

**PREVENTING CHILD MALTREATMENT:
A Comprehensive Plan for a Continuum of Family-
Centered Community-Based Prevention and
Intervention Services for Children, Youth and
Families in Los Angeles County**

PREVENTION WORKGROUP



National Child Abuse Prevention Symbol

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INTRODUCTION

As requested by the Board of Supervisors, the Prevention Work Group recommends the following overall approach to planning and implementing an articulated continuum of family-centered, community-based prevention and intervention services for children, youth and families in Los Angeles County. Specific recommendations concerning first, second and third level prevention services and supports follow this overview.

Co-Chaired by Sandra Rudnick, Commission for Children and Families and Dr. Charles Sophy, Department of Children and Family Services (DCFS), the Prevention Work Group included representatives of over 60 groups and organizations concerned about families and children. Their goal was to develop a broad-ranging strategic plan to coordinate efforts to reduce child maltreatment and assure the safety and well being of children, youth and families throughout the County.

KEY OPERATIONAL ELEMENTS OF THE PREVENTION PLAN

The guiding principles used by the prevention workgroup are the family support and community building principles established by the Board to address issues affecting children and families. The strategies recommended in this plan are designed to build on lessons learned through many years of work on collaboration and service integration, building on and aligning with existing infrastructure, leveraging resources, enhancing partnerships, measuring and tracking results and sustaining excellence. These strategies, linkages and continuum of services will help to decrease the disproportionate representation of children and youth of color in the child welfare system by establishing a countywide plan to focus and coordinate preventive efforts, establish long-lasting community partnerships and build capacity to support children, youth and families in communities throughout Los Angeles County.

Implementation Infrastructure

The Board of Supervisors should create a Countywide Prevention Coalition to oversee the implementation of this plan. The Board should request the Chief Administrative Office to begin laying the groundwork for this Coalition by convening County departments with full recognition that the ultimate success of the plan requires participation far beyond County departments. Although County government can begin developing the Countywide Prevention Coalition by coordinating the resources of multiple departments, its success will depend on the inclusion and full partnership of organizations and groups throughout the county. Inclusion of key entities that have already done this kind of collaborative work will provide a jumpstart for coordinated planning and implementation. Such entities would include, for example, the Community Development Commission, the New Directions Task Force, the Children's Planning Council, the Service Integration Branch and the First 5 LA Commission.

Resource Development

The Work Group believes that implementation of this prevention plan hinges on more effective use of existing and promised resources from a broad array of partners for example, leveraging resources allocated for the First 5 LA Partnering for Families Initiative with potential Title IV-E waiver funds and implementation of the California Child Welfare System Redesign. While resources will clearly be required to support core bridging functions, the “new” dollars required to implement this plan would be modest in comparison to coordination of existing funds, partnership contributions, leveraging opportunities and in kind or volunteer supports.

Principles

This Prevention Plan outlines a different approach to assuring that children and youth live in safe, stable and nurturing families. Instead of focusing solely on individual children and families known to be at risk for maltreatment, it seeks to engage a broad array of community partners to work together in partnership with families in local communities.

The following family support principles create a foundation for relationships between staff, families, and communities based on mutual respect and accountability. Recommended by the Children’s Planning Council (based in part on the work of Family Support America) and adopted by the Board of Supervisors in September 2001, these principles should guide the delivery of health and human services to children and families in Los Angeles County. These principles can also provide a more effective context for helping youth who have grown up in the child welfare system gain self-sufficiency and learn how to parent their own children. (Please note that the Work Group does not suggest that family members who have maltreated their children should be accorded all of these rights and responsibilities)

- Staff and families work together in relationships based on equality and respect.
- Staff enhances a family’s capacity to support the growth and development of all family members, adults, youth, and children.
- Families are resources to their own members, to other families, to programs, and to other communities.
- Programs affirm and strengthen a family’s cultural, racial, and linguistic identities, and enhance their ability to function in a multicultural society.
- Programs are embedded in their communities and contribute to the community building process.

- Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
- Practitioners work with families to mobilize formal and informal resources to support family development.
- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of Family Support Practice are molded in all program activities, including planning, governance, and administration.

Two additional principles serve as concrete ways to operationalize these principles:

- County departments and community-based organizations work to increase a family's capacity to meet its needs within networks of peer relationships, e.g. other family members, friends and members of the community.
- County departments and community-based organizations work to increase a community's capacity to act on its own behalf.

Operational Elements

The Countywide Prevention Coalition would attend to essential crosscutting operational elements of the plan, providing structure and context to tie together the continuum of first, second and third level prevention activities:

1. Since coordination and collaboration between existing resources and programs that effectively meet the needs of children and families is at the heart of the plan, ongoing assessment, tracking and accountability for results is essential. Effective community resource networks establish links between programs/resources and children and families, constantly scanning the community environment and adapting to the changing needs of community members.
2. Collaborative training for family-centered team practice will be needed to prepare staff of County departments, community-based organizations, foster and kinship care providers and family members to work together. Training may be facilitated through existing resources (i.e., the Inter University Consortium, training units from DCFS and other County departments, etc.) or through a new collaborative entity jointly financed and monitored by the Countywide Prevention Coalition.
3. Inter-departmental teamwork, information sharing, coordinated training and capacity development should be strengthened to assure that families experience continuity of care across first, second and third levels of prevention whenever possible. The Coalition should work closely with the CAO's Service Integration Branch to develop and monitor these critical elements. One of the dynamic tensions inherent in service

integration is balancing the separate agencies' needs for participation with the families' needs for deeper relationships with fewer individuals.

4. Resolution of current barriers to information sharing across County departments and with community-based organizations is essential to support this kind of cross-departmental collaboration. The Board of Supervisors should ask County Counsel to work with the Countywide Prevention Coalition to minimize continuing barriers to cross-department information sharing.
5. Public information and community marketing campaigns should be developed to share information on this new approach with the many members of the public who care deeply enough about children, youth and families to want to be part of the prevention effort. These campaigns should also provide information about the availability of services and supports in the community. Public information is an essential element of this plan which requires technical expertise and coordination to be successful. The urgency of this task will require that the Countywide Prevention Coalition stretch to include members with expertise and experience in this arena.

Accountability and Measurable Outcomes

The Work Group believes that the success of the plan should be judged by tracking both short and long-term results.

In the short term, families in local communities should be able to see the following kinds of changes:

1. More public information about the meaning and importance of prevention.
2. Easier, more convenient access to neighborhood-based supports for families.
3. Neighborhood-based "one stop" centers that employ a combination of local residents and staff out-stationed from other agencies, all of whom are respectful and mindful of family and community cultures and expectations.
4. Youth in foster care who are supported in their own communities in reunifying with their own families or in finding other lifelong family commitments.

Over the longer term, Coalition leaders should agree on a strategic list of indicators in each of the five outcome areas that guide the County's efforts on behalf of children and families – Good Health, Safety and Security, Social and Emotional Well Being, Economic Well-Being and Education and Workforce Readiness. Taken together, the five outcome areas offer a comprehensive framework for defining "well being" for children, youth, families and communities.

