

Testimony to the Little Hoover Commission
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What efforts are underway in LA to ensure children in foster care have the care, nurturing and services they need to be successful?

Key factors that affect foster care quality and services:

A. Entry to the Child Welfare System

Initial decisions about whether children will enter the foster care system or have other alternatives available sets the stage for all other outcomes in foster care. Over burdened foster care systems lead to poor quality care and poor outcomes for children, including children removed from their communities and schools, lost relationships, separation from family (including siblings), school failure and multiple moves.

Los Angeles is examining the “front end” of the investigation and decision-making process and planning for the following:

- Mobilizing safety services at the point of Emergency Response (ER) in order to address the immediate needs of families for the purpose of maintaining children safely in their own homes when possible and reasonable. DCFS has invited the Family Preservation Network to join in focusing services where they can be most effective in safely avoiding foster care.
- Holding a family team conference immediately upon determining there is the potential for placement unless services are immediately provided or alternatively to identify relative caregivers with the assistance of the family, including extended family, and to decide upon the relative most qualified to meet the immediate needs of the child and family. DCFS managers are participating in the examination of changes needed to make the initial actions in investigations family centered, strength and need based and diversion focused.
- Establishing a range of options for relative caregivers to allow them to access supportive services without entering the child welfare system. The newly formed Model Court Team¹, led by Presiding Judge Michael Nash, is planning a work group to develop a proposal to offer relative caregivers alternatives to Dependency Court.

¹ The Model Court Team membership is currently the Presiding Judge of the Juvenile Court, the Director of the Department of Children and Family Services, the Executive Director of Dependency Court Legal Services (DCLS) and County Counsel.

B. Permanence

The single most important service to meet foster children's developmental, physical, psychological and emotional needs is the expeditious delivery of permanence. Important services such as mental health and educational assistance have diminished effectiveness for children preoccupied by rejection, separation anxiety and the loss of all relationships including the frequent separation from siblings.

One third of the foster children in Los Angeles have been in non-relative care for more than 2 years. There is an urgent mandate to develop individual plans, identify services and move toward permanence through reunification (the most common permanency option), through relative care guardianship (the second most common form of permanence), and through adoption for children who are not or cannot find permanence within extended family.

DCFS has published the list of all children in long term non-relative care by region, supervisor and social worker and staff have been asked to re-examine caseloads and identify children to move into permanent homes. Foster care is being redefined as a short-term option for children while the Department completes their permanency plans. Children's developmental needs demand that foster care be limited to short term and DCFS is moving to discontinue requesting Long Term Foster Care as a court ordered option (though it is still contained in California State Statutes) and to engage in active permanency planning for all children. The Los Angeles Model Court Team will be asked to develop meaningful working definitions for Los Angeles of "not in the best interest" exception to the Federal requirement of filing a Termination of Parental Rights petition for children who have been in care for 15 of the last 22 months.

C. Services for Families and Children

Wraparound services have been implemented county-wide in Los Angeles, offering DCFS staff intensive multi-disciplinary family-team permanency services through contracted providers, for those children and families with the most complex issues. Currently, the county has 150 Wraparound slots filled and is adding capacity at the rate of 15 to 20 slots per month. This expansion will continue for the next several years.

Family Group Decision Making (also known as Family Conferencing) has been implemented within DCFS to provide another family-centered planning option for social workers to secure or maintain permanence for children. There are currently 30 staff assigned to this function and the Department is exploring options for both expanding this service and to implement a streamlined method that can be deployed more quickly and more frequently within regional offices. This very popular and effective method of engaging families has had success in locating and engaging family members when children were declared to have no family.

Permanency Teams have been deployed within the last month giving the Department 3 multidisciplinary teams to focus on permanence for children. These teams are each composed of a Permanency Planning specialist, a Public Health Nurse, a Mental Health worker, a Resource Specialist, and the CSW for individual children coming to the attention of the Team. This Team is deployed when there are indications that current placements are about to disrupt. The primary

focus of the Team is to ensure that the child has an active plan for obtaining a permanent family or a permanency option of their choice arranged in a reasonable time period. Additionally, the team ensures that proper referrals and services are arranged to achieve this plan and that the placement will be stabilized or a more appropriate placement will be located while this plan is being implemented.

