Growing, building and shaping healthy lives

The whole child
building emotionally healthy lives since 1957
2013-2014 Annual Report
Dear Friends:

The Whole Child’s 2013/2014 Annual Report is dedicated to our donors and collaborative partners, both public and private, for their generosity in supporting our many efforts to provide greatly needed services during a time of limited funds. We are proud to share with you that the past year has focused not only on the sustainability of existing services but the expansion of new services due to our steadfast commitment of serving vulnerable children and families.

For example, The Whole Child celebrated two additional grand openings of satellite offices. First, The Gallery at Whittier High School opened for the purpose of improving mental health and health outcomes by promoting and implementing proven service models and prevention principles to students that build resiliency and increase protective factors, while decreasing the need for future mental health interventions. Second, The Whole Child opened a centrally located satellite at The Gus Velasco Neighborhood Center in the City of Santa Fe Springs so that children and families have greater access to comprehensive mental health and housing services.

Because of our expertise in serving children, birth to age five, First 5 LA (Best Start) selected The Whole Child to receive funding in the amount of $1,000,000 over three years to implement Parents as Teachers (PAT). As the lead training agency, The Whole Child will serve an additional 360 children referred by White Memorial Hospital and St. Francis Hospital. This is a wonderful opportunity to create a regional presence. PAT is a nationally and internationally recognized evidence-based home visiting program. It provides early childhood education and family support to families from pregnancy through kindergarten entry. The curricula and training content of PAT are based on current research in the areas of child development, neuroscience, and school readiness in which the case manager provides information, activities, and guidance to families to help them support their child’s development in the following areas: Social-Emotional, Language, Intellectual, and Motor. The core components of PAT are: Home Visits, Group Meetings, Developmental Screening and Case Management.

With additional funding by First 5 LA and Community Development Commission of the County of Los Angeles, The Whole Child was awarded $644,000 over two years to serve 40 families with children to provide temporary rental subsidies and supportive services for families with children, birth to age five, who are homeless or at-risk of homelessness in Southeast Region of Los Angeles County (SPA 7).

The Whole Child was selected by the Los Angeles Homeless Services Agency (LAHSA) to implement Family Solution Center (FSC) in SPA 7 with funding in the amount of $693,320 annually for three years. This additional housing service will provide housing for 87 families who are homeless or at-risk for homelessness. This new endeavor will build and maintain a comprehensive network of community partners in SPA 7 that will provide crisis, permanent supportive housing, supportive services and resources to homeless families.
FSC is designed to maximize family independence, minimize family disruption, and result in stronger, more viable housing goal to end homelessness by stabilizing families with subsidized community-based housing.

We are the grateful recipients of generous funding in the amount of $480,000 from The Rose Hills Foundation, BCM Foundation and The Albert and Bettie Sacchi Foundation for a capital improvement project that will support the construction of new office space, renovation and upgrades of our 25,477 square-foot main office building on Colima Road in Whittier. The renovations will offer The Whole Child ample space for an expanded and enhanced environment for clinical staff to provide mental health and housing services, as well as other linkages to ensure our families develop the skills and resources needed to lead emotionally healthy lives.

The Whole Child has successfully expanded its programs and services by delivering strong outcomes that meet or exceed the goals of every contract and by building strong relationships with multiple funding sources - our donors, public and private partners. With a total of five locations in the Greater Whittier Area, we are better prepared to meet the mental health and housing needs of children and their families with the quality services we are known for.

It is once again our privilege to work with our talented and dedicated staff, board of directors and generous partners across Los Angeles County. We look forward to maintaining these valuable relationships and putting The Whole Child’s resources to work to secure lasting and meaningful benefits for the children and families in our community.

Thank you for all you do to contribute to the success of The Whole Child.

Sincerely,

Charlene Dimas-Peinado, LCSW, EML
Chief Executive Officer

Robert J. Quist
Chairman of the Board
A divorced mother of three girls brought her eldest daughter, Alice, in for treatment due to behaviors that were causing problems on a daily basis. Once a respectful, quiet, and compliant girl; Alice had begun yelling at her family, talking back and disrespecting her mother, fighting daily with her sisters, and had problems with academic performance resulting in a significant drop in her grades. Alice’s mother requested assistance at The Whole Child to explore the cause of Alice’s behavioral problems and help Alice return to her previous level of functioning.

During the initial assessment, Alice disclosed that her biological father had been sexually abusing her and her sisters for the past four years. Alice’s brave disclosure assisted in not only ensuring her safety and the safety of her sisters but it also provided an opportunity for all of them to participate in therapy at The Whole Child and begin the very important process of expressing, processing and managing difficult emotions associated with the abuse so that healing and recovery could occur.