In measuring prevention of maltreatment, the indicators should include key measures required by the California Program Improvement Plan and the California Child and Family Services Review (State Assembly Bill 636). Each measure would be analyzed in terms of ethnic and racial differences (including African American, Latino, Asian/Pacific Islander and American Indian Children) to provide relevant data to address disproportionality. In

addition, data would be analyzed by geography (Service Planning Areas (SPA), offices and other sub-SPA regions) and by different age groups of children. Measurable indicators of decreased maltreatment should include:

1. Substantiated referrals by racial and ethnic groups, geography and age groups.

Unduplicated number of referrals of children under age 18 who had substantiated allegations (and rates per 1000 children in the population).

2. First entries into foster care by racial and ethnic groups, geography and age groups.

Unduplicated number and rate for children entering child welfare supervised placement episode of a least 5 days for the first time.

3. Children in foster care by racial and ethnic groups, geography and age groups.

Number and rate of children under age 19 in child welfare supervised foster care placements.

4. Recurrence of maltreatment by racial and ethnic groups, geography and age groups.

Of all children with a first substantiated referral within the most recent 12 month study period, what percent had a substantiated referral?

5. Reunification within 12 months by racial and ethnic groups, geography and age groups.

Of all children reunified from child welfare supervised kin and non-kin foster care placements during the most recent 12 month study period, what percent were in care for under 12 months?

6. Adoption within 24 months by racial and ethnic groups, geography and age groups

Of all children adopted from child welfare supervised kin and non-kin foster care placements during the most recent 12 month study period, what percent were in care for under 24 months?

6. Youth transitioning to self-sufficient adulthood by racial and ethnic groups, geography and age groups

Of all youth eligible for Independent Living Services, what percent received appropriate services, education and training, are employed, or in vocational training (emancipating with high school diplomas, enrolled in college or higher education, completed vocational training, employed or other means of support)

DEFINITION OF PREVENTION

Los Angeles County's Approach to Preventing Child Maltreatment

In an effort to ensure the safety and well-being of all children/youth and prevent child abuse and neglect services and supports should:

- Treat children, youth and families with dignity and respect;
- Build on the strengths of families and communities so that children/youth have loving, lasting relationships with caring adults/caregivers;
- Support children, youth and families so they may fully participate in decision-making, where appropriate; and
- Be available in communities throughout the County in convenient, accessible locations along with other kinds of resources.

The County also seeks to address the disproportionately high representation of children and youth of color in the child welfare system.

The County supports the development of a broad continuum of services and supports offered by County departments, community-based service providers, and other partners who strengthen families and communities, to address three levels of prevention:

First Level of Prevention (Universal)

Efforts that target the general population. These programs and services support families so they can provide the best possible care for their children, thereby preventing any maltreatment from occurring.

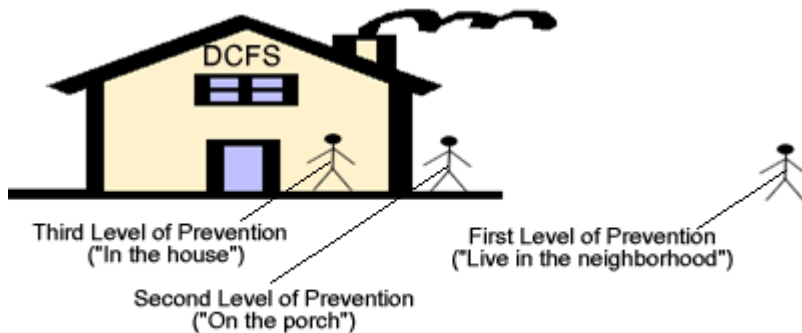
Second Level of Prevention (High risk/Inconclusive)

Efforts that target families who may have a special need for supportive services or who have been identified as being at higher risk for maltreatment. Families typically participate in these services on a voluntary basis.

Third Level of Prevention (Substantiated cases of maltreatment)

Efforts that target families when abuse/neglect has already occurred. These services try to prevent further maltreatment and reduce the negative consequences of maltreatment. These services may be mandated for specific individuals. One way to think about these three levels of prevention is to visualize a house where families with abused and neglected children receive services/support through DCFS and their community-based partners. There are two more groups of children who might also need treatment in the house if their family situations lead to maltreatment.

The children whose families have higher needs for support or more problems to deal with are “on the porch,” while other children who “live in the neighborhood” might also face maltreatment at some point in the future.



Recommendations

The Prevention Work Group included subcommittees on First Level, Second Level and Third Level Prevention strategies for Los Angeles County. Each subcommittee focused on developing one or two recommendations that were practical and feasible given current conditions in the County. After considerable discussion among subcommittee members, the entire Work Group also discussed and approved these recommendations. Taken together with the Key Operational Elements (described earlier) that describe a countywide structure for implementing this plan, the five recommendations outline key action steps needed to articulate, align and reinforce preventive approaches to child maltreatment. Each recommendation is discussed in detail in the following sections of this report.

1. Fund, organize and integrate first, second and third level prevention resources in a neighborhood setting to focus on at least eight high-need geographic communities and on at least one other non-geographic community where children are at high risk for child maltreatment. Focus on communities where disproportionate numbers of children of color are involved with the child welfare system.

2. Build on existing community-based partnership coalitions (at a sub-SPA level) so that community residents can connect to support one another in natural settings like childcare facilities, schools or faith-based organizations. In these settings community residents can identify needed support for those who may be living in situations that place their children at risk of abuse or neglect. In addition, they can participate both as decision makers and consumers of services. More formal support systems like County Departments such as DCFS, Probation, Department of Public Social Services, Health Services and others should join these informal networks to promote health and safety for children and families and form a continuum with primary prevention supports.

3. Use a Team Decision Making process that engages families in a family-centered approach wherein families and County partners identify the strengths and needs of families. In this approach, families and those they identify as part of their support systems work with professionals to assess what is needed to allow the child to safely remain in his/her home, if possible

4. Develop a Family Unity Approach to Third Level Prevention to: (1) reduce the cause for the separation; (2) achieve accountability for child abuse offenders; and, (3) strengthen families who are at-risk. Enhance the existing interdependent multi-disciplinary approach based on early intervention via prosecution of cases involving physical and sexual abuse and severe neglect of children. This will assure abuser accountability and subsequent rehabilitation and allow for the creation of a safe and nurturing home for previously abused children.

5. Develop a Charter Foster Home Development (CFHD) Program to improve the foster care program. The initial phase of this program would include development of a number of specialized foster homes for children and youth who have exhibited behaviors that put them at high risk for recurrence of maltreatment, delinquency, and for

homelessness. These homes will provide the safe, stable, nurturing environment necessary to prepare them for success in adulthood.

Recommendations for Funding

6. Develop a plan for funding the Comprehensive Child Maltreatment Prevention Plan that includes: (1) identifying and linking existing public and private sector funding that can be used to provide the recommended preventive services and supports; (2) expanding the range of prevention solutions that can be funded through an approved Title IV-E Waiver; and, (3) pursuing policy and legislative changes at the local, state and federal level to enhance funding for prevention services.

