



Juvenile Justice Commission
County of Santa Clara
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Dependency System: Receiving, Assessment, and Intake Functions
Report and Recommendations
November 2020

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Introduction

The Santa Clara County Juvenile Justice Commission (JJC or Commission) is established in Article 2, commencing with Section 225 of Chapter 2 of Part 1 of Division 2 of the California State Welfare and Institutions (W&IC). The JJC is charged with "inquir[ing] into the administration of justice in a broad sense, including but not limited to, operations of the Juvenile Court, Probation Department, Social Services Agency and any other agencies involved with juvenile justice or dependency." (Section 1.2(B) of the Bylaws of the Juvenile Justice Commission of Santa Clara County; see also W&IC 229). The Commission shall inspect those facilities whose use is authorized by this chapter situated in the county no less frequently than once a year (W&IC 229).

To meet this mandate the JJC continued throughout 2019 to visit the Receiving Assessment and Intake Center (RAIC) at Enborg Avenue. The Commission was unable to complete a report in 2019 as the site was in a state of constant change until its ultimate closure on December 31, 2019. Commissioners also visited the Department of Family and Children's Services (DFCS) Keiki Center, on November 4, 2019, a DFCS scattered site, on August 19, 2020¹ (photos attached), and a Transitional Housing Program Placement (THPP) operated by Bill Wilson Center (BWC), on September 10, 2020. The Commission had previously inspected the Keiki Center, included in its last report issued in 2018.² The Keiki Center appeared adequate for receiving and stays of less than 24 hours. The scattered site was located in a middle-class neighborhood of single-family homes. While the site was a well-maintained home, it was sparsely furnished due to Covid-19. The other major characteristic of the scattered site is its staffing, consisting of three rotating shifts of DFCS staff a day. The THPP was found to reflect the high standards and strong commitment to its residents typical of BWC.

In an attempt to put these sites and the present use of the Keiki Center in perspective, a brief history follows of the developments that ultimately led to the County of Santa Clara's decision to single-source a contract for the care of youth who come into care or are between placements. The JJC is submitting this report instead of a detailed facilities inspection report, as all facilities and programming continue to be in a state of uncertainty and development.

Historical Context

For the last 20 years, many child advocates around the country, led by the Annie E. Casey Foundation, have promoted closing all congregate care facilities for youth, including shelter care facilities.³ Following this trend, the County of Santa Clara (County) moved to place all children who came into care within a 24-hour timeframe, obviating the need for shelter care. The County

¹ See Appendix for photos of a scattered site location.

² SCC Juvenile Justice Commission (2018), *RAIC Inspection Report*. Online at https://www.sccourt.org/documents/jjc/2019/RAIC_2018.pdf

³ Annie E. Casey Foundation (Jan.1, 2009). *Rightsizing Congregate Care*. Retrieved from <https://www.aecf.org/resources/rightsizing-congregate-care/>

was successful for over a year in accomplishing this goal. As a result, the County determined to sell the Shelter facility on Union Avenue and moved the RAIC functions to Santa Clara Street.

When the Union street facility was closed in 2013, the blueprint articulated by the County stated that moving the RAIC functions to 725 Santa Clara was a temporary solution. To this end, a multi-stakeholder committee was formed to plan a new site for services. The County spent more than 18 months developing service models and operation plans, with a final consensus to use the East Valley Medical Center property in San Jose to house a multi-service center for youth and families either in, or in danger of becoming involved in, the Dependency system. The timeline for opening the new RAIC facility was January 1, 2018.⁴ After nothing further was heard for a year about moving forward on this plan, it was abandoned without further discussion with stakeholders.

When it became clear to the stakeholders that the East Valley site would not move forward as a home for either the RAIC or a new Child Advocacy Center (CAC), a group of stakeholders held a new series of meetings. As requested by members of the Board of Supervisors, a consensus recommendation was presented to the County by stakeholders.⁵ This recommendation outlined the programs and services that the stakeholders believed needed to be co-located, with integrated programming, and proposed a site for the medium term. This recommendation was only partially adopted by the County administration; the new CAC is under development.⁶

While waiting for the County to move forward on the East Valley site, the facility at Santa Clara Street was flooded, and the RAIC functions were moved temporarily to the Family Resource Center on King. Hotel rooms were used when necessary to house children until the RAIC moved to a building on Enborg Lane on an interim basis. While the building was built on County land, this facility was not owned by the County and so could not be reconfigured to meet the needs of the youth who were staying there, many now for over 24 hours. The County responded by attempting to buy the building. Since youth were being held for longer than 24 hours more frequently at Enborg, the State required the County to seek a license as a shelter.

