

**Juvenile Justice Commission
County of Santa Clara**

191 North First Street
Jose, California 95113
(408) 278-5993
Email: sccjjc@gmail.com



**SANTA CLARA COUNTY
JUVENILE HALL INSPECTION REPORT – 2021**

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Table of Contents

EXECUTIVE SUMMARY.....	3
COMMENDATIONS AND RECOMMENDATIONS	5
INTRODUCTION AND AUTHORITY	7
JH ADMINISTRATION/OPERATIONS.....	8
JH YOUTH.....	9
FACILITIES.....	14
POLICIES AND PROCEDURES (P&P) AND OVERSIGHT	16
BEHAVIOR MANAGEMENT	18
USE OF FORCE, INCIDENT REPORTS (IRs), GRIEVANCES AND DUE PROCESS.....	19
MULTI-AGENCY ASSESSMENT CENTER PROGRAMS AND ACTIVITIES.....	22
BEHAVIORAL HEALTH.....	24
MEDICAL SERVICES	26
EDUCATION.....	30
SURVEY	34
EQUITY AND SOCIAL JUSTICE.....	39
SUMMARY FINDINGS	40
APPENDIX	42

EXECUTIVE SUMMARY

The Santa Clara County Juvenile Justice Commission (JJC) conducted its 2021 annual inspection of the Santa Clara County Juvenile Hall (JH) operated by the Santa Clara County Probation Department. JH traditionally has been a short-term detention facility used primarily for youth who have been arrested and who for certain safety reasons, must remain detained until the case has been decided and placement is identified. This changed with the passage of SB 823 and the long-term commitment of youth and young adult who in the past may have been committed to the Department of Justice, but now are retained at the local level.

Members of the JJC conducted its annual inspection in January 2022 through interviews with managers, staff, educators and medical and behavioral health personnel along with reviews of data reports, the JH Policy and Procedure Manual, state and local governmental and judicial inspections, studies on incarcerated youth and other documents. A survey of the detained JH youth provided a view of their experience and goals. The majority of this inspection was done virtually as the result of JH restrictions to protect the safety of the detained youth from the COVID pandemic. However, the JJC was able to visit and walk-through JH in March.

The JJC found JH well-supervised and thoughtfully managed in compliance with Title 15 and 24 of the California Code of Regulations. The presence of COVID continued to have a significant impact on the operations of the facility in 2021. All COVID-specific practices developed in 2020 were still in effect in 2021. The number of youth detained in JH had continued to decrease. JH staff showed significant adaptability to meet the obstacles created by COVID and still were able to care for and protect detained youth. Also it must be noted that from mid-July through the end of December, JH had 45 days when no girls were detained.

The collaboration between Probation, Public Health and Custody Health remained strong during 2021. The Delta and Omicron variants hit the general community hard and had an impact on staffing towards the end of 2021. However, only 8 JH youth tested positive during the year and the symptoms were either mild or non-existent.

The County mandated that all County workers must be current with vaccinations, including booster by January 24, 2022. Under this policy, unvaccinated individuals are not permitted to work at JH, even if they have an exemption from the vaccine mandate.

Compounding their efforts to meet the demands of protecting youth and staff from COVID, Probation was tasked to create the Secure Track program in JH by July 1, 2021, to comply with SB 823, which shifted the rehabilitation responsibility of youth who would have been committed to the California Department of Juvenile Justice (DJJ) to local jurisdictions. This planning and implementation, which is not completed yet, took substantial attention and resources to tackle.

Positive Behavior, Intervention, and Support (PBIS) is fully operational as a behavior management program for both JH and Osborne School. “Starbucks” are distributed as incentives for positive behavior and can be used to purchase items at the weekly store. While a significant number of “starbucks” were issued in 2021, half of the youth at JH did not earn any.

Medical Services continued to screen for COVID infections and assisted Probation in developing safety protocols used by all JH staff, which included training in testing JH staff for the Omicron variant. Clinic staff were flexible in housing COVID positive youth in the Clinic beds and on JH units if more beds were needed. Of a particular challenge in 2021 was the increased number of youth admitted to JH who were using opioids and needed treatment and care while going through withdrawals.

Programs and activities for the detained youth had yet to be in-person in 2021 and continued to be virtual. The County Office of Education (COE) had made important advances to improve the educational experience for their students. The JJC found that COE had acted on the recommendations identified in the 2020 JH Inspection Report. Osborne School now has a dedicated principal instead of sharing one with the James Ranch (JR). Except for one short time on Zoom, Teachers returned to in-person teaching and for a short-term, Zoom, which has improved interactions between students and teachers. Edgenuity, a computer-based learning platform, was restricted to credit recovery work, to which the platform is better suited. RenStar testing is more frequent, and testing cycles now are based on when a youth enters JH. Testing results have been provided to teachers to help identify areas for instruction focus. COE and Probation began introducing Career and Technical Education opportunities to JH youth. COE now has an Educational Navigator to help youth transition to their home district and a College Liaison to assist youth in pursuing classes at local community colleges.

Looking at the youth survey result, the majority of the youth felt safe during their stay in JH but consider their families as an important support. Most youth identified positive relationships with staff and teachers. Nearly half the youth felt they were doing better at Osborne School than in their previous school. JH youth identified positive goals they wish to achieve in the future. However, as in years past, they want more variety in their food and snacks and have issues with the lack of hot water for showers. A large percentage of youth have concerns about their future once they leave JH including finding and holding a job, school, family and friends.

Disproportionality in the number of Latinx and Black youth detained in JH continued to be a challenge even though major successful efforts have been made over the years to decrease the overall population of youth in JH. The largest contributing factor in the decrease can be attributed to the juvenile justice system's response to COVID. However, the percentage of Latinx youth in JH has not changed and the percentage of Black youth actually has increased. Looking closer at this issue, the JJC determined that Risk Assessment Instrument (RAI) override decisions indicated a disproportionate number of Black youth detained rather than released. However, disproportionality is not JH's issue alone. The JJC found that the number of arrests also showed disproportionality. As was stated in the JJC JR report, "this persistence [of disproportionality] reinforces the JJC's call to address equity and social justice issues upstream of the justice system, to disrupt the school-to-prison pipeline."

Finally, as has been stated in past recommendations, the need for data reports is essential, especially outcome data to determine if programming efforts are successful and if not, to determine where improvements should be made.

COMMENDATIONS AND RECOMMENDATIONS

Commendations

- JH staff and partners for the outstanding way in which they adjusted to the pandemic and for their care and concern for the youth in their care.
- The Probation Department, Public Health Department and Custody Health for their collaboration in responding to the pandemic to ensure the safety of staff and youth.
- JH staff and partners for adapting to the increase in population brought about by the evacuation of James Ranch and the addition of the Secure Track Program.
- Alternative Education for the support provided to Osborne School and the expansion of Career Technical Education (CTE) options.
- JH nurses for adapting to the increased needs of youth in both mental and physical health, especially the increase of youth experiencing withdrawal symptoms from opiate use.
- JH Medical Clinic for performing admirably during the COVID Pandemic.

Recommendations

Juvenile Justice System Partners

- Focus on an in-depth study of why Black and Latinx youth are disproportionately arrested and detained in the JH. [Disproportionality](#)

Probation Department

- As recommended in previous reports, evaluate the efficacy of JH programs on an annual basis. [Data](#)
- Continue to review and update Policies and Procedures that have not been updated prior to 2020. [Policy](#)
- Rewrite all materials posted or disseminated to parents or youth to ensure that materials are at a suitable reading level for their target audience. Youth in custody and their parents often have significant deficits in their reading ability. [Reading](#)
- Make available all complaints, information gathered, and the resolution of complaints to the JJC for review. [Complaints](#)
- As was recommended in 2020, reach out to other Bay Area counties to develop Mutual Aid Agreements so that assistance can be rendered in the event an emergency necessitates moving Santa Clara County youth to another facility. [Disasters](#)
- Provide reports that analyze all data involving use of force, IRs, due process forms and grievances to JH managers and supervisors and other agencies that deliver services to the youth in JH to mitigate and prevent certain behaviors. [Reports](#)
- Provide the JJC with regular summary reports that analyze use of force, IRs, due process forms and grievances. [JJC](#)
- Identify and address youth concerns about returning to the community as part of the Multidisciplinary Team exit meetings. [Concerns](#)
- Continue to develop alternative menus and snacks that provide additional food and are appealing to the youth that still meet nutritional guidelines and are culturally appropriate. [Food](#)

Custody Health

- Poll the youth and provide videos and/or classes on topics of interest. [Videos](#)
- Seek appropriate community partners to address the needs of youth using increased amounts of dangerous opiate drugs and marijuana. [Drugs](#)
- Budget a Medical Social Worker position to help JH youth in the transition to appropriate community insurance providers and access to required prescription drugs and primary care physicians to minimize the use of emergency facilities for care. [Staff](#)

Fleet and Facilities

- Make adverse facility environment issues (e.g., lack of hot water) at JH a high priority for response. [Water](#)
- Study how to provide improved equipment/beds and updated medical housing facilities for JH medical offices and infirmary. [Upgrade](#)

INTRODUCTION AND AUTHORITY

The Santa Clara County Juvenile Justice Commission (JJC) is a state-mandated, court-appointed authority. The JJC's purpose is to inquire into the administration of juvenile law in Santa Clara County. The JJC is dedicated to the promotion of an effective juvenile justice system operated in an environment of credibility, dignity, fairness, and respect for the youth of Santa Clara County.

In fulfillment of these responsibilities, the JJC conducted its annual inspection of Juvenile Hall (JH) in January 2022, pursuant to California Welfare and Institutions Code (W&I) §229. JH is intended for short-term confinement, primarily used after a youth, 14 –18 years old, has been arrested. A youth also could remain detained based on certain safety factors until the youth's case is decided by the Court and placement has been identified.¹

JH is required to comply with Title 15 and 24 minimum standards of the California Code of Regulations for local juvenile detention facilities. These regulations set standards for the management and conditions of detention facilities, treatment of and programming for youth, education, behavioral health and medical services, recreation/exercise, the handling of personal effects and food and nutrition.

The JJC inspection team of 10 Commissioners conducted virtual interviews with administrators and staff from Probation, the County Office of Education, Osborne School, Behavioral Health and Custody Health Services. Commissioners reviewed internal documents related to JH operations, Probation's Policy and Procedures Manual, mandated inspections reports from Superior Court and other state and local agencies, statistical reports from Probation and support agencies, previous JJC JH reports and articles and reports focusing on juvenile justice. In March as Omicron abated, two Commissioners inspected the JH facility in-person. The following report contains the results of the JH inspection in JH administration/operations, facilities, behavior management, disciplinary actions, programs and activities, behavioral health and medical services, education and a survey of the JH youth. Interwoven in this report is the impact of COVID including Omicron surge on the way JH operated and services were provided in 2021.

For emphasis, [new and notable information is identified in blue font.](#)

Prior years JJC reports are available at the Santa Clara County Superior Court website at <http://www.sccsuperiorcourt.org/juvenile/jjc.htm>.

¹ Please note the role of JH has expanded with the passage of SB 823 which requires local counties to create a local secure rehabilitation program for youth and young adults who previously would have been sent to a regional center operated by the California Department of Corrections and Rehabilitation, Division of the Juvenile Justice (DJJ). Santa Clara County opened in July 2021 a unit (Secure Track) dedicated to the rehabilitation of these youths. The JJC will be conducting an inspection of the Secure Track program later in 2022.

