

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

**CHILDREN'S SHELTER
2005**

INTRODUCTION

The Santa Clara County Juvenile Justice Commission inspected the Children's Shelter on February 14th, May 17th and May 18, 2005, pursuant to the State of California Welfare and Institutions Code §229. Commissioners visited the facility and conducted interviews with Shelter staff, support staff and children. The Shelter, licensed by the state in 2002, is under the jurisdiction of Santa Clara County Social Services Agency (SSA) with the director reporting to the head of the SSA Department of Family and Children's Services.

The Santa Clara County Children's Shelter serves children, infants to 18 years of age, who are dependents of the court or are waiting for a hearing in regards to allegations of child abuse or neglect issues. The goal of the Shelter is to provide a nurturing, safe, and healing short-term environment for children whose parents can't protect them.

This report, a descriptive summary of the information collected, is divided into the following categories: population, cottages, medical and mental health services, programs, physical facility, kitchen and reports. General comments/concerns, commendations and recommendations complete the report.

POPULATION

On the first inspection day, the population was 20. During the May visits, the total was 30.

Gender Breakdown

AGE	Feb			May		
	M	F	Total	M	F	Total
0-5	0	1	1	0	0	0
6-12	4	7	11	4	10	14
13-18	4	4	8	10	6	16
Total	8	12	20	14	16	30

Ethnicity Breakdown in February

3 African American
3 Caucasian
4 Vietnamese
10 Hispanic

There has been an overall decline in the population and the average length of stay over the last year. The licensed capacity of the Shelter is 132 youth. With the sharp emphasis on reducing the Shelter population, the average length of stay has been reduced from nine days to five days.

THE COTTAGES

The children are divided by age, gender, and anticipated length of stay into cottage living units.

<u>Cottages</u>		<u>Feb</u>	<u>May</u>
McKenna	Infants and toddlers	1	0
Cowell	Newcomers, co-ed, siblings	10	14
Randall	Adolescent girls – 13-18	4	10 (no pregnant girls)
Shea	Teenage Boys – 12-18	<u>5</u>	<u>6</u>
	Total	20	30

Cowell Cottage Cowell houses the newly admitted children ages 6-12. This is a co-ed cottage as many families are kept together when they enter the Shelter. The Cowell Cottage population on the first day of the inspection was ten youth, with most at school off-campus. Most of them currently attend their home schools. The cottage manager pointed out that there are no runners/walkers in Cowell as anyone less than 12 years old can be physically stopped from running.

The staff varies with each shift, usually with a ratio of one staff to six youth, if there is no youth requiring one-on-one supervision in the cottage. The staff is all seasoned, one with 18 years experience and another with 10 years experience. Others average four years experience, except the extra help that is fairly new.

Lots of time is spent working with the social worker in preparing a plan for the youth, with the emphasis on getting the youth into a home-like setting as soon as possible. The cottage manager said there is a lot of recidivism, with some girls in and out seven times in two years. He also spoke highly of the joint training between social workers, Mental Health and Counselors of which he said that should be increased. He mentioned a planned training on HIV. He also spoke highly of the Family Finding process for children even if the family found wouldn't take them full-time they could still be involved in some aspect of their lives.

Randall Cottage There were four children in Randall Cottage at the time of the first visit, with one of the children waiting to leave. One of the girls was reading *The Odyssey* rather intently and Commissioners spoke with her. She said she had been in the Shelter for four days and didn't know why she had not been cleared to go to her regular school because she didn't want to get behind. She was having problems at home she said.

Personnel on duty at the time of the visit consisted of one supervisor and three staff members. There were no youth with one-on-one supervision on the day of the visit. The normal level of staffing is one staff person for six youth. A staff driver is in and out of the cottage. There were no youth attending outside school. On February 1st there were 13 youth attending outside school, the staff reported.

Shea Cottage The Cottage Manager said the population on February 14th was six youth, with one youth on one-on-one supervision. One youth was not attending a school and one youth was attending the Shelter school. Four foster grandparents were playing a game of dominoes and were not interacting with youth. A one-on-one counselor sat with one youth watching television. The child looked frightened so Commissioners decided not to interview him. One full-time staff was crocheting and she said that now the Silicon Valley Children's Fund was not providing yarn for the children to make things. The manager said an attempt is made to not keep the youth in the Shelter too long. An attempt is made to keep the youth in school where it will be a positive for the youth as a number of them are involved in school sports. It is often hard to find a foster home in the area where the youth participates in school sports.

