

**SANTA CLARA COUNTY
JUVENILE JUSTICE COMMISSION
INSPECTION REPORT**

**CHILDREN'S SHELTER
SEPTEMBER 2009**

I. INTRODUCTION

The Santa Clara County Juvenile Justice Commission inspected the Santa Clara County Children's Shelter (Shelter) on July 6, July 14, and July 20, 2009, pursuant to Welfare and Institutions Code Section 229.5. Interviews were conducted with the Director of the Children's Shelter, the Medical Director of the Children's Shelter Clinic, the Doctor caring for foster children at the Shelter Clinic, staff members of Success Camp, a Program Manager, the Recreation Director and other Shelter staff members. Off campus interviews were also held with the Manager of Mental Health at the Shelter on August 4, and the Deputy Director of the Department of Family and Children's Services on September 8, 2009.

The Santa Clara County Children's Shelter serves children newborn to 18 years of age. The youth coming to the Shelter are either dependents of the Juvenile Court or awaiting an investigation due to alleged abuse, neglect and or abandonment. The Shelter has historically provided short-term care for these children with an emphasis on safety, nurturing, healing, and reunification and/or placement in foster care. In the last year, the Department of Family and Children's Services (DFCS) has been working to restructure the Shelter as a Receiving Center. This involves having children stay no longer than 23 hours 59 minutes at the facility before being placed elsewhere. The Shelter is presently licensed by the California Department of Social Services, Community Care Licensing Division. If the Department is successful in keeping children less than 24 hours at the Receiving Center, this license may be surrendered.

Commissioners visited the facility and conducted interviews with Shelter management, staff, and support staff as outlined above. Children were not interviewed as there were only three children there on the day of our inspection of the complete facility. One child was observed playing Nintendo with a staff member, but was not interviewed. Since July 6, there have been many days when no children have been in residence at the Shelter. The Shelter is a licensed facility under the jurisdiction the Department of Family and Children's Services within the Social Services Agency (SSA). This report is a descriptive summary of information collected during the inspection visits. General concerns, commendations, recommendations and a summary statement complete the report. The Commission conducts annual inspections of the Children's Shelter. The inspection reports for prior years are available on the internet and can be accessed at: <http://www.sccsuperiorcourt.org/juvenile/jjc.htm>.

II. POPULATION

There has been a decrease in Shelter population over the past year. This is the result of a state wide move away from congregate care and towards immediate placement of children who are removed from home into relative or foster placement. For the month of July 2009, there was one youth residing in the Shelter on an average daily basis. The average daily population in recent previous years has been:

Monthly Population

July 2009	1
April 2009	8
April 2008	24
April 2007	38
April 2006	31

Total admissions for July 2009 were 20 youth, while in July 2008 there were 71 admissions. During the month of July 2009, of the children discharged from the shelter that month, 15 children remained in the Shelter for 1-2 days, one child stayed for 3-5 days, 3 children stayed for 15-30 days and one child stayed for over 40 days. The average length of stay varied by age group. Children 0-6 stayed an average of 1 day. Children 7-12 stayed an average of 18 days, while children 13 and older stayed an average of 2 days.

The licensed capacity for the Shelter is 132 youth. There were years when the population exceeded that number. However, over the past six years, DFCS has sought to use the Shelter more as a Receiving Center and to quickly place youth with relatives or in foster homes. This transition to a Receiving Center is essentially accomplished with the Shelter running as a receiving center on a trial bases. The entire transition to a Receiving Center is scheduled to be completed by the end of this year

III. STAFFING

Commissioners found the limited number of staff on duty to be welcoming, helpful, and informative. They believe that they have done a good job over the years caring for children at the Shelter, and do not want the transition to a Receiving Center to diminish the service that the children will receive in the future. Their responses were consistently straightforward, and open. There are presently 41 counselor positions filled at the Shelter. Ten of these are senior counselors. They provide 24/7 coverage for the 2 open cottages. When the Shelter closes there will be 15 counselors and 2 senior counselors to cover the Receiving Center, which like the Shelter, will be a 24/7 facility.

The remaining staff at the Shelter has consisted of facility, kitchen, clerical, and management staff. While the facilities staff has been cut, a manager and 2 workers remain as they are still required to maintain the facility. While 3 cottages are closed, even they need to be maintained and not allowed to fall into disrepair. The kitchen staff is being phased out. The staff of the Receiving Center is being trained to prepare food in

the McKenna Cottage kitchen. They will be able to purchase food and other necessities for the cottage. The Art Director is on leave and plans to retire soon.