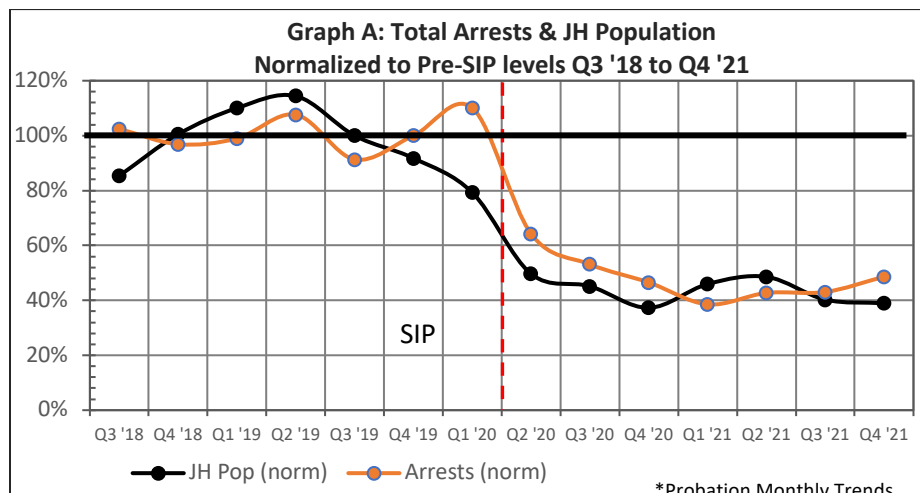
JH ADMINISTRATION/OPERATIONS

COVID Impact on Operations

In 2021 COVID continued to impact all areas of operations in JH. Even though vaccinations became available early in 2021, JH maintained safety measures to minimize infections in its facility. As the number of infections in the community fluctuated throughout the year, JH adjusted its response based on the CDC and County Health guidelines. The JH Administration continued to work closely with Custody Health and the County Health Department to ensure that safety measures stayed in place to protect staff and youth. Probation reported the collaboration between these agencies helped when it was essential to adapt to the fluidity of the situation. These agencies continued to meet weekly and sometimes daily when a youth tested positive.

The measures put into operation in 2020 still were in effect in 2021. The number of youth per unit remained lower than capacity, reduced from 20 per unit to a maximum of 10. Masking and social distancing were maintained. Youth still wore masks in their units, but were able to remove them while eating, in the courtyard, in their assigned rooms, showers and interview rooms, and during Zoom calls when they were alone.

As part of the 2020 COVID protocol, law enforcement still called the Screening Deputy Probation Officer before transporting a youth to JH to determine if the youth would be detained and if not, to cite and release the youth to a parent/caregiver. Priority for detention was placed on youth who were accused of committing a W&I §707(b) crime involving a violent or sex related offense. Graph A is a representation of arrests and JH population quarterly totals over the last three years. As can be noted, the arrest and JH populations dropped precipitously after the Shelter in Place (SIP) mandate was issued in the first quarter of 2020. However, other factors could be in play beyond the issuance of Juvenile Probation's COVID protocol, including school in-person attendance shifting to on-line classes, the closing of campuses and the general population remaining at home.



In 2021, a newly detained youth continued to be placed in a separate medical observation unit for 14 days and tested more frequently. If the test was negative at the end of the 14 days, the youth was placed in the appropriate living unit. Any youth in JH who tested positive was sent to the

infirmery and isolated for 10 days and if symptom-free was transferred back to the unit. Any youth exposed to COVID was tested frequently. Until the advent of the Omicron variant late in 2021, the number of youth with COVID remained low for a total of eight for the year. Since the beginning of 2022, more youth have tested positive with low level or no symptoms. JH has since opened a new unit for positive youth. Relatedly, the James Ranch (JR) was closed at the end of December with the Omicron outbreak among staff. All youth were transported to JH and housed in two vacant units.

JH staff infections were stable and manageable throughout 2021. However, at the end of December the number of Omicron infections significantly climbed for staff. As of January 13, 2022, around 36 counselors were off work with COVID. In response to the rise of infections, new guidelines were issued requiring every JH supervisor, counselor and support services staff be tested daily at the start of their shift. The testing is self-administered and monitored. A designated person handles the solution for testing. Any staff who tests positive are expected to quarantine at home for 10 days and if on the 11th day the symptoms are gone, reports back to work. Up to the beginning of 2022, if staff were exposed to COVID, the individual was tested for 14 days. As with most youth, staff infections originate from the general community. However, if a youth tests positive while in JH, the possibility is high that the youth was infected by staff. The two JH Managers still are conducting the contact tracing of those youth who tested positive while staying at JH.

The County mandated that all county workers must be current with vaccinations, including boosters, by January 24, 2022. Under this policy, unvaccinated individuals are not permitted to work at JH, even if they have an exemption from the vaccine mandate.

Staffing

The total number of full-time JH staff who work with youth is 179 (15 supervisors, 164 counselors). Two managers oversee the institution. On January 13, the managers reported that JH has seven vacancies and 36 on disability, the majority of whom were COVID positive. JH currently has 20 extra-help workers to cover assignments. They also are offering voluntary overtime during the Omicron surge. In 2021, the County did not ask for additional cuts to personnel. JH continued to provide the County with Disaster Support Workers (DSW), but the numbers have diminished over the year. As of mid-January, five JH staff are working as DSW (four counselors and one supervisor).

Other County Agencies' Staff Operations in JH.

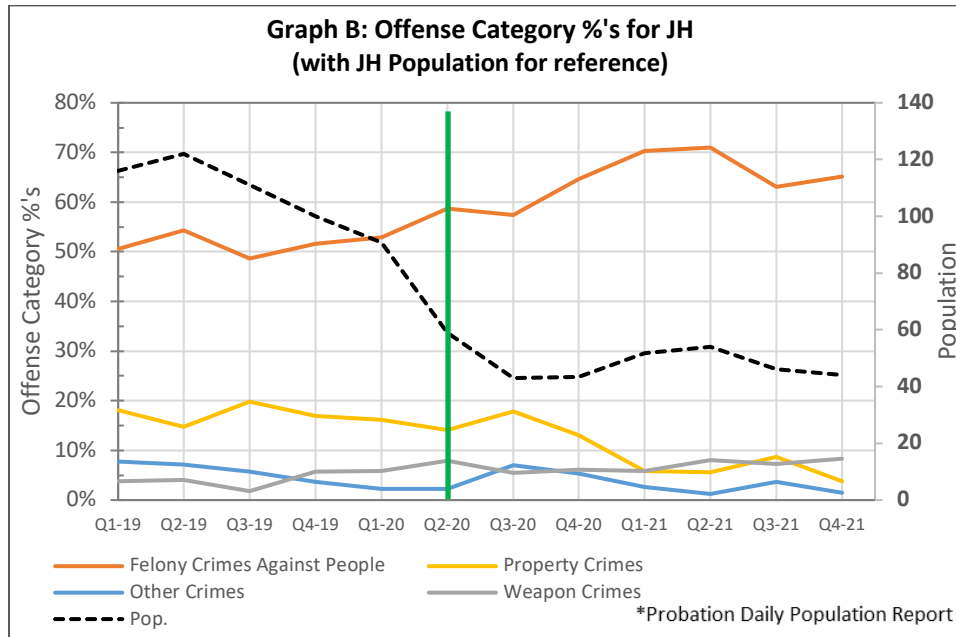
Valley Medical Center (County of Santa Clara Health System) provides staff for custody health services. County Behavioral Health Services Department oversees mental health and substance use services. The County Office of Education delivers education services.

JH YOUTH

Offenses of Youth Detained

Graph B provides a breakdown on the type and percentage of offenses for which the youth were detained in JH since the beginning of 2019. As can be seen, the highest percent of youth detained

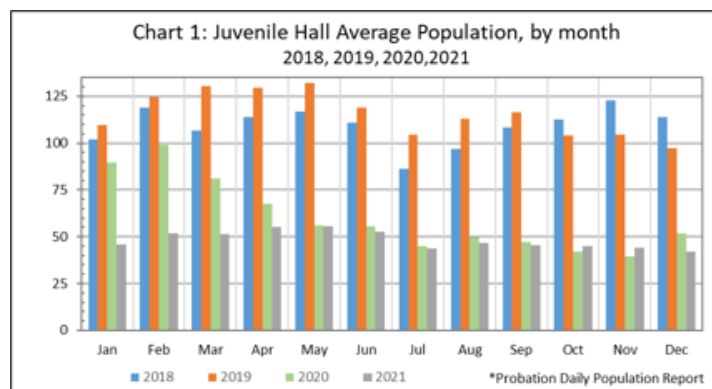
are for crimes against people. In 2021, that percentage has climbed. Detention for property crimes declined over the past three years, with the lowest point in 2021.



Population

The average daily population in JH continued to decrease in 2021. All 2020 COVID related protocols associated with detention remained in force. As can be seen in Table A, the 2021 monthly average was 48, which was a 23% decrease from 2020 and 58% lower than the high of 115 in 2019.²

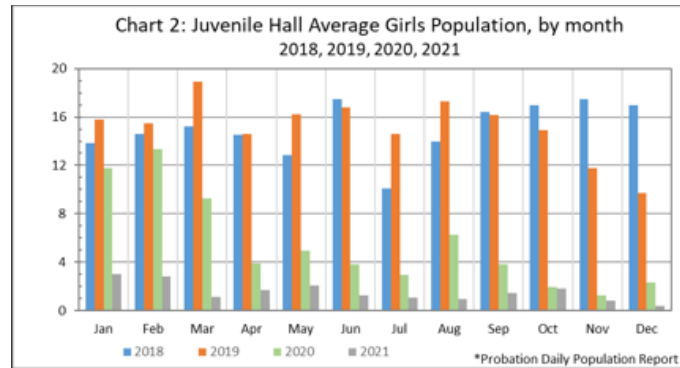
Year	2018	2019	2020	2021
Mo. Average	109	115	62	48
% Change		6%	-46%	-23%



² Capacity at JH is 390.

Chart 1 shows a monthly comparison for the previous four years where the decrease for 2020 and 2021 are detailed.

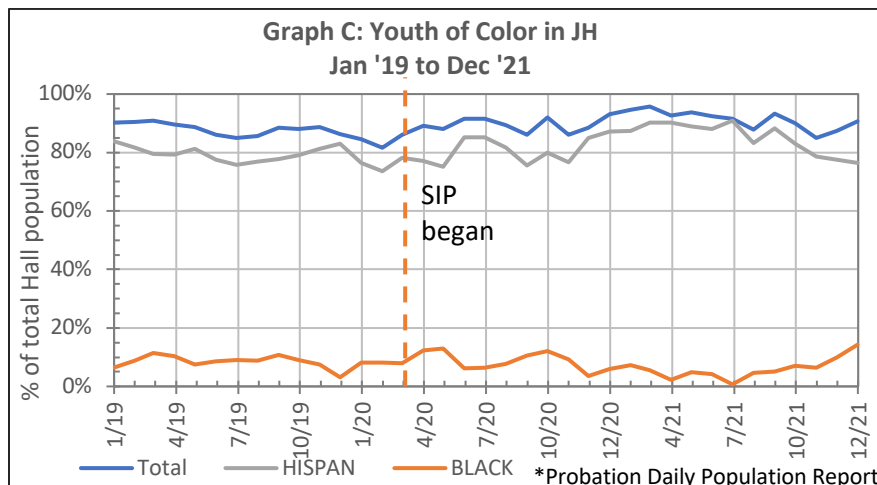
The population of females in JH decreased dramatically starting in 2020 and continued lower in 2021 as can be seen in Chart 2. From mid-July 2021 to the end of December 2021, JH had approximately 40 days or about 25% of the time when the female count was zero. The decrease over the last three years can be attributed to a concerted effort by all systems partners in conjunction with a grant targeting female incarceration.



Disproportionality

A disproportionate number of youth of color continued to be detained in JH in 2021. This has been an ongoing issue even with the juvenile justice community’s efforts to decrease the over-representation of Latinx and Black youth in the juvenile justice system. While the number of youth detained in JH has decreased dramatically over the years, disproportionality is still a major problem as is shown in Graph C. The Equity and Social Justice section of this report will discuss disproportionality in more detail.

On December 28, 2021, the day before the JR youth were transferred to JH, the Juvenile Probation daily population report showed 74% of the youth detained were Latinx and 19% were



Black. In comparison, Latinx youth only represent 32% and Black 2% of the overall youth population in Santa Clara County.³

At the point of in-take, JH uses an assessment tool, Risk Assessment Instrument (RAI), to determine whether to detain or release. JH staff explained that the RAI has been validated and is considered neutral as to race and ethnicity.

