



**Policy Roundtable for Child Care**  
**Wednesday, December 14, 2011**  
**10:00 a.m. – Noon**  
**Conference Room 743**  
**Hahn Hall of Administration**  
**500 West Temple Street, Los Angeles**



**Meeting Agenda**

- |       |    |   |  |
|-------|----|---|--|
| 10:00 | 1. | Welcome and Introductions   | Jacquelyn McCroskey<br>Chair                                       |
|       | a. | Comments from the Chair   |  |
|       | b. | Review of Minutes   | <b>Action Item</b>   |
|       |    | <ul style="list-style-type: none"><li>November 9, 2011</li></ul>  |  |
|       | c. | Approval of Bylaw Changes   | <b>Action Item</b>   |
|       |    | <ul style="list-style-type: none"><li>Mission Statement</li><li>Alternates</li></ul>  |  |
| 10:20 | 2. | Child Care Policy Framework Implementation  | Jacquelyn McCroskey  |
|       | a. | Goal I – Expansion of STEP  | Kathy Malaske-Samu   |
|       | b. | Goal III - County departments will work collaboratively to expand access to child development services for targeted client groups | Dora Jacildo   |
|       | c. | Goal V – CEO to convene a Strengthening Families Learning Community   | Sam Chan   |
| 10:50 | 3. | Update on the Department of Public Health   | Robert Gilchick  |
|       |    | <ul style="list-style-type: none"><li>Programs for Children and Families</li></ul>  |  |
| 11:10 | 4. | Katie A Lawsuit, Practice Models and Services to Young Children   | Lesley Blacher, CEO<br>Greg Lecklitner, DMH<br>Robert Wiltes, DCFS |
| 11:45 | 5. | Legislation and Budget Issues   | Adam Sonenshein<br>Michele Sartell                                 |
|       |    | <ul style="list-style-type: none"><li>Legislative Analyst Office Report on California's Fiscal Outlook</li></ul>                  |  |
| 11:55 | 6. | Announcements and Public Comment  | Members & Guests   |
| 12:00 | 7. | Call to Adjourn   | Jacquelyn McCroskey  |

---

**Mission Statement**

**The Los Angeles County Policy Roundtable for Child Care builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.**

This page intentionally blank

RECEIVED

2011 NOV 21 AM 11: 07

November 21, 2011

CHIEF EXECUTIVE OFFICE

To: Bill Fujioka, Chief Executive Officer

From: Jacquelyn McCroskey, Chair  
Policy Roundtable for Child Care



### FIRST 5 LA AND EARLY CARE AND EDUCATION

I hope you will consider the following key points as you work to help restructure the County's relationship with first 5 LA:

- I. **The County Office of Child Care (OCC) is small, yet it has established relationships with all of the key Early Care and Education (ECE) players in this decentralized, segmented field.**

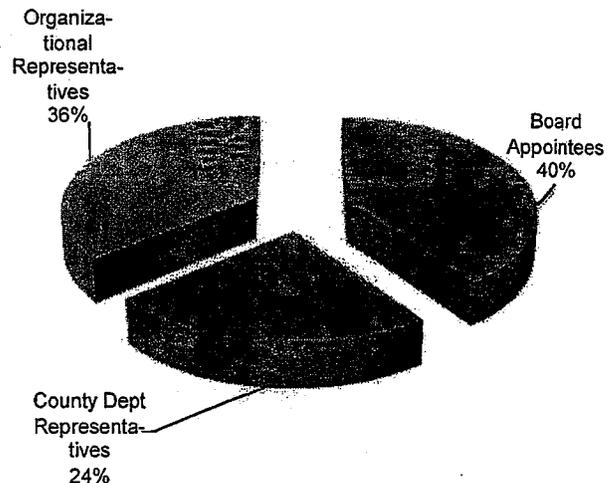
The attached flow chart shows the primary sources of ECE dollars coming into Los Angeles County from Federal and State programs, each of which has different geographic dispersion, delivery mechanisms, stakeholders, criteria and requirements (see Attachment A). As you know, the OCC provides staff support to the Child Care Planning Committee<sup>1</sup> and the Policy Roundtable for Child Care,<sup>2</sup> among other responsibilities. First 5 LA has largely seen the OCC as a grantee, albeit one with an important countywide role. Over the past three and a half years, First 5 LA funding has supported the on-site observations of child development programs participating in the Steps to Excellence Project.

- II. **The Policy Roundtable for Child Care (Roundtable), which includes appointees from the Board of Supervisors, County departments, large-scale ECE providers, and early childhood education professional groups, is the County's only cross-departmental, public-private "think tank" focused on early education and strengthening families through shared data and action.**

Development of the most recent Child Care Policy Framework engaged County departments in ECE activities without any additional funding (even in tough budget times) because:

- A. The research is compelling,
- B. County staff recognize that they touch the families whose children most need the academic, social boosts and stability available through high-quality programs, and

### Policy Roundtable for Child Care Membership



<sup>1</sup> The Child Care Planning Committee serves as Los Angeles County's local planning council (LPC). State legislation passed in 1991 established LPCs in each county.

<sup>2</sup> The Policy Roundtable for Child Care was established by the Board of Supervisors in 2000.

C. County departments do not control funding or access to early childhood education.

- III. Currently, the Roundtable has a member serving on the First 5 LA Commission as an ex officio representative and First 5 LA staff members attend Roundtable meetings. Nonetheless, we have not developed the kind of partnership wherein First 5 LA fully taps the knowledge and resources of the OCC and Roundtable on issues critical to the field of ECE.**

First 5 LA has focused largely on Los Angeles Universal Preschool (LAUP) as well as a range of School Readiness, Family Literacy and other ECE-related contracts, but has not made a systematic effort to track the rapidly changing context of ECE policy and budget cuts with an eye to maximizing Los Angeles County's share of current and new opportunities. Unfortunately none of the current voting Commissioners have served as a strong champion for ECE.<sup>3</sup>

Two ideas for a better relationship:

- A. Continue the ex officio appointment, but clarify the appointee's role as providing context on changes to the ECE field as a whole, suggesting opportunities and funding partnerships, with regularly scheduled updates to the Commission that showcase data, trends and new directions;
- B. Create a standing subcommittee on Early Care and Education co-chaired by the Roundtable and a voting First 5 Commissioner who would have responsibility to bring data, trends and action ideas to the Commission at regular intervals. Rather than focusing almost entirely on LAUP as First 5 LA's signature investment, establish the necessity for a broader vision, particularly around State level policy and financial exigencies.

- IV. Harness First 5 LA's research/evaluation staff to enhance the County's data capacity.**

First 5 has approved a Data Partnership whose first "proof of concept" effort is mapping cumulative cuts to the ECE system in LA County, showing where current and potential cuts to be "triggered" by the State's budget shortfall are likely to have most impact. This is just one example of how First 5 LA's staff of PhD level experienced researchers could supplement the limited capacity of County staff (most of whom manage legacy information systems and deal with required reporting) who have little time or experience in analyzing or mining available data. For example, in the child welfare realm, CWS/CMS collects enormous amounts of data, most of which is never analyzed. First 5 LA could:

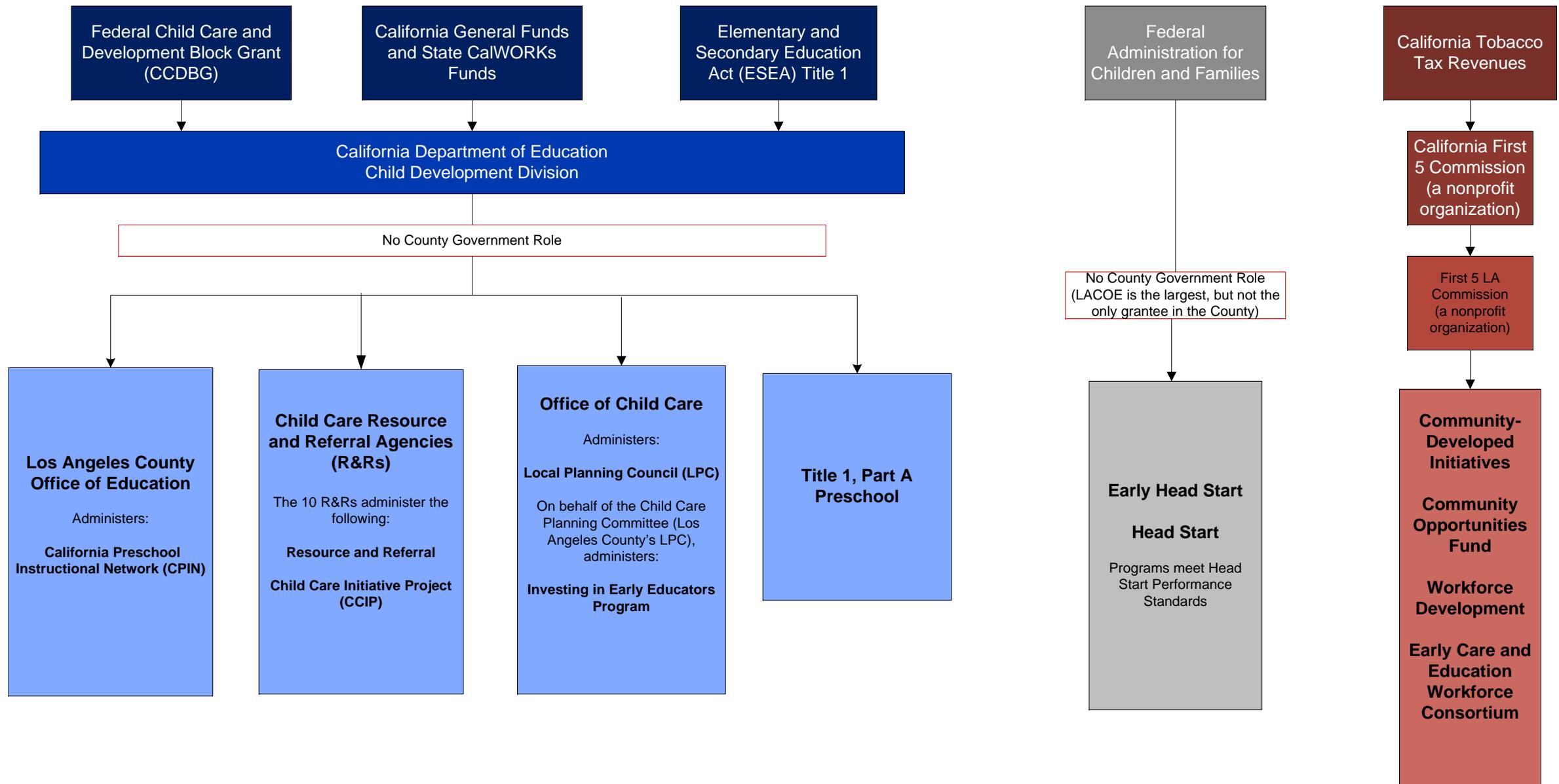
- A. Assign experienced research staff to work with county staff (for example, DCFS BIS) to develop analysis plans, test data runs and plan for sustainability of useful products;
- B. Assign experienced consultants to work with County managers to explore possibilities for building sustainable capacity through relationships with aligned research groups supported by First 5 LA (e.g., WIC, Advancement Project, Economic Roundtable, etc.) and/or
- C. Support contracts with local research groups, The Inter-University Consortium or others to create long-term partnerships.