The Sheriff's Office Deputy is still at the Shelter, but will be moved to some other DFCS facility by the end of the year. The management structure of the Receiving Center remains to be determined by the new DFCS management. Finally, the position of Recreational Counselor is being eliminated.

IV. FACILITY

The general appearance of the facility was clean and attractive both internally and externally. The reception area was welcoming and all of the cottages were well-kept, but the majority of the facility was largely unoccupied. McKenna Cottage has been reorganized to function as a Receiving Center and it appeared to be very bright and cheery; a welcoming place to be for several hours, before being placed. The cottage appeared to have many toys and games, with areas for age appropriate activity for all age children.

As noted elsewhere in this report, the Cafeteria will not be utilized when the Shelter becomes a Receiving Center. The Food Program Official Inspection Report, dated January 23, 2009, revealed no violations during that inspection.

Last year's JJC report commented that "A few cottage counselors reported that 24-hour notice was required for ordering specialized foods for serving in the cottages." This should be resolved by the new procedure of the Receiving Center staff ordering food themselves for the cottage.

The overall impression of the Shelter is this very large and spacious facility is presently underutilized. This perception is reinforced by a subsequent review of the population statistics showing that there are days when no children are in residence. Re-use of this truly child friendly facility remains a task for DFCS and the County in the coming months.

V. PROGRAMS

The Shelter is continuing to provide programs for children who are in custody such as high security visitation. This allows children to visit with parents who cannot visit without close supervision. Both the Medical Clinic and the Mental Health Clinic continue to provide services for children coming through the Shelter, and Success Camp continues to operate in Ford Cottage. Live Scans (finger printing for prospective caregivers) continue to be done at the Shelter and the Weekend diversion program is still functioning.

There is also an Assessment Center located in the Administration Building that has its own separate entrance. It continues to operate at the Shelter and works closely with the Receiving Center to be sure children are assessed and placed as quickly and appropriately as possible. The Assessment Center is the entrance to the Shelter where children are first

brought. This area was filled with dozens of stuffed animals and numerous other toys. An effort has been made to make the area a child-friendly environment.

As the Shelter population has dwindled, the challenge to the art and recreation staff has been how to engage youth in activities without necessarily having a group. The staff created a star points program. Youth are encouraged to participate in a variety of activities and at the same time earn points toward rewards. The children can cook, read, do arts and crafts, play games or exercise and each activity earns star points.

When a child is admitted to the Shelter, the child fills out an activity form. The form lists the many activities that are available at the Shelter and the child is asked to note the activities that interest them. The Recreation Director said that many of the activities foster healthy habits, i.e. cooking healthy meals, stretching, exercising, yoga, and taking walks and talking with staff. There is a calendar of scheduled activities for each day and the staff is always prepared to conduct the listed program should children be present.

In addition to onsite activities, there are trips to museums, and tickets to the theatre, and sports and music events are made available to the Shelter via Community Access Tickets. In the past year, supported by a San Jose City grant, the Art Director developed and implemented a “Go Green Greenhouse” project. Resident youth created and decorated 9’ x 4’ panels with personal artwork. When completed the panels were assembled with a roof into a “house” which was displayed at an open house event.

The Commissioners were impressed with how the staff has adapted to the decline in population tailoring activities to small groups and individuals. The Commissioners were told that it is not known if the arts and recreation programs will continue when the transition from shelter to receiving center is complete. The 24-hour placement criteria under the Receiving Center model, leaves little time for elective activities given that medical, mental health and social services assessments need to be done when children first come to the Center.

Cottages

At the time of this inspection, Cowell and Randall are the only 2 cottages which are still open for the Shelter residential program when needed. In addition there is a continuing on-call Foster Grandparent program with trained long-term volunteers who provide a comforting presence. Currently Cowell Cottage is co-ed for children ages six through twelve. Randall Cottage is co-ed for adolescents thirteen to seventeen years of age. There had been no children in either cottage in the five days prior to July 20, visit. Shea Cottage which had housed adolescent boys ages thirteen to seventeen, closed on April 20, 2009. Ford Cottage is used for Success Camp. Valley Cottage is used as a “Clothing Closet” for furniture, clothing, toys and supplies that are donated and made available for foster families.

Success Camp

Commissioners met on July 20, 2009 with the Social Work Coordinator who manages the Success Camp program. Success Camp started in 2005 for children between the ages of

6 and 11 who are new to the dependency system. Success Camp is a three day program that takes place twice a month. Each camp consists of 8 children from the same age grouping (6 – 7 year olds, 8 – 9 year olds, or 10 – 11 year olds). Since its inception 596 children have attended Success Camp.

