



Transition Team

For the Office of Child Protection

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October 7, 2014

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Leslie Gilbert-Lurie, Co-Chair
Mitchell H. Katz, Co-Chair

STATUS UPDATE ON THE IMPLEMENTATION OF THE BLUE RIBBON COMMISSION ON CHILD PROTECTION RECOMMENDATIONS

As requested by your Board motion on June 10, 2014, your Board created the Transition Team following adoption of the recommendations in the final report of the BRCCP and requested the Transition Team to report back to the Board each month, beginning on August 5, 2014.

We look forward to speaking with you about the current status of the Blue Ribbon Commission recommendations, and steps the Transition Team has taken. As you are aware, the Transition Team is working to facilitate the implementation of the recommendations until the Office of Child Protection is established. Enclosed is a spreadsheet including updated status related to several of the Blue Ribbon Commission on Child Protection recommendations.

We look forward to engaging in further dialogue with your Board on how to move forward with child protection.

LGL:MHK

Attachment

c: Executive Office, Board of Supervisors
Chief Executive Officer
Acting County Counsel
Children's Deputies

BLUE RIBBON COMMISSION ON CHILD PROTECTION

BRCCP RECOMMENDATION MATRIX for report to the Board October 7, 2014

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FINAL RECOMMENDATIONS	Wait for OCP?	Project Status	Decisions/work needed by Transition Team	Timeline	Notes
BOARD OF SUPERVISORS					
1. Resolve Case Management Crisis (Recommendation 5)			<i>BRCCP Report pages 20-22</i>		
a The Board should continue its active oversight of DCFS' strategic plan by adding a requirement for regular reporting of specific safety related outcomes, including recurrence of maltreatment within six months of a previous incident, maltreatment rates in out-of-home placement, and reentry into care within six months of a permanent placement. (p.21)	no	Director of DCFS addressed Transition Team on 9/29/14.			DCFS reports recurrence of maltreatment, maltreatment rates in out of home placement, and re-entry into foster care, all on basis of 12-month fiscal year. 6-month increments are not available under current reporting procedures based on state and federal reporting requirements. (Slides 14, 15 and 20 of DCFS 9/29 presentation to TT) .
b The Board should require regular reporting on the frequency of missed monthly social worker visits, the wait times for children in offices or at the Command Post needing placement, the length of time for kin caregivers to be approved, and the number of foster homes recruited. (p.22)	no	Director of DCFS addressed Transition Team on 9/29/14.			DCFS collects information on monthly missed visits. Wait-times in Welcome Centers are recorded manually; Command Post waits are tracked monthly but not longitudinally. DCFS has statistics for length of time to approve kin caregivers (but not automated). Automation of this data for systematized reporting would take time and funds.
c The Board should establish specific benchmarks for improvement in the measures identified in one and two above, as warranted. This should be done in collaboration with the CEO and DCFS. (p.22)	no	Transition Team asked DCFS Director for benchmarks in one or two of the 7 indicators listed.			
2. Establish an Oversight Team to Ensure Implementation of Recommendations: 3 Initial Tasks (Recommendation 8)			<i>BRCCP Report pages 34-35</i>		
a Oversee implementation of the Commission's recommendations upon adoption by the Board. (p.35)	no		Transition team to oversee implementation of the BRC recommendations until the Office of Child Protection is in place.		
b In collaboration with the Board, identify the services currently provided by the Departments of Health Services, Children and Family Services, Public Health, Probation, Mental Health, Public Social Services, First 5 LA, the Los Angeles County Office of Education, the Domestic Violence Council, and the Housing Authority of the County of Los Angeles deemed as crucial to ensuring child safety. The accompanying budget and staff resources also should be identified. (p.35)	no	CEO's office is going to produce this with Dr. Sanders.	Identify services and resources currently allocated to child protection and child welfare. Identify accounting of the major state and federal funding streams affecting services to children. Next step will be to look at breakdown of funding streams and funding needs.	10/27 meeting	
c The Oversight Team must develop a dashboard to provide monthly reports to the Board. (p.35)	no				
OFFICE OF CHILD PROTECTION					