Attachment 1. Publicly funded Child Care and Development Services in Los Angeles County for Fiscal Year 2011-12 (August 5, 2011)

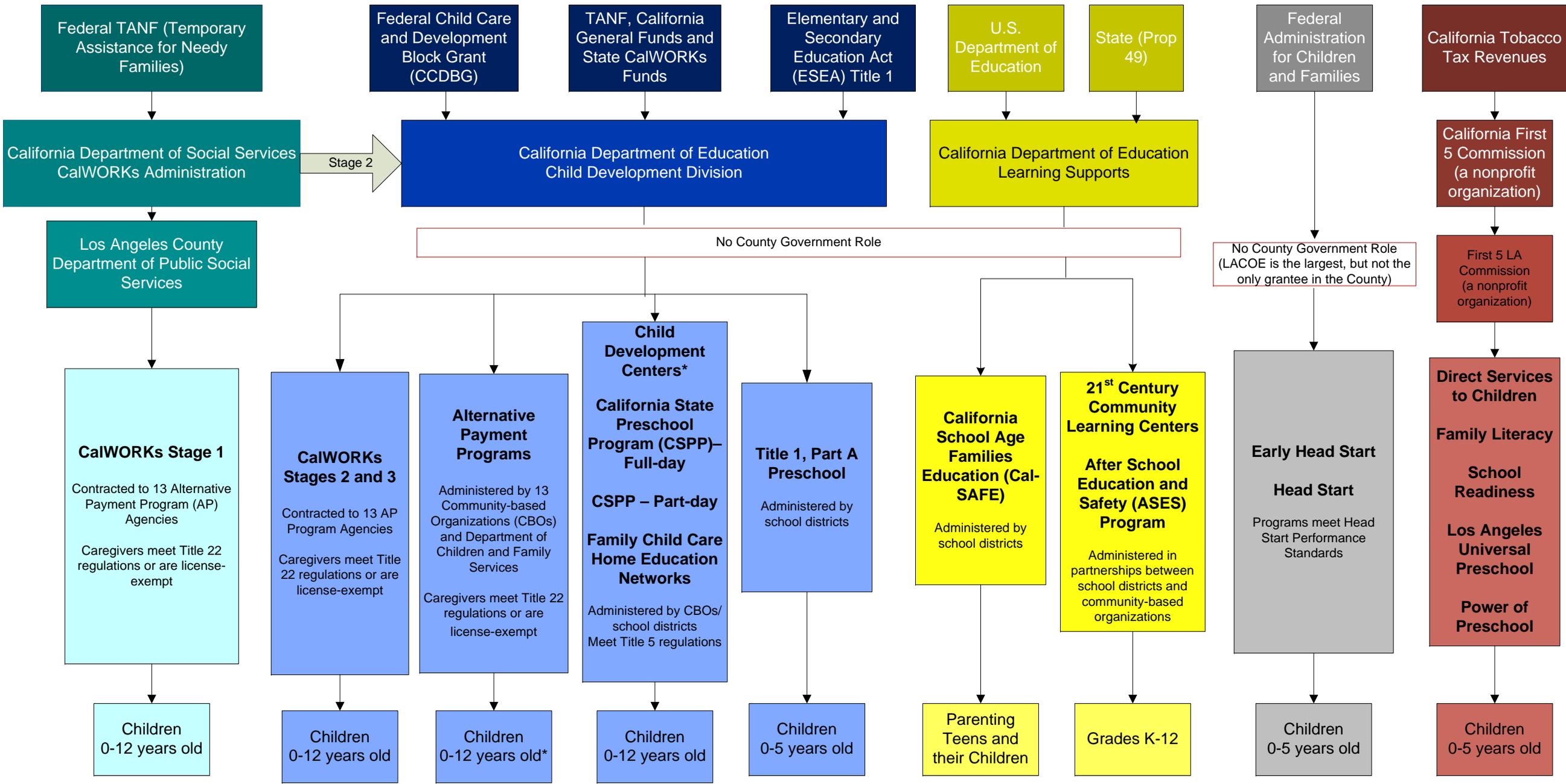
---

<sup>3</sup> Originally it was thought that the Los Angeles County Office of Education (LACOE) appointee would represent issues important to the early years. Two of the three appointees thus far, however, have had more experience in the K-12 system.

# Publicly Funded Child Care and Development Quality Enhancement and Family Support Services for Fiscal Year 2011-12



# Publicly Funded Child Care and Development Services in Los Angeles County for Fiscal Year 2011-12



\*Serves infants and toddlers (birth – 3 year olds) and school age children (five - 12 year olds).



## Policy Roundtable for Child Care

222 South Hill Street, Fifth Floor, Los Angeles, CA 90012  
Phone: (213) 974-4103 • Fax: (213) 217-5106 • [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov)

### MEETING MINUTES

**November 9, 2011  
10:00 a.m. – 12:00 p.m.  
Conference Room 743  
Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California**

---

#### **1. WELCOME AND INTRODUCTIONS**

##### **a. Comments from the Chair**

Dr. Jacquelyn McCroskey, Chair of the Policy Roundtable for Child Care (Roundtable), opened the meeting at 10:07 a.m. Members and guests introduced themselves.

Dr. McCroskey made the following comments:

- Governor Jerry Brown signed off on the application to the Race to the Top: Early Learning Challenge Fund (RTT:ELCF). The proposal builds upon the work of other counties to develop a quality rating and improvement system. A copy of the letter of support to the Governor from the Roundtable was included in the meeting packets. Ms. Malaske-Samu added that a meeting is scheduled for next week with Ms. Celia Ayala of Los Angeles Universal Preschool (LAUP) and Ms. Evelyn Martinez of First 5 LA to talk about how to coordinate activities on quality rating scales within Los Angeles county.

##### **b. Review of Meeting Minutes – October 12, 2011**

*Ms. Ann Franzen moved to accept the minutes as written; Ms. Connie Russell seconded the motion. The motion passed unanimously.*

#### **2. REVISED MISSION STATEMENT**

Dr. McCroskey referred members to their meeting packets for a copy of the proposed mission statement.

Mr. Duane Dennis noted that the Policy Framework for Child Care has redefined the Roundtable as a key player with regards to policy and being a force to ensure that it has a voice when decisions are made around early care and education, most importantly in making recommendations to the Board of Supervisors.

Comments:

- The name of the body remains as Policy Roundtable for “Child Care”, and therefore a suggestion was made to consider renaming it. It was noted that the conversation over the

name reflects the dilemma in the field and the disservice that occurs by not using clear and consistent language.

- Collaboration with the Child Care Planning Committee (Planning Committee) is no longer referenced. The intention is to reflect the status of not being dependent on other entities. The Roundtable is a commission for county government, whereas the Planning Committee is a mandate of the State. The revised mission statement defines what it is that this body uniquely contributes aside from its relationship to others. It advises the Board of Supervisors, County government and departments; it does not directly provide early care and education services. However, it does not preclude the Planning Committee from having a voice at table. The hope is that the Roundtable, through its membership, reflects a willingness to collaborate. In addition, there is a link in communication to the Board and that structure will remain.
- The mission statement reflects what the Roundtable does, not how it does it, speaking more to its identity.

*Mr. Dennis entered a motion to accept the proposed mission statement; Ms. Connie Russell seconded the motion. The motion passed unanimously.*

*The revised mission is:*

*The Los Angeles County Policy Roundtable for Child Care builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.*

Dr. McCroskey, reflecting on a recent motion by the Board of Supervisors to amend an ordinance to establish First 5 LA as a county agency that would retain independent authority over the strategic plan and the local trust fund, asked “what is the role of the Roundtable within the County that is unique?” She suggested that the Policy Framework for Child Care provides impetus for developing, deepening and strengthening relationships within and across County departments and community stakeholders with a vested interest in preventing child abuse and neglect, promoting optimal child development and enhancing partnerships with the early care and education system. Among the partnerships is the Roundtable’s relationship with First 5 LA and through its ex officio representative on the Commission. Among the questions raised by the motion is the status of retaining ex officio representatives on the Commission. Dr. McCroskey asked, “what is the value added of the Roundtable not only to First 5 LA, but to other bodies?”

Dr. McCroskey further considered the value of partnerships to integrating services. As such, she recognized efforts of the early care and education system to work with other systems on behalf of children and families. Additionally, the Office of Child Care as part of the Service Integration Branch, thinks regularly about integration, an imperative of the field and across various service sectors. Lastly, she commented on the importance of the Policy Framework in its commitment to the Strengthening Families approach as a framework for the work.

### **3. AD HOC COMMITTEE REPORT – ROUNDTABLE ATTENDANCE**

Ms. Malaske-Samu reported on behalf of the ad hoc committee, referring to the proposal included in their meeting packets. She listed the recommendations that include, in summary, providing members with a copy of the quarterly attendance report, monitoring attendance and contacting members with irregular attendance, and making changes to the bylaws. The changes to the bylaws are comprised of identifying department and organizational alternates and the parameters of their participation with the exception of the Board of Supervisor appointees, who would not have the option of using alternates.

Mr. Sonenshein added that the committee addressed appointments that have been vacant for some time. Communications will be sent soon as a way to encourage filling the vacancies. Ms. Malaske-Samu noted that the vacancies are not counted in the calculation for attendance. Following the meeting, Ms. Malaske-Samu will submit the action for consideration by the sunset review commission.

Other comments included:

- Alternate would be a representative from the same group as the member. Alternates will need to be kept abreast of Roundtable activities.
- County Counsel, three years ago, stated that conference call participation does not meet the Brown Act requirements. The issue has been that the members calling in would need to make their address available so that the general public may attend. Ms. Malaske-Samu will explore whether calling in remains prohibited.

*Mr. Sonenshein moved to accept the recommendations of the ad hoc committee; Ms. Stacy Miller seconded the motion. The motion passed unanimously.*

Ms. Sylvia Drew Ivie suggested writing a letter to Supervisor Mark Ridley-Thomas that the commission is in conversation with Sunset committee.

