

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

**JUVENILE HALL  
JANUARY 2011**

**I. INTRODUCTION**

The Juvenile Justice Commission (JJC) is established through the provisions of Article 2 of the California State Welfare and Institutions (W&I) Code. One of the charges of the JJC is “To inquire into the administration of juvenile justice in a broad sense, including, but not limited to, operations of the Juvenile Court, Probation Department, Social Services Agency and any other agencies involved with juvenile justice or dependency.” (W&I Code 229)

The Santa Clara County Juvenile Justice Commission (JJC) conducted its annual inspection of the Santa Clara County Juvenile Hall in November and December 2010, in accordance with the State of California Welfare and Institutions Code Section 229.

The annual inspection found that the Probation Department continues to maintain an orderly and safe custodial placement for youth awaiting court, serving court-ordered Juvenile Hall time, or awaiting transition to placement, while bringing together services for the youth and their families during and after incarceration.

Members of the Commission inspection team conducted interviews with the managers from Juvenile Hall, Medical Services, Mental Health, Facilities Management, Chaplain Services and the Osborne School to obtain an overview of policies, procedures, and programs and to review activities since the last inspection. The inspection team held informal interviews and conversations with youth, living unit staff members, chaplain services, school authorities and medical personnel. Finally, the inspection team toured the physical facilities, including the kitchen, food supply storage areas and cafeteria.

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

**II. POPULATION**

Two of the factors that affect the population of Juvenile Hall are the number of juvenile arrests, and the total County population. The population of children under the age of eighteen in Santa Clara County has grown by 50,550 children from 416,372 in 2000 to an estimated 466,932 in 2010 according to the most recent U.S. Census, a growth

rate approximately 11 percent. In Santa Clara County, juvenile felony arrests have increased from 2,465 in FY 2002 to 2,703 in FY 2009, a 9.6 percent increase. The Juvenile Hall is well within its Board Rated Capacity (BRC) of 390 minors, and there is no indication of overcrowding. From January 2008 to December 2010, the Juvenile Hall population ranged from a high of 346 youth in June 2008 to a low of 224 youth in December 2010. Of the 224 youth in custody on December 13, 2010, 38 or 17% were girls and 186 or 83% were boys. Within the total population, 164 or 73% of the youth were Hispanic, 23 or 10% were White, 21 or 9% were Black, 8 or 4% were Asian and the balance of 8 were classified as "Other."

### **Ranch Waiting List**

The Ranch Readiness Program (RRP) is a Pre-Ranch Residence Phase of the Ranch program, for youth committed to the Juvenile Rehabilitation Facility (JRF). The intent of the program is to utilize the time between the minor's commitment date to the Ranch, and the actual day of departure to his or her assigned ranch. The services provided in unit B3, the unit used for RRP assist the minors with the adjustment and transition to the Ranch. The RRP provides an opportunity for minors to learn the Ranch culture and structure, and to earn credit toward the Ranch commitment.

The RRP gives various agencies such as the County Office of Education (COE) Valley Medical Center (VMC), and the Department of Mental Health, a chance to prepare the minor for the transition to the residential portion of the Ranch program. The youth begin work on Phase One of their Ranch program and start their group work on development of pro-social curriculum. The program consists of a combination of workshops and one-on-one mentoring sessions. Workshop subjects include such topics as Anger Management, Police Arrests, Theft and Vandalism Crimes, Drugs and Alcohol, as well as workshops dealing with empathy, problem solving, goal setting and, anti-criminal thinking. The workshops are conducted by Fresh Lifelines for Youth (FLY), one of the Community Based Organizations (CBO's) that work with the Probation Department to provide a variety of programs.

The number of juveniles on the Ranch Waiting List during the inspection period averaged 12.6, which is an increase from the average in last year's Juvenile Justice Commission's report of seven.

### **III. STAFFING**

Commissioners talked with a number of Probation Department employees and the other agencies that are represented in the Juvenile Hall. They all indicated an overall satisfaction with their jobs.

#### ***Management***

In fiscal year 2010-2011, the Chief Probation Officer manages a staff of 886.5 individuals, which include positions in the Adult, Juvenile, Institution Services, Administrative Services and Information Systems Divisions. There are two Deputy Chief Probation Officers who oversee the Juvenile Division. One is responsible for Juvenile Probation and the other for Juvenile Services. The total dedicated staff for the two units is

541.5. The Juvenile Hall Operations Division is a sub-unit within the Institutions Divisions. The Juvenile Hall Operations staff is split into two operating divisions: Control and Living. The Juvenile Hall Operations/Control Department contains 119 positions and Juvenile Hall Operations/Living Department and has 93 positions. The management staffs that are running this organization are very experienced professionals with many years of experience.

The inspection team found the managers and their staffs to be very open helpful and responsive to all of the team's questions.

### **Staff Rotation**

Commissioners have observed during this and past inspections that Juvenile Hall counselors and other staff often rotate into new positions annually. That leads to many Probation Department personnel spending the first half of the year learning the new responsibilities only to be reassigned to a new position six months later. Commissioners are concerned about how this approach impacts the continuity and quality of Juvenile Hall programs. The Commissioners spoke with staff that were learning their new assignment without the benefit of standard operating procedures and were creating their own processes as they progressed.

### **Staff Training**

Training for the Probation Department training for the staff is conducted at the Holden Ranch, a joint site between the Sheriff's Office and the Probation Department, which is located next to the James Boy's Ranch facility.

Juvenile Hall and Ranch counselors are required by Services Training Requirements (STC) to take a minimum of 24 hours or annual training. However, Santa Clara County and Probation Department mandates have increased the total number of training hours to 32 for the line staff and 40 hours for supervisory staff.

Training courses include "Bloodborne Pathogens", "Cultural Differences and Values" and "Juvenile Counselor Annual Training which includes Physical Restraint I, CRP/AED First Aid and Physical Restraint II".

Supervisors are responsible for the review and maintenance of a Training Portfolio on all staff persons in their unit. When a staff member transfers from one unit to another, the Training Portfolio is provided to the new supervisor/manager. Training records are also maintained in a department database. New Counselor recruits are required to be 21 years of age, and must have a minimum of 60 college credits, and must pass a background check, psychological evaluation, polygraph test and physical examination.

## **IV. FACILITY**

The Juvenile Hall was originally built in 1959. It has experienced several remodels, first in 1989, then in the 1990's with the addition of Alpha Wing and in 2005 with the addition of the Beta Wing. The Commission visited every dormitory and found all dormitories to be in good repair.

The inspection team toured the facility during the week of November 15, 2010. The team inspected the living areas, grounds, and exercise areas. The overall facility was well maintained and clean.

The living units include a circle of rooms around a common activity area. Bedrooms have outside natural lighting and a window on the door of the bedroom for staff and youth to use. Most bedrooms house two youth. Many units have an enclosed classroom. They also have an outdoor sports area and use of the Hall's gymnasium.