(Please see appendix B for possible funding streams)

RECOMMENDATIONS FOR PRIMARY PREVENTION

- 1) Fund, organize and integrate first, second and third level prevention resources in a neighborhood setting to focus on at least eight high-need geographic communities and on at least one other non-geographic community where children are at high risk for child maltreatment. Focus on communities where disproportionate numbers of children of color are involved with the child welfare system.**

Rationale

California's Child Welfare Program Improvement Plan includes the following key principles that must inform State and County efforts to improve child welfare services. These include:

1. Partnering to prevent child abuse and neglect
2. Act early to preserve and strengthen families
3. Broaden efforts to restore family capacity
4. Strengthen alternatives to rebuild permanent families for children
5. Systematically prepare youth for success in adulthood
6. Affect change through workforce excellence
7. Expand and restore child welfare financing
8. Achieve better outcomes through accountability

In Los Angeles County, the geographic incidence of child abuse intervention parallels other risk factors, including poverty and homelessness. In all these arenas, a community-based approach to service delivery has shown the greatest degree of promise for healthier and more stable families.

In accord with recent recommendations from many national leaders in the child welfare field (Farrow, with the Executive Session on Child Protection, 1997; Waldfogel, 1998; Best Practice, Next Practice 2000), California's Child Welfare Redesign Plan suggests that community-based partnerships framed around prevention are essential to support families and protect children, taking pressure off the "front end" of the child welfare system, helping families maintain their children safely at home and helping rebuild the lives of traumatized children and their families. In this sense, indeed "prevention is the soul of permanency" (Best Practice, Next Practice 2000: pg. 2)

Across the country, communities are developing their own localized approaches to prevention based on shared responsibility among many sectors of society and individualized responses to the needs of specific child and family situations. One particularly exciting model, based on the English "patch" (or neighborhood) model, has demonstrated good results in Massachusetts. The Massachusetts Department of Social Services (DSS) invested Federal Family Support dollars in partnerships with Community

Connections Coalitions serving two DSS area offices. In these pilot programs, one child welfare unit (a supervisor and seven workers) is out-stationed in a family resource center run by Dorchester Cares in the Dorchester area of Boston, and another is housed in a community-based center in rural Massachusetts run by the North Quabbin Valuing Our Children Coalition. Child welfare workers carry caseloads of local children, and they also learn about the community through the eyes of families and community partners. Workers report that they have better understanding of and deeper relationships with community members and access to additional resources to help families and children. Community coalition staff help families find appropriate resources such as child care, housing, employment, recreational opportunities for children and leadership opportunities for youth. In these partnership communities, the data show that significantly fewer children have needed out-of-home care.

Since child maltreatment is variable and difficult to predict, it is especially difficult to accurately identify individual families most at risk and therefore most in need of prevention services. Guterson (2001), in his meta analysis of research on home visiting programs, suggests that it is probably more effective to identify high need communities, based on analysis of substantiated cases and out-of-home placement rates, and to target a very broad range of prevention services to entire communities rather than trying to identify individual families who exhibit certain risk factors.

Moreover, housing, employment, childcare and healthcare (including substance abuse treatment) which have historically been seen as ancillary services, represent significant areas of need. If not addressed, these problems can contribute to the stressors underlying child abuse. Access to these essential services and resources must be incorporated in a meaningful way for this model to succeed.

Therefore, we recommend that DCFS and its partners build on existing resources and capacity by engaging in a collaborative planning process to site or further develop existing

community-based collaboratives with the aim of preventing child abuse. Collaborative partners would begin with the DCFS, Probation, law enforcement, drug and alcohol programs and other key public and private child welfare stakeholders (CDC, DHS, DMH, DPSS, Children’s Law Center, etc). To address family needs in a truly holistic manner, collaboration would also include public and private entities that help families with issues such as housing problems, employment training and placement, child care placement and legal needs. “Non-traditional” partners such as businesses, faith-based groups, grassroots neighborhood groups and consumers also need to be included in creating and sustaining these community-based facilities. This is especially true if the local environment includes barriers to family improvement. For example, a project might be sited where substance

abuse prevention efforts have targeted environmental influences such as liquor stores and nuisance properties.

Although there would be common guidelines and criteria for designation as a community coalition, each group would also have latitude to fashion a coalition that fits the unique needs of different communities in Los Angeles County.

Members of the Prevention Work Group believe that it is time to build on the experience of previous collaborative initiatives in L.A. (McCroskey & Yoo, 2002) by investing more systematically and strategically in communities throughout the county. This will require collaborative efforts to: 1) identify high need communities, 2) build capacity to assure health and safety and prevent maltreatment, 3) provide core funding for community coalitions that organize first, second and third level prevention services, and 4) systematically track results.

Elements of the Recommendation

Strategy

Begin with a set of initial collaborative coalitions in high-need communities, with the goal of timely scale up to implementation of projects in at least eight high-need geographic communities, and on behalf of at least one non-geographic community:

1. Identify the initial cohort of communities through use of available data and GIS technology, and the identification of well-functioning existing community-based programs to support implementation. Work with local community organizations, community leaders and elected officials to support these initial projects. Evaluate this process for use in identifying subsequent sites.

Data partners for identification of communities should include groups with expertise in using data such as: Children’s Planning Council, DCFS, Service Integration Branch/Urban Research, First 5 LA.

Partners to assist with project siting should include: County departments, local elected officials, community-based organizations, LAHSA, Community Development Commission and other key partners.

2. Use available data to identify one or two non-geographic communities that are also experiencing escalating rates of child maltreatment. For example, data indicate that the number of American Indian children in foster care is increasing rapidly. There are also subgroups of the Asian/Pacific Islander communities whose children seem to be at increasing risk (i.e., Cambodian, Vietnamese, etc.). Pregnant and parenting teen parents in foster care have also been identified as having many unmet needs for family support. Data should be analyzed to determine whether it would be beneficial to develop non-geographic comprehensive prevention strategies for one or more of these groups.
3. Meet with community groups to ascertain whether this approach fits with community hopes and expectations, and whether the geographic boundaries and definitions used to identify communities are in accord with local experiences.

Implementation and Resources

Develop a Countywide Prevention Coalition to plan a comprehensive approach to prevention and oversee implementation. This umbrella coalition should assure that careful attention is paid to blending funding and tracking results.

1. Continue to identify funding streams from multiple County departments, cities, school districts, community based agencies and philanthropic organizations that could provide core support to local community coalition partnerships. Address systemic barriers to blending funding across these different funding streams. An initial list of funding streams to be considered is included in Appendix C.
2. Identify resources to provide cross-agency training and technical assistance to potential coalitions in targeted communities, and to staff of key public and private partner organizations.
3. Require that community-based coalitions incorporate assets-based approaches, rather than focusing solely on integrating and coordinating “services.” Assure that coalitions are dedicated to building capacity to continue this work in local communities by including multiple partners, mentoring and educating interested groups and continually widening the circle of people and organizations dedicated to preventing child maltreatment.
4. Develop an implementation plan for identifying community-based coalitions and beginning operations.

Implementation partners should include existing groups with experience and expertise in collaboration and cross-sector integration such as: Children’s Planning Council, New Directions Task Force, Service Integration Branch, First 5 LA and other groups committed to implementing the plan.