Lastly, Ms. Malaske-Samu rose as a question whether the Roundtable members would want to change their meeting schedule to ten meetings per year. Currently, the Roundtable does not meet in August.

#### **4. STEPS TO EXCELLENCE PROJECT (STEP) EVALUATION**

Dr. McCroskey introduced Ms. Cheryl Wold of Wold & Associates to provide the STEP process evaluation report. Ms. Wold walked members and guests through a PowerPoint presentation summarizing the findings from the evaluation, which will be addressed more fully in her written report.

The purpose of the evaluation was to “obtain provider input about the implementation of STEP to inform a set of recommendations that will lead to further improvements of STEP’s outreach, quality improvements and quality rating program.” She looked specifically at the STEP participant’s experiences with the STEP quality rating process, the impact of the training, technical assistance and mini-grants, and the effectiveness of STEP’s outreach and recruitment activities and barriers to participating in (or completing) the STEP process. A diverse representation of STEP participants were surveyed and in their primary languages. Ms. Wold also conducted group interviews with key informants – STEP participants and non-participants and linked the findings with administrative data for analysis.

The response rate to the survey was 31 percent, of which 59 percent of the respondents were family child care providers and 41 percent were center staff. All pilot communities were represented in the findings. Overall, most of the respondents reported positive or very positive experiences with STEP and thought the ratings reflect their strengths and areas for improvement. Over half of the respondents reported wanting to be re-rated in the next year. Ms. Wold then summarized particular aspects of the survey that addressed the programs’ experiences with the rating processes, the trainings and technical experience, and their progress for making improvements in each of the rating domains. Lastly, she listed preliminary recommendations, most of which have to do with immediate and ongoing communications and sustaining relationships.

More detail regarding the evaluation findings and recommendations will be in the forthcoming written report.

Comments:

- Ms. Ellen Cervantes of the Child Care Resource Center, said it was a great joy to participate in STEP. While a number of family child care homes in their geographic service area have closed, only one STEP participant ended her business. She noted that STEP participants are self-selecting, however thinks that their business success may be the result of their efforts to improve the quality of their program. Ms. Wold did not ask questions relating to whether the providers were still in business, although many reported that enrollment increased since their participation.
- Ms. Malaske-Samu suggested one way to sustain and expand the relationship is working more closely with the Child Care Resource and Referral (R&Rs) Agencies around coaching. It is challenging with existing staff to do lots of hand holding, which is liked by the family child care home providers. In addition, a recommendation worth exploring is helping STEP providers be mentors and sources of support for new participants.
- It was suggested to redo assessments of programs to show improvements. Ms. Malaske-Samu agreed that it makes sense to conduct an initial assessment, followed by the official rating months later.

## **5. IMPLEMENTATION OF THE CHILD CARE POLICY FRAMEWORK**

Ms. Michele Sartell reported on the work underway to facilitate connecting teen parents under the supervision of the DCFS and Probation with early care and education services. She referred members and guests to a brief report included in their meeting packets. Ms. Sartell noted that efforts are underway to document and report on the number of pregnant and parenting teens in each system on a regular basis. Until recently, information on pregnant and parenting teens and their children relied on moment-in-time surveys that only provided information on the teen mother and very little information on the child. As it turns out, DCFS has information on teen parents and their children in their database in part due to capturing foster parents receiving the infant supplement on behalf of the teen's child. As of May 2011, 289 teen parents were under DCFS supervision, with most of them parenting children from birth to three years old.

With respect to Probation, a survey of the Deputy Probation Officers conducted in 2005 revealed 96 pregnant teens and 214 teen mothers. No information was captured on their children. To remedy the lack of hard data, recommendations have been made to document the number of teen mothers and fathers who are suitably placed by Probation by including fields on the initial and transition Multi-disciplinary Team Action Plans. In addition, an addendum to the form was added to capture activities undertaken to identify the teen parent's need for early care and education services and activities to facilitate the connections. According to Ms. Jeannette Aguirre, the fields for collecting information on teen parents has been added, however she needs to check on whether items from the addendum were added or integrated into the forms.

Ms. Sartell referred members to the document for an outline of other activities underway and proposed next steps for truly helping teens understand their options and providing them with the support they need to select and enroll their children.

Next, Ms. Malaske-Samu reported on the work to launch the Strengthening Families Learning Community. A preliminary meeting with County department representatives was convened on October 27, 2011 to stir up enthusiasm for moving forward. The first official meeting is

scheduled for January 26, 2012 at The California Endowment. Mr. William T Fujioka's schedule is clear and he will provide the opening remarks. Those departments selected to participate work most directly with children and families and include DCFS, Probation, Mental Health, Public Social Services and Public Health. In addition, Parks and Recreation and the Library will be engaged and serve an important role by offering non-stigmatizing places for families to build protective and buffering factors that lead to the prevention of maltreatment.

A meeting summary has been prepared and sent out to those who participated in the first meeting as well as a request to provide feedback on sample definitions of learning communities. Ms. Malaske-Samu sees the Learning Community meeting three to four times per year. She hopes that it becomes a place where people can ask questions, rise what does and does not work, and facilitates shared learning. If it works, there will be support for making department wide commitments that go beyond selected sections of the departments. The Center for the Study of Social Policy is lending their support and expertise, including their participation in the meetings.

Dr. McCroskey concluded the update by suggesting that a flavor on implementation of the framework occur each month.

## **6. LEGISLATION AND BUDGET ISSUES**

- **State**

Mr. Sonenshein relayed that legislators are now in recess, so there are no bills on which to update. On the other hand, the State revenue projections are not looking very good, therefore we are most likely heading toward trigger cuts. Child care and development is in the first tier of reductions, slated for a four percent across-the-board cut equaling \$23 million. No information is forthcoming on how the cuts will be administered. The big question is whether the cuts will be retroactive to the beginning of the fiscal year. It is not just child development on the list of trigger cuts; other structures that also support the system – University of California, California State University and community college systems as well as Medi-Cal - will be impacted. If revenues fall further below the projections, the K-12 system also will experience an automatic cut resulting in seven less days of the school year. Mr. Sonenshein noted the rumors suggesting that the legislature is looking at ways to mitigate or push back the proposed reductions; however there is no public proposal.

- **Federal**

Mr. Sonenshein referred members to their packets for a copy of President Obama's initiative to improve quality and accountability in the Head Start programs. In part, the initiative would require current grantees that do not meet certain benchmarks to compete for continued funding. Notifications are going out to the grantees next month. The Department of Health and Human Services is projecting that one-third of all grantees will go out for re-competition. Programs will be evaluated on five year basis to determine if they meet benchmarks.

Mr. Sonenshein reported on an infrastructure development. On November 4<sup>th</sup>, the U.S. Department of Education announced a proposal to create an Office of Early Learning, which will oversee the RTT:ELCF and coordinate early learning programs across the Department. Senior Advisor for Early Learning Ms. Jacqueline Jones will head the office, which will operate within the Department's Office of Elementary and Secondary Education.

Lastly, Mr. Sonenshein referred members and guests to their meeting packets for the list of federal bills. Several of the bills relate to the Elementary and Secondary Education Act (ESEA), however nothing of significance is moving forward. Rather, it is likely that a bigger bill addressing ESEA will emerge.

## **7. ANNOUNCEMENTS AND PUBLIC COMMENT**

- The Early Childhood Development Symposium is scheduled for Thursday, November 10, 2011 at the USC Davidson Center. Ms. Sartell has more information about the event
- Dr. Nora Armenta reported that the Los Angeles Unified School District (LAUSD) was invited to present as an early implementer at the Transition Kindergarten Implementation Summit. There were between 300 and 400 people in attendance. LAUSD spoke about how 120 currently operating sites were selected, their activities, and more. Dr. Armenta added that the State is unlikely to provide a lot of guidelines, allowing local school districts to create their own local systems. Senator Simitian spoke about the evolution of transition kindergarten. There were conversations about cost savings associated with the move to transition kindergartens. Children participating in the program are counted in the average daily attendance (ADA), which will pay for program, salaries, etc.

LAUSD is hosting transition kindergarten tours the first Friday of each month beginning on Dec 2, 2011 and ending in March 2012.

- Mr. Dennis announced that the First 5 LA Commission meeting scheduled for tomorrow includes a closed session. He expects the chair to provide an update on the motion entered at the Board of Supervisors meeting. Mr. Dennis relayed that the motion speaks to preserving the existing strategic plan, which is likely to include moving forward with the place-based initiative. He noted the significance of the change, which is within the Board of Supervisor's discretion. He did make clear that the Commissioners were not aware of the motion. County Counsel, the auditor/controller and the Chief Executive Office have 30 days since the motion passed to develop a plan and return to the Board with their recommendations regarding structure and composition of the Commission.
- The Judge in Fresno has until the end of this month to enter a decision on the lawsuit to prevent the diversion of First 5 funds to other State budget needs.
- First 5 LA has a four-year partnership with Donors Choose ([visit donorschoose.org](http://donorschoose.org)), which is bringing donations to preschool and transition kindergarten classroom projects led by teachers working within a public school system. First 5 LA is providing matching funds made by private citizens. Ms. Jennifer Cowan of First 5 LA announced that funding is still available and encourages teachers to post their proposed projects for selection.

## **8. CALL TO ADJOURN**

The meeting was adjourned at 12 p.m.

### **Commissioners Present:**

Ms. Jeannette Aguirre  
Dr. Nora Armenta  
Ms. Maria Calix  
Ms. Fran Chasen  
Mr. Duane Dennis  
Ms. Ann Franzen  
Ms. Dora Jacildo  
Ms. Kathy Malaske-Samu  
Dr. Jacquelyn McCroskey  
Ms. Stacy Miller  
Ms. Connie Russell  
Mr. Adam Sonenshein  
Ms. Mika Yamamoto  
Ms. Ruth Yoon

### **Guests:**

Ms. Heather Carrigan, Westside Children's Center  
Ms. Ellen Cervantes, Child Care Resource Center  
Dr. Sam Chan, Department of Mental Health  
Ms. Jennifer Cowan, First 5 LA  
Ms. Mary Hammer, South Bay Center for Counseling  
Ms. Elesha Kingshoff, ZERO TO THREE  
Ms. Terry Ogawa, Educare Consultant  
Ms. Jessica Roosinisalda-Gomez, Department of Mental Health  
Ms. Angela Vasquez, Advancement Project  
Ms. Lena Ward, Department of Children and Family Services  
Ms. Cheryl Wold, Wold & Associates

### **Staff:**

Ms. Michele Sartell

This page intentionally blank

## **POLICY ROUNDTABLE FOR CHILD CARE**

### **BYLAWS**

#### **ARTICLE I.**

##### Authority

The County of Los Angeles Policy Roundtable for Child Care (Roundtable) was established by **Board Order No. 14 of May 23, 2000, Ordinance No. 2000-0025, Chapter 3.75 of the Los Angeles County Code.** All policies, procedures and actions of the Roundtable shall be consistent with that Ordinance.

