

Juvenile Justice Commission County of Santa Clara

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INSPECTION REPORT CHILDREN'S SHELTER JUNE 2008

I. INTRODUCTION

The Santa Clara County Juvenile Justice Commission inspected the Children's Shelter on April 17 and 22, May 1 and June 6, 2008 pursuant to the State of California Welfare and Institutions Code Section 229.5.

The Santa Clara County Children's Shelter (Shelter) serves children newborn to 18 years of age. The youth in residence are either dependents of the Juvenile Court or awaiting an investigation due to alleged 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 children. The Shelter is a 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 four 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. For the month of April, 2008, there were 24 youth residing in the Shelter on an average daily basis. The average daily population in recent previous years was:

<u>Month</u>	<u>Population</u>
April 2007	38
April 2006	31

Total admissions for April 2008 were 117 youth, while in April 2007 there were 128 admissions. The Shelter Director reported that, of the 117 admissions in April 2008, 65% were newly referred youth never before admitted to the Shelter.

The licensed capacity for the Shelter is 132 youth. 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. The population on the day of the first inspection visit was 25. The average daily population has been under 30 for the past few months, according to Shelter staff. Thirty-seven children were diverted from the Shelter during the preceding month of March 2008, limiting their stays to less than 24 hours. The average length of stay for youth during April 2008 was very different for different age groups:

- Babies and toddlers ages 3 and under stayed approximately 2 days
- Youth ages 4-6 stayed 8 days
- Youth ages 7-12 stayed 5 days
- Youth 13 and older stayed 2 days

III. STAFFING

Commissioners uniformly reported that the staff was welcoming, helpful and very informative on all four visits. Their responses to the interviews were consistently straightforward, open and patient. The general climate was very professional, caring and reassuring. The atmosphere was reinforced by the behavior of the observed youth in their living units. The Director tries to find staff with education in human service areas and experience in working with children in a residential setting or in the foster care system.

Of the 94 full time staff members, 62 are counselors. The remainder consists of facility, kitchen, clerical and management staff. The Shelter has a full time on-site trainer who the Director describes as exceptional. The Shelter is mandated by Community Care Licensing to provide a minimum of 20 hours of training per year. Additionally, new staff must attend 16 hours of training before they work with the Shelter children. In order to provide training for the specific job skills that are needed at the Shelter, the on-site trainer continually searches for relevant topics, writes her own curriculum, trains the staff and follows up with clear evaluations.

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, clean and decorated. The living units appeared to have many toys and games. Snacks and treats were stocked in the refrigerators. All fire extinguishers were well-placed and displayed current inspection dates.

There is an Assessment Center located in the Administration Building that has its own separate entrance. The Center is no longer managed by the Shelter Director, but instead is administered directly by DFCS Assessment and Placement. Minors are

brought there throughout the day from 8:00 am to 11:00 pm, whenever a foster care home is unavailable or placement is delayed. The areas that the minors are brought to appeared to be filled with dozens of stuffed animals and numerous other toys. An effort has been made to make the area a child-friendly environment. Also of note, the minors can select stuffed animals to keep as a way to help them through this emotionally trying time.

During the first inspection, there were comments among the Commissioners about the impression that this very large and spacious facility seemed to be underutilized. This perception was reinforced by a subsequent review of the population statistics from the past six months, which report an average of 30 or fewer children per month.

Cafeteria

Commissioners observed the cafeteria during the lunch meal and noted that the trays had generous helpings of food such as burgers, vegetables, chips, milk, fruit and pickles. Youth are allowed to have second helpings if they want them. One minor commented that the food is great at the Shelter. Bag lunches are provided to minors who attend outside schools during the day. Bag lunches are also available in the cottages for new admits who arrive during hours that the cafeteria is not open.

Commissioners interviewed the cafeteria supervisor, who has worked at the Shelter for the last ten years. Commissioners were given a tour of the kitchen and food storage areas, which were pristine and well organized.

The majority of the food served at the Shelter is purchased from vendors, with Interstates Brands being the primary supplier. Food is also received bi-annually from the United States Department of Agriculture (USDA). Ninety eight percent (98%) of the produce served at the Shelter is fresh produce. The menus are designed on-site in compliance with State guidelines. The menus are rotated every five weeks to ensure variety, and the staff and children are encouraged to submit suggestions for new foods that can be incorporated into the menus.