However, JH does have discretion to vary from the assessment tool score. JH does allow for mandatory and discretionary RAI overrides, that is, a decision is made to detain a youth whose scores (medium or low) are below the detention threshold. Mandatory overrides are based on state law and/or County policy. Discretionary overrides are at the discretion of the reviewing probation officer. Table B, which is based on statistics prepared by Probation’s Research and Development Division (RAD), provides the breakdown of overrides by race and ethnicity for

	White	Black	Latino	Asian	PI	Other	Total
Discretionary Detention Overrides	7	12	68	3	0	1	91
Mandatory (Policy) Detention Overrides	11	10	125	6	0	2	154
Total Overrides	18	22	193	9	0	3	245
% Discretionary	39%	55%	35%	33%	0%	33%	37%

2020, the most recent year studied⁴. Table C, based on the latest Juvenile Justice Annual Report (2020), compares the total number of youths eligible for release to those detained pursuant to a discretionary override. These tables reflect that discretionary account for a higher percentage of Black overrides than any other race or ethnicity. Similarly, staff exercised discretionary overrides for almost all (96%) Black youth who were eligible for release—a higher percentage than for White (86%), Latinx (84%), Asian/Pacific Islander (75%) or any other race or ethnicity.

	White	Black	Latino	Asian/PI	Other	Total
Total Eligible for Release (Low/Medium RAI Scores)	21	23	231	12	3	290
Eligible for Release (Low/Medium RAI Scores), but detained	18	22	193	9	3	245
% Detained	86%	96%	84%	75%	100%	84%

³ The 2021 Santa Clara County Children’s Data Book published by the Santa Clara County Office of Education and Kids in Common reports the race and ethnicity of the county’s children as 24% white, 32% Latinx, 36% Asian, 2% Black and 6% multiracial (pg. 5).

⁴ Juvenile Justice Annual Report 2020: <http://www.sccgov.org/site/probation/reports/Page/Annual-Report.aspx>. This report is prepared by the Santa Clara County Probation Department in conjunction with other system partners. Discussion concerning admission into custody can be found starting on page 47 and the table illustrating the discretionary RAI overrides by race and ethnicity is on page 49.

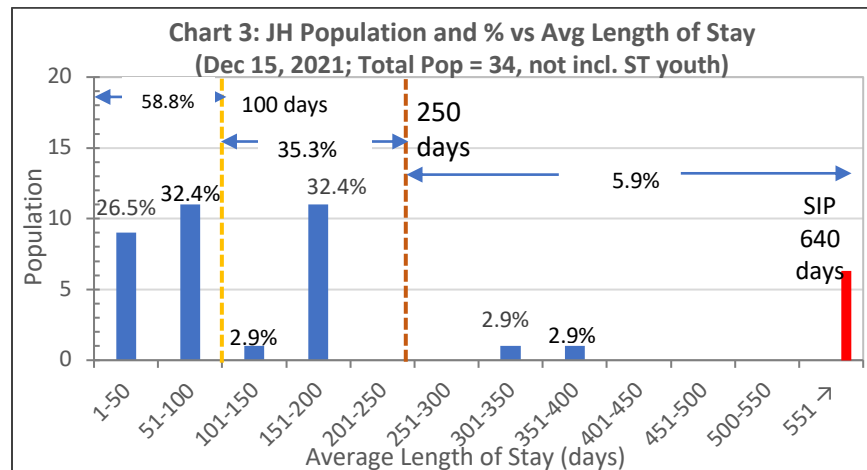
The reasons for the discretionary overrides include

- Self-Victim community safety
- Parent/guardian issues
- Family violence in the home
- Violations of probation – (e.g. - technical, substance abuse, new arrest)
- Domestic violence with mitigating factors
- Other reasons (not defined)

The percentages in these two tables indicate that mandatory and discretionary overrides detain more Black youth who scored medium to low in their RAI assessments than youth of other races and ethnicities. A closer look at the use overrides could provide insights as to the reason why this exists and possible adjustments to mitigate this disproportionality.

Length of Stay

Looking at the daily population reports, the number of youth with excessive lengths of detention days in 2021 has decreased over the number in 2020. As can be seen in Chart 3, only 5.9% of the youth stayed over 250 days, while that percentage was 21.1% in 2020. Even though the percentage of detained youth with the longest stays has decreased, the average length of stays of between 101 and 250 days increased to 35.3%. In 2020, that number was 12.3%. The stays in 2020 under 51 days represented 66.7% of the population. In 2021, the percentage was only 26.5%. Looking at a point in time, the daily population report for 1/2/22 shows most of the youth with long detention stays were pre-disposition awaiting transfer hearings (average 199.6 days) and one youth waiting to be transferred to DJJ (325 days). It must be noted that during these long stays, JH continues to provide programming and education for these youth.



As has been stated in previous reports, the JJC recognizes the length of detention falls outside Probation’s control. Decisions that affect the length of stays are made at various points of the process by other system members. The seriousness of the allegations may require additional preparation time, the presence of co-participants in adult court may hold the resolution of the youth’s case and the lack of available placement space post-disposition. Added to these factors is

the COVID impact on staffing for all system partners that delay hearings. In February 2021, the State Supreme Court ruled on the constitutionality of SB 1391 in *O.G. v. Superior Court, (2021) 11Cal.5th 82*, which upheld the legislation to limit the prosecution's ability to seek a transfer from juvenile court to adult criminal court for youth 15 and under, except for allegations of specified serious crimes. With this court opinion, cases that were placed on hold awaiting the outcome of the appeal moved forward.

While the number of youth in detention has decreased over the last two years, experts argue the outcomes for detained youth have negative consequences. Youth are more apt to try self-harm or suicide. Incarceration reduces a youth's ability to complete their education, find and remain in the workforce and increases the likelihood to recidivate and sink deeper into the justice system.⁵ JH is intended for short detentions and with the length of stays increasing, the possibility of these negative consequences could be amplified.

Young Adult – Deferred Entry of Judgment Pilot Project (YA)

In 2016 the California Legislature passed SB1004, establishing a pilot project that permitted eligible young adults between 18-21 who were convicted of an offense in adult court and met certain criteria to be housed in a juvenile facility rather than county jail. Santa Clara County was selected to be one of the pilot counties.

With the onset of COVID in 2020, the custody portion of this pilot was placed on hold and the young adults in this pilot were supervised in the community. In 2021, this pilot ended.

Secure Track

With the passage of AB 823, commitments to the Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ) ended on July 1, 2021, except under certain defined circumstances. This responsibility now has shifted to the counties. Santa Clara County opened a unit in the A wing of JH and has planned major upgrades to accommodate the requirements mandated by AB 823. Consequently, during 2021 JH has focused significant attention in planning and implementation to comply with this new law. At the time of this report, 8 youth were committed to the Secure Track.

The JJC will be conducting a separate inspection and report later in the year on the Secure Track program.

FACILITIES

With the Omicron variant surge in January, Commissioners were unable to inspect the facility in person. Instead, interviews were conducted over Zoom with the Program Manager for Support Services. However, as Omicron infections abated, two Commissioners were able to inspect the facility in-person in March.

⁵ A Justice Policy Institute Report: The Dangers of Detention: The Impact of Incarcerated Youth in Detention and other Secure Facilities. Barry Holman and Jason Ziedenberg. Nov. 2005, pgs. 2-3.
<https://www.aecf.org/resources/the-dangers-of-detention#findings-and-stats>

Since the Omicron surge at the end of December, several units from the 15-unit total have been repurposed to serve as observational units for youth entering the hall. The total number of units used is based on need and therefore is fluid: A2 and B5 currently serve as observation units, though this is subject to change as the surge continues. Within these observational units, youth are required to quarantine for 14 days before entering the general population. As was previously reported the number of youth in JH during 2021 remained low due to COVID. At the time of the interview, 12 units were in use (one for Secure Track and two of which were occupied by evacuated James Ranch youth).

Food Services

Youth continue to eat in their individual units, rather than the cafeteria. Instead, the cafeteria is used as a staging area to load meals into delivery carts. All meals are delivered from the kitchen to individual units. For quarantined units, food is placed in disposable boxes and the delivery carts are left outside to prevent contamination. Carts are cleaned before returning to the staging area. The kitchen infrastructure has not changed other than the purchase of a new oven.

Supply chain issues affected the JH food services in 2021. US Foods, the distributor for JH, regularly has been unable to consistently supply all items ordered for the 4-week menu cycle. As a result, the menus have been changed once or twice a week to compensate for missing ingredients. Food prices rose 25-30% over the past year. Separate from food, paper goods have also been affected by supply chain issues. These issues continue into 2022.

Breakfast and lunch continued to be funded through state and federal programs. The portions per meal are based on federal guidelines, but over the years youth have complained that the amount is insufficient, and it continues to be so, as seen in the youth survey responses summarized later in this report. To address this, youth are able to request double entrees, which most youth receive. Double entrees, however, are not reimbursed by either the state or federal government. As such, the county continues to pay for the second entree. JH is reassessing the type of snacks provided to the youth in the evenings. Another youth complaint has been that the food is not appealing. The youth prefer meals that are familiar to their lifestyle. However, JH is required to provide balanced meals based on nutritional guidelines. JR, with the assistance of its Youth Advisory Council, has made menu changes that have received positive reviews. JH has adopted the same changes.

Other Support and Facility Areas

- Since the JJC's last visit, no progress has been made on the replacing of dryers. Current plans will replace the dryers in June 2022.
- No significant changes were made to the gymnasium besides repairs to the AC unit.
- The field is no longer being watered due to water shortages and as such, the field and outdoor area is minimally maintained. Bushes were removed in 2021 to address rodent issues and in their place, agave plants and maple trees were added.

- A new facilities manager was hired for both the Juvenile Hall and James Ranch. The manager will take over the daily operations of both facilities.

POLICIES AND PROCEDURES (P&P) AND OVERSIGHT

Policies and Procedures

The Policies and Procedures Manual is scheduled to be updated every two years. In reviewing the current Manual, no new Policies or Procedures were adopted since 2020. The areas identified as needing attention in last year's JH Inspection report continue to need attention.

The Rules of Conduct for the youth in Section 4.02 that is to be posted in all units, and explicitly explained to new admittees has not been updated since 2017. However, that section contains a far clearer explanation of what is expected of the youth while they are in the facility than the updated Juvenile Youth Orientation Handbook referenced in Section 8.01. Though the Youth Handbook has been redesigned, no changes have been made to the readability or grade level of the content. Since it has been recognized that youth who are admitted into custody are below grade level in their education, it appears the language in the Handbook has not been drafted and cross-checked for a reading comprehension level that is likely to be understood by most JH youth. In applying the Flesch-Kincaid grade level formula, the Handbook was written to 10.7 comprehension grade level. Experts indicate that text intended to be read by the general public should be aimed at the 8th grade level.⁶ Also, the new version of the handbook does however include a clearer description on the youth's Due Process Rights and the procedure that takes place upon the imposing of a discipline.⁷

Response to disasters⁸ was last updated in 2020. The facilities of JH and JR have been through fire, flood and COVID rehousing of youth, but according to the P&P, if both JH and JR are unavailable, the present alternative housing for youth is the Main Jail basement.⁹ In that Santa Clara and Santa Cruz shared housing during the Santa Cruz Mountains wildfires, a more reasonable alternative to the Main Jail basement should be considered as alternative housing.¹⁰ In the 2020 JH Inspection Report, the JJC recommended the development of mutual aid agreements between neighboring counties. As yet, to JJC's knowledge, the County has not made a decision to pursue such agreements

The JH section referenced in the County's Continuity of Operations Plan, Incident Command Center list of JH contacts are out of date¹¹ The County would benefit from a review of the

⁶Clear Language Group: <http://www.clearlanguagegroup.com/readability/>

⁷ Consequences imposed based on the youth's behavior in the JH program.

⁸ Juvenile Hall Policies and Procedures Manual Section 3

⁹ Juvenile Hall Policies and Procedures Manual Section 3.07 VI

¹⁰ This reference to the Main Jail Basement may actually refer back to the "Old" Main Jail South which has been demolished.

¹¹ The JJC reviewed of the County Copy of the COOP for JH and noted that it lists as contact persons those who are no longer serving in that position and three that have retired. p. 22.

current plan, update the process and incorporate the lessons learned from evacuations and COVID.

The JJC specifically reviewed the section regarding parental or citizen complaints and recommends that the response to a parent or citizen upon the completion of the inquiry of that complaint be provided not only in writing in English, but also in the language used in the complaint. As requested previously, the JJC continues to request that all complaints, information gathered, and the resolution of complaints be made available to the JJC for review. If the matter falls under a personnel issue, names can be redacted before releasing complaint and disposition information to the JJC.