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3. Articulate a Countywide Mission to Prioritize and Improve Child Safety (Recommendation 1) :				<i>BRCCP Report pp. 10-11</i>	The	
Board should mandate that child safety is a top priority. It should articulate a child-centered, family-focused, County-wide Mission and call for:						Staff sent members a copy of the newly adopted County strategic plan (8/26/14).
a	All relevant County entities to work together and with the Community (p.11)	yes				
b	Joint strategic planning and blended funding streams (p.11)	yes				
c	Data-driven programs and evaluations (p.11)	yes				
d	A comprehensive service delivery system, including prevention programs that stop child maltreatment before it starts (p.11)	yes				
e	An annual overview of the state of the field of child welfare, presented to the Board by external consultants and experts. (11)	yes				
4. Establish an Entity to Oversee One Unified Child Protection System (Recommendation 2)				<i>BRCCP Report pages 11-14</i>		
a	(Summary:) Establish Office of Protection with County-wide authority to coordinate, plan and implement one unified child protection system; director to report to Board and be held accountable for achieving outcomes, be vested with over-all responsibility for child protection in the County and shall: (p.13)	no	Search for Director is under way.	Provide input into candidates as requested by the Board. Address size, scope, responsibilities of the OCP.	By end of December.	
b	Oversee a Joint Planning Process. In close collaboration with all relevant department heads and community stakeholders, the director must lead a process to create a comprehensive, child-centered strategic plan process to create comprehensive child centered strategic plan that is data driven, informed by best practices, connects all child welfare services in the County, and articulates measurable goals and timeframes. (p.13)	yes				
c	Have clear oversight and authority over financial and staffing resources from all relevant departments, as delegated by the Board. (p.13)	yes				
d	(Summary:) For all resources related to child welfare, institute an annual Countywide budget review process that examines all proposed, present and past resource allocations and aligns them with the goals of the Countywide strategic plan. Coordinate relevant funding streams from various departments, explore strategic use of flexible funding sources, allocate funding based on a shared County child welfare mission, strategic plan, annual goals, and measureable outcomes. (p.13)	yes	Dependent on 2b			

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e	Review existing County commissions and all recommendations related to the protection of children. (p.13)	no	Commissions: What are the other coordinating Commissions or bodies? How do they work to protect children? Where is there overlap? "All recommendations": review at a later time.	Prior reports have been reviewed to create a list of existing Commissions related to the protection of children. Catalog & detail Commissions & other coordinated bodies involved in order to recommend to BOS on how to move forward.	Review all recs related to child protection: at a future time.	
f	Oversee implementation of appropriate proposals, as well as the streamlining of existing commissions. (p.13)	yes				
g	(Summary:) Establish and evaluate measurable outcomes as part of the annual planning and budget allocation process to facilitate constant improvement, generalize successful pilot programs and discontinue unsatisfactory practices. (p.13)	yes				
h	Oversee County-wide prevention efforts. (p.13)	yes		related item: Matrix #12		
5. Define Measures of Success and Oversee the Reform Process (Recommendation 3)				BRCCP Report pages 14-15		
a	(Summary:) The Board should adopt clear outcome measures which should include those set forth (4 criteria described) (p.14)	no	See 2c (develop a dashboard)			
b	The Los Angeles County Office of Child Protection should regularly assess the County's progress and report its findings directly to the Board. The findings should be reviewed regularly at Board meetings. (p.15)	yes				(see 2c)
c	ICAN should be removed from within DCFS and exist as an independent entity. (p.15)	no	What is required to implement this?		Later on in process	
SERVICE INTEGRATION AMONG DEPARTMENTS						
Adopt the Commission's Interim Recommendations (Recommendation 4)				BRCCP Report pages 15-20		
6. Law Enforcement (first component of Recommendation 4) (pp. 15-17)						
a	All Sheriff's Deputies and local law enforcement agencies within the County of Los Angeles must cross-report every child abuse allegation to DCFS, as required by State law. It should be documented that a cross-report was made in a police report or law enforcement log. ... The DA should work with other law enforcement to implement this recommendation and review the success of LASD's implementation efforts. (p.17)	no	DA outreach to LE, and review of LASD efforts, is ongoing. DA proposes ESCARS Unit to enable closer scrutiny of compliance.		ongoing	
b	E-SCARS should be utilized fully by all relevant agencies and receive the necessary support to be well-maintained and enhanced. (p.17)	no		(Status request to Sheriff, local law enforcement and DCFS)		DCFS submitted funding request for ESCARS enhancement March 2014, see CEO's Feasibility Analysis p.19: preliminary estimate \$764,000 including hiring one or more programmer and one senior level systems analyst.

