

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

**JUVENILE HALL
January 2010**

I. INTRODUCTION

The Santa Clara County Juvenile Justice Commission (JJC) inspected the Santa Clara County Juvenile Hall during November and December of 2009 and January of 2010, pursuant to the State of California Welfare and Institutions Code Section 229. Overall the Commission finds the Probation Department maintains an orderly and safe custodial placement for youth awaiting court, serving court-ordered Juvenile Hall time, or awaiting transition to placement, while bringing together services for the youth and their families during and after incarceration.

Members of the Commission met with managers from Juvenile Hall, Medical Services, Mental Health, Facilities Management and Osborne School to obtain an overview of policies, procedures, programs and to focus on new activities. Commissioners also held informal interviews and conversations with youth, living unit staff members, school authorities and medical personnel. The physical facilities were toured, including the kitchen, food supply storage areas and cafeteria. Observations were conducted in the Health and Mental Health Clinics and living units. A visit to the Holden Ranch headquarters of the Probation Training Unit was conducted.

The Juvenile Justice Commission conducts inspections of Juvenile Hall at least annually, and the inspection reports for prior years are available on the internet at <http://www.sccsuperiorcourt.org/juvenile/jjc.htm>.

II. POPULATION

There are a number of factors that affect the population of Juvenile Hall, including the number of juvenile arrests, especially felony arrests, and the growing population of the county. The population of children under the age of eighteen in Santa Clara County has grown by 15,358 children from 416,372 in 2000 to an estimated 431,730 in 2006 according to the most recent data available from the U.S. Census Bureau. That is approximately a four percent growth. In Santa Clara County juvenile felony arrests have increased from 2,465 in FY 2002 to 3,664 in FY 2008, nearly a fifty percent increase. The facility is well within its Board Rated Capacity (BRC) of 390 minors, and there was no indication of overcrowding. From January 2008- December 2009, Juvenile Hall population ranged from a high of 346 youth in June of 2009 to a low of 262 in January 2008. On Friday, November 20, 2009, the day of the first Commission visit the population stood at 292 youth. On December 31, 2009 the population stood at

274. Of the 292 youth in custody on November 20, 2009, 30 or 10.3% were girls. At the time of our visit B 8 a Security Unit was closed because of water damage. Twelve units were operating. 108 youth or 37% of minors in the Hall were committed to Juvenile Hall. 48.6% of youth in the Hall were 17 years of age or older. There were no youth 12 and under in the Hall at the time of our visit. The Commission prepared a report entitled "Children 12 Years Old and Younger in Juvenile Hall", on January 5, 2010, urging the Probation Department and other policy makers to find alternate placements for youth 12 and under who are arrested. That report is on our website.

Ranch Waiting List

The overall population, and the number of post adjudication minors have been affected by the reduction of minors committed to the Department of Juvenile Justice (DJJ), the closing of Holden Ranch and the implementation of the Enhanced Ranch Program (ERP) at the James Ranch and Wright Center in 2006. At the time of our first visit there were 2 youth awaiting transfer to DJJ.

Probation Managers have taken steps to reduce the ranch waiting list and to mitigate its effect on youth in a number of ways. When appropriate, Probation has been seeking to place minors into private institutional placements through dispositional recommendations to the Juvenile Court, which is solely responsible for placement. Probation has conducted meetings with attorneys, district attorneys and the Juvenile Court Judges to review the placement of minors on the waiting list in an effort to find alternative dispositions. The James Ranch population was increased by 24 beds and has greatly reduced the Ranch waiting list to a low of 5 males and 2 females on December 31, 2009.

The Ranch Readiness Program's (RRP) intent is to productively utilize the time between the minor's commitment to the James Ranch or Wright Center and the actual date of departure to the assigned ranch. It is an opportunity for minors to learn the Ranch culture and structure, and to earn credit toward their Ranch commitment. The criteria for a minor's entrance into the RRP are: awaiting a Ranch commitment while on A or B Level¹, with no assaultive behavior in Juvenile Hall within the past four weeks, no room removals or extractions within the past four weeks, and an overall good attitude. The boys in RRP are mostly housed in the B 3 living unit.

Probation continues to seek alternatives to ranch commitments. Living Units B 2 and B 3, for example, have become the Life Skills Preparatory Commitment Units (LSPCU), which provides the Court with another ranch alternative. The units provide programs on "Life Skills and Job Preparation," and require a determinate commitment of from 120 to 180 days. On December 31, 2009 there were 55 youth enrolled in the Life Skills program.

III. STAFFING

Commissioners were able to speak with a number of employees of the Probation Department and the other agencies represented in Juvenile Hall. There were very few complaints about their jobs, rather there seems to be a high degree of employee satisfaction with high morale dominating.

Management

For the fiscal year 2009-10 the Probation Chief is overseeing 886.5 positions including both adult and juvenile operations. There is a Deputy Chief who oversees Juvenile Hall and two Juvenile Hall Managers. One Manager is responsible for the Juvenile Hall Control Operations with 138 reporting positions. The other Manager is responsible for the Living Programs such as Life Skills, Ranch Readiness, and Transitional Assessment Program and has 98 positions reporting to him. The Deputy Chief will be retiring this year and planning needs to be in place for a good transition.

The inspection team found the manager and staff to be cordial and openly cooperative. The manager freely answered questions and responded immediately to requests and inquiries. The inspection team directly observed that Juvenile Hall is run professionally and with a high degree of efficiency.

Staff Training

Commission members visited the Holden Ranch, a joint Sheriff and Probation Training site, on December 17, 2009. The facility appears almost identical to the James Ranch in physical appearance. The Probation Training unit is housed on this site. Almost all trainings for Ranch, Hall, and Probation staff are held on this site.

Hall and Ranch Counselors are required by STC standards to take a minimum of 24 hours of annual training. Our county has raised that minimum to 32 hours for line staff and 40 hours annually for supervisors. The first year of a Counselor's training will include 176 hours of instruction, including First Aid, CPR and Blood borne Pathogens. The first week of employment, Counselors will take a 40 hour course reviewing the Policies and Procedures Manual. They will then be placed in a unit and will job shadow another Counselor and be observed by Hall Managers. Training staff say that they would like to see new staff receive Restraint Training as early as possible in their tenure to bolster their self-confidence in dealing with youth.

There are actually 21 distinct courses institutional staff must attend. Some of these courses are taken only once such as an 8 hour segment on "Communication with Aggressive, Mentally Ill and Emotionally Disturbed Youth", "Suicide Detection and Prevention in Jails and Institutions," or "Writing it Right for Juvenile Hall Staff."

Supervisors are responsible for the review and updates of the training needs of their staff. Supervisors record required training and arrange for substitutes when their staff attend workshops. 100% compliance is expected by administration. Most of the enrollment is handled on line. All new Counselor recruits must be 21 years of age. They must have a minimum of 60 college credits, and must pass a background check, medical tests and other requirements, before beginning their core training. Students are graded on written skills, behavioral expertise and job knowledge.