## **FOOD SERVICE**

Juvenile Justice Commissioners had an opportunity to sit and eat with the juveniles in the cafeteria during lunch and dinner service. During the inspection, several commissioners met with the Probation Food Services Manager to review the food service program for Juvenile Hall.

The Commissioners found the food service program to be operated in a very efficient manner. Presently, there is a staff of 18 with 6 persons per shift and a slight overlap during the shift change to provide a smooth transition in the kitchen. Menus are planned and published in four weeks in advance of their use. A Registered Dietician has approved the menu and the caloric intake varies between 2,200 to 3,200 calories per juvenile. Youth are given double portions of food if they have higher caloric needs.

The manager said the cafeteria staff are reducing the sodium and fat in their meals and they are sensitive to any special diets a youth may have due to allergic reactions, vegetarian diet or religious considerations. The manager said that the food is cooked from "scratch". During the year, the Juvenile Hall kitchen is inspected by several agencies including the County Health Department, the Corrections Standard Authority, and the Fire Department.

Juvenile Hall is part of a food-purchasing cooperative and is able to buy food at a low cost. The food is delivered on a daily or weekly basis and is stored in footlockers or freezers. The Commissioners noted there were two independent thermometers per freezer or refrigerator to accurately verify the temperature.

The juveniles use plastic utensils that are picked up and accounted for after each meal for security reasons. The cafeteria has a capacity of up to 70 juveniles at one time. Food is delivered directly to some units because of the capacity limitations of the cafeteria.

While the Commissioners found the Food Service Program to be run in a very efficient manner with close attention to nutrition needs, food preparation, logistics, regulations and standards, the food preparation and cafeteria facility has left much room for improvement. The Juvenile Hall kitchen was built in the 1960's and still has some of the original equipment and appliances in service. As a food preparation facility, it is old and provides inadequate space. In addition, it is not air-conditioned.

The Food Manager informed the Commissioners that there is a project proposal before the County Board of Supervisors to remodel this facility, which would include the installation of air conditioning.

## **LAUNDRY**

The Inspection Team also toured the laundry facility and the gym. The juveniles are given a fresh daily pair of pants, T-shirts, underwear, and socks daily. There are also contingency plans to cloth youth who may have an allergic reaction to the laundry detergents used.

## **GYM**

Commissioners were given a tour of the gym by one of the Juvenile Hall counselors. There is stationary weight-training equipment and a basketball court. The gym is used as a place for award ceremonies, Cinco de Mayo festivities and motivational speakers.

## **V. PROGRAMS**

### **Multi-Agency Assessment Center (MAAC)**

The Multi-Agency Assessment Center (MAAC) provides services to youth who are in Juvenile Hall for 72 hours or more. The MAAC assists youth with their social reintegration back into their communities and provides programming to address their social, physical, behavioral, psychological, and emotional needs. Federal JJCPA (Juvenile Justice Crime Prevention Act) funding supports the contracts with community based organizations. It also pays for one Supervising Group Counselor and one Group Counselor to oversee the assessment services, CBO programming and other volunteer programming at the MAAC.

### **Comprehensive Assessments:**

Youth who are detained in Juvenile Hall for more than 72 hours receive mental health, educational and screening assessments. The assessment results are used to formulate an individual case plan for each youth. The results are also used to link the youth and their families to appropriate community-based services upon release from Juvenile Hall. Assessments include a risk assessment that is conducted within a few hours of the youth entering juvenile hall, an education assessment conducted by the County Office of Education and a Mental Health Assessment and Screening by the Valley Medical Center medical clinic. Drug and alcohol assessment usually take place within the first week a youth is in Juvenile Hall.

**Community Based Organizations (CBO's):** The following CBO's are contracted to provide interactive workshops for minors in Juvenile Hall.

**Asian American Recovery Services (AARS)** – Provides individual counseling and referrals, aftercare services and instruction on substance abuse.

**Fresh Lifelines for Youth (FLY)** – Provides legal education, mentoring and leadership programs to support youth to become responsible and accountable citizens.

**California Youth Outreach (CYO)** – Provides workshops that help youth resolve anger management issues, find alternatives to gang-involvement, develop lifeskills, etc. CYO also work with the County's Restorative Justice Program.

**Mexican American Community Services Agency (MACSA)** – Provides gang prevention, substance abuse, violence prevention, conflict resolution and leadership workshops.

**Gardner Family Care Corporation (GFCC)** – Promotes the overall health and well-being of the youth within the context of the family and the community. Gardner provides Behavioral Mental Health services including, assessments, crisis intervention, therapy, rehabilitation, prevention and substance abuse counseling.

**Friends Outside** – Works with families and youth who have been impacted by incarceration. Services include case management, food pantry, clothes closet, youth groups, school advocacy and placement services and other daily needs support.

### **Drug and Alcohol Programs**

**Alcoholics Anonymous:** Group meetings for minors with alcohol abuse problems.

**Alateen/Alannon/Alateen:** Group meetings for minors who are related to people with alcohol abuse problems.

**Narcotics Anonymous:** Group meetings for minors with drug abuse problems.

**Volunteer Programs in Juvenile Hall:** A large variety of programs are provided in Juvenile Hall by community volunteers or other community programs. These include: Alcoholics Anonymous, Alateen/Alannon, Catalyst for Youth (providing arts, gardening, fashion design), Choir, The Beat Within (writings and artwork by the youth), Flower Programs, Furry Friends, Girl Scouts, Hair Care, Health Realization (a model that supports prevention, intervention and treatment of substance abuse issues), Narcotics Anonymous, Next Door Solutions to Domestic Violence, Planned Parenthood, Zohar Dance Group. One popular program, the Foster Grandparents Program had to be discontinued because of funding issues related to changes in the funders' priorities.

**Juvenile Hall Special Programs:** Juvenile Hall has a wide variety of special programming offered throughout the year including activities such as the Hot August Nights Car Show, Fourth of July Decorating Contest, December Holiday Decorating Contest, and Pizza Night provided by the Public Defender's Office.

### **Transition Assessment Unit (TAU)**

Since 2007, Living Unit B-4 has been designated as the Transition Assessment Unit (TAU) with programming designed for boys with a history of emotional and behavioral health issues. The unit usually has 24 or fewer youth (as opposed to the 30 located on other units). While the Behavior Modification program described in the Behavior Management section is in effect on B-4, it is applied with a less aggressive approach than in other units. Probation Department staff work closely with Mental Health Department staff to achieve better outcomes for the youth on this unit.

One strategy implemented in B-4 is weekly case-conferencing meetings. These one-hour meetings pull together the Supervising Group Counselor, B-4 Staff, Mental Health staff and County Office of Education staff to discuss each youth housed on B-4. The youths' behavior, appropriateness for the unit, eligibility for points and other rewards, diagnoses and challenges are discussed at this meeting. New referrals to B-4 are also discussed at this meeting. This weekly meeting has the effect of ensuring consistency in dealing with the youth on the unit, which is important to support positive outcomes for the youth.

