM

Program Evaluation

Consistent with the definition, goals and principles for family preservation, evaluation of community service networks should be coordinated so that programs funded by both public and private sources have opportunities to share strategies and findings. While a coordinated evaluation plan will be developed by public sector sources (County departments), it is also expected that each community family preservation network would also strive to collect and utilize evaluation data on an ongoing basis to improve service delivery.

Evaluation should assess the process of program implementation, the impact of services on family functioning and the cost efficiency of program operations. The primary purpose of coordinated evaluation is not to determine which program(s) are "best", but to learn more about the effectiveness and efficiency of multiple service models (i.e., which models work best for what kinds of communities, for what kinds of families, at what points in time?).

Program performance variables should include data such as numbers of families served, length and intensity of service and services provided.

An evaluations team will be identified by the Commission to work with sources to jointly design data collection methods for monitoring program performance variables (in addition to impact or goal achievement variables) so that program data requirements are as simple and clear as possible and paperwork is kept to a minimum. Representatives of programs and communities must have the opportunity for input and discussion of the program goals, evaluation design and method.

All community family preservation networks must participate in evaluation as a condition of program funding. The specifics of evaluation may differ depending on the requirements of specific funding streams, but every attempt should be made to coordinate methods and measures to enhance comparability of findings.

Components of the Family Preservation Program will be evaluated continuously. The services provided through contracts with private agencies will be evaluated to determine the quantity and quality of service and the impact of the services on the

problems of the families. Case reviews will be completed as part of the evaluation process to determine if case plans and service goals were achieved. Additionally, follow-up evaluation contacts will be made to families whose cases have been terminated to determine if there is any further need for protective services or out-of-home placement services.

A Request For Proposal for a professional services consultant contract will be issued for program evaluation. The consultant will be expected to collect data on services provided by the Department of Children's Services, Probation Department, Mental Health and the private agencies involved in the community network for family preservation. The consultant will also work with the State consultant to coordinate efforts to avoid duplication of reporting efforts.

CHAPTER VII

FAMILY PRESERVATION RECOMMENDED ACTIONS

The Committee proposes that the following concepts/program approaches be considered as essential elements of a successful community family preservation program.

1. Commitment from the Top to Bottom

A commitment to the family preservation approach and the goals and principles which have been outlined, is essential to success within Los Angeles County. The Community Plan encourages County departments and child/family serving agencies from all professional/volunteer disciplines to integrate the tenants of this Plan into program planning and service decisions.. Not only must the public sector demonstrate an understanding and commitment, but private providers must commit to greater collaborative efforts on behalf of children and their families.

This Plan proposes concepts which require a significant change of attitude toward the family, its community and the non-traditional resources in that community.

We propose establishment of Community Advisory Councils, Multidisciplinay Case Planning Committees and Community Family Preservation Networks as structures essential to assure that there is an ongoing collaborative commitment to family preservation in Los Angeles County, at all levels of participation.

A. The Committee developed and submitted to the Board of Supervisors a **Board Motion** for their consideration which would:

   1) make a County level commitment to family preservation

   2) direct County agencies to participate as appropriate in community-based pilot programs of family preservation.

On November 12, 1991, the Los Angeles County Board of Supervisors approved a resolution directing County department heads to work with the Committee membership to finalize and implement this plan.

B. In the spirit of this Board motion, the County agencies serving children and families will develop a County management group focused and dedicated to the issues of family preservation.

The County management group will be charged to develop proposals for approval of the full Family Preservation Services Committee which address needed systems changes within County government to implement the family preservation approach in the public sector. Issues to be addressed include:

- o review and adoption of the Vision for Children and Families developed by the Community Advisory Council of the Department of Children's Services.
- o development of a mission statement for county departments focused on family preservation across disciplines.
- o establishment of goals and timeframes for interagency program development.
- o coordination of services at the various direct services and management levels.
- o cross training needs of the direct services and management staff.
- o coordinated management information needs and systems of monitoring and accountability.
- o cross referral of families for services
- o overcoming barriers of Dependency Court confidentiality
- o review/input to department regulations
- o categorical/blended funding
- o regional/district boundaries

C. The Family Preservation Services Committee will be reconstituted under the leadership of the Commission for Children's Services to oversee implementation and further planning of the family preservation services system in Los Angeles County.

It is anticipated that at some later time the Children's Services Planning Council will be able to assume this role.

2. Initiative by the Department of Children's Services and the Probation Department Under A.B. 546

The Committee proposes that the Department of Children's Services and the Probation Department assume responsibility to use the A.B. 546 program initiative opportunity to initiate pilot projects of community family preservation networks. The Departments will issue Requests for Proposals (RFPs) in consultation with the Committee. A work group under the Committee will help design the RFP and another workgroup serve as an impartial panel for proposal review.

Other County agencies, i.e. Mental Health (A.B. 3632) and other public and private human service agencies/foundations are encouraged to dedicate their planning, financing and program development energies to these community family preservation networks.

On February 11, 1992, the Department of Children's Services submitted to the State Department of Social Services, a proposal for family preservation funding under A.B. 546. The plan embodies the goals, elements and principles articulated in this plan.

RFP Process

A Request for Proposal process will be used to identify lead agencies of Community Family Preservation Networks that will provide the family preservation services. The services that will be provided are outlined beginning on page 39 of this Plan.

The RFP process will be designed to identify lead agencies for the targeted community areas of highest need. The lead agencies will be selected on the basis of their qualifications, capability to provide services, representative accountability to the community and commitment to work in a community network system. Any and all responses to the Requests for Proposal under this Plan should provide for:

a) maintenance and expansion of existing programs which currently deliver one or more family preservation services, or

b) development of new service capacity for the delivery of the comprehensive range of family preservation services.

There may be multiple networks organized in each geographic area, reflecting the diversity within communities, self-defined by elements of cohesiveness such as cultural, school and church affiliations. Each lead agency recognized under any and all RFPs will need to demonstrate a comprehensive approach to service delivery, including the development of a Community Advisory Council.

3. Defining a Community

A community is often defined in terms of geography and a political division. In fact, communities in Los Angeles are self-defined by elements of cohesiveness such as cultural, school attendance and church affiliations.

Therefore, the service area for a community service network will be defined by the respondents to the RFP who will self define their service area/community.

The service areas proposed over time for community service networks for family preservation should be well defined, consistent with eventual county-wide coverage, with minimal duplication of effort.

4. Begin with High Priority Communities

The Committee proposes that the RFP target six (6) communities which have disproportionately high percentages of their population involved in the child welfare system and a high incidence of poverty. Analysis of current data on

poverty and system utilization reveals that six (6) communities can be characterized as having an extremely high need for family preservation services. These communities are:

a) Compton
b) Long Beach
c) South Central Los Angeles
d) Boyle Heights/East Los Angeles
e) Central San Fernando Valley
f) Downtown Los Angeles/Echo Park

When looking at the targeted communities selected for initial family preservation services, of note is the fact that thirty-one percent (31%) of households are Black, thirty-four percent (34%) are Hispanic and thirty-five percent (35%) are Caucasian and other races and ethnicities. Additional characterizations of these communities include:

- **Reliance on AFDC for income support.** Department of Children's Services (DCS) statistics do not indicate the exact numbers of families receiving AFDC. However, a comparison of AFDC caseloads by zip codes and Protective Services caseloads by zip codes reveal that more often than not, areas with high levels of poverty are likely to have high levels of protective service involvement (see attached maps II,III and IV). Additionally, seventy percent of children in our foster care caseload are federally eligible; meaning that at least during the month of petition, their families were eligible for or recipients of AFDC.

- **Parental substance abuse.** In 1990, the DCS received approximately 108,000 referrals for abuse and neglect. Eighty percent of referrals involved parental substance abuse, an increase of thirty-six percent since 1985. An average of 200 drug-exposed babies are reported to DCS each month.

- **High numbers of children placed in out-of-home care.** The areas identified for initial family preservation services are comprised of thirty-one zip codes in Los Angeles County. Within these identified zip codes are forty-one percent (41%) of the DCS' 11,000 Family Reunification cases, forty-five percent (45%) of the 19,000 Permanency Planning cases and thirty-eight percent (38%) of the 9,000 Family Maintenance cases.

- **High levels of unemployment.** Currently, Los Angeles County has an unemployment rate of about seven percent. However, the three of the five areas targeted for family preservation services have substantially higher rates of unemployment. The chart below shows the average rates of unemployment in the identified communities.

AREA	AVERAGE % UNEMPLOYMENT
Compton	12
Long Beach	7
So. Central L.A.	13
East L.A./Boyle Heights	7.4
Central San Fernando Valley	6.5
Downtown Los Angeles/Echo Park	10

- **High numbers of households living in poverty.** Plagued with high rates of unemployment, it is not surprising to find that the areas identified for initial family preservation services also have high percentages of families living at or below the federal poverty level. The chart below shows the average percentage of families living in poverty in the identified areas.

AREA	% OF FAMILIES IN POVERTY
Compton	26
Long Beach	18
So. Central L.A.	32
East L.A./Boyle Heights	17.8
Central San Fernando Valley	11
Downtown Los Angeles/Echo Park	32.5

Only Community Family Preservation Networks in these target communities will be eligible for expansion and development of services with family preservation funding during the first release of the Request for Proposal. County-wide expansion of the Family Preservation program will be based upon available funding and continued identification of community areas of greatest need.

In addition to the pilot projects, organized for the express purpose of family preservation, a number of existing efforts (including community-based, multi-agency projects) can be enhanced through supplemental funding for family preservation.

For example, with an added service package and greater community networking, a project which carries a mission focused on school readiness for children could extend itself to family preservation.

5. Eligibility for Service Involvement

Eligibility for family preservation services would follow the guidelines proposed in the Family Services Systems Model matrix, but may be more restrictive based on the requirements of the funding source. It is the intent of the Committee that Community Family Preservation Networks serve families which face serious challenges and they place their children at risk of illness or injury. However, the available funding from the public sector is targeted, by rule, for families which have already abused or neglected their children or who have children facing serious educational, mental health or juvenile justice involvement.

For example, with A.B. 546 funding, the Los Angeles County family preservation effort would focus on two family groups - families putting children at high risk (imminent placement) and families which can be reunified quickly (foster children).

The requirement that case plans be developed with the family dictates that the family be willing to be involved and subject to continued agreement with the case plan.

6. Services Delivery Model

Under any Community Family Preservation Network, services to at-risk families would have the following characteristics:

A. Case Management

Case management would be provided in a multidisciplinary approach, with lead case manager responsibility as appropriate based on agency involvement. To the extent possible, generic case management would be preferred. However, legal responsibility by a public agency will dictate that agency's lead role for convening multi-disciplinary involvement, completing the assessment and case plan.

Children's Social Workers (CSWs) in the Department of Children's Services will assess referrals for appropriateness, offer preparatory counseling to families entering the program, work as liaisons with the community network system providing direct services for the family and offer effective case management services.

Deputy Probation Officers (DPOs) will assess children for family preservation services. All children identified for family preservation services will be assigned to one DPO in each of the targeted areas. The Placement DPOs will do the case management, participate in the Multidisciplinay Case Planning Committees and access the community services networks that are developed.

As negotiated with the networks, other private and public agencies are encouraged to bring their client families to the Multidisciplinary Case Planning Committee for multidisciplinary consultation. In these cases, the referring agency will serve as case manager for that family.

B. Family Involvement

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Family involvement implies a partnership that should begin with the first contact by the health care or social services worker, e.g. DCS Emergency Response worker, and continue throughout the duration of the case. This is an essential component in the family preservation model. Following this concept, families will be invited to participate in the formal case conferences and case plan development or to have their input included if they cannot attend.

Since participation in these services is voluntary, the responsible case manager should inform the families at the first contact of what is available to them through family preservation services and what the alternatives would be if they choose not to participate.

C. Family Preservation Services

Services will be provided through Community Family Preservation Networks (CFPNs). Lead agencies for Community Family Preservation Networks will serve as respondents to the RFP and fiscal agents for network services.

The lead agency of the network will be required, in their response to the RFP, to provide or arrange for the availability of the full range of family preservation services. The lead agencies will also formalize MOUs and Interagency Agreements with existing governmental agencies to guarantee service slots and to provide a multidisciplinary, coordinated partnership with a commitment to the goals of family preservation.

The CFPNs will consist of a comprehensive system of services that address the unique needs of families in each of the communities. The lead agencies must demonstrate that it has been part of the community.

The lead agency will be responsible for developing a plan that insures that fiscal and programmatic requirements of the Request For Proposal are met through their network agencies.

The lead agencies must identify any and all service providers to be certified to provide services.

There are a wide range of services which can strengthen families and protect children. These services can be provided by professionals, volunteers, and others within the community. No family preservation services funding will be used by the lead agency or any member of the Community Family Preservation Network to supplant funds received for substance abuse, child care, mental health or any other service with a current and ongoing source of funding.

1) Intensive In-Home Intervention

CFPNs will be expected to provide for intensive in-home intervention services. These services will allow the family preservation program to reach parents who lack self-confidence and trust in formal service providers and will present a model for good parenting in clients' homes, where the problems are occurring. The services will vary in intensity based upon clients' needs and are designed to empower families to solve their own problems more effectively. Components include:

- Teaching and demonstrating homemakers - provide positive role models to assist parents in learning and using acceptable child rearing techniques, prepare a budget, and otherwise manage their household more effectively.