The Shelter is on an email warning list which alerts the cafeteria supervisor of any food items being recalled. For instance, the week of the first inspection visit, the cafeteria supervisor had just received an email warning concerning tainted chewing gum.

A log is posted outside two freezer and refrigerator units, and temperatures are routinely documented. Commissioners noted the temperatures written on the logs were within the required temperature range. The temperatures indicated on the thermometers located outside each unit were also within the required range. An additional safety precaution is that all potentially harmful or dangerous chemicals used in cleaning of the kitchen/cafeteria are kept locked outside in a separate safe-storage area.

The cafeteria supervisor told Commissioners that she makes every effort possible to meet the dietary requirements of minors who suffer food allergies. These allergies must, however, be confirmed by the Medical Clinic and Cottage Manager. Parents are also contacted to confirm if a minor has any food allergies or special dietary needs.

A few cottage counselors reported that 24-hour notice was required for ordering specialized foods for serving in the cottages. It was suggested that the cafeteria supervisor could perhaps store some non-perishable food items that would meet this need. In a subsequent visit, Commissioners were told that the cafeteria supervisor had resolved the issue.

V. PROGRAMS

Cottages

The children are divided mostly by age and gender into cottage living units. The population breakdown on April 17, 2008 was:

<u>Cottage</u>		<u>Population</u>
McKenna	Children 0-6	0
Cowell	Co-ed, youths 6-12	14
Randall	Adolescent girls 13-17	8
Shea	Adolescent boys 13-17	5
Ford	Now being used for Success Camp	0
Valley	Vacant	<u>0</u>
		27

Randall Cottage houses adolescent girls. Pregnant minors reside in this cottage unless they are late-term and/or a safety issue arises. During the first visit there were several girls who had not attended school that day for diverse reasons and were on one-on-one status. Commissioners checked the refrigerator and found healthy snacks and juices available for the girls. The cabinets were locked and had to be opened by a counselor. Foster grandparents were playing games with some of the girls.

Cowell Cottage is coed for youth ages six to twelve. This is a challenging unit due to the fact that the highest numbers of children who are admitted to the Shelter are in this age group. These children also are the majority of sibling groups admitted to the Shelter, who are not placed as readily as other groups.

Shea Cottage is for adolescent boys 13 to 17 years of age. As in the other cottages, Shea Cottage has a system of rewards for positive behavior. Minors are attending their community school or McKenna School within one-to-two days of placement at the Shelter. The Independent Living Program (ILP) begins for children at 15 years of age. Two of the minors in this cottage were described as chronic “runners.” Minors who are on a one-on-one basis do not share rooms with other minors. The two bedrooms behind the counselor’s desk are utilized for children who have a history of behaviors such as suicidal ideation, sexual predation and other serious behaviors. There are a number of gang “wannabes,” many of whose parents are gang members. Upon admission, the minors are assured that the Shelter is a safe and neutral place and that gang activity will not be tolerated. Additionally, the staff limits gang colors of the minors’ clothing.

McKenna Cottage is for newborns and children under six years of age. There were no minors in this cottage during the first visit. Minors are kept in this cottage for less than 24 hours while awaiting placement. Late term pregnant minors reside here as do minor mothers and their children. Staff may be moved from other units if a child under six years of age is to be placed in McKenna Cottage, as the Shelter does not staff McKenna for full time use. This is the first time since the opening of the Shelter that a long-time Commissioner observed this as an empty unit.

Valley Cottage is vacant and **Ford Cottage** is currently used for Success Camp.

Success Camp

Commissioners met with the Success Camp teacher/musician, along with a cottage counselor escort and the DFCS Supervisor for Children's Shelter Re-use Programs. Success Camp began in 2005 as a pilot program funded by the Santa Clara County Board of Supervisors as part of the Shelter Re-use Program. Located in Ford Cottage, Success Camp also is a Grant Collaborative effort with the Santa Clara County Office of Education (COE); the Markkula Center for Applied Ethics at Santa Clara University and the COE Character-Based Literacy Program.