Alice was provided with support utilizing Trauma Focused-Cognitive-Behavioral Therapy (TF-CBT). Trauma Focused Cognitive Behavioral Therapy is a treatment model utilized to assist clients in overcoming traumatic experiences. TF-CBT focuses on helping individuals recognize their cognitive distortions and change them to more realistic perceptions. Through this process, Alice was able to decrease her feelings of being responsible for the trauma and place appropriate blame on the perpetrator, her father.

With the support of her therapist, Alice learned to identify the feelings that she had regarding her traumatic past. Alice was able to identify new, healthy and safe coping skills to utilize for managing her symptoms and feelings related to the trauma she had experienced. By replacing her unrealistic thinking, Alice was able to decrease the blame and shame she was experiencing, more importantly, gain understanding that she was not responsible for the abuse she and her sisters had experienced. Today, Alice is happy, emotionally healthy, academically successful and setting goals for her future.

**TF-CBT, Trauma Focused-Cognitive-Behavioral Therapy focuses on helping individuals recognize their cognitive distortions and change them to more realistic perceptions.**
Today, Alice is happy, emotionally healthy, academically successful and setting goals for her future.
The Whole Child provides comprehensive mental health services to children and youth from birth to age 18. Services provided include individual, family, and group therapy, crisis intervention, social skills groups, medication evaluation and support, psychological testing, case management services, and parenting groups.

Therapy services are provided by individuals with a master’s degree or higher in a mental health discipline such as social work or psychology and licensed or in the process of obtaining their license as a LCSW, MFT, or PhD/PsyD. Case management and other supportive services are provided by bachelor level staff. Medication services are provided by licensed psychiatrists (MDs). The Whole Child is also a training agency providing clinical internships to undergraduate and graduate level students from local universities. All services are provided with sensitivity to culturally diverse clients and families.

The Whole Child offers Seven Evidence Based Practices:

1. **Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)** – intervention focused on assessing and treating trauma related symptoms such as post traumatic stress, depression, and anxiety. For clients ages 4-18.

2. **Seeking Safety** – intervention focused on clients with a history of trauma and substance abuse with goal of increasing safety and coping skills. For clients ages 13-18.

3. **Triple P Positive Parenting Program (PPP)** – intervention focused on helping parents deal with challenging behaviors. Designed for parents of clients ages birth to 12 (standard curriculum) and 13-16 (standard teen curriculum).

4. **Managing and Adapting Practice (MAP)** – research supported interventions for children with diverse mental health symptoms. The goal is to improve treatment outcomes based on research supported treatment.

5. **Child Parent Psychotherapy (CPP)** – intervention for children birth to 5 exposed to trauma, abuse, domestic violence etc. Focus is on the impact of trauma on the parent-child relationship and the goal is to promote a healthy attachment between parent and child by intervening early in the relationship.

6. **Incredible Years (IY)** – parenting program focused on children ages birth to age 1 which addresses parents’ use of praise and positive interaction with their children. Curriculum for parents with older children ages 2-8 addresses disruptive behaviors that interfere with functioning and home and school environments.

7. **Aggression Replacement Therapy (ART)** – Based on social learning and cognitive behavioral theories. Targets youth at-risk for aggression or antisocial behavior. The model incorporates three specific interventions: skill-streaming, anger-control training, and training in moral reasoning. For clients ages 12-17. Clients ages 5-12 receive only skill-streaming.
Reflective Supervision at The Whole Child

Reflective Supervision is a collaborative process between the supervisor and supervisee that focuses on identifying strengths and vulnerabilities at all levels of the relationship within the therapeutic process. The use of Reflective Supervision enhances professional growth, clinical practice and overall client care by emphasizing core elements such as collaboration, reflection, and regularity.

While often associated with early childhood practices, Reflective Supervision is linked to clinical supervision provided to mental health providers such as social workers, marriage and family therapists, and psychologists, as part of their pre-licensure training. It is different from administrative supervision in that Reflective Supervision seeks to help mental health providers increase their self-awareness of subjective processes that occur during the provision of service and to understand their impact on the therapeutic relationship. This aspect of Reflective Supervision is critical to achieving positive outcomes with clients and families.

Recognizing its value across all disciplines and programs, The Whole Child adopted Reflective Supervision as its model of clinical supervision for the agency. The benefit of having one model to draw from is that it provides a common language across supervisors and staff and promotes consistency along the continuum of client care. Reflective Supervision at The Whole Child was launched on April 9, 2014 when the clinical leadership team participated in a day of training with Dr. Barbara Stroud, a nationally renowned speaker, Zero to Three Graduate Fellow, and expert practitioner in the 0-5 mental health field. She is also endorsed as a Reflective Practice Facilitator Mentor by the California Center for Infant-Family and Early Childhood Mental Health. As The Whole Child expands its use of the model, Dr. Stroud is providing monthly consultation to the clinical leadership team.