- Parent aides - provide opportunities for parents to receive support and knowledge from a positive role model.

- In-home emergency caretakers - provide care in the child's home during a temporary crisis when a parent is unable to provide such care.

- In-home counseling - couples, family and individual counseling will be provided in the home, based upon clients' needs.

2) Counseling

Network agencies will be expected to provide appropriate levels of individual, group and family counseling services. The counseling services must be available for children as well as adults.

3) Substance Abuse Testing and Treatment

During any one month, DCS serves 50,000 children. At least 80% of the referrals involve substance abuse, including more than 200 referrals of drug-exposed infants each month. Substance abuse treatment, particularly for women and their children, is scarce. Since the success of family preservation relies, to a large degree, upon the immediate availability of treatment resources, we propose to facilitate greater access to substance abuse testing and treatment through the community family preservation networks.

4) Respite Care

There are few respite care resources in the four targeted communities. The respite care that has been available has primarily been purchased on an "as needed" and "as available" basis through the DCS Service Funded Activity Program.

The payees usually consist of relative/family friends who provide care in the family home or private agencies with whom DCS contracts with for a limited number of slots. In recognition of the value of respite care in preventing foster placement, DCS will work with contractors to develop and/or expand programs to meet respite care needs in the targeted communities.

5) Parenting Training

DCS will contract for specialized parenting classes (problem/ culturally specific) in each of the pilot communities. The parenting component is a behaviorally oriented family education and support program designed to work with multi-problem families (including parent-selected relatives) who have one or more children at imminent risk of removal from their homes. It is vital that parenting be addressed from a cultural/educational perspective and that it enhances rather than hinders the psycho-social and cultural functioning of families.

Specific problems will require specific parenting interventions, e.g., substance abuse, sexual abuse. Issues of dependency, co-dependency, trust, protection and their effects on the family unit must be addressed. Specialized parenting, in conjunction with other forms of counseling, will help reduce the risk factors that necessitated intervention.

6) Transportation

Many families do not have reliable transportation to enable them to get to the services they need to carry out a case plan. Often they miss appointments and fail to reschedule due to the uncertainty of a ride.

DCS uses Service Funded Activity monies to buy bus passes and to pay third-party drivers to help families keep appointments. However, bus passes are not suitable for clients who can not read schedules, have several young children or who do not live close to a bus stop. Friends and relatives cannot always be counted on to meet all their transportation needs. To improve families' access to family preservation services, family preservation networks will

arrange to transport families to critical services that are not provided in the home.

7) Mental Health Treatment

Families who have been targeted for family preservation services may require mental health treatment. Family preservation projects should be able to provide or arrange for mental health treatment that includes: assessment for treatment, development of a treatment plan, individual, group, collateral, and medication therapy, and hospitalization as necessary. These services can be accessed through the Department of Mental Health.

8) Flexible Financing Fund/Auxillary Funds

A limited amount of "flexible funds" will be available to enable workers to address the particular needs of families that cannot be met with existing, categorical funding streams. Items or services that may be purchased with these funds include but are not limited to the following: child safety seats; developmental toys; clothing; payment of utilities; payment of first and last month's rent; medical deductibles or co-payments; and, car repairs.

9) Day Treatment

The Probation Department will provide Day Treatment Services in the four priority geographic areas. With these services a child who has been ordered to out-of-home placement can, instead, be transported five days a week to and from a day treatment program where he or she will attend school, receive counseling and participate in recreational activities, Family counseling and parent effectiveness training will also be provided as would substance abuse counseling for the child and/or parent (s) as determined by individual family needs.

Respite care in the form of access to existing residential programs over a weekend would also be developed to provide added control over the child's acting-out behavior when necessary. This type of programming provides the supervision and control usually needed

at the point that placement is ordered. It also provides for an infusion of services to validate and strengthen the family structure.

10) Children's Groups

The children's group discussions will coincide with parenting group topics to facilitate simultaneous parent/child understanding and involvement. Conceivably, the provision of these services will be administered by the same provider as the parenting component.

11) Housing

In Los Angeles County, where affordable housing is extremely limited, 40% of the homeless are families with children. A significant number of other families live in crowded or substandard housing. As a result, there has been an increase in the need for out-of-home placement and other social services. To help families secure and maintain permanent housing arrangements community networks will be expected to:

a) Enter into interagency agreements and/or MOUs with the Housing Authority and other community housing agencies;

b) Assign a housing specialist/advocate to assist families in filling out documents, selecting suitable housing, and advocating for additional spaces;

c) Devote flexible funding dollars, when appropriate, for repairs, first and last month's rent, utilities, etc.

12) Employment/Training Support for Parents - Job Training, GAIN, Literacy Classes

Reading and writing skills are requisite to self-esteem and the empowerment of parents. Additionally, these skills are critical to job training and employment. The absence of these skills contributes to dysfunctional and self-destructive lifestyles. Respondents to the RFP will need to provide or arrange with the County Superintendent of Schools and the Los Angeles Board of Education to provide these basic services.

Additionally, community service networks are expected to access job training and employment opportunities through Interagency Agreements with the Department of Public Social Services' GAIN (Greater Avenues to Independence) program, the Urban League and other community agencies.

13) Income Support

Many of the families that will be part of the family preservation system will have need for income resources. The areas that have been targeted for initial service, have high rates of unemployment, and families that live below the poverty line. For this reason, community networks will be expected to establish agreements with local public or private social service agencies who provide income support.

14) Health Care

Studies consistently demonstrate that foster children are more likely to suffer from both acute and chronic medical problems. However, it is estimated that only one third of children in Los Angeles County are being screened for health problems under the CHDP Program and that, even when children are screened, follow-up treatment is not always provided.

Agencies in the community family preservation networks will be expected to conduct medical assessments with the families and make appropriate referrals for them to obtain needed medical services. The community service network will need to do follow-up to insure that needed treatment was obtained.

15) Child Care

Child care is a basic child protection service. As such, state statute requires that first priority for child care services go to children who are at risk of abuse and neglect. Quality child care goes beyond helping children reach their fullest developmental, social, and cognitive potential to helping ensure that children are safe from abuse and neglect. As part of the continuum of family preservation services, community networks are expected to provide or arrange for provision of quality child care services.

Therapeutic child care is a specialized service that is designed to address the needs of children who experience some adjustment problems due to abuse and/or neglect. As with the "child care services", the community networks will be expected to provide this service to families who have a need.

16) Family Advocacy

Many of the families that are served through the child welfare system, whether public or private, find it difficult to interface with agencies and secure the services that they need. Community network agencies are expected to advocate on behalf of the families as well as provide services that will help families more effectively advocate for themselves.

17) Community Foster Care for Enhanced Visitation and Respite

While the emphasis in family preservation is on children remaining at home with their families, there are occasions when children may, for the sake of healthy family functioning, require being removed from the home.

These situations may include extended respite care; or when necessary, placement in foster care on a temporary basis. It is important for the development of healthy families that children who are away from the home be in respite or placement environments that are part of their community. Such community placements facilitate the social worker contact between the child and the family.

Therefore, family preservation community networks must have as part of their service delivery network respite and placement slots which are located in the community in which they serve. The network may provide this service by way of establishing interagency agreements or MOUs with the Department of Children's Services for access to either Department foster homes or Foster Family Agency homes located in the community of the family.

C. Administrative Structure in the Community

1) Community Family Preservation Networks

The Committee has identified the critical role played by community leadership in support of families within the community. In order to assure a healthy living environment in which children can best develop physically, socially, emotionally, culturally and spiritually, families need a broad range of supportive resources within their community. Too often in our communities, these needed support resources are inaccessible or unavailable.

In order to mobilize community leadership around the support of children and their families, the Committee recommends the organization of **Community Family Preservation Networks** (CFPNs) throughout Los Angeles County.

Community Family Preservation Networks are structured coalitions of agencies, advocates and professionals within each of our communities designed to assure a coordinated, multi-disciplinary, public/private effort focused on the nature and support needs of families.

A number of "traditional" community institutions have provided primary support for families. For example, many churches, synagogues and other religious groups make significant contributions toward strengthening and preserving families when they are experiencing crisis. They frequently provide crisis intervention, counseling, food, clothing, financial assistance and temporary housing during major disasters.

A significant number of churches have highly developed social services programs that would enable them to provide services through a community network. Some churches and affiliates now offer some linked services such as child care services, and components of intensive in-home intervention services such as teaching and demonstrating homemakers. These religious organizations, in order to be reimbursed for services delivered, must have 501 (c) 3 status as a non-profit organization.

In additional to incorporated, non-profit social welfare agencies, religious, social, civic and charity organizations should be encouraged to formally participate as members of Community Family Preservation Networks.

Community Family Preservation Networks will develop in response to available funding from a number of sources. The catalyst may be A.B. 546 through a Request for Proposals from the Departments of Children's Services and Probation. Other networks will organize under A.B. 620, the Healthy Start Initiative, to integrate health and social services in the school-linked service systems. These networks, regardless of funding source, can be considered CFPNs as long as services are designed to meet the goals and approach described in Chapters II and III of this Plan.

2) Lead Agencies

Lead agencies will be identified for each Community Family Preservation Network. The lead agency will serve as community organizer, convener of network activities and serve a critical leadership role in program and fiscal management for family preservation.

As lead agencies are organizing service networks around the goals and concepts of family preservation, the Committee encourages that human service agencies collaborate in the development of new service approaches with human service providers serving the needs of families from other perspectives i.e. child care, education, health care etc. as well as those more traditional community institutions which have long served families. Schools, churches, businesses, civic groups, recreational and social organizations

touch the lives of nearly all our children and families and need to be more involved with the social welfare agencies who provide public and private intervention and support when families face the challenges which tend to place their children at risk of abuse, neglect or exploitation.

The initial criteria for assuring broad-based community ownership and involvement in Community Family Preservation Networks are:

a) the lead agency must be located in the community to be served for a minimum of three (3) years;

b) the lead agency must have been providing services to children and families for a minimum of one (1) year;

c) the Board of Directors for the lead agency should reflect the ethnic/cultural/linguistic composition of the families to be served;

d) directorship of the lead agency should reflect the ethnic/ cultural/linguistic composition of the families to be served;

e) the staff of all service providers in the network should reflect the ethnic/cultural/linguistic composition of the families to be served.

It is recommended that the lead agencies apply for funding for family preservation services directly to various public and private funding sources. Many of the organizations participating in Community Family Preservation Networks will be providing direct services to the families receiving benefit from the network. It is recommended that the lead agency of each network enter into formal, written protocols for referral, service delivery and payments, if any, through memoranda of understanding between the lead agency and community service providers.

3) Community Advisory Councils

To assure community involvement in the design and operation of programs of family preservation, it is required that an advisory body for each Community Family Preservation Network will be organized by the lead agency to identify family issues and unmet needs, participate in the planning of community-based family preservation services and facilitate access to resources. The Council may take responsibility for ongoing review of service delivery by network agencies. Council membership could also serve a critical role as advocates for families within the community.

There may be a number of Community Family Preservation Networks serving children and families in each of the priority community areas. If there is more than one Community Family Preservation Network in a target area, they are each encouraged to establish coordinating activities. Each lead agency will be responsible for development of a Community Advisory Council (CAC) for its network.

The Council should be comprised primarily of community leaders who reflect the cultural character of the services area. The Council may take many forms, but must reflect the ethnic/cultural/linguistic composition of the families to be served. The CACs will be open to a broad range of representatives from each community, including community leaders, families, service providers, churches, and others as appropriate, to address the needs of families.

The CACs are expected to elect/select officers that will be needed to oversee the work of the advisory council. The CACs must meet regularly in and with the community that it represents and provide ongoing input to the Commission for Children's Services.

We encourage a linkage between Community Advisory Councils, both within a geographic area and Countywide.

4) Multidisciplinary Case Planning Committees

Multidisciplinary involvement in all aspects of the family preservation planning, community organization and service delivery is essential. Since the human services system encompasses a number of disciplines within both public/private auspices, a system to address service gaps and duplications of effort is necessary. As with other multi-agency projects, monthly system network meetings would be required, as well as weekly or biweekly case staffing. These multi-disciplinary networking mechanisms would assure an instant feedback loop to alert agencies to problems/opportunities within a family (or the community system) which could be addressed quickly.

Each lead agency will establish an Multidisciplinary Case Planning Committee comprised of a number of service providers and DCS and Probation case management staff, community, mental health, health services, substance abuse, and others, as needed.

A case plan will be developed with each family identified as in need of family preservation services. Every case plan would include an in-depth assessment of family strengths, early identification of problem areas and identification of multi-generational patterns of serious challenges to the family structure.

The services identified in the case plan would be identified based on their contribution to building on family strengths, addressing problems, proposing special approaches to multi-generational patterns and generally rebuilding, through service provide modeling, the capacity of the family to access community supports on their own.