Originally funded by the "Healthy Returns Initiative" and later by MIOCR (Mentally Ill Offenders Crime Reduction) funding, the Probation Department and the Mental Health Department have remained committed to providing the special programming in B-4. An evaluation of the program conducted 2 years ago found a 78% reduction in self-harm incidents and a 90% reduction in the number of youth being sent to psychiatric programs. In a review of Incident Reports, only four of fifty-three incidents reported in October for "Disruptive Conduct," "Insubordination" or "Disrespect to Staff" were issued in B-4. Considering the behavioral issues with which youth in this unit struggle with, one would expect a disproportionate number of incidences of this nature on B-4. Instead, there are fewer incidents of this type reported in B-4 than in the other units. This seems to be an indicator of the success of the strategies adopted on this unit.

As reported in the 2005 study by Bobby Huskey of Santa Clara's County's Juvenile Justice System more than 60% of youth admitted to Juvenile Hall were identified by Massachusetts Youth Screening Instrument (MAYSI) as having a brain disorder such as bipolar, attention deficit disorder, non-verbal learning disorder or conduct disorder. More than 78 percent of the youth reported high levels of trauma leading to post-traumatic stress. Clearly, many youth would benefit from the support the youth living in B-4 receive. Lessons learned from B-4 have lead to institution-wide training of Juvenile Hall staff. Other units will begin holding weekly case conferencing meetings in order to facilitate better outcomes for the youth on those units.

### **Life Skills Unit**

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

The Life Skills Preparatory Commitment Units also provides the Court with an option for youth who have failed other commitments such as the Enhanced Ranch Program. The Life Skills Program is ordered by the court, and is designed for youths 16-18 who are repeat offenders. These youth have either violated probation or committed a variety of property offenses. The program is designed to focus on Life Skills and Job Preparation, with some specialized services. The County Office of Education (COE) works with the Probation Department to provide special classes for the unit. If a minor is committed to the Life Skills Program and fails the Program, the matter is returned to court.

Many of the youth assigned to the Life Skills Preparatory Commitment Unit, can spend time in the General Population units before an actual space opens in the Life Skills Unit. Minors on the "waiting list" will remain in their current housing units until there is

an opening in B2. They are offered the array of programs and services that are offered to the units to which they are assigned while they wait for placement in the Life Skills Unit .

The program within the unit focuses on “Life Skills and Preparation”. The County Office of Education (COE) works with the Probation Department to provide classroom instruction and tools to prepare minors to pass GED tests and assists in preparation for the High School Exit Exam and computer vocational education classes. In addition, the minor can participate in TPS (Training Pro-Social Skills), drug rehabilitation programs, Gang Intervention programs provided by MACSA, Center for Employment Training, and other occupational training programs, community service and tattoo removal programs. After a specific number of points have been acquired and the minor has completed half of his commitment, it is possible for the minor to have O. T’s (Out Temporarily) for employment, vocational training, college, or community service.

During the Commissioners’ inspection of the Life Skills Unit, Commissioners had the opportunity to observe instruction by COE instructors in a math class about linear equations. Eleven youth were attending the class, which is designed to help youth pass the high school exit exam. Commissioners also attended an English class that was learning about the elements of a novel.

Interviews were conducted with six minors. These included three girls in the G-1 unit. All the units indicated that they liked being in the program and that it has been very helpful to education and life skill preparation.

During the interview with the Life Skills Unit supervisor, we reviewed the comments from the 2009 Commission report. The current supervisor with whom we spoke had been at her present assignment for about eight months. The supervisor expected to be transferred out of the unit within the next six months. One of the commendable actions that she has taken since her arrival in the unit, has been to assist youths, particularly ones without families, to get settled into the community after their release from Juvenile Hall. She commented that unfortunately, with the constant turnover of staff in the Unit, there is no guarantee that this program will be carried forward.

One of the recommendations in the Commission’s 2009 Juvenile Hall Inspections Report was that personnel in the Life Skills Units be allowed to remain in their position if they choose to do so. We reiterate this recommendation again. Allowing staff in the Life Skills Unit to remain in the unit would allow for consistency in the application of policies and would better serve the youth in the Unit.

We also discussed the process for assigning youth to the Life Skill Unit. The current process requires an order from the Court assigning a youth to the unit. This process requires a “scratch calendar”. The Court issues orders that encompass all youths being sent to Juvenile Hall. The Life Skills supervisor has to review all court issued orders placed on the “scratch calendar” daily to determine which youths have been assigned to the Unit and then print the appropriate order. The process uses the Lotus Notes program which is very cumbersome and doesn’t always guarantee that a name will not be missed.

Commissioners expressed concerns that there currently are a large number of minors (59 as of 12/1/10) in the Life Skills Program that have to be housed in other units because B-2 is at full capacity (30 youth).

## **VI. BEHAVIOR MANAGEMENT**



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

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

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

1. Written notice of violation prior to a hearing;
2. Hearing by a person who is not a party to the incident;
3. Provision for the minor to be heard, present evidence and testimony;
4. Provision for an administrative review.

### **Three Program System:**

The behavior modification system used in by Juvenile Hall consists of the following components:

**-Basic Program** – Allows for 3 hours of recreation on school days and 5 hours of recreation on non-school days;

**-Advanced Program** – Allows up to 4 hours of recreation on school days and up to 6 hours of recreation on non-school days;

**-Control Program** –Allows for 3 hours of separate recreation on school days and 5 hours of separate recreation on non-school days.

Minors start at the Basic Program level upon admittance to Juvenile Hall. If they exhibit acceptable behavior, they are moved to the Advanced Program. Minors are disciplined for specified violations either by being retained at the Basic Program level or by being removed to the Control Program level for a specified period of time. An Incident Report approved by the Supervising Group Counselor must document removal to the Control Program.

Commissioners responsible for reviewing Incident Reports for October 2010 noted a significant proportion of the Incident Reports reviewed were related to “Disruptive Conduct,” “Insubordination” or “Disrespect to Staff”.

One such program is Positive Behavior Interventions and Behavior Supports (PBIS), which is being implemented this year in the Osborne School. PBIS focuses on teaching behavioral expectations and creating a positive environment where there is more focus on rewarding positive behaviors and less on sanctioning negative behaviors. In

Illinois, in a medium-to-maximum security facility for approximately 400 male youth, zero fights were reported in the school program for a two-year period following the implementation of PBIS. Additionally, for a one-month period before and after the implementation of PBIS, there was an 89 percent reduction in major behavior incidents and a 95 percent reduction in minor incidents. These examples demonstrate the potential for PBIS to improve behavior in juvenile justice settings. PBIS and its corresponding data tracking system have the potential to increase the efficiency and consistency of behavior management systems across staff, programs, and settings. They also have the potential to strengthen the pro-social skills of youth, to facilitate for their reentry into the community.<sup>1</sup>

### **Incident Reports:**

Incident Reports are written by Juvenile Hall Counselors on a number of issues that occur including incidents that lead to a youth being placed on the “Control” program, injuries, fights, suicide attempts and suicidal gestures. Each staff member involved in the incident writes a computer report, and the reports are then reviewed and approved by the Juvenile Hall supervisor before the end of the shift. If a youth wishes to appeal an incident of discipline during the shift, this appeal is reviewed and if possible, resolved, by the shift supervisor before the end of the shift. The Incident Reports are then reviewed within 3 days by the Juvenile Hall Manager and ultimately by the Deputy Chief of Facilities. Decisions about which Behavior Program the juvenile is on are often based on the disposition of an Incident Report.