#### **ARTICLE II.**

##### Mission Statement

The Los Angeles County Policy Roundtable for Child Care builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement.

#### **ARTICLE III.**

##### Membership

##### **Section 1. Membership**

The Roundtable shall consist of 25 members, including 15 Organizational Representatives and 10 Supervisorial Representatives. All representatives shall have background, knowledge, expertise, and/or experience in Child Care, Early Childhood Education, or Child Development fields:

A. Organizational Representatives shall include a nominee from each of the following entities:

- 1) Chair of the Child Care Planning Committee
- 2) Chief Executive Office
- 3) Child Care Alliance of Los Angeles
- 4) Commission for Children and Families
- 5) Department of Children and Family Services
- 6) Department of Mental Health
- 7) Department of Parks and Recreation
- 8) Department of Public Health
- 9) Department of Public Social Services
- 10) Los Angeles Children and Families First-Proposition 10 Commission
- 11) Los Angeles County Office of Education
- 12) Los Angeles Unified School District
- 13) Los Angeles Universal Preschool
- 14) Probation Department
- 15) Southern California Association for the Education of Young Children

B. Supervisorial Representatives

Each member of the Board of Supervisors (Board) shall nominate one Roundtable member from one of the following expert categories:

- Academia or research
- Private business sector
- Philanthropy
- Community or legal advocacy
- Child care

Each member of the Board shall nominate one Roundtable member from one of the following expert categories:

- Faith-based child care center operator
- Employer-supported child care center operator
- Family child care program operator
- Private or public child care center operator
- Child care advocate
- Parent
- Demographer
- Facilities finance expert
- Economist
- Labor representative
- CalWORKs participant
- Any person who is an expert in one of the expert categories set forth in the section above

C. All nominations are subject to approval by the Board.

D. Alternates

1) Organizational Representatives

- County Department representatives shall identify a specific alternate who can vote in the member's absence. In the event that both the member and alternate are unable to attend a meeting, a department representative can fulfill the attendance requirement. This department representative will not be authorized to vote on Roundtable business.
- Representatives from organizations other than County Departments shall have the option to identify an alternate to attend and vote in the member's absence.

2) Supervisorial Representatives

- Representatives of the Board of Supervisors will not have the option to use alternates.

**Section 2. Terms of Service:**

A. All members of the Roundtable shall serve at the pleasure of the Board.

- B. A lottery shall be held to determine the terms of service of Supervisorial Representatives initially appointed to the Roundtable. Half of the Supervisorial Representatives will serve a two-year term and half will serve a four-year term. After the initial term, the term of all members will be four years.
- C. Supervisorial Representatives to the Roundtable will serve no more than two consecutive full terms of service. An initial two-year term served by a member shall not count as a full term served.
- D. Organizational Representatives will be required to affirm their status with their nominating organization every four years.
- E. In the event of a vacancy, a nomination shall be made by the nominating entity of the member whose position becomes vacant. The appointed successor shall complete the remainder of the term.

**Section 3. Duties and Responsibilities**

- A. Develop a regional child care and development master plan for consideration by the Board;
- B. Develop child care policy recommendations based on solid research, economic forecasts, projected demographic shifts and trends, and Federal and State policies taking into account all forms of child care, including but not limited to, faith-based, home-based, public, private, center-based, and employer-based;
- C. Promote the coordination and integration of County-related child care, including all County departmental activity for employees and the public;
- D. Work with the Chief Executive Office to develop recommendations for consideration by the Board on Federal and State legislation regarding child care;
- E. Identify strategies to help coordinate, leverage, and maximize all child care funding streams in the County;
- F. Develop recommendations to promote universal access to child care and development services including, but not limited to, services for preschool care;
- G. Identify strategies and recommendations to include faith-based organizations in the provision of child care; and
- H. Conduct and distribute an annual evaluation (report card) of the Roundtable's work.
- K. In addition to the above duties and responsibilities set forth by County Ordinance, the Roundtable shall also designate a member to serve on the Los Angeles Children and Families First-Proposition 10 Commission, as an ex officio member.

**ARTICLE IV.**  
Officers

**Section 1.**    General Responsibilities

The Officers of the Roundtable shall be a Chairperson and a Vice-Chairperson and shall perform the duties as prescribed by these bylaws and “**Robert’s Rules of Order Newly Revised.**”

**Section 2.**    Duties of the Chairperson

The duties shall also include, but are not necessarily limited to, the following:

- A.    To preside over full Roundtable meetings and determine the agenda of the meetings.
- B.    To determine whether a quorum is present subject to the provisions of **Section 3.75.080 of the County Code.**
- C.    To call special meetings when necessary subject to the requirements of the **Ralph M. Brown Act.**
- D.    To determine membership for subcommittees and to recommend the chairperson, with ratification by the Roundtable.
- E.    To confer with staff on all matters related to the activities of the Roundtable and to provide direction to the staff in relationship to these matters.
- F.    To confer with the Board and Child Care Planning Committee when appropriate, and discuss with them in particular and as necessary, the content of Roundtable reports/documents prior to their release.
- G.    To coordinate all presentations of Roundtable reports or other matters before the Board.
- H.    To represent the Roundtable in communication with the news media or request another member(s) or staff to do so.
- I.    To monitor Board meetings (with the assistance of staff as requested) and be prepared to respond to the inquiries of the Board on an ad hoc basis.

**Section 3.**    Duties of the Vice-Chairperson

The duties of the Vice-Chairperson include the following:

- A.    To preside over meetings of the full Roundtable and conduct all duties of the Chairperson in his/her absence.
- B.    To perform any other duties and responsibilities of the Chairperson at his/her direction.

**ARTICLE V.**  
Election of Officers

**Section 1.**    Election of Officers

- A.     The annual election of Roundtable officers shall take place on the anniversary of the initial officer elections, or at the next regularly scheduled meeting thereafter.
- B.     Each duly appointed Roundtable member shall be eligible to serve as an officer.
- C.     Each officer shall serve a one-year term and thereafter until a successor is qualified and elected.
- D.     An officer may be elected to additional consecutive terms; however, no officer shall be eligible to serve more than three consecutive terms.
- E.     All members of the Roundtable shall be eligible to vote in the election of officers.

**Section 2.**    Election Procedures

The officers of the Roundtable shall be selected in the following manner:

- A.     There shall be no secret ballots or absentee voting (**Government Code Section 54953**).
- B.     Candidates shall be nominated from the floor at the election meeting.
- C.     The election will be held by voice-vote at the election meeting subject to the following: If one of the candidates receives a majority of all votes cast, he/she will be declared the winner. If there are three or more candidates and no one receives a majority of all votes cast, a run-off election will be held between the two candidates with the highest number of votes. The run-off shall be conducted by voice-vote at the election meeting. In the event of a tie between the two candidates with the highest number of votes, the Chairperson's vote shall be counted as one and one-half (1½) votes.

**Section 3.**    Vacancies

If the office of Chairperson or Vice-Chairperson becomes vacant, the vacancy will be filled for the remainder of the term at the next regular meeting using the same procedures set forth in Section 2 of this Article.

**ARTICLE VI.**  
Conflict of Interest

In the event that a Roundtable member or the organization which the member represents, could incur a financial benefit based on a decision of the Roundtable, that member shall abstain from participating in any analysis, discussion, or recommendation affecting such interest. In some instances, depending on the financial interest, the entire Roundtable may be precluded from acting.

**ARTICLE VII.**  
Voting and Action Items

The Roundtable shall adhere to the following while addressing all action items:

- A. Each member of the Roundtable shall be entitled to one vote on each matter submitted to a vote of the Roundtable.
- B. All votes shall be submitted by voice or a show of hands; there will be no secret ballots or absentee voting on any Roundtable action items.
- C. To pass an action item, a majority of the members present must vote in the affirmative.
- D. An action item which results in a tie vote does not pass.
- E. A record of all votes shall be kept by Roundtable staff.
- F. Members are required to abstain from participating in any analysis, discussion, or vote affecting issues which present a conflict of interest. However, in the absence of such conflict or other limitations, members are expected to be informed and cast votes.

**ARTICLE VIII.**  
Meetings

**Section 1.** Meetings

- A. Regular meetings of the Roundtable shall be held on the second Wednesday of each month. The regular meetings may be rescheduled for a different day than stated in these bylaws by a majority vote of the members present at a regular meeting. The Roundtable may change the date and place of any meeting subject to the requirements of the **Ralph M. Brown Act**.
- B. Future meetings may be canceled by a majority vote of the members present at a regular meeting. Staff shall follow the same procedure stated above in this Article for the rescheduling of meetings.
- C. If the Roundtable staff determines that there will be no quorum present for a particular meeting, the Chairperson, in his/her discretion, may cancel that meeting or convene a meeting of a committee of the whole.

**Section 2.** Special Meetings

Special meetings of the Roundtable may be called in the manner provided by Section 54956 of the Government Code.

**Section 3.** Rules of Order

The rules contained in the current edition of “**Robert’s Rules of Order Newly Released**,” except as otherwise provided herein, shall govern the Roundtable in its proceedings. The Roundtable may adopt additional rules to govern conduct at its meetings and all proceedings. Such rules can only be changed by a majority vote of the Roundtable.

**Section 4. Attendance**

All members of the Roundtable shall consider it their obligation to attend all general meetings of the Roundtable. If a member is absent from three consecutive general meetings, or misses more than 25 percent of the general meetings within a calendar year without adequate excuse, the Chairperson shall make inquiries of the individual member and report findings to the Roundtable, at which time the Roundtable can discuss its recourse (e.g., report absences to the appointing Board office or nominating organization).

Roundtable members shall also consider it their responsibility to participate in at least one subcommittee of the Roundtable. If a member is absent from three consecutive meetings, or misses more than 25 percent of the meetings of a subcommittee within a calendar year without adequate excuse, the subcommittee Chair shall make inquiries of the individual and report his/her findings to the Roundtable Chair.

**Section 5. Quorum**

One (1) more than half of the current membership (a majority) of the Roundtable shall constitute a quorum, but in no event shall a quorum be less than eight members.