The new training site has raised the professionalism of staff and curricula. There are 20 training staff providing the 176 hours of mandated training. Most courses are team taught with an 8 to 1 ratio of student to instructor. Another 13 staff provide the Peace Officer Training. Training is provided by in house instructors. They are Probation Department employees that teach at the Center in addition to their full time positions in the Department

Ranch staff members providing the Enhanced Ranch Program are trained at this site with 96 hours of classroom activities and 100 hours of on the job training. TIPS (Teaching Important Pro-Social Skills) training is also provided on site with many Counselors now qualified to train other staff. Probation staff members from surrounding counties attend our trainings.

IV. FACILITY

The inspection team toured the facility during the week of November 20, 2009. There were no signs of deterioration and the condition of the grounds, exercise areas and living areas were generally clean and well kept.

Juvenile Hall was originally built in 1959. It has experienced several remodels, first in 1989, then the 1990s addition of Alpha Wing and the 2005 addition of the Beta wing. The Commission visited every dormitory and found them to be generally in good repair. Units B 11 and B 12 are not currently in use.

The Living units include a circle of rooms around a common activity area. Bedrooms have outside natural lighting and a window on the door of the bedroom for staff and youth to use. Most youth are two to a bedroom. Many units have an enclosed classroom. They also have an outdoor sports area and use of the Gymnasium.

Several minors complained that the lights, which are on in their rooms all night, keep them from sleeping well. They are not allowed to sleep with their blankets pulled over their heads. The minors suggest that the lights be dimmed. They also complained that the temperature at night was too low. B 8 was closed during our visit because of a water leak situation that resulted in a mold alert.

Food Service

Commissioners had lunch in the cafeteria during the inspection and ate at tables with some of the youth. The meals provided in Juvenile Hall are health with portion size and nutritional analysis available for each meal. Lowfat milk is available at most meals. Breakfasts vary between hot and cold cereal and eggs cooked various ways. Lunches include a hot soup and sandwich with fruit dessert. Dinners include salad and a hot dish such as Chicken Teriyaki or Chicken Nuggets also with dessert. The Food Manager says that most meals are “from scratch” cooking.

Commissioners inspected the kitchen, dry storage area, refrigerated area and freezer area. The cafeteria was clean, and tables were quickly cleared.

V. PROGRAMS

Programs at Juvenile Hall fall into five general categories based upon which agency presents the program: Community Based Organizations (CBO) that are mostly non-profit agencies that are under contract to present programs, volunteer agency programs, Mental Health Department, County Office of Education (COE), which is covered under a separate heading, and the Probation Department. Coordinating the efforts of the six CBOs, and eighteen volunteer programs is accomplished by the Multi-Agency Assessment Center (MAAC).

Multi-Agency Assessment Center

MAAC provides “educational, substance abuse, and mental health assessment, referral services, and case and transition plans, for youth held in Juvenile Hall for over 72 hours. Programming components include youth and staff training. CBOs provide key programming elements”, and Mental Health provides the assessment function. MAAC is made up of one Supervising Group Counselor and one Group Counselor, who arrange for the comprehensive assessment and education programs including the following CBO curriculum: life skills, substance abuse/relapse prevention, decision making skills and anti-criminal thinking (i.e. gangs). These programs are provided by the following CBOs: Asian American Recovery Services (AARS), Fresh Lifelines for Youth (FLY), California Youth Outreach (CYO), Mexican American Community Services Agency (MACSA), Gardner Family Care Corporation (GFCC) and Friends Outside. All MAAC programs are held in the afternoon.

There is a long list of additional MAAC programs offered by various volunteer organizations. These include: Alcoholics Anonymous, Narcotics Anonymous, Alateen, Catalyst for Youth, Choir, Girl Scouts, Planned Parenthood, Next Door Solutions, The Beat Within (a news paper by and for the minors. Protestant and Catholic religious services are offered in Juvenile Hall. The Juvenile Hall Flower Program is provided through a dedicated volunteer who provides flowers and teach youth flower arranging for special days such as Mother’s Day. This volunteer also provides a Thanksgiving feast for staff and youth.

Funding for MAAC and several of the CBO programs is derived from a grant through the Juvenile Justice Crime Prevention Act (JJCPA). The grant money is used to fund a number of programs for the minors, such as holiday programs where prizes are awarded to minors for decorations, the Juvenile Hall Olympics and Hot August Nights, which is a car show and barbeque, and bi-annual open houses where parents are able to meet and speak with the many service providers.

Teaching Important Pro-Social Skills (TIPS)

TIPS, formerly known as Aggression Replacement Training (ART), is a comprehensive evidence based therapeutic model. TIPS focuses on problem solving, pro-social and negotiation skills, as well as critical reasoning and how to manage emotions. In two units TIPS is presented during the fifth school period, and the County Office of Education (COE) offers Life Skills Program credit for minors who complete TIPS.

Group Counselors are now trained to conduct TIPS sessions. Formally, the program was conducted with a Mental Health Counselor and a Probation Counselor. Because of a decrease in Mental Health resources that is no longer possible. The TIPS sessions each week focus on: Skill Streaming, Moral Reasoning and Anger Management.

Transition/Assessment Unit

In the last inspection report the Commission described the Transition Assessment Unit (TAU) which is a program for boys with a history of emotional and behavioral disorders located in Living Unit B 4. The staff in B 4 give high praise to TAU which they say has proven to be very effective in reducing incidence of self destructive behavior among the boys with emotional or disorder conduct difficulties.

Probation started the TAU with a grant applied from the Healthy Returns Initiative. When that grant was about to run out Probation applied for Mentally Ill Offenders Crime Reduction (MIOCR) grant funds to continue the TAU. Since the TAU program began, according to data provided by Probation, there has been a 49% drop in violent incidents in B 4, the Mental Health Unit. There has been a 78% reduction in self-harm incidents, and a 90% reduction in the number of youth being sent to psychiatric hospitals. This funding has supported the training of 90% of Juvenile Hall staff on mental health issues. At our most recent visit all youth in B 4 were on either A or B level for behavioral management. (See Behavior Management system on page 8).

TAU requires a team approach which combines the efforts of Mental Health, Probation, County Office of Education (COE), and Medical staff. Initially, three mental health therapists provided three hours of service per day, two days per week, so that there was a therapist available much of the time to handle the many small crises experienced by the youth in TAU. As stated above, funding for the additional mental health staff has been provided by the Mentally Ill Offenders Crime Reduction (MIOCR) grant. That grant was only provided for one year and is no longer available. The Mental Health Department has shifted funds in order to continue to provide services. This unit contains around 25 boys instead of the usual 30 in other units.

Life Skills Unit

The Life Skills Preparatory Commitment Unit (B 2) provides the Court another option in lieu of Ranch placement. The youth, males ranging in age from 16 to 18, get a Juvenile Hall commitment of 120 to 180 days

The Life Skills Preparatory Commitment Unit provides the Court an option for youth who have failed other commitments such as the Enhanced Ranch Program. The Life Skills Program is ordered by the court, and is designed for youths 16-18 who are repeat offenders. They have violated probation or committed a variety of property offenses. The youth on this unit receive a commitment time of 120 to 180 days.