Social Learning Family Therapy Approach to Functional Analysis and Behavioral Treatment

Training is an important endeavor at The Whole Child as we believe it supports our staff by providing them with knowledge, skills, and resources for use with our clients and families. This past year, program director Arthea J. Larson provided training in Functional Analysis and Behavioral Treatment using a social learning family therapy approach.

The goal of any treatment strategy is to effectively change behavior for the betterment of the client. A big challenge is identifying the right treatment strategy by understanding what leads to and maintains maladaptive behavior. The use of functional analysis allows for a thorough assessment of factors that mental health providers can use in working with families to develop their treatment goals and plans.

The core treatment approach is a modified version of Social Learning Family Therapy (SLFT), an approach based on more than 15 years of clinical research by the National Institute of Mental Health. Participants learn to assess behavioral strengths and deficits, develop individualized treatment programs, implement strategies in a variety of settings and monitor their effectiveness based on ongoing data.

The specific model presented was originally designed for outpatient treatment with families of conduct disordered youth. This approach has documented its clinical efficacy in treating behavior-disordered children in home settings, outpatient clinics, foster care and residential settings. The SLFT model works to improve parenting skills and general adjustment of parents who then serve as change agents for their own children.
Training is an important endeavor at The Whole Child as we believe it supports our staff by providing them with knowledge, skills, and resources for use with our clients and families.
Today, Johnny is actively involved in his church, participating on the high school football team, has a healthier relationship with his grandmother and is busy working on fulfilling his future aspirations in life.
When Johnny’s grandmother came to The Whole Child, she was overwhelmed and desperate for help. Johnny, who was 15 years old, would become easily irritated and annoyed, lose his temper, refuse to cooperate, argue, and was physically aggressive towards others.

Growing up, Johnny was exposed to trauma and violence. From an early age Johnny was exposed to domestic violence, and his parent’s alcohol and drug use. When Johnny was 7 years old, he was removed from his parents due to allegations of physical abuse and neglect and placed in the care of his grandmother. The instability and trauma that Johnny experienced throughout his early childhood was now having a negative impact on his life as an adolescent.

When Johnny began treatment at The Whole Child, his therapist utilized an evidence based treatment intervention from the Seeking Safety Treatment Model. Seeking Safety is a treatment model that is utilized to assist children and adolescents with a traumatic past develop coping skills, and attain safety in their relationships, thoughts, behaviors, and emotions.

Johnny had never been in therapy; however, he was receptive to his therapist’s support and weekly interventions. Throughout treatment, Johnny’s therapist helped him to explore his childhood trauma and appropriately channel unhealthy and disruptive feelings by developing positive coping skills. Johnny’s anger toward his parents was validated and normalized. Further, Johnny was assisted with processing and verbalizing his unresolved trauma from his childhood experiences and begin healing. After 6 months of weekly therapy sessions in an outpatient setting, Johnny found his inner strength to learn effective ways to regulate his emotions and decrease his aggressive behaviors at home and school. Today, Johnny is actively involved in his church, participating on the high school football team, has a healthier relationship with his grandmother and is busy working on fulfilling his future aspirations in life.
Outpatient Services: Services include a comprehensive psychosocial assessment, individual, family and group psychotherapy. The outpatient services provide a structured nurturing therapeutic environment designed to promote successful home, school and community functioning by enhancing self-esteem, encouraging personal growth and development, and improving socialization skills within a group. Theoretical orientations for the implementation of therapeutic services include child centered theory, family systems theory, and strength based theory. Treatment techniques and interventions include, but are not limited to play therapy, cognitive-behavioral therapy, brief strategic family therapy, behavioral modification techniques, attachment therapy, trauma therapy, Gestalt Therapy, sand tray therapy and art therapy.