**Section 6. Agenda Items**

Members of the Roundtable may request placement of an item on the agenda by contacting the Roundtable staff no later than seven working days prior to any regular or special meeting of the Roundtable. Roundtable staff may, with the Chairperson’s approval, accept items for the agenda if it can be done without violating the agenda and notice requirements of the **Ralph M. Brown Act**.

**ARTICLE IX.**  
Committees

The Roundtable may establish subcommittees, pursuant to Article III, Section 2 of these bylaws, to provide technical and professional expertise and support for any purpose that it decides will be beneficial. Such subcommittees may include members of the Child Care Planning Committee and others recommended by Roundtable members, as deemed necessary by the Roundtable. Subcommittees may make recommendations and reports, as deemed necessary or appropriate by the Roundtable.

**ARTICLE X.**  
Adoption and Amendment of Bylaws

**Section 1. Adoption**

These bylaws may be adopted by a majority vote of the Roundtable, provided that written notice is given to each Roundtable member, along with a copy of the proposed bylaws at the previous regular meeting.

**Section 2. Amendment**

These bylaws may be amended by a two-thirds (2/3) vote of the Roundtable members present at a regular meeting, provided that written notice of the proposed amendment is given at the previous regular Roundtable meeting.

**ARTICLE XI.  
Staff Support**

The Roundtable shall receive staff support from the Office of Child Care within the Chief Executive Office (Service Integration Branch).



# Department of Public Health: Protecting Our Children Promoting Healthy Families

Policy Roundtable for Child Care  
December 14, 2011

Robert Gilchick, MD, MPH

MCAH Medical Director

Director, Child and Adolescent Health Program and Policy



# Learning Objectives

By the end of this session, participants will understand:

- DHS is not the same as DPH
- DPH mission
- Public health approach to countywide population health and wellness
- DPH programs/services that target and/or benefit young children and their families
- Value of collaboration between DPH and Child Care community (via specific example)
- DHS is not the same as DPH



# Game Plan

1. DHS is not the same as DPH
2. Public health mission and approach
3. Specific programs and services
4. EPRP immunization pilot with CCA



DHS ≠ DPH



# What's the Difference\*

- DHS – delivers health care services to *individuals* residing Los Angeles County
- DPH – delivers health protection, disease prevention, and health promotion services to *the population* of Los Angeles County

\*an oversimplification

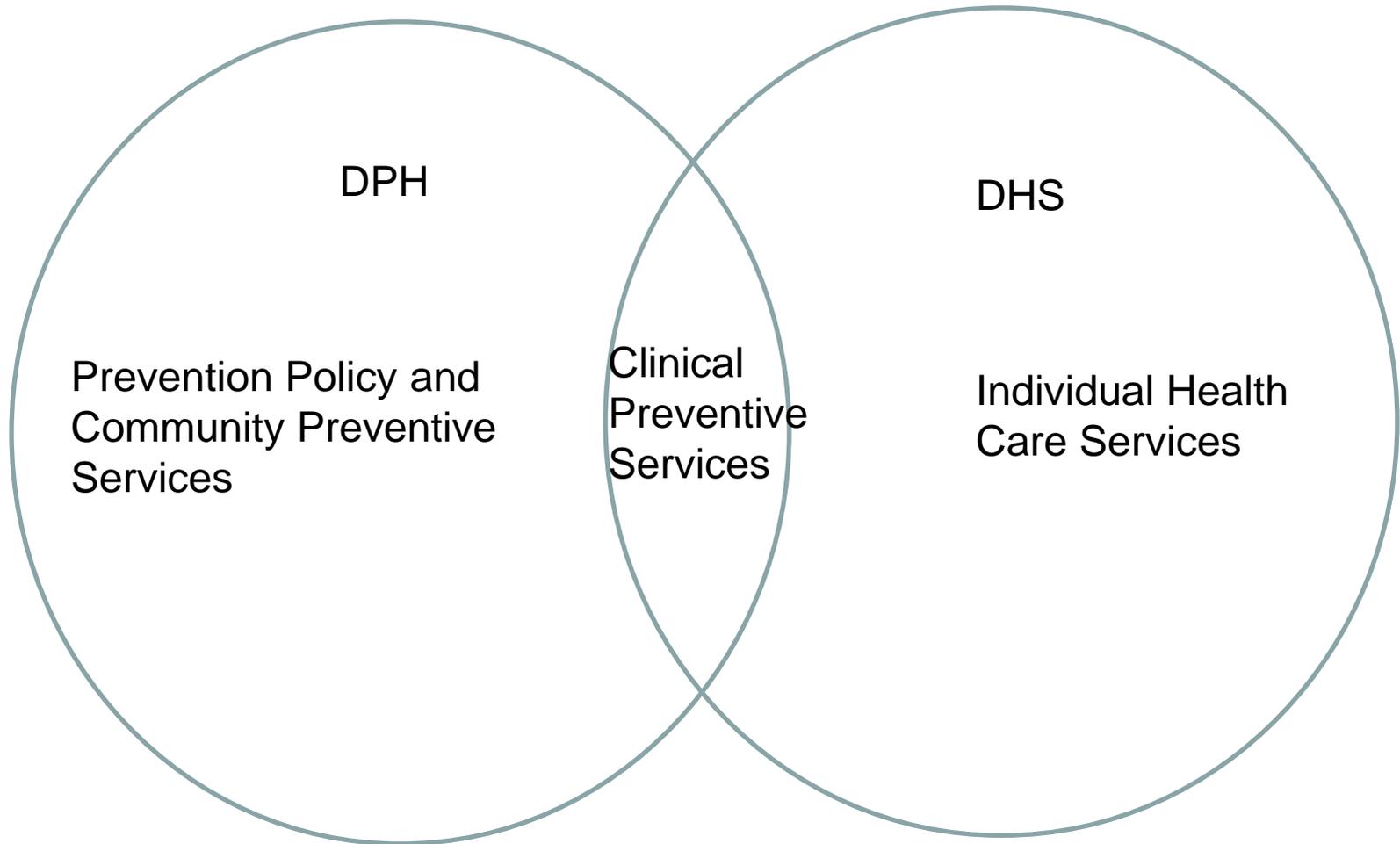


# DPH Mission

*“Protect health, prevent disease, and promote health and well-being”*



# A more accurate picture



# Population approach to health

- Protect Health
  - EH – Facility inspection
  - EPRP – Minimize health consequences from natural and man-made disasters
- Prevent Disease
  - Oral Health – Water fluoridation
  - IP – Child and Adult Vaccination
  - Tobacco – Smoke-free business, housing, parks, etc.
- Promote Health and Well-Being
  - CDIP – City planning to facilitate walking, biking, PA
  - CHOI – Improve access to health care



# DPH Programs/Services for Children and Families

- MCAH
- Further methodology – query to DPH executive team
- CMS
- CHS
- IP
- Nutrition/Network for a Healthy California
- SAPC



# In Summary

DHS  $\neq$  DPH



And now, introducing...

Aizita Magaña, MPH

Project Manager

Emergency Preparedness and Response Program



This page intentionally blank

# **Pilot Project to Improve Pandemic and Emergency Preparedness of Child Care Networks in Los Angeles County**

*Findings and Recommendations from the Final  
Report*

December 14, 2011

Aizita Magaña, MPH



# Project Goals

- Exercise the capacity of the R&R Network to be a strategic partner during a pandemic or other public health emergency.
- Improve the pandemic and emergency preparedness of the R&R Network.



# Background

- **H1N1: low uptake of vaccine from school age children and younger.**
- Children in child care represent a critical vaccine priority population and a double influenza burden
  - Young children have the **highest risk for contracting influenza** such as H1N1 (low age-specific population immunity and the **highest risk for disease transmission** throughout household and communities.
  - it is likely that **influenza will continue to cause serious disease** in younger age groups
  - 730,000 in LAC are children age 0-5 years and 1,773,000 are children age 6-17 years
  - 57% of residents speak a language other than English at home
  - 29% of families have incomes less than \$35,000



# Key Questions

- What are the major activities, strengths, challenges, and lessons learned in the implementation of the Pilot?
- What is the **capacity of the R&R/AP agencies**; and who is reached through their multiple programs, community partnerships, and synergistic activities through the R&R Network?
- Where are the **opportunities** for enhancing emergency and pandemic preparedness among low-income children, their families, and their child care providers in the County in **partnership** with the R&R Network?



# Key Project Activities

- Plan, coordinate, and implement **vaccination clinics** to children and families who receive R&R Network services.
- Develop and provide vaccination and emergency preparedness **training** to child care providers and parents.



# Activities: Vaccination Clinics

- Developed standard processes and coordinated outreach, scheduling, and staffing for vaccination clinics.
- Vaccinated nearly **1850 individuals against influenza at fifty clinics** (68% of whom had not been vaccinated for influenza in the previous year) from March 12, 2011, through April 28, 2011.
- Vaccinated nearly *1550 individuals against pertussis at 18 clinics* between May 31 and July 28.
- Developed and translated educational materials, established clinic procedures, observed clinics, and collected and analyzed data, including surveys with clinic participants with response rates upwards of 90%.
- Conducted focus groups with vaccinating and outreach agencies staff to evaluate clinics and provide feedback and suggestions for future clinics.



# Activities: Community Outreach and Education

- The Pilot Network used its capacity to implement a diverse range of strategies—including flyers, email blasts, robocalls.
- The Pilot Network outreached to over 30,000 parents and over 18,000 child care providers.
- The Network **developed and translated** standard promotional materials to reach diverse groups with consistent messages. Flu clinic flyers and other materials were translated into Spanish, Chinese–Mandarin/Cantonese, and Korean
- Educational materials were adapted to appeal to child care providers and to address the specific attitudinal and knowledge barriers identified.



# Activities: Training and Workshops

- Four webinar trainings delivered to clinic staff provided instructions about setting up, running, and reporting on vaccination clinics.
- **Two staff workshops**—“Flu 101” and “Pertussis 101”—provided essential information about influenza and pertussis.
- **Two train-the-trainer** sessions on “Vaccination and Pandemic Flu” and “Disaster Preparedness” helped to prepare trainers to lead workshops with child care providers.
- 30+ Emergency Preparedness and Vaccination Provider **Workshops**
  - Thirty-four workshops were conducted with child care providers-training 336 about Vaccination and Pandemic Flu and 352 about Disaster Preparedness.
- **Toolkits** for both workshops were developed, translated into Spanish and Chinese, and disseminated to the R&R Network.