These Teams are intended to offer children hope and assistance in planning a future that includes a family and to assist in planning necessary placement changes in a way that is sensitive to the child's needs and is least disruptive. These prototype teams initial efforts are directed at group home placements and intended to reduce the number of children who are moved between the County's foster care system, psychiatric hospitals, and MacLaren Children's Center (MCC), the County's shelter. The team model has great promise, however, to be expanded to assist Regional Offices meet the permanency planning needs the broader foster care population.

Mental Health services are provided to children in foster care through both Wraparound and the Permanency Teams. In addition, Mental Health services are provided through System of Care, through local Mental Health offices and through on-call crisis workers. Intensive mental health services are provided at MacLaren Children's Center. The County also has Community Treatment Facility (CTF) services available to meet the needs of children requiring secure care for a temporary period.

The County has aggressively pursued improved coordination and collaboration with **Regional Centers** to ensure that appropriate and timely services are provided to children who have special needs related to developmental delay. While much remains to be done in this area, ongoing meetings and planning have set the stage for continued and increased service collaboration.

There have been Departmental planning efforts undertaken with **community service providers** to provide multi-disciplinary assessments for children entering foster care. These plans will be integrated with the family team conferencing model deployed at intake to ensure that planning includes an assessment and plan for the child's family, as well as for the child, to ensure that permanency is an active plan and that concurrent planning is effectively implemented within the first days of foster care.

DCFS staff have recommended that **Educational Advocates** be re-established in the Regional Offices to assist staff in planning for appropriate educational services for foster children and to advocate for foster children within schools. The Department intends to honor this request assuming sufficient revenues are available.

The Department is in the early stages of planning to employ a **strength-based planning** environment for both children and families. Put simply, when families and children are described only in the most negative terms and when only their deficits, problems and offenses are presented in planning processes, to the courts, to caretakers, and to each other, options become very limited or unimaginable. When the same children and their families are presented in terms of their strengths, their value, their hopes and dreams, and their talents and skills, a world of possibilities is opened. How we talk about the families and children in our care is

important in our planning efforts and when we describe them in the terms we would want to be used for ourselves and our own children, we increase our options and opportunities for success.

Health care needs of foster children are addressed with the assistance of Public Health Nurses. Because of the extraordinary health care needs, including dental needs, of the foster care population, this is an area of continued need and DCFS will be examining methods to improve health care and assist in locating quality providers.

Finally, after the first of the year, the Department will begin the project plans necessary to define **geographic service delivery**, currently determined to be Service Planning Areas (SPAs). The impact of this geographic focus will be to ensure that services needed by families and by children are planned within geographic boundaries, allowing the Department to move toward community-based and neighborhood-based services. Currently, foster children are moved from their communities, from their schools and away from the families with whom they are to be reunited. If placed with relatives this separation from community is tolerable. If placed in foster care with non-relatives, such separation is intolerable. Foster care should seek to identify, honor and preserve the relationships that children have when they enter foster care. For children who enter non-relative foster care, those relationships are with schools, teachers, friends, the parents of friends and neighbors or others who have provided care or have an interest in the well being of the child. The Department plans to move to a service model that allows foster care services to be provided in a neighborhood-based design that preserves children's established relations with schools and friends.

I will not go into detail about **Independent Living Services and Emancipation Planning** as these services have received a great deal of attention in the last few years and have been appropriately expanded. Currently, the Department is dedicated to increasing the housing options available to emancipated youth, to define housing options for 18 year olds still in dependency status, and to continue planning supportive services for emancipated youth. The Department is pleased that children receiving Probation services have full and equitable Independent Living Services and the Department is dedicated to full cooperation with the Probation Department to meet the needs of children.

While there remains much work to be done in meeting the needs of children in foster care in Los Angeles, much has been accomplished. The current foster care population is under 32,000, the lowest it has been since the mid 90s and the population at MCC is 72 as of this writing, the lowest it has been in a decade or more. The Department is dedicated to continued improvements in meeting the needs of children in care with an emphasis upon meeting the primary need of a permanent family.