Crisis Intervention Services: When a child and/or family member is experiencing a crisis, which often occurs in the school, home and/or community, immediate assessment, triage and intervention is required. A master level therapist will provide a comprehensive crisis assessment to determine the level of therapeutic interventions required to stabilize the child and/or family member. The goal will be to stabilize the identified client in the presenting crisis situation preventing a more intensive level of mental health services such as hospitalization, removal from the home, expulsion from school, and/or police involvement. Thus, returning the identified client to the highest level of functioning and reintegrating successfully the client to the school, home and community setting. Crisis intervention services include eight to ten sessions. However, if the therapist is unable to successfully stabilize the crisis situation, planning with the family, school staff and/or collaborative involved will ensure a higher level of care appropriate to the crisis situation, i.e. intensive outpatient and/or intensive home based services.
Intensive Outpatient Services: Full Service Partnership (FSP) – intensive in-home mental health services for children (birth to 15) and their families who are involved in multiple service systems such as Department of Children and Family Services (DCFS), Probation, and Special Education. Participants in this program qualify for a higher level of care due to their mental health needs and history of inpatient psychiatric care and/or residential treatment care. Referrals are made by Department of Mental Health (DMH), schools, and other community agencies.

Family Preservation (FP) – mental health services for children and their families who are current participants of the DCFS Family Preservation Program.

Field Capable Clinical Services (FCCS) – mental health services for children and families needing more than traditional outpatient services. The majority of these services take place in the community such as in the home and at school. This program is also considered a “step down” service from FSP.

Multidisciplinary Assessment Team (MAT) – this is a comprehensive mental health assessment program for children recently detained by DCFS. Referrals are made by DCFS and DMH staff co-located at local DCFS offices. MAT assessments are conducted throughout Los Angeles County.

Specialized Foster Care Services: Comprehensive mental health services for children and adolescents currently involved with the foster care system in Los Angeles County due to issues of child abuse; referrals are made directly by the Los Angeles County Department of Children and Family Services (DCFS).

Medication Support and Management: Upon completion of the psychosocial assessment and throughout the treatment process, it will be determined if a psychiatric evaluation will be scheduled for possible use of psychopharmacological treatment. A board certified licensed psychiatrist will conduct a comprehensive evaluation, establishing a positive relationship with the child and parent(s)/guardian, providing information on psychopharmacology, and on-going medication support and management.

Psychological Testing: Upon completion of the psychosocial assessment and throughout the treatment process, it will be determined if a psychological testing is indicated. Psychological testing can be instrumental in determining effective therapeutic goals or treatment interventions; determining diagnosis; assessing the level of cognitive functioning; ruling out psychosis; assessing developmental and educational deficits as well as strengths; and determining additional internal and external resources to meet client and family’s needs accordingly. The licensed psychologist will work with the agency’s multidisciplinary team, as well as community collaborative(s), i.e. schools, hospitals, etc., to gather history and/or data which will assist in determining methodology for further clinical assessment and treatment planning.

Case Management Services: Children and families will receive an array of case management services, which will include interagency, and intra-agency consultation, communication, coordination and referral, ensuring access to resources. A range of areas in which resources may be beneficial to the client and family such as: school, recreation, social supports, finances, housing, transportation, parenting, therapy for others in the family, emergency assistance (financial), vocation, child care, substance use, legal assistance, etc. Case Managers are trained to use this tool in a manner in which it will promote a sense of support and connectedness to the agency, and in which the therapist and Case Managers can work together to empower the clients to address the needs identified and implement the services recommended.
Birth to Five Services: Programs are sequenced in phases, including: Early Identification and Referral; Diagnosis of Developmental and/or Emotional Issues; and Treatment (Four Levels of Service). Treatment protocols within Early Attachments cover a spectrum of therapeutic services for infants and toddlers, and can be offered to the parent alone or in conjunction with the child. They include: Child-Parent Psychotherapy: psychotherapy for children 0-5 years; The Incredible Years: training to teach parents effective parenting strategies that promote young children’s social and emotional competence, reduce problem behaviors, and increase positive and nurturing parenting; Parents as Teachers: home-based service to teach parents appropriate activities and educational development for their infants/toddlers; Positive Parenting Program: training for parents of children with challenging behavioral problems; and Infant Massage: relaxation techniques to reduce crying and help infants sleep more soundly as well as promote healthy bonding through physical interaction and verbal and nonverbal communication. Additional services include developmental screenings, and support groups for women with post-partum depression. Strong community partnerships exist with PIH Health, Beverly Hospital and local Head Start schools.

Prevention and Early Intervention Services (PEI): Comprehensive short term mental health services utilizing evidence-based practices (EBPs) which are researched based and supported for their efficacy with children and families. The Whole Child is pleased to offer the following EBPs: Trauma Focused Cognitive Behavioral Treatment (TF – CBT); Seeking Safety: Triple P Positive Parenting; Managing and Adapting Practice (MAP); Child Parent Psychotherapy; and Incredible Years.