Success Camp is a year-round program, held twice each month for three days each session, with a focus on life skills, character building and literacy-based education. The youth are encouraged to succeed in school, given self-management and leadership skills and positive behavior techniques, such as learning how to control their emotional outbursts. They also are encouraged to create a positive self-image for success in life. A few of the many concepts presented in the curriculum are:

- "What does success mean to you?"
- "What do you need to be successful?"
- "How can you get adults to help you be successful?"

Youth ages six to eleven are admitted to the program in groups of six to eight. The program is primarily directed to youth who are new to the foster care system in order to help develop the personal and school adjustments needed in moving from home to foster care. The youth are referred to this program by social workers and Mental Health, with the sole requirement being that the youth must be in the dependency system. The classes meet Tuesday through Thursday from 9:00 am to 2:30 pm. The Shelter provides two drivers each day of a session for round-trip transportation from the home to the class.

The Success Camp room in the Ford Cottage was bright and colorful, and the teacher was welcoming and excited about his program. The teacher, who has an extensive background in theatre and music, utilizes those skills effectively in the program. For example, he used puppets to help the youth create songs and plays. The teacher reported that some students return later and remember all the songs that they sang in the program. The source of major supplies for the program is the COE. Office supplies, however, come from the non-profit Resources Area for Teachers (RAFT).

Major on-going needs are ink for the computer printer and mini-four-track studios so that compact discs can be made of the songs that the children create.

Although surveys have been circulated twice, caretakers seldom return the questionnaires. A reunion on the Children's Shelter campus is projected for summer 2008 for the more than 430 youth who have enjoyed the benefits of this program.

Success Camp is a very ambitious undertaking. The Success Camp brochure states that its goal is to help children who are part of the child welfare service system have the opportunity to be successful and eventually to become self-sufficient adults, with skills, knowledge and stronger character to live the lives of their own choosing. The stated expectations of graduates of Success Camp are to show improvements in the following areas: school attendance; behavior; change of attitude toward school; goal setting; social skills; coping skills; self-management; and conflict resolution.

Art and Recreation Programs

Commissioners met with the full-time Art Director who has a Masters Degree in Art. The Art room was filled with a vast array of mostly donated materials for arts and crafts projects. The Children's Fund periodically helps with supplies, as well as supporting the Art Director's salary and the contractual fee of the Artist-in-Residence.

When Commissioners visited, there were two girls at the sewing machines in the room sewing quilts. The Art Director explained that quilting is a very popular activity for many of the youths, mostly girls, as are pillow-making, ceramics, crocheting, mask-making and painting. A music program is also offered.

The popularity of arts and crafts in the shelter was evident by the display of projects in the Art room as well as throughout the facility. The Art Director said that each child's uniqueness is recognized and demonstrated in the various art projects. Art is also effective in encouraging the youth to open up, especially when verbal skills and low self-esteem seem to obstruct communication. The goal is not only to educate but also to achieve enhanced well-being of spirit.

Commissioners also met with the Recreation Director. The Children Shelter provides sports, exercise equipment, video games, a computer center, pinball games and televisions. The facility has a large gymnasium, used for basketball, volleyball and numerous other recreational programs and classes. In the gym foyer, a display cabinet is filled with assorted trophies and award ribbons. The structured teams that played for the Shelter in various sports call themselves the "Cougars." New rules and regulations hamper the continued opportunities to form structured teams because the players who leave the shelter can no longer participate on Shelter teams. Due to the low population and short average length-of-stay, it is almost impossible to have consistent teams for competition.

The Recreation program also reaches out to the community in soliciting for tickets to events. Many organizations donate tickets and passes to a variety of sports and

entertainment events for Shelter youth. Trips often include camping sites, the Monterey Bay Aquarium, San Jose Sharks hockey games, Oakland A's and San Francisco Giants baseball games and frequent weekend trips to the movies.

The Art and Recreation programs are integral to the successful development of the youth by providing programs to promote mental and physical well-being. Sports in particular have contributed to strengthening the self-esteem of the participating youth.