Collectively, this group will receive an assessment and proposed case plan from the lead case management staff. The committee will discuss the assessment, approve a case plan, act as gatekeepers for out-of-home placement, reduce barriers to accessing services and enhance interagency coordination and collaboration. Each lead agency will be responsible for implementing the case plan for each family it will be serving.

Case plans will provide for necessary time-limited services and will be subject to review, reassessment and revision, as the needs of the family dictate.

5) Crisis Intervention/24 Hour Accessibility

Family crises occur at all hours of the day. These community networks for family preservation must have the ability to respond to the crisis needs of the family around the clock.

6) Interdisciplinary Staff Training and Support

The model of intervention that we are proposing requires that providers be familiar with service delivery across many disciplines. The concepts of multi-cultural perspective and interdisciplinary collaboration need to be a natural part of the socialization of providers of service and will be integrated into the content of training and support.

The Department of Children's Services will assume the responsibility, in collaboration with the Inter-University Consortium on Child Welfare (IUCCW), to develop a core curriculum in family preservation which will not only include knowledge of social work and other human services approaches but will span a range of disciplines and services that impact families. Ethnicity as well as language will be an important, integral part of the core curriculum and not a topic of limited value.

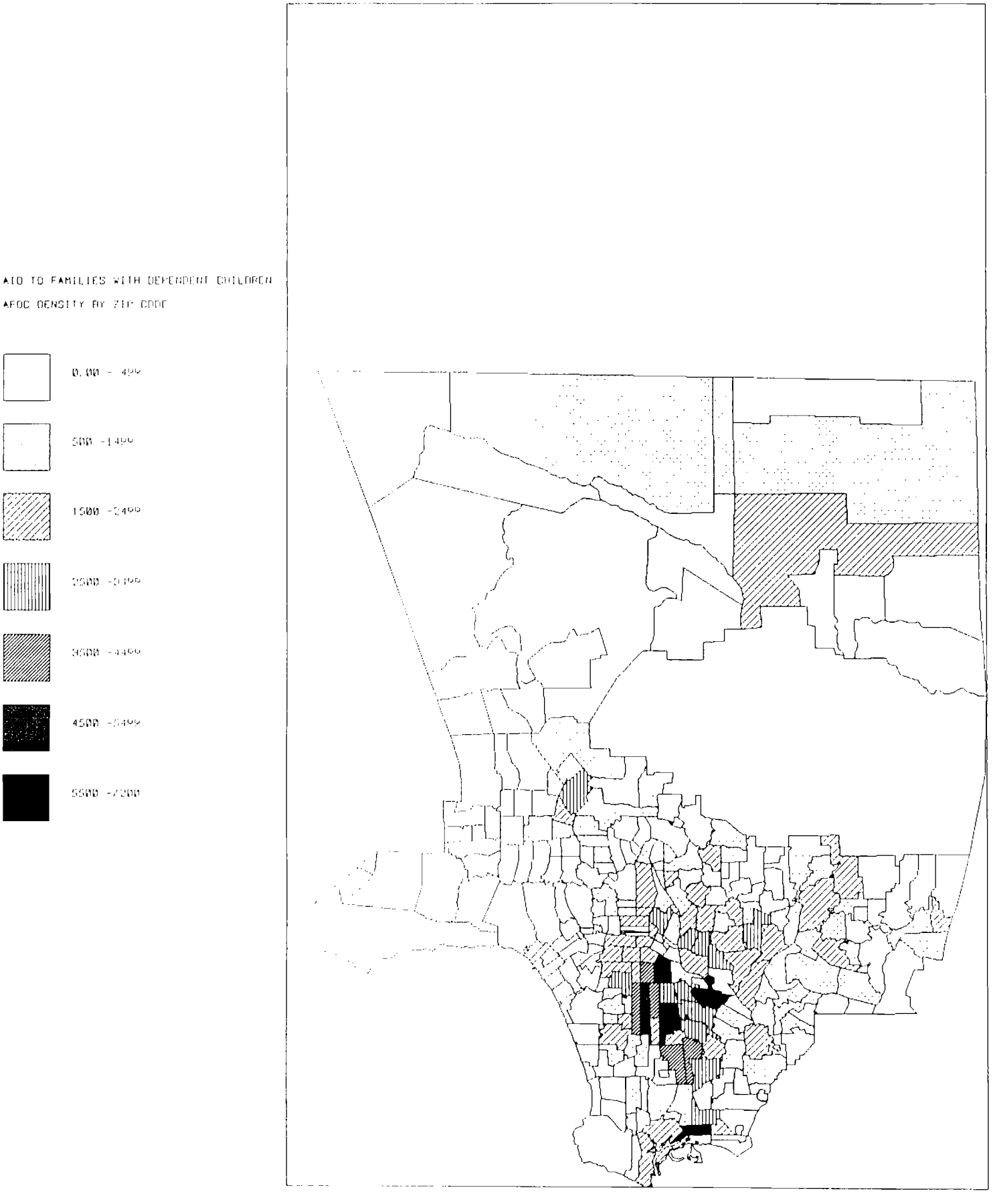
FAMILY SERVICES SYSTEMS MODEL

	← FAMILY SUPPORT SERVICES →		← FAMILY PRESERVATION SERVICES →				← ALTERNATIVE FAMILY SERVICES →
	Healthy Families	Families Facing Minor Challenges	Families Facing Serious Challenges: Single-Dimension	Families Facing Serious Challenges: Multiple-Dimension	Families Putting Children At High Risk	Families Needing Restoration: Can Be Reunified Quickly	Families Needing Restoration: Reunification Long-term Goal / Children Without Families or Reunification Unlikely
	Family Resources	← Family-Centered Services →			← Intensive Family-Centered Services →		Permanency Planning / Independent Living Services
Description of Families	1. Adequate income/housing/transportation 2. Provides for children's basic needs (e.g., health care education, food, shelter, safe environment)	1. Inadequate income/housing 2. Marginal provision of children's basic needs 3. Disabilities involving parent or child 4. Language problems 5. Teen parents	1. Major health/mental health problem 2. Temporary income loss 3. Emotional/personal crisis 4. Drug/alcohol abuse 5. School failure 6. Illegal activity	1. Isolation 2. General neglect 3. Compounded problems	1. Serious abuse (physical, sexual, emotional) 2. Serious acting-out by children 3. Overwhelming problems	AND 4. Children removed for protection or treatment 5. No family preservation services available	AND 6. Permanency planning not a viable option
Referral Sources	Self-directed	Self/outreach by community professionals	Self/community professionals	Self/community professionals/public agencies	Community professionals/law enforcement/public agencies	DMH/Probation/DCS/Regional Centers/courts/law enforcement	DCS/DMH/Probation
Services Approach	1. Informal supports 2. Community institutions 3. Education 4. Info/referral	5. Professional supports	6. Focus on needs/functioning of family as a unit 7. Views children/families in the context of their environment 8. Assesses clients holistically/comprehensive, coordinated services 9. Varied intensity of services based on need 10. Time-limited	11. Facilitates accessibility to services 12. Builds on family strengths 13. Affirms cultural values 14. Responsive to unique needs of community 15. Recognizes strong community supports 16. Evaluates program effectiveness based on qualitative criteria			17. Vocational training 18. Higher education 19. Life skills
Lead/Case Management or Advocacy	Family	Family	Family/Public		Public Agency	Public/Family	Youth
Needs	Informational	Community support	Community resources/some public services	Access to public services working together	Intensive collaboration by public agencies	Intensive collaboration between placement agencies	Empowerment and community support
Direct Services (auspices)	Extended family, friends, schools, churches, parks	Friends, schools, churches, some professional	Private/public	Public/private	Public/Private	Public/Private	Public/Private
Categorical Human Services (education, health, mental health, juvenile justice, child welfare, income support, employment/training)	Info/referral, community organizations, prenatal care, basic health care, family life education, quality child care, parks/recreation, parenting education	Geographically-based service directory, respite care, MH outpatient treatment, AFDC substance abuse testing, diversion programs, transportation assistance	Family/agency joint case management, family assessment, services plan, emergency caretaker, in-home services/treatment, parenting education, drug/alcohol treatment, emergency hospitalization	AND Generic case management	Emergency placement (shelter care, detention, hospitalization, foster care), intensive in-home services/treatment, integrated agency services, day treatment, family placement	Family counseling, family visitation, partial placement with daily parental participation in care of child, short-term placement aftercare services, in-home services, day treatment	Subsidized job training programs, housing assistance, info/referral, parenting education
Existing Models		School-based → Head Start → Two-level intervention → Quality child care →			← Family and Treatment → Oregon and Iowa ← Homebased → Families First ← Crisis Intervention → Contra Costa County, Maryland, Santa Clara		
Funding Sources	Self/insurance/private/public	Self/insurance/private/public	Insurance/private/public	Private/public	Private/public	Private/public	Public/private