The Parent Project: The Whole Child offers parenting groups for our community utilizing The Parent Project curriculum for parents of teens and Loving Solutions (Parent Project, Jr.) for parents of elementary school aged children. The Parent Project curriculum offers a strength based approach that supports parents in strengthening their relationship with their children by promoting healthy communication.
Families First: This program provides short-term mental health services to children and families who do not have insurance or who do not qualify for other programs such as those funded by DMH. The Whole Child recognizes that mental health is a universal concern and is committed to being a resource for all children by pursuing alternative funding opportunities to eliminate barriers to treatment.

Family Housing: The Whole Child’s housing division is committed to keeping families together and addressing homelessness by providing permanent supportive housing. The primary goal of the Housing First Model is to reflect current best practices for family placement into the community towards housing permanency. Homelessness ends when the individual or family is stabilized in permanent, affordable housing, whatever that permanent housing type may be and whatever the support systems that must be in place to help them stay there. To achieve this goal, a multi-pronged approach to addressing family homelessness is utilized and focuses on four key areas of action: (1) a coordinated entry system; (2) housing interventions strategies tailored to needs of individual families; (3) linkages to local mainstream support systems; and (4) utilization of evidenced-based practices. A Community-Based “Scattered” Site Model involving several “clusters” of apartments and scattered apartments throughout Southeastern Los Angeles County (SPA 7) to end homelessness will be utilized.
The Whole Child’s Birth to Five Center was recently awarded new funding from First 5 LA to provide Home Visitation services to newborns and their parents. The Whole Child will partner with First 5 LA, a child advocacy and grant making agency over the course of two and half years to serve families with newborns in LA County who are referred by the Welcome Baby Programs at St. Francis Hospital and White Memorial Hospital in the Southeast Region of Los Angeles County (SPA 7).

The Whole Child’s Birth to Five Center is built on the belief that prevention and early intervention services such as home visiting promote strong attachments and healthy social-emotional development by strengthening the parent child bond. Healthy relationships provide a secure foundation for children to explore and experience their world and to succeed in school and life. In addition, secure attachments help children to be resilient in the face of unforeseen difficult circumstances.

The Home Visitation Program at The Whole Child uses an evidence-based curriculum called Parents as Teachers which is guided by the philosophy that “parents are their children’s first and most influential teachers.” The curriculum emphasizes three areas: parent-child interaction, development-centered parenting, and family well-being. Activities are research based and customized to build on the strengths of the parents within their cultural context and personal values. In addition, infants receive regular developmental screenings using the Ages and Stages screening tool to ensure that age appropriate milestones are being met.

During their participation in the program, all families and newborns will be seen twice a month in their home by our specially trained parent educators. Families will receive information about parent-child educational activities, child development, parenting, breast feeding, monthly parent support groups and community resources. Through our home visitation program, barriers to services are removed and families are able to grow and thrive.
The Whole Child was recently awarded $644,000 from First 5 LA for permanent supportive housing services, temporary rental assistance and related services to 40 families with children (prenatal to 5 years) who are homeless or at risk for homelessness. The Whole Child will partner with First 5 LA, a child advocacy and grant making agency, and the Community Development Commission of the County of Los Angeles over the course of two years to serve children (prenatal to 5 years) in LA County who are homeless in the Southeast Region of Los Angeles County (SPA 7).

The Whole Child’s Family Housing Program is built on the belief that homelessness ends when the family is provided with critical services and support that empower them to maintain permanent housing. It achieves housing permanency outcomes by teaching families the skills needed for self-sufficiency (from money management, to job coaching/placement for increased income to life skills to mental health treatment).

“Housing is fundamental to all families and especially critical to families with children. By providing quality housing and supportive resources, we contribute to the long-term success of children emotionally, socially, cognitively and physically. Permanent Supportive Housing Services is a strategy that evidences high returns for child and family well-being; we are delighted to expand these services” said CEO, Charlene Dimas-Peinado.

Families are among the fastest-growing segment of the homeless population and the number is anticipated to increase. Unemployment, lack of affordable housing, and poverty are the leading cause of homelessness for families.

Homelessness puts children at risk of poor outcomes. Homeless children are 12 times more likely than other children to go into the foster care system, more likely to be obese or more overweight than other children, are twice as likely to repeat a grade and have twice the learning disabilities as children who are not homeless.

Staff pictured (standing l-r) Vanessa Sedano, Housing Manager, Yvonne Aceves, Jessie Urruita, (seated l-r) Angelica Morales, Amanda DeLeon, Laura Diego, and Judyth Lopez.
The Whole Child’s Family Housing Program is built on the belief that homelessness ends when the family is provided with critical services and support that empower them to maintain permanent housing.
Abby is a college educated mother with two children, ages 7 and 13. She came to The Whole Child following a spurt of homelessness after separating from her abusive husband. Abby and her children were living in their vehicle and from time to time would find refuge at Abby’s grandfather’s apartment. However, they were only able to stay a few days at a time to prevent jeopardizing his lease. When the apartment management became aware of this arrangement, Abby and the children were asked to vacate the property. They were, once again, living in their vehicle.