VI. BEHAVIOR MANAGEMENT

Incident Reports

Commissioners made a detailed examination of the March 2008 Incident Reports (IRs). Behavioral information is summarized as follows based on a percentage of the total of 38 IRs in March:

- Acting out, emotional 44.7%
- Acting out, physical 10.5%
- Contraband 2.7%
- Informational 7.9%
- Threats to staff 10.5%
- Assault to child 10.5%
- Accidental injury 10.5%
- Other 2.7%

It should be noted that the official number of incident reports recorded by staff was listed as 24. Some of the IRs were written by multiple staff members or recorded at various time spans in multiple incident occurrences. All of the IRs were well written and reflected supervisory response and feedback from management on actions taken. There were no suicide attempts or gestures officially recorded in March 2008, but at least three of the incidents recorded as "emotionally acting out" were in fact statements or actions of suicidal behavior. There were no critical incidents (as defined by SSA).

Thirty-three staff interventions to incidents are summarized as follows for March 2008:

- Counseled by staff 24.2%
- Medical 18.9%
- Mental Health 30.3%
- Restraint 3.0%
- Police called, sent to Juvenile Hall 10.0%
- Sent to Emergency Psychiatric Services 6.0%
- All others 7.6%

The problem of Shelter runaways continues, even with one-on-one supervision. In March 2008 there were 35 runaway events. Three youth ran a total of 19 times. There is a correlation between Incident Reports, especially for youth with Mental Health interventions, and runaways. Most youth returned to the Shelter within hours. Youth gave various reasons for running including:

- Wanted a cigarette
- Didn't want to go to Eastfield Ming Quong (EMQ)
- Worried about placement
- Couldn't sleep
- Wanted to see Mom

Grievances

The procedure for handling grievances begins with engaging the Cottage Manager and the Safety Monitor in investigating the complaint before it is presented to the Shelter Director for action and resolution. The complaints are filed in the child's Shelter file, the case file at the DFCS Julian office and the Shelter office cumulative grievance file. There has been one grievance from a child since June 2007.

VII. MEDICAL SERVICES

The Medical Clinic at the Shelter continues to operate under the supervision of the Santa Clara Valley Health & Hospital System (HHS). Since the Commission's last inspection, a hybrid clinic has been implemented which provides medical care to children while living at the Shelter and follow-up care after they transition into foster care.

Under the new hybrid clinic, two medical programs operate Monday through Friday from 1:00 to 5:00 pm in the designated Shelter Medical Clinic office space. In one program, the Shelter Medical Director provides medical treatment to children residing in the Shelter. In the second program, another doctor treats children in foster care, as well as children in his private practice, which includes those children who have ultimately been adopted. One of the doctors contributes additional time at the Shelter outside his regularly scheduled clinic hours, during which time he reviews minors' medical records. This new hybrid clinic is part of the Valley Health Center (VHC) Outreach Program for foster care minors.

The Juvenile Hall Nurse Manager continues to oversee medical services at the Shelter. Weekday nursing staff includes one Registered Nurse (RN) who works from 6:15 am to 2:45 pm, one interim RN who works from 10:00 am to 6:30 pm, and one RN who works from 2:45 pm to 11:15 pm. An additional RN performs administrative duties on Tuesday, and a Licensed Vocational Nurse (LVN) works from 2:00 pm to 10:30 pm, Wednesday and Friday, to administer medication, process releases and conduct other Shelter-related tasks. Weekend staff includes one RN who works from 7:30 am to 4:00 pm and a second RN who works from 3:30 pm to 12:00 pm. A medical assistant works with the Medical Director from 1:00 pm to 5:00 pm, Monday through Friday, and a registration clerk works from 1:00 pm to 5:00 pm, Monday through Friday.

Current protocol requires that Shelter staff call the Valley Medical Center (VMC) advice nurse for medical advice during those hours Shelter Medical Clinic staff members are not on duty. However, a tele-nursing system is expected to be implemented shortly, which will allow Shelter staff to communicate with the Juvenile Hall nursing staff in the event a minor becomes ill during the hours Medical Clinic staff members are not on duty.

Wiring has been completed and the program is expected to begin once equipment installation is complete.

Shelter nursing staff performs the first assessment of newly admitted minors, at which time medical needs are prioritized. This assessment is completed within 24 hours of admittance unless severe medical conditions are identified which require more immediate medical attention.