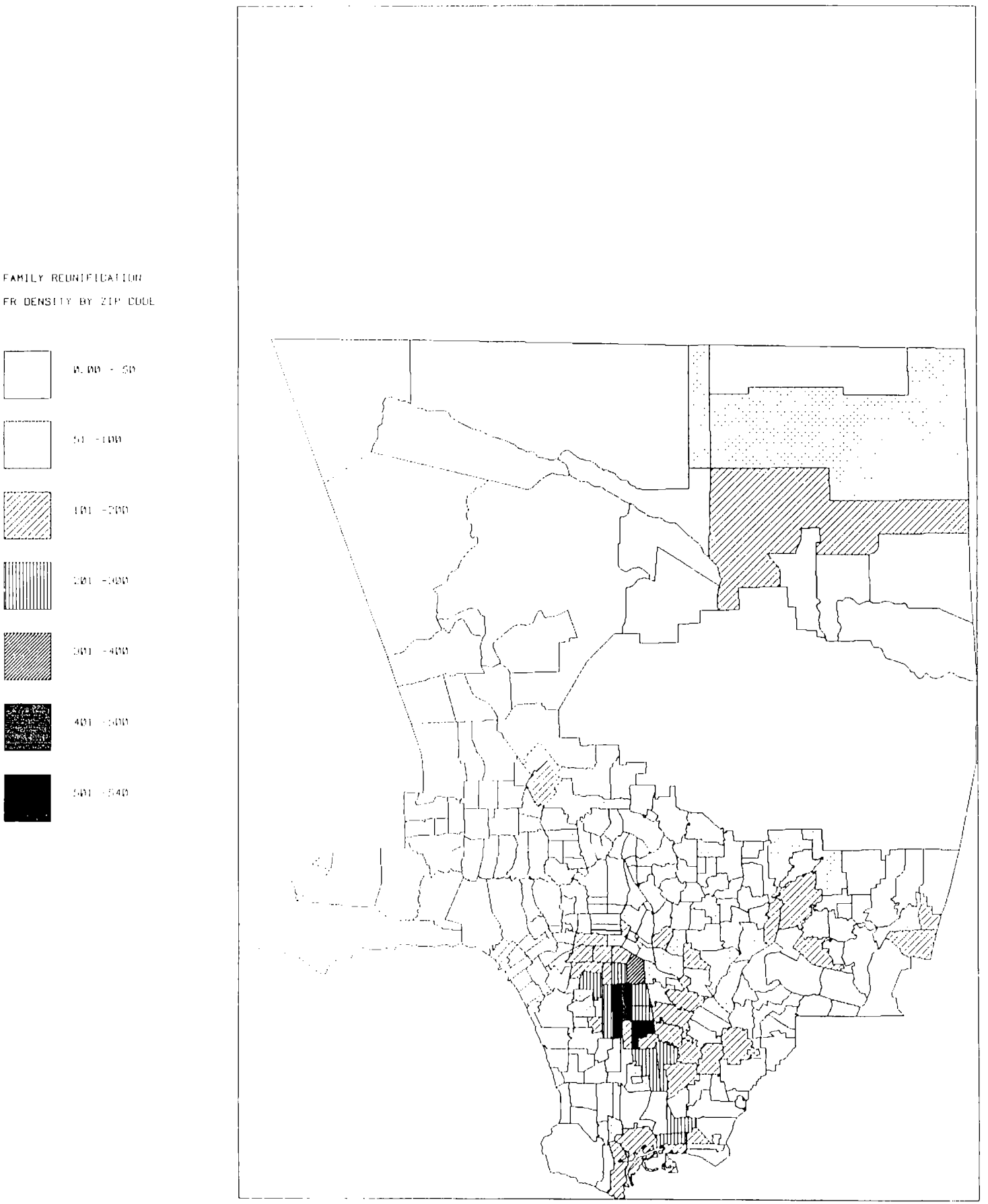
ATTACHMENT I

October 23, 1991

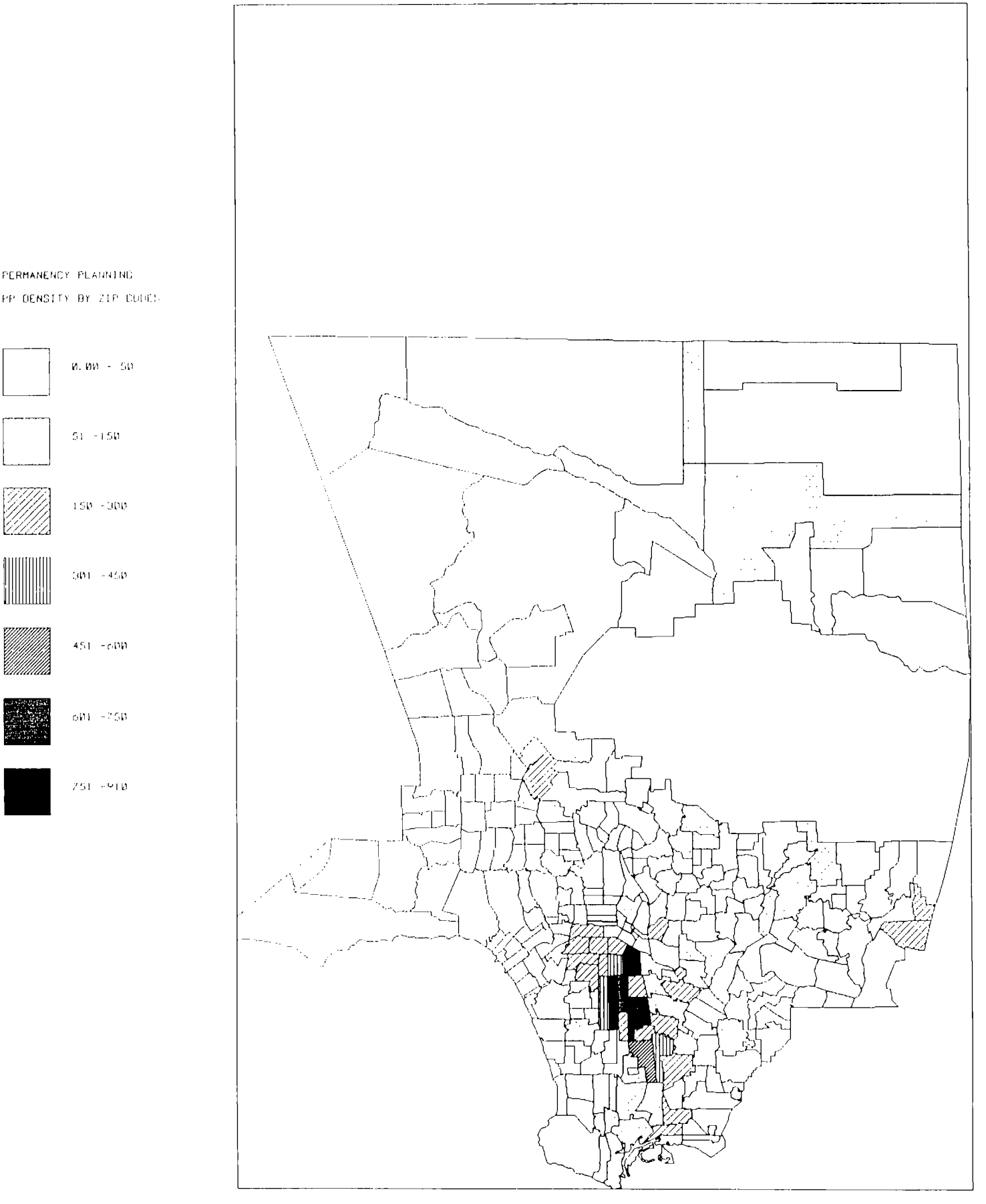
ATTACHMENT II

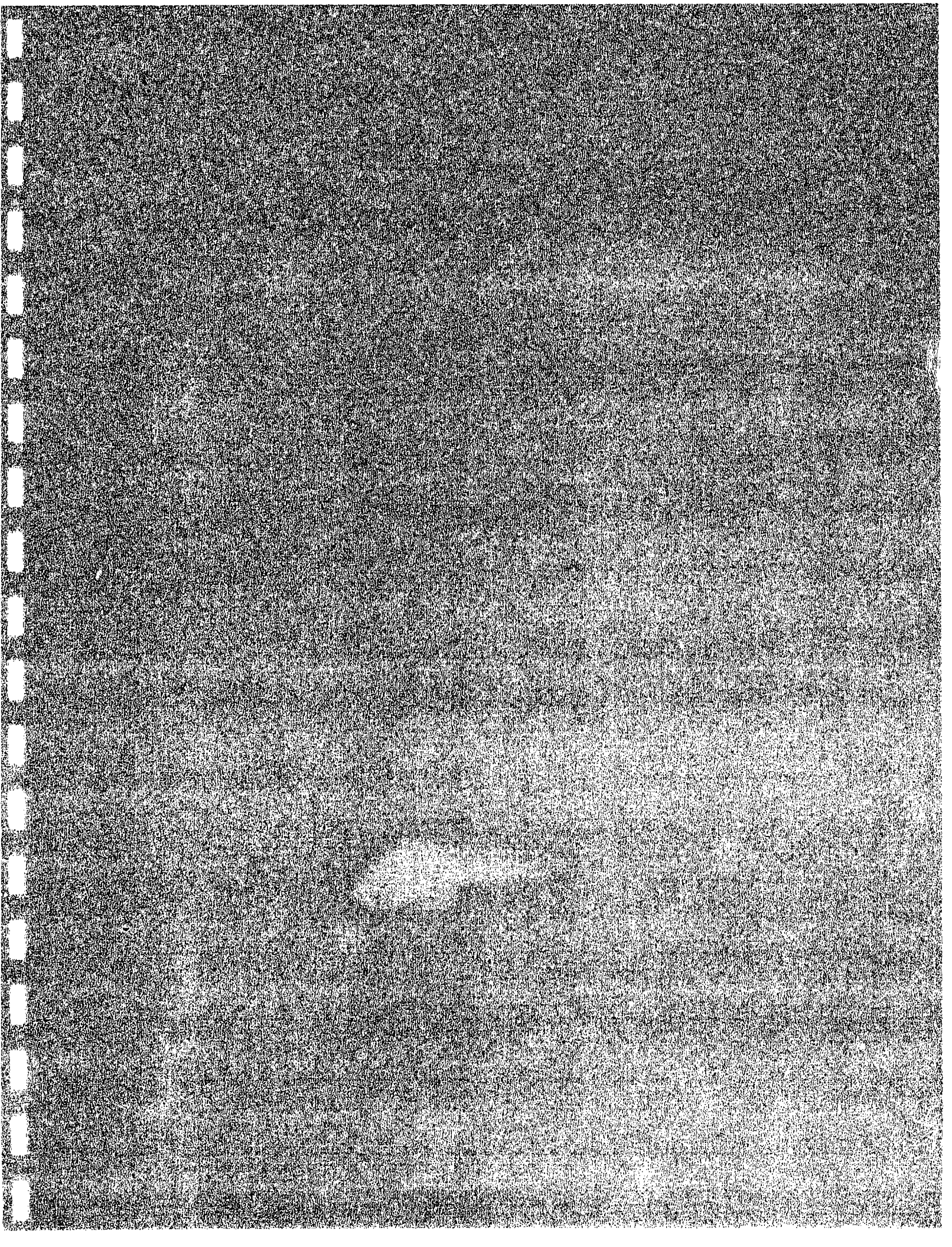


ATTACHMENT III



ATTACHMENT IV





DEPARTMENT OF CHILDREN AND FAMILY SERVICES

SPECIAL INFORMATION

FOR IMMEDIATE RELEASE TO STAFF AND POSTING ON EMPLOYEE BULLETIN BOARDS

To: All Staff
Each CFPN Director
Each IUC Dean
Each IUC Center Director
IUC Director

March 12, 1996
(Reissue of New Year's Day, 1996
May Day, 1995
November 1, 1994
September 1, 1994
September 1, 1993
New Year's Day, 1993)

OUR TOP PRIORITY IS CHILD SAFETY

As we implement the final Phases of our family preservation and family reunification resources (we now have 23 programs -- see Attachment A), I want to stress that child safety continues to be our **top** priority. Family preservation or reunification services should be seen as means to eliminate risk to children and increase the safety of children in their own homes. Use of family preservation or family reunification services should always be governed by an overriding concern for child protection and child safety.

Implementation into practice of the policies contained in this Special Information Bulletin is so critical to our top priority of child safety that I am requiring that all managers review and be familiar with its content. I am also requiring that all managers train all their staff at all times as to the content and practice issues presented. In addition, all CFPN Program Managers should review these policies in detail with their staff, member network agencies, Community Advisory Councils and any others who may contribute to the protection and well-being of our children. This is also the top priority for all our IUC and other training.

The situation for children in Los Angeles is becoming more dangerous and will continue to do so because (see Attachments B and C):

- economic despair and stress are widespread;
- the number of drug-exposed babies is large and continues to grow;
- abuse/neglect reporting has increased vastly, especially dangerous physical and sexual abuse;

- welfare and Medi-Cal reform will drastically alter the economic and health care support of many families. Many more children will be ineligible for SSI and welfare, and many families will be confronted with grave stress and destitution.

This situation requires extraordinary caution and attention to child protection and child safety. Key procedures in being cautious and attentive include:

1. **Child visitation (full compliance with all children)** (citation: CSWH #GR 93-02, Visitation and Contact Requirements);

2. CHDP periodic exams and concerted follow-up care (citation: CSWH #HCI 93-07, Health Care Services for DCS-Supervised Children);

3. Making sure that there is a finding for each allegation (CIS 100) (citations: CSWH #ER 92-02, Completing the Initial Contacts on New Cases; CSWH #CP 93-01, Initial Case Plan; and, FYI #92-08, Revision of the CIS 100, Emergency Response Referral);

4. Timely ER response (citation: CSWH #CAP 1, Response Times);

5. DRA approval, as delegated by Paul Freedlund and the Regional Administrators, of returns of children under the age of five years (i.e., 0-59 months), per procedures (citations: CSWH #CP 93-01, Initial Case Plan; CSWH #CP 93-02, Case Plan Update; CSWH #IN 93-03, Taking Children into Temporary Custody; and, FYI #95-83 [Rev. 2/96], Enhanced Protection for Children Under the Age of Five Years);

6. All background checks, including CII, CIS/WCMIS, JAI, CAI, per procedures (citations: CSWH #Court 93-06, Clearances: CII, JAI, CAI and CIS/WCMIS; CSWH #Placement 92-02, DCS Certified License Pending Home; CSWH #Placement 92-03, Out-of-Home Placement with Relatives; and, CSWH #ER 92-02, Completing the Initial Contacts on New Cases). Include background checks on persons who may not live in the home but assume caregiver/ babysitting roles, such as girlfriends/boyfriends and non-custodial parents. Remember that all background checks must be completed for reunification or extended visitation, as well as at ER, if not previously completed within the six-month time frame authorized by policy. Make sure you understand and document the significance and meaning of the findings of the background checks, including a detailed analysis in all case plans and court reports;

7. Relative home studies and background checks (citation: CSWH #Placement 92-03, Out-of-Home Placement with Relatives). Include background checks on persons who may not live in the home but assume caregiver/ babysitting roles, such as girlfriends/boyfriends and non-custodial fathers (citations: CSWH #Court 93-06, Clearances: CII, JAI, CAI and CIS/WCMIS; and, Special Information Bulletin entitled Child Abuse Index [CAI]: Clearances for Relative Placements, dated March 12, 1996). Make sure you check the garage and all areas of the home and property for safety (citation: FYI #95-81 [Rev. 2/96], Additional Requirements for Relative Placements);

8. Use of the DCFS 550, Body Chart, per procedures. Get medical help in physical abuse assessments, as required. Follow our procedures regarding diagnostic imaging. Often, old broken bones and injuries are hidden. Use our nurses in each office fully to obtain needed professional opinion, resources, and technical assistance (citations: CSWH #ER 92-02, Completing the Initial Contacts on New Cases; CSWH #HCI 93-08, Public Health Nursing Component of the Protective Services Child Health System; and, FYI #96-29 [Rev. 2/8/96], Diagnostic Imaging: A Requirement of the Medical Examination for Physical Abuse & Severe Neglect Cases);

9. Limiting the number of kids in foster home placement locations to six, unless the RA approves an exception (citations: #AD 92-10, Capacity in Relative or Foster Family Home Placements; and, CSWH #92-03, Out-of-Home Placement with Relatives);

10. Use of VIP and ensuring that all homes are within licensed capacity and properly licensed for the type of child(ren) placed (citations: FYI #93-23, VIP Plan to Verify Population and Capacity in Foster Homes - Vacancy Information Placement [VIP]); and, FYI #96-17, Technical Assistant Expanded Responsibilities);

11. Supervision of medically/technologically complex kids by our Medical Placement Unit (citations: CSWH #HCI 92-01, Medical Placement Unit Intake and Assessment Criteria; and, FYI #95-47, Medically Fragile Children), or a placement plan approved by Amaryllis Watkins only.