McKenna Cottage McKenna Cottage is open occasionally on an 'as needed' basis for infants and toddlers. A staff member was holding a five-month-old baby who had arrived the

very day of the February 14 visit. The child was scheduled to leave for an emergency placement immediately. Age appropriate toys were available.

Valley Cottage Valley Cottage is closed

Ford Cottage Ford Cottage is closed as a residence but being re-used for the Success Camp.

MEDICAL HEALTH SERVICES

Two full-time nurses and one full-time medical clerk were available as well as a Pediatrician. The same Head Nurse oversees this Clinic as oversees the Hall and Ranches.

A foster parent had brought in two preschoolers. They looked distressed and their charts were not yet available. The clinic staff were very attentive to both the children and the foster parent. The foster parent was an emergency shelter foster parent and she was diligent about bringing children back to the Clinic after placement with her to make sure all the medical information was secured. Unlike Juvenile Hall, the clinic staff said they had great problems identifying medical records on new admits. The comment was that the children were seldom linked to the VMC database.

Clinic staff decried the lack of coordination between social workers and mental health Counselors. The doctor cited that the Health and Education Passports were almost non-existent for children in the Shelter. He said social workers don't think that collecting medical information is their job and so medical issues fall through the cracks. He said there were a total of four Child's Health and Dependency Program (CHDP) nurses who were supposed to do the Medical Passports – that's a caseload of 600 children to every nurse.

The doctor pointed out that while the population was down in the Shelter the children were still being brought into the Shelter Clinic and receiving medical and mental health assessments at the same high rate. He said he was particularly concerned with mental health follow-through. "Everything revolves around crisis here." The nurses said they agreed. Sometimes it was obvious that a youth needed counseling or medication. Even though this need was charted by the Shelter Clinic staff, it was often overlooked by the social worker, caretaker, mental health workers etc. Youth don't get over a depression in a few days. If these needs were noted on the Health and Education Passports, the follow-up would more likely happen.

The nurses became more involved when Commissioners asked what areas needed improvement. Social workers are not geared towards solving the actual problems the youth may have. Social workers are geared towards getting the child to a placement and then on to the next crisis. The nurses commented that they had worked in the Clinic and with these kinds of children for many years and they hated to see them coming back at an older and older age. The youth who were 15-16 years of age really needed some educational programming on child development, sexuality, family planning, drug education etc. These youth need to learn how to survive on their own. They need to learn about going to school and getting a job. When we mentioned Independent Living Program they said that only a few youth went through that program.

The social workers' recommendation was to transform the Shelter into truly an Assessment Center. Every child coming into the system needs to have at least three or four days or visits to the Shelter so that a complete mental health and medical assessment could be conducted. A Multi-Disciplinary Team (MDT) meeting should be held at least once a week with social workers, nurses and mental health counselors available for planning case goals and objectives. Referrals for medication or asthma are not implemented as noticed when a year later when they return, nothing has been done. Referrals take too long. Doctors and nurses should not have to be making constant calls to get follow-up

care for youth. All medical personnel agreed that perhaps only 5% of admits ever had a medical passport. The relatives just don't do them and the CHDP nurses have too high a caseload.

The clinic staff also said that language problems with children and caretakers were also an issue because kids were placed with non-English speaking caretakers. These caretakers do not understand that the children must return for treatment or follow-up visits. Children should not be placed in a home where they cannot get the follow-up care they need. Foster parents need better training.

MENTAL HEALTH SERVICES

A long-time Mental Health Counselor said the Shelter campus dynamics are changing. The Mental Health Department has been reduced from 18 staff members to seven: a supervisor, four full-time clinicians and two full-time rehab counselors. Therapists do the initial assessments and follow-ups when the youth are in placement at one three and six month intervals. This will provide continuity of care. Rehabilitation counselors work with the children on campus. Two interns assist as part of their advanced education. There is campus coverage week days from 8:00am to 9:00 pm and night time and weekend coverage by pager. There is a staff person bilingual in Spanish. The bilingual Vietnamese staff person has been moved to Juvenile Hall.

