

**Juvenile Justice Commission
County of Santa Clara**

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Juvenile Hall Inspection Report

March 2017

The Juvenile Justice Commission (JJC) is established in Division 2, Part 2, Chapter 2, Article 2, of the California State Welfare and Institutions, (W & I) Code. One of the charges of the JJC is “[T]o inquire into the administration of 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.” (See W&I Code 229 and Bylaws of the Juvenile Justice Commission of Santa Clara County).

The Santa Clara County JJC conducted its annual inspection of the Santa Clara County Juvenile Hall (JH) from November 2016 through January 2017, in accordance with Welfare and Institutions Code Section 229 and Title 15 of the California Code of Regulations, Minimum Standards for Juvenile Facilities. The annual inspection found 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 the Juvenile Hall, Medical Services, Behavioral Health, Facilities Management, the Chaplaincy, Quality Assurance, and the Osborne School to obtain an overview of policies, procedures, and programs. The Inspection Team also held informal interviews and conversations with youth, living unit staff members, school staff and medical personnel. The physical facilities were toured, including the kitchen, food supply storage areas and cafeteria. This report summarizes the information gathered during those visits and includes recommendations based on this information. Note that, for ease of identification, notable new or changed information is identified by underlining and blue font.

The JJC conducts inspections of Juvenile Hall at least annually, and inspection reports for prior years are available on the internet at:
http://www.scsccourt.org/court_divisions/juvenile/jjc/jjc_home.shtml.

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SUMMARY

The JJC has completed its annual inspection of the Juvenile Hall. The residents are well-supervised in a safe and secure environment. The JJC believes that, based on this inspection, the Santa Clara County Juvenile Hall meets Title 15 standards for a safe juvenile facility.

As a result of the 2016 inspection, the JJC makes the following:

COMMENDATIONS

1. Credit the Juvenile Custody Health Services for initiating the Juvenile Court Nursing Outreach Program. (Section VI. MEDICAL SERVICES - *Medical Outreach Program*)
2. Credit Juvenile Probation for updating the Juvenile Hall's Policies & Procedures Manual and placing it online for staff review. (Section X. POLICIES & PROCEDURES)
3. Credit Juvenile Probation for adding the incident report numbers to the Appeal and Grievance Forms (Section X. POLICIES & PROCEDURES)
4. Credit the Osborne School staff for relevant curriculum enhancements created by individual teachers. (Section IX. EDUCATION – *Curriculum*)

RECOMMENDATIONS

1. As in the March 2015 and the April 2016 reports, it is recommended that funds be allocated in 2017 to correct the issues identified by the JJC and Probation Department, by upgrading the identified equipment, addressing heating and air conditioning issues in the Control Room. (Section III. FACILITY – *Control Area*)
2. Continue to explore and implement measures to eliminate graffiti and marking on unit room doors and walls. (Section III. FACILITY)
3. Begin assessing CBO programs for effectiveness. (Section IV. PROGRAMS - *Community Based Organizations*)
4. For “follow-up” incident reports, use the original IR number rather than a new number for ease of tracking. (Section V. BEHAVIORAL MANAGEMENT - *Appeals and Grievances*)
5. Evaluate options for providing a 30 to 90-day supply of critical medications to youth released from custody to support the sustainability of health improvements. (Section VI. MEDICAL SERVICES - *Medication Needs of Released Youth*)
6. Evaluate scheduling options for the benefits eligibility worker to improve completion rates in outreach to families. (Section VI. MEDICAL SERVICES - *Medical Outreach Program*)
7. Continue and intensify collaborative efforts to integrate and coordinate physical and behavioral health services to youth. (Section VI. MEDICAL SERVICES - *Medical and Behavioral Health Coordination*)
8. Make it a high priority to offer college courses and adult education options to JH students who have graduated from the Osborne School or met high school

- requirements. (Section IX. EDUCATION - *Graduation rates and post-secondary pathways*)
9. Evaluate the impact of special education classroom closure. (Section IX. EDUCATION - *Special education*)
 10. Continue to investigate innovative ways for students to rapidly obtain credits. (Section IX. EDUCATION - *Graduation rates and post-secondary pathways*)
 11. Report on the number of students denied educational services for more than 2 consecutive days, or a series of removals that constitute a pattern that total more than 10 schools days in a year. (Section X. POLICIES & PROCEDURES)

I. POPULATION

Two factors that affect the population of Juvenile Hall are juvenile arrests and the county population. The latest population figures for Santa Clara County are for 2014¹. They reveal a total youth population of 442,256. While this data shows a slight increase in the youth population, the Juvenile Hall population continues at an all-time low, with a total population on November 17, 2016 of 76. This population was just over 70% Hispanic. Due to the reduced population there are now only six out of a possible 13 units open. This is one less unit open than during our last inspection. The facility is well within its Board Rated Capacity (BRC) of 390 youth, and there is no indication of overcrowding.

II. STAFFING

The current budgeted Juvenile Hall positions are 186, the same as last year. However, the number of vacant group counselor positions was four, an increase of two over last year. There was one supervising group counselor vacancy, so the present 17 is one less than last year. There were three probation managers and one deputy chief, with no vacancies and the same number as last year. There are 11 extra help group counselors, down from 19 last year. Thirteen extra help counselors are CORE trained. Staffing shortages are managed via the use of the shift relief staff (those not assigned to a specific unit), followed by the use of extra help staff, and finally, the use of overtime.

III. FACILITY

Commissioners toured the facility, including each occupied living unit, grounds and exercise areas. Juvenile Hall was constructed in 1966. The facility has undergone several remodels, first in 1989, then in the 1990s when the Alpha Wing was added, and in 2005, when the Beta Wing was constructed.

The Juvenile Hall has been undergoing a beautification process over the last few years ranging from the re-painting of living units, hallways and parts of the medical facility. The population decrease over the last few years has resulted in the closure and the restructure of some of the living units. There are currently seven living units being utilized.

The inspection found the boys and girls living units to be clean and well maintained with the exception of the graffiti on the doors to the individual living units. This has been a constant issue and the Juvenile Hall has worked to eliminate the problem but it remains unsolved as of this report.

Gymnasium and Grounds

Commissioners toured the gymnasium and outside grounds. The gymnasium is maintained very well. The roof, which had multiple leaks during the previous inspection, now appears to have been repaired and no leaks were reported as of our inspection. The

¹ <http://datacenter.kidscount.org/>

gym itself, particularly the wood floors and the exercise equipment, appear to be in good condition.