As was noted in last's year recommendation, the policy regarding law enforcement contact with the youth (last updated 2017) still needs to be amended to state explicitly that police cannot interrogate a youth who is age 17 or under until the youth has consulted with an attorney.¹² In addition, the policy addressing admissions to JH does not reflect changes in practice since the last update in 2018.¹³

Reading Materials for Minors¹⁴ still prohibits materials which deal with witchcraft or the occult. The JJC has been informed by Probation that this prohibition has been lifted thereby making youth-focused literature such as Harry Potter available for both the Reading Center and books to be kept by the youth.

The reference to Probation staff needing to be emailed upon the potential admittance of a youth 13 years old or younger in P&P 11.02 includes former and retired members of Juvenile Probation staff. This should be revised to list just their position titles.¹⁵

It appears that, though the preceding year has been highly irregular because of COVID, some of the practices put in place to deal with COVID have greatly reduced the population, and these successful practices should be incorporated into further updates of the P&P.

The Commissioners learned that one of the responsibilities of the JH Quality Assurance Systems Unit (QS) is to review the P&P as well as JH practices for updates and improvements. JH is in the process of joining with other California juvenile centers, correctional facilities and many other law enforcement agencies to employ the services of Lexipol, which standardizes policies and procedures to meet state regulations while keeping up with changing legislation, meeting training requirements, and keeping personnel safe and healthy. A few Southern California juvenile halls have utilized their services and Santa Clara County JH will be the first Northern California transitioning to Lexipol. In addition, this will allow JH to provide the public access to their policies.

¹² Juvenile Hall Policies and Procedures Manual Section 8.04, Welfare and Institutions Code Section 625.6

¹³ Juvenile Hall Policies and Procedures Section 9.02

¹⁴ Juvenile Hall Policies and Procedures Manual Section 8.06

¹⁵ Juvenile Hall Policies and Procedures Manual Sections 11.02

Oversight

The Commissioners reviewed the following inspection reports:

California Board of State and Community Corrections (BSCC)

BSCC conducts biennial inspections of all juvenile institutions in California for compliance with Titles 15 and 24, California Code of Regulations. With COVID, the BSCC inspectors were unable to physically inspect JH until October 2021. In the October inspection report, the inspector noted "...we observed a well-rounded, efficient operation with opportunities for youth growth in all aspects of their program to ensure successful re-entry into their communities." No corrective actions were required. Further, the inspector complimented staff "... for their dedication, thoroughness and responsiveness... continue to do an outstanding job in caring for the youth in their care."

Prison Rape Elimination Act (PREA)

This Act was passed by Congress in 2003 and holds local correctional institutions responsible for compliance with national standards to protect those incarcerated from rape. A PREA inspector authorized by the Federal Department of Justice conducts an audit at least every three years. The last report was issued February 2020. The auditor identified certain areas for corrective action which were addressed prior to the correction deadline. Of the 43 standards measured, JH met standards in 37 areas and exceeded standards in six others.

Other Inspections

No corrective actions were identified as needed in the following inspection reports:

- Fire Department Santa Clara County 5/17/21
- County of Santa Clara Facilities and Fleet Department, Capital Program Division, 7/30/20 – the latest inspection received
- Judicial Inspection of Juvenile Detention Facility for Suitability, Superior Court of Santa Clara County, 5/14/21

BEHAVIOR MANAGEMENT

PBIS (Positive Behavior, Intervention, and Support), a behavior management program, had been used in the public-school setting. Probation decided to augment the existing behavior management program known as Antecedent-Behavior-Consequences or ABC to reinforce a consistent pattern of appropriate reward and discipline in both the classroom and the JH living units. Beginning in May of 2019, PBIS was implemented in the girls unit, followed in October 2019 with two male units. In February 2020 PBIS was used in all the units. Since COVID disrupted most programming and education in JH, implementation of PBIS also had been disrupted. Teachers did not return to the classroom until March 22, 2021. Education had gone virtual.

PBIS is based on the principles of being responsible, being respectful and being safe. A youth receives a "starbucks" for positive behavior. The "starbucks" are tangible and can be used by the youth to purchase items such as candy, personal hygiene, video games and phone calls in a

weekly store. A youth on any level can earn a “starbucks”. Unit supervisors with staff decided on the number of “starbucks” needed to purchase in their unit store.

The Probation Department prepared a report¹⁶ on the implementation of their Behavior Management program of PBIS on November 9, 2021. This internal management report found that between January and June 2021, two thousand five hundred and sixty-six (2,566) starbucks were given to 109 unduplicated youth. Most were given for being responsible (1321), respectful (805), and lastly, safe (434). Half of JH youth did not earn any starbucks. During the same time period, 233 youth received a reminder documenting improper behavior or a major sanction for violations of rules which resulted in a demotion from A to B level. A youth could be demoted to C level for fighting, accumulation of too many majors/reminders, contraband or other improper behavior. When this occurs, incident reports (IRs) are prepared.

While JH counselors reported that they have seen a difference in youth behavior, a data analysis of the impact of PBIS would inform JH about whether program modifications should be made. In particular, the JJC recommends that Probation analyze how to motivate the half of the JH population who did not receive “starbucks” and how the use of restraints and IRs compares to prior implementation of PBIS.

The November report indicated that some teachers gave out the “starbucks” freely. They are now encouraged to use “starbucks” only for “over and above” behaviors.

On the day the Commissioners talked with JH staff (January 5, 2022) no youth was on C level out of a population of 42. New admittees start at B level. They are oriented to behavior management during their JH orientation period when first admitted. They also are given a Handbook that describes the program and large posters are in every unit reinforcing the guidelines. Every youth has an assigned counselor, and they meet at least once a week. Probation reported the reduced JH population has helped keep the level of inappropriate behaviors to a minimum.

USE OF FORCE, INCIDENT REPORTS (IRs), GRIEVANCES AND DUE PROCESS

Use of Force

Staff at JH use force only to separate combative youth, prevent harm, or prevent escape. All other discipline matters are dealt with by counseling the youth to redirect behavior.

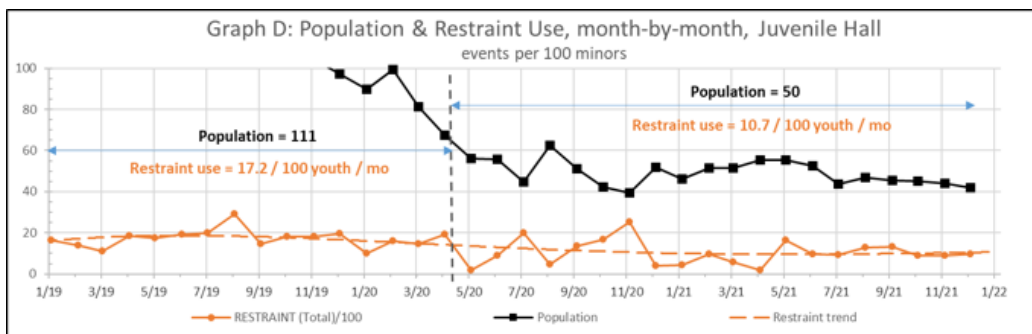
Incident Type		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Physical Restraints	Incident #						1							1
	%						1%							1%
Mechanical Restraints	Incident #	6	2		2	1	4	10		2		2		29
	%	8%	3%		3%	1%	5%	13%		3%		3%		38%

¹⁶ PBIS Data Results (January - June 2021), Santa Clara County Probation Department Research and Development Unit, 11/9/21

Both Physical & Mechanical Restraints	Incident #	2	3	3	1	9	3	3	6	5	4	4	4	47
	%	3%	4%	4%	1%	12%	4%	4%	8%	6%	5%	5%	5%	61%
Total	Incident #	8	5	3	3	10	8	13	6	7	4	5	4	77
	%	10%	6%	4%	4%	13%	10%	17%	9%	9%	5%	8%	5%	100%

Table D above, provided by Probation RAD, presents a yearly total of 77 incidents of the use of restraints and a monthly breakdown in the types and numbers of restraints used in 2021. A peak in the numbers was reached in July and steadily decreased by the end of the year.

Graph D shows a comparison in the population and restraint use rate in JH from January 2019 – January 2022.¹⁷ As can be seen in this graph, while the population went into a steep decline with SIP (Shelter in Place) around February 2020 and has held steady since that time, the rate per 100 youth in the use of restraints has remained constant, even with the constraints and stresses of COVID.



IRs

Any medical need, injury, assault, or contraband at the JH generates an IR, which is entered electronically in Lotus Notes, and assigned a unique control number. A total of 145 IRs were filed between January and December 2021.¹⁸ The reports are filled out electronically before the end of shift by each staff member involved in an incident and must be reviewed and accepted by the supervisor. The Probation Manager and Deputy Chief then review and approve the report, ensuring that all Title 15 provisions were followed during the event. Two supervisors review and critique Critical Incidents, which includes use of force, using a committee format as part of the JH quality improvement process.

The Commissioners reviewed the IRs and they appeared to have been handled appropriately, both procedurally and substantively.

Appeals and Grievances/Due Process Forms

Youth have the right to file an appeal from disciplinary action, for example a demotion to a lower level. Appeals were reviewed by the Commissioners. All appeared to have been handled

¹⁷ The restraint use rate is the sum of the instances of manual, mechanical (i.e. handcuff), and both use per month divided by the average monthly population, normalized to 100 youth. The restraint data is taken from Probation’s monthly Salient Feature Reports and the population data from Probation’s daily Statistics report.

¹⁸ This number is based on the monthly Salient Features Report provided by Probation.

consistently with due process. There were 205 Due Process forms filed from January to December 2021.

Grievances can be filed based on any failure of the program to meet the youth's needs, apparent staff issues with the youth, or inadequacies (ranging from no hot water to not enough food). Thirty-five grievances were filed between January and December 2021. Responses reviewed for grievances filed in 2021 appeared to comport with due process protocol and ranged from complaints over COVID intake and infirmary processes, complaints about wearing masks, and complaints about interaction with staff.

It was unclear to what extent appeals and grievances are entered directly into the system, transcribed after being handwritten, and/or remain on paper. The forms themselves are clear and appear to capture the essential information, but legibility of handwriting can be a challenge. The extent to which data are captured and used to discern patterns that could inform JH practices to reduce incidents remains a question.

The JJC intends to continue tracking the numbers, monitor the processes of the JH's IRs, Due Process forms and Grievances and look for trends. The JJC found in its review that the data located in Lotus Notes is rich for analysis on the success of the PBIS in modifying the JH youth behavior.

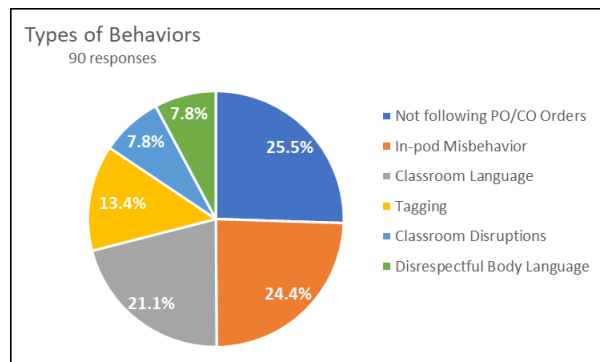
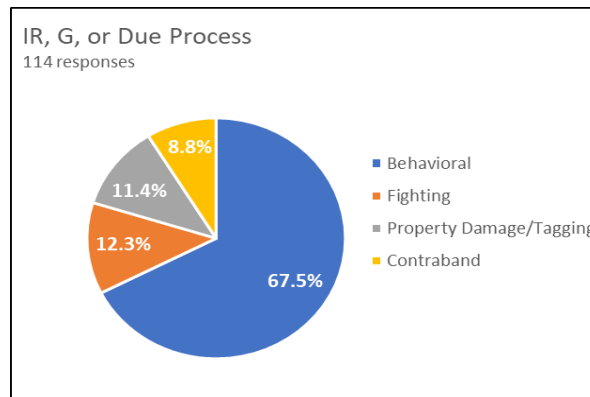
To be better informed, the JJC took a sample of 123 IRs and Due Process forms from March 2020 to June 2021.¹⁹ The following information was collected:

- Type of incident (e.g., fighting, tagging)
- Consequence of incident (e.g., a 10-day C level or demotion from A to B level)
- Location of incident
- Unit youth resides in (like B4 or B7)
- Specific details of incident - (e.g., contraband and what type of contraband – drugs, food, Pictures)
- Physical restraint use
- Known gang related incident (like tagging gang signs)
- Number of IRs a youth has
- Grievances - location and type of grievance
- The cause of the grievance
- The outcome of the grievance.