While at the Enborg site from 2016 to 2019, the management of both the Department and the RAIC was constantly in a state of upheaval. The RAIC was licensed under a manager who was certified to run a shelter facility, but then that person was promoted away from the RAIC. At this point management of the facility was rotated every two months for at least six months, as the JJC reported in December 2018. The lack of continuity in administration of the facility caused inconsistent enforcement of programming. This was exacerbated by the fact that the Enborg facility was not configured to address the needs of children of different ages and varying needs.

During the fall of 2019, several children entered the Shelter with severe emotional and development needs. These youth were served by both the Department of Family and Children's

⁴ SCC Board of Supervisors transmittal 78687: R. Menicocci (Nov. 17, 2015), *RAIC Final Strategic Operational Plan and Feasibility Study*, beginning at page 69. Online at <http://sccgov.ig2.com/Citizens/FileOpen.aspx?Type=1&ID=6630&Inline=True>.

⁵ See Appendix for Letter from the Ad Hoc Committee on Relocation of the RAIC and Related Services, to Supervisor Cindy Chavez (Feb. 13, 2018).

⁶ See Appendix for Juvenile Justice Commission (July 20, 2020) to the Board of Supervisors, writing in support of the proposed CAC.

Services and the San Andreas Regional Center (SARC). Each agency seemed to be expecting the other to come up with placement, resulting in 3 or 4 children spending more than a month in a facility which was not designed to meet their needs. It was at this point that the most recent on-site RAIC supervisor quit, having spent about six months on the job, while the Social Service Program Manager (SSPM) who had responsibility for the Enborg facility was on medical leave. To try and get the chaos at Enborg under control, staff from the Probation Department were brought in to assist the DFCS staff with behavior management. Many stakeholders addressed the Board of Supervisors in December 2019 expressing their concern that there were no new plans being proposed by the Department other than to try to address each situation as it arose. Finally, even though many stakeholders, including the JJC, asked, and members of the Board of Supervisors instructed the Department not to close Enborg until a concrete plan was developed, the facility was closed at the end of 2019 without further discussion, nor, apparently, a plan. DFCS reported⁷ in January 2020 that DFCS, Behavioral Health (BHSD), and Probation had worked diligently to support the small group of children with higher care needs who were at the RAIC awaiting placement, and were pursuing every lead to ensure they were promptly moved to a more suitable and permanent placement. As of December 31, 2019, the last child at the RAIC was moved into an alternative placement, and all RAIC operations on Enborg Lane were closed. In order to close the Enborg site, DFCS returned to 725 East Santa Clara, now called the Keiki Center, for RAIC activities.

Present Status

Since closure of the licensed Enborg Lane facility at the end of 2019, RAIC operations and planning have been in a state of flux, relying primarily on the unlicensed Keiki Center and remote (“scattered”) sites. Most but not all children originally moved through Keiki in less than 24 hours. When children could not be placed in this timeframe, they were moved to “scattered sites,” a series of seven apartments and single-family homes, staffed by DFCS and available originally until June 30, 2020. Information shared with the JJC by DFCS in October showed stays at the scattered sites ranging in length from eight to 76 days. The reports show rare Keiki Center stays of up to several weeks, but it should be noted that even with some months-long stays at the scattered sites, overall the number of children who “overstay” 24 hours is about half the number last year.⁸ As the County has been relying on the above interim solution since the closing of Enborg, time was deemed to be of the essence. In July 2020, the Board of Supervisors approved five new single source contracts effective July 1, 2020 with Seneca Family of Agencies for \$9 million per year, taking Seneca to \$15 million per year in continuum of care services to the County. The goal stated by DFCS is to integrate services within the continuum of care to better serve children. The new contracts are for services ranging from a Welcoming Center to

⁷ SCC Board of Supervisors transmittal 99852: R. Menicocci (Jan. 15, 2020), *Report Back, Receiving, Assessment and Intake Center*, beginning at page 62. Online at <http://sccgov.iqm2.com/Citizens/FileOpen.aspx?Type=1&ID=11188&Inline=True>

⁸ See Appendix for County of Santa Clara, Social Services Agency, DFCS Child Welfare Services: *Fact Sheet - September 2020*.

behavioral health assessments to professional foster care homes. The purpose of the Welcoming Center is to receive and assess children for whom no placement is available immediately.