As part of the Juvenile Hall beautification process, the lawn had been reseeded and the remaining grounds have undergone landscape improvement for the last two years, which has greatly improved the appearance of the facility. Youth will be able to enjoy the outdoor activities in the area including the development of a vegetable garden that had been a dormant project for some years.

Control Area

Cameras in all living units, hallways and grounds are constantly monitored by the Control Desk. As the JJC has been reporting in four previous annual inspection reports, the cameras and equipment are at least a decade old and are not totally reliable. The layout of the Control Room has been “cobbled together” to allow staff to monitor living area and hallway activities. The air conditioning continues to be totally inadequate which means that room temperature is 4 to 5 degrees higher than the rest of the facility and very uncomfortable for the employees who work in the room. The commission has made numerous previous recommendations to allocate funds to improve this vital function, which have received agreement and support from the Probation Department and assurances that funds would be made available to address the issue. However, county administrative processes have slowed the progress and as of the date of this report there is nothing in place to solve this ongoing issue.

Food Service and Kitchen

The inspection team toured the kitchen and dining area of the facility. The new kitchen equipment has been installed. It is intended that all of this equipment will come on line in January 2017. When that work is completed the other equipment temporarily in use at another facility will be relocated back to the new kitchen. That equipment includes the heat-preserving transport containers.

Laundry

The inspection discovered nothing out of order. Clothing for the juveniles was stored in shelving racks and cubicles. The washing and drying equipment were functional and are maintained under service contracts.

Classroom

A classroom outside of the units was inspected and was available for use. It seemed to be fully equipped as a classroom if somewhat untidy.

IV. PROGRAMS

Juvenile Hall Programs continue to be planned and monitored by a committee of Juvenile Hall Counselors. The program committee is overseen by a supervising group counselor.

Multi-Agency Assessment Center (MAAC)

The Multi-Agency Assessment Center (MAAC) continues to assess youth who are in custody beyond 72 hours for program needs so that the appropriate referrals for services

can be made, and provides services to assist youth with their integration into programs that address each youth's social, physical, behavioral, psychological and emotional needs while in Juvenile Hall. Included in their assessment is an evaluation of services that can be provided through the Chaplaincy program. During this assessment time the Prison Rape Elimination Act (PREA) Vulnerability Assessment tool is given in compliance with the provisions of the Act.

Community Based Organizations (CBOs)

CBOs provide interactive, biweekly workshops for youth in JH. The organizations are usually present in JH five days a week and provide workshops from 3:30 p.m. to 5:00 p.m. After 5:00 p.m. counselors are then available for one-on-one individual 15 minute sessions. The CBOs invoice the Probation Department for those counseling services. CBOs are scheduled to provide services in different units on different days.

The programs offered by the CBOs are focused on improving outcomes for justice-involved youth. However, Probation is not assessing these programs for effectiveness. As in previous inspection reports, the Commission recommends that the Juvenile Hall Quality Assurance Team expand their efficacy evaluation methods to include the CBO programs.

Health Right 360. This agency provides individual counseling, referrals, anger management units, aftercare services and substance abuse prevention education. This is the only Hall program, with staff currently trained to use the best practices model "Seven Challenges" which is the model throughout the county.

Fresh Lifelines for Youth (FLY). This program provides legal education, mentoring, and leadership programs to support youth in all units to become responsible citizens. They also brought members of the San Francisco 49ers to JH where the team's interaction with both the boys and girls units brought a positive response.

California Youth Outreach (CYO). This program provides workshops that help youth with anger management, suggests alternatives to gang involvement, develops life skills, etc. CYO also works with the County's Restorative Justice Program. Currently this is offered in four units.

Family and Children's Services (FCS). This Juvenile Hall provider focuses on domestic and family violence.

Peace it Together. Provides a program for girls on sexual victimization.

Female Intervention Team. Provided through the San Jose's Mayor's Gang Prevention Task Force, the program assesses the needs of a youth for a mentor.

Freedom Readers. Provides reading enrichment.

Girl Scouts. Provides services for both boys and girls in JH.

Art of Yoga. Provides a program only in the girls unit.

Catholic Charities. This provider works with families and youth who have been impacted by incarceration. Services include case management, gang violence prevention, food pantry, clothes closet, youth groups, school advocacy, placement services and other daily needs support.

Unchained. A previous animal program included visits by certified, trained canine and their volunteer dog handlers, but ended half way through the calendar year. A new program, Unchained, is offered by the Santa Cruz and San Mateo Foster Dog program. It allows three youth in the security units to train and bond with a dog with “issues.” After the dogs have been gentled and trained, the youth are allowed to have a voice in the selection of the new family for their dog. The value of this program was validated by a mental health therapist through an exit survey at the conclusion of the program.

Volunteer Programs at Juvenile Hall

A variety of programs are provided in Juvenile Hall by volunteers or other community programs. These include: Alcoholics Anonymous, Al-Ateen/Al-Anon, **Intersection for Art** (writings and artwork by the youth), Flower Programs, Furry Friends, Aztec Dance, Girl Scouts, Chess King Corporation, Narcotics Anonymous, Planned Parenthood (which provides an assembly on “Secrets” covering the issues of dating violence and STDs), Bible Study, Positive Pathways (focusing with the female population on sexual victimization), and Catalyst for Youth, which occasionally offers art, gardening and fashion design.

Juvenile Hall Special Programs

Juvenile Hall has a wide variety of special programming offered throughout the year, including: Hot August Nights Car Show, JH Olympics, Halloween and December Holiday Decorating Contests, Santa Claus visits (with the Santa of many Christmases passing on the role to his son), Black History Month, Cinco de Mayo, Honors Assembly, Career Day, and a Pizza Night provided by the Public Defender’s Office and Alternate Defender’s Office.

Valley Medical Center

The VMC nursing staff continues to provide health-related classes such as Asthma Management, Sleep and Health Realization, Dangers of Methamphetamines and Pot, Sexually Transmitted Diseases, Diabetes, Self-Esteem Building, Dental Health, Pregnancy in Teens and Girls’ Talk.

Monthly Calendar

Each month a calendar is prepared that lists all the above programs with assigned units. This shows the wealth of programming opportunities available to youth in JH. The Commission commends JH staff for continuing to offer such an array of programs even with the decrease in population.