Many of the youth assigned to the Life Skills Preparatory Commitment Unit, spend several weeks on a unit before a space opens on the actual Life Skills unit. During this time, the youth will begin the process of meeting with a Life Skills Counselor. By the time he is placed on the unit, the youth will have an orientation to the Life Skills program and an Individual Learning Plan which will guide the activities he will participate in. At this time, only a small number of young women participate in this program. The supervisor of the Life Skills program speculates that this is because of the nature of the offenses the girls commit and because there are proportionally fewer girls who recommit offenses that require their return to detention.

The program within the unit focuses on “Life Skills and Preparation”. The County Office of Education works with the Probation Department to provide classroom instruction and tools to prepare minors to pass GED tests, assist in preparation for the High School Exit Exam and computer vocational education classes. In addition, the minor can participate in TPS (Training Pro-Social Skills), drug rehabilitation programs, Gang Intervention programs provided by MACSA, Center for Employment Training, and

other occupational training programs, supportive counseling services, community service and a tattoo removal program. Youth are also able to participate in activities to earn points. After a specific level of points has been acquired and the minor has completed half of his commitment, it is possible for the minor to have O.Ts. (Out Temporarily) for employment, vocational training, college, or community service.

During our inspection of the Life Skills Unit, commissioners observed training provided by a Santa Clara County instructor which included fire escape, training in first aid/CPR, and AED. We also observed the presentation of a gang prevention video and discussion that was being given to all members of the B 2 unit.

Interviews were conducted with seven minors. Commitment of the minors ranged from one week to four months. All minors were currently attending classes daily in Math, English, Science, Computers and Physical Education. During the interviews, some minors said they hoped to attend college. Currently, they are attending classes, learning how to write resumes and practice interviewing techniques. The minors also indicated that they had daily access to counselors and could communicate with them if they had any issues.

During the interview with the unit supervisor, the supervisor provided monthly reports on the major categories that the Life Skills Unit is tracking including: a) looking for a job, b) call back interviews, c) attending school, d) high school graduation or GED, e) working, and or f) community service. When asked about a measurement system to determine the success of these programs, he was not aware of one. Some youth are enrolled in specific programs. 5 boys are attending the San Jose Conservation Program. 4 boys are attending San Jose City College. 1 boy is enrolled in the Center for Employment Training. There are no boys working outside of Juvenile Hall. 6 youth a week volunteer at Sacred Heart Community Service Center and work with the homeless. Community service details rotate to different boys each week.

Additionally, at the end of our inspection of this unit, we learned that the Life Skills Supervisor will be assigned to another position in the annual shifting of positions. Commissioners were concerned about annual turnover in this program as it seems to require a new Supervisor several months to learn program details and manage it effectively. The Commission is aware that Counselors assigned to the Ranch Enhanced Program may stay in their positions without being reassigned.

At the time of the Commission's visit the Life Skills Unit was on lockdown with youth confined to their bedrooms because of gang activity. We would hope that a more creative approach to problem-solving gang activity can be found because it impacts the youth's schooling opportunities.

VI. BEHAVIOR MANAGEMENT

Title 15 of the California Code of Regulations requires that the Juvenile Hall administrator develop written policies and procedures for the discipline of minors that shall promote acceptable behavior. Such discipline shall be imposed at the least restrictive level which promotes the desired behavior and shall not include corporal punishment, group punishment, physical or psychological degradation or deprivation of specified basic needs and rights.

Title 15 also requires that the written policies and procedures for the administration of discipline shall include, among other things, provisions for handling minor rule violations informally by counseling or imposition of a minor penalty or segregation for a period not to exceed 24 hours. Discipline shall be accompanied by written documentation and a policy review and appeal to a supervisor.

Major rule violations including any violation that results in segregation for 24 hours or more or extension of time in custody shall be documented and include the following:

1. written notice of violation prior to a hearing;
2. hearing by a person who is not a party to the incident;
3. opportunity for the minor to be heard, present evidence and testimony;
4. provision for minor to be assisted by staff in the hearing process;
5. provision for an administrative review.

Three Program System

The behavior modification system implemented by Juvenile Hall consists of the following:

- Basic Program - Allows for 3 hours of recreation on school days and 5 hours of recreation on non-school days;
- Advanced Program – Allows up to 4 hours of recreation on school days and up to 6 hours of recreation on non-school days;
- Control Program – Allows for 3 hours of separate recreation on school days and 5 hours of separate recreation on non-school days.

Minors start at the Basic Program level upon admittance to Juvenile Hall and are moved upon acceptable behavior to the Advanced Program or disciplined for specified violations by either retention at the Basic Program level or removal to the Control Program for a specified period of time. Removal to the Control Program must be documented by an Incident Report approved by the Supervising Group Counselor.

Incident Reports

The inspection team reviewed all incident reports filed for the month of October 2009. There were a total of eighty-six (86) Incident Reports filed involving seventeen (17) separate incidents. The reports are written using a format that elicits basic factual information and data in addition to space for Type of Incident, Background of Incident, Statement of Minors, Witness list and Disposition.

The reports are meticulous in certain details, most notably in the chain of custody of any minor removed from the unit. Juvenile Hall staff work in a high liability environment and are obliged to record any direct handling of a minor under their personal care and control. Consequently, multiple Incident Reports may be generated on a single incident depending on the number of counselors directly involved in a given incident and on any subsequent movement of minors.

In reviewing the Incident Reports there appears to be little uniformity in filling out the Background Information or Statement of Minor(s) section in the formatted report. Without addressing these areas many incidents lack context or motive and may leave these matters open to speculation. Our review of the Incident Reports made clear that

often there is little information regarding context and motive included in the report because the minors involved have provided only limited information with respect to those issues or have declined to provide a statement at all. While we recognize that minors have the right to remain silent, we would urge staff to attempt to solicit clearer statements from minors to provide supervisors and managers a better understanding of the context and motive of particular incidents to the extent doing so is possible while respecting the minors' rights. Incidents worthy of reporting and the disciplinary sanctions imposed are supposed to be teachable moments for the minor under the behavior modification program. These incidents also document staff performance as well and are considered by the inspection team to be valuable tools, for assessing training needs and the culture and operations in Juvenile Hall. Circumstances leading up to incidents and statements of minors/witnesses could also better reflect the rationale for dispositions that follow. Getting a minor to talk about an incident could have counseling value for the minor and provide insights for the counselor.

Finally, even minor violations such as Refusal to Attend School could reveal personal issues or learning disabilities if the minor was encouraged to talk about it. Otherwise, if left unaddressed, the minor could exhibit or continue to exhibit truancy problems when returned to the community. Truancy has recently become a renewed focus of concern by the court in its delinquency prevention effort and some prerelease coordination with the probation officer seems appropriate if the same is not currently being done.

Most dispositions consist of specified days in the Control Program. The Juvenile Hall manager reported that no minor has been disciplined by removal to isolation (segregation) for more than a few hours. Some sanctions included placement in isolation until the minor's behavior "becomes acceptable." However, there was no follow-up information in the Incident Report that showed when the minor was actually released from isolation. Such documentation would seem to be critical in evidencing that no minor was kept in isolation for a period exceeding 24 hours. Title 15 is clear on the procedural safeguards mandated for this type of sanction.