During the 2009 Juvenile Hall inspection, Commissioners observed that there was little uniformity in filling out the Background Information or Statement of Minor(s) in the Incident Reports. It was noted that this inconsistency made it difficult to ascertain contextual issues impacting the incident and that some violations such as refusal to attend school could reveal personal issues, learning disabilities or other factors that need to be addressed in order to help a minor improve his behavior in the future. The current tools used for generating Incident Reports prevent the reports from being used as teachable moments for the juveniles. Additionally, the Incident Report’s cannot effectively document staff performance; or assess the training needs and culture and operations of Juvenile Hall.

During the 2010 inspection, we saw only minor improvement in this area. Furthermore, Commissioners identified an additional issue that focuses the problem described above. The computer tool used by the Probation Department to track Incident Reports is called Lotus Notes. Commissioners found this system very cumbersome and inadequate for providing Juvenile Hall management useful data for seeing the “big picture.” The data management system was very difficult to use. Without hand counting, it is very challenging to generate a consistent count from month to month. Additionally, it was difficult to sort and count accurately by incident type. The system certainly did not easily paint a picture that could be utilized by the Juvenile Hall manager to identify, locations of incidents, behavior issue patterns, or particular staff involved in incidents.

---

<sup>1</sup> Nelson, M.C., Sugai, G., Smith, C., **Positive Behavior Support Offered in Juvenile Corrections** retrieved 12/22/2010 at [http://www.apbs.org/new\\_apbs/files/PBISinJJS.pdf](http://www.apbs.org/new_apbs/files/PBISinJJS.pdf)

Collecting and analyzing data on when and where challenging behaviors occur, and who is involved in them, can allow Juvenile Hall to address problem times, locations, or people. For example, it is not easy to analyze context, locations, juveniles, or staff involved in challenging behaviors.

### **Appeals**

Juvenile Hall staff have written policies and procedures that provide due process rights for all minors who are disciplined. These rights include the right to notice, right to respond, right to an informal hearing and the right to notification of the decision. For violations that call for imposition of confinement exceeding 24 hours, a due process procedure must be held before such sanction is imposed. All disciplined minors have a right to appeal their discipline, either informally with the unit counselor or through the formal due process procedures. Sanctions cannot be increased due to a minor bringing an appeal and can only be upheld, revoked (reversed) or modified to a lesser sanction.

The Inspection Team reviewed Appeals brought in the months of October 2010 and November 2010. In October there were three Appeals filed and in November there were five Appeals were filed. The number of Appeals filed during these two months was far lower than in July and August 2009 when 38 total were filed. The Appeals were reviewed by the appropriate staff, supervisors and managers and appeared to be resolved satisfactorily.

### **Grievances**

Title 15 of the California Code of Regulations requires the facility administrator of a juvenile detention facility to develop written policies and procedures whereby any minor may bring an appeal and get their grievances relating to any condition of confinement resolved. These procedures must, among other things, provide that grievance forms be freely accessible, that grievances be capable of being filed confidentially and that a grievance be heard by a person not directly related to the circumstance leading to the grievance.

Juvenile Hall has a detailed Grievance Policy and Procedure, which addresses the above requirements and also provides that there be no reprisal for using the grievance procedure.

Two Commissioners reviewed grievances for October and November 2010. In both October and November, three grievances were filed (for a total of six). Each had been reviewed and satisfactorily resolved.

## **VI. MEDICAL SERVICES**

The Medical Clinic in the Juvenile Hall provides full medical coverage for youth in the Juvenile Hall, including direct medical services with 24-hour nursing care seven days a week. The Commission met with the Juvenile Hall Nurse Manager, the former and current Medical Directors and the Associate Director of Custody Health Services. Both physicians are Pediatricians with a specialty in Adolescent Medicine. No deficiencies were noted.

Physical examinations are provided for all youth entering the Juvenile Hall. Accidents, homicides and suicides are the three risk issues for adolescents according to the Medical Director.

Last year, we reported that the Medical Director could not make a direct referral to the psychiatrist. We urged the Mental Health Department and the Medical Clinic to engage in substantive discussion to work out a protocol so that the Medical Director could address immediate needs of youth when necessary. Such a protocol was developed this year, so that the Medical Director can now make direct referrals, but can only make referrals that are considered “urgent.” The Commission urges the two departments, both part of the Santa Clara Valley Health and Hospital Systems, to continue to improve their communication with each other.

According to the Medical Director, “profound” dental health issues arise in nearly 60% of the youth residing in Juvenile Hall. The Medical Clinic borrows a dentist from Adult Jail Services once a week to provide dental services. Currently, there is no budget for juvenile dental services. Last year, The Commission recommended that dental services be increased and improved for the youth in Juvenile Hall. Title 15 requires the availability of dental services. The Commission reported to the Public Safety and Justice Committee of the Board of Supervisors on December 2, 2010 that this remains an area that needs additional funding. In 2009, 526 dental procedures were provided to youth in the Hall. When a dentist is not present in the Hall, Probation Officers must transport youth to outside facilities to receive necessary dental services.

Most youth entering the Juvenile Hall are under immunized. The percentage of youth having at least one missing vaccine is 95%. Sometimes, the Medical Clinic is unable to reach a parent to gain permission to provide necessary immunizations to a youth. A protocol is in place to allow the clinic to provide vaccines after 72 hours of trying to get parental permission. The Medical Director also said that he tries to involve parents in a youth’s medical issues. He attempts to contact all parents after conducting his initial physical examination of a youth.

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

Suicide prevention in Juvenile Hall is considered the main responsibility of Mental Health Department. If there is a suicide attempt and/or a suicidal gesture, an immediate call will go out to the Medical Clinic, and a nurse will respond. Each year, approximately 3 to 4 youth are transported to Emergency Psychiatric Services on a 5150 citation, which indicates that a youth is a danger to her/himself or others. In 2009, 245 youth were administered psychotropic drugs during their stay in Juvenile Hall. This was a substantial decrease from 425 youths that received psychotropic drugs during their stay in the Hall in 2008. That amounts to a 42% reduction on psychotropic medications from 2008 to 2009. The Juvenile Court Presiding Judge and other key parties have been meeting regularly over the past 2 years to address this issue of psychotropic medications in Juvenile Hall.

The new Electronic Medical Record System is in place in the Medical Clinic and is working fairly well after just 18 months of activation. At present, there is no integrated electronic system that incorporates data from the Mental and Dental Services that are provided to youth in the Hall. The Juvenile Hall Clinic is one of the few juvenile detention facilities to be accredited. The Commission is proud that our County has provided its youth with a level of superior service and accountability. During the accreditation process one issue remained unresolved. That issue is the lack of

information-sharing between the Medical and Mental Health Departments concerning a youth's treatment.