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c	(Summary:) The DA's office should increase its oversight of law enforcement response and information-sharing, including cross-reporting between DCFS and law enforcement agencies, to ensure that each agency carries out its mandated investigative response. ... The Commission supports funding the DA's proposed ESCARS Unit to facilitate needed improvements in law enforcement response to child abuse and neglect reports. (p.17)	no	DA performs ongoing audit, produces monthly reports per DDA 9/8/14. ESCARS Unit: Of 4 positions requested, 2 approved (1 DDAIV, 1 additional paralegal).	Obtain information on: additional costs (refer to CEO Analysis of BRC report).		CEO's Feasibility Analysis p. 19: the total cost of all four positions is \$467,000. According to information provided by the District Attorney's office on 9/15/14, the cost per year of a Paralegal item is \$83,749.04; for 2 paralegals, \$167,498.08.
d	Training of all levels of law enforcement must be enhanced to include: sufficient initial and recurrent training on child abuse and E-SCARS; "lessons learned" from important case reviews; cross-training with social work, mental health, and other relevant personnel; and additional training on responding to domestic violence calls and identifying instances of abuse that may be occurring in group homes, including sex trafficking exploitation which victimizes a high percentage of foster care youth. (p.17)	no	DA's office provides training; proposes creating ESCARS Unit to train proactively and enhance training, establish an institutional knowledge base.(Relates to Mat.13.)	(Status request to Sheriff, local law enforcement and DCFS)		
e	The County should develop an early-warning system within ESCARS to alert DCFS and law enforcement of high-risk allegations of abuse as early as possible. A convergence of high-risk factors would alert supervisors of high-risk situations and allow them to take appropriate action. (p.17)	no	In early conceptual stage. DCFS operates the ESCARS system, including programming modifications.	Obtain information from DCFS on projected timeline, number of programmers, type of programmatic work needed, likely cost of programming. Beware "alert fatigue."		DCFS did cost analysis with CEO and ISD: upgrading current platform would cost less than replacing it with a new system. DCFS was approved for additional IT resources. Some of the work depends upon IT staff that is now very stretched.
7. Health Services (second component of Recommendation 4) (pp. 18-19)						
a	Assessments should be conducted to identify each Hub's strengths and weaknesses. Strategies should be devised to meet the needs in each geographic area. The Violence Intervention Program at LAC-USC Medical Center is the most comprehensive Hub that is closest to meeting articulated goals and has the greatest ability to conduct a neutral assessment.(19)	no	Assessment by DHS will be available in September. Recommendations will be submitted to Board of Supervisors.			
b	All children entering placement and children under age 1 whose cases are investigated by DCFS should be screened at a Medical Hub. Children placed in out-of-home care or served by DCFS in their homes should have ongoing health care provided by physicians at the Medical Hubs. (p.19)	no	To what extent is this happening now? Is DCFS able to bring all children? Is there currently sufficient capacity? What does "under investigation" mean?	(Refer to "0 to 23 months" not "under age 1") Can we create a comprehensive protocol such that a primary pediatrician could do it if s/he were willing?	update timeline after DHS assessment is received	