Justice Engaged Youth Education Partnership

This partnership between the Santa Clara Office of Education, San Jose Unified School District, and East Side Union School District provides for the tracking of detained youth in JH with their school districts. Located in the MAAC center, school social workers are

stationed in JH two days a week to quickly facilitate school re-enrollment within 72 hours of a youth being released from JH.

Garden Project

Volunteers from Veggielution and Santa Clara County Master Gardeners with JH staff work with youth in the outside garden where the youth get to grow and then eat the vegetables they have produced. The youth in the security units have a similar experience using planter boxes. The harvesting and cooking of these vegetables also provides discussions of life skills. The girl's unit has chosen not to participate in this activity.

Probation Terminated on Release (PTOR) Reentry Program

The goal of this program is to provide youth, who will be dismissed from probation when they are released from JH, with a plan and services to help them succeed in the community. This begins while the youth is in JH. The senior group counselor who is responsible for the program meets with the youth as soon as the Court orders PTOR. He asks youth "what it is they want/need to succeed on release." The focus is on what is working or not working for the youth. Short-term goals and personal/professional interests are reviewed. The youth is informed that services are voluntary and it is up to the youth if they choose to participate in the program.

- **Identification.** In approximately 30 days all the documents the youth is going to need are gathered. These may include a birth certificate, social security card, immunization records, California Drivers Licenses/Identification Cards and school transcripts. If there are outstanding DMV issues, the youth is taken to traffic court to try and get them resolved and fines or fees reduced. As persons are often asked for two photo ID's, the probation department provides an ID which is valid for 6 months.
- **Multi-disciplinary team meeting (MDT).** This process also includes MDT, which may include the youth's parents, the City of San Jose (CSJ), the County Office of Education (COE), Behavior Health department, JH counselor, probation officer, and any CBO or individual the youth wants to invite, to be part of the release plan. During this meeting, the needs of the youth are reviewed and follow-up tasks are assigned. If a CSJ or CBO mentor is assigned, they will begin meeting with the youth in JH.
- **Job readiness.** Before release, the youth will receive help in writing a resume with 20 copies to be included in their release binder and will practice mock interviews. Clothing appropriate for job interviews is also provided. The binder will include an education plan and transcripts, or work plan, along with bus passes/tokens, information about future medical appointments, and a Resource Guide. COE includes school supplies.
- **Medical and housing support.** Before release the youth is provided with medications and referrals for appointments as necessary. If the youth is homeless, they can arrange for a Post Office Box affiliated with a downtown church. The JH Counselor is able to follow the youth once they are released from JH, facilitating the youth getting to necessary appointments, or providing for or arranging other services.

V. BEHAVIOR MANAGEMENT

Three principal goals dictate the best practices model for the current running of Juvenile Hall. They are:

- Improve the behavior of youth in JH through relationships with staff.
- Increase safety for both staff and youth.
- Promote pro social behavior of youth.

Following the Title 15 guidelines, the Juvenile Hall administrator has written policies and procedures for the discipline of youth that promotes acceptable behavior at the least restrictive level to achieve the desired behavior.

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

Behavior Modification Programs

Though running the previous behavior modification programs, the administration is developing new guidelines to be used in all of the units except the Transition Assessment Unit (TAI) where a “token economy” best serves to motivate TAI’s population. Currently the STAR (Specialized, Transitions, Aadjustment, Re-focus) program with its four levels is still used for behavior modification within the two security units and PRIDE (Personal Responsibility In Discovering Excellence) program continues to be used in the other units.

Appeals and Grievances

The policies and procedures for Appeals and Grievances remains the same as in previous years, but Probation should be acknowledged for adding the incident report numbers to the Appeal and Grievance Forms which then allows the JJC to review the Incident Report (IR) from which the Appeal or Grievance was created. At times, a separate number has been created by the staff to document the request by the minor, when it should instead refer to the original incident report. For ease of tracking, it is recommended that for “follow-up” reports, the original IR number be used instead of a new number.

Commissioners reviewed 68 appeals and 39 grievances for 2016. With the ability to cross check these incidents with IRs, it appeared that all were handled appropriately. Though the population of JH continues to drop, it appears that a significant number of complaints were written by a relative few of the youth. It was also noted that some were based on unappealable matters or grievance issues and it is recommended that the appropriate use of these forms might be covered in the orientation unit.

Room Removals, that is, when the JH staff forcibly takes a youth from his/her room for noncompliance, remained at a steady level of 8 incidents.

VI. MEDICAL SERVICES

A robust program of medical services is provided to minors detained at Juvenile Hall and James Ranch, consisting of comprehensive health assessment screenings (including communicable diseases, vision and hearing), treatment of episodic and/or chronic health conditions, preventive services such as immunizations and contraception, medication management and age-appropriate health education.

Commissioners met with the Juvenile Facilities Medical Clinic of the Santa Clara Valley Health and Hospital System medical director and the nurse manager. They are based primarily at Juvenile Hall and also provide healthcare for youth at James Ranch.

Staffing

New Medical Director. The medical director was appointed in September 2016. She is a faculty member at Stanford Medical School, board certified in both Pediatrics and Adolescent Medicine. Her advanced training in adolescent health allows for a developmentally focused approach for at-risk youth and the various issues impacting their health including trauma, injury and complex psychosocial situations.

The nurse manager is a nurse practitioner who has been in her position for over ten years. She is an advocate and leader in innovation and continuous quality improvement and has been recognized regionally and nationally in the field of health services for youth in the juvenile justice system.

Twenty-five Santa Clara County healthcare professionals and support staff, including pediatricians, a dentist, nurses and others, staff the Juvenile Hall clinic. Nursing staff are present seven days a week, 24 hours each day. Two registered nurses (RNs) are on site during the day and evening shifts, and one RN is on-site at night. A pediatrician is on-site at Juvenile Hall five days a week and available on-call evenings and weekends.

Stanford University medical students (45) and medical residents (25) continue to rotate through the clinic, substantially augmenting physician resources as well as enhancing their training. Twenty-two nursing students from San Jose State University and San Francisco State University participate in health education programs for the youth.

Dental services are provided one day a week by a dentist from Adult Custody Health. Since January 2015, a volunteer dentist has provided dental exams, teeth cleaning and oral hygiene instruction. For many youth, this is the first dental healthcare experience.

