SANTA CLARA COUNTY
JUVENILE JUSTICE COMMISSION
INSPECTION REPORT

CHILDREN'S SHELTER
MAY 2007

I. INTRODUCTION

The Santa Clara County Juvenile Justice Commission inspected the Children's Shelter on April 30, and May 3, 2007 pursuant to the State of California Welfare and Institutions Code Section 229.

The Santa Clara County Children's Shelter serves children newborn to 18 years of age. The youth in residence are either dependents of the Juvenile Court or awaiting an investigation in regards to child abuse, neglect and or abandonment. The Shelter provides short-term care with an emphasis on safety, nurturing, healing and reunification and/or placement in foster care.

Commissioners visited the facility and conducted interviews with Shelter management, staff, support staff and the children themselves. The Shelter is a state licensed facility under the jurisdiction of the Santa Clara County Department of Family & Children's Services (DFCS) within the Social Services Agency (SSA). This report is a descriptive summary of information collected during the two inspection visits. The report is divided into the following categories: introduction, population, the cottages, the medical clinic, school programs, recreation, mental health services, physical appearance of facility and a review of available reports. General concerns, commendations, recommendations and a summary statement complete the report.

II. POPULATION

There has been an increase in Shelter population over the past year. On May 3, 2007, there were 43 youth residing in the Shelter. The average daily population in previous years was:

Month	Population
March 2007	43
March 2006	32
March 2005	23

Total admissions for March 2007 were 147 youth, while in March 2006 there were 78 admissions. The Shelter Director reported that, of the 147 admissions in March 2007, 70% were newly referred youth never before admitted to the Shelter.

The licensed capacity for the Shelter is 132 youth, and there were years when the population exceeded that number. However, over the past five years, DFCS has sought to use the Shelter more as a Receiving Center and to quickly place youth with relatives or in foster homes. Despite these protocols, the average length of stay (ALOS) in the Shelter has risen from eight days in 2006 to nine days in March 2007. The Shelter Director indicated that in a recent statewide meeting of Shelter Directors, it was reported that most Shelter populations were down. Santa Clara County Shelter numbers are lower in comparison to other Shelters but our population has been steadily increasing since 2004. While we don't know the reason (s) for this increase it is a trend. We are not placing our youth out of county to encourage family visitation. We do know that group homes have been closing. Perhaps foster home recruitment has stalled.

The average length of stay for youth during March 2007 was very different for different age groups:

- Babies and toddlers ages 3 and under stay approximately 6 days
- Youth ages 4-6 stay 2 days
- Youth 7-12 stay 17 days
- Youth 13 and older stay 10 days

Resident runaways continue to be a concern. There were a total of 22 runaways in March of 2007. Some of the runaways were youth with drug and alcohol issues as well as mental health diagnoses that resulted in psychiatric hospitalizations. On May 1, 2007, there were eight youth on one-on-one supervision because of repeated runaway issues or mental health concerns. The Medical Clinic also keeps data on children who are admitted and seen by the Medical Clinic staff.

The following table presents an overview of Shelter statistics for 2007 provided by the Medical Clinic:

Year 2007	Jan	Feb	Mar	1st Qtr		Apr	May
New Admits	77	59	91	227		83	
Re-Admits	36	49	56	141		45	
Total	113	108	147	368		128	
Under 24 hours	26	39	46	111		52	
Ave. Daily Population	35	33	43	29		38	
(Previous year)	33	31	23	28		31	30
ALOS Based on Age							
0-3 yrs	3.60	1.30	6.10	11.00		5.10	
4-6 yrs	10.30	2.30	2.90	15.50		5.80	
7-12 yrs	9.90	14.00	17.80	41.70		11.30	
13+ yrs	10.70	7.60	10.10	28.40		8.40	
ALOS of Discharged	8.60	6.80	9.80	25.20		7.60	

Length of Stay							
< 1 day							
1 - 2 days	30	20	46	96		36	
3 - 7 days	35	28	30	93		20	
8 - 14 days	18	20	14	52		8	
15 - 30 days	10	23	11	44		15	
31 - 40 days	13	14	2	29		4	
40 - 90 days	5	2	7	14		7	
91+ days	2	1	2	5		0	0

III. THE COTTAGES

The children are divided mostly by age and gender into cottage living units. The population breakdown on May 3, 2007 was:

Cottage		Population
McKenna	Infants and Toddlers	8
Cowell	Newcomers, co-ed, siblings	17
Randall	Adolescent girls 13-17	10
Shea	Teen age boys 13-17	7
Valley	Special needs use	1
Ford	Now being used for Success Camp	0
		43

McKenna Cottage

This cottage is for babies and toddlers. The living arrangements are cheerful, and toys, little bikes and strollers abound. There were three babies in residence during our visit; one was napping and the other two were being held by staff. Children 0-6 are not allowed placement in the Shelter for over thirty days, according to the Shelter Director. Additionally, there were 1, 3, 4, 5, and 6 year-old children either playing or napping. The Cottage Manager said that the census had been up for a number of months and that maintaining trained staff 24 hours a day was challenging. The staff members were veteran counselors.

Cowell Cottage

This cottage holds youth from 6 to 12 years of age, including newcomers and sibling groups, and is co-ed in population. On the day of our visit there were 17 youth in residence. Three youth were on one-on-one supervision although there were only two staff members on duty. Staff members complained about the food quality in this unit, saying measures to decrease fat content in food were interfering with taste. The staff members were veteran counselors. Youth were playing outside, watching television and or playing games.

Randall Cottage

This cottage houses teenage girls, and there were ten in residence on the day of our visit. Three girls were on one-on-one status. A staff shift change was taking place as

Commissioners entered the cottage; two experienced counselors were being replaced by four experienced counselors. The girls and counselors seemed warm and comfortable with each other and there was a real homelike feel to the cottage. One-on-one counselors are to maintain an arms-length distance from the youth they are supervising to counter runaway attempts or self-destructive behaviors. It is expected that having counselors close to a disturbed youth will allow staff the opportunity to intervene and discourage self-destructive behaviors.

There were several issues raised by both staff shifts. In this cottage, residents and staff like to cook meals in the cottage kitchen rather than go to the cafeteria On occasion. However, staff members noted that food was required to be ordered two weeks in advance if they were to have a meal. Staff members said that it prevented spontaneity and behavior rewards because the same girls who planned a meal might not be eating it two weeks later. Counselors also felt that the kitchen staff had gone overboard in cutting calories. Girls and counselors complained about the food, saying that they didn't get butter with their rolls or baked potatoes. They also said that fruits and snacks were delivered twice a week but they didn't last because the census had been increasing. Commissioners inspected the cottage kitchen and noted that there were a lot of macaroni and cheese frozen entrees in the freezer, but little fruit.

A second issue raised by staff was the use of extra help staff. Extra help staff members are limited to 1040 hours each fiscal year, no matter their experience level. Counselors said that, with the increase in shelter population and the use of one-on-one supervision, many of the best extra-help counselors had already reached their hourly limit for the year. That meant that more experienced staff members were being replaced in the cottages by less experienced staff. A comment was made that excellent staff members were being "treated arbitrarily."

A third issue raised by staff was that two of the teenage girls in the cottage had been out of school; one since February 18th and one since February 25th. Both of these girls were on one-on-one status and were expensive to maintain anywhere. Staff members said they had alerted the school liaison, but that the situation remained. Staff members were unaware that a Deputy District Attorney visits the Shelter once a week to address school issues. The Commission will recommend that the District Attorneys visit the units on occasion to hear, first hand, the issues raised by staff.

This cottage provides excellent programming for its population. Mental Health staff entered during our inspection and most of the girls left for a Journal Writing class that is provided on Tuesdays and Thursdays. The Girl Scouts visit on Wednesdays.

While Commissioners were speaking to the Cottage Manager, a social worker called to talk with a resident. The girl was summoned from the Journal Writing class and told that the social worker would be picking her up in the morning for a Group Home placement. The girl was visibly shaken, and later returned with the Mental Health therapist in a very agitated state. The anxiety spread quickly among the other girls. Commissioners wondered if this could have been handled differently.

Shea Cottage

Shea Cottage has teenage boys, 13 to 17 years of age. There were seven boys in residence on the day Commissioners visited. Three very experienced staff members were working with the boys. One boy had one-on-one supervision. Boys were playing ballgames or reading. Staff members said that they received daily reports from school staff regarding residents' behavior in school. They reward youth with points to purchase treats. Staff members indicated that youth were taken off-campus for recreational opportunities and also used the gym and art programs regularly. Staff members in this unit said they had plenty of fresh fruit delivered and had butter with every meal.