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c	A Public Health Nurse should be paired with a DCFS social worker in child abuse or neglect investigations of all children from birth to at least age one. (p.19)	no	What are the necessary steps to enable this to happen?	CEO is preparing report. Where should the public health nurses be deployed from. (Refer to "23 months" not "age one.") Ask caseworkers what other models might help them with the "gray area" decisions. Would 'telemedicine' consults be an option?		
d	The Department of Public Health's evidence-based home visit service should be made available to all children under age one who are seen at a Medical Hub. (p.19)	no	What are the necessary steps to enable this to happen? Do we have sufficient resources to do this or do we need additional \$\$\$?	(Refer to "evidence-based home visit service," not only to DPH hv service; refer to "under 23 months," not under age one.) Requires further inquiry with DPH .		
e	DPH must be held directly responsible for substance abuse treatment for high-risk teen mothers. (p.19)	no	Antonia Jimenez will look into status of DPH program for families with 0-5 or pregnant family member. What is the process by which high-risk teen mothers are identified? What is the size of the need? How does it compare with the available programming? Is the available programming evidence-based, culturally appropriate?	(Refer to L.A. County, not only to DPH.)		DMH and DPH will meet with Transition Team 10/6/14 to discuss mental health and substance abuse services relative to the BRC recommendations.
8. Children Age Five and Under (third component of Recommendation 4) (p. 20)						
a	The County can measurably and immediately improve child safety by requiring all departments to target resources and high quality services, including prevention services, toward children under age five. (p.20)	yes				Matrix items related to children under 5 include: 3, 8, 13b, 16b, 17c

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a	A child's funding should be determined by the needs of the child, not whether placement is with a relative or a foster family. The CEO and DCFS should examine the County's ability to waive federal eligibility rules and its accompanying funding flexibility to strengthen support for children in out of home care. (p.23)	no	What rules are we needing to waive? What would be the process for waiving them? What would be the effect of SB855? Pending: State clarification re: formula, timing, funding, federal requirements.	Identify vehicles for ensuring that the child's funding be needs-based. Keep SB855 issue on the agenda.		
b	The County and DCFS should utilize its Title IV-E waiver dollars to ensure parity of funding for children placed with kin to that of children placed in foster family settings. (p.23)	no	What needs to happen for waiver dollars to be used for parity?			DCFS deals with Board Deputies weekly on Relative Caregiver equity (DCFS Director's comments, 9/29/14).
c	A child's services should be based on the needs of the child, not whether placement is with a relative or a foster family. The CEO and DCFS should ensure that relative caregivers are more fully supported to address a range of possible needs. (p.23)	no	Are there other things besides financial support that are included here? If so, what? How would we make that happen?			
d	The County, through the Auditor-Controller and the CEO, should review the current mix of county licensing and supports for foster homes and approval and supports for kin, to assess the inconsistent performance and resource allocation, and to determine whether a more uniform streamlined system would be more effective. The Commission believes consideration of contracting out this process is warranted. (p.23)	no	When is the Auditor-Controller planning to start?	DCFS identifying private funding to conduct independent analysis. - The private funding DCFS is seeking would not have inconsistent performance and resource allocation. - DCFS will discuss with Auditor-Controller about how to review.		
10. Out-of-home Placement Crisis: Recruitment of Non-relative Foster Homes (Recommendation 6) (second of two components) (p.24)						
a	The Board should call for an independent analysis of non-relative foster family recruitment efforts in the County to determine how the system can be more efficient and effective. The analysis should use sound data to address a range of questions, including whether there are safe and appropriate homes in each SPA to meet the needs of foster youth. (p.24)	no	Funding obtained through Pritzker Foundation. Todd Franke (UCLA) will lead the independent analysis; meetings with DCFS are under way.		current	
b	DCFS should develop a computerized, real-time system to identify available and appropriate placements based on the specific needs of the child. (p.24)	no	DCFS is developing its computer system to do this.			Mobile app and system upgrade rolled out on 8/18/14 - "semi-real time". Addressing TT on 9/29/14, DCFS Director identified challenges including identifying actual vacancy; entering child's specific needs into system.
c	DCFS should involve foster youth in the rating and assessment of foster homes. (p.24)		What needs to happen for this?	Dr. Katz offered to work with DCFS to explore possibility of using peer support to involve foster youth.		