Group counselor in the Clinic. A group counselor provides a consistent presence at the Clinic. This change has been effective in supporting a safe, calm environment at the Clinic.

Clinic Services

Every youth admitted to Juvenile Hall receives a two-step nursing exam. The youth is checked in the Receiving Area for communicable diseases. After being cleared for admission, a record check and comprehensive exam are conducted, including various health screenings, substance abuse inquiry, medical and surgical history, and suicide risk

assessment. The medical director conducts a full physical examination within 24 hours for weekday admissions and 72 hours for weekend admissions. (The Title 15 standard is 96 hours.) More than 80% of admitted youth have had no regular healthcare services, so that the juvenile justice system often becomes the entry point for medical intervention.

At the time of the inspection, the most recent full-year statistics for clinic healthcare services were for 2015. Key clinic activities are tabulated below. Comparative data is provided, with rate data to normalize for the number of JH admissions, with the caution, however, that single year changes should not be relied upon as indicating trends.

Year	Type & Number		Rate Per 100 JH Admissions	
	2014	2015	2014	2015
Admissions to Juvenile Hall			1299	1017
MD clinic appointments	2477	2200	190.7	216.3
RN Sick Calls	5298	3806	407.9	374.2
X-rays	72	53	5.5	5.2
Dental appointments	476	445	36.6	43.8
Eye clinic visits	30	34	2.3	3.3
Estimated # of Children on Psychotropic Meds	103	123	7.9	12.1
Pregnant Minors	4	7	0.3	0.7
Hospitalization	8	8	0.6	0.8
Sexually Transmitted Disease screenings	1082	817	83.3	80.3
Hepatitis B Vaccinations		2		0.2
Hepatitis A Vaccinations		51		5.0
Flu Vaccinations	554	256	42.6	25.2
HPV Vaccinations		36		3.5

Data source: Interview with nurse manager

Medication Management

The Pyxis Medstation® automated medication management system supports accurate, safe and secure distribution and tracking of medications for the youth in custody. An additional Pyxis station was added in fall 2016, dedicated to psychotropic medication management. Medication requirements of youth in custody are well-met.

Medication Needs of Released Youth

Concerns persist about sustaining health gains in youth after their release. In an effort to support youth well-being, 10 categories of medications have been approved as out-patient medications that the minor can take with them on release if they were started during their tenure in Juvenile Hall. These medications include:

- Oral contraceptives
- Ophthalmic ointments

- Ophthalmic solutions
- Ophthalmic suspensions
- Otic preparations
- Nasal preparations
- Topical preparations
- Skin and mucous membrane agent, misc. (i.e. Accutane)
- Bronchodilators (i.e. oral inhalers)
- Antibacterials with treatment days of 14 days or less

Currently, a released youth who is taking psychotropic medication leaves custody with a prescription, but no supply of medication.

The Commissioners believe that youth should have better access to medications at the point of discharge and after. Providing a supply for 30 to 90 days post discharge, would support health and prevent complications from poor adherence that may not be within the control of the youth. Specifically, a supply of psychotropic medications could support both short and long term health. Interviews with medical staff suggest that multiple barriers exist to obtaining medications upon release. Impediments include insurance denials at the pharmacy, long delays in obtaining physician appointments (particularly for psychiatric care), and other factors. The result can be serious health disruptions at a time when youth are extremely vulnerable.

The Commissioners understand that the Solano County Sheriff's Department funds a one-month supply of psychotropic medications for inmates released from custody, and has reported reduced recidivism as a result.

Pregnancy

During 2015, seven pregnant girls were admitted into Juvenile Hall. They were referred to the Public Health Department's Nurse Family Partnership (NFP) program. The program works to support girls in decisions they make regarding their pregnancies. Teen mothers are supported with an incentive for participating in public health nurse visits and receive support with childcare or returning to school. The program continues to follow the babies and mothers for three years beyond the mother's Juvenile Hall stay. During 2015, all the pregnant girls in Juvenile Hall elected to participate.

Mandated Reporting

Clinic staff are required to report child abuse, sexual abuse, prison rape and excessive force to appropriate authorities. In 2016, three reports of evidence of prior abuse, remote in time and place, were reported.

Medical and Behavioral Health Coordination

The integration of Mental Health and Substance Abuse services continues to progress. The eventual goal should be integration of all health services. Such integration will be facilitated by a fully unified electronic health record in the future. In the interim, the Commission encourages a stepped up collaboration and coordination between Medical Services and Behavioral Health at Juvenile Hall to ensure that the youths' medical and behavioral health needs are met in a comprehensive and coordinated effort.

Electronic Health Record

A significant milestone was achieved in November 2016, with the implementation of the EPIC HealthLink system in the Juvenile Custody Health facilities, creating a unified, compatible electronic health record shared with Valley Medical Center and the My Health Online system. The former incompatibility has been cited in prior Commission reports as having posed risks and impediments to safe, effective healthcare. The Juvenile Custody Health facilities are the first to implement, serving as a model and beta site for other custodial facilities.

Although recently implemented, HealthLink has yielded significant benefits. In addition, issues have been identified that will be addressed to the benefit of the entire system. Chief among these are confidentiality issues, some unique to juveniles. The facilities now are referred to as named clinics, without a juvenile justice designation. Some especially sensitive information, such as child sexual exploitation related notes, are being maintained manually pending system improvements.

HealthLink implementation affords an important opportunity to leverage technologies to improve coordination and health outcomes for all justice-involved youth, including the 75% who are not in custody and those who have left custody. The Commission strongly encourages such efforts.

While a prior recommendation proposing independently funded medical data collection and analysis was declined by the County, EPIC implementation should enable data collection and analysis to continue improving outcomes.

Medical Outreach Program

The JJC's last report included a recommendation that the Health and Hospital Services Agency (HHS) investigate the opportunity to provide some limited medical services to justice-involved youth not in custody who return periodically to Juvenile Court. That recommendation was implemented in 2016, through the Juvenile Court Nursing Outreach Program. Custody Health nurses recently began offering medical and behavioral health assessments adjacent to Judge Lucero's chambers and checking follow up healthcare status after release from custody; 10 to 15 youth per week have been served.