Infrastructure and Partnerships

Although it will be important to develop capacity to support the Countywide Prevention Coalition among County departments and other key “traditional” stakeholders in child welfare, leaders should recognize that prevention is a community-wide effort that will require leadership and participation well beyond the traditional child welfare stakeholders. The Prevention Coalition should, therefore, move quickly to include a broad array of public and private partners that go beyond County government. Identify countywide entities to be

included in the Countywide Prevention Coalition, with the expectation that these partners may bring core support resources to the table, or may be willing to fill identified gaps in services and supports.

1. Assess effective first, second and third level prevention supports and services already available to families countywide; identify gaps and opportunities.
2. Identify existing or develop materials for information sharing, community education and marketing. Use and improve on materials that have already been tested and used successfully.
3. Convene countywide and local forums to share ideas about this approach, gather experiences and prepare for collaboration.

Oversee development of community-based coalitions

1. Assess the range of first, second and third level prevention supports and services already available to families in the initial cohort of local communities, along with potential leadership, resources, gaps and opportunities.
2. Develop a process for a “request for qualifications” from local community coalition groups. Plan for a phase-in process over five years.
3. Provide a framework that allows groups with existing resources to align themselves with this coalition building process.
4. Provide training and technical assistance to interested groups.
5. Track results countywide and require regular reporting from local coalitions. The primary responsibility for data collection and evaluation should rest with the countywide coalition.

6. If local coalitions are meeting annual performance targets and making reasonable progress, assure continued funding for at least 3 to 5 years in order to allow time to make significant changes.

What Would Be Different for Children, Youth and Families?

- If this approach were successful, youth throughout Los Angeles County would experience less abuse and neglect, and would be better prepared for self-sufficiency and adult responsibilities and would find information about family-centered supports and services in convenient “everyday” locations such as grocery stores, libraries, bus stops and mini-malls throughout their communities. And they would use their knowledge of local resources to find family-centered health care, housing, child care, after school and weekend activities for older children and other help when they need it

RECOMMENDATIONS FOR SECONDARY PREVENTION

- 2) **Build on existing community-based partnership coalitions (at a sub-Service Planning Area (SPA) level) so that community residents can connect to support one another in natural settings like child care facilities, schools or faith-based organizations. In these settings community residents can identify needed support for those who may be living in situations that place their children at risk of abuse or neglect. In addition, they can participate both as decision makers and consumers of services. More formal support systems like County Departments such as DCFS, Probation, Department of Public Social Services (DPSS), Department of Health Services (DHS) and others should join these informal networks to promote health and safety for children and families and form a continuum with primary prevention supports. (The target population in this recommendation is families at risk for abuse and neglect who have not yet come to the attention of DCFS.)**
- 3) **Use a Team Decision Making process that engages families in a family-centered approach wherein families and County partners identify the strengths and needs of families. In this approach, families and those they identify as part of their support systems work with professionals to assess what is needed to allow the child to safely remain in his/her home, if possible. (The target population in this recommendation is families whose cases are determined to be “inconclusive”.)**

Rationale

The rationale for both of these second level prevention efforts is based on the need to develop more strategies that safely prevent children from entering into the child protection system. These efforts must build on existing culturally competent, accessible programs

that work well in the community to increase a family's capacity to nurture their children. Further, community members utilize these services and make decisions about their ongoing relevance and effectiveness.

As noted earlier, California's Child Welfare Performance Improvement Plan (PIP) includes key principles that must inform redesign and improvement efforts. The principles addressed by these two Second Level Prevention recommendations include:

1. Partnering to prevent child abuse and neglect
2. Act early to preserve and strengthen families
3. Broaden efforts to restore family capacity
4. Strengthen alternatives to rebuild permanent families for children

Elements of the Recommendations

Strategy :

Build upon partnerships/networks in the community where prevention concepts appears to be working well already.

Faith Communities for Family and Children, an interfaith coalition of religious denominations, provides a full contingent of services for children and families; such as child care, head start, parenting classes, drug rehabilitation, family preservation, homeless services etc.

Casey Family Programs provides parent-to-parent program, a prevention curriculum for parents that includes leadership components as well as financial education and advocacy.

The Family Support Initiative in SPA 8 models the Asset Based Community Development approach. A community development strategy was used to

- identify local assets and connect them with one another to expand their power and effectiveness. The approach includes a broad scope of Family Support partners representing private and public community agencies as well as local businesses.

Program services are available to all residents and requests for service are not pathology driven. Families decide what they want and what will improve their quality of life. All community partners have a commitment to the local community and all partners live or operate in the community.

Implementation and Resources

Build on existing resources, identify opportunities for improvement and work on filling gaps in services. Services may include:

- In-Home Outreach Visits
- In-Home Emergency Caretakers
- Substitute Adult Role Models
- Parenting Training
- Child Focused Activities
- Teaching and Demonstrating Services
- Homemaking Services
- Therapeutic Day Treatment
- Transportation
- Self-Help/Family Support Groups

Such programs may also provide linkage services to larger systems including:

Child Care
 Educational Services
 Regional Center Employment/Training
 Substance Abuse Treatment
 Respite Services
 Mental Health Services
 Housing
 Community Colleges: Independent Living Program

The Family Team Decision-Making approach as currently being utilized by DCFS, families and community agencies, provides services that are not otherwise available such as furniture so children can remain in the home, or monitoring to ensure that children can remain safe and therefore prevent detention.

These services are provided by community-based partner agencies and strive to engage community resources in supporting families, engage families in sharing information about strengths and needs and facilitate the family's understanding of how to address the child's need for safety and permanency.

Infrastructure and Partnerships

In this approach, formal support systems like County Departments such as DCFS, DPSS, Probation, DMH, DHS (including Drug and Alcohol Services), CDC and others, will join with informal support networks in the community. Community members will participate both as decision makers and consumers of services.

The following elements are characteristics of successful prevention partnerships that should be incorporated into implementation:

1. Take into account the racial and ethnic disparities in the child welfare system when developing strategies and partnerships for prevention to ensure that

disproportionality issues are addressed. Ensure that cultural competency is always a part of prevention efforts.

2. Assign staff who can relate to the community. Teaching and demonstrating homemakers, a practical and affordable component of the current Family Preservation model, has shown some success in working with communities.
3. Communicate clearly, inform communities about available services, and market available programs and services.
4. Include private sector businesses and local employers in prevention efforts.
5. De-stigmatize entry points. For example, use information kiosks, daycare centers, churches, schools, health clinics, sports organizations and other community settings to begin informing and interacting with families.
6. Provide respite care to identified families to prevent future abuse/neglect.
7. Include childcare and preschool providers and engage families who utilize their services in prevention efforts.
8. Identify strategies to encourage families to participate in prevention programs and work to understand and overcome potential resistance to participation.
9. Develop strategies for co-location and cross-training of county staff and community based organizations and ensure that community members have access to county training resources. For example, the County's East San Fernando Valley Family Service Center due to open in 2006.
10. Ensure that higher need areas receive commensurate services
11. Educate parents and communities in child abuse laws.
12. Develop and implement, where appropriate, cohort specific strategies based on language, ethnicity, religion, customs, socio-economic status etc.
13. Train CSWs in the culture change required to think in terms of prevention

What Would Be Different for Children, Youth and Families?