Suicide Gestures and Attempts

These Incidents are categorized and reported each month under a Salient Features report. In October's Report there were three separate incidents that were reported under Injury – Self-Inflicted which involved a minor in a depressed or distraught state of mind when the incident occurred. One incident was vague as to the injury inflicted. The other incidents involved a female who attempted to cut her wrist with a comb and a minor who had hit his head against the wall. Because of the state of mind of these minors, the circumstances suggest more serious dimensions than the typical Injury – Self-Inflicted case where a minor might have scratched or tattooed something on his or her body or injured him or herself on the athletic field. The inspection team believes that the three cases cited should be categorized under Suicide Gesture and treated as such. It is important to note that in two of the cases the minors were referred to Mental Health. The third was not referred after being evaluated by the counselor according to Juvenile Hall guidelines.

Title 15 requires that the health administrator, in cooperation with the Mental Health Director and the facility administrator shall develop a written suicide prevention

plan, with policies and procedures to prevent and respond to crisis. Staff training shall include, but not be limited to, identification of minors who present a suicide risk, appropriate monitoring of their condition, necessary treatment and follow-up and emergency response protocols for self-injurious behaviors. Commissioners were not able to identify such a plan or a system to document these incidents and required follow-up. The Commission plans to engage the Probation and Mental Health unit in a review of suicide related data management that would not compromise youth privacy.

Juvenile Hall's Classification System seeks to screen minors during admittance who pose a specific risk to others or to themselves while in detention and assign certain criteria for the minor's housing, supervision and care. The minor is assigned a "B", "C", "E", "O", "NR" classification. The "B" Classification is assigned to any minor who demonstrates a need for increased observation due to mental health or behavioral concerns. Once assigned, either by Juvenile Hall staff or Mental Health staff, this classification can only be removed by Mental Health staff. Because the severity of a minor's mental health needs and/or behavioral issues vary, the "B" Classification are usually assigned one of three watch standards (beginning with the highest level): "B" One-On-One, "B 5" or "B 15" Watch Standard.

If a minor requests to see Mental Health staff, the counselor assesses the urgency of the request by first assessing the minor for self-harm by asking the following questions:

1. Do you feel suicidal?
2. Do you feel like you might hurt yourself?
3. Do you feel like you might harm someone else? If yes, who?

If the minor answers yes to any of the above, staff must place the minor on a "B 5" Watch and contact the On-Duty Living Supervisor. If a staff member assesses the situation to be acute and that minor is in imminent danger of harming him or herself the minor will be kept out in the activity area in plain view of staff until Mental Health staff responds to evaluate the minor.

The inspection team reviewed Incident Reports for Suicide Gestures and Suicide Attempts filed in the past 12 months, December 2008 through November 2009. It is not uncommon for a minor to be involved in more than one suicide gesture/attempt and such was the case this past year. A total of 7 Suicide Gestures were recorded involving 6 minors and a total of 3 Suicide Attempts were recorded involving 3 different minors. In each case the minor was referred to the Mental Health staff for evaluation. The Commission was unable to track youth referred to Mental Health after a suicide attempt or gesture.

Appeals

Juvenile Hall has written policy and procedures that provide due process for all minors who are disciplined, including the right to notice, right to respond, right to an informal hearing and notification of the decision. For violations that call for imposition of confinement exceeding 24 hours, a due process hearing shall be held before such sanction is imposed. All disciplined minors have a right to appeal their discipline, either informally with the unit counselor or through the formal due process steps.

The Inspection Team reviewed Appeals for the months of July through August 2009. Sanctions cannot be increased due to appeal and can only be upheld, revoked (reversed) or modified to a lesser sanction. In July there were forty-seven Appeals filed

resulting in forty cases upheld, two cases revoked and five cases modified. In August there were thirty-eight Appeals filed resulting in twenty-one cases upheld, two cases revoked and fifteen cases modified. In September there were sixteen cases appealed resulting in fifteen cases upheld, one case revoked and no case modified. It was interesting to note that of the fifteen cases modified in August, ten were heard by one supervisor and three were heard by another. The upheld cases were heard by different supervisors. Consequently, some attention appears to be needed in developing guidelines to reduce the disparity in the appeal process.

Grievances

Title 15 requires the facility administrator to develop written policies and procedures whereby any minor may appeal and have resolved grievances relating to any condition of confinement. These procedures shall, among other things, include that grievance forms be freely accessible, that grievances may be filed confidentially and that the grievance be heard by a person not directly related to the circumstance leading to the grievance.

Juvenile Hall has a detailed Grievance Policy and Procedure which addresses the above requirements and also provides that there be no reprisal for using the grievance procedure. It was noted that the inspection team observed that Grievance forms and deposit boxes were freely accessible in the each of the living units visited.

Grievances were reviewed by the inspection team for the months of July through September 2009. In July twenty-one Grievances were filed, fourteen were resolved and seven were appealed. The seven cases were either upheld or resolved. Of the twenty-one cases, five involved the same issue and another three involved a common issue. In August one Grievance was filed and one was resolved. In September three Grievances were filed and three were resolved.

Minors Interviewed

Nine minors were interviewed from three different living units, a Girls Unit, the Transition Unit where minors are awaiting placement and the Life Skills unit where minors have been placed for a specified period of time as the result of a court disposition. Each was interviewed separately and advised as to what the Commission's duties are and the reason for the inspection team's visit. Each was asked to talk about the following areas:

- Do you feel safe and secure?
- Do you feel that you are fairly treated?
- Are you aware of the discipline and grievance procedure and the appeal process?
- Do you know where the form for grievance and appeal are located?
- If you need to talk to someone in Mental Health, do you see them without delay?

Each of the minors appeared to be relaxed and unguarded in their comments. All nine minors stated that they felt safe and secure in the hall and did not feel intimidated at any time. All were aware of the discipline and grievance procedure and the location of the forms. Many of the minors were on some type of medication and all felt that they were able to talk to someone in Mental Health soon after they submitted a request, maybe a "day or so." All felt that they were fairly treated and that the counselors were caring with

maybe one or two exceptions. However, one minor voiced his suspicions about the discipline and appeal process, believing that staff covers for each other to keep from looking bad, so there is no use in appealing anything. Another minor opined matter-of-factly that you are locked up and there are rules and consequences that you must follow.

There are several problems associated with having staff imposing most of the punishments with the only due process being relegated to an appeal process. In addition to a denial of due process at the time punishment is imposed, there is imperfect oversight of the imposition of punishments and a lack of uniformity of discipline, especially when newer staff is involved. Another problem is that the appeal process is the only method of intervention of a supervisor, who cannot increase the punishment set by the Group Counselor but only reduce it. The principal concern with staff imposed penalties is the likelihood of escalating a minor incident into a more major one requiring use of physical restraint.

VII. MEDICAL SERVICES

The Health Clinic provides full medical coverage while youth are in Juvenile Hall, including direct medical services with 24-hour nursing care seven days a week. The Commission met with the Juvenile Hall Nurse Manager and the new Medical Director. The new Medical Director is a Pediatrician with a specialty in Adolescent Medicine. Medical services were being provided to several youth during the visit, and the Clinic was in good order. No deficiencies were noted.