JJC Concerns: Single Source Contracts

Implementation of the Seneca contracts, which has been delayed repeatedly, is to be phased in throughout fall 2020 and beyond, with the Welcoming Center now expected to open by November 30, 2020. The DFCS-operated Keiki Center and scattered sites are expected to remain in operation during a transition period of unknown duration.

The JJC supports DFCS's goal of integrated services and recognizes the complexities and challenges of building out a system of sufficient and adequate placement options for children in its care. These challenges are compounded by some of the strictures of state-mandated Continuum of Care Reform, as well as the economics of our region. Nonetheless, the JJC has concerns about the approach described here,⁹ and similar concerns were expressed by an array of others in public comment at the July 21, 2020 Board of Supervisors meeting, at which the contracts were approved.

The concentration in a single provider of awards so large and broad in scope raises concerns about the system's dependence on the contractor. Furthermore, award of these single source contracts may lead to a reduction in the capacity of other contractors who are existing and/or potential providers of service to the County. Since increased and more specialized placement options are urgently needed, other experienced providers should be supported by DFCS in participating fully and collaboratively along with Seneca.

JJC Concerns: Welcoming Center Model

The JJC has had difficulty understanding how outsourcing core functions to a Community-Based Organization (CBO) will result in improved service to support children at their most vulnerable, or how this will ensure greater accountability and/or more effective use of scarce county-controlled financial resources. The JJC has repeatedly expressed the opinion that certain County responsibilities, such as receiving and placement, should be non-delegable to outside contractors. In apparent sympathy with this concern, the Board of Supervisors' approval was amended to limit outsourcing the Welcoming Center to a single year, with the intention of then returning receiving, assessment, and intake functions, along with temporary placement, to DFCS. Since the decision to outsource the Welcoming Center functions has been made and is moving forward, the JJC believes that its success deserves full support. Therefore, the JJC believes this time limitation may be counterproductive. Asking an organization to ramp up a major new program only to close it after a year is an unreasonable burden and risks underinvestment in the program. Reassigning experienced DFCS staff from the RAIC/Keiki only to bring them back a

⁹ See Appendix for letter from JJC to SCC Board of Supervisors (July 20, 2020).

year later, or to bring in inexperienced County staff in their place, creates discontinuity and disruption in an already challenging function.

At the time of this writing, just a few weeks before the Welcoming Center is to open, the JJC has been unable to ascertain that detailed program design, policies and procedures, and evaluation metrics have been specified and approved. While these surely will be modified and improved over time, at least a completed draft should be in place before any child is admitted to the Welcoming Center.

The physical location of the Welcoming Center remains undetermined. State licensure requirements for the Welcoming Center (as well as the Keiki Center and DFCS “scattered sites”) remain unclear. With respect to clinical staffing, the extensive use by Seneca of professional interns to provide services is of some concern; the appropriate supervisory ratios and quality of clinical supervision must be assured.

The Overriding Issue: Placements

Independent of the point of entry, the on-going struggle to provide appropriate placements for all children who come into the County’s care has a long history and involves structural issues that remain intractable and unresolved. The JJC recognizes that DFCS is diligently attempting to build out the continuum of care, as it has been charged to do. Nonetheless, pivoting public policy, serial CBO contracts, revived Family Finding initiatives, and other incremental efforts will not solve the problem in the absence of systemic analysis and change.

The JJC continues to find, as it has reported for many years, that a central issue in the County’s child welfare system is the insufficiency of appropriate placements in our County, especially for children with higher acuity needs and those for whom previous placements have been unsuccessful. The challenge was exacerbated when California passed Assembly Bill 403¹⁰ in 2015, mandating the elimination of congregate care placements before ensuring adequate foster home capacity and funding. The Family Finding effort that was expected to solve the issue despite previous failures, once again appears not to live up to its promise.¹¹

The contracts with Seneca for ITFC (Intensive Therapeutic Foster Care) and E-ITFC (Enhanced ITFC) homes with professional parents are a beginning in building out the continuum of care. Seneca’s contracted complement of two transitional homes, six ITFCs, and four E-ITFCs are slowly coming online. DFCS’s contract discussions, promised in late 2019, with other

¹⁰ AB 403 (Stone), *Continuum of Care Reform*, was signed into law in October 2015, eliminating most group homes for dependent children beginning in 2017.

¹¹ Family Finding has had some success in other jurisdictions. Ironically, our County first introduced Family Finding back at the start of the last decade. It is an expensive tool and was almost entirely abandoned by the end of 2010 during the last economic downturn. While its reintroduction is welcome, and the Department maintains that Family finding will be a solution for some of their youth, no robust program is in place at this time.

experienced providers, such as Rebekah Children’s Services (RCS), Uplift, and Bill Wilson Center have not yet resulted in such additional placement capacity.