Children, youth and families would be active participants and partners in the efforts undertaken and would have access to services at a local (sub-SPA) level. Informal support networks would be an integral part of the partnership. Staff are culturally competent and services from established community-based partners would be available.

Services would be assessed often to find out what is working and to constantly improve and expand if necessary.

Children, youth and families would not have to navigate multiple agencies, make multiple phone calls and speak with many different people. The linkages between agencies and communities would provide comprehensive information, services and guidance.

RECOMMENDATIONS FOR TERTIARY PREVENTION

- 4) Develop a Family Unity Approach to Third Level Prevention to: (a) reduce the cause for the separation; (b) achieve accountability for child abuse offenders; and, (c) strengthen families who are at-risk. The development of this approach would enhance the existing interdependent multi-disciplinary approach based on early intervention via prosecution of cases involving physical and sexual abuse and severe neglect of children. This will assure abuser accountability and subsequent rehabilitation and allow for the creation of a safe and nurturing home for previously abused children.**
- 5) Develop a Charter Foster Home Development (CFHD) Program to improve the foster care program. The initial phase of this program would include development of a number of specialized foster homes for children and youth who have exhibited behaviors that put them at high risk for recurrence of maltreatment, delinquency, and for homelessness. These homes will provide the safe, stable, nurturing environment necessary to prepare them for success in adulthood.**

Rationale for Recommendation 4:

The Child Welfare Services Redesign (CWS) details how California will implement the State's federally required Performance Improvement Plan (PIP). The CWS redesign objectives include:

1. Partnering to prevent child abuse and neglect
2. Act early to preserve and strengthen families
3. Broaden efforts to restore family capacity
4. Strengthen alternatives to rebuild permanent families for children
5. Systematically prepare youth for success in adulthood
6. Affect change through workforce excellence
7. Expand and restore child welfare financing
8. Achieve better outcomes through accountability

A Los Angeles City Attorney study of recidivism over five years indicates that a statistically insignificant number of convicted misdemeanor child abusers re-offended during that time frame. This tends to indicate that early intervention, especially at the misdemeanor level,

provides a powerful deterrent to future abuse. Criminal accountability will allow for court mandated interventions for abusers, provided by a variety of community based resources. These include parenting programs, drug and alcohol treatment programs, and anger management or, when appropriate, incarceration. Furthermore, abused children could access Victims of Crime funds to pay for necessary medical treatment, counseling and other services required as the result of their abuse.

Social workers indicate that they receive a greater degree of cooperation from a parent who must also report to a probation officer as opposed to a parent who voluntarily meets the requests of the social worker.

By embracing prevention in the form of early intervention via prosecution we can significantly improve our ability to protect the most vulnerable children in the child welfare system. We can demand accountability as well as behavioral change from abusers. In the final analysis we may, by this means of early intervention, create safer, more nurturing homes for previously abused children.

Elements of Recommendation:

Strategy

The strategy for this recommendation would include the following:

1. Provide training for all mandated reporters and cross-reporters (including social workers, law enforcement, teachers, medical personnel, clergy, etc.) Establish a uniform definition of what constitutes child abuse and clearly define reporting responsibilities, including mandatory cross-reports to law enforcement on open cases.
2. Formulate an executive order from the Director of DCFS mandating cross-reports of all suspected incidents of child abuse, even for "back end" cases.
3. Provide Child Abuse Hotline workers with the ability to immediately call the sheriff/police when it is clear that they are receiving a call reporting an ongoing crime of child abuse.
4. Create a public information campaign to educate the public with regard to the importance of notifying law enforcement when child abuse has occurred.
5. Work with law enforcement to establish a timeline for law enforcement agencies to initiate investigations based on Suspected Child Abuse Reports (SCARs) or other reports of child abuse. Track such reports to determine whether follow-up law enforcement investigations occurred and upon completion, whether the results were referred to prosecutorial agencies for case review and filing.

6. Support, assist, and encourage prosecutors, when appropriate, to file charges based on presentations of completed law enforcement investigations regarding physical or sexual child abuse or severe neglect. Prosecutors can then track filing rates and conviction rates.
7. Following convictions, support and assist prosecutors to coordinate sentencing recommendations with probation, DCFS, dependency court and community providers to create a sentence intended to facilitate accountability and rehabilitation of the abuser, a low recidivism rate, and the further establishment of a safe and nurturing home for previously abused children.
8. Facilitate obtaining services with Victims of Crime Act funding to allow for medical services, counseling and other necessary assistance in cooperation with DCFS, depending court, and community service providers.
9. Chart abuser recidivism post conviction and rehabilitation interventions.

Implementation and Resources

The implementation of this recommendation would require building and strengthening agency partnerships, enhancing existing protocols, leveraging existing funding streams and seeking additional funding:

1. Identify partner agencies for cross-training purposes, which would include DCFS, law enforcement, probation, community service providers, mandated reporters and cross reporters.
2. Identify grant funds or other resources for "train the trainers" conferences.
3. Utilize resources in partner agencies to perform their professional responsibilities (i.e. DCFS, law enforcement, criminal court, family court, dependency court, probation, community service providers).
4. Identify resources to create public information campaign/public service announcements regarding the notification of law enforcement in reporting cases of child abuse.
5. Make use of Victims of Crime program

Infrastructure and Partnerships:

Partnerships between law enforcement, DCFS, criminal courts, probation, dependency courts, family law courts and community service providers are all necessary to facilitate this third level prevention plan.

What Would Be Different for Children, Youth, and Families?

The success of the Family Unity Approach would mean that children and youth who have already suffered physical or sexual abuse or severe neglect will be protected and able to surmount the tragedies of the past and grow into productive adulthood.

Rationale for Recommendation 5:

The CWS details how California will implement the State's federally required PIP. The CWS Redesign objectives to:

7. Broaden efforts to restore family capacity
8. Strengthen alternatives to rebuild permanent families for children
9. Systematically prepare youth for success in adulthood

The PIP calls for an improvement in the foster care system because too many minors are residing in costly out-of-home placements only to exit the system ill prepared for adulthood.

Specialized foster homes, intensive interventions and a strength-based, community-based support services approach will help to diminish negative and dysfunctional behaviors. The children would remain in their schools and communities and family reunification and/or the identification of permanent families would be promoted. This recommendation would also support emancipation-related activities and services, thus empowering these adolescents toward becoming productive adults.

Elements of Recommendation:

Strategy

A pilot program will be initiated to focus on three geographic communities that are pre-selected based on a high incidence of out-of-home placements. Twenty to thirty foster families and relative care providers within these communities will be selected and trained in providing a highly structured and well-supervised placement. The foster families will be especially chosen based on their capabilities in handling the special characteristics of the children and adolescents placed in their care.

This program will focus on children and youth placed in out of home care who exhibit behaviors that place them at a high risk for recurrence of maltreatment, delinquency, and homelessness. The children and youth in this population would exhibit behavior challenges and characteristics that include delinquency, mental illness, substance abuse, pregnancy, and severe academic challenges. This multi-dimensional treatment approach will provide a seamless service delivery system that supports a less restrictive, more "family-like"

therapeutic environment for the target group. The concentration would be directed toward placement stability, reunification, and successful preparation for emancipation.