The nurses quickly identified and began addressing barriers to effective service. Confidentiality concerns and fears that fees would be assessed initially inhibited participation. These concerns have been alleviated by implementing medical garb for providers and stressing the confidentiality in which medical information is held and that services are provided without charge.

The Commissioners are gratified to note that a benefits eligibility worker funded at 1 FTE by the County Social Service Agency has been assigned to the Juvenile Court. Consideration might be given to adjusting the telephone outreach schedule to include some evening and weekend hours, when families are more likely to be available.

Drug and Alcohol Education

A new program was implemented in 2016 through which the nursing staff provides drug and alcohol education, presented in a customer-centered manner, to all youth who pass

through JH even briefly – including those waiting in Police Admissions. The Behavioral Health Substance Use Treatment Services Prevention Manager is a partner, training all clinic nurses to deliver the program. The interaction between the nurses and youth have yielded mutual learning and insights to improve the program.

Regulatory Compliance, Quality Assurance, and Quality Improvement

Juvenile Custody medical services leadership is driven by the mission of improving the lives of system-involved youth, and is guided by principles of Continuous Quality Improvement (CQI). The nurse manager reports that a Multidisciplinary Quality Improvement Committee, a Nursing Quality Improvement Committee, and a Policy Review and Revision Committee meet regularly to plan, develop, monitor and improve the standard of clinical care provided at Juvenile Hall and the Juvenile Ranch. An annual survey of nursing staff informs the CQI effort. The new medical director observed that she found program resources robust and the program impressive.

As reported last year, the Juvenile Hall medical services program was reviewed by the Institute for Medical Quality (IMQ), Corrections and Detentions Health Care Committee, on June 10, 2015. The Committee found that the facility met all essential standards and provided high quality healthcare to the minors in its care. A two-year reaccreditation was earned through 2017.

The annual Environmental Health Inspection conducted by the County found compliance with all Title 15 requirements.

The biannual inspection by the Bureau of State and Community Corrections conducted in November 2015, centers on a detailed review of Title 15 compliance and found no exceptions with respect to medical healthcare services at JH. (The resulting report has not yet been released.) [JH medical staff has participated in developing a new Suicide and Harm Prevention Plan in response to other findings of that inspection.](#)

VII. BEHAVIORAL HEALTH

Drug and Alcohol Services, formerly known as DADS, continues to integrate its services with the more classic Mental Health Services. DADS has been renamed SUTS, or Substance Use Treatment Services. A director leads the combined department known as Behavioral Health Services Department (BHSD). There has always been a significant overlap in clients treated, particularly in Juvenile Hall, as many youth with mental health diagnoses have co-occurring problems with drug and alcohol abuse. Separate funding streams and certification requirements for substance abuse and mental health services present a challenge to integration. The Mental Health Service Act (MHSA) funding allows payment for dual diagnosed youth through Medi-Cal after the youth returns to the community. [Staff are being trained in co-occurring assessment and treatment services, including the “Seeking Safety” curriculum.](#) Plans include designating a division director responsible for all youth Behavioral Health services.

Services

Eighteen clinical positions are assigned to Juvenile Hall, one fewer than last year as there continues to be a decrease in JH population. The staff is generally available to youth Monday through Saturday from 8 am to 9 pm. Staff speak Spanish, Vietnamese and Cambodian. About 74% of services provided at Juvenile Hall by Behavioral Health are direct therapy. Other services include case management, crisis intervention and medication support. Nine positions are held by licensed/credentialed marriage and family counselors or social workers, and the rest are registered interns working toward licensure. The department also has two student interns, who are provided stipends during the academic year (September through May). A psychiatrist is available five days per week (two individuals available on different days), and a psychologist and three interns are available four days per week

The Mental Health Department provides some group-based service, but most treatment is provided one-on-one. Most youth in JH are assigned a therapist who sees a youth about once per week. Youth considered high risk after their evaluation may have a Probation counselor assigned one-on-one. Youth on a safety watch (B5 or 1:1) are seen daily by mental health staff. Youth in Juvenile Hall are also advised during orientation that they may put in a request to see a therapist on an as needed basis. Therapists are also assigned to the Mental Health or the Transitions Unit (B4) and check in with youth there Monday through Friday. There is currently a check-in therapist in G1, the Girls Unit. In B-2 or the Assessment & Orientation unit, youth are seen in the orientation unit itself. The average caseload for a therapist is 12. A total of 386 unduplicated clients received on-going Behavioral Health Services from January through October 2016. About 15% of youth receive Medication Support services. Two resource positions are assigned to the unit, and they provide referrals to community agencies for all probation youth (Behavioral Health Resource Center).

Beginning January 22, 2017 two staff will be present in JH on Sundays for 10 hours. This allows for on-site treatment and intervention for youth on suicide watch. Non-clinic hours are covered by an on-call clinician, who responds in person to Juvenile Hall for any mental health crisis.

A Multidisciplinary Team Coordinator is jointly funded by the Behavioral Health Department and the Probation Department.

Screenings

Mental Health Department staff screen all youth admitted to Juvenile Hall within the first 72 hours, usually within the first 24 hours. The screening includes an interview with the youth, a review of past services, and an electronic evaluation called the Massachusetts Youth Screening Instrument (MAYSI-2). Any safety concerns are reported to Probation staff immediately, and clinical information gathered may be used to refer a youth to services in the community after release.

PATH2S Court

Two other clinicians are assigned to the PATH2S (Progress Achieved through Hope and Holistic Services) Court to work with youth, in most cases in the community. This Court works with youth and families who have co-occurring disorders such as mental health diagnosis along with a substance use diagnosis. The census for this program has been as high as 65 youth but currently stands at 13. In 2015, 36 youth were tracked as to court outcomes. Ten youth received a Certificate of Participation, 21 graduated from the program, and five youth were unsuccessful. This program is a best-practices model.

Psychologist Program

Three PhD interns provide psychological services in the boys security units, including the well regarded K-9 program. These groups, averaging four boys, last eight to 10 weekly sessions. These interns are supervised by a licensed full time psychologist who also oversees the 602 Psychological Evaluation Program, which is a contracted panel of licensed psychologists.