A cursory analysis of the sampling in the following pie charts shows the breakdown of the causes for JH staff IR reports. The largest category is behavioral issues followed next by fighting. Behavioral incidents included disrespectful communications through bedroom vents, disrespectful body language, classroom disruptions, in-unit misbehavior during out of bedroom time, tagging, not following rules, and threats on staff. Fighting categories included major

¹⁹ COVID protocols were in place throughout the sample dates.

physical altercation, low level altercations like pushing or fighting words, gang provoked fighting, and threats with physical force towards JH staff. More analysis is warranted, but this only can be done with the assistance of RAD.



The internal management report on the results of PBIS mentioned above looks at IRs from various angles. It is unclear if these reports are seen by the JH managers and supervisors. This report and similar reports could assist in determining if adjustments are needed to prevent or mitigate behavioral misconduct, to improve youth and staff interactions, for staff and teacher training and to assist Behavioral Health in identifying youth who need additional support if the youth continue to be involved in the same incidents.

In addition, the JJC reviewed the IRs, due process forms and grievances as part of its effort to fulfill its responsibility to inquire into the administration of juvenile justice in Santa Clara County. However, at present, the time spent to review and collect information from each entry in Lotus Notes is significant. The JJC requests that it receives any management reports available now or in the future that analyze this data for its review.

MULTI-AGENCY ASSESSMENT CENTER PROGRAMS AND ACTIVITIES

On January 21, 2022, three commissioners met virtually with the new supervising group counselor and JH Multi-Agency Assessment Center (MAAC) coordinator. The MAAC

assesses youth who are in custody beyond 72 hours to make the appropriate referrals for programs that address each youth's needs.

In March 2020 all in-person programs provided to Juvenile Hall by outside contractors or Community Based Organizations (CBOs) were stopped as a result of COVID. In May 2020 computer tablets were distributed and after IT problems were resolved, nearly all the previous CBO providers were connected to the youth via Zoom. Laptops and tablets were provided for youth who were participating in virtual programming. [Later in 2021 HealthRIGHT 360 offered in-person programming on a limited basis for a short time but returned to on-line sessions as the result of Omicron.](#) Furry Friends and the Community Garden program have been placed on hold; however, they are expected to return. Planned Parenthood has been short staffed during COVID and was not able to provide services. The Probation Department believes this program has been a positive addition to programming and has extended their prior agreement with Planned Parenthood, but it is not yet clear when they will return to JH.

CBO Services

The following are the services provided to youth in JH:

- *Catholic Charities*: workshops and individual sessions that cover family relationships, substance abuse, conflict resolution and healthy relationships
- *Fresh Lifelines for Youth*: workshops and individual sessions that address the youth's rights and juvenile justice or criminal justice system
- *Asian American Recovery Services/HealthRIGHT 360*: workshops and individual sessions that address substance abuse
- *New Hope for Youth*: workshops and individual sessions using El Joven Noble and Xinachtli curriculum and focusing on areas of gang intervention
- *Painters of Legend*: workshops
- *Young Women's Freedom Center*: workshops for female and Transgender and Gender Non-Conforming (TGNC) population
- *Correctional Institutions Chaplaincy Ministries*: multi-faith chaplaincy services both group and individual sessions
- *Catholic Charities Religious Services*: Catholic Chaplaincy services both group and individual sessions
- *The Beat Within*: workshops in creative writing, art, and drawing
- *YWCA*: sexual assault/PREA education workshops, crisis hotline services, victim advocacy services and support services
- *Girl Scouts of Northern California*: workshops for female population focusing on promoting a healthy lifestyle
- *Art of Yoga*: workshops
- *International Association for Human Values*: workshops to reduce trauma and interpersonal conflict by teaching relaxation breathing techniques to better cope with stress, sleeplessness and anxiety
- *The Rare Touch 2 Salon*: haircuts, braids, beard trimming services
- *Breathe program*: workshops to reduce trauma and interpersonal conflict by teaching relaxation breathing techniques to better cope with stress, sleeplessness and anxiety.

The programming offered as of March 2021 was nearly identical to last year's schedule. The virtual schedule includes CBO workshops Monday – Friday 3:30 - 5:00 PM. Hair care services have returned to JH with appropriate personal protective equipment (PPE) and COVID testing. This service is provided once a week at JH and the JR.

Youth are allowed to visit the learning lounge to borrow or read books.

Recreation

With the COVID limitations, the gym and field use has been restricted. Units have access to both, but only for individual activities. No team sports were played during 2021.

PREA

Every youth is required to receive a PREA orientation. This orientation occurs in the observation units where the youth is initially housed.

BEHAVIORAL HEALTH

The Behavioral Health Services Department (BHSD) provides integrated mental health and substance use services to youth in JH. Services begin with all youth entering JH receiving a screening for behavioral health needs within 24 hrs. Prior to the restrictions imposed by the COVID outbreak, youth were screened using a self-administered, computer-based instrument, the second version of the Massachusetts Youth Screening Instrument (MAYSI 2). Since the MAYSI 2 was taken on a shared computer in a confined space, it was no longer used, so staff have been using an informal screening process to identify the clinical needs of youth. They do hope to return to using the MAYSI 2, when they can safely do so.

The BHSD reported that 40% of youth they have served were diagnosed with an adjustment disorder, 6% with post traumatic syndrome disorder, and 5% with a major depressive disorder. Clinicians reported that the most abused substances have been alcohol, opioids, (including fentanyl), and marijuana. The BHSD has been working with Dr. Aggarwal, Medical Director in JH's Medical Clinic, to coordinate medically assisted treatment for youth with a dependence on opioids, including treatment after release from custody.

COVID Protocols

BHSD clinicians have continued to provide the same services as before the outbreak of COVID. They have been able to deliver in-person services in most cases due to precautions that have been put in place, for example: providing staff with personal protective equipment and installing plexiglass screens in counseling rooms. Some meetings with youth have occurred in larger, open areas or outside. The Omicron surge has led to some BHSD staff being out sick, which has been a challenge to maintaining full staffing, but it has been made easier due to the practice of cross-training staff so that they can be more easily reassigned to take on responsibilities outside their primary behavioral health assignments.

The department's management reported that this past year has been especially challenging due to COVID. They have very high praise for the flexibility and dedication of their clinicians and for the strong collaboration between their team, medical staff, and the Probation Department. Communication among all parties has been exemplary and they have been particularly impressed with the response of the Probation Department's leadership.

In-Custody Services

Eight clinicians (either licensed or license-eligible) are assigned to the BHSD Clinic to serve detained youth. This represents a decrease of two positions, which occurred when the County offered incentives for early, voluntary retirement to reduce its budget as it adjusted to the consequences of the pandemic. The impact of this reduction has been minimal due to the reduced number of youths in custody.

A clinical lead has been promoted to Program Manager I and another clinical lead, who had been working out of class has now been promoted to the Program Manager II position. The language capabilities of the clinical team include Spanish, Vietnamese, Hmong, Arabic, and Mandarin. Coverage is provided seven days a week from 8am until 9pm. Out-of-hours coverage is provided by clinicians who volunteer to be on call by phone and to come into Juvenile Hall as circumstances indicate. On holidays, an on-call clinician comes in person to complete intakes and to check in with youth.

During the past year one youth with developmental delays was receiving services through the San Andreas Regional Center (SARC). He has continued to receive services, while in custody, through agencies contracted by SARC, to help youth develop life skills.

Court for Individualized Treatment of Adolescents (CITA)

The Court for Individualized Treatment of Adolescent (CITA) is a therapeutic court intervention for youth with both a mental health and substance use diagnosis. Most participants live in the community, but some youth in custody have participated in CITA.

Two clinicians are assigned to CITA and are overseen by a clinical supervisor who has additional responsibilities.

Competency Services

Two rehabilitation counselors and one licensed clinician are assigned to provide services to youth who have been deemed unable to participate in the legal process due to an inability to understand the court process and assist their attorney in the preparation and defense of their case due to developmental delay, psychological impairment or insufficient age. The services are aimed at increasing the youths' competency to participate in their legal case.

The Behavioral Health Resource Center (BHRC)

The BHRC operates in collaboration with the Probation Department and CBOs. Referrals have continued to be lower due to COVID. Referrals can be made by any probation officer seeking services for a youth, including any released from custody. Referrals are reviewed by a clinician, who assesses the best match for the services needed. Services available include Support

Enhancement Services (SES), Substance Use Treatment Services (SUTS) and Pathways to Wellness (formerly called Katie A Services). BHRC staff collaborate with the BHSD call center to refer youth to Full-Service Partnership (FSP), Intensive FSP (IFSP) services, or to Transitional Aged Youth (TAY) Outpatient Services.

Oversight of the BHRC is being transferred to a BHSD manager who oversees Juvenile Justice contracts with CBO's to streamline care coordination services.

Psychological Assessments and Medication Services

A on-staff psychologist, and several contracted psychologists provide "602" psychological evaluations. Prior to the outbreak of the pandemic, two interns were also used. The number of requests for evaluations has decreased during the past year. Two parttime psychiatrists provide medication services. Dr. Aggarwal, JH Medical Director, works with the behavior health clinical team to meet the needs of youth and coordinate services for medically assisted treatment for substance use dependence.

Medical Clinic staff have a protocol to ensure that youth discharged from custody have continued access to any medications that they have been prescribed while at Juvenile Hall.

Collaboration with the Clinical Team at JR

[A protocol was adopted to facilitate communication between clinicians at JH and behavioral health clinicians at JR when a youth transfers from JH to JR. The new protocol is reported to be working well in ensuring the sharing of information for smoother continuity of services.](#)

Electronic Health Records

The BHSD began using a new Electronic Health Record system in September 2020. Some initial challenges were quickly overcome, and clinicians report being satisfied with the system. It can create statistical reports, but at the time of writing, they are not yet available for calendar year 2021.

MEDICAL SERVICES

Staffing

JH Medical services provide dental, vision, X-rays and ongoing comprehensive physical exams for each youth at the JH. The normal staffing ratio is to have two Registered nurses (RN) and a licensed vocational nurse (LVN) on the day shift and two RN's on the evening shift. One nurse is available during the night shift. Currently, staffing numbers are at a minimum, after one full-time RN retired in December 2021. Recruitment is posted to fill positions. They have managed the shortages by utilizing extra help, per diem and overtime to cover staffing needs the majority of the time. During the recent Omicron variant surge, the nurse at JR moved over to JH when all JR youth were transferred to JH on December 29, 2021. The clinical program with nursing students from SJSU and Stanford still is not rotating to the JH Clinic due to COVID. However, approximately six Stanford physicians and residents rotated to the Clinic, specifically those that are specializing in Pediatrics and Adolescent Health. [Medical staff noted that while the actual](#)

numbers of youth have decreased overall in the past year, the medical needs and care for the existing youth have increased.

COVID has delayed the follow up accreditation at JH by the Institute of Medical Quality (IMH) Corrections and Healthcare committee. The Clinic was in compliance with Title 15 regulations for 2021 based on an inspection for BSCC in October 2021.

Services and COVID Protocol

The intake process for an admitted youth at JH involves screening for communicable diseases including COVID symptoms, taking vital signs, documenting health history through HealthLink, and getting a medical history including medication, vision and hearing testing, mental health history, and drug/alcohol use. They are given a TB and COVID tests. They are asked about flu and COVID vaccine status. Follow up for parental consent is done where needed for the vaccines. COVID precautions are explained to the youth. Female youth are screened for sexually transmitted infections (STI) upon admission. All youth are offered STI testing during physical exams at admissions.