The Santa Clara County Juvenile Hall Clinic has been accredited as a custodial clinic by the Institute for Medical Quality at the 85% and above level allowing for a two year accreditation. This Clinic is the first in the Bay Area to have received this honor. The clinic is in discussion with IMQ concerning the screening test for tuberculosis. The rate of Tuberculosis is higher in jails and prisons in California, but has not been so in our Juvenile Hall. Currently, a Tuberculosis skin test is provided to youth once a year. Only one positive test appeared in the last year and a follow up X-ray proved negative.

The Medical Director/Physician provides a physical examination for each of the 4000 youth entering the Hall every year. He also conducts his own mental health screening. Accidents, homicides and suicides are the three risk issues for adolescents according to the Medical Director.

The Medical Director can make referrals to the Mental Health Clinic for their evaluation. The Medical Director cannot make a direct referral to the Psychiatrist also located in the Medical Clinic. Overwhelming mental health needs are the most pressing diagnosis of incarcerated youth. The Commission suggests that the leadership in Medical Services and Mental Health need to meet to develop improved levels of communication. The Medical Services Director should be able to make a referral to the Mental Health Psychiatrist located several doors down the corridor.

“Profound” dental health issues arise in almost 60% of the youth. Youth also want to talk about sexually transmitted diseases, reproductive health, drug and alcohol abuse, unsafe sex practices and community violence. The Clinic borrows one of its dentists from Adult Services once a week to provide Dental Services. There is no budget for juvenile dental services. The Clinic had its first undiagnosed HIV case this year.

Most youth entering the Hall are under immunized. 95% of youth have at least one missing vaccine. One youth was currently in isolation in the Clinic with the H1N1 influenza. The physician said he tried for three days to reach the youth's parents for permission to immunize and couldn't reach the parent. A new protocol has been developed to allow the clinic to provide vaccines after 72 hours of trying to get parental permission. The physician also said he tries to involve the parents in the youth's medical issues. He tries to contact all parents after his physical examination.

Approximately 25-30% of youth in the Hall have Kaiser as an insurance provider. 20% have Blue Cross and the rest are eligible for MediCal.

Suicide prevention is considered the main responsibility of Mental Health. If there is a suicide attempt and or gesture an immediate call will go out to the Clinic and a nurse will run with the "Crash Cart" to the unit where the incident has taken place. About 3 to 4 youth a year are transported to Emergency Psychiatric Services on a 5150 citation indicating that the youth is a danger to himself or others.

Health and Hospital Systems has been training staff to use a new medical records system. Clinic staff pointed to the current medical records system being tailored to outpatient care. The Medical Director says he spends too much time trying to record the youth's health issues in a format designed by data management experts not health providers. Mental Health was to have been included in this new medical records overhaul but their funding was cut.

Pregnant minors are transported to VMC for medical services. The Clinic has a nurse run Teen Pregnancy committee that develops protocols for needs of pregnant minors. There have been no miscarriages in recent history. Youth are given all options including adoption education, abortion guidelines, and Plan B protection for unprotected sex. Youth under the influence of drugs at the time of admittance need a medical clearance to insure overdose protection. They could be transported to the VMC if necessary.

The many activities and accomplishments of the Clinic staff are worthy of note:

- In addition to physician appointments of nearly 4000 per year, the nursing staff provides triage, performs tests, gives inoculations and presents health education to minors in different categories.
- Provide care and health education for minors with chronic illnesses, such as diabetes and asthma.
- The nursing staff assists the pharmacist in the distribution to and oversight of the minors taking prescription drugs.
- The Clinic provides Tele-nursing to the Wright Center, James Ranch and Children's Receiving Center.
- Participation in training and staff meetings to maintain and improve services, including cross training of nurses for assistance at other facilities.
- Actively seeks volunteer funding and grants.
- Staff participates in committee meetings with Probation Administration, Mental Health and Food Services to maintain or improve health conditions in Juvenile Hall.
- The Dental Services provided by the county dentist who is shared with the County Jail, are supplemented by a volunteer dentist.

- The Clinic provides health screening, including HIV/AIDS testing. The HIV/AIDS testing can now be accomplished using a mouth swab instead of blood sample.
- H1N1 vaccine has been given to all Hall residents.

Notably, Medical Services provides all of the above and more and without an increase in budget for Fiscal Year 2009. The Nurse Manager pointed out that she recently learned that the Juvenile Hall Clinic in San Diego has two positions just to provide health education. The Nurse Manager asserts that the addition of these two positions to the Santa Clara County Juvenile Hall Clinic would not only relieve the present staff from having to find time to present educational programs, but also improve delivery of post release assistance.

Last year, a serious event occurred in the Juvenile Hall Medical Clinic when a youth took a nurse hostage for a short time using a hypodermic needle as a weapon. As a result, the Probation Department has posted a Group Counselor in the clinic to maintain security. According to the Medical Director and Nurse Manager, as well as the posted Counselor that change has had a positive result on both staff and youth visiting the Clinic. No more than 5 youth are allowed in the Clinic at a time. When nurses are drawing blood the Counselor stands next to the nurse. The counselor monitors conversations of youth in the waiting area and regularly walks through the clinic to assure safety.

VIII. MENTAL HEALTH SERVICES

Commissioners met with the Interim Director of Mental Health Services and the current Clinical Services Coordinator. The custodial care duties of the Mental Health staff are diverse and numerous with the primary focus on screening all of the admitted youth, which is accomplished by two screening staff within the first day a youth is placed in Juvenile Hall. They also provide:

- Group, including TIPS, and individual therapy including Cognitive Behavioral Therapy and Motivational Interviewing. These are both evidence-based practices.
- Medication evaluation and monitoring.
- Crisis intervention.
- Competence assessment.
- Case management and collateral work with parents.
- B-watch and one-on-one monitoring.
- Multi-disciplinary team participation with other partners (Probation, School, Medical).
- Consultation with Juvenile Justice Administrators, Probation Officers, District Attorney, Public Defender, Juvenile Hall staff, Ranch Counselors and Medical Clinic staff, the courts and school personnel designed to improve understanding and management of in-custody youth with psychological problems.
- CITA or Mental Health Court
- Mental Health Referral Center (MHRC) a service for non custodial youth and their families.