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11. Recommendations Necessary to Support the Countywide Safety System (Recommendation 7)				BRCCP Report pages 24-34		
Improve Safety : "The Board should direct the CEO to immediately implement the process used by Eckerd ... the following components of this process are minimally required:" (first component of Recommendation 7) (p.25-26)						
a	Conduct a review of all child fatalities due to abuse and neglect within the past three years of children served in a DHS medical hub, DCFS, Probation, the DPSS, by a DPH public health nurse or home visiting program or by a First 5 LA home visiting program. (p.25)	yes	How does this compare with other reviews that are done?			
b	Conduct a thorough review of all open cases in the above departments. (p.25)	yes	Is this happening now?			
c	Review research findings from Emily Putnam Hornstein, Ph.D and others on risk factors for L.A. County children at risk for later child fatality due to abuse and neglect as well as data from the Interagency Council on Child Abuse and Neglect (I-CAN). (p.25)	no	DCFS is piloting the Approach to Understanding Risk Assessment (AURA), a technological tool, to identify potential cases which are high risk.			
d	Using both case review and research findings, identify specific characteristics that distinguish children who have positive outcomes versus those who are subsequently severely injured or killed. Specifically, identify key risk factors that are present in cases resulting in child fatalities. (p.25)					
e	Equipped with specific case information and research findings that identify children at greater risk, staff must address risk factors immediately. (p.25)	no	What are the measures for saying this is occurring?	Consider what would be the right ways to measure this.		
f	Utilize a technological solution such as E-SCARS that crosses departments to ensure that information is shared and staff alerted when potentially fatal risk factors are present. (p.25)		What is the process for doing this? How do we choose a system?			
g	Continually measure progress against the measures of success identified in Section III. (p.26)					
h	Modify access to and delivery of key services including: health; mental health; domestic violence; substance abuse treatment; housing for adults; home visiting; and prevention supports for children, youth, and families. These services will need to be prioritized for those at highest risk for later fatalities. (p.26)					DMH and DPH will meet with Transition Team 10/6/14 to discuss mental health and substance abuse services relative to the BRC recommendations.
12. A Comprehensive Prevention System (second component of Recommendation 7) (pp. 26-27)						
a	The Board should direct DPH and First 5 LA to jointly develop a comprehensive prevention plan to reduce the overall incidence of child abuse and neglect. (p.26)	no		Co-convene small planning workgroup with DPH, 1st5. LGL will participate. PC will be the TT "point person" .	First workgroup meeting by 10/24/14`	Matrix items related to the broader issue of prevention include: 3d, 4h, 7c, 7d, 8a, 16b, 17c

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13. Training & Workforce Development (third component of Recommendation 7) (p.27)						
a	Departments and agencies closely involved in the identification, prevention, protection, and treatment of at-risk children should be mandated to participate in cross-training with DCFS employees. At a minimum, this interdisciplinary approach should include law enforcement, DMH, DHS, DPH, the Dependency Court, and Probation. Entities that could help create appropriate cross-training models include: UCCF, DA, and ICAN. (p.27)	no	Who within the depts will be crosstrained? How many cross-trainings? What topics?	Identify an agency to take the lead.		
b	DCFS, DMH, and DHS should train personnel, both in-house and in contract agencies, on how to most effectively work with the age 0-5 population, their families, and caretakers. (p.27)	no	Is there a training schedule already in place?			Matrix items related to children under 5 include: 3, 8, 13b, 16b, 17c
c	The UCCF should submit an annual report on outcomes that are aligned with the County's vision. (p.27)	no	When will the first report be given?			
d	DCFS should create an innovative, open, and adaptive training process for social workers and their supervisors that consists of a continuous learning environment with training and research, akin to a teaching hospital. It should also conduct a job audit of social workers to determine what can be done differently or by others to address social worker workload. (p.27)	no	DCFS instituted a new training program with all the Schools of Social Work in LA for new staff, including a teaching hospital concept in August 2013, which is continually being updated.			
14. Technology and Data Sharing (fourth component of Recommendation 7) (pp. 27-29)						
a	The County needs to develop a clear, multi-system data linkage and sharing plan that would operate as a single, coordinated system. (Summary:) (Include at minimum: DCFS, DPSS, DMH, DPH, Probation, LACOE, and school districts. Also, partner with universities to share data identifying needs and priorities.) (p.28)	yes	What platform will this occur on? Are we building a system or are their products that do this?			
b	The CEO and Juvenile Court should co-lead the creation of a Countywide confidentiality policy regarding a child's records and court proceedings to allow sharing of information across relevant departments, agencies, persons, and the Court to serve the needs of the child and increase the transparency of the system. The priority must be the best interests of the child, rather than liability avoidance. (p.28)	no	California state law already enables information sharing across relevant agencies and the Court for the purposes of coordinating services to best meet the needs of the child.			