The staff person, while not familiar with the Health and Education Passport, said everything was going "on-line." A new system, Unicare, was on-line with Mental Health Services. Confidentiality issues are addressed by use of a closed system.

Staff screens all youth coming in the door but there is a limited chance for assessment. A new assessment pilot is beginning with young children. In this pilot incoming youth, six to eleven years of age or new to the system, receive a comprehensive assessment report. Return visits may be necessary if the child goes to placement before the assessment is completed. There is interaction with the caretakers at that time regarding settling in, emotional stability, and information natural parents would share. The hope is to expand the mental health assessment to all incoming Shelter and foster children so they can get referrals to contract agencies for long-term therapies.

The staff person said cross training and more interaction between Mental Health staff and cottage staff is needed. Time is available but it has not occurred as yet.

Art therapy, as a means of building self esteem, is closely related to mental health. The recently discontinued art program has returned to the Shelter, the staff person reported. This program also helps youth to better manage their time and cope with life on the Shelter campus. The Art Program is invaluable in diagnosis and coping for youth in crisis.

PROGRAMS

Placement Program Shelter staff has a policy direction to keep the 0-6 age group in residence to zero, if possible, or to move these infants, toddlers, and preschoolers to placement as soon as possible. Sibling groups may cause a toddler to stay longer. With the sharp emphasis on placing the Shelter children in foster or group homes, the average length of stay and overall population have been reduced.

Children are traumatized by removal from their homes. They need time to settle and adjust. Time is needed to get the children the services they require. "Kids are shuffled and sent out," stated one staff member.

All residents have an MDT meeting after a stay of two weeks. Finding an appropriate placement is difficult for youth with behavioral problems, mental health issues, or are on one-on-one supervision. Eastfield Ming Quong provides professional foster parent training for more difficult placements, a cottage

manager reported. Placement involving blood relatives helps to maintain the placement and the connection is beneficial in relieving the mental health issues.

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

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

The teachers presented a song prepared for kindergarten-level students titled "*I Can Do It*". The words and music for the song were written by one teacher. A second song, "*Things Are Not Always As They Seem*", was written and presented by the teaching team.

The Success Camp is a great idea and could be a great resource to youth. Priority needs to focus on getting youth there so the program can be evaluated for success. Between March and June the program will be tracked and follow-up procedures developed. Caregivers should meet once a month with Mental Health staff to try to incorporate success language in the home itself.

Art Program The highly acclaimed art program, previously funded by Silicon Valley Children's Fund (SVCF), was cut for six months this past year but is presently back in operation due to combined funding from the SVCF, DFCS and a grant from the National Endowment for the Arts (NEA). Staff and youth are pleased with the return of this highly successful program. From a mental health perspective, art is a valuable resource in treatment for these youth. Children are able to express themselves in a creative manner through their art. Examples of the works are displayed throughout the facility and create a unifying force for current residents. Youth are able to work out anger by even destroying their creations or to proudly show their patchwork pillows!

Through the NEA grant, two teachers have expanded the program to five community centers. Students passed by word of mouth the praise of this program and within six months each program had to be capped and a waiting list established. The children learn to respect and trust in a caring environment under the supervision of acknowledged artists and volunteers.

Foster Grandparents Program Foster grandparents provide a listening ear and caring assistance for these children. Each has his or her own strengths to share with the children, such as gardening, knitting and crocheting, or time to play games. During the evening hours of the JJC visit, the children were crocheting baby blankets. Commissioners wondered why the grandparents were at the Shelter when the children were in school.

Preschool Program The pre-school program has been discontinued.

Recreation / Social development programs The Children's Shelter provides sports, activities, games and an enrichment program. Play is a part of childhood for physical and mental growth and both right and left brain development. The sports program is modified for the varied ages of children. Health & fitness programs, outings, barbecues, and ball games are frequent. Students attending outside school are encouraged to participate in their school activities and transportation is provided.

The recreation staff member works with the City of San Jose sponsored Camden Teen Center. Shelter teens participate in games, sports, and dances at the Center. Teens know that social activities are a large part of their peers' lives.

An Independent Living Program helps prepare the teens transitioning to adulthood. They learn budgeting and finances, job placement and interviewing, apartment hunting, etc.