The consulting assessor said, "I would strongly encourage the Medical and Mental Health Departments to combine their medical records. Combining the records allows for greater collaboration, contributes to the safety of the patients, and promotes better outcomes. Fewer prescribing errors occur because all health information is immediately available to all staff."

Title 15 encourages the sharing of medical information with the Juvenile Hall Counselors as needed. The Commission believes this is especially important for those youth with mental health medications or services that may not be housed in the Transitions Unit where youth with particular Mental Health needs are typically housed. Additionally, there has been a turnover in psychiatrists over the past few years and series of temporary psychiatrists have been assigned to the Juvenile Hall during the past 6 months. This situation makes leadership and management issues even more difficult to resolve.

One possible solution would be to look at the information sharing protocols other counties. In our own County, medical and mental health records have been combined for over fifteen years in the County Jail. The Juvenile Hall Nurse Manager has occasion has visited other jurisdictions and has participated in cross trainings. In some California counties, some medical records are unified as counties have administratively-combined medical and mental health departments. Fresno, Ventura, San Mateo, San Francisco, Nevada, Placer and Los Angeles counties have some type of unified chart, combined chart, universal chart for their Juvenile Hall youth.

The Juvenile Hall Medical Director says that he has been seeing an increasing number of youth with Post Traumatic Stress Disorder (PTSD). These may be youth who have been stabbed, shot, subjected to gang violence and or abused by caretakers. To manage this condition, all staff must work together more collaboratively. As the Electronic Medical Record system continues to be perfected it is particularly important that the Mental Health piece of the information be available to outside physicians treating youth released from the Hall, and or youth placed in group homes or the Ranches. We must have an open discussion about how to best protect our youth before the communication barriers among relevant players leads to results, such as a suicide either in the Juvenile Hall or in the community.

The physical facility of the Medical Clinic, like the rest of Juvenile Hall has not seen a renovation for 10 years. Commissioners visited the Medical Clinic in Alameda County Juvenile Hall and were impressed by how new the equipment is there. In contrast, the equipment in our County's Medical Clinic is very old. For example, the X-Ray machine is usable, but it was provided "used" to the clinic in the 1970's. When it breaks down parts are very difficult to locate. Last year, physicians in the Hall ordered 142 X-rays and the machine was able to produce them. However, the machine is incapable of providing digital X-rays.

The many activities and accomplishments of the Santa Clara County Medical Clinic staff are worthy of note:

- Physicians on the Clinic staff provide nearly 3600 appointments per year. In addition, nursing staff triages, performs tests, gives inoculations and presents health education to minors in different categories. A Registered Nurse provided 5841 Registered Nurse sick call visits in 2009.
- Clinic staff provides care and health education for minors with chronic illnesses, such as diabetes and asthma. Specialty services provided on site include: Neurology, Orthopedics, Dermatology, Radiology and Optometry. Monies from grants supplement some of these services.
- The nursing staff administers medications and the pharmacy provides oversight for prescribed medications.
- The Hall Clinic provides tele-nursing to the Wright Center and James Ranch.
- Clinic staff participate in training and staff meetings to maintain and improve services, including cross training of nurses for assistance at other facilities.
- Staff actively pursues volunteer funding and grants are actively pursued.
- Staff participates in committee meetings with Probation Administration, the Mental Health Department and Food Services to maintain or improve health conditions in Juvenile Hall.
- A volunteer dentist supplements the dental services provided by the County-employed dentist who is shared with the County Jail.
- The Clinic provides health screening, including HIV/AIDS testing. This testing can now be accomplished using a mouth swab instead of a blood sample. The Clinic has applied for a federal mini-grant to place a flat panel television and DVD player in the waiting room to show HIV/AIDS education films to youth awaiting a test.
- Nurses and nursing students from San Jose State University, San Jose City College, Evergreen Valley College, San Francisco State University and De Anza College provide health education on subjects such as self-esteem, skin problems, sleep disorders, smoking cessation, teen pregnancy and HIV prevention and dating violence. San Diego's Juvenile Hall has 2 Nurse Educators on staff.

Medical Services is pursuing another federal mini-grant that would provide funding for a Reproductive Health Initiative in which Stanford University Medical School students would interview Juvenile Hall youth. Working under the supervision of Juvenile Hall physicians, pediatric residents, and Stanford medical students would do clinical rotations at Juvenile Hall. The Medical Director is also trying to set up achieve personal health records for youth served in the Clinic. Similar to the Health Passport required for foster children in Dependency Court, this would help youth in the Hall understand their own health profile and encourage preventative strategies. The combined medical, mental health record would certainly assist this effort.

Title 15 of the California Code of Regulations also requires the availability of First Aid Kits and First Aid Training in juvenile detention facilities. During our inspection we confirmed that there are first aid kits in all living units. Further, medical staff provided an updated first aid training for all nursing staff in December 2010.

## **VII. MENTAL HEALTH SERVICES**

Commissioners met with the Healthcare Program Manager of Mental Health Services. The custodial care duties of the Mental Health staff are diverse and numerous

with the primary focus is on screening all youth upon their admission to the Hall. Youth generally receive a mental health screening within their first few days in the Hall.

The strategic objective of the Juvenile Hall Mental Health Clinic is: “To help youth get out of custody forever. We promote recovery from mental illness and addiction and believe that all individuals are capable of becoming healthy productive members of society”. The services the Mental Health Clinic provides to youth in the Hall include:

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

Due to budget cuts over the past two years and the loss of the MIOCR Grant, the Mental Health staff has been reduced to 15 members. The mental health clinics operate from 7:30am to 9:00pm, Mondays through Fridays and on Saturdays, from 8:30am to 7:00pm. There is no Mental Health staff available on Sunday and so youth arriving to the Hall on Saturday evening will not be screened until the following Monday (or longer if it is a holiday weekend. Mental Health staff are available on call to assist with youth that pose a safety risk to themselves or others.

The current Mental Health staffing consists of:

- One Healthcare Program Manager, recently appointed to this position
- Ten Licensed Clinical Social Workers or LMFTs some of whom speak Spanish, Mandarin and or Vietnamese. One is assigned to the CITA Court and one to the Mental Health Referral Center
- Four MFT or ASW Interns (some Spanish speaking),
- Three Health Services Clerks (one Spanish speaking) and
- One Mental Health Clerical Supervisor (Spanish speaking) who is shared.
- Two part time psychiatrists equaling 1.0 total FTE.

The average caseload for Mental Health staff is 20. Staffs normally receive referrals from the Probation Department (urgent needs referrals), the medical unit, and the Multi-Agency Assessment Center (MAAC). Additionally, youth can request direct services themselves, and these are usually provided usually within 24 hours of the request. Teachers, counselors, Department of Alcohol and Drug Services (DADS) and parents can also make referrals. Approximately 40% of Juvenile Hall youth have an open

mental health file and diagnosis. Other experts have estimate that the actual level of youth in the Hall with Mental Health needs may be as high as 56% to 70%.

