

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



**JUVENILE HALL
MARCH, 2015**

I. INTRODUCTION

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 Juvenile Justice Commission (JJC) conducted its annual inspection of the Santa Clara County Juvenile Hall from December 2014 through March 2015, in accordance with Welfare and Institutions Code Section 229 and Title 15 of the California Code of Regulation, 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 Juvenile Hall, Medical Services, Mental Health, Facilities Management, Alcohol and Drug Services (DADS), the Chaplaincy, Quality Assurance and the Osborne School to obtain an overview of policies, procedures, and programs. The Inspection Team 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.

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.sccscourt.org/court_divisions/juvenile/jjc/jjc_home.shtml.

II. POPULATION

Many factors affect the population of Juvenile Hall. Two of these are juvenile arrests and County population. There are currently seven units open in the facility. The facility is well within its Board Rated Capacity (BRC) of 390 youth, and there is no indication of overcrowding. According to statistics provided by the Probation Department, there were 124 youth in custody as of March 29, 2015. Of this number, 109 were males and 15 were females. Six youth were awaiting placement and three were on the wait list for the Ranch. The following is the

demographic background of the daily population average of 124 youth for March, 2015: 9.7% or 12 youth were Black; 7.3% or 9 youth were Caucasian; 79.0% or 98 youth were Hispanic, 1.6% or 2 youth were Asian and 2.4% or 3 youth were categorized as “Other.”

The JJC Commission believes the continued reduction in the overall number of youth in Juvenile Hall is due in large part to the leadership of probation managers, elected officials and outside partners and consultants in developing alternative placements to Juvenile Hall. The Commission appreciates the efforts of Probation staff and the County’s support in this continuing successful effort to divert youth from Juvenile Hall.

However, in spite of more than decade long effort of systems changes, programs and reforms, youth of color remain over represented in the juvenile justice system in Santa Clara County. Data reveals that minority youth (especially African American and Latino youth) in Santa Clara County enter Juvenile Hall, juvenile probation, secure detention facilities, and the courts at rates two and a half to five times higher than their percentage of the total population.

III. STAFFING

The current Juvenile Hall staffing includes the following positions: 170 Group Counselor codes of which 9 are currently vacant; 15 Supervising Group Counselors of which 2 are currently vacant; two and one half Managers and one Deputy Chief. Probation administration is currently attempting to fill 5 of the vacant Group Counselor positions. The 5 prospective candidates are presently undergoing background investigations.

Shift relief staff (those not assigned to a specific unit) are used to cover assignments for vacant positions. Shift relief staff may be assigned to work in units where vacancies exist; however, they must be assigned within their regularly assigned shift. Staffing shortages are managed via the use of the shift relief method followed by the use of extra help staff and finally the utilization of overtime, in this order.

IV. FACILITY

The inspection team toured the facility, including living units, grounds and exercise areas. Juvenile Hall was constructed in 1966 and has experienced several remodels, first in 1989, and then in the 1990’s with the addition of the Alpha Wing and most recently in 2005 with the addition of the Beta Wing.

As part of the inspection, Commissioners reviewed the inspection reports for 2014 which included the County Fleet and Facilities Department Inspection Report, the Santa Clara County Public Health Department Annual Inspection Report, which found the facility in compliance with Title 15 requirements and Santa Clara County Fire Marshall Inspection Report was completed for the sprinkler system. A full fire inspection is required every two years.

The inspection of the boys and girls living units found them to be clean and well maintained, with the exception of the graffiti within individual rooms. Since the Juvenile Hall has been undergoing a beautification process over the last year, the staff has been trying various methods to eliminate the graffiti problem, but none have been successful. Population decrease at the Juvenile Hall has closed a number of units. Though there were eight living units at the time the inspection began that number had decreased to seven living units by the time the inspection was completed.

Commissioners toured the gymnasium and outside grounds. As part of the Juvenile Hall beautification process project, the lawn has been reseeded and the remaining grounds have undergone a landscape improvement that has greatly enhanced the appearance of the facility and improved the previous institutional appearance. Youth will be able to enjoy many outdoor activities in these areas.

