

SANTA CLARA COUNTY CHILD ABUSE COUNCIL INTERAGENCY COLLABORATION COMMITTEE

EMQ Children and Family Services
232 East Gish Road, San Jose
Wednesday, February 8, 2011 8:30 am

ATTENDANCE

Present

Bader, Edie
Bergman Naylor, Fran
Bovey, Theresa
Emerich, Barbara
Kelleher, Jennifer
Odell, Jane
Raschella, Giiny
Riney, Jean
Stirling, John

Guests

Sanchez, Esther
Terao, Sherri

Call to Order:

The meeting was called to order at 8:32 by Dr. John Stirling.

Minutes:

The minutes of the January meeting were corrected and approved as corrected. (Fran so moved; Theresa seconded)

Business:

A. Esther was given some background about this committee's concerns. Esther summarized the receiving center process. She said every child who arrives at the center Monday through Friday between 8:00 am and 5:00 pm is seen by Mental Health. During the past 2 weeks they saw 17 children however the 2 weeks before that they saw only 2. They do the screening for these children. She clarified that this is an initial screening and the assessment is very comprehensive. They have up to 60 to complete this comprehensive assessment. The receiving center procedure is that the child is seen first at the medical clinic then goes to the cottage then is seen by mental health. The screening uses a checklist which Ester will send to this committee. They also have a tracking system. The mental health workers at the receiving center can provide temporary services for the child until System of Care is able to start services. If the child is leaving the center quickly, they can do these things after they have left. They see every child who comes in during business hours. Esther provided information to clarify what was in this committee's January minutes. She said Mental Health and Social Services do not have access to each others computer system. She also said it is more difficult if the social worker doesn't come into the receiving center. It can take a couple of weeks to make contact with this person. Dr. Stirling asked if there is another way to communicate with the social worker. Esther said that mental health needs a signed consent from the social worker to provide mental health services. The social worker at the receiving center is now able to provide this for all children at the center. A child who is 12 years old or older can provide their own consent for mental health services. Sherri said they are looking at a system used by LA County. In this system the social worker does a mental health screening using a tool. She will provide this committee with a copy of this tool. Esther said that if the child shows up crying or if it is felt they are in crisis they are immediately taken to mental health. Dr. Stirling said that every day more than 2 children go into foster care. It was also said that children who come into the receiving center outside of business hours or on weekends are also followed up. Mental health contacts the social worker and asks if the child needs a mental health screening. Sherri agreed that it would be useful to have a screening on every child. Barbara asked the youngest age of children receiving a screening. Esther said that it is probably 5. The mental health staff is not trained to work with the 0 to 6 year old population. Esther said it would be preferable for the child to go to mental health before going to the cottage. Sherri said it is important to screen all of the children. She said whoever has first contact with the child, probably the social worker, ideally should do a mental health screening. Sherri also said mental health services are provided through First 5 for the 0 to 5 population. They

have 17 therapists who will be specially trained to work with this population by the end of this year. She also said all VMC pediatricians know how to refer children to mental health. They are trying to tighten the loop with medical so there can be better follow up. They also provide outpatient and System of Care services through partner agencies as well as support for foster parents. Jean said that we are getting hung up on the word "assessment". Esther said that all of the children need services. Dr. Stirling asked if we know how many children are actually receiving services. This information is not available. Dr. Stirling said the Juvenile Justice Commission has recommended regular MDTs for all children receiving medical and mental health services. He said this could be done weekly and in most cases would be brief. Ginny asked if there is a law that every child must have an assessment. The answer was yes but that there is a question as to who and how this is being tracked.

Esther and Sherri were both thanked for coming.

B. Theresa said they have a case set up for March and are trying to get a police department representative to attend. She estimated that there were MDTs for 6 children last year. Most of the cases now are involving homeless children. Fran explained that the original intent of the MDT was to work with cases not necessarily yet in the system. Theresa has also contacted Probation to get the name of a representative.

C. Kathleen was not able to attend today's meeting. She has materials for the Blue Ribbon Campaign. Jennifer commented that other counties do a better job than our county of getting these materials. Fran suggested asking Kathleen to attend next month. Fran also suggested that something about the Blue Ribbon Campaign be put on the website.

D. Fran said the site is doing okay. She will email Kathleen requesting Blue Ribbon Campaign information for the website. She will also bring the numbers of hits we are getting on the site. Jennifer said that Dr. Eliana Gil is doing a full day training on Child Sexual Abuse on March 2nd in San Francisco for \$60. Kathleen will post the information on the website and send it out on the list serve.

Melody will act as chair for the March meeting.

The meeting was adjourned at 9:35 am. (Fran so moved. Theresa seconded.)

Respectfully submitted,

Eddie Bader

February 15, 2012

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