The program teaches skills for goal-setting and accomplishment and how to recognize roadblocks and overcome them. Commissioners viewed bookmarks created by the campers which identified the campers' goals and the five steps the campers planned to take to accomplish their goals. Program materials included techniques for interacting with others, managing emotions, creating sanctuary and what to do when you are afraid. Success Camp is staffed by a Teacher, an Assistant Teacher and a Teacher's Aide employed by the County Office of Education. All have been specially trained to work in the Success Camp program.

On the July 6th visit to the Shelter the Commissioners toured Ford Cottage. The Cottage was light and brightly decorated. It was a non-camp day, but the posters, art supplies, and musical instruments that filled the area gave an upbeat energy to the cottage. Within 30 days of the completion of Success Camp, the teachers follow up with each student, visiting them at their school and asking each child if they enjoyed their experience at Success Camp, if they use the materials they were given, and what they remembered about Success Camp. The Commissioners were furnished with a report compiled by CI (Continuous Improvement) Associates which tallied survey responses from children and from their parents/caregivers given for the 2007-2008 school year. The 49 camper respondents unanimously agreed that they enjoyed their experience at Success Camp. 47 respondents said that they had used the materials that had been provided to them. When asked what they remembered, they spoke about singing, the plays, taking picture and the camp handshake.

Of the 29 parents/caregivers who responded to the survey in 2007-2008 all said that their children had enjoyed their experience, 26 said their children used the materials, and 15 of the parent/caregivers said they had used the materials with their child. On June 20, 2009 the Shelter hosted a lunch and play day reunion of former campers, their parents and caregivers

There is a good deal of preparation that goes into each camp; identification of potential campers, notification of their teachers, social workers, and parents/caregivers, follow up on permissions and consents, sending out invitations to the campers, arranging for transportation and picking the campers, and securing necessary food and supplies for each session. Currently there are two employees who assist the Social Work Coordinator with these preparations. Their positions have been funded only through December, 2009.

VI. BEHAVIOR MANAGEMENT

Incident Reports

All of the 34 incident reports written for 2009 were reviewed. Of those reports, only two resulted in any use of CPI. When a child needs to be restrained for his or her protection or the safety of others, the restraint used is called a Crises Prevention Intervention (CPI) hold, not a “control hold.” Counselors are trained by a social worker in the use of CPI holds. CPI holds include the “basket hold,” and the “team control hold.” The basket hold is described as a “rear hug.” The child is held from the back and pulled into the counselor’s lap and held until the child calms down. The team control is described as merely surrounding the child and protecting the child and others until there is a resolution to the problem. Children who wish to leave the shelter are not “restrained,” rather a determined attempt to reason with and dissuade the child is made, and according to a supervisor, reasoning is usually successful.

During the last half of 2008, there were no more than two uses of restraint per month for a total of six restraints used. Considering the low population of the shelter, no conclusions can be drawn from the minimal usage of restraints, but given the low 3% rate reported in the JJC 2008 Report of Inspection of the Children’s Shelter, it seems reasonable to conclude that overuse of restraints is not a problem. The children brought to the shelter often come from severely dysfunctional families, and as a result may be difficult to manage. The behavior management at the shelter may be best described as point of view. It is alright if a child does not immediately follow instructions. If a child is “out of control,” according to a shelter supervisor, the child is controlled only to the degree necessary to protect the child and others. The supervisor explained that a child that is disturbing the cottage may be directed outside and allowed to vent his or her energy or emotions, and generally, that is all that is necessary. There are generally no penalties for acting out. Consequently, there are few if any grievances.

Detailed monthly and annual shelter incident reports are maintained by the Shelter management. These reports provide background data, such as the average daily population for the month, and break down the incidents according to a number of factors, including cottage, age and gender. In addition the kind of behavior involved and the intervention used is reported. Runaway report and statistics are kept separate from the incident report statistics. If the child is restrained during the incident, a separate report is required detailing the cause, type and length of the restraint as well as what was done prior to use of the restraint to “de-escalate” the situation and whether less restrictive means were attempted. This report is reviewed by a supervisor and the “safety monitor,” which is a position held by a former probation officer. One of the reported incidents perhaps illustrates the restraint exhibited by counselors at the shelter. A teenage girl, who was angry with her mother, was to be transported to a foster care placement by a counselor. The girl did not want to go. She wanted to speak to her mother first. Every effort was made by the counselor to calm the girl and get her cooperation. After a phone call to her mother, the girl agreed to get in the car to be taken to the placement. As the car left the parking lot, the girl began to act up and the counselor decided not to continue to drive with the girl in that state of mind. She accompanied the girl back into the Shelter lobby where the girl became more and more agitated. Eventually, the girl stormed out of

the shelter, knocking the heavy glass door off its hinges in the process. San Jose Police, who had been summoned, placed the girl in a police cruiser until she calmed down, gave her a citation and she finally was taken to the placement. No restraints were used by the Shelter personnel during this incident which lasted for over an hour.