Community-based organizations provide mental health referral services for youth leaving Juvenile Hall and their families through contracts with the Mental Health Department. The Probation Officer makes referrals to the Mental Health Referral Center (MHRC), which is part of the Juvenile Hall Mental Health Clinic. MHRC staff, based on the referral, decides on the level of mental health treatment needed for the youth and are then send the youth to the appropriate agency in the community.

Youth in Juvenile Hall are screened through an oral interview and the self-administered MAYSI-2 with assistance available as necessary. The 2008 Huskey Report recommends that the results of the MAYSI-2 screening (used at intake) be shared with all staff working with the minor according to a “needs to know” policy aimed at improving integrated case planning and programming. The report points to a current Superior Court Standing Order encouraging the sharing of information between Mental Health and Probation staff. The Commission has already addressed the need for some type of combined electronic medical and mental health charting system in the Medical Clinic section of this report.

Huskey further emphasizes the importance, not just of the weekly MDT meetings such as the ones Commissioners attended in the Transitions Unit, but also case conferencing with clinicians to discuss “behavior of the disease, medication regime, impact of medications on behavior, treatment goals, adjustment issues, and applications to advance to different levels of the behavioral management system.” A report from the Deputy Director of Mental Health indicates that these approaches are being considered as part of the redesign of Mental Health Services for Children and Families. MDT meetings can also assist in the aftercare plans for youth leaving the Hall.

The Healthcare Program Manager appointed in the spring of 2010 has devoted time to updating the Operations Manual to be used by Mental Health staff in conjunction with the countywide Mental Health Department Policies and Procedures Manual. The Program Manager worked with the Nurse Manager in the spring of 2010 to develop an “urgency” protocol that allowed the medical unit physicians to make a referral directly to the psychiatrist.

The Operations Manual also includes a Suicide and Harm Prevention Plan, which is a Title 15 requirement. During the Commission’s last inspection, a detailed plan of this type was not available. Commissioners also reviewed the large wall mounted “Watch and Staff Assignment Schedule” that dictates which staff is responsible for each youth in the Hall placed on a watch. There are three watch status categories.

- B-15 watch requires that custodial staff observe a youth every 15 minutes to confirm his/her safety. A Mental Health clinician will see that youth at least once per week.
- B-5 Watch requires that custodial staff observe a youth every 5 minutes to confirm his/her safety. A Mental Health staff will see that youth once per working day.
- 1:1 Watch requires that a specific designated custodial staff member observe the youth continuously 24 hours per day to confirm his/her safety. A Mental Health Clinician will meet with that youth at least once per working day. Mental Health Clinician place the youth on 1:1 Watch by forwarding an e-mail to the staff and



supervisor of the youth's living unit as well as to the Control and Living Supervisors and the Medical Clinic staff.

The revised Operations Manual outlines the protocols for the use of psychotropic medications. Again, the administration of psychotropic medications requires collaboration with the Medical Clinic. Youth cannot consent for themselves to receive psychotropic medications. Nurses in the Medical Clinic try to contact outside doctors who might have prescribed psychotropic medications in the past, as well as contacting parents about permission to continue or prescribe psychotropic medications. The Program Manager says that this can be a problem since in some cases it might take as long as three weeks to get together all the necessary paperwork to administer new medications. Since there has been a turnover of psychiatrists during the past year with a few couple of temporary duty assignments, it has not been easy to provide the professional psychiatric leadership and management that a full-time focused doctor might provide. The Mental Health Manual also provides the hospitalization procedures for youth requiring psychiatric hospitalization. These procedures also include consultation with the Medical Clinic staff.

### **VIII. CHAPLAIN SERVICES**

The Commissioners met with the two individuals that have overall responsibility for managing of religious programs in the Juvenile Hall. The Chaplain Services program is contracted with the Correctional Institutions Chaplaincy (CIC), which manages various religious programs at all the adult and juvenile correctional institutions in Santa Clara County.

We met with the Executive Director of the CIC and the Juvenile Hall Chaplain and reviewed the various programs that are available to the youths while they are at the Juvenile Hall. Job qualifications For Juvenile Hall Chaplain are a Masters of Divinity degree with pastoral experience. The current Juvenile Hall Chaplain has been at the Hall for two and one half years and the Executive Director of the CIC has held that position for 15 years. Chaplain Services offers classes at the Juvenile Hall which include: classes intended to improve self-esteem, and develop communication skills, and workshops on building positive relationships. Religious services are also conducted in Spanish, English, and Vietnamese. Catholic and Protestant services are given weekly and requests for other religious services are honored upon request. The county has over 100 volunteers to assist in the delivery of these programs. A monthly report is published by the Juvenile Hall Chaplain's Office that lists the number of youths at Juvenile Hall that participate in the various programs offered by the Office.

### **IX. EDUCATION**

This section is based on last year's Juvenile Hall Inspection Report and the 2009-2010 Annual Report for the Osborne School and the observations of the Commissioners during the 2010 inspection.

Osborne school is housed within the Juvenile Hall. Its classrooms are adjacent to the Hall's housing units. Osborne School serves an average of 240-270 students in grades six through twelve, with the majority of students in grades 10-12. The average stay of

students in the school ranges from 20-23 days, with a few students attending the program for one to two years during a single period of incarceration due to lengthy adjudication.

Students who remain longer than 30 days have their transcripts reviewed to determine graduation status and their best educational options. An Individual Learning Plan (ILP) is developed for each of these students based on input from the students, their parents, their counselors and their probation officers as appropriate and available. In a conversation with Commissioners, the Principal also stated that student data is also frequently to ensure that each student is getting an appropriate education.

Last year, because the student population was above 300 at times, with a high of 341, two overflow living units (B10 and B12) had to be used as classrooms. The lack of classroom space was worsened by the fact that unit B8 was closed due to mold problems. This situation has since improved because the mold unit B8 was cleaned up and there are now fewer students in Juvenile Hall. At this time, the school does not need to use any overflow units as classrooms.

Currently, there are 17 Alternative Education teachers and 3 Special Day Class Teachers at Osborne School. All teachers possess valid California Teaching Credentials permitting instruction with the Alternative Schools and Special Education Departments of the Santa Clara County Office of Education (SCCOE). The Alternative Schools Department fulfills No Child Left Behind (NCLB) requirements by having fully compliant teachers providing instruction to students across all grade levels and subjects. During the 2009-2010 school year, the Master Schedule reflected SCCOE's new targeted hiring procedure: More than 75% of Osborne students attended classrooms taught by NCLB compliant staff, an increase from 60% during the 2008-2009 school year. Class size averages between 10-15 students, depending on the nature of the class and the current student population in the Hall. Currently, there are 21 classrooms at Osborne. According to the Principal, the relatively low student-staff ratio allows staff to establish and maintain one-on-one contact with students and monitor their individual progress.