JJC Equity and Justice Statement

Children of color are disproportionately represented in the dependency system. Of the 1877 children receiving DFCS services in September 2020, 1565, or 86%, were children of color. These children are being disproportionately damaged by the societal circumstances that result in system involvement, and they are disproportionately damaged by the insufficiency of optimal placements.

Recommendations

The Juvenile Justice Commission recommends:

Public Policy and Commitment to Structural Change

1. That Santa Clara County resolve that every child that comes into care will be placed promptly in a skilled and loving home and that their trauma will not be compounded by the failure to support the availability of such homes. These children are our children and should be cared for as we would our own.
2. That a high-level multi-agency and stakeholder panel, including CBO and foster family representation, be appointed, with a simple and focused mandate: to analyze the systemic factors in Santa Clara County that drive the need for and impede the availability of enough high quality foster homes, and to specify and quantify the remedies, including specific reimbursement and support levels that would bring current supply and demand into balance.

Welcoming Center and Placements

3. That the County work aggressively with Seneca Family of Services to promptly resolve the location of the Welcoming Center.
4. That Welcoming Center Policies and Procedures, program design documents, and initial evaluation metrics be in place and available for inspection by the JJC before it begins receiving children.
5. That the continuum of care build-out of placements through multiple CBO partners be accelerated.

Conclusion

The Juvenile Justice Commission has witnessed decades of well-intentioned efforts to modify and improve the system of family and children's services when it becomes necessary to remove a child from parents/guardians. Most have been incremental. Some have been abandoned only to be revived years later and abandoned again. Some, such as the State's legislation eliminating group homes, have shocked the system in an attempt to force change.

The imperative is simple. For every one of the children who come into the County's care, representing a wide range of needs and circumstances, a suitable temporary placement must be made within one day. This placement must provide trauma informed care to the child until an appropriate long-term placement is found. Accomplishing this has been exceedingly difficult in Santa Clara County, as it has been across the state and nation, despite the good intentions and efforts of DFCS and its system partners.

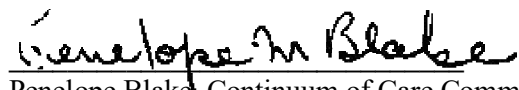
The future of Santa Clara County is its children, including the most vulnerable who enter and, while infrequently, too often are failed by the dependency system. This is implicit in the 2018 recommendations of the Joint Foster Youth Task Force,¹² which are more extensive and beyond the scope of this report, but which the JJC supports.

The specific recommendations of this report reflect the JJC's commitment to oversight and improvement of the system as it exists. They also reflect a broad commitment to partnering to fundamentally transform the conditions and structures that undermine what should be every child's birthright - an environment in which they can grow and thrive.

Approved by the Santa Clara County Juvenile Justice Commission on Tuesday, November 3, 2020



Ron Hansen, Commission Chair



Penelope Blake, Continuum of Care Committee Co-chair



Carol Rhoads, Continuum of Care Committee Co-chair

¹² Santa Clara County Office of Education (2018), *Final Recommendations of the Joint Foster Youth Task Force*, online at <https://www.sccoe.org/resources/families/Documents/JFYTF-12102018.pdf>

APPENDIX

Footnote #1:

DFCS Scattered Site Photos

August 19, 2020



Footnote #6

Letter: Ad Hoc Committee on the RAIC Location to Supervisor Cindy Chavez (Feb. 13, 2018)

February 13, 2018

James Gibbons-Shapiro
Chair, Ad Hoc Committee on the RAIC Location
Child Abuse Prevention Council
70 W. Hedding St., West Wing
San Jose, CA 95110

Supervisor Cindy Chavez
70 W. Hedding St., East Wing, 10th Floor
San Jose, CA 95110
Via email and County PONY

Re: Relocation of the RAIC and Related Programs in the Medium Term

Dear Supervisor Chavez:

Children and youth in foster care deserve our complete attention during the time we are responsible for their safety and wellbeing, as do all kids and teens who have been the victims of physical abuse, sexual abuse, and profound neglect. We believe that recent challenges have created an opportunity for our County to provide these children and youth with the most thoughtful and comprehensive care for their physical and emotional wellbeing. We propose the colocation of medical and non-medical programs serving this population at one site in the medium-term—while the County considers and acquires the resources for the construction of a long-term facility.