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15. Transparency & the Relationship with Providers and the Community (fifth component of Recommendation 7) (pp. 29-31)						
a	Greater disclosure, clarity, and inclusion should be a routine component of community engagement from planning to review of outcomes and allocation of resources. A first step is the re-establishment of community advisory councils that are attached directly to each DCFS Regional Office. These advisory councils would be co-chaired by the community and its respective Regional Office. In the past, SPA 6 effectively used this model in all three of its offices. (p.31)	no	Are there any regional councils currently running?			DCFS Director mentioned Regional Advisory Committee; also Director's Advisory Committee, which has been meeting for about one year and is helpful in giving feedback.
b	Performance-based contracting on agreed-upon outcome measures by DCFS, other appropriate departments and the contracting agencies for children and families should be adopted, rewarding contracting agencies that achieve better results for the children they serve. (p.31)	no	What measures will be used for measuring results for contractors?			Relates to 17
c	Capacity-building experts, including universities, should work with community-based organizations to enhance skills in grant application and administration, evidence-based practice, program design, and evaluation. (p.31)	no	Are there planned collaborations?			
16. Education (sixth component of Recommendation 7) (pp. 31-32)						
a	The County should establish mechanisms for cross-system education-related coordination, collaboration, and communication. We endorse the structure of the Education Coordinating Council, and they should continue to establish additional mechanisms for cross-site collaboration. The OCP must jointly engage DCFS, Probation, school systems, the courts, and community partners to create cross-system goals and strategies to improve educational continuity, stability, and academic success for foster youth. (p.31)	no	What cross-system educational goals do we want the county to focus on?	Superintendent Martinez will take the lead on education-related BRC recommendations. Focus on interface options, how to link disparate school systems with DCFS and other departments.		
b	The County should increase access to early intervention services for foster children and children at high risk of abuse and neglect. All children under the supervision of DCFS between 0-5 should be prioritized for access to Early Childhood Education learning programs, including Head Start, Early Health Start, and Home Visitation. These programs should be funded and well marketed. Once placed in a program, children should be permitted to remain enrolled until they start kindergarten. (p.31)	no	How does the demand for these programs compare with supply? What is the funding need? How well are the programs currently marketed?			
c	The County should ensure that school stability and child safety are improved through County-wide expansion of the pilot program that has been proven effective in the Gloria Molina Foster Youth Education Program. (p.31)	no	DCFS has implemented the Foster Care Educational Program Countywide.		Implemented	

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17. Mental Health (seventh component of Recommendation 7) (pp.32-34)						
a	The Board should issue a clear mandate that non-pharmacological interventions are best practice with children wherever feasible. The Board should work with the Juvenile Court to fully implement and measure compliance with this mandate. (p.34)	no	Does Juvenile Court mandate treatment?			
b	As part of performance-based contracting, mental health treatments for teens and transitioning youth must incorporate trauma-focused assessments and treatments, developmental status, ethnicity, sexual identify, and vulnerability to self-harming behaviors. (p.34)	no	Do youth focused mental health programs incorporate these elements? How can that increase?			DMH and DPH will meet with Transition Team 10/6/14 to discuss mental health and substance abuse services relative to the BRC recommendations. Relates to 15b.
c	Children age five and under in the child welfare system must have access to age appropriate mental health services. (p.34)	no	What current services are available for children under 5? How does supply compare with demand?			DMH and DPH will meet with Transition Team 10/6/14 to discuss mental health and substance abuse services relative to the BRC recommendations. Matrix items related to children under 5 include: 3, 8, 13b, 16b, 17c