Most medical history information is gathered from the minor, social workers and parents. Minors' parents are asked to sign an authorization for release of medical information so that all records can be obtained. There is a standing court order in place, which authorizes the release of records for minors leaving the Shelter and going to foster care placement. Medical staff members reported that some medical information is being provided to Shelter staff when children are admitted to the Shelter, but they point out that it still is not sufficient. Medical staff members suggest that law enforcement agencies and the Joint Response Teams collaborate so that more medical information can be gathered in the field. This information could provide crucial information regarding a minor's medical needs.

Shelter Medical Clinic staff can also access the California Immunization Registry (CAIR) to obtain minors' immunization records. All county and private medical providers within California have the capability to enter and access immunization information on CAIR. After accessing this information, a physician reviews the records and determines whether the minor should be immunized. The appropriate guardian(s), parent(s) or foster care parent(s), are contacted for permission to immunize.

Shelter Medical Clinic staff members report that transportation of minors to dental and medical appointments has improved. Shelter staff members have been available to transport minors to appointments scheduled outside the Shelter.

In the new hybrid clinic, both clinics operate under Federal Qualified ("FQ") Health Care Center Licensing regulations, which regulate services provided by VHC and its satellite offices and outreach programs. Medical services are billed under this license. It was explained to Commissioners that this licensing status does not affect the health care needs of minors requiring medical treatment outside clinic hours. Shelter billing runs parallel to VHC billing, and FQ billing requirements limit billing to 20 clinical hours per week. The number of physicians providing care at the Shelter is not limited, as long as the 20-hour clinical hour limit is not exceeded.

Medical Clinic staff members continue to report limited availability of the Health and Education Passport, and estimate seeing such Passports once a month, if that. Staff members believe that the Passport would be an excellent tool, especially if a minor was in foster care prior to being placed at the Shelter and if a minor had a chronic disease.

Since the last Commission inspection, one Medical Clinic clerk has gained access to the Child Welfare Services (CWS) database. Although this is an improvement,

Medical Clinic staff members believe such access should be made available to both Medical Clinic clerks.

VIII. MENTAL HEALTH SERVICES

The Shelter Mental Health Clinic continues under the supervision of the Santa Clara Valley Health & Hospital System. Staff currently consists of one Manager, who is a Licensed Clinical Social Worker (LCSW), two MFT (Marriage and Family Therapist) clinicians, two LCSW clinicians, one rehabilitation counselor, one “extra help” clerical person and one part-time billing clerk. Two of the clinicians (one MFT and one LCSW) are currently out on leave. There is also an open position for one additional MFT clinician, which is expected to be filled after July 1, 2008.

A pilot project was implemented three years ago under the Shelter Re-Use Program, in which a mental health screening is 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. Due to staffing shortages, a new procedure has been put in place which uses a phone screening with the social worker for children no longer at the Shelter. Complete assessments are only being completed for minors residing at the Shelter, while other minors are being placed on a waiting list for screening as resources become available. The Mental Health Manager anticipates that, within a year, the Shelter will be in compliance with the ruling in the court case *Katie A. v. Bonitá*, which requires a comprehensive mental health assessment of every minor entering foster care. The Shelter Director expressed a need to expand this program to all minors admitted to the Shelter, regardless of age. In the event these services are extended to all minors, the Shelter Director has offered to provide additional space in one of the cottages for expansion of the Mental Health Clinic.

There is a meeting once a week to evaluate minors placed on one-on-one status. It is estimated there are currently seven minors placed on this status daily. When a minor is placed on one-on-one status, required documents must be completed and signed by the Cottage Manager, Mental Health staff and the Shelter Director. Additionally, the Officer of the Day (OD) has authority to enact a provisional one-on-one status should it be necessary at the time a minor is admitted to the Shelter. One-on-one status can be initiated at any time as the need arises. The Cottage Manager assesses the status the next day and determines whether it should continue.

Mental Health clinicians cannot work with minors until consent for treatment has been provided. 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.

Intensive outpatient services are provided by Medi-Cal contracted service agencies, which currently include EMQ Children & Family Services, Starlight, Gardner Health Center, Asian Americans for Community Involvement (AACI), Community Solutions and Ujima. Services provided by Kaiser Permanente and the Victim Witness Assistance Center are evaluated and monitored by Mental Health Clinic staff. Santa Clara County no longer utilizes the residential program at Starlight Adolescent Center, and decisions are being made in regard to minors who previously received services at this facility.