12. Risk assessments (citations: CSWH #ER 92-02, Completing the Initial Contacts on New Cases; and CSWH #CP 93-01, Initial Case Plan);

13. Use of County Counsel to appeal adverse decisions when children are endangered (citation: CSWH #Court 91-01, Adverse Decisions by the Court. Note: This CSWH will soon be cancelled and replaced by CSWH #Court 95-03,

Adverse Court Orders/Decisions). In this regard, court officers have a very central role to perform in assuring that all "Safety Czar" procedures are adhered to (citation: Peter Digre memos to Management Forum dated 10/24/95 and 10/26/95);

14. Careful use of the disrobing protocols (citation: CSWH #SD 95-01, Disrobing Children);

15. **Full use of new in-home services, such as child care and family preservation. THESE SERVICES SHOULD BE USED VERY** EXTENSIVELY WHENEVER YOU HAVE CONCERNS ABOUT CHILD SAFETY. <u>THEY SHOULD ALMOST ALWAYS BE USED FOR REUNIFICATION</u>. ALSO BE LIBERAL WHEN 1) SETTING LEVELS OF SERVICES AND 2) AUTHORIZING SERVICE EXTENSIONS. ERR ON THE SIDE OF TOO MUCH SERVICE!!! **ALSO**, BE CAUTIOUS TO NOT RETURN CHILDREN HOME FASTER AND IN GREATER NUMBERS THAN PARENTS CAN MANAGE. REMEMBER THAT INFANTS AND TODDLERS CREATE SPECIAL STRESSES. ALSO, PREGNANCY CAN BE A TIME OF EXCEPTIONAL STRESS. (citations: CSWH #92-03 [Revised], Protective Services Child Care; CSWH #SP 93-02, The Family Preservation Program). Also, remember that DRA signatures are required when returning children age 0-59 months home or allowing them to remain in their home (citation: FYI #95-83 [Rev. 2/96], Enhanced Protection for Children Under the Age of Five Years);

16. Make sure all kids in placement have a Medi-Cal card <u>at all times</u> (citation: FYI #92-33, Medi-Cal Card Issuance). SDHS will now do immediate HMO disenrollment (citations: FYI #95-82, Immediate HMO Disenrollment; FYI #96-17, Technical Assistant Expanded Responsibility; and, Memo from Peter Digre to All Staff, Dated 12/21/95, Regarding HMO Disenrollment);

17. In general, be very cautious about use of VFM in recent sexual or physical abuse cases. You will usually need the support of a court order (citations: CSWH #CP 93-01, Initial Case Plan; CSWH #CP 93-02, Case Plan Update);

18. IF A FAMILY DISAPPEARS OR MOVES AND YOU CANNOT FIND THEM, GET A PROTECTIVE CUSTODY WARRANT IMMEDIATELY AND DO A DUE DILIGENCE TO FIND THEM (citations: Dependency Handbook, Sections 36675-36680.4; Children's Services Handbook, Sections 5500-5570); and,

19. SCSWs should hold at least semi-monthly professional case conferences with all CSWs to deal with safety, permanency and other professional case issues. RAs/DRAs should conduct at least monthly professional discussions with all staff regarding safety, permanency and other professional issues.

Additionally, I would like you to consider the following casework issues as you provide services to our families:

The first issue is that of other adults who live in or are in and out of the home, OR WHO LIVE OUT OF THE HOME BUT FUNCTION AS CAREGIVERS/BABYSITTERS (this includes such persons as non-custodial parents, boyfriends, girlfriends and other significant others who may have contact with the child). These relationships may be of short duration, and the children may be seen as "in the way." This may lead to impatience and anger on the part of a live-in or visiting adult. Keep in mind also that children's behavior, especially those under age six, will become more clinging and demanding of the parent's attention when a stranger moves into the family. Consequently, a dynamic may be set up where the other adult and the child may become competitors for the parent's attention and affection. This can be a dangerous situation in that the child may become a target of the rage.

Understanding the sociopathic personality is the second critical protective and child welfare issue addressed here. Keep in mind that what is said concerning sociopathic behavior can apply to parents, stepparents, other live-in adults or caregivers. Do not look for any obvious signs of neurosis or psychosis in sociopaths. They may, in fact, come across as charming and even have a disarming attitude of over-protectiveness and cooperation. This behavior is exhibited to mislead the Children's Social Worker, who may also become the object of charm and superficial civility. Not being aware that this extreme cooperativeness may be a cover for abusive behavior has led to tragedy in some instances. Sociopaths will go to extremes to hide abuse of their children, so diligence is required. They will tell workers anything that they think the workers want to hear, and will appear to be "making progress." You may find yourself proud of the power of your services to change lives, while the abuse continues.

What are the practice implications for these two situations? When either condition is present, always consider their impact before deciding that the home is safe for continued placement or for reunification of the child. In the case of suspected sociopathic behavior, check the history very thoroughly. (Sociopaths may use different hospitals in order to cover their tracks.) Get professional diagnostic support from clinicians. Check medical records. Have the child medically examined in reports of physical or sexual abuse. Look for patterns of inconsistencies in attachment, bonding and affect. Be skeptical of problems that are too readily resolved. Demand a thorough and complete explanation for all injuries to the child. Get diagnostic imaging to check for old injuries. While an accurate history is critical in identifying this personality, keep in mind that sociopaths have probably fooled others before you, so look closely at unfounded reports, a pattern of "accidents" and "sibling" or "self-inflicted" injuries. <u>Never</u> accept the excuse that the baby is sleeping or otherwise unavailable so you can't

see him/her -- SEE AND EXAMINE THE CHILD! Make sure you see every child every time you visit.

Interviewing the sociopath becomes extremely important to the future safety of the children. If the relationship between adult and child is exploitive, then count on the interview being exploitive. Sociopaths will avoid accountability and responsibility at all costs. Expect them to reduce any stress or tension on themselves by directing the interview elsewhere. Therefore, the interview can be distorted, if not misleading, because the sociopathic client may be quite adept at pointing you in the wrong direction. The interviewer must be confrontive and challenging and the questions must be precise, direct and to-the-point. You may find many people around the sociopath supporting his/her version of the facts, because they are either charmed or part of a sociopathic network.

All staff should be aware that, when confronted, sociopaths often respond with narcissistic rage. They can become violent, not so much because they have hurt a child and have been caught, but because their own sense of self-importance has been injured. The humiliation of continuing to be considered a perpetrator despite their tactics causes intense hostility that can erupt into rage. Keep this in mind at unsupervised visits and in home and field interviews. Court orders are often useful against these perpetrators, as they respect or fear the power of the court to intrude into their lives.

Many of our families have serious and deep life patterns of violence and addiction. Compliance with a case plan may or may not indicate that these long-term patterns have been altered. Careful analysis and cautious professional judgment is always needed to ensure that the risk factors are eliminated.

Finally, PLEASE BE CAREFUL TO ANALYZE THE SIGNIFICANCE OF PREGNANCY IN YOUR ASSESSMENT. Pregnancy may be a time of great physical, familial and/or economic stress which may lead to behavioral changes. It should always be a factor for consideration in risk assessment and family preservation and family reunification planning. Beware of too rapid reunification planning during pregnancy. Small children and pregnancy are a stressful mix to all of us!!!

In short, the following principles shall underlie decision-making and case activity:

- follow all child safety procedures;

- our first concern is always protection of the child;

- be extra vigilant always, especially when other live-in or non-live-in caregiver/babysitter adults are present;

- recognize that those who charm you with their progress may require careful analysis;

- hope for progress must be balanced with analysis backed up with facts;

- compliance with the case plan must be analyzed with cautious professional judgment to make sure risk factors are eliminated;

- examine the children. Do not be put off by excuses that they are sleeping or otherwise unavailable;

- evaluate the impact of pregnancy as an added stress on the family; and,

- increased economic stress is increasing abuse and neglect and the severity of abuse and neglect.

I firmly believe that we can enhance our ability to protect children by following the guidelines discussed in this Bulletin. By combining basic child protection steps with casework skills, we will be able to increase the safety of children in our County.

Peter Digre

PETER DIGRE, DIRECTOR

PD:mdd
Attachments
c:\TOPRIO16

Attachment A

COMMUNITY FAMILY PRESERVATION NETWORKS

Mental Health

Department of Children and Family Services

Law Enforcement

Probation Department

District Attorney

LEAD AGENCIES/NETWORKS

SOUTH CENTRAL LOS ANGELES

- Drew Child Development Corp.
- L.A. Wings of Faith
- Praise of Zion Personal Involvement Center
- Youth Intervention Program
- Triangle Christian Services
- Black Family Investment Project

COMPTON

- Equipoise Inc.
- Shields For Families

LONG BEACH

- Long Beach Youth Center, Inc.
- City of Long Beach

EAST LOS ANGELES

- Plaza Community Center
- Latino Family Preservation Project

ECHO PARK (NORTH)

- El Centro Del Pueblo

NORTH CENTRAL SFV

- Boys & Girls Club of S.F.V.