The pilot would contain the following elements:

1. Service providers from within the same community will be advantageous and used, whenever possible. The service providers will be trained to recognize and address the cultures and mores of the population to which they will be responsible.
2. A public information campaign directed at the target communities to explain the need for permanent families/connections for foster youth. Community forums will be held regularly to encourage community support, to problem solve and to profile those children in need of placement.
3. Collaboration between each foster family/ relative-care provider and the appropriate community agencies.
4. Supervision and support meetings with the foster family/relative caregiver and community advocates that are convened on a weekly basis to assure that desired outcomes are being met. CFHD parents will have on-call access to CFHD staff.
5. Performance Outcomes such as permanency targets are identified and the results tracked.

With the lessons learned in this pilot program, the program will be adjusted as necessary and extended to other communities.

Implementation and Resources:

As the lead agency DCFS would coordinate with other county departments, community agencies, and key stakeholders to implement this plan and track and monitor results.

DCFS currently has several strength-based community programs underway, including Family Group Decision-Making, Family-to-Family, Family Preservation, System of Care, and Wraparound. These programs involve neighborhood and community partners, child advocates, and governmental agencies that engage the family in the development of an individualized plan that promotes child safety and improved outcomes. A sustained focus on the efficient use of these existing resources will further enhance the quality of the services provided to protect children, strengthen families, and promote permanency for those in out-of-home care.

The resources that will be explored to support this plan include Title IV-E, Early and Periodic and Periodic Screening, Diagnosis and Treatment program (EPSDT), Wrap-around, and AB1733-2994 (Capit services) funding. An additional possibility would include the flexibility to fund programs from a clustering of county department resources on an "as needed" basis.

Infrastructure and Partnerships:

Partnerships with county departments, community agencies and faith-based organizations are necessary to implement this plan.

What Would Be Different for Children, Youth, and Families?

This multi-dimensional treatment approach envisioned by the Charter Home Development Program would provide a seamless service delivery system to support a less restrictive, more “family-like” therapeutic environment for children and youth and a multi-focus on placement stability, reunification, and successful preparation for emancipation.

- Referred children and youth would experience improved mental health, increased academic achievement and well-being.
 - Teen mothers and their children would maintain family and community connections through community placement
 - Children and youth would maintain family and community connections as a result of placement in his/her community that will allow for a successful reunification or successful emancipation.
 - Children, youth and families would have access to integrated services. The linkages between agencies and communities would provide comprehensive information, services and guidance
 - Children and youth and families would have access to supportive placement and services within the community.
 - Families and youth will have access to services that are culturally competent and responsive to their backgrounds
 - Children youth and families will experience stable placement
- 6. Develop a plan for funding the Comprehensive Child Maltreatment Prevention Plan that includes: (1) identifying and linking existing public and private sector funding that can be used to provide the recommended preventive services and supports; (2) expanding the range of prevention solutions that can be funded through an approved Title IV-E Waiver; and, (3) pursuing policy and legislative changes at the local, state and federal level to enhance funding for prevention services**

Maximizing Existing Funding

DCFS will partner other county agencies and private sector entities in the implementation of the Prevention Plan. This will maximize existing funding and lead to better integration of

services and supports for families who are receiving or are eligible for programs administered by more than one public and private agency. Examples of county departments that provide the array of services and supports that would be included in the Prevention Plan include Public Social Services, Mental Health, Health Services, Sheriff, Community and Senior Services and the Community Development Commission. In addition, a number of private sector foundations fund community based organizations whose services would be provided through the Prevention Plan.

The process of identifying funding for the Prevention Plan would begin with a systematic review and assessment of the funding used to provide services to children and families who are served by County departments who would also receive services and supports through the Prevention Plan. This assessment would identify ways to blend and leverage prevention and intervention funds and would include potential linkages with to link with private sector initiatives such as First 5 LA's Partnerships for Families. (See appendix C – Potential Funding Sources).

Securing Flexible Funding – Title IV-E Waiver Approval

DCFS was authorized by the Board of Supervisors to pursue a Title IV-E Waiver. Historically Title IV-E Federal funding has been tied to paying for board and care costs as well as case management services for federally eligible children. A waiver would enable DCFS to expand the range of solutions and services to respond to the safety and permanency needs for children and families in the most timely, unintrusive manner through the flexible and efficient use of IV-E dollars in collaboration with community partners. DCFS proposes a development of a unique service array geared toward each family's individual needs while ensuring safety, and permanency for children, preferably in their family of origin, whenever possible.

The goals and purposes of the Title IV-E waiver are to create system reform that will benefit children and families and improve outcomes by increasing flexibility in its use of IV-E funds. System reform will generate cost savings in foster care costs that can be used to develop and access a wide variety of community resources ready to respond to the safety and permanency needs of all children and families regardless of IV-E funding eligibility.

As part of the waiver, DCFS will work to build strong community partnerships, involving the Commission for Children and families, Children's Planning Council, First 5 LA, Commission, foundations, law enforcement, community based organizations and service providers, church groups and neighborhood organizations to ensure that service planning and development is sensitive to the needs local communities

Pursuing Policy and Legislative Changes

County Departments and other entities are convening to explore where and how policy and legislative changes will create new and better prevention strategies for children and family in Los Angeles County.

APPENDIXES:

Appendix A - Continuum of Prevention-Oriented Supports and Services

Appendix B - Potential Funding Sources

Appendix C - Work Group Members

Appendix D - References

Appendix A

Family Characteristics	Support and Services	Examples in LA County
<ul style="list-style-type: none"> • Healthy families • Families facing minor challenges <p>Families may need help finding employment, child care, medical care, information about parenting, information about child development and assessment of child behavior</p>	<p>Family Support and prevention services may include: child care/preschool, family support, parent information, education and referral services, family resource centers, economic self-sufficiency programs, developmental assessment & follow up, preschool & school linked information and referral services, preventive health care</p>	<ul style="list-style-type: none"> • Women, Infants and Children Food Program, WIC • Prenatal Care Guidance Program (DHS) • Family Support (DCFS) • Family Caregiver Support Program (CSS) • Childhood Lead Poisoning Prevention Program (DHS) • Runaway Adolescent Program (DCFS) • Minor Parent-Teen Pregnancy Disincentive Program • Child Abuse Prevention Program (CAPP) (DMH) • Bring LA HOME, The Partnership to End Homelessness • Family Support Initiative: Asset Based Community Development (SPA 8) • ICAN: prevention of child death and serious injury • Nurse Family Partnership Program (for first time pregnant teenagers) • Prenatal Care Guidance • Faith Communities for Family and Children • Healthy Parks Program (Department of Parks and Recreation) • SIDS Prevention Program (DHS)