Due to budget cuts over the past two years and the loss of the MIOCR Grant, the Mental Health staff has been reduced from eighteen members to seven, who run the clinics from 7:30am-9:00pm, Mondays through Fridays and on Saturdays, from 8:30am-9:00pm. There is no Mental Health on Sunday and youth arriving on Saturday evening will not be screened until the following Monday or longer if it's a Holiday weekend. Mental Health is available on call concerning youth that pose a safety risk to themselves or others. The current staffing consists of:

- One Acting Program Manager,
- Five licensed Clinical Social Workers (2 Spanish, 1 Cambodian and 1Mandarin speaking) for the general clinic
- Two Psychiatric Social Workers (Spanish and Vietnamese speaking)
- One licensed Mandarin speaking Marriage and Family Therapist (MFT) for the general clinic.
- One MFT Intern (Spanish speaking),
- One Psychiatrist (Vietnamese speaking) who is shared with both ranches and Kidscope, an independent Mental Health Assessment Management Center
- One Psychiatrist (Hindi speaking) who is shared with the Children's Receiving Center. All Staff meet with the Psychiatrist once per week.
- Three Health Services clerks (one Spanish speaking) and
- One Mental Health Clerical Supervisor (Spanish speaking) who is shared with the Children's Receiving Center and Kidscope
- One Licensed Marriage and Family Therapist (LMFT)assigned to CITA Court and one Spanish-speaking Clinical Social Worker Intern
- One LMFT assigned to the Mental Health Referral Center working with one clinical Social Worker Intern
- One Psychiatrist Vietnamese speaking who works part time in Juvenile Hall on Mondays, Wednesdays and Fridays and is shared with Kidscope
- Another Psychiatrist who works at the Hall on Tuesday and is shared with the Ranches, Kidscope and Evans Lane.
- All staff members consult with the psychiatrist on duty regarding their cases.

The reduction of personnel has resulted in restrictive criteria governing the opening of cases. No longer can youth, displaying depression, anxiety or suffering trauma be automatically eligible for services. The County Mental Health Department has provided funding to reduce the impact of the loss of the MIOCR Grant. As stated above in the discussion about the Transitions/Assessment Unit (TAU), Mental Health has applied for additional funding through the Mental Health Services Act – Proposition 63. That grant will help Mental Health staff to continue funding three clinicians and aftercare services. The request has been approved by the Leadership Committee and only needs to be granted by the Board of Supervisors.

The caseloads for staff number 17-21. The sources of referrals are from Probation as urgent needs referrals, from the medical unit, from the Multi-Agency Assessment Center (MAAC) and from the youth themselves, who have the right to request direct services which are provided usually within 24 hours of the request. Additionally,

referrals may be made by teachers, counselors, DADS (Department of Alcohol and Drug Treatment), Mental Health staff or parents.

For youth leaving Juvenile Hall, contracts with community-based organizations provide Mental Health services for youth and their families. Referrals are made by the Probation Officer to the Mental Health Referral Center (MHRC) which is part of the Juvenile Hall Mental Health Clinic. MHRC staff, based on the nature of the referral, decides on the level of Mental Health treatment needed. The youth is then referred to an appropriate agency in the community.

In a report commissioned by the Department of Mental Health and the Department of Probation (October 31, 2008), entitled “Implementing a Trauma-Informed Mental Health and Juvenile Probation System”, the researcher, Barbara Huskey stated that 260 youth in Juvenile Hall at that time suffered from emotional and mental health issues and needed mental health treatment. She also found that 33.6 percent of those in custody minors were un-served.

Youth in Juvenile Hall are screened through an oral interview and the self administered MAYSI-2, with assistance available as necessary. Huskey recommends that the results of the MAYSI-2 screening (used at intake) be shared with **all** staff working with the minor according to a “needs to know” policy aimed at improving integrated case planning and programming. The report points to a current Superior Court Standing Order encouraging the sharing of information between Mental Health and Probation staff.

Huskey further recommends that Probation Officers should not select the Level of Care for minors with trauma, psychiatric or substance abuse disorders because they have not had sufficient training to make these decisions. Instead the report recommends that minors be referred to licensed and specially trained mental health clinicians and substance abuse clinicians who should be responsible for matching the specific level of care to the juvenile’s level of impairment and risk.

The report also recommends Mental Health clinicians utilize the Child and Adolescent Level of Care System to “help them clinically determine specific levels of psychiatric care for minors in custody and on probation or CALOCUS).” This system focuses specifically on the self-harm and impairment levels important in treating youth.

She further emphasizes the importance, not just of the weekly Multi-Disciplinary Team or MDT meetings such as Commissioners attended in the Transitions Unit, but also case conferencing with clinicians to discuss “behavior of the disease, medication regime, impact of medications on behavior, treatment goals, adjustment issues, and applications to advance to different levels of the behavioral management system.” In a report from the Deputy Director of Mental Health, these approaches are being considered as part of the redesign of Mental Health Services for Children and Families. MDTs assist in the aftercare function for youth leaving the Hall. About 400 MDTs have been performed at Juvenile Hall over the past several years.

IX. EDUCATION

This section of the Juvenile Hall inspection report is based on the, 2008-2009 Annual Report of the Santa Clara County Office of Education, (SCCOE) and the observations of the Commission. During the 2008-2009 school year, Osborne served an average

population of 308 students, with an average of 92 youth with Individualized Education Plans (IEPs).

The student population remained consistently above 300, with a high of 341, necessitating the continued use of two overflow units (B 10 and B 12). The lack of classroom space was exacerbated by the fact that B 8 was closed due to mold problems. It was due to open the week after our inspection. It should be noted that Osborne school is housed within the Santa Clara County Juvenile Detention Center (Juvenile Hall), with the classrooms adjacent to the housing units. With a large incarcerated population and closed living units, classroom space remains an issue. There were 21 total classes being conducted, but some of these were being held in the living units. We observed students on the balcony in one unit with a teacher working with them individually. This was in contrast to the actual classrooms, in which every effort is made to have the look and feel of a normal classroom setting.

Approximately 20 teachers are full time COE employees. Additional staffing is provided as required. The Principal is assigned to Osborne School on a half time basis. There is a "Teacher-In-Charge," who besides being responsible for the GED requirements of the students, also acts as a liaison between different agencies and Osborne school, when the Principal is not available. Her class was one of six we were able to observe. She, like all the teachers we met, appeared very competent and committed to the education of the youth in their care. The teachers' enthusiasm for meeting the unique challenges of working with a constantly changing population of troubled youth was inspiring.

During the 2008-2009 school year, more than 65% of Osborne students attended classrooms taught by No Child Left Behind (NCLB) compliant staff, an increase from the 40% utilized during the 2007-2008 school year.

Children are assigned to housing units based on their custody status and the program to which they are assigned by the Probation Department. Therefore, with the exception of Special Day Class students and GED candidates not housed in secure units, all student schedules are determined by their living unit designation. The average stay in the program is about 20-23 days. Education is based on individualized instruction as much as possible. This is especially true for math, as the children have widely differing abilities. While the major focus is on Language Arts and Math, the program also incorporates core science subject matter. The Commissioners actually observed one such class. Even Art is taught, and is provided by volunteers.

Within 24 hours of admission, all minors are provided a screening by one of two SCCOE Assessment Technicians. This process helps gather necessary educational and socio-economic data to help plan the student's curriculum while attending Osborne School. Students are provided an average of 300 minutes of instruction with emphasis as indicated on core areas of English, Language Arts and Math. Class size averages between 10-15 students, depending on the nature of the class and the current student population.

Osborne School enrolled an unduplicated total of 1675 students. The duplicated total exceeds 4000 students. The bulk of these students stay less than 30 days. These figures reflect the fact that many youth enter Juvenile Hall more than once, but that most spend only limited amounts of time there from an educational prospective.