The principal is assigned to Osborne School on a half-time basis. This year, instead of also being responsible for the Ranch programs, he was assigned to oversee the Stone Gate Community School, and all special education functions. When the principal was asked if he had more job duties this year than he did last year, he stated that the workload was comparable. Also, there is a "Teacher in Charge" who, besides being responsible for helping students meet the requirement of the General Education Diploma (GED), also acts as a liaison between the different agencies and Osborne School when the principal is not available.

The focus of Osborne School is Literacy and Numeracy. The core subjects are Literacy, Language Arts, Mathematics and Physical Education. Staff members attend ongoing professional development, seminars and workshops to facilitate their instructional skills in delivering a sound comprehensive program to students. The academic program is defined and structured through adherence to state standards as defined by the California Department of Education.

Students use computers for two general reasons at Osborne School—earning a GED or recovering units. A teacher is assigned to supervise students for each of these purposes. Also, each classroom has three to four computers that students can use under their teacher's supervision. During non-school hours, computers can be accessed under the supervision of Probation Department staff. Because the staff members are concerned

with the potential for minors to access inappropriate sites, school administrators at Osborne and the SCCOE are continually checking that computer firewalls prevent unsuitable entry by students.

Commissioners visited three classrooms for this report. In the math class, the teacher was helping students visualize math solutions using the squares of numbers. Students were writing short stories in the language arts class. We also saw students playing four square in a small gym called a courtyard. The Principal said every unit has one of these mini-gyms. Like last year, we observed the teachers to be very competent and committed to the education of the youth in their care.

Youth are assigned to housing units based on their custody status and the program to which they are assigned by the Probation Department. Therefore, with the exception of Special Day Class students and GED candidates not housed in secure units, all student schedules are determined by their living unit designation. To the extent possible, education is based on individualized instruction. This is especially true for math because the students have widely differing abilities.

A SCCOE Assessment Technician screens all minors within 24 hours of their admission to the Hall. This process helps gather necessary educational and socio-economic data to help plan the student's curriculum while attending Osborne School. Students are provided with an average of 300 minutes of instruction in the areas of English, Language Arts and Math every day. The Osborne staff provides Literacy and Language Arts instruction using "Character Based Literacy" a comprehensive curriculum developed by Santa Clara University, in which Osborne teachers have been trained. The Principal indicated that while this was a great program, it did not provide teachers with enough tools to teach students to read, write and comprehend. As a result, this school began using "Edge", a state-approved instructional strategy for English Language Learners (ELLs).

The number of students who qualify for special education services fluctuates across the various units at Juvenile Hall. The Principal indicated this situation is further complicated by the fact that 35% of enrolled special education students in Osborne School have non-compliant Individual Education Plans (IEPs). The special education staff reviews all daily admits into Juvenile Hall and determines if a student is eligible for special education services using the SCCOE's Management Information System (MIS). The Principal indicated that simply securing and maintaining the current information on these students is extremely time intensive for his staff. Presently, all special education students are part of the SCCOE Management Information Systems Program (MIS) allowing for immediate access to special education information and data. After determining that a student is eligible for special education services, the school places students with appropriate special education staff. Students are provided with services as indicated by their IEP's, including any Designated Instructional Services (speech, mental health) and primary services from intensive services to resource specialists.

Osborne School has 3 Special Day Class (SDC) teachers to address the needs of identified students. One of the SDC teachers is specifically assigned to the multi-agency mental health unit (B4) to address the consistent educational and socio-clinical needs of the students in that unit. There are 2 full-time equivalent (FTE) Resource Specialists providing services to students across the rest of the living units. Also, 7.4 FTE Special

Education Assistants are assigned to specific classes and provide additional support to identified students.

Osborne School has a School Site Council. Students are involved but their membership changes frequently. Because of this situation and the difficulty of finding parent members, new members must be voted in every other month. This makes the consistency of the decision making process difficult because the purpose and focus of the Council change every other month.

## **X. POLICIES AND PROCEDURES**

Commissioners met with the Probation Manager of Institutional Services to review the Policies and Procedures Manual for Juvenile Hall (JH). The manual is a very extensive 250 page document that details and establishes guidelines for the safe operations of Juvenile Hall. The manual is very critical in outlining management policy and establishing procedures that provide a consistent uniform manner in operating Juvenile Hall. It is also a critical training instrument and establishes accountability. It serves as the reference manual for the Hall and that they all employees are required to sign a document attesting that they have reviewed the Manual, that they understand it, and that they are accountable for all the policies and procedures contained in it. Depending on need, the manual can be revised and is online in-house to the supervisors so they can refer to it if they have any questions. Commissioners interviewed several Juvenile Hall employees and all were familiar with the Policies and Procedures as a reference source. All new Probation Department personnel receive training in on the contents of the Policy and Procedure Manual.

The Supervising Group Counselors, Probation Managers, and the Chief Probation Officer discuss any major policy changes or revisions to the Manual. The last major policy change was done in December 2009. When any revisions are made, individual staff members sign a form stating that they have read and understand and have read the revision and this form is put in their Human Resources personnel file. The Policies and Procedures Manual is divided into the following 11 sections:

1. Mission and Goals Statements
2. Health Care Services
3. Fire, Earthquake Safety, Emergency Procedures
4. Institutional Behavior
5. Behavior Control and Restraints
6. Classification and Assessment
7. Incident Reports and Supervisor Reports
8. Right of Juveniles
9. Control Section
10. Living Units
11. Special Services and Programs

Commissioners randomly selected a few sections of the Policies and Procedures Manual to compare against current practices to see if Hall staff members were following the policies and procedures. Commissioners reviewed Part Three, which details Fire,

Earthquake, Safety, and Emergency procedures. Because of the Hall is located in a seismic area there were detailed procedures in the Manual for what to do in event of a earthquake including turning off the gas, opening security doors that might be stuck, the using extinguishers, and confining fires. There were also detailed procedures involving the evacuation of juveniles, court staff, and the kitchen and laundry personnel. The State Fire Marshall, Santa Clara County Public Health Department, and the County's Facility and Fleet Department (FAF) inspect the Juvenile Hall annually. The Corrections Standards Authority (CSA) inspect bi-annually. Commissioners reviewed the Public Health Department's Annual Health Inspection of Juvenile Hall for 2010. The report found that the facility was in compliance with the Environmental Health, Nutritional and Medical/Mental Health requirements of Title 15 of the California Code of Regulations. Commissioners noted in the report that the report indicates that there are two areas that required attention:

“Repair existing air conditioning system and install an additional air conditioning system in the kitchen/dining room for the comfort of both the kitchen staff and diners. Also, during the summer, the room temperature increases 10 degrees Fahrenheit above the outside temperature due to the heat generated from the cooking equipment. This has been a repeated violation for many years and needs to be addressed promptly.

In violation of California Code, two existing preparation sinks are directly connected to the sewer line. Must provide indirect connection for both preparation sinks or propose an alternative system to avoid cross contamination and insure safe food handling in the kitchen.”