A youth is admitted to the initial observation unit for 14 days and tested at Day 0, 5, and 12 before being cleared for admission to a regular housing unit. This number of tests increased with the Omicron surge. The previous process in 2021 was similarly a 14-day new admission unit housing process but with testing on day 0 and 8 based on Public Health and infection control guidelines. During this initial admission period and based on the potential COVID incubation period, if a youth tests positive within the first 14 days, it is presumed to be due to a community exposure prior to being admitted (unless there is an identified internal exposure within this time period).

If, after this initial quarantine/admit period, a youth tested positive, it would be an internal exposure from staff or some other internal source. Reflective of community incidence, a notable increase in positive staff was seen during the Omicron surge leading to multiple potential internal exposures. When youth are considered exposed, they are tested as soon as there is knowledge of the exposure (which could be the same day or day 0) and again on days 4, 8, and 12 post-exposure to be cleared on day 14. Prior to the Omicron surge the post-exposure period was shortened to 10 days aligned with Public Health and community guidelines, and youth were tested as soon as the exposure was known (which could be the same day or day 0) and on day 8. Due to the increased risks of infection transmission from the Omicron variant, more conservative monitoring measures were instituted in consultation with Public Health for safety and to mitigate risks. In 2021, eight youths tested positive for COVID. Forty-nine flu vaccines and 196 Covid vaccines were administered to youth in 2021. Probation staff began daily COVID testing on January 14, 2022, increasing the earlier testing of one-two times per week. After training by medical staff, Probation now tests their own staff.

After the initial RN medical assessment, a youth will be scheduled for a comprehensive physical exam. The comprehensive physical exam involves a detailed medical intake including medical history (past medical and surgical problems, medications, allergies, etc.), family history and social history using the HEADS model (Home, Education, Activity, Drugs, Sexuality, Safety

[mental and behavioral health] and Strengths). An assessment plan is then prepared for the youth. This includes whether they need specialty care outside of the JH clinic through Valley Medical Center (VMC), Stanford, Kaiser or other clinical system. Youth who have established medical care within a specific clinical system have continued care within that system to every extent possible. If youth need to transition to specialty care, they are referred to a local provider based on their needs, generally at VMC, but Stanford Children’s Health is also utilized.

Type of Services	2020	2021
COVID Testing	NA	2416
COVID Positive Youth	NA	8
COVID Vaccines	NA	196
Flu Vaccines	NA	49
Intake Screening	NA	460
Sick Call	1532	1036
Clinic Visits	1413	1303
Physical Exams	NA	365
STI Screening and Test (female and male)	289	617
X-Rays	46	41
Hospitalizations	5	6
VMC Specialty Clinic Visits	NA	43
Other Non-VMC Appts.	NA	3
Hearing Screening	NA	258
Dental Clinic Visits	172	185
Vision Screening	46	312
Eyeglasses Given to Youth	NA	20

Table E shows the breakdown of medical services provided in 2021. It must be noted that the reported categories of services changed from 2020 to 2021, which makes it difficult for comparison. Of interest is the number of screenings for STI that appear to have increased significantly in 2021. Staff stated that low numbers of STI screenings in 2020 were attributed to medical staff’s efforts to mitigate the harm and risk of COVID. Currently, 14 out of 59 JH youth are on psychotropic medications.

Staff reported the optometry program is going well. As is shown in Table E, optometry screenings in 2021 have seen nearly a 700% increase over the number of screenings (46) in 2020. The Optometry Clinic began in October 2020. The optometrist comes to JH once a week and provides a wide range of services including initial visits with follow ups, a prescription for and/or over-the-counter glasses as needed, and routine eye health visits. Now all detained youth are seen by the optometrist and are tracked if they have issues that were not initially discovered. For any additional eye health issues beyond the scope of the optometrist, the youth will be referred to the ophthalmologist at VMC in collaboration with the optometrist.

Medical staff are subject to the County’s requirement that all staff be fully vaccinated and receive booster by of January 24, 2022, and unvaccinated individuals are not permitted to work at JH, even if they have an exemption from the vaccine mandate. Medical staff were COVID

testing multiple times per week in 2021. At the end of December 2021, medical staff began testing every day before beginning their shift due to the Omicron surge.

A nurse champion runs the health education program on teen pregnancy, STIs, sex education, Inhaler use, dental care, nutrition, acne, healthy food, wound care, sleep hygiene, COVID education, personal hygiene, substance abuse and prevention, immunization, healthy weight, and self-esteem. This education is offered four times per month, talking to youth one-on-one.

The partnership with Planned Parenthood is no longer in place, but the medical team works with County Public Health. Youth now are offered one-on-one health education on reproductive health topics when youth meet with physicians.

Medical staff noted that the JH nursing staff have gone above and beyond during this past year. COVID has created challenges and increased care needs for the youth. One particular challenge is the increase in youth using opioids and having to treat and care for youth going through withdrawal. Additionally, cannabis use is prevalent among youth. Youth coming into JH require more services and care with special needs in both medical and mental health. Medical staff and Probation have collaborated well during this period to manage the increasing needs for medical health care, specifically in reference to needs related to COVID.

Medical Records

Medical staff use the Healthlink (Epic) electronic data system for youth medical records. Psychiatrists also use Healthlink. Medical staff noted that the key for medical records is transparency to allow providers to understand youth physical and mental health needs. Medical staff can send referrals to BH in HealthLink. BH staff have read-only access to Healthlink. Although medical staff were trained on Avatar (BH's record keeping system) they use it very infrequently and need to follow up with further training for new and existing employees. Medical staff noted that for adults in custody, all health care providers (medical and behavioral) use Healthlink. Initially, medical staff were trained on Avatar but new staff have not used Avatar since COVID. Avatar use and access may be helpful but it is not currently a priority. Having two independent medical record systems is an impediment to care coordination. However, medical staff highlighted that they are in frequent communication with BH staff. Both groups participate in the shift change "huddles." They said that more in-person communication happens either by email or phone when the groups reach out to one another rather than going to look at records on Avatar or Healthlink. Medical staff noted they have very good collaboration and a positive working relationship with BH but having one electronic health record that allows for easy access to a youth's complete record would support care coordination.

The Patient Record and Information System Management (PRISM) records system is currently on standby due to a lack of funding. This records system would allow for broad communication between medical, probation staff, the Court, and BH. This system would help coordinate transportation requests, special medical diet needs, etc. The hope is that PRISM will be funded in the future. Since Probation staff and Medical have strong and regular day-to-day communications, the lack of the PRISM program is not a major concern.

Goals and Identified Improvements

Medical staff identified goals to improve the continuum of care for youth, especially when they are released into the community. Staff have had meetings with Children's Advocacy Center (CAC), Supporting Protecting and Respecting Kids Clinic (SPARK) and Homeless Health Clinics to improve the transition of youth medical care once they return to the community. Staff believe a medical social worker is needed to help youth transitioning in and out of custody. Medical staff hope to work with the Youth Advisory Council (YAC) and Fresh Lifelines for Youth (FLY) to put together a peer health education intervention. In particular, a gap exists in bridging care and service for chronic health care needs of youth once they return to the community. This need can result from insurance issues, adherence or ability to follow up and/or having an identified medical home with a primary care provider. Based on existing data, staff indicated justice-involved youth utilize acute care and emergency rooms more than primary care. Therefore, working with youth and families on transition of care and primary care access is a key priority for the medical team. In addition, staff voiced concern about making sure youth continue psychiatric medications once they are released and having a primary care doctor who will help manage their medication.

Medical staff acknowledged they have a need for capital improvements in the Clinic. The staff would like to update the existing medical facilities as needed and over time to respond to the youth's medical needs. Currently, they have only two infirmary rooms. If more than three youth test positive for COVID, Probation must open another unit to quarantine positive youth. They also believe that the air ventilation and exhaust systems in the building need upgrades. Finally, staff is interested in obtaining an upgraded bed that meets safety protocols. At present, they only have a crank bed. A new bed that is chargeable (without an electrical cord) costs approximately \$100K. In the alternative, such a bed could be rented.

EDUCATION

The National Institute of Justice states that providing education opportunities while in custody is the most effective means to reduce recidivism. The Osborne School, in Juvenile Hall, is one of the four Court and Community Schools operated by the Santa Clara County Office of Education (SCCOE) Alternative Education Department (AED).

Commissioners conducted on-line interviews with the Osborne Principal and teachers. In-person contact with administrators, teachers and students during the inspection period was not possible due to COVID restrictions.

As the Secure Track (ST) program began in July, some of the education staff began serving youth in that program. As the number of ST youth increased to eight by the beginning of 2022, the service time increased proportionately. A combination of high school, college, and Career Technical Education (CTE) services were provided by Osborne staff during the second half of the year.

The JH Average Daily Population (not including ST) in 2021 averaged 45 (maximum 61 and minimum 32). Despite an average length of stay (ALOS) of 144 days (maximum 191 and

minimum 98) over 50% remain in JH for less than 100 days.²⁰ In contrast with traditional schools, Osborne School can have a significant variation in its population and its composition from one month to the next, in the average length of time students are enrolled (from a few weeks to well over a year in other cases), and with entering students who frequently are significantly educationally disengaged.

The education-related recommendations provided by the JJC to SCCOE in its inspection report for 2020 were met. Student-teacher interactions were maximized to the extent possible by in-person teaching and Zoom sessions when access was restricted. Student use of Edgenuity was restricted to credit recovery only, in favor of in-person classroom and Zoom student-teacher interaction. RenStar testing and data use were increased from quarterly use and negligible data sharing to an individual 45-day testing cycle coupled with increased data sharing with teachers.

The annual COE Superintendent inspection and evaluation report was last completed in June 2021. Per Title 15, Section 1313 (d), this inspection and report must occur on an annual basis, or otherwise as required by law. Based on this report, on JJC interviews, and information and materials received from AED and Probation, educational services at Osborne have mostly recovered from the COVID impact sustained in 2020. Although some COVID impacts remain – masks and short-term lockdowns – students are receiving educational services appropriate to their needs.

Staff

Osborne School full-time staff:

One School Principal (dedicated to Osborne and Sunol Community School)

Five Core Content Teachers (reduced from six last year)

One Intake Teacher (new this year)

Two Special Education Teachers (reduced from four last year)

Four Para Educators

One Assessment Technician

One College Liaison

One CTE Teacher (increased to full time)

One School Office Coordinator (increased to full-time)

One Education Navigator (increased from part-time Transition Coordinator)

Shared with Blue Ridge School at James Ranch

One School Office Coordinator

One Academic Counselor

Shared within the whole Alternative Education Department

One Librarian–Literacy Teacher

One Instructional Materials Technician

One Special Education Program Specialist

One School Psychologist

²⁰ Based on Probation’s *Juvenile Hall & Ranch Daily Statistics* report.

SCCOE-AED reconfigured its Court and Community School administrative structure in July 2021. As a result, a dedicated Osborne Principal position was created and filled. Consequently, and with the full support of the AED, increased emphasis has been placed on regularly assessing student reengagement and academic progress by means of RenStar. In addition, maximizing student engagement in community college classes has occurred for those students whose goals and preparedness are appropriate to the challenge. And lastly, AED, in cooperation with Probation, has broadened the CTE offerings for students with these interests, while simultaneously retaining its fundamental focus on graduating from high school.

From April through December, teachers have been teaching in-person at Osborne. The youth have responded well to having teachers back in person.

PBIS

The Positive Behavioral Interventions and Supports (PBIS) program is fully implemented with teachers and JH staff. Rather than punitive interventions, the system, when appropriate, uses positive reinforcement (i.e., rewards) for good behavior and decisions. Anecdotally, the system appears to be having its intended effect, although reward distribution is not uniform among teachers and staff. That is, some appear to be more liberal than others in distributing rewards. Efforts to improve uniform interventions may require additional training.

RenStar

AED is using Renaissance Star (RenStar) educational assessment testing to measure the educational attainment (i.e., grade equivalent) and progress of students at Osborne. From January through July, the RenStar test was administered on a quarterly basis, independent of when a student had entered the school. However, beginning in August, the testing cycle was changed to being administered shortly after a student entered Osborne, and subsequently every 45 days thereafter. The testing cycle was predicated on the youth's admission date to Osborne rather than at some arbitrary quarterly date. This change was important in that it allowed for individual assessment and progress evaluations to be made on a regular basis for the student, with results provided to teachers for the purpose of personalizing instruction offerings.