The VMC Emergency Psychiatric Services (EPS) facility is utilized for situations requiring emergency psychiatric services for less than 24 hours. The Mental Health Manager estimates that, at times, approximately two-to-three minors per month are transported to EPS. Minors requiring longer-term hospitalization for psychiatric services continue to be transported and admitted to St. Helena Hospital, Fremont Hospital or the Mt. Diablo Medical Center, all out-of-county facilities. Hospitalizations are typically necessitated when a minor exhibits suicidal ideation and/or gestures. Minors are transported to EPS and out-of-county hospitals by ambulance. Mental Health Clinic staff members make an earnest effort to circumvent minors being transported to EPS, as it is not set up to serve children. The Mental Health Manager estimates that approximately 50% of the minors requiring immediate psychiatric care are transported directly to an out-of-county hospital.

Medi-Cal billing has greatly improved since the last inspection date. The Mental Health Manager reported that over 80% of billing is being collected. She also stated that, as of July 2008, changes are being made that should correct current problems in billing for minors from one county who receive services in another.

IX. EDUCATION

Although most minors at the Shelter attend their local area schools, the on-campus McKenna School continues as a partnership between the Special Education Division and Alternative Day Program of the COE. The Special Education Division pays the salaries of the teacher and the instructional aide, while the Alternative Day Program pays for the other school expenses. McKenna School is certified to educate youth from kindergarten to twelfth grade who cannot be placed in local schools. Classes are held from 8:15 am to 12:30 pm, Monday through Friday, on a 240-minute schedule with one 15-minute break. The school liaison in the Assessment Center determines which minors enter the McKenna classroom. Minors continually enter and leave the classroom throughout the school sessions. During April 2008, there was an average of 24 school-

aged children in residence at the Shelter. Of these, 20 children attended outside schools throughout the county and an average of four children attended McKenna School.

The classroom teacher has been with the COE for more than twenty years and is currently completing her sixth year at the Shelter. She is one of few teachers who are dual-credentialed for special education and regular education classroom instruction. She is assisted by an instructional aide who is also present during the summer session. The principal of McKenna school is also the principal of other Alternative schools in the County.

Five minors were in the classroom on the day of the inspection, all of whom were working at different levels, some with reading challenges. An Individualized Learning Plan (ILP) is developed for each student since students' academic levels often vary greatly.

In the event of an emergency involving a minor, the aide is instructed to take the keys and the other minors and immediately leave the classroom. The teacher is to stay with the minor in crisis and must call the front desk to request assistance. The front desk is continually staffed.

There are plans for summer session this year as soon as a substitute teacher can be hired. Minors attending summer school at the Shelter can earn credits, which is an important feature that benefits the children. The summer program is available for all the children at the Shelter who are not engaged in external summer programs.

X. FEEDBACK FROM YOUTH

On June 6, 2008, Commissioners visited again with Shelter residents in Randall Cottage and at the McKenna School. The two teenagers at the school were being supervised by the instructional aide, who was working seamlessly with the students while helping them with a project in the school kitchen. A 17-year old female, who has been in foster care for years, expressed her intention to “get her GED” (i.e., get a high school equivalency certificate by passing the General Educational Development exam) and to attend community college. She had been seen in an earlier visit by Commissioners when she was finishing a quilt in the Art program. She volunteered the information that she has had a Child Advocate (Court Appointed Special Advocate or CASA) for 2½ years, which she said was terribly important to her. A 15-year-old male, who had been in the Shelter for just three weeks, said he loved school, enjoyed reading and was especially interested in graphic arts. He hoped to return to his regular high school, where he had been getting good grades. Both youth also expressed interest in eventually pursuing culinary careers. Their cooking project that the Commissioners observed in the school kitchen was not only enjoyable to them because of their culinary interest but also was part of the mathematics study, figuring out measurements, translating the percentages and ingredients on the labels and recording recipes. The instructional aide was very supportive and reassuring. Both teenagers declared that the Shelter staff was great (“cool”) and that they felt very safe at the Shelter.