POMONA VALLEY

- Pomona Unified School District

CRENSHAW

- Guidance Community Center

INGLEWOOD

- Institute for Black Parenting

ALTADENA/ PASADENA

- Five Acres-Boys & Girls Aid Society

BALDWIN PARK/ ELMONTE

- East Valley Boys & Girls Club

LYNWOOD

- Project Impact

ANTELOPE VALLEY

- Children's Center of Antelope Valley

SOUTH EAST

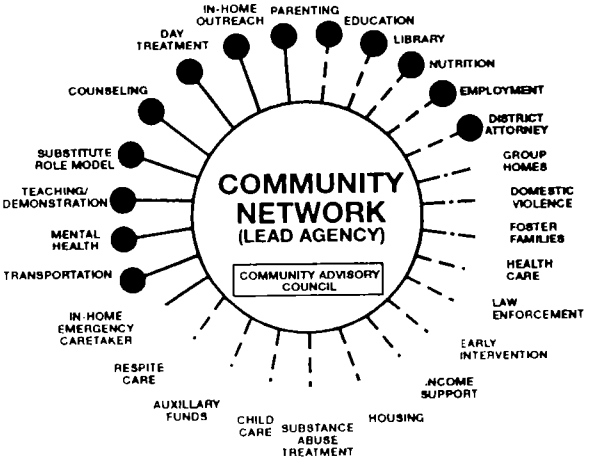
- Helpline Youth Counseling

SOUTH GATE/ HUNTINGTON PARK

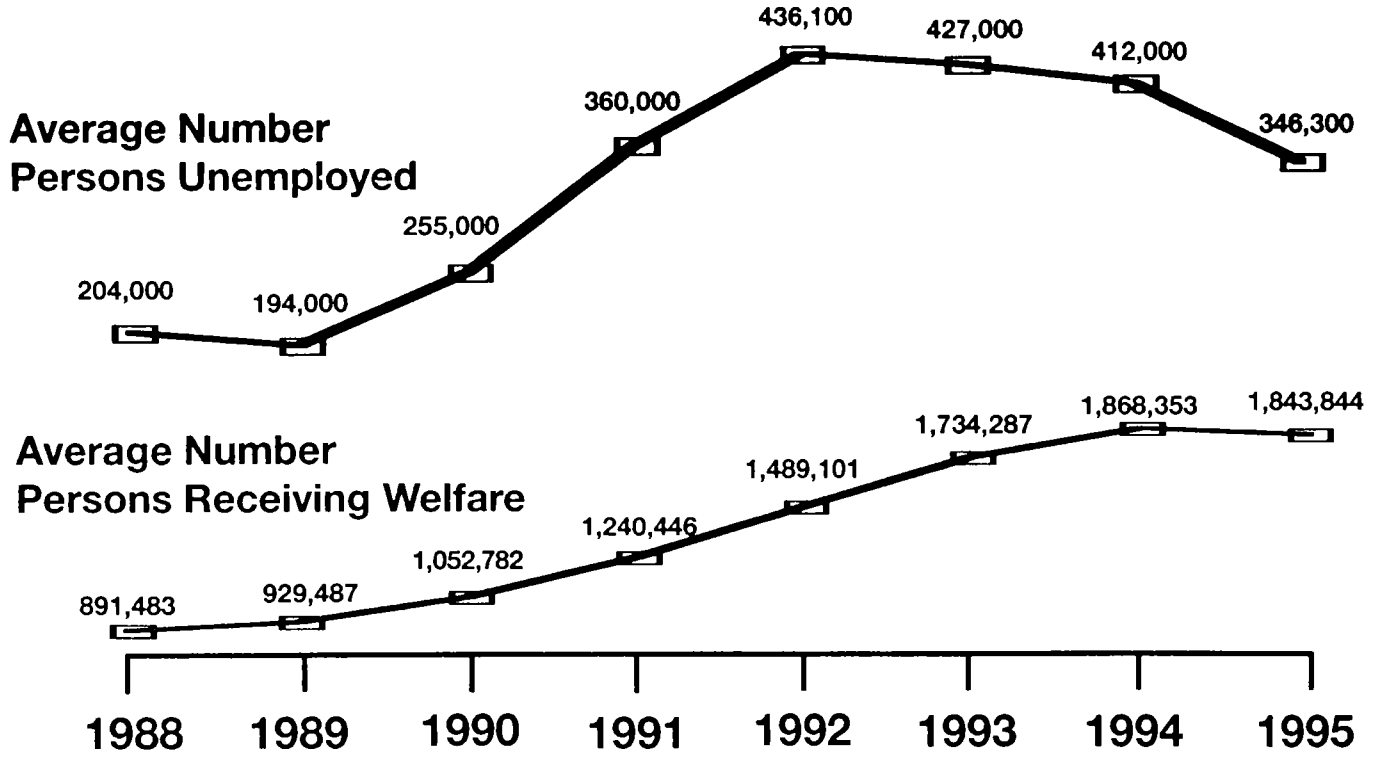
- Human Services Association

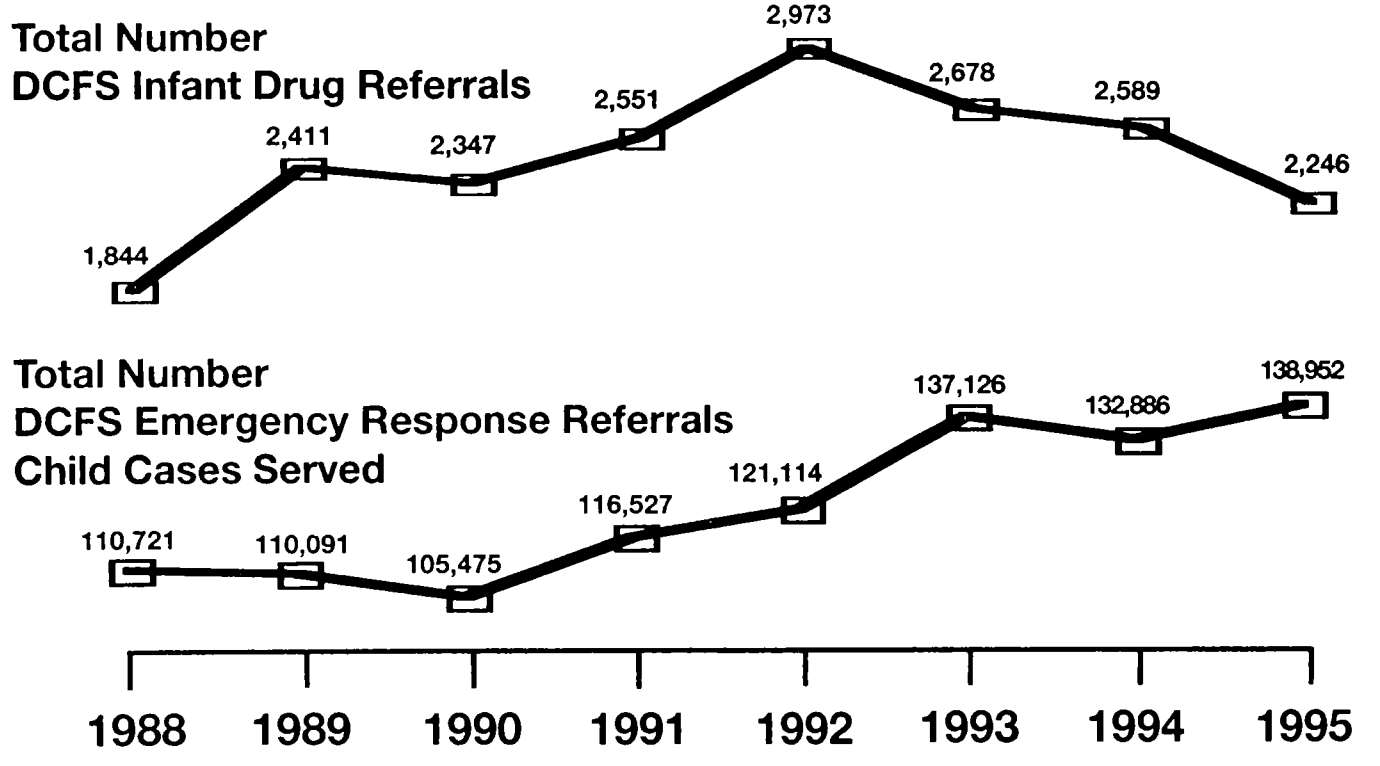
COMMUNITY NETWORK MODEL (Services Provided)

- LINKAGE SERVICES
- PROPOSED
- SUBCONTRACTOR SERVICES

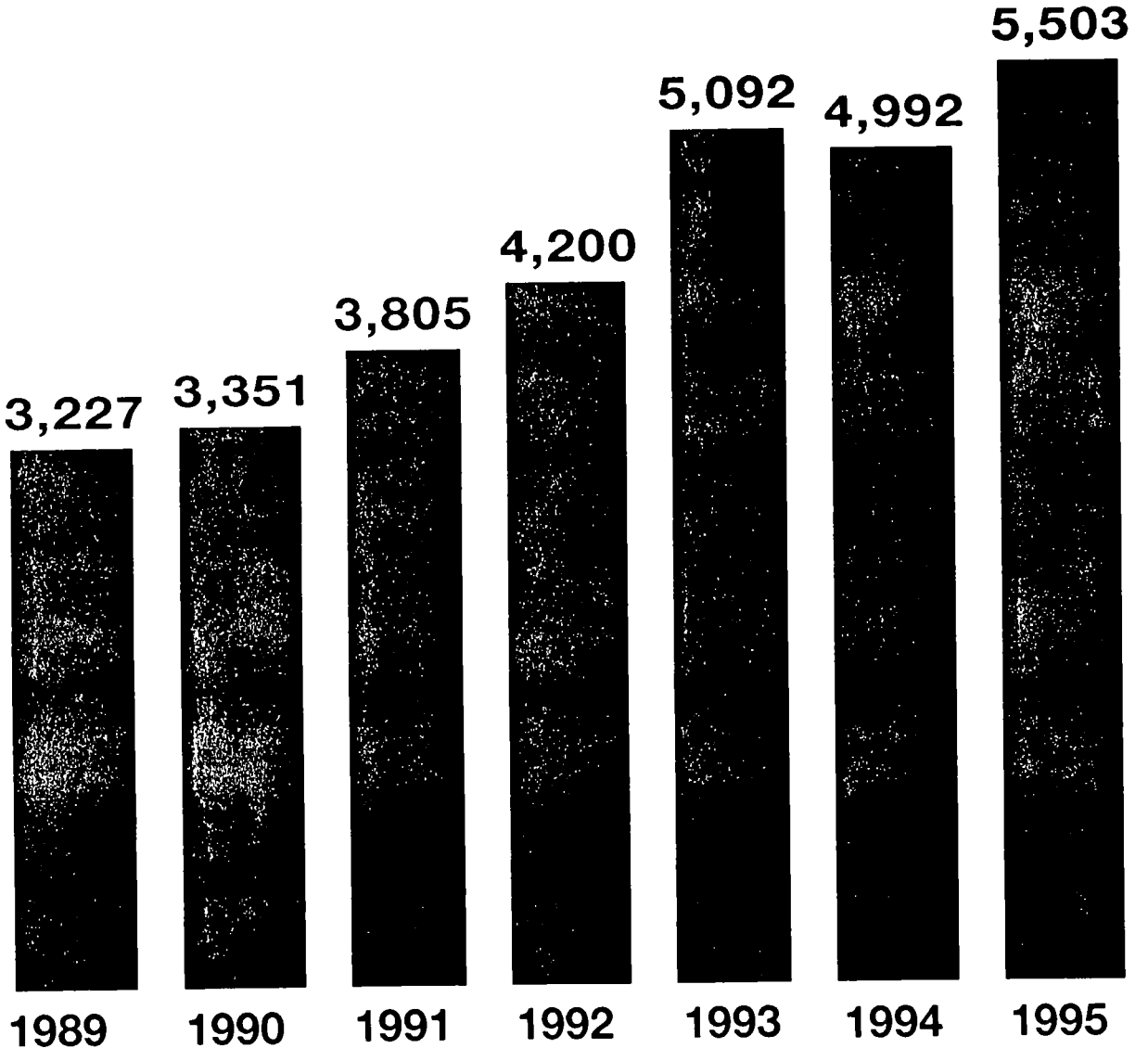


Unemployment, Welfare, Infant Drug Referrals, Emergency Response Child Cases and Child Placement for Los Angeles County





Average Monthly Emergency Response Services for Physical Abuse In The County of Los Angeles



Statistics Provided By the County of Los Angeles
Department of Children and Family Services

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"The Protective Services Child Health System"

The Los Angeles County
Department of Children and Family Services presents:

THE PROTECTIVE SERVICES CHILD HEALTH SYSTEM

A new approach to health care for abused and neglected children

El Departmento de Servicios para Niños y Familias del
Condado de Los Angeles presenta:

EL SISTEMA DE SERVICIOS DE PROTECCION PARA LA SALUD DEL NIÑO

Una manera nueva de obtener cuidados médicos para niños
que han sido víctimas de abuso y negligencia

EL "HUB" DEL CENTRO MEDICO KING/DREW (KDMC) Y DEL DEPARTAMENTO DE SERVICIOS PARA NIÑOS Y FAMILIAS (DCFS)

SATISFACIENDO LAS NECESIDADES UNICAS DE SALUD DE LOS NIÑOS QUE RECIBEN SERVICIOS DE PROTECTION

¿QUÉ ES EL "HUB" DE NIÑOS DEL KDMC/DCFS?

El "Hub" es el primer Centro de Actividad y Evalación médica completa para los niños a cargo del Departamento de Servicios para Niños y Familias (DCFS) en el Condado de Los Angeles. El Hub es parte del Sistema de Salud para los Niños que Reciben Servicios de Protección (PSCH) diseñado para satisfacer las necesidades de salud de estos niños de alto riesgo. En el Hub, los niños reciben un examen médico completo, examen de salud mental y del desarrollo, todo en un mismo lugar.

¿QUIEN UTILIZA HUB?

Los niños a cargo del DCFS, dede los recién nacidos hasta los dieciocho años de adad que viven en el área cercana al Centro Médico King Drew, son candidatos para ser referidos al Hub. Estos servicios se ofrecen a los ninos que viven consus padres, familaries, o en hogares de crianza.

¿CÓMO SON LOS NIÑOS REFERIDOS AL HUB?

El Trabajador Social (CSW) del DCFS, identifica a los niños que son elegibles a ser referidos y se comunica con la persona que cuida del niño para ofrecerle los servicios del Hub.

Si la persona que cuida del niño está de acuerdo, el CSW trabaja junto con la Enfermera de Salud Pública (PHN), hace una cita en el Hub para el niño y obtiene toda la información médica pertinente al niño. El numero del Hub es (310) 668-6400.

LAS VENTAJAS DE USAR EL HUB

- **Un lugar conveniente dentro de la comunidad**

  El Hub se encuentra en el hosptial KDMC, en una clínica por separado. La dirección es 1621 East 120th Street, Los Angeles, CA 90059. El estacionamiento es gratis y se encuentra a un lado del Hub.

- **Servicios exclusivamente para los niños a cargo del DCFS**

  El Hub solamente provee servicios a los ninos a cargo del DCFS y que han sido referidos por su CSW. El Hub es diseñado para trata con las necesidades de salud de estos niños de alto riesgo. Los profesionales de la salud y otros profesionales relacionados a la salud, tienen experiencia en trabajar con los niños en hosgares de crianza y son sensibles a las necesidades especiales de estos niños y son los que proveen las evaluaciones multidisciplinarias a estos niños en el Hub.

- **Citas para cumplir con el requisito del examen médico dentro de los primeros 30 días.**

  Los servicios del Hub incluyen exámenes del Programa de Salud y Prevención de Incapacidad para Niños (CHDP) que deben llevarse a cabo dentro de los primeros 30 días después de la asignación del niño a un hogar de crianza. Es muy importante que estos exámenes se hagan a tiempo para satisfacer las necesidades médicas especiales de estos niños. Los resultados de estos exámenes son incluídos en el plan total de slaud del niño.

- **Servicios de evaluación completa en un solo lugar.**

  El grupo de avaluación del Hub incluye un pediatra, un psicólogo, una enfermera pracicante en pediatría, una enfermera vocaional, trabajadores sociales y visitantes del hogar. Este grupo hace exámenes físicos, mentales y de evaluación completa del desarrollo para cada niño.

- **Un plan de salud para cada niño**

  Se formula un plan de salud específico para cada niño en la conferencia que se lleva a cabo en el Hub después del exámen completo. Los CSWs y las otras personas importantes en la vida del niño participan en esta conferencia.

- **Los niños pueden seguir con sus propios médicos regulares**

  Los niños son referido a su médico regular para su cuidado rutinario. El plan de salud formulado por el equipo del Hub se comparte con el médico regular del niño para asegurarse la continuidad en el cuidado de la salud del niño. El equipo del Hub puede ayudar a encontrar un médico primario, de ser necesario.

- **Referencias a los especialistas**

  Cuando el equipo del Hub recomienda cuidados especializados, se identifica un proveedor apropiado y se refiere al niño para obtener el cuidado especializado recomendado.

- **Ningún costo adicional**

  Los servicios del Hub los paga Medi-Cal, de manera que no hay ningún costo adicional por el exámen completo de los niños del DCFS en el Hub.

Para mayor información, las personas que cuidan de los niños deben comunicarse con el CSW o trabajador social del niño.

- **Appointments to meet the 30 day CHDP exam requirement**
  Hub services include Child Health and Disability Prevention (CHDP) Program exams which are required within the first 30 days of placement. Timely assessments are important to identify problems early and treat them promptly.

- **Comprehensive assessment services in one location**
  The Hub multidisciplinary assessment team, including a pediatric physician, psychologist, pediatric nurse practitioner, nurses, social workers and home visitors, conducts a thorough physical, mental health and developmental evaluation on each child.