The RAIC must move in January, 2019:

When children are removed from their homes and their parents' care, most are taken to the Receiving Assessment and Intake Center (the RAIC), staffed by DFCS social workers. As you know, about a year ago, a flood in the RAIC at 725 East Santa Clara Street resulted in an urgent move to the current location on Enborg Lane, a rented building adjacent to the Santa Clara Valley Medical Center (SCVMC) Campus. Because of licensing requirements, and the emphasis on placing children with families or foster homes over group homes, the demands on the RAIC will be increasing over the next few years. The lease for that space will expire in December, 2018.

The Current Model: Driving Children and Youth to Receive Care

Currently, children and youth who are placed in foster care travel all over San Jose to receive the services they need. Most arrive at the RAIC on Enborg Lane, and are seen at the SPARK Clinic at VHC Downtown on Santa Clara Street, the next day. If there is a concern that the child or youth has been sexually abused, he or she may be evaluated by the Sexual Assault Response Team (SART) on the SCVMC campus, and then travel to the Children's Interview Center on North First Street in San Jose, for a forensic interview. If there is a concern about physical abuse, the child may have a comprehensive child physical abuse evaluation at the SPARK Clinic on Santa Clara Street—and additional radiologic imaging at the SCVMC campus. At each

Footnote #6

P. 2 of Letter: Ad Hoc Committee on the RAIC Location to Supervisor Cindy Chavez (Feb. 13, 2018)

location, the child meets new caregivers, in surroundings that range from the new and child-friendly Downtown Clinic to other, older locations that are institutional and dreary. Sometimes the child's parent or parents are present; most of the time the child is accompanied by a well-intentioned county social worker or victim advocate. Too often, youth refuse to be transported from Enborg Lane to their appointments across town, and as a result, do not receive crucial medical, mental health, and other evaluations they urgently need.

Colocation proposal for the medium-term near the SPARK Clinic, at VHC Downtown

We propose a County facility that colocates the services needed by our most vulnerable children and youth close to the SPARK Clinic, at VHC Downtown, on East Santa Clara Street. This colocation will place the *focus of services on the child*. These are the two services we propose placing near the SPARK clinic:

- 1) The Receiving Center (RAIC) for children entering foster care and dependent children due to re-placement or returning from runaway status. This child-centered facility will enable compassionate care for children in *an environment that has been designed intentionally to send the message that each child matters*. While a short stay is the goal, this short-term facility will need to meet licensure standards for children to stay for up to three days. The RAIC facility should include:
 - indoor play and recreation spaces appropriate for children and youth of different ages;
 - a secured playground;
 - comfortable, dedicated sleep spaces by age, gender and other child-specific needs;
 - a fully functional kitchen;
 - work space for County staff or non-profit staff engaged in assessment, family finding, and other placement tasks. This space will have sight- and sound-separation from the children; and
 - appropriate facilities for DFCS social workers to manage the program.
- 2) Forensic Interview Space: National best practices support forensic interviews of children and youth conducted by specially trained forensic interviewers. Ideally, children and youth who may have been physically and/ or sexually abused should be interviewed once, by a forensic interviewer, to provide the most accurate information with least trauma to the child. This information becomes available to all relevant agencies, including DFCS, medical services, law enforcement, and the District Attorney's Office. Typically, these interview spaces are located inside or adjacent to a full service medical clinic. Our neighboring counties—San Mateo, San Francisco, and Sacramento—all have accredited facilities that follow this model. The proposed space will augment the SJPD Interview Center on North First Street, providing an additional child-friendly interview space, and providing an additional location where law enforcement agencies from all over the county can conduct multi-disciplinary interviews.

Members of our committee have visited all the Interview Centers in Northern California; our benchmarking informs the information below. The Interview Center should include:

Two interview spaces: one that feels comfortable for younger children, another for teens. Each interview room is paired with an observation room: for social workers, law enforcement, DA's, and others to observe as appropriate.

Footnote #6

P. 3 of Letter: Ad Hoc Committee on the RAIC Location to Supervisor Cindy Chavez (Feb. 13, 2018)

Video equipment as well as a window/ two-way mirror creates two options for observation.

Each paired interview space (interview room + observation room) should be about 400 square feet

Waiting room and conference room to accommodate families, guests, and colleagues

Locating these two key programs near the SPARK clinic at 777 East Santa Clara Street in the medium term has the advantage of housing children where so many of the key services that they need are currently available, and where more programs are in the planning stages.

Services that already exist at 777 East Santa Clara Street include:

The SPARK Clinic, SCVMC: The County's medical home for children and youth in foster care. SPARK provides medical evaluations within 24 hours of arrival at the RAIC, ongoing general pediatric care, and referrals to specialty care.