This period in Abby’s life was extremely stressful and traumatic as she questioned her decision of leaving an abusive relationship. She shared experiencing feelings of guilt and sadness for not having the means to provide her children a stable and safe living environment.

The Whole Child’s Family Housing Program successfully placed Abby and her children in permanent supportive housing, provided mental health and case management services, job coaching/placement and tutorial services for the CBEST Exam. The Whole Child staff provided weekly home visits and regular follow-up calls to ensure the family’s needs were being met. Abby and her children began the important work of healing from their multiple traumas, i.e. domestic violence and homelessness. Simultaneously, Abby and her case manager worked in partnership to explore opportunities and resources to increase her income, improve her ability to manage her rent on her own and not fall victim to homelessness again. Additionally, Abby began preparing for the CBEST Exam and with the support of tutorial services, she successfully passed her exam. Abby is now employed as an English Teacher, earning a stable income and has stabilized her home environment managing financially on her own.

Abby is now employed as an English Teacher, earning a stable income and has stabilized her home environment managing financially on her own. Her children completed their therapy services and are now thriving not only in their home environment, but in their school and community.
Abby’s children completed their therapy services and are now thriving not only in their home environment, but in their school and community.
Number of Clients Served by Program Funding: 7,846

- Mental Health Services: 6,576
- Birth to Five Services: 1,080
- Children and Parents Housed: 130
- Parenting Classes: 60
Financials
2013 - 2014

Total Revenue
$6,902,971

Public Grants
$6,002,080
Private Grants
$491,143
Contributions
$255,420
Interest and Other Income
$154,328

Total Expenses
$6,704,928

Mental Health Services
$4,704,043
General & Administrative
$845,755
Birth to Five Services
$482,950
Housing Services
$414,305
Fund Development
$257,875

$0.84 of each dollar goes to TWC programs and services.
The Whole Child is proud to announce a capital improvement project to support the construction of new office space, renovation and upgrades of its 25,477 square-foot main office building originally constructed in 1976 located on Colima Road in Whittier. The renovations will offer The Whole Child ample space for an expanded and enhanced environment for therapists to provide mental health and housing services, as well as other linkages to ensure our families develop the skills and resources needed to lead emotionally healthy lives. Renovation and upgrades will create a bright and comfortable environment for our children and their families to enjoy when visiting The Whole Child. Because many of our clients come to The Whole Child after experiencing a traumatic event, a child-friendly and healing environment will help them focus on the therapeutic interventions provided for their recovery.

The Rose Hills Foundation, BCM Foundation and The Albert & Bettie Sacchi Foundation have contributed very generously towards this capital project. For years, these foundations have lent their continued support of the professional mental health services provided by The Whole Child to those most vulnerable. Further, the foundations fully understand that one’s physical environment affects the outlook, behavior and development of the children we serve.

The impact of the ambitious capital improvement project of The Whole Child’s offices and therapeutic space will be felt in many ways by the children and families we serve. The agency currently welcomes close to 8,000 children and their families annually. It is expected that our capital improvement project will allow The Whole Child to provide even more of its much needed services to the children that need it the most. Over the next four to six months, the expansion and renovation of our main office building will not only include internal and external improvements but will also contribute to making the 39 year old building much more energy efficient.

We look forward to seeing you for the grand opening in early Spring 2015, as we unveil our newly expanded and renovated main office building. We will continue in our tradition of transforming the lives of children and their families when they are most in need of emotional well-being and/or housing services.
The renovations will offer The Whole Child ample space for an expanded and enhanced environment for therapists to provide mental health and housing services, as well as other linkages to ensure our families develop the skills and resources needed to lead emotionally healthy lives.
The Whole Child Celebrates Three Grand Openings

Because of our commitment to helping children, The Whole Child expanded its vision to serve the most vulnerable population—high risk children and their families by establishing three satellite offices in the Greater Whittier Area. The Whole Child’s Birth to Five Center targets infants and toddlers (birth to age 5) who are identified as high risk for abuse and/or neglect as well as those at risk of adversity due to special needs; The Gallery (Integrated School Health Center) at Whittier High School will focus on students and their families who are unlikely to seek help from traditional mental health providers because of stigma, lack of knowledge, or other barriers will now have direct access to services; and, The Whole Child centrally located at the Gus Velasco Neighborhood Center will increase access to comprehensive mental health and housing services to the children and families of Santa Fe Springs giving them HOPE so that they reach their true potential.