However, students who remain longer than 30 days have their transcripts reviewed to determine graduation status and the best educational options for each individual. An Individual Learning Plan (ILP) is developed for each of these students with input from the students, parents, their counselors and probation officers as appropriate and available. The Principal also emphasized the greater use of student data bases to insure each child is getting the appropriate education. During the Commissioner's visit to the Osborne School site, the Principal and several teachers explained how the use of technology within the school setting helped them to individualize each student's educational experience.

The continued turnover of students makes servicing children with Special Education needs even more challenging. This is further complicated by the reality that on average 35% of enrolled special education students have non-compliant IEPs. The special education staff reviews all daily admits into Juvenile Hall, and determines if a student is identified as eligible for special education services using the Management Information System (MIS). Students are then placed with appropriate special education staff. Students are provided with services as indicated by their IEP, including any Designated Instructional Services (speech, mental health) and primary services from intensive services to resource specialists.

The Principal emphasized during our inspection that simply securing and maintaining the current information on these students is extremely time intensive for his staff. Presently, all special education students are part of a County-Wide Management Information System (MIS) allowing for immediate access to special education information and data.

As of the 2008-2009 school year, all new Individualized Educational Plans (IEP) are initiated and completed on line. In August, 2008, a Verification Review by the California Department of Education (Special Education Unit) found 4 areas needing remediation. According to Principal a subsequent review in August, 2009 found there were no areas requiring remediation.

Osborne School has just launched a School Site Council. Youth are involved, but they change frequently. One parent is continuing to serve on the Council even though her child has left the Hall. This is just one more example of the difficulties the staff experience in trying to run a normal school program with a constantly changing population.

X. POLICIES AND PROCEDURES

Commission members reviewed the Policies and Procedures Manual as required of the Commission under Title 15. The Screening Manual had not been reviewed by the Commission in some time. The manual contains the mission statement and goals of the Santa Clara County Probation Department. The majority of the manual provides specific instructions for Screening Unit staff in regards to the following:

- booking protocol for new admit minors in various situations such as juvenile contact reports, juvenile detention disposition reports, warrants, paper bookings, transfers from other court jurisdictions, municipal and superior court certifications and Children's Shelter admissions. Commissioners noted the protocol is not updated to reflect the recent transformation of the Shelter into a Receiving Center.

- probable cause determination, including a probable cause form and procedural instructions for making these determinations on weekends and holidays; advisement of rights; Title IV-E rules and regulations; procedures for interviewing minors and application of the Risk Assessment Instrument; conditions for release (awaiting probation officer's action and community release programs); population control (overcrowding remedies); new violations received while a minor is in custody; and miscellaneous matters such as direct filings, Department of Corrections holds for violations of probation, out-of-state warrants (Interstate Compact), confidentiality of Juvenile Court records, administrative ranch returns, mental health evaluations, status offenders and law enforcement contacts with minors in custody.

The manual also provided instructions in the additional following areas and included related and required forms, as well as memorandums regarding other matters such as 707(b) offenses, domestic and family violence cases, Proposition 21 and non-bookable offenses.

Commissioners noted that the booking and new admission section of the manual instructs Screening Unit staff to transfer 601 minors (status offenders) or 300 minors (dependent children of the court) to a community-based organization or the "Shelter." Additionally, staff is instructed to advise law enforcement officers requesting admission of minors with "300 warrants" to transport these minors to the "Shelter." Again, Commissioners were concerned the manual has not been updated to reflect the recent transformation of the Shelter into a Receiving Center. It should be pointed out, however, that the manual contained detailed and specific examples of information staff is required to garner from law enforcement officers to ensure required elements of an offense are met for a detainable offense prior to approval of booking.

Numerous forms and procedural instructions were not current with some not being revised since 1993, 1997 and 2000. For example, the most current memorandum regarding confidentiality of juvenile court records was dated June 24, 1997.

According to the Screening Unit Supervisor, memorandums pertaining to manual revisions and updates are distributed to staff via electronic mailing and copies of these mailings are posted on the wall in the Juvenile Hall Screening Office. Although Commissioners did note that a current memorandum regarding booking protocol was posted on this wall, Commissioners were concerned that the current policy will minimize the authority of the manual and discourage staff from relying on it for necessary instructional purposes and policy.

Commissioners also reviewed a memorandum regarding attorney/investigator contacts with minors in a county juvenile facility dated 1993, in which probation staff are instructed to inform minors not represented by an attorney that he/she is not required to talk to such attorney or investigator and that depending on the circumstances of the case, an interview could result in a criminal investigation focusing on the minor or civil charges being filed. Additionally, probation staff is instructed to inform the minor that under certain circumstances, the minor's statements could be used against him/her in a subsequent criminal or civil proceeding.

The manual also contains a Standing Order prepared by the Presiding Judge of the Juvenile Court on September 15, 2009; however, Commissioners noted that the Order is not signed. In accordance with the Order:

- (A) No 11- or 12-year-old minor shall be housed in Juvenile Hall unless one of the following conditions exist:
 - 1) The minor is accused of committing one of the crimes listed under W&I Code Section 707(b), or
 - 2) The minor's placement in Juvenile Hall is approved by a Superior Court Judge.
- (B) No minor 10 years old or under shall be housed in Juvenile Hall without approval of a Superior Court Judge;
- (C) In seeking the approval of a Superior Court Judge, the Santa Clara Probation Department shall first attempt to contact the Supervising Judge of the Juvenile Justice Court; then, if he or she is not available, one of the Judges currently sitting on the Juvenile Justice Court, and if he/she is not available, one of the Judges currently sitting in the Juvenile Dependency Court. The purpose of this Order is to ensure that a current Juvenile Judge makes this decision.
- (D) Minors who are wards of the Court pursuant to W&I Code Section 602 are exempted from the orders above.

There are currently 143 policies and procedures that address all regulations applicable to the facility. The Commission's first review in the admissions area of the Juvenile Hall showed policies and procedures that were 20 years old, in some instances.

A second review performed in a different area showed policies and procedures that were current. Because of the difficulty of insuring that all departments receive current policies and procedures, staff are in the process of putting all their procedures on line. Expected completion is April 1, 2010. The California Standards Authority (CSA) conducted an inspection of the Juvenile Hall Policy and Procedures Manual in February, 2008 and recommended some changes to the manual. Those changes were incorporated into the manual and Juvenile Hall received acknowledgement of the changes from the CSA in September 2008.

XI. DOCUMENTS REVIEWED

Documents and inspection reports from various sources were requested and were reviewed during the inspection. Included were:

1. California Corrections Standards Authority Evaluation of Juvenile Hall Physical Plant, dated February 4, 2008, noting compliance with all Title 24 Regulations at Juvenile Hall.
2. Report of the Correctional Standards Authority 06/08 Biennial Inspection Santa Clara County Juvenile Facilities, dated June 30, 2008.
3. Facilities and Fleet Department of Santa Clara County, Juvenile Hall Inspection Walk Through for 2008, dated January 2008.