The Center for Child Protection: Provides evaluations and forensic examinations for children and youth who may have suffered physical or sexual abuse. Often children are placed emergently at the RAIC because of abuse; it is critical that they receive trauma-informed evaluations as soon as possible after entry into foster care.

Behavioral Health Services: Comprehensive mental health services, including psychiatric evaluations and medication management, and psychological counseling

Dental Health Services: Comprehensive dental services, provided by dentists who understand the exceptional vulnerabilities of this population

Transgender Youth Clinic: expanding medical services for this population

Ancillary medical support services: including laboratory, pharmacy, and radiology

Further, the 725 East Santa Clara Street site, now named Keiki, is currently used as a visitation site for children and families

Could the new medium-term home be at the old location at 725 East Santa Clara Street?

Yes, but only with renovations to improve and design the space for this specific purpose.

A flood at the old RAIC location at 725 East Santa Clara Street necessitated the urgent move to Enborg Lane, but many welcomed the move because they observed that the space needed significant renovations: to meet licensure requirements, provide appropriate programmatic space for children and RAIC social workers, and make the children and youth feel truly comfortable with a brighter, warmer space. A return to 725 East Santa Clara Street would require these renovations, as well as an increased footprint for sleep spaces, offices, a conference room, and a fully functional kitchen. We anticipate that the RAIC will require more than one floor of 725 East Santa Clara Street for the expanded services that will be provided. We recognize there may be other locations where a new RAIC could be located. The Fleets and Facilities Department and the Space Committee may be able to find a different location within walking distance of the SPARK clinic to renovate for the medium term. With any renovation of either the building at 725 East Santa Clara Street or another location, getting key input in the design from our local experts and representatives from oversight committees will help to ensure success.

What does this mean for the long-term plan of the East Valley Clinic?

We have an opportunity to provide a thoughtful and well-integrated program to care for our County's most vulnerable children at one site and without years of delay. While the planning

Footnote #6

P. 4 of Letter: Ad Hoc Committee on the RAIC Location to Supervisor Cindy Chavez (Feb. 13, 2018)

effort for the East Valley Campus was a great process, the County's ability to fund and build that project is years away. This medium-term move would allow the County to leverage the benefits of the investment the County has already made on East Santa Clara Street—where many services for this population of children have been located in the last year, and more services are in the planning stages. This proposal does not prevent or impede the long-term plans, but recognizes the need for action and solutions that can be achieved right now.

With sincere regards,

James Gibbons-Shapiro

Chair of the Ad Hoc Committee on the RAIC of the Child Abuse Prevention Council (CAPC)



Marlene A. Sturm MD
Medical Director, SPARK Clinic, SCVMC
Medical Director, Center for Child Protection, SCVMC

And the members of the Ad Hoc Committee (in alphabetical order):

Steven Baron, Child Abuse Prevention Council (CAPC) and serving on the Social Services Advisory Commission

Penny Blake, Juvenile Justice Commission (JJC)

Victoria BurtonBurke, JJC

Andrew Cain, Directing Attorney, Legal Advocates for Children and Youth (LACY)

Stacy Castle, Chair, CAPC

Steve Fondacaro, Director Central Services at Social Services Agency

Kasey Halcon, Director of Victim Services, DA's Office

Daniel Little, Assistant Director, DFCS

Jennifer Kelleher, Chief Program Officer, Law Foundation of Silicon Valley

Francesca LeRue, Director, DFCS

Nora Manchester, JJC

Jean Pennypacker, Chair, JJC

Carol Rhoads, JJC

Mary Ritter, Center For Child Protection, SCVMC

Footnote #7

Juvenile Justice Commission
County of Santa Clara
840 Guadalupe Parkway
San Jose, California 95110
(408) 278-5993 FX (408) 294-6879



July 20, 2020

Board of Supervisors
County of Santa Clara
Via email: BoardOperations@cob.sccgov.org

Re: Reports 101943, 101255, 101868

Dear Supervisors:

We write to you on behalf of the Santa Clara County Juvenile Justice Commission. The JJC's statutory oversight and inspection responsibility encompasses the RAIC. For many years, the JJC cited its mounting concerns about the RAIC in its annual inspection reports, in many other county meetings and forums, and during its own public sessions. It is regrettable that the RAIC at Enborg was closed before the County has alternative settings and placements available for children entering the dependency system or returning from failed placements. That closure has resulted in today's proposed sole source contracts with Seneca.