# Activities: Key Findings

- The Resource and Referral Network (R&R Network) is a **uniquely qualified** partner for responding to and preparing childcare providers and the children and families they serve for a pandemic or other public health emergency.
- Demonstrated a **broad and significant reach** as evidenced by its geographic coverage, its scope and diversity of programs, and the number and types of providers, children, and families served.
- While providing services and ~~operating independently~~ demonstrated significant ability and capacity to **collaborate for the coordination** of vaccination clinics.
- Demonstrated substantial capacity to **internally develop** a wide range of culturally and linguistic appropriate outreach and ~~education materials~~ including materials in Spanish and Chinese.
- Demonstrated that is a **highly flexible and accountable system**, as well as a learning system, with the capacity to ~~collect information, monitor quality implementation,~~ report outcomes, and apply best practices.



# Key Findings-Capacity of the Pilot Network

- Pilot Network agencies are a **trusted resource**
- Pilot Network agencies have **relationships with vulnerable families**, providing critical assistance to those facing economic hardship and other crises.
- The Pilot Network has an extensive capacity to develop and deliver **training and technical assistance** to a range of child care providers.
- Pilot Network agencies have **internal links** to a variety of programs as well as **external partnerships** and collaborative working relationships.
- The Pilot Network **leverages** an extensive range of partnerships
- The Pilot Network provides **tangible resources** to parents and caregivers for building their understanding of child development.



# Evaluation

- 1,650 flu and over 700+ pertussis clinic surveys
- Focus groups
- Train-the-trainer evaluations
- Clinic observations
- Outreach/Education summaries
  
- Internal R&R network skills for data collection, analysis and reporting.
- Provided and incorporated findings throughout the project



# Recommendations

- **Continue to partner on preparedness issues including their coordination of seasonal flu vaccination clinics.**



# Recommendations

- **Support ongoing efforts by the Child Care Alliance agencies to engage providers with health information concerning vaccination and emergency readiness**



# Recommendations

- **Provide capacity building and support to the Child Care Alliance to improve their role as convener, coordinator and a source of support to the R&R Network**

- 



# Recommendations

- **Establish the R&R network as recipient of communication and notification from LACDPH during a a pandemic or other public health emergency**



# For Consideration

- How can we utilize the R&Rs to promote vaccination among providers, children and their families?
- How can we include representatives from the R&Rs in the planning and development DPH does around vaccination?
- More visible, better data, support the alliance



APPENDIX "A"

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA  
WESTERN DIVISION

<p><b>KATIE A. etc., et al,</b></p> <p style="text-align: center;">v.</p> <p><b>DIANA BONTÁ, etc., et al,</b></p>	<p>Plaintiffs,</p> <p>Defendants.</p>
---	---------------------------------------

Case No. CV-02-05662 AHM (SHx)

**[PROPOSED] STIPULATED  
JUDGMENT PURSUANT TO  
CLASS ACTION SETTLEMENT  
AGREEMENT**

[Federal Rules of Civil Procedure,  
Rule 23, subd. (e)]

Date: \_\_\_\_\_, 2011  
Time: \_\_\_\_\_ a.m.  
Crtroom: 14

Judge Hon. A. Howard Matz

Plaintiffs and Defendants, the Director of the California Department of Health Care Services (CDHCS), the Director of the California Department of Social Services (CDSS), as well as non-party (Real Party in Interest) the Director of the California Department of Mental Health (CDMH) (collectively "State Defendants") have entered into a settlement agreement for resolution of this class action matter. Defendant Los Angeles County previously entered into a settlement agreement with plaintiffs which this court approved and entered judgment pursuant thereto on

Plaintiffs and the State Defendants (the Parties) have submitted the proposed Settlement Agreement to the Court for final approval pursuant to, and in compliance with Federal Rules of Civil Procedure, Rule 23, subdivision (e).

The Court found that the Parties gave notice of the proposed Settlement Agreement to the Plaintiff class and others thereby affected in a reasonable manner. Fed. R. Civ. P. 23(e)(1). On \_\_\_\_\_, 2011, the Court conducted a fairness hearing pursuant to Fed.R. Civ. P. 23(e)(2), affording the parties and all other interested persons the opportunity to be heard in support of and in opposition to the proposed settlement agreement. After reviewing and considering the papers filed in support of the settlement agreement, the evidence, argument, comments and objections submitted at the fairness hearing, the Court has made a finding that the settlement agreement is fair, reasonable and adequate to bind class members.

The Court having fully considered the matter and good cause appearing, hereby ORDERS, ADJUDGES AND DECREES as follows:

1. The Court has jurisdiction over the claims for injunctive and declaratory relief against State Defendants pursuant to 28 U.S.C. §§ 1331, 1343 and 1367. Venue is proper in the Central District of California pursuant to 28 U.S.C. § 1391(b).

2. This case has been certified as a class action for purposes of all claims against State Defendants on behalf of a class of children in California who:

(a) Are in foster care or are at imminent risk of foster care placement, and

(b) Have a mental illness or condition that has been documented or, had an assessment already been conducted, would have been documented, and

(c) Who need individualized mental health services, including but not limited to professionally acceptable assessments, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting, to treat or ameliorate their illness or condition.”

For the purposes of this case, “imminent risk of foster care placement” means that within the last 180 days a child has been participating in voluntary family maintenance services or voluntary family reunification placements and/or has been the subject of either a telephone call to the Child Protective Services hotline or some other documented communication made to a local Child Protective Services agency regarding suspicions of abuse, neglect or abandonment.

3. Judgment is entered pursuant to the terms of the Settlement Agreement incorporated herein, as though fully set forth, and attached as Exhibit A to this Judgment.

4. The Court orders the parties to the Settlement Agreement to perform all of their obligations thereunder.

5. The Court will retain jurisdiction over this lawsuit until 36 months after court approval of the Settlement Agreement, at which time the Court's jurisdiction will expire. Pursuant to Paragraph 30 of the Settlement Agreement, this expiration of jurisdiction shall not be extended, for any reason, beyond the 36-month period following approval of the Settlement Agreement.

6. Pursuant to Paragraph 15 of the Settlement Agreement, the Settlement Agreement settles all claims against the State Defendants in this lawsuit.

7. The Court finds that no just reason exists for delay in entering this Judgment pursuant to the Settlement Agreement. Accordingly, the Clerk is hereby directed to enter his Final Judgment.

8. This Judgment is binding against State Defendants, their successors in office, CDHCS, CDSS, CDMH<sup>2</sup>, the respective officers, agents and employees of these state agencies.

9. The Court will subsequently dismiss this lawsuit against the State Defendants in accordance with the terms of the Settlement Agreement.

Dated                     , 2011.

---

A. Howard Matz

United States District Judge

---

<sup>2 2</sup> Because of the possible restructuring of CDMH, at this time it is uncertain as to whether CDMH will be the State agency responsible for performing the obligations assigned to CDMH pursuant to this Agreement. State Defendants agree that the State will perform CDMH's obligations under this Agreement.

## APPENDIX "B"

### Core Practice Model

The Core Practice Model, which would be utilized by all agencies or individuals who serve class members and their families, adheres to a prescribed set of family centered values and principles that are driven by a definable process. The Core Practice Model values and principles are summarized as follows:

- Services are needs-driven, strengths-based, and family-focused from the first conversation with or about the family.
- Services are individualized and tailored to the strengths and needs of each child and family.
- Services are delivered through a multi-agency collaborative approach that is grounded in a strong community base.
- Family voice, choice, and preference are assured throughout the process.
- Services incorporate a blend of formal and informal resources designed to assist families with successful transitions that ensure long-term success.
- Services are culturally competent and respectful of the culture of the children and their families.
- Services and supports are provided in the child and family's community.
- Children are first and foremost protected from abuse and neglect and maintained safely in their own homes.
- Children have permanency and stability in their living situations.

In order to benefit from the full array of services they need, at whatever level appropriate and necessary to meet their needs, class members will be best served through five key practice components that are organized and delivered in the context of an overall child and family plan. These five components include the following:

- *Engagement:* Engaging families is the foundation to building trusting and mutually beneficial relationships between family members, team members, and service providers. Agencies involved with the child and family work to reach agreement about services, safety, well-being (meeting attachment and other developmental needs, health, education, and mental health), and permanency.
- *Assessing:* Information gathering and assessing needs is the practice of gathering and evaluating information about the child and family, which includes gathering and assessing strengths as well as assessing the underlying needs. Assessing also includes determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being of children.
- *Service Planning and Implementation:* Service planning is the practice of tailoring supports and services unique to each child and family to address unmet needs. The plan

specifies the goals, roles, strategies, resources, and timeframes for coordinated implementation of supports and services for the child, family, and caregivers.

- *Monitoring and Adapting:* Monitoring and adapting is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. The team is responsible for reassessing the needs, applying knowledge gained through ongoing assessments, and adapting the plan in a timely manner.
- *Transition:* The successful transition away from formal supports can occur when informal supports are in place and providing the support and activities needed to ensure long-term stability.

Child and Family Team: The Work Group has also reached consensus that a subset of Katie A class members need a more intensive approach and service delivery to address their array of needs and strengths, and that this subset would best be served through a formally organized *Child and Family Team*.

In those instances where intensive or complex needs are identified, a formal Child and Family Team would be created to serve as the primary vehicle delivering services in accord with the Core Practice Model in order to bring significant individual team members together to help the family develop a plan of care that addresses their needs and strengths. The principle role of the Child and Family team would be as follows:

- The Child and Family Team (CFT) assembles as a group of caring individuals to work with and support the child and family and, in addition to the various agency and provider staff involved in service delivery to the family, includes at a minimum a facilitator and a family support partner or family specialist for youth.
- Team facilitation can be done by a mental health provider, social worker, or probation officer. The facilitator maintains a committed team and is qualified with the necessary skills to bring resources to the table in support of the child and family.
- An effective CFT continues the process of engagement with the family and or caregivers about their strengths and needs, ensures services are well coordinated, and provides a process for transparent communication.

## APPENDIX "C"

### The Child And Family Team

Child and Family Team: The Work Group has also reached consensus that a subset of Katie A class members need a more intensive approach and service delivery to address their array of needs and strengths, and that this subset would best be served through a formally organized *Child and Family Team*.

In those instances where intensive or complex needs are identified, a formal Child and Family Team would be created to serve as the primary vehicle delivering services in accord with the Core Practice Model in order to bring significant individual team members together to help the family develop a plan of care that addresses their needs and strengths. The principle role of the Child and Family team would be as follows:

- The Child and Family Team (CFT) assembles as a group of caring individuals to work with and support the child and family and, in addition to the various agency and provider staff involved in service delivery to the family, includes at a minimum a facilitator and a family support partner or family specialist for youth.
- Team facilitation can be done by a mental health provider, social worker, or probation officer. The facilitator maintains a committed team and is qualified with the necessary skills to bring resources to the table in support of the child and family.
- An effective CFT continues the process of engagement with the family and or caregivers about their strengths and needs, ensures services are well coordinated, and provides a process for transparent communication.