- **A health care plan for each child**
  A health care plan specific to each child is developed at the post-assessment conference conducted by the Hub multidisciplinary team with caregivers, CSWs and others important to the child.

- **Children keep their regular doctors**
  Children are referred to their regular doctor for routine care. The health care plan developed by the Hub team is shared with the child's regular doctor to ensure that the child receives continuity of care. The Hub team provides assistance in finding a primary care physician, if needed.

- **Referrals to specialists**
  Whenever the Hub team prescribes specialized health or mental health care, an appropriate provider is identified and a referral is given.

- **No added costs**
  Hub services are covered by Medi-Cal and there are no additional costs for receiving comprehensive services at the KDMC/DCFS Children's Hub.

For more information about the KDMC/DCFS Children's Hub, contact the child's CSW.

THE KING/DREW MEDICAL CENTER (KDMC)/ DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) CHILDREN'S HUB

SERVING THE UNIQUE HEALTH NEEDS OF CHILDREN IN PROTECTIVE SERVICES

WHAT IS THE KDMC/DCFS CHILDREN'S HUB?

The KDMC/DCFS children's Hub is the first comprehensive health assessment center for children supervised by DCFS. The center is part of the Protective Services Child Health (PSCH) System which is a new approach to rpoviding health services to high risk children. At the Children's Hub, children receive a thorough physical, mental health and developmental exam in one location.

WHO USES THE KDMC/DCFS CHILDREN'S HUB?

Children supervised by DCFS, newborn through eighteen years of age, who live within the catchment area of King/ Drew Medical Center, are candidates for referral to the KDMC/DCFS Children's Hub. Hub services are offered to children residing with parents, relatives or in out-of-home care.

HOW ARE CHILDREN REFERRED?

- The DCFS Children's Social Worker (CSW) identifies eligible children for referral and contacts the caregiver to offer Hub services;

- If the caregiver agrees to a Hub assessment, the CSW works with the Public Health Nurse (PHN) at DCFS, makes a Hub appoitment for the child and gathers background medical information.

ADVATAGES OF USING THE KDMC/DCFS CHILDREN'S HUB

- **A convenient location wihtin the community**
  The KDMC/DCFS Children's Hub is located on the grounds of King/Drew Medical Center in a separate clinic building of its own. The address is 1621 East 120th Street, Los Angeles, CA 90059. Free parking is provided adjacent to the Hub. The Hub telephone number is (310) 668-6400.

- **Services provided exclusively to DCFS children**
  The KDMC/DCFS Children's Hub serves only children who are supervised by DCFS and referred by their CSW. Health professionals experienced in working with abused and neglected children and sensitive to their particular needs provide comprehensive health assessment services.

COMMUNITY SUPPORT PROGRAM FOR THE CHILDREN'S HUB

HOW YOU CAN BECOME INVOLVED

As a member of this community, your participation is needed to support the Department of Children and Family Services' (DCFS) efforts to meet the health needs of abused and neglected children in Los Angeles County. You can help in the following ways:

- **JOIN YOUR LOCAL ASSESSMENT CENTER'S Regional Community Advisory Committee** to support the services provided to children at the assessment center, or Hub;
- **VOLUNTEER YOUR TIME** to help with fundraisers and other events that benefit the children served at the Hub;
- **SHARE YOUR EXPERTISE** by providing health or related services to meet the needs of these children; and/or
- **DONATE ITEMS OR SERVICES** to improve the quality of life for these children, help them feel more comfortable receiving health services, and to encourage their positive growth and development and enhance their self-esteem.

For more information about how you can become involved, contact DCFS' Health Services Development Section at (213) 351-5770.

PROGRAMA DE APOYO A LA COMUNIDAD PARA EL HUB

MANERA EN QUE USTED PUEDE PARTICIPAR EN ESTE PROGRAMA

Se necesita su participación como miembro de esta comunidad para apoyar los esfuerzos del Departamento de Servicios para Niños y Familias (DCFS) para satisfacer las necesidades médicas particulares de los niños que han sido víctimas de abuso y negligencia y que viven en el Condado de Los Angeles. Su ayuda se necesita en las siguientes formas:

- **Uniéndose al grupo de evaluación** del Centro de Evaluación o Hub en su comunidad para apoyar los servicios que se ofrecen a los niños en el Hub.
- **Siendo voluntario** para asistir con eventos para recaudar fondos que beneficiarán a los niños que reciben servicios en el Hub.
- **Compartiendo sus servicios** si es usted experto en servicios de salud para satisfacer las necesidades especiales de estos niños.
- **Donándo servicios o artículos** para mejorar la calidad de vida de estos niños, ayudándoles a sentirse cómodos cuando reciben los exámenes médicos, todo lo cual les ayudará a tener un mejor crecimiento y desarrollo.

Para participar o para mayor información, favor de comunicarse con la Sección para el Desarrollo de Servicios de Salud en el DCFS al (213) 351-5770.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)
PUBLIC HEALTH NURSING PROGRAM

PUBLIC HEALTH NURSES (PHNs) COMPLETE THE CIRCLE OF CARE FOR CHILDREN UNDER PROTECTIVE SERVICES

Los Angeles County PHNs are housed in DCFS offices countywide to assist Children's Social Workers (CSWs) by:

PROMOTING health and disease prevention for children served by DCFS;

IMPROVING the quality and continuity of health care delivered to children supervised by DCFS; and

ENHANCING the collection and dissemination of health information to CSWs, children's caregivers and health providers.

As part of the Department of Health Services' (DHS) Child Health and Disability Prevention (CHDP) Program, the PHNs:

- Follow-up on any child health concerns to ensure continuity of care;
- Function as liaisons between the Hubs and Provider Networks in each community to enhance communication of vital health information;
- Assist the CSW and caregivers to obtain health referrals that meet the needs of children served by DCFS; and
- Provide consultation and in-service training to CSWs on health issues.

The PHNs also assist in developing networks of public and private health and health-related providers to serve DCFS children.

For more information about the DCFS Public Health Nursing Program, call the Nursing Administrator at (213) 351-5775.

SUPLEMENTO PARA EL FOLLETO DEL SISTEMA PSCH
PROGRAMA DE ENFERMERAS DE SALUD PUBLICA
DEPARTAMENTO DE SERVICIOS PARA NIÑOS Y FAMILIAS

LAS ENFERMERAS DE SALUD PUBLICA TIENEN LA RESPONSABILIDAD DE COMPLETAR EL CIRCULO DE CUIDADO PARA LOS NIÑOS QUE RECIBEN SERVICIOS DE PROTECCION

Las Enfermeras de Salud Pública (PHNs) en el Departamento de Servicios para Niños y Familias (DCFS) del Condado de Los Angeles, asisten a los Trabajadores Sociales (CSWs) a:

Promover la salud y prevención de enfermedades entre los niños a cargo del DCFS;

Mejorar la calidad y la continuidad del cuidado de la salud ofrecido a los niños a cargo del DCFS; e

Intensificar la colección y diseminación de información a los CSWs, personas que cuidan de los niños y a los proveedores de servicios de salud.

Como parte del Programa de Salud y Prevención de Incapacidad para Niños (CHDP) en el Departamento de Servicios de Salud (DHS), las Enfermeras de Salud Pública (PHNs) hacen lo siguiente:

- Proveen continuidad en problemas de salud que han sido identificados en los exámenes;
- Funcionan como lazo entre el Hub y la Red de Proveedores en cada comunidad para mejorar la comunicación de información vital;
- Distribuyen información sobre la salud y les entregan referencias a los CSWs y a las personas que cuidan de los niños para atender las necesidades de salud de los niños a cargo del DCFS; y
- Ofrecen consultas y servicios de entrenamiento a los CSWs acerca de asuntos relacionados con la salud.

Las PHNs asisten en el desarrollo de redes de proveedores de servicios de salud pública y privada que ofrecen servicios a los niños del DCFS.

Para mayor información acerca del Progama de Enfermeras Publicas, puede llamar al (213) 351-5775.

JOINING THE PROTECTIVE SERVICES CHILD HEALTH SYSTEM PROVIDER NETWORK

The Department of Children and Family Services (DCFS) Protective Services Child Health (PSCH) System integrates public and private health providers in communities throughout Los Angeles County. Organized into Provider Networks, these health providers serve as a resource for the continuing health care of children seen at the Multidisciplinary Assessment and Service centers, or Hubs.

As part of the PSCH System, abused and neglected children supervised by DCFS receive a comprehensive physical, mental health and developmental assessment at the Hub. At the conclusion of the assessment, each child's service needs are identified and referrals are made for follow-up to the Provider Network in each community.

Both primary care providers and specialists in a variety of health and health-related disciplines are being sought to meet the multiple health needs of DCFS-served children.

As a participant in the Provider Network:

- You will receive all pertinent background information that is available on the child, including the child's health care plan developed by the Hub multidisciplinary team;
- You will be able to consult directly with health care professionals who assist Children's Social Workers with the health care case management of DCFS children; and
- You will be reimbursed by Medi-Cal for referred children.

To become part of the Provider Network in your area, contact the Nursing Administrator of the DCFS Public Health Nursing Program at (213) 351-5775.

UNIENDOSE A LA RED DE PROVEEDORES DEL SISTEMA DE SALUD PARA NIÑOS QUE RECIBEN SERVICIOS DE PROTECCTION

El Sistema de Salud para Niños que Reciben Servicios de Protección (PSCH) del Departamento de Servicios para Niños y Familias (DCFS) integra a proveedores de salud pública y privada en las comunidades del Condado de Los Angeles en una Red de Proveedores organizados como un recurso para los niños que reciben servicios en los Hubs.

Como parte del Sistema PSCH, los niños que han sido víctimas de abuso y negligencia y que están a cargo del DCFS, reciben una evaluación completa de salud, salud mental y desarrollo en el Hub. Al terminar la evaluación, se identifican los servicios que son necesarios para cada niño y se hacen las referencias a la red de proveedores en cada comunidad para que el niño pueda recibir tratamiento de continuidad o cuidados especializados.

Se necesitan proveedores de servicios de la salud, tanto primarios como especializados para satisfacer las necesidades médicas de los niños a cargo del DCFS en todas las áreas del Condado de Los Angeles.

Como participante en la Red de Proveedores, usted:

- Recibirá toda la información disponible acerca del niño, incluyendo el "Plan de salud" individualizado, formulado por el personal del Hub;
- Podrá consultar con las Enfermeras de Salud Pública que trabajan con los CSWs quienes le asistirán con servicios de coordinación; y
- Será reembolsado con el plan de Medi-Cal por todos los niños referidos a usted.

Para participar en la Red de Proveedores del PSCH en su área, favor de comunicarse con Jeanne Smart, Directora del Programa de Enfermeras de Salud Pública del DCFS al (213) 351-5775.

THE PROTECTIVE SERVICES CHILD HEALTH (PSCH) SYSTEM

WHAT IS THE PSCH SYSTEM AND WHY IS IT NEEDED?

Across the country, children within the protective services system are known to be at greater risk than other children for a wide range of physical, developmental, and behavioral problems. These problems are not always identified or when identified, are not always addressed in a timely, appropriate, or coordinated manner.

In Los Angeles County, identification of health and mental health needs and accessing of appropriate services for these children is compounded by:

- the large number of abused and neglected children in the protective services system;
- an insufficient number of health care providers willing to treat these children, and
- deficient information about each child's health and mental health needs.

To address these barriers to health care, the Los Angeles County Department of Children and Family Services (DCFS) convened the DCFS Health Care Task Force, comprised of representatives from key County departments, private health and health-related providers, community organizations, caregivers, and child advocates. Together, this Task Force developed the *Protective Services Child Health (PSCH) System*, an innovative approach to health service delivery for abused and neglected children under DCFS supervision.

GOALS OF THE PSCH SYSTEM

The primary goals of the PSCH System are to:

- Improve the health and mental health status of DCFS children;
- Enhance the functioning of the child welfare system, and
- Control the cost of health care and social services over time.

KEY ELEMENTS OF THE PSCH SYSTEM

The PSCH System has four main components:

1. **Multidisciplinary Assessment and Service Hubs (Hubs)**

   Hubs are the cornerstone of and the entry point into the PSCH System. They also serve as the focal point for a community-based Provider Network.

- A *multidisciplinary assessment team* at the Hub is comprised of pediatricians, psychologists, nurse practitioners, public health nurses, and social workers. For each child referred to the Hub, the *team*:

- Conducts a *comprehensive health, mental health and developmental assessment* to identify the child's unique health care needs;

- Develops a *child health plan* outlining those needs, recommending follow-up care and identifying who will be responsible for arranging and monitoring that care. This *plan* is integrated into the child's overall case plan, and

- Provides linkages to community-based clinical providers for ongoing primary and specialty care.

When fully implemented, the PSCH System will include a conveniently located Hub in each Service Planning Area of the County.