Record Keeping

While HHS has implemented a new electronic medical record system known as EPIC or HealthLink for Juvenile Hall Medical Services including psychiatry, Unicare continues to be the system used by Behavioral Health therapists due to incompatibilities or deficiencies in HealthLink with respect to behavioral health requirements for the notes modules. Continuing use of Unicare precludes robust data collection and analysis with respect to Behavioral Health services. Therapists do have read only access to Healthlink, so they can access psychiatry notes. Healthlink is in the process of upgrading their system to be able to accommodate behavioral health needs, and BHSD plans to implement use of Healthlink for all clinicians in the Fall of 2017.

Clinical staff use their computers to take case notes and update charts, and then those notes are printed out and filed by Behavioral Health administrative staff twice a day. A separate computer, known as "Felicia" houses a spreadsheet that tracks current caseloads and youth who are on a safety watch (15 minute, 5 minute or 1:1 watch). The watch census averages 3-4 youth per day. The data tracking system is simplistic and does not allow staff to make trending and strategic decisions.

Competency Services

Two Behavioral Health staff and a Supervisor are assigned to the Competency Services Program. They are known as restoration counselors. They work with youth clients both in custody and out in the community to help the Court's efforts to determine a minor's competency to stand trial. During 2015 nine of the eleven youth (82%) referred to the program were restored. One was unrestored (9%), and one case was dismissed (9%). Four youth are currently enrolled in competency restoration services.

Suicide and Harm Prevention Plan

In August 2016, at the urging of state regulators from the Bureau of State and Community Corrections, the Juvenile Hall Suicide and Harm Prevention Plan was developed in a collaboration by all system partners. The plan allows anyone in JH to

identify a youth at risk of suicide or harm to the Behavioral Health manager or lead who then assigns a clinician to conduct an immediate crisis assessment. The assessment results in a written plan. The youth is then placed on one of three watch types. Sunday coverage at JH will ensure the availability of a Behavioral Health clinician seven days a week to check on youth on suicide watch. If a youth continues to exhibit imminent risk to self or others or grave disability, that youth is placed on a Welfare and Institutions Code 5150 hold and transported to EPS or to Uplift's Crisis Stabilization Unit for a 24 hour period of evaluation and stabilization. If needed, the youth may then be sent to a mental health hospital for a further 72-hour evaluation. As reported in Probation's monthly Salient Features, there were 3 reported suicide attempts in Juvenile Hall from Jan - Nov 2016.

VIII. CHAPLAINCY SERVICES

A Protestant chaplain and a Catholic nun, along with a host of their volunteers, provide religious services to the youth at Juvenile Hall. The services include:

Expanded orientation for chaplaincy services. This weekly one hour orientation for chaplaincy services takes place in the MAAC unit for all new youth entering the facility. The orientation was initially only open to boys in the general population, but expanded to include boys in the control units and girls in September of 2016. At the orientation, an interest sheet is provided to the youth to determine their religious preference and faith needs; 48 youth participated in this orientation in 2016.

Sunday services. These include music and videos, and are provided once a month to the youth; 21 youth participated in these services in 2016.

Additional one-on-one counseling. Takes place weekly in the units. The chaplain hopes to expand to better serve the specific needs of the youth, especially regarding mental health referrals. Protestants and Catholics conduct separate weekly Bible study classes in each unit as well; 266 youth participated in pastoral counseling sessions in 2016.

Various programs: Special programs currently being provided by the Protestants include "Heart and Soul" — a faith-based rites of passage program, a bilingual Bible Study, and "Agape Art" for girls, which connects girls to religious art; 137 youth participated in general Bible Study classes in 2016.

The 75 volunteers providing religious services to the youth receive ongoing PREA training. The Protestant chaplain plans to expand his religious services to include inspirational stories and praise dances, along with starting new programs to replace those such as the boys mentoring program, "Hope for the Future," which ended in late December 2016.

IX. EDUCATION

The Osborne School is one of six Court and Community Schools operated by the Santa Clara County Office of Education (SCCOE) Alternative Education Department (AED).

Enrollment

During the 2015-2016 school year, the Osborne School served an average of 84 students in grades 6-12, with the majority of students in grades 10-12. Average class size is 10-12 students and 10-15 in the high security units. The average stay of students in the program ranges 20-23 days. However, from Jan – Nov 2016, nearly 30% of the Juvenile Hall population were there for a year or more.

Staffing

In 2015-16, the Osborne School staff consists of:

1 Principal (new as of Jan. 2017)	1 Custodian
8 Alternative Education Department (AED) teachers	Special Education:
1 School office coordinator	3 Special day class teachers
1 Assessment technician	6 Para-educators
1 AED counseling staff (reduced from .8 to .6 assignment due to enrollment reduction)	1 School office coordinator
	1 Resource specialist
	1 Program specialist
	1 School office coordinator

Title 15 Certificate

The commissioners also requested from the AED, the annual education review required by Title 15 Section 1370(a), which was not supplied in time to be featured in this report. But the number of reviews done by the SCCOE and the Osborne staff for probation shows their intent to follow appropriate guidelines.

Assessments

Students enrolled at Osborne during 2015-2016, were given the following assessments:

- **California English Language Development Test (CELDT).** For the 2015-2016 school year, Osborne assessment technicians administered the test to more than 150 students. The test is administered annually. According to the AED: “The results are inconclusive in constructing a generalization at this time, though broadly we can likely RFEP (Reclassify as Fluent English Proficient) a large portion of the EL students given their CELDT results. We will also need to work to improve NWEA scores to finalize RFEP’s for our students.”
- **NWEA entry assessment: Measures of Academic Progress (MAP) assessment.** Within 72 hours of entering JH, a youth will undergo a Northwest Evaluation Association (NWEA) assessment by the SCCOE assessment technician to assess English and mathematics. This process helps gather necessary educational and demographic data and is used to plan the student’s curriculum. Students are re-tested every 90 days. In 2015-16, the SCC Alternative Education Department moved to NWEA. As of January 2017, the AED said there has not been enough data collected to provide comparative results. However, based on the STAR data provided for 2012-16, the average ELA and Math scores over the past three years indicate that students are about 5 years below grade-level for grades 10-12, and 4 years below for grades 8-9.
- **Student performance assessment: California Assessment of Student Performance and Progress (CAASPP) System.** Beginning with the 2013–14 school year, CAASPP became the new student assessment system in California,

replacing the Standardized Testing and Reporting system (STAR). According to the CAASPP website, the 2016 results for SCC Court School are showing that of the 8th and 11th graders tested:

2016 CAASPP Results				
Source: http://caaspp.cde.ca.gov/				
ENGLISH LANGUAGE ARTS/LITERACY				
8th graders	11th graders	Standard Met	Standard Nearly Met	Standard Not Met
# of students enrolled 9	# of students enrolled: 56	2%	14%	84%
# of students tested: 7	# of students tested: 45			
# of students with scores: 7	# of students with scores: 44			
MATHEMATICS				
8th graders	11th graders	Standard Met	Standard Nearly Met	Standard Not Met
# of students enrolled 9	# of students enrolled 55	0%	0%	100%
# of students tested: 7	# of students tested: 46			
# of students with scores: 7	# of students with scores: 45			

School Site Council

The School Site Council meets multiple times each semester. In 2016, five meetings were held on 2/11, 4/21, 5/24, 10/27 and 12/8. The goal of the council, which includes students, parents and staff, is to give input into how Title 1 federal funds are spent at the Osborne School. According to the 2015-16 Osborne School Annual Report, the council directed available funds to:

1. Increasing relevant and direct support for English Language learners.
2. Increasing professional development for all staff in relevant core academics.
3. Increasing relevant, research based materials and strategies, in supporting student performance.
4. Provide access for all students to career-technology as part of core curriculum.
5. Improve technology access to students in institutional schools.
6. Improving parent outreach and training at institutional schools.

7. Develop, review and approve an annual Comprehensive School Safety Plan. Under the direction of the School Site Council, Osborne School has considered and/or acquired:

- Sets of “mini” libraries of leveled reading materials for each classroom.
- Laptop computers for use by high school graduates.
- Instructional materials for all staff.
- READ 180 program on a pilot basis beginning fall 2015.
- Software for specific reading and math programs plus licenses for access to educational sites.
- Proposed additional staffing including educational assistant, counselor, and technology support.

Curriculum Highlights

The AED appears to be offering curriculum at JH that’s in alignment with what is offered to students throughout the county. Here are some examples of what’s offered:

- **Orientation.** The U.S. History teacher should be commended for creating a valuable section of his JH orientation curriculum that provides school credit and teaches key life skills youth need to during their time in JH and once released. The module, reviewed by the JJC, is aligned with best practices for trauma-informed education and helps youth create a caring connecting with their teacher, which research shows increases their protective (resiliency) factors.
- **Math.** In 2015-16, the Alternative Education Department (AED), which oversees Osborne, purchased the intervention curriculum “Think Through Math” for use in classrooms for targeted math remediation and acceleration. Osborne was reviewing this curriculum at the time of this report to consider for use at JH.
- **Career and Technical Education (CTE).** Osborne is now offering to students Odysseyware’s Career and Technical Education for middle and high school credit, and includes a module for special education students reading at below grade-level. The course enables students to learning keyboarding, Microsoft applications, and communication skills for obtaining and conveying information. Already three students have graduated from the course. The CTE teacher should be commended for implementing the course as well as working with James Ranch to coordinate credit attainment for JH students who transfer to the Ranch, and taking the initiative to begin to align the course with San Jose City College instruction. These efforts are creating a post-secondary pathway for JH students as well as enabling them to gain 21st century job skills.
- **Civics lessons.** In particular, the B-9 teacher should be commended for helping JH students graduate in 2015-16, and incorporating into lessons information about voting, the recent election, and Proposition 57 (Parole for Non-Violent Criminals and Juvenile Court Trial Requirements), which impacted many of these students.
- **Mentoring.** Partnering with San Jose State University, Osborne is developing a counseling and mentoring services program for JH students (at the time of this report, there was not a launch date).

Special education

For the months of July 2015 to June 2016, the monthly special education population ranged from 38% to 58%, according to the JJC's analysis, and the monthly average is 47%. This suggests that the special education population is essentially half of the JH population.

- **Closure of special education classroom (SDC).** Due to the ongoing population reduction in JH, the former special education classroom has been closed. Currently the special education teachers work with students during their other classroom sessions. According to Part B of the U.S. Individuals with Disabilities Education Act (IDEA), which equally protects students who are incarcerated, every agency at any level of government that is involved with the provision of special education and related services to incarcerated students must ensure the provision of free appropriate public education (FAPE). According to the AED: "The SDC classroom closure did not put Osborne out of compliance in regards to special education accommodations. The goal in all cases is to have each student in the least restrictive environment possible, and the goal of an SDC class is to have the students with a special education teacher in a smaller class with more individualized attention. All classes at Osborne are small, and our SDC teacher was able to instead "push-in" to the rooms to serve student needs. We have also since changed the schedule again with the following coverage:"
 - B1 and B3: Dedicated special education teacher and para-educator.
 - B4, B7 and G: Dedicated para-educator
 - B2: Floating para-educator as needed.
 - Support staff: Program specialist, resource specialist and special education office coordinator on site.

The JJC recommends that AED continue to evaluate and share with the Commission how the 2015-16 classroom closure is impacting the delivery of special education services and student performance.

Student honors assemblies

Osborne in collaboration with Probation held two Student Honors Assemblies during winter and spring semesters during the 2015-2016 school year. Using the SCCOE REACH goal expectations of "Responsible Citizen, Effective Communicators, Active Learner, Critical Thinker and Healthy Individuals," select students were publically acknowledged and honored for their individual and collective achievement.

Graduation rates and post-secondary pathways

They are no doubt challenges to students obtaining high school credits and diplomas while incarcerated. For example, 98-100% in JH are not at grade-level for Math and English Literacy, according to CAASSP, and each student in a class enters at varying assessed levels. Students may also be pulled from class for medical and other appointments, to meet with attorneys or court dates, or they may also miss instruction time due to unit moves. Yet, 26 JH students graduated from high school in 2015-16, and 24 completed their High School Equivalency Test (which was extended to students starting in 2015). The frontline educators interviewed by the JJC during this inspection displayed commitment to their students graduating from high school, which was echoed by students

interviewed. And the educators were clearly dedicated to helping students leave JH with a high school diploma and able to continue their education, life skills, and with marketable job and computer skills, for example. According to the AED, the online Odysseyware program implemented in 2015 is helping more students complete their requirements.