There was an outside area that had been used for a vegetable garden, but was stopped because of safety issues. The feedback during its use had been positive for the youth involved in the program. The Commissioners were informed that the safety concerns have been resolved and staff is encouraged about the reuse of the vegetable garden. The smaller Juvenile Hall population should mitigate potential safety concerns.

Control Area

Cameras are in all living units and are constantly monitored by the Control Desk. As noted in previous annual Juvenile Hall reports, the cameras and equipment are very old and not totally reliable and the layout of the Control area has been “cobbled together” to allow staff to monitor living area activities. Air conditioning is inadequate and has forced staff to use creative ways to allow air to be circulated in the rooms. The Commission has made numerous previous recommendations to allocate funds to improve this vital function and the Probation Department has responded that it agreed with the recommendations. Once again, the Commissioners strongly encourage that funds be allocated to fully address the areas of concern identified above.

Overall, the Commissioners found the facility is maintained in a satisfactory condition. Staff members were very professional and helpful in responding to the Commission questions. Annual reports required by Title 15 were available and reflected a satisfactory facility. The Health and Hospital report was quite good and the Fleet and Facilities Department corrected all inspection issues; the Fire Department Inspection reflected only the inspection of the sprinkler system, but is in compliance with the Title 15 requirement of full inspections every two years.

Laundry

The inspection of the Laundry found it neat, clean and orderly. Staff informed the commissioners that a proposal was submitted 6 months ago to replace the worn institutional-sized washers and dryers (2 of each), which is expected to occur soon. Four chemicals are used for the wash: soap, an enhancement to boost the effectiveness of the soap, bleach for the whites and a fabric softener.

The Laundry receives a list of clothing requirements every day, that is, the number of needed garments and sizes. Girls' Receiving provides the list of girls clothing, which is then delivered to Girls Receiving for distribution to the units. The boy's requirements come directly from the units. The following is the schedule of exchanges for the units and Receiving.

- Tee-shirts, undergarment and socks - every day
- Pants – twice a week
- Sweaters, sweatshirts and P.E. clothing – twice a week
- Towels and wash cloths – twice a week
- Sheets – once a week

This schedule meets and in some areas exceeds the Title 15 requirements.

New clothing is added to the stock as needed. Staff in units will throw away tattered clothing and then inform Laundry and the Laundry staff also sorts through clothing daily for potential discards.

Food Service and Kitchen

The Inspection team toured the kitchen and dining area. The team met with the Food Service Program Manager and Supervisor. As discussed in many of the previous reports, the entire kitchen area is very outdated and due for a remodel sometime this year, depending on board approval and the length of the bid process. It has been three years since the Board of Supervisors approved this project. Air conditioning has been installed, which was a major improvement, but it is difficult to understand why this process has been delayed, especially since the Commission was told in the Probation Department's response letter to the last inspection that construction would start in the "early to mid-Fall of 2014.

The inspection team toured the kitchen prep area; storage and service areas were clean and well organized considering the date of the equipment. Much of the equipment is no longer used and in need of replacement or updating and removal.

The kitchen is running smoothly given the state of the equipment. There are currently two shifts and a total of ten employees. The team reviewed the 2014 Juvenile Facilities Diet Manual, 30 day menu and weekly menu schedule, all of which were up to date and in accordance with Title 15 requirements. In addition, Food Services initiated changes to the caloric content for lunch last year and will do the same for breakfast this year to conform to the Healthy, Hunger-Free Kids Act and National School Lunch and Breakfast Program, which averages a total of 2,800 calories per day. Food Services is also transitioning to the recommended use of whole grains as part of dietary requirements.

The Commissioners had lunch with youth from one of the living units and feedback about the food was generally positive.

V. Youth Admissions

Police Admissions and Intake

The Commissioners toured the admissions and intake area of Juvenile Hall with the Juvenile Hall Manager, interviewed staff and reviewed forms used during admissions and classification. The whole process conforms to the standards of Title 15 and is well organized from the point of entry to the youth's transfer to a housing unit. The Commissioners spent additional time in Girls Receiving.