Valley Cottage

Valley Cottage is being used as the Foster Parent Clothes Closet. Foster parents are able to use the Closet to obtain used clothing for their foster kids. It is also used for challenging youth, and, on the day of our visit, one youth under one-on-one supervision was in residence.

IV. STAFF

Commissioners continue to be impressed by both the caliber and the nurturing abilities of Shelter staff. Even with population changes, many dedicated staff members remain. With county hiring freezes in place, the issue of extra help workers will probably need to be addressed, because the Shelter population continues to increase. Staff members from all areas were found to be articulate, helpful and focused on responsible, data-driven decision-making.

V. MEDICAL CLINIC

The Medical Clinic at the Children's Shelter is under the supervision of the Santa Clara Valley Health & Hospital System (HHS). It was concluded that the Clinic would no longer be a Medi-Cal licensed facility, so services are not reimbursed. Almost 100% of the children admitted to the Shelter are examined by a Shelter nurse. Follow-up care is often provided by Valley Medical Center (VMC) staff or private Medi-Cal physicians in the community. The Nurse Manager at the Shelter also oversees services at Juvenile Hall and the Ranches. A physician comes to the Shelter at least three times a week for a total of 20 hours per week. One nurse works daily from 6 am to 2:30 pm and a second nurse works daily from 8:30 am to 5 pm. and another works 3:30 pm to 12 am In addition, a Licensed Vocational Nurse (LVN) works Wednesday and Fridays from 12 noon until 8:30 pm. The Clinic is not staffed between midnight and 6 am.

Each child to be placed outside of their home is given a one-hour examination by a Shelter nurse. This examination includes a hearing test, vision test, lab work and a complete physical. Immunization records are obtained through the state Immunization Registry, a Health and Education Passport, if that is available, or clerical follow-up with school districts.

One issue raised by the Clinic staff is the sharing of information from the Child Welfare Services database with the Clinic staff. The Clinic staff often must generate all of their own data while a similar data gathering process is being performed by DFCS personnel next door in the Assessment Center. Child Health and Disability Program (CHDP) nurses try to gather information from parents at the time of court hearings. A system has been set up for some years allowing the Clinic to call the Clinic at Elmwood and to talk with incarcerated parents to secure consent for immunizations such as a tetanus booster or a meningitis injection. The Shelter Director when approached with this issue by the Commission took prompt action to address the problem. He identified a CWS computer that had been useless in the Clinic because its password protection code had expired. The computer is being reauthorized and the Commission will monitor the increase in productivity gained by this intervention.

The Nurse Manager has appointed a Charge Nurse at the Shelter to attend interdisciplinary meetings. She has implemented a cross-training process between nurses and clerical staff at the Shelter and at Juvenile Hall to improve the gathering of information. Most children are made temporarily eligible for Medi-Cal for the first 30 days of custody. Some children are eligible for coverage through Kaiser Permanente, and the sharing of that information can also be challenging.

The Nurse Manager said that she was attending a county-wide meeting in May focused on improved reimbursement for medical services rendered. Even if the youth are Medi-Cal-eligible, Medi-Cal co-payments can become a loss issue. One challenge is that, while Medi-Cal is a statewide system, individual counties have different contracts with different providers. An example was cited of a set of twins from Fresno County who, after seven months, still did not have Medi-Cal eligibility. The father was unknown and the mother was incarcerated for drug possession. There was no information available from our county or in the VMC database. It was discovered that the mother was infected with Hepatitis C, and the twins needed to be screened. One of the twins was wheezing when admitted and needed asthmatics. Another child with cystic fibrosis was recently admitted with almost no information concerning appropriate needed care.

Clinic staff members said they had been aggressive in reaching out to police departments to remind police officers bringing children to the Shelter to bring in medicine bottles when they take the children into custody. Even a doctor's name could facilitate rapid assessment, especially for serious medical problems.

There is also a Psychiatrist available at the Shelter on Friday afternoons. Clinic staff members have seen a rise in the diagnosis of autism among children admitted. Some children are on psychotropic medications and these are carefully followed by staff. The Clinic also makes referrals to the Mental Health staff at the Shelter. Transporting youth to dental or medical appointments is a role for Shelter transport staff since social workers are seldom available for this duty.