A 17-year-old in Randall Cottage, who had just been re-admitted to the Shelter for about the fourth time, said the Shelter was a safe place for her and that she enjoyed the atmosphere that allowed her occasionally to indulge in her love of cooking. She had been in Quetzal House for a year, though she had spent the past two weeks at Fremont Hospital on psychiatric hold due to her violent temper and destruction of property. She admitted that she does have trouble with managing her anger, though she has never hit anyone. She was wearing a cast on her arm, which she had broken once before in an angry outburst. She freely described herself as a “nice person, open, honest and unique.” She seemed very bright, was very outgoing, communicated well and actually was quite relaxed in her conversation with the Commissioners. She was proud of her unique attire and her many piercings, including a tongue piercing which she eagerly displayed. She has been in foster care for four years and plans to emancipate in March 2009. She was scheduled to interview for a placement at Rebekah’s in Gilroy. She expressed an intense interest in cooking and was frustrated by the policy of no cooking at Quetzal House. Although she probably will not be permitted to cook at Rebekah’s, she seemed to be resigned to that policy with strong encouragement from her “wonderful social worker,” who has been very attentive and supportive. She is a junior at Fremont High School, and has 145 credits towards graduation, but hopes to take the high school exit exam soon and then enroll at a community college that has a culinary department. She expressed satisfaction with the staff at the Shelter and reiterated her comfort in the cottage.

XI. DOCUMENTS REVIEWED

Commissioners reviewed the Fire Marshall’s Inspection Report dated February 5, 2008, the food program official inspection report from the Santa Clara County Department of Environmental Health and the most recent Community Care Licensing Division (CCLD) report, dated May 16, 2006. There will be a new inspection of the Shelter by CCLD in July 2008. The issue of doors being propped open was again observed by the Fire Marshall, as cited the previous year. An alert was issued for the Art Room requesting that the practice of staining furniture in the classroom be discontinued, that the cage to the kiln be locked and that debris, waste and rubbish not be allowed to accumulate in the room. 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 Mental Health Clinic for its concern and diligence in trying to keep children out of Valley Medical Center’s Emergency Psychiatric Services facility because of the conditions there.
2. The Medical Clinic physicians for working at the Shelter during off-duty hours in order to maintain file management. The pressures of the hybrid clinic demand their full attention attending to the children during regular hours.

3. The management staff and the counselors at the Shelter for their dedication and skills in meeting the needs of the resident children.
4. The Executive Director for offering a cottage for any expansion of Mental Health services to all minors at the Shelter.
5. The Mental Health billing clerk for excellent progress in bringing billing up to date and substantially increasing the recovery of billable services, including Medi-Cal.
6. The management and staff for attending to the many recommendations in the 2006-07 inspection report and correcting the deficiencies wherever possible.
7. The staff for its dedication to ensuring that the Shelter environment is welcomed by the children as a "safe place."
8. The cafeteria supervisor for flexibility in developing a system that allows for more unplanned food access for the children to enjoy in their cottages.

XIII. RECOMMENDATIONS

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

1. Intensify efforts to educate law enforcement personnel who transport children to the Children's Shelter regarding the need for more comprehensive medical and psychological information to be gathered at the pickup site. Admission to the Shelter would be more efficient and greatly enhanced if law enforcement personnel also provided any medications found at the scene.
2. Explore acceptable possibilities for utilization of the facility by other county programs in the child welfare system.
3. Develop and adopt guidelines for preparation of Incident Reports to ensure consistency in the categorization of incidents at the highest applicable level of concern. For example, suicide gestures and ideations should not be categorized merely as "emotionally acting out."

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

1. Consider alternatives to the concept of maintaining a dedicated school at the Children's Shelter, and conduct a cost/benefit analysis of the options. There may be equally appropriate, but less expensive approaches for providing an education to the relative handful of students attending McKenna School.

XIV. SUMMARY

Based on this inspection, the Santa Clara County Juvenile Justice Commission believes that the Children’s Shelter not only meets the Commission’s standards for assuring the safety and well-being of dependent youth, but also appears to be well-organized and focused on the children’s needs as well as the needs of the dedicated staff. The atmosphere at the Shelter is tranquil, efficient and friendly.

**Approved by the Santa Clara County Juvenile Justice Commission on
June 17, 2008.**

Patricia A. Khan, JJC Chairperson

Date

Vilma K. Palette, JJC Inspection Chair

Date