Police Admission is the point of entry for all detained youth brought to the Juvenile Hall. The youth is photographed, and interviewed as the intake and screening staff initiates the admissions paperwork. The Juvenile Hall medical staff is called to examine and clear all youth if staff notes signs of injury or the youth appears to be under the influence. If necessary, the youth will be transported by the arresting police agency to Valley Medical Center for treatment before being returned for admission to Juvenile Hall.

In Girls Receiving, which is mirrored in Boys Receiving, staff interview the youth to confirm his/her identity and update the computer system with information if the youth has had a previous admission. A phone is available for the youth to make his/her three calls. The shower stalls in Girls Receiving are clean and the Juvenile Hall clothing assigned to the youth are also clean and well maintained. An array of sizes is available. A bank of lockers is located in this area to store personal items, which are itemized and logged. At Intake, any money in the youth's possession is also logged, placed in an envelope and will be deposited into an account. The youth signs a verification of listed property and money. All personal property and money under \$20 will be returned when the youth is released.

New to the admission process this year is the information provided to the youth to comply with the standards established by the Federal Prison Rape Elimination Act of 2003 (PREA). Every youth receives a brochure and a verbal description of PREA including the Juvenile Hall "no tolerance" policy regarding sexual abuse and sexual harassment and what to do if faced with abuse and harassment. All written information is provided in English, Spanish and Vietnamese. Staff reported that they spend as much time as necessary talking to the youth to make sure the youth understands the policy. If the staff is satisfied the youth understands, the youth and the admitting group counselor sign an acknowledgment form specific to PREA. This form must be completed whether the youth is admitted or released. The information is repeated once a youth is assigned to a living unit where the youth will also view a PREA video.

Classification

The classification process has not changed since the previous year. The youth is referred to a screening probation officer to determine if the youth will be admitted to Juvenile Hall or cited and released to a parent(s) or guardian(s). To assist in this determination, the screener uses a Risk Assessment Instrument (RAI). The RAI is a list of factors - the current charges, criminal history, the youth's age and maturity, family stability, community ties and any mitigating factors. The factors are assigned points to assess risk to self, others and the community if the youth is

released. The screening probation officer has the authority to override the RAI score to admit or release. During 2014, Juvenile Probation with assistance of the Burns Institute looked at modifying the RAI to help reduce unnecessary and inappropriate detention of minority youth. To date, the proposed modified RAI after testing did not appear to reduce the disproportionate minority representation in Juvenile Hall. Consequently, the RAI has not been changed.

If the decision is made to detain the youth, the screening probation officer returns the youth to the admissions counselor who determines the youth's classification and housing unit placement based on several factors, such as age and severity of the offense. All procedures are in compliance with the requirements of Title 15. The youth's medical and mental health history may assist in the unit placement decision. Notice will be given to the appropriate staff if the youth is a suicide or escape risk or exhibits combative behavior. With the opening of the Assessment and Orientation Unit (A&O - B2) in late 2013, the majority of the male youth are initially placed in this unit and then reassigned to the general living units after a week. Since so few girls are admitted to Juvenile Hall, the girls are directly assigned to the girls' living unit, G1.

Orientation

The orientation process has not changed since the previous annual inspection and meets the Title 15 standards. Printed materials and an orientation video in English, Spanish and Vietnamese are provided all of which explain Juvenile Hall rules and regulations, the youth's rights and the grievance and appeal process. New this year is the PREA orientation. The information provided at admission is repeated once the youth is assigned to a unit. Also a video is shown to further educate youth to PREA standards and the process to report sexual abuse or sexual harassment. The youth must sign verifying that this information has been provided. All of the PREA orientation must be done within 72 hours of admissions.

All youth receive a medical/dental and mental health assessment upon admission to the units. The male youth assigned to A&O will receive presentations from the chaplain, food services, and education and be given information about the various programs available in Juvenile Hall. The newly admitted female youth will either meet as a group or one-on-one to receive the same information as the male youth.