VII. MEDICAL SERVICES

The Medical Clinic at the Shelter consists of 5 examination rooms and offices for the 2 doctors working there every weekday afternoon. The Clinic continues to operate under the supervision of the Santa Clara Valley Health & Hospital System (HHS). As the Medical Clinic is a Federally Qualified Health Care Clinic it is open to any child, and a few children who are not in the foster care system do utilize this service. They are usually prior foster children or children of foster parents.

All children coming to the Shelter or the Receiving Center are immediately cleared by a registered nurse. A nurse is available at the Clinic from 6:30 am to 11:15 pm. In the event a minor becomes ill during the hours Medical Clinic staff members are not on duty at the Shelter Clinic, Shelter staff may communicate with the Juvenile Hall nursing staff. The Juvenile Hall Nurse Manager continues to oversee services at the Shelter. The Receiving Center will continue to provide an initial medical clearance by a Registered Nurse. This includes checking to ensure that the child has all necessary medications and reviewing immunization records. One concern that was raised is the possibility that the Receiving Center may not remain in the present facility. If that happens, it was noted that there would continue to be a need for a specialized setting for seeing children such as exists in the present facility.

The Clinic continues at present to serve two main purposes. The first is to evaluate and treat on a short term basis children who come through the Shelter or Receiving Center. The other is to provide follow-up care after children transition into foster care. Under this hybrid model, two medical programs operate Monday through Friday from 1:00 to 5:00 pm in the Shelter Medical Clinic. In the first program, the Shelter Medical Director provides medical evaluation and short term treatment to children residing in the Shelter, or more frequently now, children who are no longer at the facility having spent less than a day in custody. The latter children usually return to the Shelter Clinic for their medical evaluation. This is done within a week or two of the child's placement. It involves a medical evaluation with a records check. Most children have a follow up visit within a month to evaluate their adjustment in foster care. After that children are transitioned to the second program where they continue to be seen by either the Medical Director or the foster care pediatrician who also works out of the Shelter Clinic. In this second program, the foster care pediatrician, who is available at the Shelter Clinic in the afternoon, treats children who have been placed in relative, or foster homes. This care may extend to include those children who have ultimately been adopted. One problem that still exists is ensuring that the children continue to receive medical care after they are placed, especially if their caregivers are not familiar with the services available at the Children's Shelter. It was also stated that these children need specialize care by medical professionals who understand child abuse and its effects.

VIII. MENTAL HEALTH SERVICES

The Shelter Mental Health Clinic continues under the supervision of the Santa Clara Valley Health & Hospital System, however direct management has been transferred to the Licensed Clinical Social Worker (LCSW), who is also responsible for the Mental Health Services at Juvenile Hall and the Ranches. On site staff currently consists of one Licensed Clinical Social Worker (LCSW), two Licensed Marriage and Family Therapists (LMFT), and one Rehabilitation Counselor.

A pilot project was implemented four years ago under the Shelter Re-Use Program, in which a mental health screening was done on every child between the ages of six and eleven years of age who is admitted to the Shelter for the first time. The purpose of the assessment is to determine if further mental health services are necessary. While this project found that the majority of children brought to the Shelter were in need of further mental health services, last year a phone screening with the child's social worker began to be utilized for children no longer at the Shelter. Last year's Juvenile Justice Commission Inspection Report indicated that this was done due to a staffing shortage at that time. However, a discussion with the Manager of Mental Health at the Shelter revealed that this procedure did not seem to be working. With an increasing number of children bypassing the Shelter and being placed directly by the Assessment and Intake Center, there has been a unexplained reduction in the number of children receiving mental health evaluations. The manager indicated that staffing alone was not the controlling factor, as her staff had indicated their willingness and availability to go out to the child's placement to do the evaluations. Despite this fewer than one child per day is presently receiving a mental health evaluation. This is concerning in light of the ruling in the court case *Katie A. v. Bonitá*, which requires a comprehensive mental health assessment of every minor entering foster care. This reduction in evaluations is also in contrast with the medical clinic which continues to see the children even though they are in placement. The Medical Director stated that the number of children being seen by the Medical Clinic has not decreased over the last several years, in spite of the decrease in the number of children staying at the Shelter. The Mental Health Director did not know why these same children were not being referred to Mental Health for an evaluation. Inasmuch as Mental Health clinicians cannot work with minors until consent for treatment has been provided, it may be suggested that the reduction in children being assessed relates to the inability to obtain consent. However, parents are asked to sign an "Authorization for Use and Disclosure of Protected Health Information Pursuant to HIPAA" form at the Detention Hearing, which permits the exchange of information between Mental Health and DFCS. Should a minor's parent(s) refuse to sign the consent form, a court order is requested and provided within three to four days. Minors twelve years and older can consent to their own treatment, and social workers have previously obtained releases for other minors. The Mental Health Manager reported that a new court order is in place, which permits Mental Health staff to provide services to minors placed at the Shelter and all Emergency Satellite Homes (ESH) without a signed consent form. If a minor is placed in a relative's home or regular foster home before the assessment is completed, a "Consent for Treatment" form must be signed by the parent, judge or social worker. The Mental Health Manager stated the consent form and court order allow the