A goal of the Clinic is to improve access to electronic medical records. They hope to include immunizations as a part of the electronic system. Clinic staff members

were unaware of the Dependency system's special project to develop an electronic Health and Education Passport. Another system improvement scheduled for next year will allow Clinic staff access to the Enterprise Wide Scheduling (EWS) appointment system at VMC. This will allow the Clinic to make specialty appointments for youth directly without a lot of "pen and pencil" processes. EWS also provides automatic appointment reminders in three languages.

Clinic staff members report that they see a Health and Education Passport about twice a week. Last year it was reported that they see the Passports about twice every six months. A state law requires dependent children to have such a medical and educational record.

VI. McKENNA SCHOOL

The teacher interviewed on the date of the inspection reported having been with the County Office of Education (COE) for 22 years, and is currently in her fifth year at the Children's Shelter. She is one of only five teachers in the COE who are dual-credentialed for special and regular education class instruction. She teaches K-12, Regular Education, Special Day Class (SDC) and Special Education. Her long-time Instructional Aide quit earlier this year, and her current aide is a substitute.

Minors ranging in grades from kindergarten to 12th grade attend the McKenna School. Classes are held from 8:15 am to 12:30 pm, Monday through Friday, on a 240-minute schedule with one 15-minute break. According to the teacher, the school liaison determines which minors come into her classroom, and minors come in and out of her classroom throughout the morning. Minors in the Shelter typically attend their local area school. During March 2007, there was an average of 38 school-aged children in residence at the Shelter. Of these, 28 children were in outside schools throughout the county. During this same month, an average of 6 children attended McKenna School.

Three minors were in the classroom on the day of our inspection. Although the teacher did not know why, there was one minor from a local district school in her classroom on that day.

During the summer months, there is a lighter academic school schedule with more field trips. All minors attend, except those enrolled in summer school outside the Shelter. Minors attending summer school at the Shelter earn credits. The teacher is concerned about the coming summer school. An aide teaches summer school, and a regular educational aide with strong academic credentials is needed. Someone is needed to **teach** the children.

The teacher reported having a sufficient supply of materials and supplies for her classroom. Character-based literacy is offered at the Shelter, as it is at the Ranches and Juvenile Hall.

The teacher has noticed that minors are attending the McKenna School longer than in the past, which she thinks is because there are fewer placements available outside the Shelter. She remembers three days last year when there were no minors in her classroom, while this year there has been, maybe, one day. The McKenna School has become a more therapeutic environment as more minors exhibit mental health issues. There were fewer than five minors with autism in the classroom this past year. Most autistic children get placed right away into their regular school programs. Minors with hearing impairments have assigned interpreters and are also placed very promptly.

An Individualized Learning Plan (ILP) is developed for each student. Each student has to be taught individually since, even if they are in the same grade, students' academic levels can vary greatly.

The teacher reported being alone in the classroom, without an aide, once a week. If she has only one student on these days, she takes the student to the cottage for instruction, instead of remaining alone in the classroom.

In the event of an emergency or Code E (Emergency) involving a minor, the aide takes the keys and the other minors and immediately leaves the classroom. The teacher stays with the minor in crisis and calls the On–Duty person (OD) on the phone. The teacher pointed out that sometimes the OD does not answer the phone. Commissioners noted that there was not an OD in the OD office as they entered the Shelter. The teacher reported no other means of communicating or notifying other staff of a problem should there be an emergency.

Success Camp

Ford Cottage is housing the Success Camp, which is a creative pilot program to re-utilize the facility by connecting education and mental health. The camp is a three-day school experience with foster youth given ideas about how to succeed in school and create a positive self-image for success in life. Social workers and the Mental Health clinicians refer the youth to this program. The Success Camp teachers (and musicians) are employed by the Santa Clara County Office of Education. Youth are admitted to the program in groups of six-to-eight and by age groups of 6-8 and 9-11 years of age. They all receive a Success Camp shirt, bag and DVD to remind them of their success.

The lesson plans are scripted for three days. Monday is plan preparation day. Tuesday, Wednesday, and Thursday are program participation days. Friday is Mental Health day. The McKenna School Principal is responsible for preparing the scripts.