School Program Attendance at the student's prior public school is recommended for continuity and stability for the Shelter students. The social worker's okay is needed before the youth can be sent to school. The school liaison person determines the school the youth will attend and Shelter staff provide the transportation. The JJC visited with one child who entered the Shelter on Friday and was still not attending any school on Wednesday afternoon. She was lonely sitting in the cottage when the others were going to McKenna School.

McKenna School The COE operates this one-class school for those residents who cannot return to their home schools. At a Commission meeting it had been reported that there was no longer a full-time teacher at the school. There have been only nine school days when there were no students. Generally youth who need one to one supervision and certain special ed students have difficulties returning to public schools and need the school at McKenna. There were only two youth attending school on the first day and nine on the subsequent visit, four of whom were Special Day Class students.

Attendance had been so low that it is financially difficult to keep full time teaching staff assigned to McKenna School. However, one teacher and one Special Ed aide run the K-12 program. The Principal is scheduled to retire this June. The 240-minute morning program is two periods of English, one period of Math, and one period of either Art or Science. No PE is given since recreation time is provided by the cottage staff. The teacher utilizes the aide for small group services as appropriate. The spread of ages, abilities, languages and needs makes this class very challenging.

PHYSICAL FACILITY

The general appearance was excellent although deserted. It was a far cry from prior days when the desk and parking lot were abuzz with youth and foster parents. Work was being done on the tiles in the foyer so the front door was open. A receptionist sat at the desk. Cottages and indoor facilities were clean and well-kept. All fire extinguishers were well-placed and displayed current inspection dates. The Shelter has a facilities manager who maintains the site. The Commission observed that the service is constant and on-going. The faucet in the play yard was not draining properly. It seems as though the children are washing the sand off their hands in this faucet and clogging the drain

Commissioners visited all living units. They were clean. There were plenty of toys, TV's and games visible. There were treats in the refrigerators. Counselors were doing laundry in two of the units. The inspection team found the facility to be neat, clean, open and cheery.

KITCHEN and FOOD PREPARATION

The inspection team visited the cafeteria. Eight tables were available for feeding youth in the shelter. The other tables were separated by yellow tape. The entire area including the kitchen, storage area, and dining area was sparkling clean. The cook, who has been there for a long time, said she would be preparing 30 lunches and 40 dinners for the 20 youth at the center on the day of the visit, February 17. Thirty lunches were planned although there were only eight youth on campus in total that Commissioners could find. Who eats the other lunches? The kitchen staff provided tasty, well-planned, nutritional meals following state guidelines. The meals seemed youth friendly (i.e. chicken fajitas).

Food supplies were stored on metal shelves which are raised above the floor in appropriate facilities. Appliances were clean and in good working order. Lunch was being prepared when the inspection occurred. Temperatures were appropriately maintained in refrigerated and freezer units. Extreme care and cleanliness was exhibited by defrosting meats in separate metal containers to eliminate any possible e coli bacteria contamination.

The kitchen staff on duty seven days a week consists of three cooks, two workers, and one supervisor. Menus listing the food to be served at each meal are received weekly at the Shelter. Recipes for preparing the food are downloaded from the computer. Sample meals are kept in refrigerated storage for three days following their preparation so they can be checked, if the need should arise. Left-over food is often used to make soup.

Commissioners were pleased to see the size of the portions reduced and seconds available for the older youth. Children were not wasting as much food. Commissioners also observed that no knives were yet available. Young children, as well as adult commissioners, find it difficult to eat barbecued chicken with only a fork.

REPORTS

Incident Reports The inspection team made a detailed examination of the January 2005 Incident Reports. During January, 26 Incident Reports were written. The behavioral information for each of the reports was as follows:

- Acting out, emotional 10 (41%)
- Acting out, physical 1 (4%)
- Contraband 5 (18%)
- Informational 7 (26%)
- Threats to staff 3 (11%)

The inspection team reviewed the 2004 Children's Shelter Incident Report Detail with Behavior Information and noted that 468 Incident Reports were prepared in 2004, an average of 39 reports per month. The total monthly reports varied from a high of 75 in May to a low of 11 in August. The type of behavior that resulted in a report being written, as a percent of the total reports written in 2004, was as follows:

- Acting out, emotional 34%
- Acting out, physical 16%
- Informational 15%
- Contraband 8%
- Accidental injury 7%
- Property destruction 3%
- Assault to child 3%
- Threats to staff 2%
- All other 12%

There were no reports for suicide attempt during 2004.