We recognize the challenges and risks of even a well-considered proposal. The rush to these contracts without the necessary thorough planning results in the following concerns:

1. Absent a physical location, contracting with Seneca Family Services for a Welcoming Center for \$4.2 million per year is premature. The single source contract was justified because Seneca was represented as having a facility ready to go. Furthermore, it continues to be unclear how contracting out core DFCS functions improves service to children. Doing so to a single contractor also creates unacceptable dependence.
2. It appears that the Board is being asked with this transmittal to single source additional contracts -- for ISS, TFC, ITFC, and EITFC -- to the same vendor (\$1.9 million per year). This effectively gives control of the entire continuum of care to a single vendor, raising issues of dependence and conflict of interest. We see a risk that the other major service providers will be driven from the market, without evidence that this plan is viable.

3. The importance of easily accessing required behavioral health assessments without further trauma and logistical complications cannot be overstated. It appears this, too, is being outsourced by BHSD on a single source basis to Seneca (\$3 million per year), with the same attendant issues.

4. Written policies and protocols, which have long been deficient, are more essential than ever to an accountable system, especially one relying on outsourced functions. The JJC requests assurances and access to such documents. They should be in place before new contracts are operational.

As we stated last November, the risk inherent in any delegated and privatized model such as the one proposed is that issues and problems can be far less visible and can develop longer before County intervention, with possibly tragic results. Redoubled accountability and oversight will be required, and the JJC most certainly will do its part.

Respectfully,

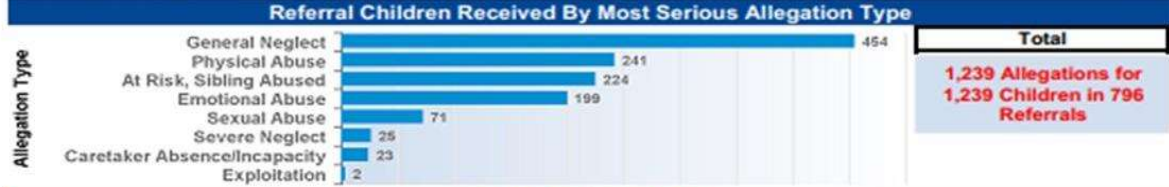
Ron Hansen,
Chair
Santa Clara County Juvenile Justice Commission

Footnote #8

Fact Sheet - County of Santa Clara, SSA DFCS
Child Welfare Services - September 2020

Report refresh
Date: 10/11/20

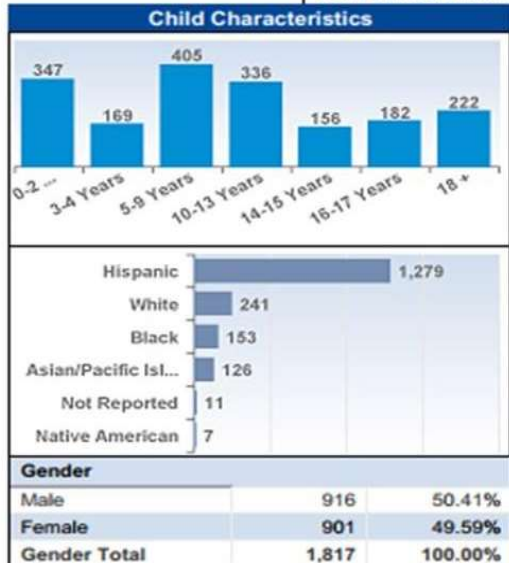
Emergency Services	
Total Number of Incoming Calls	2134
Evaluate Out	273
Not Determined	1
In-Person Response	522
Referrals with Allegation Disposed	272
Referrals with Allegation Disposition Pending - Referrals still under investigation	250
Total Referral Children Received During Month	796



Total Petitions Filed	
In Custody Removal (child removed from parent)	46
Out of Custody Removal (child stays with parent)	11
Total Petitions Filed: 57	