The Success Camp is a great use of the Children's Shelter. It is anticipated that the Program will be funded for another year FY 2007-08. The following are the most recent statistics on Success Camp (as of April 25, 2007):

Children who have attended Success Camp	298 (total)
Re-Use Pilot children who attended Success Camp Children outside of the Pilot Programs who attended Success Camp (Referred to program)	272 26
Pilot Children scheduled but unable to attend	124 (total)
Scheduled, then case was closed before child could attend Child moved out of County after being scheduled Child refused Aged out	21 44 12 8
Social Worker, Foster home or School requested postponement Caregiver refused Success Camp program Social worker/ Supervisor did not think child was appropriate	16 16 7
Children scheduled to attend Success Camp that had school, transitional or other issues and still awaiting an appropriate alternative date for completion	115
Pilot Children not scheduled for Success Camp	124 (total)
Sign language/other language needs Aged out (turned 12 soon after Intake)	6 8
SED Low functioning Downs Syndrome Autistic	11 2 3
Child had negative previous Shelter experience Moved out of county before scheduled Case closed 45-60 days after opening	2 25 24
Recent late March/April admits	43

VII. RECREATION PROGRAM

The Recreation Director, a credentialed teacher, has been at the shelter for 11 years. Several years ago, when there were more children at the Shelter, there were organized, off-campus sports teams. Minors could continue on such teams after they left the shelter and were placed in the community, but that is no longer allowed. Recently, cultural events such as African-American History Month, Cinco de Mayo and school graduations have taken place under his direction. He plans the Summer Camp, including school from 8:15 AM until noon and recreational activities in the afternoon. Children can also participate in a Health Education program all day. This includes exercise, eating right, recreation and art activities. The minors earn points which they can use for the store.

On our visit there were two new admits, both teenage boys, being supervised in the gym. There was a great variety of exercise equipment, video games, pinball machines and TVs. There is also a library and computer center between the School and the gym. Since there are no structured sports teams, the Recreation Director uses

community resources to meet minors' needs. CATS (Community Access Ticket Service) provide tickets weekly. The Shelter pays a $300 yearly service fee and orders over 1000 tickets each year. The activities include sports events, theatre, camping sites and the Monterey Bay Aquarium. On weekends, counselors often take youth to movies. There are also opportunities for computer classes and cooking in the school kitchen.

The Art Director, who has a Master's Degree, works 40 hours a week. She provides art activities at the request of the school, and credits are provided for many of the activities. The minors participate in arts and crafts activities, making masks, ceramics, painting, drawing, quilting and pillow making. Twenty volunteers help the minors make quilts and pillows, and a kiln is available for great ceramic projects. The children's art is on display throughout the Shelter campus. The object is education first and then fun. The minors learn how to play and interact with others through the Art Program. The hope is to achieve wellness of both body and soul. Silicon Valley Children's Fund provides money for equipment and art supplies, and also recently paid for new Shelter carpeting.

VIII. MENTAL HEALTH SERVICES

The Shelter Mental Health Clinic is under the supervision of the Santa Clara Valley Health & Hospital System. The staff currently includes one Manager (who is a Licensed Clinical Social Worker [LCSW]), four clinicians (two Marriage & Family Therapists [MFTs], one Masters of Social Work [MSW] and one LCSW), one MSW intern, two rehabilitation counselors (one of whom has an MSW), one half-code community worker and one clerical person. A second clerical person is now working three days a week completing medical billing that has been denied. This position has been added because only 40% of the billable Medi-Cal expenditures were recovered last year as a result of billing errors. Staff members reported that, on paper, the Shelter has one more rehabilitation counselor; however this position was loaned to Juvenile Hall two years ago. The rehabilitation counselors can follow the child through initial placement in the Shelter to outside placements. The community worker visits the foster parents to ensure that children are receiving appropriate services from contract agencies. Two of the clinicians are bilingual therapists. Four years ago, there were an additional five positions and a Supervisor, but those have been eliminated.