Describe the role the State should play to improve the ability of county run foster care.

There are numerous ways the State can assist in improving services at the local level.

1. Establish a collaborative and proactive relationship with the State's largest urban counties that carry the majority of the state's caseload. Los Angeles County is the largest child

welfare system in the United States and currently carries about 40 percent of the California caseload. To give an illustration of the relative population, SPA 6, one of the geographic service planning areas in Los Angeles, has a larger population than the second largest county in California.

The 5 largest counties in the state are located in Southern California (LA, San Diego, Orange, San Bernadino and Riverside) and in combination represent 60 percent of the state foster care caseload. These counties, along with counties such as Alameda and Santa Clara face unique challenges in administration and finance, structuring service delivery, monitoring outcomes and service quality, engaging stakeholders and developing performance contracts with providers. Yet, there are no specific efforts at CDSS or CHHS to develop relationships with these urban counties and to focus planning, technical assistance, and training resources to the counties that carry the largest share of the State caseload.

We recognize the challenge faced by the State in addressing the needs of smaller rural counties while allocating appropriate resources and attention to the State's major caseload counties. Yet attention to the plans and needs of the counties carrying the majority of the state caseload is essential.

2. Provide State leadership in planning to support relative caregivers to meet the needs of children. When a child is unable to remain at home relative care is the preferred option. Children will more likely be able to remain connected to family, to siblings and to parents if placed with relatives. Relative care generally provides better opportunity for emotional and placement stability than non-relative care. And statistics show that when children are reunified with parents from relative care, they are less likely to return to foster care than when reunified from other sources.

There has been a great deal of emphasis lately on meeting caregiver standards consistent with licensing standards. And while safety and housing standards are important, they do not sufficiently address or acknowledge the benefits that children accrue from maintaining family ties.

In Los Angeles County housing is a major barrier to relatives providing care for children. There are relative caregivers available, relatives who wish to care for their extended family's children and who cannot do so because of inadequate housing. I regret to say that in this county children are sometimes placed in non-relative care, not because of the absence of extended family but because of the absence of adequate housing. Having removed children from extended families, we are faced with meeting the challenges of children's despair, foster care instability, and the increased difficulty of reunification. State leadership is needed to meet the housing needs of relative caregivers.

State leadership is also needed to assist counties to establish alternatives and systems to support relative caregivers without bringing them into the child welfare system. Given the ability to obtain legal assistance, financial assistance, educational assistance, support groups, day care and respite care, and community based therapeutic services, many relative caregivers may choose to remain independent from the child welfare system. Expanding the

investment in relative care resource centers and providing alternative supportive assistance may be cost efficient by reducing the number of relatives in the dependency system.

3. State action is required to extend the Federal IV-E Waiver for Wraparound and to eliminate the requirement for the control group that now denies Wraparound to a number of children who are otherwise eligible in order to study the differences in outcomes. While this meets federal research needs, after 5 years it is an unnecessary and undesirable practice. All children eligible for and needing the intensive services of Wraparound should have access.
4. State assistance is required to help counties implement permanency based performance contracts with foster care providers, particularly Foster Family Agencies (FFAs) and group care providers. In other parts of the country, such as Michigan, Illinois and New York, performance contracts reduce the length of stay in foster care by combining foster care, reunification or adoption or other permanency services and after care. In California today, the provision of foster care is separate from the provision of permanency services and the result is that foster care providers are disconnected from the achievement of permanency outcomes with the result of increased length of stay in care. The Wraparound model of service delivery is a prototype that combines all of the needed services in one package. This model could be expanded to include FFAs and group homes delivering less intense, but no less important, permanency services for children.
5. Family Group Decision Making (aka Family Conferencing) is a model of family centered planning that has broad appeal, has produced outstanding outcomes for children and their families and is employed by many counties in California. Yet there are no established financing or funding formulas that encourage this practice and assist counties to deliver this family centered services that can improve outcomes for children. State leadership in financing or identifying financing methods for successful family centered practice is needed.
6. Evaluate State established barriers to local delivery of mental health services. Currently, reimbursements for EPSDT provided services may take months or in some cases years, forcing counties to front millions of dollars for services that are the State's responsibility. Faced with unreasonably delayed reimbursements, counties are understandably reluctant to expand services to meet the needs of children.