One other change to RenStar that occurred mid-year was the transition from one evaluation grading standard to another. Consequently, it was uncertain if the test results obtained in early 2021 were consistent with the test results obtained late in 2021. However, the JJC was assured that the grading standard will remain consistent throughout 2022.

As in previous years, those entering JH are, on average, not performing at a grade level consistent with their out-of-custody peers. According to the data provided to the JJC, entering reading levels average grade 4.5 and math levels average grade 5.1. However, again based on data, over successive 50-day periods, average grade level improvements were noted to be 0.4 in reading and 0.9 in math. While substantial variation in attainment and improvement levels from student to student exists, the trends are encouraging.

Credit Recovery

Edgenuity™, a computer-based learning platform, was used as the exclusive educational vehicle in Osborne shortly after the onset of COVID in 2020. This presented learning challenges to students, especially for those without keyboard skills, or those requiring assistance in understanding materials or content. However, once teachers returned to in-person teaching in 2021, the use of Edgenuity was restricted to individual credit recovery work, to which the platform is much better suited.

Two key goals for JH educators are to 1) re-engage students educationally, and 2) to work with them to further their progress in graduating from high school. For many students, seeing a pathway toward graduation can provide the motivation for re-engaging with learning, but the gap between credits earned and credits required can be daunting. A realistic credit recovery process can help to bridge this gap. In addition, by using the AB 167/216 option, available for foster or probation youth who have been removed from their home, the 220 credit graduation requirement is reduced to 130 credits.²¹ On the inspection date, there were nine high school graduates.

College Engagement

For those JH students whose goals and preparedness are appropriate to the challenge, a full-time College Liaison works with them to enroll and select classes and is with them during video class sessions. While those who have graduated from high school are the primary focus, those who are nearing graduation are also included, if their interests and readiness align. As of the inspection date, 14 youth were enrolled in college classes, of whom five were non-graduates but dually enrolled, and are receiving college credit for each course completed.

Special Education Services

From January through December 2021, one hundred and thirty-four (134) special education students received services. As of the date of the JJC interview, 18 special education students were receiving services from two full-time Special Education teachers. Although youth with a 504 Accommodation Plan²² are not considered special needs, their accommodation(s) must be incorporated in the teaching environment as appropriate. A sampling of IEPs (Individual Education Plan) was current.

CTE Emphasis

COE, in collaboration with Probation, began introducing CTE (Career and Technical Education) opportunities to JH. Previously, these opportunities were only available as part of the JR program. For those youth who do not have an interest in continuing a formal education following their high school graduation, CTE can begin their preparation for meaningful and productive employment. In partnership with Silicon Valley Creates, digital music production and sound design is being offered. Plans are in place for Virtual Welding, Virtual Forklift Operation,

²¹ Credits in all core subjects remain; credits in Physical Education, Health, and Electives are not required.

²² Section 504 of the U.S. Rehabilitation Act of 1973. Accommodation plans may include physical accommodations, widened doorways, ramps, translation services, extended test taking times, etc. These provisions are distinct from education services as defined and required by the Individuals with Disabilities Education Act (IDEA) that ensures students with a disability are provided with Free Appropriate Public Education that is tailored to their individual needs.

sustainability and aquaponics to be introduced in 2022. At the successful completion of these courses, the students receive a certificate that allows them to advance their training as appropriate. As with other education activities, CTE is available when CTE teachers are present, and was curtailed when COVID restrictions were in force.

Educational Navigator

The appointment of a dedicated Education Navigator has improved the transition of students returning to their home districts upon discharge from JH. Meetings with students, parents, and home district personnel prior to discharge ensure a smooth re-enrollment process for the student. In many cases, the student receives a backpack with supplies and other materials to aid their transition to their next school.

Transitions for special education students to non-public schools (NPS) have proved to be more challenging, although the reason for this is that enrollment into those programs is determined by availability. Although about a dozen NPS are located in Santa Clara County, they frequently fill quickly and/or require very specific criteria to enter. If a student transitioning out of JH requires an NPS, the Education Navigator works with the school district to help determine the best placement. If that placement can't happen immediately, the school district will provide another temporary educational program for the student.

SURVEY

During this inspection, the JJC with Probation's assistance distributed a survey to the youth with the goal of obtaining a broader perspective of the JH environment from the youths' perspective. While some questions asked for a graded (agree to neutral to disagree) response, others invited an open-ended response. Forty-two out of 47 (89%) of the youth used this opportunity to provide input to the JJC. Those surveyed did not include those in the Secure Track (ST), as the inspection and survey for those youth will occur at a later date.

A copy of the survey is in Appendix A. The survey results are in tabular form in Appendix B. A total of **42 youth voluntarily completed the anonymous survey** which asked 15 questions. Looking at the responses in more detail, there are several themes and common responses:

Length of stay in Hall: From one week to over 160 weeks. Notably, the average self-reported length of stay was about 19 weeks (median was seven weeks). This compared to the 2020 report (average was 28 weeks, median was 12 weeks).

Times in the Hall: Self-reported *Times in the Hall* ranged from this being their first time up to 10 times in JH. Thirty-one percent reported they have been in JH five or more times. This is lower compares to 27% having returned to the JH five or more times in 2020. One may infer that recidivism has increased slightly though not to pre-2020 levels.

- 1. [survey question 1] I feel safe in the Hall.** Although 76% of those responding said they generally felt safe, 17% generally felt unsafe. The reasons given for feeling

unsafe centered on staff. Feelings of being unsafe have increased since the 2020 survey (7% to 12% to 17%).²³

2. **[survey question 2] Adults in the Hall are supportive and want me to succeed.** Sixty-four percent felt supported by the adults in JH, while 19% felt a lack of support and were not interested in their success. For this question, no youth offered any individual examples of support or lack of same.
3. **[survey question 7] In your time at the Hall, who [at the Hall] has been most helpful for you?** By a substantial margin, and not surprisingly, counselors have played a significant role in being helpful to the youth while in JH. To a lesser but still important extent, teachers were identified as being helpful during their time in JH. Notably, CBOs and other youth were identified as being helpful as well. One may conclude from this that the skills and ability to establish supportive peer relationships is happening in JH and should be encouraged. In contrast, about 30% of those responding noted that no one has been helpful to them during their time in JH.
4. **[survey question 13] Who has provided the most support to you during your time at the Hall?** This question is similar to the one above, although this one was open ended and elicited a variety of responses. Counselors and staff were still the most frequently identified, but family members were also mentioned. Other JH youth and friends were also noted as having provided support. The youth's attorney and BH staff were both identified as important sources of support.

COVID-related questions

5. **[survey question 3] I feel protected against COVID.** Forty-nine percent of those responding felt protected against COVID, while 27% felt at risk for COVID. Nearly 25% were neutral about this question. Having half of JH population feeling at risk or neutral about COVID protection is not surprising when one considers that COVID protocols have been in place continuously, 24/7, for as long as most of the youth have been in JH, while simultaneously coupled with staff shortages, teacher lockouts, and complete JR returns, all due to COVID.
6. **[survey question 5] During COVID, how have you been able to stay in touch with your family?** Most respondents have used the phone, FaceTime, or Zoom to stay in contact with their family, while a smaller percentage have used the mail and, when allowed, in-person visits. Of all the responses (many youth noting multiple methods), seven (17%) of the 42 respondents indicated that they had *not* been in touch with their family. While valid reasons may exist for this lack of contact (e.g., family dynamics), encouraging and providing for frequent family contact is essential.

²³ It is important to note that this question on the 2020 and 2021 surveys asked for a "Yes" "No" response, the 2022 survey responses were from Agree to Disagree on a 1 to 5 continuum. For this survey, feeling safe was interpreted as a 1 or 2 response, whereas a feeling unsafe response was a 4 or 5 response.

7. **[survey question 6] In your time at the Hall, who have you talked to about the COVID vaccine?** Nearly 75% of those responding identified the medical staff as having had conversations with them about the COVID vaccines. Counselors and other youth have also played an important role in this regard. Notably, six in 42 (14%) responded that no one had spoken to them about the vaccine.

School-related questions

8. **[survey question 4] I'm doing better at this school than at my previous school.** Forty-five percent of the respondents indicated that they were doing better at Osborne than at their previous school, while 31% believed they were not doing as well at Osborne. It is important not to read too much into this latter statistic. Without additional information, due to their confinement, court pressures, separation from family and friends, or other factors, their schooling may not be progressing as well as before.
9. **[survey question 10] Please list the college or vocation skills you are interested in pursuing?** This question elicited one of the more encouraging sets of responses as the youth articulated their personal education or career goals. They included receiving their high school diploma, attending a community college or trade school, being a student athlete, pursuing a career in business, computer science, music, mechanics, as an electrician, plumber, fire fighter, welder, in construction, as a pediatrician, a medical assistant, a writer, and an artist. In these responses, there was no shortage of ambition.
10. **[survey question 11] Do you feel like you are getting support for these interests?** This question offered three responses: Yes, Some, and No. While not everyone responded, of those who did, 80% felt that they were receiving some or enough support in the pursuit of the goals offered previously. Clearly, it's important that these goals, once identified, be nurtured and supported as much as possible.
11. **[survey question 12] What has been the most difficult part of being at the Hall?** As one might expect, being separated from family members and friends was the most frequent response. Difficulties also included the added stress of COVID rules and quarantines. As well, the basic stress of spending time in JH – “staying out of trouble,” dealing with other youth 24/7, spending long periods in one's room, or the lights. For some, it was dealing with staff and feeling not heard, or being singled out. All are understandable and valid responses to a loss of freedom.
12. **[survey question 9] If you could improve one thing about the Hall, what would it be?** This question offered four options for JH improvement and youth could select any that applied. However, respondents had other suggestions as well. Taken together, the most were about or involved food – the need for larger portions, the lack of meal variety, better snacks. The second area for improvement suggestions was activities. These included more phone calls, better and more regular barbers, going out to the field more, and better courtyard balls.

13. [survey question 8] When you think about leaving the Hall, what worries you?

Interestingly, 45% of those responding felt they had nothing to worry about once they left JH. On the other hand, returning to JH was a worry for 38% of those responding. Among the others, finding or holding a job was of concern, while school-related issues was a concern for 12% of the youth. Lingering or new issues with family or friends was of concern, too. Addressing all of these concerns, even those who profess to have no worries about leaving JH, should be part of the reintegration process for youth leaving JH.

14. [survey question 14] The Medical Clinic offers educational videos and classes about many medical issues. Is there a topic you would like to have presented?

Four respondents suggested videos or classes on CPR, exercise, weight loss, and sleep issues.

15. [survey question 15] What else would you like us to know? As with the question about suggestions for JH improvement, this question elicited numerous responses. The most frequent concern was cold showers from several units. (This continues to be a concern in repeated surveys. An agreement with Fleet & Facilities for a rapid response to these complaints is needed.) Similar food issues were also raised here as they were in survey question 9. Likewise for activity concerns – lack of time outside and more frequent access to workout equipment. Requests for more laptop access to support college classes, a commissary, and more phone calls for older youth rounded out the list of concerns.

Survey Summary

The survey provided JH youth with an anonymous means to express their concerns and intentions. It is likely that much of what is noted above is already known to various JH counselors, clinicians, therapists, and teachers. Nevertheless, it is important to highlight a few significant items and responses.