The Commission is very concerned that the air conditioning unit has not been functioning and that it has been a “repeated violation for many years.” The Food Service Manager said that there are plans to remodel the kitchen and dining area in 2012 at the earliest and that would include plans for a new functioning air conditioning unit could be installed at that time.

Commissioners also reviewed Part Four of the Manual, entitled Institutional Behavior. This section discussed the professionalism expected of the Juvenile Hall counselors, and provides guidelines for the dress code of the staff, the discipline system in the hall , and appropriate staff-juvenile interactions. In 2010, Juvenile Hall counselors in 2010 were issued polo style shirts with the Probation Department emblem that makes them look more professional. In the past, casual attire was the norm and often, some counselors did not dress in a professional manner. The Probation Department is to be commended for this improvement in the dress code.

Commissioners reviewed Part Five of the Manual, entitled Behavior Control and Restraints. It establishes uniform guidelines for the use of force and restraints. The Probation Department regularly reviews its use of force policy to ensure the safest approach for youth and staff. As a result, injuries have been reduced in recent years. National experts in this field were brought in several years ago to train the staff in crisis identification and management. Today, the Probation Department has several staff

members that are state certified to teach restraining techniques. Commissioners noted that the staff is regularly trained on department-approved methods of self-defense, the use of force, and methods of de-escalating a crisis as part of their continuing education.

Finally, Commissioners also reviewed Part Ten, entitled Living Units. This section includes procedures for security assessment/plan for commitment of minors, activities and recreation. Commissioners visited one of the Girls Units and at the Staff Unit Work station, there were several binders containing detailed summaries of the responsibilities of Desk Counselors, Tier Counselors, and Activity Area/Courtyard Counselors. Commissioners noted that there was a hard copy of the Policies and Procedures Manual at the counselors' desk and that they were familiar with it. Currently, the Manual is available on-line in house only to the Juvenile Hall management and unit supervisors. It is not accessible or available to the Desk Counselors in the units and they must refer to the hard copy binder. When this discrepancy was brought to the Juvenile Hall management's attention, they were unsure as to why this was the case and said they would follow up. Unless there is a good reason for not doing so, the Juvenile Justice Commission recommends that the Policies and Procedures Manual be made available on-line to all Probation Staff and personnel at Juvenile Hall.

Overall, the Policies and Procedures Manual is very detailed, well written, and very thorough. There are many built-in procedures to safeguard the rights of both juveniles and the staff. It is a living document that is reviewed and revised yearly depending on changing conditions. One minor concern is that some of the organizational changes in the Juvenile Hall should be included in the Manual in a timely manner even though they are not policies and procedures per se. For example, in the organizational chart that we reviewed, there had been many management personnel changes that occurred as many as six months earlier that were not reflected in the Manual.

## **XII. DOCUMENTS REVIEWED**

The Commission requested and reviewed documents and inspection reports from multiple sources during the 2010 inspection. These documents included:

- a. California Corrections Standards Authority 2008-2010 Biennial Inspection of Santa Clara County Juvenile Facilities dated June 14, 2010
- b. Santa Clara County Probation Department, Juvenile Hall and Ranches Daily Statistics, dated November 30, 2010
- c. California Code of Regulations (CCR) Minimum Standards for Juvenile Facilities, July 2007, (Title 15)
- d. Institution Services Training Requirements Plan, 2010
- e. Probation Department Procedures Manual
- f. The Huskey Report, October 2008
- g. Santa Clara County Juvenile Probation meal plan, dated July 2010
- h. Santa Clara County Juvenile Justice Commission Inspection Report 2009, dated January 2010

- i. Juvenile Hall Salient Features Report, dated 11/30/2010
- j. Probation Department Organizational Chart, dated October 5, 2010
- k. Juvenile Hall Daily Listing Summary, dated December 1, 2010
- l. Santa Clara County Department of Corrections, Correctional Institutions Chaplaincy Year End Report, dated December 10, 2010
- m. Santa Clara County Probation Department Life Skills Preparatory Commitment Unit Program, dated May 15, 2010
- n. Juvenile Hall Comprehensive Calendar, dated November, 2010
- o. Santa Clara Valley Health and Hospital Systems Annual Report, dated May 22, 2009.

## **XI. COMMENDATIONS**

1. To Megan Williams, the Flower Lady, and Mr. Wallau (Santa for 40+ years) who do so much for the youth in Juvenile Hall through the special programming and resources they bring to Juvenile Hall.
2. The Juvenile Hall staff and management who bring creative and fun programs into Juvenile Hall, recognizing that the youth in Juvenile Hall are still “kids” and benefit from special events such as the Hot August Nights program.
3. The Medical Clinic for earning accreditation from the Institute for Medical Quality.
4. The Medical Clinic for implementing the Electronic Medical Record (EMR) system
5. The Santa Clara County Juvenile Justice Court and key players for developing a protocol for psychotropic medications that allowed for a 42% reduction in the use of these medications in the Hall from 2008 to 2009.
6. The Mental Health Clinic for enhancing the Suicide and Harm Prevention plan, the Operations Manual and the wall mounted monitoring schedule for the “watch” list in the Juvenile Hall.
7. The Juvenile Hall staff and management for the introduction and use of professional staff attire.
8. To the Alternative Schools Department of the Santa Clara County Office of Education for continuing its commitment to fulfillment of the No Child Left Behind by employing fully compliant teachers providing instruction to students across all grade levels and subjects.

## **XII. RECOMMENDATIONS**

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

1. Identify the strategies implemented in the B-4 Unit that have lead to successful outcomes for the youth in the unit and expand the implementation of these strategies throughout other Juvenile Hall living units.
2. Working with teaching staff from the Osborne School, explore the possibility of implementing Positive Behavior Supports throughout the Units of Juvenile Hall.
3. Explore new hiring and retention practices that allow staff in critical supervisory positions to remain in their positions for longer periods of time.
4. Make the Policies and Procedures Manual be available on-line to all Probation Department staff working in Juvenile Hall.
5. Develop a process to reduce the number of minors in the Life Skills Program.

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

1. Increase dental care service days from one day to two at Juvenile Hall.
2. Provide leadership for the development of an improved chain of command structure for the Medical Clinic.
3. Allow for direct referrals to the Psychiatrist by the Pediatrician.
4. Make available mental health diagnoses and records to the Medical Clinic.
5. Secure funds to obtain a digital X-ray machine.
6. Make the MAYSI-2 screening tool available to the medical file.

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

1. Approve and expedite the remodel project for the food preparation facility at the Juvenile Hall

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

1. Periodically review firewall programs at the Juvenile Hall to ensure minors are not accessing inappropriate sites.

**XIII. SUMMARY**



The Juvenile Justice Commission has completed its annual inspection of the Juvenile Hall. Satisfactory responses were provided to the recommendations contained in the 2010 report. The residents of the Juvenile Hall are well maintained in a safe and secure environment.

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

Approved by the Santa Clara County Juvenile Justice Commission on March 1, 2011

Pamela Serrano, JJC Chairperson

Date

Ray Blockie, JH Inspection Chair

Date