In-Home and Out-Of-Home Services Caseload (Children) as of September

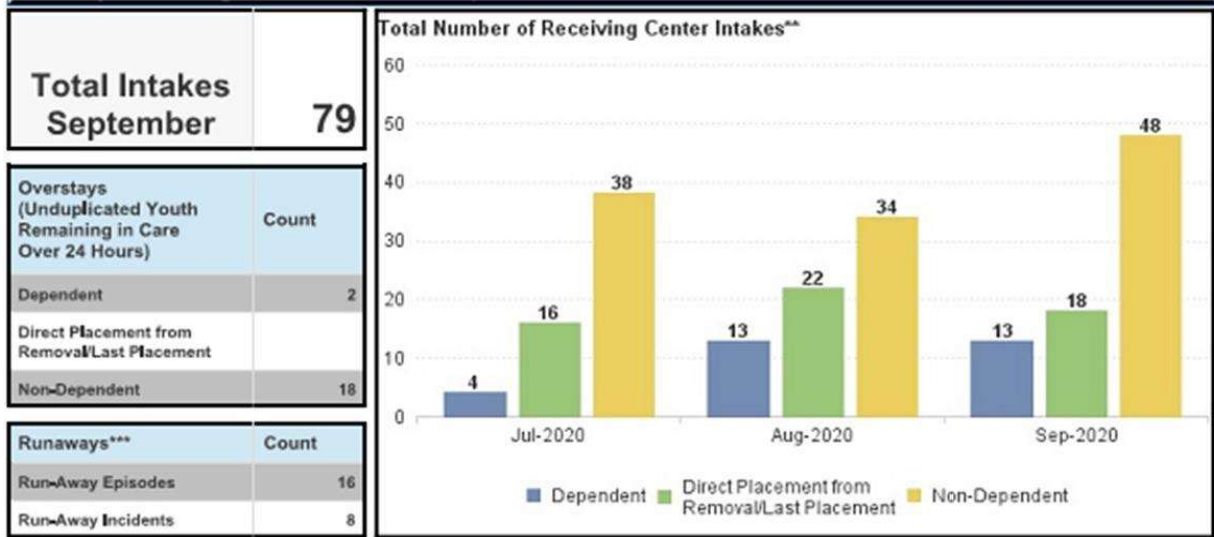
Emergency Response (Open Services Case)	6																																
Family Maintenance	679																																
<table border="1"> <thead> <tr> <th>Cases Opened</th> <th>Court</th> <th>FM < 12 Mos</th> <th>FM > 12 Mos</th> <th>Vol. Program FM</th> <th>< 6 Mos</th> <th>> 6 Mos</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>74</td> <td>313</td> <td>246</td> <td>67</td> <td>Case Closed (VFM)</td> <td></td> <td></td> <td>53</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>SCC IS</td> <td>42</td> <td>27</td> <td>67</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>SCC VFM</td> <td>205</td> <td>41</td> <td>246</td> </tr> </tbody> </table>	Cases Opened	Court	FM < 12 Mos	FM > 12 Mos	Vol. Program FM	< 6 Mos	> 6 Mos	Total	74	313	246	67	Case Closed (VFM)			53					SCC IS	42	27	67					SCC VFM	205	41	246	
Cases Opened	Court	FM < 12 Mos	FM > 12 Mos	Vol. Program FM	< 6 Mos	> 6 Mos	Total																										
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Family Reunification	520																																
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				xx Missing Data xx																													
Permanent Placement	405																																
Probate Guardianship Cases	70																																
Supportive Transition	207																																
Total Children Receiving Child Welfare Services	1,817																																



Children in Out-Of-Home Placement

Foster Family Agency Certified Resource Family	244
THPP / THP+FC Home	86
Relative/NREFM Home	290
Resource Family Home	240
Group Home (Includes Regional Center Eligible Youth)	5
Other	5
Short Term Residential Therapeutic Prgm	17
Supervised Independent Living Placement	123
Total Out-Of-Home Placement	925
Guardian Home	70
Number of Incoming ICPC Cases	28
Number of Children on Runaway Status	20
Total Dependents (Includes NFC Placement, ICPC, Runaways and Guardian Homes)	1,075

Report Disclosure: The numbers on this report reflects the data during the point in time of the report refresh date. Future or past reports will not provide a valid comparison.



ANNUAL COMPARISON

	2019	2020 (to date)
Receiving Center Intakes (in person)*	742	470
Non-Dependent/Dependent Direct Placements	201	167
Days with no Intakes	77	86
Average Length of Stay (all)	73 hours 47mins	84 hours 59mins
Average Length of Stay (not including over 24 hours)	4 hours 51mins	4 hours 55mins
Minors who stayed over 24 hours	304	147

* Total Intakes includes duplicate youth, while Annual Comparison breakdowns represent unduplicated Youth Intakes
 ** Non-Dependent/Dependent Direct Placements can be new non-dependents who are directly placed upon removal or dependents who are directly placed from last placement
 *** Run-Away Episodes count every instance that a youth ran away from the RAIC, while Run-Away Incidents represents the unduplicated number of youth that ran away during the report period.