Today’s children and adolescents face many more serious social and emotional issues that can create barriers to emotional well-being as well as learning in school. To thrive, they need to experience emotional well-being, be in nurturing/healthy environments that are safe, and have access to resources. Social and emotional development is integral to helping guide children into adulthood. It is firmly tied to every other area of development - physical growth and health, communication and language development, cognitive skills and early healthy relationships. Problems such as economic pressures, death or illness in the family, child abuse, drugs, bullying, and parent/child conflict often manifest as classroom disruptions, poor attention, low grades and even self-destructive behavior.

If mental health issues are not properly diagnosed and treated at this stage of development, the likelihood of significant mental health and health issues is greater and can limit their ability to become productive members of society as adults.

Even though most children and adolescents come through this transitional age well, it’s important to understand the risk factors for behaviors that can have serious consequences.

Mental health professionals from The Whole Child integrated into our communities and schools can more effectively provide a range of behavioral health services to promote mental wellness with prevention strategies; as well immediately addressing the first onset of a serious mental health issue.

The goal is to improve mental health and health outcomes by promoting and implementing proven service models and prevention principles for children and their families that build resiliency and increase protective factors, while decreasing the need for future mental health interventions. These partnerships will promote mental wellness through universal and selective prevention strategies; help foster a positive community climate; and offer early intervention mental health services through the use of various Evidence Based Practices and make the most efficient use of resources.

Whether it is a minor emotional issue that requires basic support or a more complicated mental health issue requiring a more intensive
intervention, The Whole Child will be at three locations to assist with the emotional well-being and safety of children and their families.

It is only through the philanthropic and financial support of generous donors such as the BCM Foundation, First 5 LA and The Albert & Bettie Sacchi Foundation, City of Whittier and City of Santa Fe Springs, Los Angeles County Department of Mental Health, and Los Angeles Homeless Services Authority that The Whole Child can expand critically needed services to high risk children. We are grateful for their forward thinking and vision to protect those most vulnerable.

Joining in the Grand Opening Ceremonies were keynote speaker Congresswoman Linda Sanchez, U.S. Representative for California’s 38th congressional; elected officials City of Whittier Mayor Pro Tem Cathy Warner, Councilmembers Owen Newcomer, Fernando Dutra, Joe Vinatieri, City of Pico Rivera Councilmember Gustavo Camacho, City of Santa Fe Springs Mayor Pro Tem Laurie Rios; and, City Manager Jeff Collier representing the City of Whittier; President Russell Castaneda Calleros, Board of Trustee Tim Schneider, Superintendent Sandy Thorstenson representing Whittier Union High School District (WUHSD); and Field Deputy Andrea Avila representing 4th District Supervisor Don Knabe. Also, present were Tina Chinakarn, Program Officer, First 5 LA; Karen Shepard, Co-Trustee, BCM Foundation; and, Tracy Fish, Board of Director, The Albert & Bettie Sacchi Foundation.

To view more photos of the event visit www.thewholechild.info or FACEBOOK The Whole Child – Mental Health & Housing.
The goals of MAT:
1. More timely, comprehensive and strength-based assessment of children and families
2. Earlier diagnosis of critical medical conditions
3. Increased cooperation between families, caregivers, providers of services and DCFS
4. More appropriate team placement decisions for children
5. More consideration given to sibling, relative, and community placements
6. Earlier access to medical and mental health services for children and families
7. Safety for children during out-of-home care

During fiscal year 2013-2014 The Whole Child accepted 146 MAT clients and conducted comprehensive bio-psycho-social assessments to children throughout Los Angeles, San Bernardino, Orange and San Diego Counties.

This fiscal year, The Whole Child was recognized multiple times by DMH and DCFS for providing stellar services and providing exceptional coordination with collaborating departments. Our assessors received multiple awards and recognitions due to their exceptional skills to engage and assess families.

Meeting the Unique Needs of Children in Foster Care

Multidisciplinary Assessment Team (MAT) is an exciting collaborative effort between the Department of Children and Family Services (DCFS), the Department of Mental Health (DMH), and other community providers such as The Whole Child. It is designed to ensure the immediate and comprehensive assessment of children and youth entering out-of-home placement.

The MAT Program has been operational countywide since October 2009. Through this critical service, MAT assessors are able to ensure that the needs of DCFS children are clearly identified and addressed through both formal and informal supports and resources.

All services are provided by culturally competent and sensitive staff to meet linguistic needs accordingly. The comprehensive assessment focuses on addressing complicated issues and dynamics that families face when entering the foster care system, as well as the effective planning for treatment needs and services/resources.