Other Reports The JJC reviewed the following reports:

- Fire Marshall Inspection, dated 10/07/2004,
- Santa Clara County GSA Food Program Report, dated 10/31/2004,
- Community Care Licensing Division, dated 7/1/2004.

The following reports show no deficiencies or compliance problems:

- The Santa Clara COE does not provide an annual McKenna School report.
- VMC does not provide an annual inspection of the health or mental health programs.

GENERAL COMMENTS/CONCERNS

1. A monitoring system of the information for the children as they move from placement to placement must be more complete and efficient. It should include any information that a natural parent would give to a babysitter – personal traits, behavior characteristics, medications, allergies immunizations, etc. The Health and Education(s) Passports seems to include this information but **NO ONE** seems to acknowledge using these. Upon entering the Shelter, counselors know nothing of these children. Medical or mental health may have confidential info in their systems, but it does not follow the child. Data-base information pertinent to the caretakers must be provided so the caretaker can secure the necessary services.
2. Children who attend outside schools are provided with a nutritional sack lunch. As suggested in the JJC report from 2004, continued effort should be made to subtract the “outside” students from the lunch count. There must be a more economical way to provide lunches for the small number of children on campus.

COMMENDATIONS

The Juvenile Justice Commission commends:

1. The return of the Children’s Shelter Art Director for her expanded work with the children at the Shelter and the foster children in community centers. The success of this program is due to the dedication of the artist and the rapport she establishes with the students.
2. The teacher at McKenna for innovative classroom projects that cover all grade levels, i.e. vocabulary bingo and extensive research reports. The requirements for each grade level vary from pictures and simple sentences to annotated footnotes. The variety of topics keeps the students interested.
3. The flexibility of the cottage staff with fewer children in residence and more varying assignments.
4. Ongoing efforts to place children in their home school or other appropriate outside school.

RECOMMENDATIONS

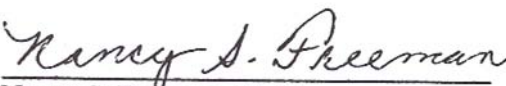
The Juvenile Justice Commission recommends that the Santa Clara County Department of Social Services and serving agencies:

1. Investigate the Health and Education Passports. The coordination of information between agencies and staff is necessary and should be initiated or updated for each child as necessary. It should be used by staff from the cottages, school, medical clinic, and mental health and future caregivers. The completed Passports are a “must” for relatives, foster parents, and group homes, to implement and verify services, and assist future placements.
2. Make a full assessment of each child who comes to the Shelter. Mental Health has adopted a pilot program for children ages 6 to 11. Why isn’t this expanded for the older

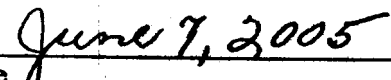
children? Why aren't medical assessments and school assessments complete and included in each child's file?

3. Initiate an "exit interview" process as a mandatory part of the placement process. This should be between the cottage counselor and the caregiver. A verbal review of each child's stay would facilitate the foster parents' ability to understand and cope with the child better.
4. Encourage the foster parents to bring their foster children to the medical clinic for treatment and assessment. This is particularly true for toddlers placed with emergency foster homes on the immediate day of arrival.
5. Coordinate cross training and more interfaces between Mental Health staff, clinic staff and cottage staff.
6. Transfer to the school liaison officer the placement of students in outside school or McKenna school and clearance with appropriate staff and agencies. The social worker has this responsibility at the present time to clear and coordinate between agencies. The JJC feels that the liaison officer's presence daily would facilitate this process. The medical clinic needs to clear immunizations and assessments. The mental health department needs to complete appropriate assessments, medication stabilization and clearances. This will permit more school placement success.

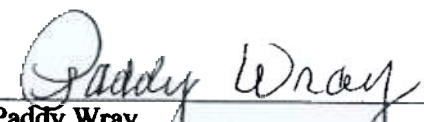
Approved by the Santa Clara County Juvenile Justice Commission on June 7, 2005.



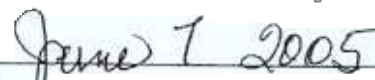
Nancy S. Freeman, Ph.D.
Juvenile Justice Commission Chairperson



Date



Paddy Wray
JJC Inspection Committee Chairperson



Date