## APPENDIX "D"

### Intensive Home-Based Mental Health Services

Intensive Home-Based Services (IHBS) are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child's functioning. Interventions are aimed at helping the child build skills necessary for successful functioning in the home and community and improving the child's family's ability to help the youth successfully function in the home and community.

IHBS are delivered according to an individualized treatment plan developed by a care planning team (see Intensive Care Coordination). The care planning team develops goals and objectives for all life domains in which the child's mental health condition produces impaired functioning, including family life, community life, education, vocation, and independent living, and identifies the specific interventions that will be implemented to meet those goals and objectives. The goals and objectives should seek to maximize the child's ability to live and participate in the community and to function independently, including through building social, communication, behavioral, and basic living skills. Providers of intensive home-based services should engage the child in community activities where the child has an opportunity to work towards identified goals and objectives in a natural setting. Phone contact and consultation may be provided as part of the service.

IHBS includes, but is not limited to:

- Educating the child's family about, and training the family in managing, the child's disorder;
- Medically necessary skill-based remediation of behaviors, including developing and implementing a behavioral plan with positive behavioral supports and modeling for the child's family and others how to implement behavioral strategies;
- Improving self-care, including by addressing behaviors and social skills deficits that interfere with daily living tasks and with avoiding exploitation by others;
- Improving self-management of symptoms, including assisting with self-administration of medications;
- Improving social decorum, including by addressing social skills deficits and anger management;
- Supporting the development and maintenance of social support networks and the use of community resources;
- Supporting employment objectives, by identifying and addressing behaviors that interfere with seeking and maintaining a job;
- Supporting educational objectives, through identifying and addressing behaviors that interfere with succeeding in an academic program in the community; and
- Supporting independent living objectives, by identifying and addressing behaviors that interfere with seeking and maintaining housing and living independently.

IHBS are highly effective in preventing a child being removed from home (biological, foster, or adoptive) through admission to an inpatient hospital, residential treatment facility or other residential treatment setting.

*Settings:* IHBS may be provided in any setting where the child is naturally located, including the home (biological, foster or adoptive), schools, recreational settings, child care centers, and other community settings. *Availability:* IBHS are available wherever and whenever needed, including in evenings and on weekends. *Providers:* IHBS are typically provided by paraprofessionals under clinical supervision. Peers, including parent partners, may provide IHBS. More complex cases may require service delivery by a clinician rather than a paraprofessional.

## APPENDIX "E"

### Intensive Care Coordination

Intensive Care Coordination (ICC) is a service that is responsible for facilitating assessment, care planning and coordination of services, including urgent services [for children/ youth who meet the *Katie A.* class criteria].

Intensive Care Coordination (ICC) provides:

- A single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and culturally, and linguistically relevant manner;
- Services and supports that are guided by the needs of the youth;
- Facilitation of a collaborative relationship among a youth, his/her family and involved child-serving systems;
- Support the parent/caregiver in meeting their youth's needs;
- A care planning process ensures that a care coordinator organizes and matches care across providers and child serving systems to allow the youth to be served in their home community; and
- Facilitated development of the Child and Family Planning Team (CFT).<sup>3</sup>

*ICC service components consists of:*

**Assessment:** The CFT completes a strength-based, needs driven, comprehensive assessment to organize and guide the development of an Individual Care Plan (ICP) and a risk management/safety plan. The assessment process determines the needs of the youth for any medical, educational, social, mental health, or other services. ICC may also include the planning and coordination of urgent needs before the comprehensive assessment is completed. The initial assessment will be reviewed as necessary, but at least every 90 days.

**Planning: Development of an Individual Care Plan:** Using the information collected through an assessment, the care coordinator convenes and facilitates the CFT meetings and the CFT develops a child- and family-centered Individual Care Plan (ICP) that specifies the goals and actions to address the medical, educational, social, mental health, or other services needed by the youth and family. The care coordinator works directly with the youth, the family and others significant to the child to identify strengths and needs of the youth and family, and to develop a plan for meeting those needs and goals.

**Referral, monitoring and related activities:**

- works directly with the youth and family to implement elements of the ICP;
- prepares, monitors, and modifies the ICP in concert with the CFT; to determine whether services are being provided in accordance with the ICP; whether services in the ICP are adequate; and whether these are changes in the needs or status of the youth and if so, adjusting the plan of care as necessary, in concert with the CFT;

---

<sup>3</sup> The CFT includes, as appropriate, both formal supports, such as the care coordinator, providers, case managers from child-serving agencies, and natural supports, such as family members, neighbors, friends, and clergy.

- will identify, actively assist the youth and family to obtain and monitor the delivery of available services including medical, educational, mental health, social, therapeutic, or other services.

**Transition:**

- develops with the CFT a transition plan when the youth has achieved goals of the ICP; and
- collaborates with the other service providers and agencies on the behalf of the youth and family.

*Settings*

ICC may be provided to children living and receiving services in the community (including in TFC) as well as to children who are currently in a hospital, group home, or other congregate or institutional placement as part of discharge planning.

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.

Director

ROBIN KAY, Ph.D.

Chief Deputy Director

RODERICK SHANER, M.D.

Medical Director



BOARD OF SUPERVISORS

GLORIA MOLINA

MARK RIDLEY-THOMAS

ZEV YAROSLAVSKY

DON KNABE

MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601

Fax: (213) 386-1297

November 14, 2011

TO: Juvenile Probation Staff  
Department of Children and Family Services Staff  
Department of Mental Health Child and TAY Staff  
Children's Mental Health Contract Agency Staff

FROM: Marvin J. Southard, B.S.W.  
Director, Department of Mental Health

Calvin C. Remington  
Acting Chief Probation Officer, Probation Department

Phillip L. Browning  
Interim Director, Department of Children and Family Services

SUBJECT: **SHARED CORE PRACTICE MODEL**

Our departments have committed to a shared Core Practice Model that describes our common vision, guiding principles, and practice activities for improving the lives of the children, youth, and families we serve. The attached "Foundations of Shared Practice" provides an overview of this approach. This practice model provides an overarching framework for promoting best practice standards, recognizing the need to strengthen and integrate the day-to-day work of our staff and represents nothing less than a transformation of our approach to partnering with children and families to address the needs that have brought them to our attention.

Fundamental to our shared practice model is the belief that we must work together to ensure that children and youth are safe, free from abuse, neglect, and are afforded nurturing and permanent living environments whenever possible with their families. Our work is best accomplished through strong partnerships that start with community based agencies, a sensitivity to family, cultural values, and a focus on promoting child and family well-being, and self-sufficiency.

In our work with children and families, we need to strengthen our efforts at engagement, for without the establishment of a trusting relationship with those we seek to serve, we cannot accomplish our shared objectives. Best practice calls for a team approach. Every child and youth should have a child and family team that works together to

*"To Enrich Lives Through Effective And Caring Service"*

Juvenile Probation Staff, et al.  
November 14, 2011  
Page 2

identify the needs and strengths of the youth and family, and provide for the formal and informal supports and services needed to achieve identified goals. We also need to be vigilant in tracking progress and adapting our efforts as necessary to promote and sustain desired outcomes.

We have begun working together to train and coach our workforces in the application of these principles and activities in their daily work and are committed to moving forward in these efforts. We expect that these fundamental changes in practice will transform our broad service system, lead to better experiences, and outcomes for those we serve and have established mechanisms to evaluate our progress with respect to systems performance and outcomes for children and families.

We encourage all staff – Child Welfare, Mental Health, and Probation - to participate fully in the training and coaching support for the Core Practice Model.

MJS:BM:GL:ag

Attachment

**Our Shared Foundations of Practice**  
**Department of Children and Family Services, Department of Mental Health, Probation Department**

Our Departments have developed a shared and evolving model of practice to better integrate services and supports for children, youth, families and communities. Our commitment and approach are cemented in the crucial elements of community partnership, teamwork, family voice and choice, cultural competence, respect, accountability, continuous quality improvement and implementation of best practice.

**Key Outcomes:** *Safety, Permanence, Well-Being, Self Sufficiency, Organizational Excellence*

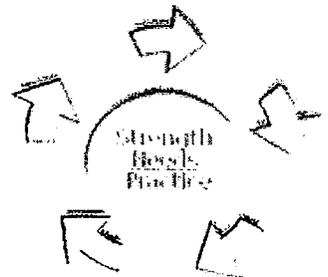
**Shared Values and Guiding Principles**

- **Child Protection & Safety:** Children and youth have the right to live in a safe environment, free from abuse, and neglect.
- **Permanent, Lifelong, Loving, Families:** Children and youth need and are entitled to a safe, nurturing and permanent family environment ideally in their own home.
- **Strengthening Child & Family Well-Being and Self Sufficiency:** Identifying the unique strengths of children, youth and families allows services and supports to be individualized and tailored.
- **Child Focused Family Centered Practice:** Focusing on the child's individualized, underlying needs and strengths, and the strengths and capacities of families provide the best guide to effective intervention and lasting change.
- **Community-Based Partnerships:** Services and interventions for children, youth and families are delivered collaboratively by agencies, providers, community and informal and naturally occurring supports in order to meet each family's needs.
- **Cultural Competency:** We maintain an attitude of cultural humility; honoring and respecting the beliefs and values of all families and recognizing that the cultural, ethnic and spiritual roots of the child, youth and family are a valuable part of their identity.
- **Best Practice and Continuous Learning:** We commit to developing an environment of continuous listening and learning and to ensuring that policy and practice decisions are based on reliable data as well as evidence, research and feedback.

**The Practice Wheel: Our Shared Core Practice Model in Action**

Our values and guiding principles are applied through a set of practice activities depicted by the Practice Wheel:

- **Engaging** is the practice of creating trustful working relationships a child and their family by increasing their participation, validating their unique cultural perspective, and hearing their voice and choice.
- **Teaming** is the practice of building and strengthening the child and family's support system, whose members meet, communicate, plan together, and coordinate their efforts in a unified fashion to address critical issues/needs.
- **Assessing** is the practice of collaborating with a family's team to obtain information about the salient events impacting children and families and the underlying causes bringing about their situation.
- **Planning and Intervening** is the practice and process of tailoring and implementing plans to build on strengths and protective capacities in order to meet individual needs for each child and family.
- **Tracking, Adapting and Transitioning** is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, reworking the plan, celebrating successes, adapting to challenges and organizing after-care supports as needed for the child and family.