Staff pictured (l-r) Manuel Delgado, Aracely Mirón, Octavio Hernandez, Faviola Lopez, and Ana Mejía, Program Director.
Our assessors received multiple awards and recognitions due to their exceptional skills to engage and assess families.
Inspiration is Key to Philanthropy!

Costco of Norwalk is all about giving back to the Community as they give generously to Family Housing by providing food and household items to homeless families. Thank you Costco!
Kids from Church of Jesus Christ Latter Day Saints provided The Whole Child’s children with backpacks filled with school supplies for a successful school year. Thank God for KIDS!
On April 5, 2014, The Whole Child presented the Children’s Champion Award to Albert & Bettie Sacchi, and Colleen Livermore at the Heart of a Child Gala, at the Biltmore Millennium Hotel, Los Angeles. The Children’s Champion Award recognizes the honorees for their many contributions to the emotional and economic well-being of children. Because of the recipients’ generous philanthropic support, they have expanded opportunities for children to reach their full potential, benefiting us all.

Since 2005, The Albert & Bettie Sacchi Foundation have been significant supporters of the agency, greatly impacting the lives of our children. They were instrumental in supporting The Whole Child with launching the Early Attachment Infant-Toddler programs serving children birth to 5 years old. In its first year, this very successful program served 135 infants/families in the greater Whittier Area. In 2012, with lead funding by the Albert & Bettie Sacchi Foundation, PAT (Parents As Teachers) was piloted; the program provided early childhood education and family support to families from pregnancy through kindergarten entry. As a result of our experience and expertise with PATS, The Whole Child will receive additional funding from First 5 LA for three years to further develop and expand the program by partnering with White Memorial Hospital and St. Francis Hospital in Los Angeles to identify high risk families with babies to participate in this service. PAT is a nationally and internationally recognized evidence-based home visiting program. The Albert & Bettie Sacchi Foundation continue to partner and annually support the agency in its various innovations and expansion of best practices for children, families and community.

Colleen Livermore currently serves as a Pastor/Mentor with the Kern Center for Vocational Ministry at Azusa Pacific University. Colleen formerly served as Community Pastor at Whittier Area Community Church (WACC) for 9 ½ years, with a heart for the Church to be a “church without walls” and help improve quality of life in our communities.

Colleen is passionate about investing in the poor, the homeless, community partnerships and helping people of all ages find wholeness and develop their strengths. She is grateful for The Whole Child’s commitment to a society that embraces children as its most precious resource. Colleen champions their commitment to children’s “emotional well-being and ability to thrive at home, school and play.” WACC has been generously supporting The Whole Child for several years by contributing to Family Housing – housing for homeless children and their families. Colleen and WACC are passionate about responding to the unique needs of homeless families by supporting programs that address the needs of children to ensure their healthy development and long-term success. Creating change through our faith based partners helps The Whole Child achieve measurable results and expand the common good.

“The Whole Child is proud to honor Albert & Bettie Sacchi, and Colleen Livermore as our Children’s Champions for their commitment to serving vulnerable children. Their generosity ensures our ability to fulfill our mission of building emotionally healthy lives, in keeping with the values of The Whole Child,” said Charlene Dimas-Peinado, CEO.
Bettie Sacchi and Colleen Livermore, recipients of the 2014 “Children’s Champion” Award
On Saturday April 5, 2014, The Whole Child hosted The Heart of Child Gala at the Millennium Biltmore Hotel in Los Angeles. The Whole Child had a record breaking number of guests which included local city officials, business leaders, corporate sponsors, and community members that raised a net $150,688.00 exceeding all expectations.

The evening included a VIP reception, live and silent auction. The Whole Child honored Albert & Bettie Sacchi of The Sacchi Foundation, and Colleen Livermore of Whittier Area Community Church as their Children’s Champions for their commitment to serving vulnerable children. The program concluded with an evening of networking and dancing.

“We are incredibly grateful to our community and business partners for contributing to our 57 year tradition of transforming lives, together, we can make a difference,” said Charlene Dimas-Peinado, CEO of The Whole Child.
The Whole Child had a record breaking number of guests which included local city officials, business leaders, corporate sponsors, and community members that raised a net $150,688.00 - exceeding all expectations.

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The Whole Child Mission...

Our mission is to give children of all ages the skills, support and security they need to build emotionally healthy lives and become caring, responsible adults.

Our commitment to children includes their parents, whom we empower to create nurturing families. Together, we enrich our community and our world.

and Vision

We envision a society that embraces children as its most precious resource and that is actively committed to their safety, emotional well-being and ability to thrive at home, school and play.
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