California's investment in mental health services for children has traditionally lagged those of other states in the nation and that remains true today despite the EPSDT expansion over the last few years.

7. State leadership is needed to secure the alcohol and drug services needed by a large share of the families served by child welfare. The State Medicaid Plan could be revised to include drug and alcohol services for children with the State putting up the match for these services. The most frequent need of families and often of children in the child welfare system is assistance with substance abuse issues, yet it is the service least likely to be available.

8. State leadership is needed to aggressively address permanence needs of children and to assist counties to move away from long term foster care as an acceptable practice. Statutes should be revised to be consistent with federal law, to remove language regarding long term foster care and unadoptable children. Differentiation of caseload yardsticks for Permanent Placement caseloads historically presumed no active permanency planning and that children would be maintained in long term foster care. Today active permanency planning is required for all children and presumptions that children cannot return home or find homes with relatives or through the adoption of older children should not be considered acceptable practice. While there may still be some older children who by their own choice, or for other well-considered exceptions, will appropriately emancipate from their placement, these cases are the exception and not the rule.

Effective permanency planning requires time as well as resources particularly for high need children and their families. Reasonable caseloads, wherein social workers can dedicate increased attention and planning to each child and family will pay off in shortened length of stay in foster care and overall reduced caseloads. The State must continue to examine methods of financing lower caseloads to improve services, particularly permanency services.

The State should proactively provide training and technical assistance to counties on successful practices in a number of critical areas including adopting older children and hard to place children. The state can better assist counties with training and technical assistance with concurrent planning, family centered practice, strength based practice, and models of intensive services that meet the needs of children and families with multiple needs.

In Los Angeles, we are aggressively implementing Wraparound to meet the needs of high need families. We are in need of top quality technical assistance to ensure that Wraparound is established with a strong quality improvement component, that new providers have access to experienced assistance and that our outcomes are properly recorded and reported. The state has reduced instead of increased Wraparound Technical Assistance to Los Angeles at this most crucial implementation period.

9. Tools for consistent decision-making and for decisions that focus on targeting services to the highest need families are important, particularly in large urban areas with many offices or regions. Los Angeles, along with Orange and Riverside counties (and a dozen other counties that represent the majority of the child welfare caseload in the state) is implementing Structured Decision Making (SDM) a package of structured decision tools that include a research based risk assessment instrument, along with tools for safety assessments and strengths and needs services planning. The Juvenile Court in Los Angeles strongly supports and is encouraging the implementation of SDM. The County is seeking State support for this important evidence-based model and is seeking assistance in integrating the tools into the state's CWS/CMS. Recently, without meeting or consulting with the SDM the State issued an RFP to develop a statewide assessment model that does not require consideration of SDM, does not require evidence-based practice and appears to be intended to supplant the tools now being implemented. CDSS planning needs to directly and deliberately include the counties representing the majority of the State's caseload.

10. Consider improving foster home quality by having Los Angeles County conduct home studies before Community Care Licensing issues a license. Particularly as Los Angeles moves to establish more neighborhood based resources, it will be important to place a priority on evaluating caretakers selected for individual children and to target the development of resources to particular communities and neighborhoods. Current working relationships with the Los Angeles Region Community Care Licensing are very good, however, continued examination of how to integrate Licensing responsibilities with community care that promotes stability for children is in order.
11. A licensing challenge that the State could assist with is the development of innovative approaches to homes to care for large families. Now, if a family of 6 or more children comes into care the County is most often forced to split the sibling group up among multiple homes. The County would like to experiment, with State assistance and cooperation, to create custom homes for large families through methods such as renting a house and hiring caretakers in order to keep the sibling group together. The ability to move quickly to keep a large sibling group together by employing non-traditional foster home planning requires the assistance of the State.

Discuss efforts to improve foster care and mechanisms in place to allow policy makers and the public to monitor the pace and effectiveness of reforms.