A Pilot Project was implemented at the shelter two years ago, but is scheduled to end in June 2008. Under this program, a mental health screening is done on every child between 6 and 11 years old who is admitted to the Shelter for the first time. There are about 40 new cases each week. The purpose of the assessment is to determine if further mental health services are necessary for the minor. Consent and release forms are obtained from the DFCS social worker, and a blanket court order is used for minors who are admitted by law enforcement. Staff members then prepare treatment recommendations and conduct a team meeting with DFCS social workers, mental health workers, etc. to determine the appropriate agency or agencies to provide service for the minors through Medi-Cal. If a minor does not have Medi-Cal, indigent funds can be available through the Victim Witness Assistance Center. The clinician discusses the

appropriate services and the best agency to meet child's needs with the DFCS social worker. If a child is from out of county, the Mental Health clinician does everything because there are no legal requirements for the DFCS social worker to make sure the minor gets Mental Health services. In these cases, the clinician performs the duties of a case manager.

Most of the agencies clinical staff suggests for treatment are Medi-Cal contracted agencies, such as EMQ Children & Family Services, Starlight Adolescent Center and Gardner Health Center. In South County, they use Community Solutions. The community worker and a mental health administrative monitor document the cases for one year. They also evaluate services the minor and his/her family received from Kaiser Permanente and the Victim Witness Assistance Center. The agencies will not accept a case without this screening. About 90% to 95% of the minors seen in the Pilot Project need continuing mental health services. They have a Diagnostics and Statistics Manual (DSM) diagnosis. If the child is eligible for a Medi-Cal card the Social Worker can apply for an emergency Medi-Cal card. The clinicians provide services while the minor is waiting placement at a mental health program. Sometimes the waiting list is long.

The following data reflects statistics as of April 25, 2007 for the 635 children identified for the Pilot Project since January 12, 2005:

Pilot Children who are in the process of having arrangements made to assess and refer	21
Mental Health Pilot Children with Existing Services	82 (total)
Kaiser	22
Others	60
Referrals sent to Community Based Organizations	286 (total)
Gardner	93 (80 began services)
Starlight	56 (53)
Community Solutions	19 (11)
AACI	29 (25)
EMQ	46 (43)
Ujima	20 (19)
Other County Mental Health providers	23 (2)
Referrals sent to other Agencies	132 (total)
Value Options	39
Victim Witness	33
Private Therapist	28
Therapy through Group Home/FFA	8
Others	3
Pilot Children with completed assessments still at Shelter or awaiting placement	21

Pilot Children who did not meet Medical Necessity	48
Inactive Cases (transitional complications, trouble locating, no phone #, Social Worker/parent(s)refuse program services)	45

The Mental Health Clinic gets new cases every day. They have to work very quickly. Shelter residents can also receive in-house mental health services. These services are available immediately when there is an emergency situation. Children twelve and older can consent to their own treatment.

When a minor returns to the Shelter after a failed placement, the same clinician in Mental Health tries to provide services. Clinicians have verbal contact with the DFCS social worker regarding what is needed. Clinicians can participate in the Team Decision-Making (TDM) and provide an assessment if a minor is too old for the Pilot Project. This assessment and a write up are then completed, and Clinicians rely on the minor's social worker to meet the recommendations. These are often minors with many, serious mental and behavior problems.

The Mental Health staff expects the looming budget cuts will result in the loss of the Pilot Program. It is also expected the manager position will be cut and the remaining staff will be drastically reduced to two clinicians. It is anticipated that the Shelter Mental Health manager will be transferred to Valley Medical Center, where she is currently working part-time in the new Kids Scope/Kids Connection program.

According to the Mental Health Manager, a result of a court case known as "Katie A. v. Bontá," will require that every child in foster care receive a comprehensive mental health assessment. This was a Los Angeles case that will require implementation in every county. New financing for these assessments should be available, but this decision is receiving very little focus in Santa Clara County. It seems reprehensible to the Juvenile Justice Commission that the proper and appropriate mental health care of the county's abused children might be eliminated. This system of diagnosis and community referral is an excellent use of the Shelter facility, which is currently under-populated.

Emergency Psychiatric Services (EPS) was also addressed during the inspection. All of the children's psychiatric placements are now out-of-county. St. Helena Hospital, Fremont Hospital and Mt. Diablo Medical Center are used for hospitalization. If minors are violent towards themselves or others and need immediate hospitalization, they go to EPS at VMC. There are actually no real beds at EPS for the children, and they are assigned a chair. Sometimes the minor gets to EPS, calms down and is sent back. If a minor is depressed and not threatening, he/she could go directly to a hospital.