1. Family members – parents, grandparents, and siblings – were significantly identified as providing support to the youth. Every means possible should be employed to maintain, facilitate, and where possible, expand familial support while the youth is in JH.
2. Like the surveys in previous years' reports, a significant majority of the youth reported feeling safe during their stay in JH. Notably, the percentage of those feeling unsafe increased this year to 17%. Though higher than past surveys, the survey method differed this year from that used previously and may have contributed to the higher number. Even if this is the cause, or only a part of it, youth feeling unsafe, whether from other youth or from staff, should be carefully monitored.
3. After having weathered the significant education disruption that occurred at Osborne due to COVID, it is important to note that nearly half of those responding felt that

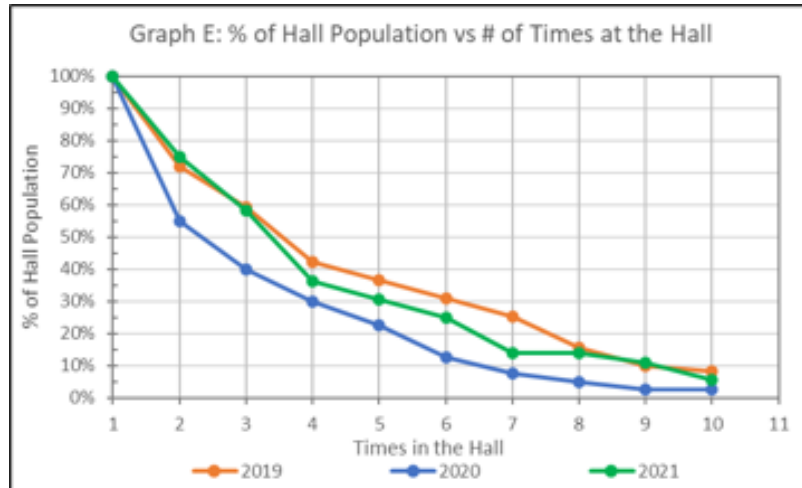
they were doing better at Osborne than at their previous school. This is perhaps the most important education finding of the survey, namely, that many youth are reengaging with education. This, coupled with the enthusiasm for educational and career goal articulation, is a significant step forward. The challenge is to make the engagement strong enough to continue to flourish once away from JH.

4. Food issues, more so than in past surveys, are of concern to the youth. Larger portions, a wider menu variety, and more and varied snacks were echoed by several youth.
5. As noted in previous surveys, the lack of hot water for showers was a significant theme in this survey. An understanding with the County Facilities & Fleet Department that prioritizes an appropriate response is needed.
6. The survey reveals that most youth have several concerns about what they will encounter once they leave JH. The early acknowledging and addressing these concerns to the extent possible must continue to be an essential part of their overall preparation for a successful JH exit.
7. As identified in previous surveys, a positive relationship between youth and staff – counselors, teachers, medical and behavioral health clinicians – is critically important and influential to the long-term success of these youth. In a confined environment such as JH, the importance of these relationships cannot be overstated. However, these confined and controlled conditions also can have adverse effects on staff as well. Adequate time for staff restoration must also be available in order to be equipped to meet the needs of the youth.
8. The medical staff has been the leader in the efforts to keep the youth safe from COVID. Their offer to address other areas of concern identified by youth should be seized to both further engage the youth in their own well-being as well as to understand the benefit to having a positive relationship with a medical professional.

Although self-reported numbers must be viewed with caution, the number of times that youth have returned to JH seems to have increased somewhat from that stated in last year's report. Although this may be interpreted as an increase in recidivism, other factors may be involved. For example, the near elimination of girls in the population during 2021 (who traditionally have had fewer JH returns), the practices that were instituted within the County as a result of COVID in 2020, and the general increase in average age of those at JH,²⁴ all may have contributed to the current increase.

²⁴ During 2020, per data taken from Probation's Juvenile Hall & Ranches Daily Statistics report, the ratio of Hall population of those 14 years and younger to those 17 years and older was 0.16. In 2021 it was 0.11.

average age of those at JH,²⁵ all may have contributed to the current increase. The Graph E shows the proportion of JH population versus the number of self-reported returns to the JH, i.e., in the 2022 survey, 75% reported having been at JH two or more times, 60% reported having been there three or more times, etc.



EQUITY AND SOCIAL JUSTICE

The JJC strives to view every aspect of its work through an equity and justice lens. This perspective permeates all aspects of its reports, as it has in this year’s JH report.

Santa Clara County juvenile justice system partners have made major efforts to address disproportionality in the juvenile justice system. Even as the system has worked hard to decrease the overall number of youth detained in JH and at the JR and increased program opportunities in the community for youth and their families, the overrepresentation of youth of color still persists in the system. Looking at arrest rates in Santa Clara County for 2020, the latest data analysis available, Black youth were five times more likely than White youth to be arrested or cited and Latinx youth over four times more likely to be arrested.²⁶ Moving to admission to JH, detention rates show that 12 Black and seven Latinx were more likely to be detained than White youth.²⁷

Chart 4 illustrates the inequity of arrests and detentions for Latinx and Black youth throughout 2021.²⁸ This suggests that as youth of color penetrate the system, disproportionality increases.

The section on Disproportionality, pg. 9, provides further discussion concerning the disproportional rates of youth of color detained in JH and the possible influence of RAI overrides

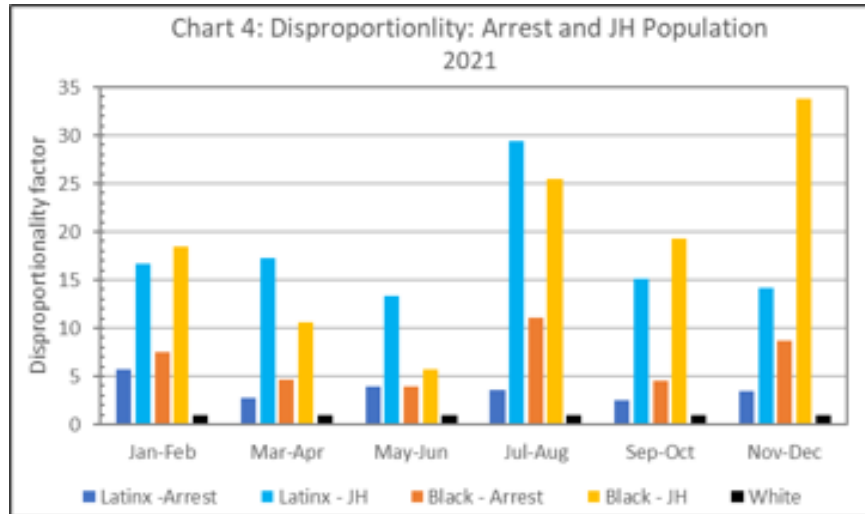
²⁵ During 2020, per data taken from Probation’s Juvenile Hall & Ranches Daily Statistics report, the ratio of Hall population of those 14 years and younger to those 17 years and older was 0.16. In 2021 it was 0.11.

²⁶ Juvenile Justice Annual Report 2020, 70-75.

²⁷ Ibid

²⁸ The data used in this graph was from Juvenile Probation daily and monthly reports. All data was normalized to White = 1.

on the occurrence. Why disproportionality increases from arrest to JH detention is an area for study. Influences could be the seriousness of the charge, youth’s previous history, lack of culturally appropriate community diversion services, unidentified bias in the RAI, or others. Whatever it is or in combination, the system has no better understanding than it did a decade ago.



The JJC hopes that system partners continue to press for ways to solve this persistent problem. Improved school engagement, the development of healthy relationships with family and friends, fostering supportive human connections and building on the strengths in families are factors that are essential to preventing youth of color from entering or returning to the juvenile justice system.

SUMMARY FINDINGS

The JJC has completed its 2021 annual inspection of JH. Based on what the JJC learned during its inspection and review of documents, data, and state and agencies’ inspections, the JJC considers the JH residents are well-supervised and thoughtfully managed and meets Title 15 and 24 of the California Code of Regulations. Additionally, the JJC found that JH administration and all supporting agencies successfully protected youth from COVID while providing needed services under a difficult situation.

The Commendations and Recommendations in this report lists successes and opportunities for specific improvements. **The Commission requests responses to its recommendations by July 2022.**

Approved by the Juvenile Justice Commission, Santa Clara County, on April 5, 2022.



Victoria BurtonBurke, Chair



Jean Pennypacker, JH Inspection Chair

APPENDIX

- **Appendix A – Sample Youth Survey**
- **Appendix B – Youth Survey Summary**
- **Appendix C – Documents Reviewed**

Appendix A

Youth Survey – Juvenile Hall

Hello! We are the Santa Clara County Juvenile Justice Commission (JJC), and we inspect Juvenile Hall to make sure it is a safe and supportive place. By completing this survey, you will help us continue to improve the Hall.

Please DO NOT write your name on this survey. Your responses are confidential—meaning no one else sees your answers—and your honest opinion makes a difference. Thank you for your feedback!

Age: _____ Unit: _____ How long have you been at the Hall: _____ (wks)
How many times have you been at the Hall? _____

- =====
- Please circle the number that represents how you feel.** Agree ----- Disagree
1. I feel safe at Juvenile Hall. 1 ---- 2 ---- 3 ---- 4 ---- 5
If you circled 4 or 5, please write your safety concern _____
2. Adults at the Hall are supportive and want me to succeed. 1 ---- 2 ---- 3 ---- 4 ---- 5
3. I feel protected against COVID-19. 1 ---- 2 ---- 3 ---- 4 ---- 5
4. I'm doing better at this school than at my previous school. 1 ---- 2 ---- 3 ---- 4 ---- 5
- =====

- Please check all the boxes that apply.**
5. During COVID, how have you been able to stay in touch with your family?
 Visits phone FaceTime / Zoom mail haven't been in touch
6. In your time at the Hall, who have you talked to about the COVID-19 vaccine?
 Counselors Medical Staff Other youth No one has talked to me about the vaccine
7. In your time at the Hall, who has been most helpful for you?
 Counselors CBO's Other youth Religious staff Teachers No one
8. When you think about leaving the Hall, what worries you?
 School Job Family Friends Coming back Nothing
9. If you could improve one thing about the Hall, what would it be?
 Food School Activities Safety _____



NEXT PAGE

It is OK to tear this piece off to save our information.

How to reach the JJC:
(408) 278-5993 – sccjic@gmail.com – Juvenile Justice Commission, 191 N. First St, San Jose, CA 95113

10. Please list the college or vocational skills you are interested in pursuing? _____

11. Do you feel like you are getting support for these interests? Yes Some No

12. What has been the most difficult part of being at the Hall? _____

13. Who has provided the most support to you during your time in the Hall? _____

14. The Medical Clinic offers educational videos and classes about many medical issues. Is there a topic you would like to have presented?

15. What else would you like us to know? _____

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How to reach the JJC:

(408) 278-5993 – sccjic@gmail.com – Juvenile Justice Commission, 191 N. First St, San Jose, CA 95113

Appendix C

Documents Reviewed

- Superior Court of Santa Clara County, Judicial Inspection of Juvenile Detention Facility for Suitability (Welfare and Institutions Code § 209), Juvenile Hall, May 14, 2021
- Fire Department Santa Clara County, Fire Clearance Notice, Juvenile Hall SSC, 5/17/21
- State of California Board of State and Community Corrections, Santa Clara County Juvenile Hall and William F. James Ranch BSCC # 7587 and 7593, 2020-2022 Biennial Inspection Pursuant to WIC 209 and 885, October 25-26, 2021
- 2020 Annual Juvenile Justice Report prepared by Probation (latest report)
- 2021 Santa Clara County Children's Data Book
- Santa Clara County Risk Assessment Instrument, Santa Clara County Juvenile Probation
- Santa Clara County Juvenile Hall Parent Handbook (Rev date unknown)
- Youth Orientation Handbook, Santa Clara County Probation (Rev: 10/27/21)
- PREA Inspection Report, 2/27/20 (latest inspection report)
- Response to Juvenile Justice Commission's 2020 Juvenile Hall Recommendations – Probation
- Response to Juvenile Justice Commission's 2020 Juvenile Hall Recommendations – County Office of Education
- Inspection Notice, County of Santa Clara Facilities and Fleets Department, Capital Programs Division 7/30/20 (latest inspection)
- **Dangers of Detention: The Impact of Incarcerated Youth in Detention and Other Secure Facilities** by Barry Holman and Jason Ziedenberg, Justice Policy Institute Report, November 2005
- PBIS Data Results (January-June 2021) Internal JH Report-Santa Clara County Probation Department, 11/9/21
- Juvenile Facility Education Program Review and Evaluation, Osborne School, June 2021 [Santa Clara County Office of Education]
- Environmental Health Evaluation, County of Santa Clara. Environmental Health Department, October, 21, 2021

- Nutritional Health Evaluation, October 21, 2021, Santa Clara County Public Health Department, Women, Infants and Children (WIC)
- Medical/Mental Health Evaluation, October 21, 2021, County of Santa Clara Public Health Department
- Juvenile Facility Education Program Review and Evaluation, Osborne School, May 29, 2019 and September 16, 2019 [Santa Clara County Office of Education]