Mental Health Clinic and DFCS to share information. Therefore, lack of consent does not explain the reduction in referrals to Mental Health.

This concern was also raised with the Deputy Director of the Department of Children's Services who was surprised that the evaluations were apparently not being done. Indeed, he indicated that even though children were being placed more quickly, there had been a decrease in placement failures which he partly attributed to his agency's implementation of several new programs to provide counseling support for relative and foster homes either the same or following day of the child's placement. This apparent lack of referrals for mental health evaluations will be reviewed further by Deputy Director of the Department of Children's Services. The Deputy Director of the Department of Children's Services further expressed his belief that there were resources available that were not utilized efficiently in the past that could replace any gaps in services which might arise as a result of the closure of the Children's Shelter. The Commission's concern is that the transition to a Receiving Center may be having the unintended consequence of eliminating a valuable program which had been based at the Shelter.

IX. EDUCATION

As there have been so few children at the Children's Shelter over the last several months there have been few children attending McKenna School. Most children while at the Shelter attend their home schools. However, the County Office of Education (COE) continues to be committed to providing services at the Shelter. A teacher is sent to the Shelter, if needed, when a child is there and unable to attend their home school. In June, 2009, only one child was attending McKenna School.

However, Success Camp, also run by the County Office of Education (COE), is still functioning at the Shelter in Valley Cottage as described above.

XI. DOCUMENTS REVIEWED

Commissioners reviewed the Fire Marshall's Inspection Report dated December 4, 2008, the food program official inspection report from the Santa Clara County Department of Environmental Health, dated January 23, 2009, and the most recent Community Care Licensing Division (CCLD) report, dated July 1, 2009. There were no other reports available. Neither the COE nor the HHS requires any annual reports on their services at the Shelter.

XII. COMMENDATIONS

The Juvenile Justice Commission commends:

1. The staff of the Children's Shelter for adapting to the decline in population and tailoring activities to small groups and individuals.
2. Mental Health staff for being willing to see children and families in their homes to evaluate their needs and provide crises services.
3. The management staff and the counselors at the Shelter for their dedication and skills in meeting the needs of the resident children. They have provided caring and

professional care for the numerous children who have come through the Children's Shelter over the years, especially those adolescents who presented many challenging behaviors. When other placement would not accept these children the Shelter staff always found a way to work with them.

4. The staff for its dedication to ensuring that the Shelter and Receiving Center environment is welcomed by the children as a "safe place."

XIII. RECOMMENDATIONS

The Juvenile Justice Commission recommends that the Department of Family & Children's Services:

1. Track children who return to custody, to ensure that Juvenile Hall does not become the alternative placement for older, hard to place children.
2. Track whether children are receiving mental health evaluations after they are placed.
2. Explore acceptable possibilities for utilization of the facility by other county programs in the child welfare system.
3. That post-Success Camp follow-up be expanded to include in-person surveys with the child's caretaker and teachers.
4. That the two Success Camp staff persons whose contracts end in December be extended to the end of the school year.
5. That, when feasible, the Success Camp program be expanded to include 12 and 13 year olds.

XIV. SUMMARY

Based on this inspection, the Santa Clara County Juvenile Justice Commission believes that the Children's Shelter and the new Receiving Center meet the Commission's standards for assuring the safety and well-being of the dependent youth who are housed there. The only concern of this Commission relates to the Shelter becoming a Receiving Center, and the possibility that services that have been based at the Shelter, such as specialized medical care and mental health evaluations may be lost in the transition.

Approved by the Santa Clara County Juvenile Justice Commission on November 2, 2009.

JJC Chairperson Date

JJC Inspection Chair Date