The clinicians are responsible for all paperwork. It can take up to five hours to process an EPS case. First, the clinician must find a hospital with an empty bed, call staff, contact the doctor on call to obtain concurrence and, if accepted, make the arrangements for transportation to the hospital by ambulance. Just to get a response from a doctor can take 30 to 45 minutes. In the first week of May 2007, three children from

the Shelter were hospitalized. One went to EPS since Fremont Hospital had no vacancies. That child has since returned to the Shelter. EPS at VMC is not a good place for children, as they do not have a child psychiatrist.

There is an enormous need for more than one clerical worker. As noted previously, a second clerical person now comes in Monday, Wednesday and Friday just to work on Medi-Cal. The county was getting about 40% Medi-Cal reimbursement after they lost their very talented and efficient eligibility worker/Medi-Cal specialist. Prior to that, the county received almost 90% of Medi-Cal requested funds. This is a significant loss of revenue. Comprehensive and cross-jurisdictional eligibility workers are needed to facilitate Medi-Cal eligibility in this county for both DFCS services and medical/mental health treatment.

IX. PHYSICAL FACILITY

The general appearance of the facility was excellent. The campus is a far cry from prior days when the desk and parking lot were abuzz with youth and foster parents. Work was being done on the tiles in the foyer, so the front door was open. A receptionist sat at the front desk.

The Shelter has a facilities manager who maintains the site. Cottages and indoor facilities were found to be clean and well-kept. All fire extinguishers were well-placed and displayed current inspection dates. There were plenty of toys, TV's and games visible in the living units, and there were treats in the refrigerators. The inspection team found the facility to be neat, clean, open and cheerful.

The cafeteria was full of children on the day of our visit, and Commissioners counted 22 youth eating lunch. Other residents were eating school lunches packed by the kitchen staff at their school sites. The lunch eaten by Commissioners was kid-friendly, and there were few leftovers trashed by the youth.

X. REPORTS

Incident Reports

The inspection team made a detailed examination of the February 2007 Incident Reports. Behavioral information was summarized as follows as a percentage of the total of 44 reports in February:

- Acting out, emotional 32.9%
- Acting out, physical 12.9%
- Contraband 1.4%
- Informational 27.1%
- Assault to staff 2.9%
- Assault to child 5.7%
- Accidental Injury 8.6%
- Other 8.5%

There were no suicide attempts or gestures recorded during that month, nor were there any critical incidents (as defined by SSA). The assault-to-staff incident resulted in a Juvenile Hall detention. It should be noted that one 12 year-old youth was involved in five or more incidents. He ran from the Shelter on February 25, 2007 and had not returned by the end of the month. Two of his incidents were for threatening staff. Each incident report was followed by a supervisory staff analysis of how the incident was handled by line staff.

Interventions in regards to incidents were summarized as follows for February 2007:

- Counseled by staff 50.0%
- Medical Treatment 10.0%
- Mental Health Intervention 5.7%
- Restraint/QR/counseled by staff 1.4%
- Loss of privilege 8.6%
- Restraint/counseled by staff 4.3%
- All others 20.0%

The problem of Shelter runaways continues, even with one-on-one supervision. In February 2007 there were 19 runaway events, involving ten boys and nine girls.

Other Reports

Commissioners also reviewed the Fire Marshall's Inspection Report dated October 11, 2006 and the Community Care Licensing Division (CCLD) report dated May 16, 2006. The issue of doors propped open was observed by the Fire Marshall, as it has been in the past by Commissioners. The Shelter was cited in the CCLD report for having a staff member on site not trained and certificated in Cardiopulmonary Resuscitation (CPR). On June 30, 2006 the Shelter relayed to CCLD a copy of the completed documentation satisfying this requirement, which was accepted after prompt Shelter management intervention.

There were no other reports available. Neither the COE nor the HHS requires any annual reports on their services at the Shelter.

XI. GENERAL COMMENTS/CONCERNS

- The Children's Shelter is an extraordinary facility, in excellent condition, that is not being optimally used.

- Medi-Cal eligibility and reimbursement should be a Santa Clara County priority.

XII. COMMENDATIONS

The Juvenile Justice Commission commends:

1. The Children's Shelter counseling and management staff for their dedication and talent in serving the needs of our county's abused children.

2. The Mental Health Pilot Program for its identification of needs and implementation of treatment for children admitted to the Children's Shelter.