Many of the efforts to improve foster care have been discussed above. DCFS also works with sub-committees of the Los Angeles County Commission for Children and Families on targeted efforts such as implementation of the Foster Care Task Force recommendations (provided under separate cover).

DCFS is developing a task group at the request of the Board of Supervisors to review County policy and practice in regards to missing and runaway children. Experienced and well-organized community groups will be invited to assist in developing recommendations to improve practice.

DCFS is temporarily operating a public Wraparound model to assist with permanency planning for children residing at MCC for over 30 days.

DCFS is focusing special attention on the 500 children under the age of 6 who have been in non relative foster care for more than 2 years.

The Department has established and distributed uniform quality of life standards for all children in foster care.

In order to improve accountability and provide more public information, DCFS is developing a package of identified client outcomes with measurements and is prepared to begin regularly publishing a set of data showing the Department's progress in such areas as numbers in care, siblings placed together, adoptions, numbers of children in non relative care and for how long.

DCFS has developed and supports a collaborative relationship with the Juvenile Court. The accomplishment of good outcomes for children in the areas mentioned above is a shared agenda among many participants. DCFS views the Court as a partner in planning and delivering a robust service system to improve outcomes for children and their families. The Presiding Judge and the Director of DCFS meet weekly. In addition we plan and cooperate in a Model Courts Team to ensure that all parties with an interest in services for children and families cooperate in developing system improvements.

Discuss what the public expectations for the foster care system should be and how this Commission and other interested stakeholders should define success in reforming foster care.

The public expectations and markers of success should be:

- Public systems that seek to divert families from child welfare with assessments and services that meet safety needs without separating families (family definitions include extended families).
- Family centered intake and other services that seek to include families as participants in the development of solutions rather than solely in the description of problems.
- Foster care services if not provided by relatives, should be neighborhood based and should seek to preserve the sustaining and supportive relationships that children have with teachers, other school personnel, friends, families of friends, and neighbors, and others who have a relationship and investment in the child.
- Descriptions of children in care should be strength based and should focus on children's abilities, capacities, talents, strengths and need for love and acceptance. Looking at children in terms of what they can do rather than what they cannot do, opens up opportunities for placements, matching with a family that can enjoy their talents or even return to their own family. Children are frequently described only in terms of their deficits, difficult behaviors or problems. Children can be described in the same terms we use to describe ourselves, emphasizing our capacities and diminishing our deficits.
- Foster care should be defined as a short-term service ending with the expeditious delivery of permanence. Permanence is reunification, relative care or adoption.
- Adoptions should, according to national averages, equal about 10% of the caseload each year.
- Children with multiple needs should be provided with a level of service to meet those needs. In most circumstances institutional care, including group care, should be short term, goal directed and focused on achieving permanence.

- Contracts with providers should be directed to and measured by the achievement of outcomes for children and families, particularly permanence.
- Relatives should have supportive services and options to receive financial and other services without entering the child welfare system.
- Siblings should be placed together and served by the same caseworker.
- Important decisions regarding a child and their family's lives should be made in a team environment that is open and sensitive to the family's input and preferences and respects the knowledge and survival skills of overburdened families and children in care. In Wraparound this is described as voice, choice and access for families and for children.
- Services provided within foster care, such as medical, mental health, and educational should be measured according to quality and to outcome. For proper access to most of these services there must be someone who serves in the role of advocate for the child. The advocacy role can be filled by ombudsmen, public health nurses, educational advocates, or family advocates, but without a clear role for advocacy, many needs will go unmet and many voices will not be heard.
- The public should expect that agencies report their results in the above areas in clear and understandable reports and with data that are easy to understand, readily accessible and updated regularly. Public accountability and easy access to data about results should be an expectation of every public agency.

What should be the role of the Little Hoover Commission in promoting increased attention to the needs of children and families?

Holding public hearing, organizing the responses and providing information to state agencies and lawmakers is a service the Little Hoover Commission can provide.

Additionally, showing the comparisons of performance among jurisdictions could be informative and provide the impetus toward system improvements.