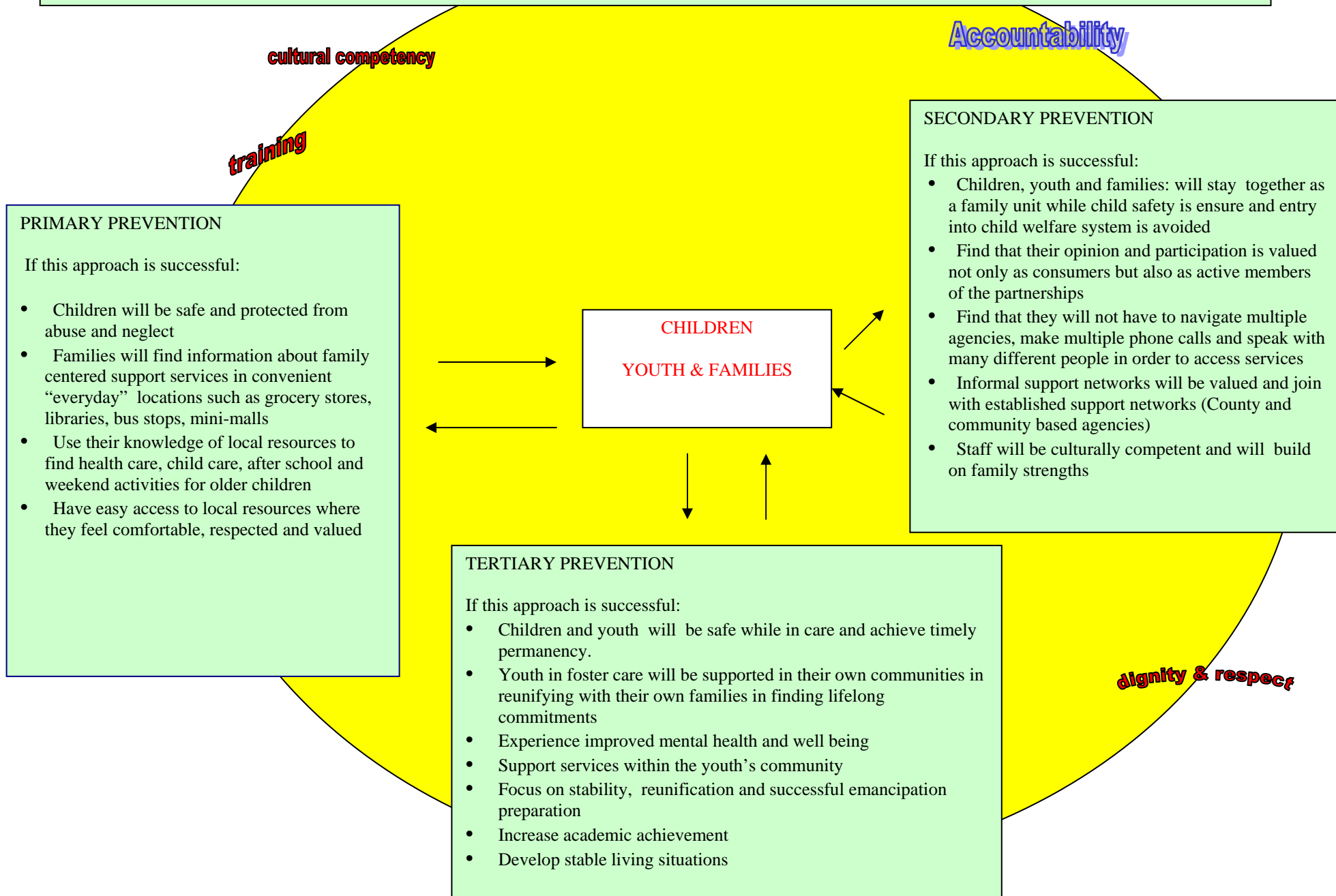
SECONDARY PREVENTION

Family Characteristics	Support and Services	Examples in LA County
<ul style="list-style-type: none"> • Families facing serious challenges • Families with vulnerable or troubled children • Families living in high-risk situations <p>Families may need help with family communication and interactions, alternative housing or employment, counseling or intervention around domestic violence, substance abuse counseling and treatment; children may need counseling, day treatment or other intensive treatment services</p>	<p>Family intervention & treatment services may include: individual, couples or family counseling, mental health treatment, alcohol and other treatment, adolescent treatment groups, school-linked services/school social work programs</p>	<ul style="list-style-type: none"> • Partnerships For Families (First 5 LA) • Domestic violence prevention (DPSS) • Substance abuse prevention (DPSS) • Child Care (DPSS) • AB 1733/2994 (DCFS)) • Black Infant Health Programs (DHS) • Perinatal Alcohol and Drug Program Services (DHS) • Multidisciplinary Assessment Team (MAT) (DCFS) • Integrated Family to Family and Family Group Decision Making (DCFS) • Structured Decision Making (DCFS) • AB 3632: IEP services (DMH) • Therapeutic Behavioral Services (DMH) • Casey Family Programs: Parent to Parent prevention curriculum • Alcohol and Drug Treatment Services for Women and Their Children (DHS) • Interagency Consultation and Assessment Team (DMH) • School Based/School Linked Programs

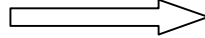
TERTIARY PREVENTION

Family Characteristics	Support and Services	Examples in LA County
<ul style="list-style-type: none"> • Children with substantiated cases of abuse and neglect • Delinquent youth • Children living in out-of-home placement • Families needing restoration • Kinship, foster care or adoptive families • Youth without families <p>Families may need intensive counseling in order to prevent out-of-home placement of children or reunification services so that children can return home</p>	<p>Treatment and intervention services may include: family preservation, foster and kinship care support services, reunification support services, adoption aftercare and support services, emancipation and independent living, treatment for juveniles in detention, family centered multi-systemic therapy</p>	<ul style="list-style-type: none"> • Family Preservation (DCFS) • Women and Children’s Residential Alcohol and Drug Treatment Services (DHS) • Interagency Consultation and Assessment Team (DMH) • Day Treatment Intensive Program (DMH) • Day Rehabilitation Treatment Programs (DMH) • AB 3632: IEP services (DMH) • Day Rehabilitation Treatment Programs • Transitional Services • Supportive and Therapeutic Options (STOP) • CalWorks: Mental Health Services for youth 16 and older, for whom mental illness is a barrier to employment (DMH) • Juvenile Justice Mental Health Services • Kinship Care Services (DCFS) • Emancipation Services (DCFS) • System of Care (DMH/DCFS) & Probation, Special Ed and School District: focus on children who are at risk of placement in more restrictive environment

Prevention efforts will adhere to the Principles of Family Support Practice that now guide the delivery of health and human services to children and families in Los Angeles County as the foundation for county-community partnerships based on mutual respect and accountability:



CONTINUUM OF FAMILY NEEDS



		FIRST LEVEL PREVENTION STRATEGIES		SECONDARY PREVENTION	TERTIARY PREVENTION	
		All families	Families at risk not known to DCFS	Families at risk known to DCFS (inconclusive)	DCFS Clients	
					Children and families	Youth
SEMI-FAMILY	Strength- based support for families: builds on family strengths and affirms cultural values	X	X	X	X	X
	Safety: prevention and protection from abuse/neglect	X	X	X	X	X
	Reunification: reduce timeliness for reunification while assuring safety	X	X	X	X	X
	Permanency: youth will be supported in their own communities in reunifying with their own families or in finding other lifelong commitments	X	X	X	X	X
	Information and awareness: ensures easy access to information throughout the County	X	X	X	X	X
	Access: ensures access points are de-stigmatized	X	X	X	X	X
	Enhanced community-based resources: by establishing linkages and offering a continuum of services	X	X	X	X	X
EDUCATIONAL	Based on family support principles: informal supports, community institutions, education	X	X	X		X
	Multi-disciplinary efforts including cross-training, with families, CBOs, Universities, County Departments, Law Enforcement, Advocates, Youth and other stakeholders	X	X	X		X
	Information sharing: at all levels	X	X	X		X

Prevention Workgroup – Financing Issues

Possible Funding Streams in County:

DCFS:

- IV-E - Especially under the waiver -- need to look to create/stretch flexibility in all funding streams
- Family Preservation/Family Support/Partnership for Safe and Stable Families (PSSF)
- Child Abuse Prevention Intervention Treatment (CAPIT)
- ILP (Independent Living Program)
- State redesign funds

DMH:

- Supportive and Therapeutic Options Program (STOP) Funds
- Birth to 5 coalition
- Mental Health (MH) Initiative
- Section 8 – Shelter Plans Care

DPSS:

- Eviction Prevention
- Cal-Works / Child Care / Food Stamps
- Medi-Cal – Healthy Kids – Healthy Families, Earned Income Tax Credit (EITC), Community and Senior Services (CSS)
- Workforce Investment Act (WIA) Funds
- Shelters

DHS TCM:

- Medicaid
- Alcohol and Drug Funds
- Maternal Child and Adolescent Health

CDC:

- Survey of funds for housing, shelter plus care
- Housing development funds –special needs/transitional Section 8

Other:

- Child Support
- Regional Center

Questions to be answered:

- Commitment of County departments and Board to reprioritize funds where possible to support this effort?
- Commitment to allocate more NCC countywide to address these strategies?

NON-COUNTY FUNDING

- First 5 - LA
- Coordination of funds and Request for Proposals (RFP) with PSSF funds and implementation of IV-E Waiver
- LA Homeless Services Authority
- Community Development Block
- Grant Funding
 - Building Commitment of cities and Communities Identified in this Effort
- School Districts
- Law Enforcement / Judicial – Bureau of Juvenile Justice (BJJ): State Department of Justice (DOJ)
- Community Colleges Training Funds
- Family Resource Centers
- California Wellness Foundation and Endowment
- Corporation for Supportive Housing
- Robert J. Wood Foundation
- Victim of Crimes Money
- Board offices

Partial List of Foundations/Corporations:

- Weingart
- Parsons
- Stuart
- California Community Foundation
- Mary Kay
- Verizon
- Liz Claiborne
- Casey
- Foster care roundtable
- Victoria R. Foundation
- Teague

- United Friends of the Children
- Tavis Smily Foundation

Ideas for Implementation

CAO to coordinate County departments

- ◆ level of commitment
- ◆ coordination of funding
- ◆ formal agreements
- ◆ build on work already done by Revenue Maximization Group
- Finance Subcommittee of this Group

- ◆ **Include finance members from each of the implementation partners to develop financing structure to support this effort**
- ◆ inclusion of cities and Community Development Commission (CDC)
- ◆ inclusion of philanthropic community founders
- Learn from other funding models both success and failures
- Clarify model and where funding exists and gaps exist.
- Determine Legislative agenda for change in funding structures to support model.
- Clarity on partners level of commitment
- What level can we commit to and with what strings.
- Clarity on resource usage.

The Commission For Children and Families and the Department of Children and Family Services are grateful to the hard-working representatives of the following groups and organizations who invested their valuable time and energy in working with us on this plan. Their commitment to these ideas, and their readiness to continue the even more difficult work of implementation, bodes very well for the future of children and families in Los Angeles County.

Alcohol and Drug Program Administration: L. Becerra

All Saints Church – Pasadena: Trula Worthy-Clayton

Association of Community Human Services Agencies: Bruce Seltzer, Sasha Martin

California Youth Connection: Janet Knipe

CAO: Claudine Crank

CAO/Service Integration Branch: Deena Margolis, Kathee Saito, Lari Sheehan

Casey Family Programs: Susan Abagnale, Yakiciwey Washington, Jed Miroff

CFA Hotchins and Wiley Capital Management: Gail Bardin

Children's Institute International: Laura Caridi, Mary Emmons, Hershel, Swinger, Sylvia Castillo

Children's Law Center of Los Angeles: Miriam Krinski

Children's Planning Council: Yolie Flores, Toni Saenz-Yaffe

Children's Planning Council- American Indian Children's Council: Yolanda Garcia

Children's Planning Council/WRAP Family Services: Nancy Au

Chinatown Service Center: Lawrence Lue

Citrus Community College: Karen Nutt

Commission for Children and Families: Sandra Rudnick, Nina Sorkin, Henriette Williams, Daisy Ma, Trinity Wallace-Ellis

Community Development Commission: Lois Starr

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Department of Health Services: Jeanne Smart, Kathye Petters-Armitage, Lydia Becerra

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Department of Public Social Services: Robert Lee, Rita Figueroa, Theresa Barrera, Maggie Castro,

Dependency Court/Edelman Children's Court: Zeke Zeidler

Emancipation Ombudsman: Berisha Black

Faith Communities for Families and Children: Peggy Belcher-Dixon
First 5 LA: Gabriela Tovar, Antoinette Andrews, Angel Robertson, Evelyn Martinez
Foundation Consortium for California's Children and Youth: Leticia Alejandrez, Bonnie Armstrong
Grandma's Angels: Gwen Bartholomew
Grandparents as Parents: Sylvie De Toledo
Institute for Black Parenting: Zena Oglesby
Institute for Maximum Human Empowerment: June Jordan
Inter-Agency Council on Child Abuse and Neglect: Valerie Doran
Jewish Family Service of Los Angeles: Marlene Singer, Vivian Sauer
LA City Attorney: Maureen Siegel
LA City Commission for Children, Youth and Their Families: Terry Ogawa
LA Homeless Services Authority: Natalie Profant-Komuro
LA Unified School District: Edith Castillo Vasquez, (Office of Jose Huizar), Hector Madrigal
Los Angeles County Office of Education: Darline Robles
LA Youth Newspaper: Donna Myrow
Lodestar Management: Laura Harrington
Mental Health Commission: Ilean Rabens
NAACP: Geraldine Washington
National Family Life and Education Center: Charles Lee-Johnson
Parent's Anonymous: Sandra Williams, Lisa Pion-Berlin, Tina Pedersen
Pasadena City College: Jeanette Mann
Personal Involvement Center: Beverly Nalls-Demar
Probation Department: Dave Mitchell
Shields for Families: Kathryn Eisenhower
South Bay Center for Counseling: Mary Hammer, Colleen Mooney
Service Planning Area 5 Council: Dick Pancost, Maria Marquez, Clotill Ray
USC School of Social Work: Jacquelyn McCroskey
Western Child Welfare Law Center: Jill McCormick

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