3. The Children's Shelter Medical Clinic for providing excellent care for children admitted to the Shelter and for their aggressiveness in helping the children become eligible for Medi-Cal.

4. The Juvenile Court and the Department of Family & Children's Services for allowing Shelter residents to attend their own schools. Although staff-intensive, this gives the children an opportunity to have a degree of normalcy in their lives.

XIII. RECOMMENDATIONS

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

1. Examine the causes for the steady increase in Shelter population in Santa Clara County. What additional placement resources are needed? Should staffing be increased since the trend continues towards a steady increase in overall Shelter population?

2. Evaluate the efficacy of using one-on-one staff supervision to prevent runaways or other self-destructive behaviors. The use of one-on-ones is expensive and impacts the availability of extra help staff members who have reached their contract hour limits.

3. Work with the District Attorney's office and the COE to develop a protocol to assure that all Shelter children are placed in school within 72 hours of admittance. Shelter Counselors should be able to make referrals to the Deputy District Attorney assigned to the Shelter if a child is not in school for over a week.

4. Work with the HHS to develop a protocol to ensure that, if a child is working with a Mental Health clinician at the Shelter, the child's social worker will work with the clinician to facilitate placement.

5. Work with the HHS to develop a protocol to ensure that the Assessment Center will share needed information from the Child Welfare Services database with the Medical Clinic. Not sharing this information is creating duplication of efforts in developing Medi-Cal eligibility.

6. Work with the HHS to develop a protocol to streamline the Medi-Cal eligibility process between the DFCS, the Medical Clinic and the Mental Health Clinic. Consider the placement of an eligibility worker on the Shelter grounds to facilitate Medi-Cal eligibility, ensure reimbursement and prevent medical errors.

7. Work with the COE and the HHS to address the current problems in developing the Health and Education Passport. California law requires that each dependent child must have a Health and Education Passport.

8. Work with the COE to develop a protocol to ensure that the teacher at McKenna School is able to reach emergency help quickly.

9. Work with the HHS, the County Counsel's Office and/or the District Attorney's Office to plan for the implementation of "Katie A. v. Bontá."

10. Work with the HHS, the Board of Supervisors and state legislators to support implementation of universal health care for all of California's children.

11. Permit Shelter staff to cook in the cottages with 24-hour notice.

The Juvenile Justice Commission recommends that the Santa Clara County Office of Education:

1. Work with the District Attorney's office and the DFCS to develop a protocol to assure that all Shelter children are placed in school within 72 hours of admittance.

2. Work with the DFCS to develop a process to ensure that the teacher in McKenna School is able to reach emergency help quickly.

3. Ensure that a regular educational aide is available to teach summer school in the McKenna School.

4. Continue to seek funding for the Success Camp.

5. Work with the DFCS and the HHS to address the current problems in developing the Health and Education Passport.

The Juvenile Justice Commission recommends that the Santa Clara Valley Health & Hospital System:

1. Work with the DFCS to develop a protocol to ensure that, if a child is working with a Mental Health clinician at the Shelter, the child's social worker will work with the clinician to facilitate placement.

2. Work with the DFCS to develop a protocol to ensure that the Assessment Center will share needed information from the Child Welfare Services database with the Medical Clinic.

3. Work with the DFCS to develop a protocol to streamline the Medi-Cal eligibility process between the DFCS, the Medical Clinic and the Mental Health Clinic.

4. Implement as quickly as possible the Enterprise Wide Scheduling (EWS) appointment system for Shelter residents.

5. Work with the DFCS, the County Counsel's Office and/or the District Attorney's Office to plan for the implementation of "Katie A. v. Bontá."

6. Work with the DFCS, the Board of Supervisors and state legislators to support implementation of universal health care for all of California's children.

7. Expand the Mental Health Pilot Project to all Shelter intakes.

8. Work with the DFCS and the COE to address the current problems in developing the Health and Education Passport.

XIV. SUMMARY

Based on this inspection, the Santa Clara County Juvenile Justice Commission believes that the Children's Shelter meets the Commission's standards for assuring the safety and well-being of dependent youth.

Approved by the Santa Clara County Juvenile Justice Commission on June 5, 2007.

William J. Scilacci, JJC Chairperson	Date
Nora Manchester, JJC Inspection Chair	Date