2. **Public Health Nurses (PHNs)**

PHNs provide consultation to Children's Social Workers (CSWs) on health issues to ensure that DCFS children are properly evaluated and receive necessary and timely follow-up care. Consultation activities include:

- Explaining medical terms, the child's diagnosis and/or complex instructions to the CSW, or child's caregiver;

- Helping the CSW and/or caregiver to identify important health issues;

- Assisting the CSW in preparing for the child's upcoming visit to the Hub, or to his/her health care provider, and

- Providing education to CSWs, children's caregivers, health care professionals and the community about the health needs of DCFS children.

PHNs also act as liaisons between DCFS and the Hubs, track children's health care status, assist CSWs in the implementation of the *child health plan* and help develop and access health resources in the community.

3. **Provider Networks**

Provider Networks are organized networks of community-based health, mental health and social services clinical providers and agencies in each region of the County, whose role is to provide ongoing primary and specialty care to children assessed at the Hub. Each Hub will be linked with its own Provider Network.

4. **DCFS Coordination Unit**

This Unit oversees the development and implementation of the PSCH System, monitoring standards and protocols, quality assurance, data management, information and technical assistance, provider recruitment and funding and fiscal management.

5. **Centralized Health Data Management System**

This component is managed by the PHNs to track children's health care status.

STRONG COMMUNITY INVOLVEMENT A CENTRAL THEME

The PSCH System has a strong community emphasis, with representation from private and public sector agencies, health care providers, children's caregivers and child advocates participating on a Regional Community Advisory Committee (RCAC) for each Hub. The RCACs are actively involved in ensuring that the Hub in each area is responsive to the needs of the children in its community and that other segments of the community (e.g., business and professional entities) provide ongoing support for the Hub.

WHO IS SERVED BY THE PSCH SYSTEM?

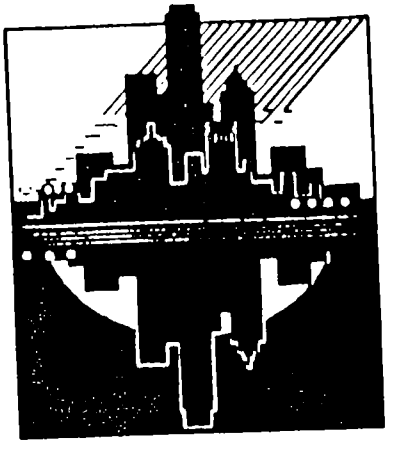
The PSCH System is designed to provide improved health care for all children under DCFS supervision. PHN consultation is available for all DCFS children and Hub services are available to any DCFS child with Medi-Cal eligibility or insurance.

HOW ARE SERVICES FINANCED?

Currently, services are financed through a combination of county, state and federal dollars, including Child Health and Disability Prevention (CHDP) Program and Title IV-E (training), as well as private grants.

FUTURE DIRECTIONS

Ultimately, it is anticipated that there will be eight Hubs located throughout the County, so that all DCFS children may have access to these essential, comprehensive services. In addition, the relationship between the Hub and other assessment and service resources for abused and neglected children will be more clearly defined. Alternative funding strategies are being considered to make the System, particularly the Hubs, more self sufficient. The PSCH System has provided invaluable services to vulnerable children. Once fully implemented, the PSCH System will ensure that DCFS children throughout the County receive appropriate, timely and comprehensive health and mental health care.



COMMUNITY-BASED

PLACEMENT

PROJECT

COMMUNITY-BASED PLACEMENT PROJECT MODEL

Project History

The Community-Based Placement Project was conceptualized in response to concerns regarding visitation requirements for the growing number of children who remain in foster care without permanent homes.

In 1993, the Los Angeles County Department of Children and Family Services, the California Department of Social Services, and the Youth Law Center entered into an agreement to plan and implement a Community-Based Placement Pilot project. The Pacoima community was selected for this pilot and the first children were placed in May, 1995.

The planning, implementation and evaluation of this pilot was a collaborative effort involving the Department of Children and Family Services, the California Department of Social Services, the Pacoima Community Family Preservation Network, the local Foster Parent Association, the local Foster Parents, the community schools and the community service providers.

Project Model

A project model has been developed which may be replicated in any community and which has clearly defined policy, procedures and outcome measurements.

The model requires:

- Development of placement resources within the community.
- Placement within the child's community.
- Continuation of the child in the same school.
- Participation by the school as an active member of the Community Assessment Team.
- Participation by the foster parent as an active member of the Community Assessment Team.
- Use of 30 day initial placement Assessment Homes to comprehensively assess and develop a plan for meeting the needs of the child and his/her family, utilizing the services within the community to keep the child and his /her family in the community whenever possible.

Specialized Care Rate (P-Rate)

On December 23, 1994, the California Department of Social Services approved the use of a Specialized Care Rate for the Pacoima Pilot. They have subsequently approved expansion of this Rate to accommodate the Department of Children and Family Services' plan to develop a Community-Based Placement Pilot in each of the eight Regions.

The approval for the expansion is effective for the period, July 1, 1996 through June 30, 1999, with a maximum capacity of 1,400 beds by the end of this period.

The P-rate is child specific and is a payment over and above the Basic, age-specific, Board and Care Rate. The levels of rate are P-1 in the amount of $360 to be paid to Community-Based Placement Assessment Homes for a period not to exceed 30-days and P-2 in the amount of $260 to be paid to Community-Based Placement On-Going Service Homes for the duration of the child's placement.

To qualify for a Community-Based Placement Project designation, foster parents must:

- Reside in the targeted CBPP Pilot communities.
- Participate in a minimum of nine hours additional CBPP training.
- Agree to extensive visitation by the birth parent in the foster home when appropriate.
- Model appropriate parenting for birth parents.
- Participate in all Community Case Plan Conferences for children in their home.
- In addition, all Assessment CBPP Homes must be available 24-hours for placement and participate in all activities necessary to comprehensively assess the child's needs.

Pilot-Specific Policy Standards

The policy standards which are unique to this project are:

- No child 10 or under is to be placed in a group home.
- (Policy allows for appropriate administrative exceptions)
- P-rate requires that child remain in own school.
- Formal community assessment/case plan conference protocol with community team includes foster parent and school representatives and school.

Goals

The five primary goals of the pilot are:

- To improve visitation by all significant persons (parents, social workers, significant others) with the child.
- To reduce the length of time in placement and the number of replacements.
- To increase the number of children reunified with their parents.
- To reduce the time necessary for reaching a permanent plan for children.
- To achieve educational consistency for the child in his/her own school.

Evaluation Outcomes

Fourteen outcomes for evaluation have been identified. For each outcome, operational definitions have been developed and measurements identified.

These outcomes are:

- To increase the number of meaningful contacts between children in placement and their parents.
- To reduce the time required to determine the appropriate permanent plan for the children.
- To reduce the number of children sent to non-relative long term foster placements.
- To increase the number of children returning to their family homes.
- To minimize disruptions, replacements and return to placements of children.
- To minimize the adverse effects of movement on the lives of children including separation from established school ties, friends and social affiliations.
- To keep siblings together and maintain sibling relationships.
- To provide appropriate services for families with children in out-of-home placements.
- To engage families in building child and family satisfaction
- with the DCFS process.

- To establish and maintain positive relationships between target children/families and those involved in the case plan.
- To make foster parents an active partner with target children and their families' case workers and other community persons involved in the service process.
- To increase the diversity, retention and satisfaction of foster parents.
- To provide enhanced social service coordination between all those involved in the case.
- To provide optimum opportunity for children to achieve their full educational potential and to remain in own school.

Evaluations will be conducted every six months by a team of the Los Angeles County Department of Children and Family Services and the California Department of Social Services staff for a period of no less than two years. Evaluation results will be provided to the Youth Law Center, Department of Children and Family Services and to the California Department of Social Services" Children's Services Program Development Bureau and the Foster Care Branch.

Initial Outcomes of Current Pilot

Four significant outcomes immediately apparent were:

- Partnerships in planning provide expanded services for the family and partnerships which continue beyond the pilot boundaries.
- Community involvement and support improves foster home recruitment. In Pacoima, the number of available homes increased 100% within 6 months.
- Children remain in their own school.
- School staff and foster caregivers actively participate in the development of a comprehensive case plan for the child and family.

DCFS/JOBS SECTION

PURPOSE

The primary focus of the DCFS/JOBS Section is job recruitment for emancipating foster youth. The JOBS Section staff work with various County departments and private industries to identify jobs for foster youth throughout the County of Los Angeles.

The JOBS Section also conducts Job Fairs/Job Skill Workshops throughout Los Angeles County to inform DCFS foster youth about current job opportunities in County departments and private industries.

1996-97 GOALS

- To provide outreach to all foster youth ages 16 and over, in order to prepare them for employment opportunities, via Job Skill Workshops and coordination with existing Independent Living Programs.
- To provide Pre-Employment Training for foster youth.
- To link foster youth and emancipating foster youth with actual full-time and part-time employment.
- To provide follow-up assistance with job maintenance and job promotional opportunities.

1995-96 ACCOMPLISHMENTS

1995 ACCOMPLISHMENTS

Developed the following forms and documents:

- Foster Youth Employment Referral Form
- Foster Youth Statistical Form
- Visitor Log Form
- Telephone Log Form
- Foster Youth Job Leads and Contact Form
- Employment Verification Form
- JOBS Section Fact Sheet
- Job Training for DCFS Youth Information Sheet
- Job Search Handbook for DCFS Youth

STATISTICS

• Foster youth served/trained at DCFS/JOBS Drop-in Center	317
• Foster youth who attended Job Fairs	440
• Foster youth hired by the Private Sector	57
• Foster youth hired by the Public Sector	50
• Foster youth hired by SYETP*	1,600
*(DCFS/JOBS Section's goal is to refer 2,000 foster youth for summer jobs in 1996)	
TOTAL FOSTER YOUTH SERVED:	2,464

JD:lk

HOUSING FOR EMANCIPATED FOSTER YOUTH

FACT SHEET

ISSUE

The Department of Children and Family Services (DCFS) has an identified need to provide transitional housing and supportive services for former foster youth who have emancipated from foster care because they have "aged out" of the system. These youth are no longer eligible for federal or state assistance through the child welfare system. They are eligible for ILP services until the age of 21 years. ILP, however, does not provide housing services.

CURRENT RESOURCES

DCFS was awarded a five year $1.1 million grant from the Federal Housing and Urban Development Department (HUD) in 1993 to provide transitional housing and supportive services to former foster youth. This grant will serve between 30 and 60 emancipated foster youth including two families with children. The length of stay is from 12 to 18 months.

In 1995, DCFS was awarded another grant for $1.9 million from HUD to provide transitional housing and supportive services such as day care, educational guidance, individual and group counseling, employment, health care and permanent housing assistance. This grant is for three years and will serve 50 homeless foster youth annually.

DCFS, the Community Development Commission (CDC) and United Friends of the Children (UFC) have a joint venture at Westchester House. This apartment building was purchased and rehabilitated by CDC with HUD funds. This building has five units which house nine residents including two young mothers with children. Furnishings for the apartments were donated by UFC and purchased with HUD funds.

DCFS and UFC in a continuing collaborative effort to end the problem of homeless foster youth successfully obtained a Weingart Foundation grant. The Foundation has committed substantial resources to provide supportive services for former foster youth during the next year. If these efforts are successful the grant is renewable for up to five years. The grant also provides funds for an Alumni Drop-in Center in Hollywood for emancipated former foster youth where supportive services such as employment guidance, referral services for low or no cost medical, dental and legal services, emergency food, clothing and housing services will be provided.

FUTURE PLANS

DCFS and CDC are working together to develop other ventures similar to Westchester House. DCFS will also use funds from the second HUD grant to rent additional apartments in the San Fernando Valley, Antelope Valley, South Central Los Angeles and Pasadena. DCFS has applied for additional HUD funds during the current round of Super Nofa funding. These applications are due in Washington D.C. on June 12, 1996. If awarded, funds will be available after November 1996.

LOS ANGELES COUNTY
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SCHOLARSHIP PROGRAM

FACT SHEET

In May of 1995, the Department of Children and Family Services (DCFS) established a scholarship program. The program is designed to give every youth emancipating from foster care the opportunity to advance their education, with full support and backing of DCFS. Beginning with the class of 1996, this Department will offer scholarship assistance based on an unmet need, to make certain that 100% of eligible youth have a chance to continue their education. This assistance is provided after all other financial sources have been exhausted.

The Department has created a Scholarship Review Committee that meets weekly to monitor the status of the overall preparation process for upcoming graduates, whether or not they are in the Independent Living Program (ILP). In addition, the Committee deals with individual requests for financial assistance, or related, for those youths already in college or trade school. The funds available are only awarded if the needs of the youths are beyond the services that can be provided by ILP.

The primary focus of the scholarship program is to give every youth the opportunity to go college or trade school, and assist in their retention in college. The scholarship committee sends out applications and letters to every youth, social worker, ILP Coordinator, foster parents, and out of home care providers, aiding them in the scholarship application process.

The scholarship program also works closely with other programs that assist in preparing youth for college or trade school such as, Education Initiative, Emancipation, ILP, Community College Outreach, Housing, and JOB section.

All scholarship applications and college materials are sent to the attention of Brian H. Berger, Chair of the Scholarship Committee, at 425 Shatto Place, room 200, Los Angeles, CA 90020. For more information about the scholarship program call June L. Williams at (213) 351-5702.