- **College courses or post-secondary education offerings are not universally offered.** In the 2013-2014 JH Report, the Osborne School said that it would begin offering college courses to eligible students. The JCC could only document one example: According to the SCCDOE 2015-16 Local Control and Accountability Plan (LCAP) and Local Educational Agency Plan, which details county schools' goals, "through a partnership with Evergreen Valley Community College, 11 incarcerated students at Osborne School completed a dual-enrollment course in Chicano Studies during fall and spring semesters of 2015-2016."

At the time of the inspection, the AED nor Probation had yet to provide Osborne graduates with the universal ability to take college-level courses or pursue other post-secondary pathways while incarcerated at JH. Commissioners interviewed several students who gratefully graduated while in JH in the past year. Though they praised several supportive teachers that helped them graduate, they were disappointed that JH offered no college-level courses, online courses, or access to correspondent courses that they could take during the six months to a year that has passed since they graduated from the Osborne School. Two graduates shared their experiences and needs in a letter provided to the JJC (*names have been removed*):

From my perspective of viewing many minors graduate, I haven't seen any higher educational programs offered to graduates. I have been asking school counselors for any type of college courses for graduates. Their response to us has been that they have been trying for many years but have not been successful. Since we've been graduates we have been doing our own independent studies of subjects such as geometry, psychology, algebra 2, philosophy, and any other subjects we could get our hands on. Through this letter we would like to communicate to whom ever it might concern to help us gain any higher educational accredited programs to graduates like us. We have more than half a year left in this facility. There are many other minors in other units in the same situation as us. We would like to actually make some progress with a solution to this problem. Even if we leave before this problem is solved, we would want other minors in the future to have the choice to gain a higher education while incarcerated.

The National Institution of Justice states that inmate education is the most effective services to reduce recidivism. The JJC recommends that AED and Probation work together to marshal their resources and/or community partnerships to immediately begin offering Osborne high school graduates/students who've met requirements the universal ability to take college-level courses for credit along with county adult education offerings while incarcerated.

X. POLICIES AND PROCEDURES

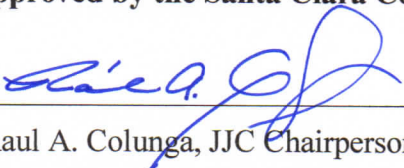
Commissioners met with a Juvenile Hall Probation Manager to review the Juvenile Hall Policy and Procedures Manual (P&P), to inquire as to how often the manual is updated, and to learn more about the implementation of the latest revisions. We were forwarded all the changes to the manual made since last year. There were over a hundred pages of changes, which were reviewed by the Commission.

It should be noted that the BSCC (Board of State and Community Corrections) is also in the process of doing their biennial inspection; the focus of which this year were the policies and procedures of Juvenile Hall. As a result the State has recommended a change to the Osborne school policy to insure youth are not excluded from school for more than two days, during which time school work will be provided to be done in the youth's room. Once Osborne school provides this new policy to the State, they will return to complete their report.

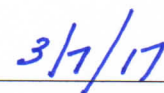
Other changes of note to Juvenile Hall policies and procedures are as follows:

- Behavioral Health will now provide coverage on the weekends if a youth is on a one-on-one watch status.
- All youth who come into custody will have an open case with Behavioral Health . This is now possible due to the reduction in the overall JH population.
- There is now an electronic sign-off procedure for each of the manual's parts. Every month one section is reviewed, and one section is complete. This will be an ongoing process so that all sections are reviewed for currency once a year. This was a previous Commission recommendation.
- There is a new comprehensive Sexual Assault policy, and revised PREA (Prison Rape Elimination Act) policy. Also, JH has just undergone a PREA review. They had recently made some improvements and were found to be 100% compliant with the act.
- Use of OC spray was removed from the manual and the spray was never used.
- Throughout the manual the term minor has been replaced by youth.
- In the orientation section, youth are now instructed that they must follow directions in an emergency.
- A procedure regarding the use of the two new eligibility workers (EW) was added and updated this summer. The EW role is to connect families to Medi-Cal services.
- The assessment and classification process has not changed since April 2016. It is very comprehensive.
- There were a few minor changes to the very comprehensive use-of-force policy.
- The IR (incident report) procedure has not changed, but the Appeal form has been updated. An IR is now included with the Appeal, but it is still handwritten.
- An addition to the Orientation process, the institution of a live, two-hour parent orientation now takes place twice a week. The parents are given an introduction to JH and receive a handbook which explains all the services in JH. This will be available starting January, 2017, in English, Spanish and Vietnamese.

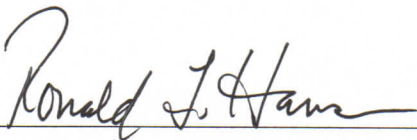
Approved by the Santa Clara County Juvenile Justice Commission.



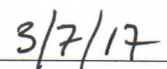
Raul A. Colunga, JJC Chairperson



Date



Ron Hansen, JJC Juvenile Hall Inspection Chair



Date

DOCUMENTS REVIEWED

- 2015-2016 Osborne School Annual Report
- AED Staff Handbook
- AED Student Handbook
- CAASPP Smarter Balanced Assessment Test Results for: Santa Clara County Court School (2016)
- Comprehensive School Safety Plan
- Environmental Health Evaluation 2015 (Environmental Health, Nutritional, Medical/Mental Health Evaluation), conducted by Santa Clara County Public Health Department
- JJC Juvenile Hall Annual Inspection Report 2015
- Juvenile Hall / Juvenile Ranch Annual Report 2015, Santa Clara County, Santa Clara Valley Health and Hospital System, Custody Health Services
- Medical Outreach Program: Flyer, Guide, Intake Form
- Odysseyware Career & Technical Education Course Guide
- Orientation Class Packet and PowerPoint
- Santa Clara County Fire Department Fire Clearance Notice, 2016
- Santa Clara County Fleet & Facilities Inspection Notice, 2016
- Santa Clara County Juvenile Justice Report 2015
- Santa Clara County Office of Education Osborne School 2014-2015 Annual Review
- Santa Clara County Probation Department Evacuation Drill Report, 2016
- Santa Clara County Probation Department Quality Assurance Report, 2016
- Santa Clara County Public Health Department Annual Health Inspection Report, 2015
- SCCDOE 2015-16 Local Control and Accountability Plan (LCAP) and Local Educational Agency Plan
- Superior Court Judicial Inspection of Juvenile Detention Facility for Suitability, 2016
- Title 15 Minimum Standards for Juvenile Facilities, Board of State and Community Corrections, eff. 1 April 2014