4. Santa Clara County Juvenile Facilities Portion Values Spreadsheet, dated June 16, 2009.
5. Santa Clara County Probation Department, Juvenile Hall and Ranches Daily Statistics, November 20, 2009
6. Juvenile Justice Commission Inspection Report, Juvenile Hall dated November 2009.
7. Santa Clara County Juvenile Probation meal plan, dated April 2009
8. Santa Clara County Juvenile Hall Orientation Packet in English, Spanish and Vietnamese.
9. Santa Clara County Probation Department Juvenile Hall Transition Unit Protocol
10. Santa Clara County Juvenile Hall Life Skills Preparatory Commitment Unit
11. Santa Clara Valley Health and Hospital Systems Annual Inspection Health Report, dated May 22, 2009.
12. Institution Services Training Requirements Plan, 2009
13. Santa Clara County Juvenile Hall B 3 Ranch Readiness Program
14. Probation Department Organizational Chart, dated June 30, 2009
15. Juvenile Hall Comprehensive Program Calendar, dated November 2009
16. Osborne School 2009-2010 School Year Schedule
17. 2008-2009 Annual Report of the Santa Clara County Office of Education
18. Probation Department Juvenile Hall Procedures Manual
19. Judicial Inspection of Juvenile Hall Detention Facility for Suitability, dated June 18, 2009 by the Honorable Paul R. Bernal.
20. The Huskey Report, October, 2008
21. Juvenile Justice Commission's, "Children 12 Years Old and Younger in Juvenile Hall" January 5, 2010

XII. COMMENDATIONS

The Santa Clara County Juvenile Justice Commission commends:

1. The Probation Department and Board of Supervisors for increasing the number of Ranch beds available by 24 thus reducing the Ranch Waiting List significantly.
2. Probation Administration and Staff for providing a safe, secure facility for minors being held pending disposition hearings and those committed to Juvenile Hall or awaiting placement despite a growing population.
3. Santa Clara County Office of Education for their dedicated and flexible staff and their commitment to increase staff compliant to the No Child Left Behind Act.
4. Probation Administration for the implementation, management and monitoring of a noteworthy Staff Training Plan that has been augmented with Mental Health issues training.
5. Probation Administration for reducing the use of physical restraints during the past year and the implementation of videotaping the room removal process.
6. MAAC staff for offering many more programs than were available as recently as three years ago, and for monitoring the programs to ensure better structures and schedules for programs.

7. Medical Clinic staff for providing services using the most state of the art available to care for all the needs of the minors including medical and dental care as well as health screening and education.
8. Medical Clinic for securing an additional volunteer dentist who will provide dental cleanings for those in need. The Medical Clinic adult budget is providing the money for a dentist.
9. The Medical Clinic for earning accreditation from the Institute for Medical Quality above the 85th percentile.
10. Mental Health Services for maintaining services at near the same level as under the MIOCR Grant despite severe budget cuts and loss of the MIOCR Grant.
11. The County Office of Education for the outstanding teaching staff and administrative personnel at Osborne School. The teachers show a high degree of interest in the students resulting in an excellent environment for learning. The Principal is commended for setting the tone for the positive student-teacher interactions and implementing a School Site Team.
12. B 4 the TAU unit for providing outstanding services to mentally ill minors.

XIII. RECOMMENDATIONS

The Santa Clara County Juvenile Justice Commission recommends that the Santa Clara County Board of Supervisors:

1. Fund Mental Health programs like those previously funded by the Mentally Ill Offenders Crime Reduction (MIOCR) to maintain a sufficient level of staffing. The Mental Health Redesign for Children and Families needs to provide services for delinquents. Expand use of MDTs in the Hall. Increase funding for database management of Mental Health records.
2. Fund Juvenile Dental Services since the Medical Director describes youth with profound dental health issues in 60% of Juvenile Hall youth. The Chair of the Board of Supervisors recently cited the need for improved health outcomes for this county's youth. The Commission has recommended for the last several years improved dental services because of the overall health implications poor dental health have to youth.

The Santa Clara County Juvenile Justice Commission recommends that the Santa Clara County Probation Department:

1. Update the Policies and Procedures Manual at every site. The Commission promotes the implementation of an on line Policies and Procedures Manual.
2. Continue to monitor the Ranch waiting list and its impact on Juvenile Hall's population
3. Clarify language in the Policies and Procedures Manual to refer to the Children's Receiving Center not the Children's Shelter
4. There is little uniformity of information and outcomes in the Incident Reports. The Commission has been reviewing Incident Reports at the two Ranches, and

- has found that outcomes and statements by victims and perpetrators are much more detailed in Ranch Incident Reports.
5. Prepare for the orderly retirement of key Juvenile Hall staff.
 6. Guidelines and training be established to reduce disparity in the appeal process.
 7. All isolation room placements documented in the Incident Reports need to show date and time of placement and date and time of release. The requirements of Title 15 need to be documented on minors “segregated” for 24 hours or more.
 8. To clarify suicide and suicide gestures designations in incident reports in Juvenile Hall, these terms should be defined for those completing the Incident Report document. The Injury – Self Inflicted designation should be limited to unintended injuries and apparent non self-destructive conduct. Documentation needs to be improved in this area.
 9. The Life Skills Unit should establish a measurement system to track the outcomes of the Life Skills program and of the Individual Learning Programs. A benchmark for best practices should be established. It would be valuable to understand recidivism and re-entry into the system following graduation from the Life Skills program.
 10. Consider making the supervisory position in the Life Skills program a two-year assignment in order for the program to benefit from having a more experienced supervisor.
 11. Staff imposed penalties should be revisited by Probation Management.
 12. A written plan for addressing suicidal behaviors needs to be in place and monitored as required by Title 15. The Commission will work with Probation and Mental Health to ensure Title 15 compliance.
 13. Alternate placements need to be developed for youth 12 and under who are arrested. Juvenile Hall is not appropriate placement for this age group.

The Santa Clara County Juvenile Justice Commission recommends that the Santa Clara County Health and Hospital Systems:

1. Fund a Juvenile Hall Dentist.
2. Encourage improved coordination and communications between Mental Health and Medical Clinic staff. The Medical Director should be able to make a referral to a Psychiatrist.
3. Explore ways to fund Health Education Programming in the Hall.

The Santa Clara County Juvenile Justice Commission recommends that the Santa Clara County Juvenile Justice Commission:

1. Work with the Probation and Mental Health Departments to ensure a Suicide Prevention Plan is in place and that statistics are maintained concerning the follow-up documentation of youth with suicidal ideation.
2. Develop a best practice Task Force to address the lockdown implications to youth from gang involved activities.

XIV. SUMMARY

The Juvenile Justice Commission has completed its annual inspection of Juvenile Hall. Satisfactory responses were provided to the recommendations contained in the 2008-2009 report.

The residents of Juvenile Hall are well maintained in a safe and secure environment, free from fear of assault by the other minors or the staff. Despite budgetary concerns and an increasing population, the Juvenile Hall Administration has successfully provided an environment rich with programs and positive learning experiences.

The Santa Clara County Juvenile Justice Commission believes that, based on this inspection, the Santa Clara County Juvenile Hall meets the Commission's standards for a safe juvenile facility.

Approved by the Santa Clara County Juvenile Justice Commission on February 16, 2010.

Pamela Serrano, JJC Chairperson

Date

Nora Manchester, JH Inspection Chair

Date