# Los Angeles County Shared Core Practice Model Overview

## Shared Core Practice Model: Framework and Vision

The Departments of Children and Family Services, Mental Health and Probation developed a shared model of practice to better integrate services and supports for children, youth, families and communities. Our purpose is to provide responsive, efficient, and high-quality services that promote safety, permanence, well-being and self-sufficiency. Our approach and commitment are grounded in the crucial elements of community partnership, teamwork, cultural competence, respect, accountability, continuous quality improvement and best practice.

## Our Values and Guiding Principles

### **Value: Child Protection & Safety**

**Guiding Principle:** All children and youth have the right to live in a safe environment, free from abuse, and neglect. We work to achieve this without an over-reliance on out-of-home care and while ensuring the safety of children and youth temporarily residing in these settings.

### **Value: Permanence: Lifelong, Loving, Families**

**Guiding Principle:** Children and youth need and are entitled to a safe, nurturing and permanent family environment ideally in their own home. When temporary out-of-home placement is necessary, it is time-limited, child needs-specific, the least restrictive, most family-like environment, with appropriate cultural and community supports, and focused on permanence and/or rehabilitation.

### **Value: Strengthening Child & Family Well-Being and Self Sufficiency**

**Guiding Principle:** Identifying the unique strengths of children, youth and families allows services and supports to be individualized and tailored. All interactions and interventions with children, youth and families must be responsive to the trauma and loss they may have experienced.

### **Value: Child Focused Practice**

**Guiding Principle:** Integrated assessments that focus on the child's individualized, underlying needs and strengths, provide the best guide to effective intervention and lasting change.

### **Value: Family-Centered Practice**

**Guiding Principle:** All families have unique strengths. They deserve a voice and choice in decisions about how to best meet their children's needs. This approach helps us develop and implement strategies that create long-lasting change and promotes self-sufficiency.

### **Value: Community-Based Partnerships**

**Guiding Principle:** Services and interventions for children, youth and family are delivered collaboratively by agencies, providers, community and informal supports (extended family, faith-based organizations, cultural and community groups and others) in order to meet each family's needs.

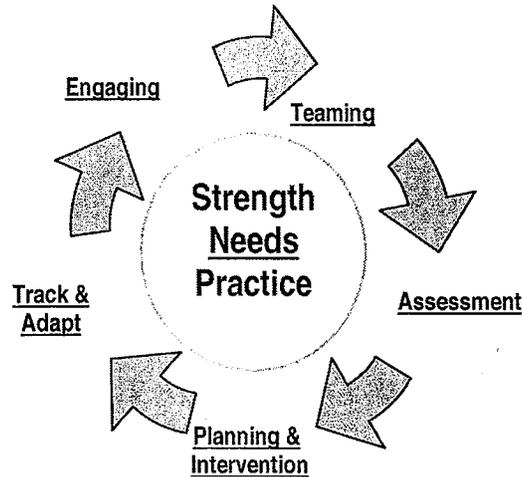
### **Value: Cultural Competency**

**Guiding Principle:** We maintain an attitude of cultural humility; recognizing that the cultural, ethnic and spiritual roots of the child, youth and family are a valuable part of their identity. We actively seek to reduce racial disproportionality and to eliminate disparities within the many systems that touch the lives of the families we serve. Our service delivery approach seeks to honor and respect the beliefs and values of all families.

### **Value: Promising Practice and Continuous Learning**

**Guiding Principle:** We commit to developing an environment of continuous listening and learning and to ensuring that policy and practice decisions are based on reliable data as well as evidence, research and feedback.

**The Practice Wheel: Our Shared Core Practice Model in Action** - Our values and guiding principles are applied through a set of practice activities, best depicted by the Practice Wheel.



**Engaging** is the practice of creating trustful working relationships with the child and their family by increasing their participation, validating their unique cultural perspective, and hearing their voice and choice. This foundation facilitates early and on-going discovery of all parents, siblings, extended family, tribal, cultural and community connections that can help and leads to honest, supportive, inquiry and planning to address concerns and needs in the areas of safety, permanence well-being and self-sufficiency. The central focus is ensuring the child and family are active participants in identifying the child's needs and in finding solutions to their issues and concerns with child safety, juvenile delinquency, educational achievement, permanence, well-being and self-sufficiency.

**Operational Principles:**

- Children and families are more likely to enter into a helping relationship when individuals involved have developed trusting relationships.
- The quality of these relationships is the most important foundation for engaging the child and family in a process of change.
- Children and families are more likely to pursue and sustain a plan or course of action that they have voice and choice in designing.

**Teaming** is the practice of building and strengthening the child and family's support system, whose members meet, communicate, plan together, and coordinate their efforts in a unified fashion to address critical issues/needs. Effective teaming continues the process of engaging the family and generating support for family members and older children to discuss and build on strengths and address needs.

**Operational Principles:**

- Decisions about interventions are more effective when made by the family team.
- Coordination of the activities of everyone involved is essential and is most effective and efficient when it occurs in regular face-to-face meetings of the family team.
- Children and youth are most successful in achieving independence when they have established relationships with caring adults who will support them over time.

**Assessing** is the practice of collaborating with a family's team to obtain information about the significant events impacting children and families and the underlying needs that are bringing about their situation. It is an ongoing process that includes the identification of underlying needs (including child and family trauma needs), and helps determine the availability and capability of resources needed to make progress.

**Operational Principles:**

- When children and families see that their strengths are recognized, respected, and affirmed, they are more likely to rely on them as a foundation for change.
- Assessments that focus on underlying needs provide the best guide for intervention.
- Youth and family must be included in planning and, as much as possible, should make choices about services and interventions.
- Planning for safety, stability, and permanency should fully include educational plans and services for children and youth.

**Planning** is the practice and process of tailoring plans to build on strengths and protective capacities in order to meet individual needs with each child and family. **Intervening** is the implementation of planned activities and practices that decrease risk, provide for safety, heal trauma, enhance normative behaviors, and promote permanence, well-being and self-sufficiency. Plans evolve and must be flexible to respond to a family's emerging issues and needs.

**Operational Principles:**

- Children do best when they live safely with their family or kin or, if neither is possible, with a foster family. Siblings should be placed together.
- Group or residential care should never be long-term and should lead to permanence and/or community reentry.
- Children receive care when they need it, not when they qualify for it.
- A menu of seamless (non-categorical) services and resources should be provided and the family's informal helping system is central to supporting sustaining progress.
- Safe reunification occurs more rapidly and permanently when visiting between parents and children takes place in the most normalized environment possible.

**Tracking, adapting and transitioning** is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, reworking the plan, celebrating successes, adapting to challenges and organizing after-care supports with children and families.

**Operational Principles:**

- Services should be flexible enough to adapt to the unique strengths and needs of each child and family and should be delivered where the child and family reside.
- Successful transition from formal agency involvement occurs when services and supports are in place to ensure long-term stability (including post permanency supports for children and families).
- Meeting the needs of children and youth to promote emotional well-being and self-sufficiency requires collaboration and shared accountability especially to ensure youth and families are supported no matter their point of entry - be it child welfare, juvenile delinquency or the mental health system.

# Katie A. Support Site

[Text Only](#) | [Graphic](#) | [Sitemap](#)

**"An Interdepartmental Partnership Dedicated to Meeting the Needs of All DCFS Children"**

## Resources

[Home](#)

[Settlement Agreement](#)

[Court Documents](#)

[DCFS/DMH Plan for Compliance](#)

[Programs and Resources](#)

[Data Reporting](#)

[Advisory Panel / Plaintiff Attorney](#)

## Administration

Dr. Charles Sophy, DCFS  
Medical Director  
(213) 351-5614

Adrienne Olson, DCFS  
Division Chief,  
DCFS Child Welfare  
Mental Health Services  
Division  
(213) 351-5737

Bryan Mershon, DMH  
Deputy Director  
(213) 738-2147

Greg Lecklitner, DMH  
District Chief  
(213) 739-5466

[Katie A. Calendar](#)

[Contact Us](#)

[Links of Interest](#)

[Promising Practices](#)

Some documents on this site require Adobe Reader for viewing. [Click Here to download.](#)

## Settlement Agreement

### Related Links

- [The Original Settlement Agreement \(.pdf\)](#)

In July 2002, the "Katie A., et.al vs. the State of California" and the County of Los Angeles class-action lawsuit was filed on behalf of five named plaintiff foster children, as well as, a class of children and young adults already in foster care, and/or those at risk of entering the foster care system. In lieu of monetary compensation, the Katie A. plaintiffs requested that the State and County improve upon its delivery of mental health services to children and families. In July 2003, one year following the Katie A. lawsuit, the Court approved the County's Settlement Agreement resolving the County's portion of the "Katie A." lawsuit. The State has not yet resolved or settled their lawsuit with the plaintiffs.

### The Objective of the Agreement is that the members of the class shall:

- promptly receive necessary individualized mental health services in their own home, a family setting, or the most homelike setting appropriate to their needs;
- receive care and services needed to prevent removal from their families or dependency or, when removal cannot be avoided, to facilitate reunification, and to meet their needs for safety, permanence, and stability;
- be afforded stability in their placements, whenever possible; since multiple placements are harmful to children and are disruptive of family contact, mental health treatment and the provision of other services; and
- receive care and services consistent with good child welfare and mental health practice and the requirements of federal and state law.

### To fulfill the above Objectives, the County Defendants agree, inter alia. to:

- immediately address the service and permanence needs

of the five named Plaintiffs;

- improve the consistency of DCFS' decision making through the implementation of **Structured Decision Making**;
- expand **Wraparound services**;
- implement **Team Decision Making** at significant decision points for a child and his/her family;
- expand the use of **Family Team Decision Making**;
- ensure that the need of members of the class for mental health services are identified and that such services are provided to them;
- **enhance permanency planning, increase placement stability** and provide more individualized, community-based emergency and other foster care services to foster children, thereby reducing dependence on MacLaren Children's Center (MCC). **The County further agrees to surrender its license for MCC and to not operate MCC for the residential care of children and youth under the age of 18** (e.g., as a transitional shelter care facility as defined by Health & Safety Code, § 1502.3). The net County cost, which is currently appropriated to support The Original Settlement Agreement MCC, shall continue to be appropriated to the DCFS budget in order to implement all of the plans listed in this paragraph (section).

#### **Oversight & Duration of the Agreement**

An Advisory Panel of experts will act as overseers to the County's Settlement Agreement to ensure the County's compliance. The Court shall retain the claims against the County Defendants in the instant lawsuit until such time as the Court finds, under the recommendations of the Advisory Panel, that the County Defendants have fulfilled the objectives and obligations agreed upon and are likely to continue to do so for the following twelve (12) calendar months

Presented by  
Los Angeles County Department of  
Children and Family Services

Copyright © 2009, Los Angeles County