VI. PROGRAMS

Assessment and Orientation Unit (A&O)

A Service Enhancement Committee was developed as a result of the Probation Department's move toward evidence based practices. The committee is comprised of counselors, probation officers, supervisors, managers and analysts. They are tasked with reviewing and enhancing service delivery to the Juvenile Hall youth. One area of focus for the committee was service delivery of the assessments and orientations all youth receive. The Assessment and Orientation (A&O) Unit (B2) was created and became operational September 2013. The A&O Unit currently houses males. However, beginning in September 2014 girls were integrated into the A&O programming with no problems to date. Girls are housed in G1 and then participate in

orientations in B-2. Once youth are processed in the boys' receiving area, an A&O Unit counselor will escort the youth to the B2 Unit. The unit does not accept youth charged with 707 (b) offenses, offenses involving personal injury, or Ranch failures. Youth receive the Multi-Agency Assessment Center (MAAC) assessments within this unit. In-unit space for Community Based Organizations (CBOs) programming also is in place. An in-unit Mental Health private office is already in place. An in-unit medical office will be opened when facilities can make the necessary improvements.

New admits are still provided an orientation video in Police Admissions, along with an orientation handout from the boys' or girls' receiving staff. In addition, youth now are provided a 1-on-1 orientation about their Title 15 rights and rules within the Hall. Youth learn about phone call rules, visiting hours, appeals, and grievance procedures. They experience medical, educational, mental health and drug and alcohol assessments. Staff members representing Hall programs such as Fresh Lifelines for Youth (FLY), Food Service, Mental Health, Medical, and the Chaplaincy explain their services. The daily structured activities are clearly outlined and communicated. The goal is to minimize the exposure of repeat offender youth with the first-timer. With their assigned one-on-one counselors, youth sign a document acknowledging they were provided with an orientation. Upon leaving the unit they complete an exit survey. Management indicates that youth have said they feel safe in the unit. All assessments and orientations are documented in a Youth Services Plan Document which is transmitted to another unit if the youth is to remain in custody.

All units now use the BITs (Brief Intervention Tools) program. The Juvenile Hall Quality Assurance Team is currently evaluating the BITs (6 total) tools for efficacy. Commissioners visited units B8 and B9 speaking to youth and staff.

Commissioners also inspected the OC spray canisters in B9 and talked with the counselors about its use. It's important to note that OC spray has not been used from the original date of the OC spray pilot program through the date of this report. It was clear that a new and refreshing tone was being set in the secure units. In August 2014, the secure units reduced the maximum the days and hours that youth could serve in the Control program. Additionally, incentives were enacted allowing youth, through using the BITs strategies, to earn points to shorten their restrictions. The Quality Assurance Team will be monitoring the impact on youth and staff safety through the use of these relationship interventions. Youth in B-8 and B-9 raised money for Breast Cancer Awareness and Domestic Violence prevention programs. The Girls responded with a Sock Drive for the Domestic Violence Center.

Multi-Agency Assessment Center (MAAC)

The Multi-Agency Assessment Center (MAAC) assesses youth who are in custody beyond 72 hours. The MAAC counselor assesses each youth for program needs so that the appropriate referrals may be made to the contracted Community Based Organizations (CBOs). The MAAC provides services to assist youth with their social reintegration into their programs to address their social, physical, behavioral, psychological, and emotional needs while in Juvenile Hall. Federal JJCPA (Juvenile Justice Crime Prevention Act) funding supports the contracts with community based organizations, one Supervising Group Counselor, and one Group Counselor

who oversees the assessment services and CBOs referrals to the programs in Juvenile Hall. A second counselor assigned to the unit, but not funded by JJCPA, works with the volunteers and program providers in Juvenile Hall.

Comprehensive Assessment

The first assessment a youth receives is the Risk Assessment Instrument (RAI). The screening Probation Officer conducts this assessment at intake. If the youth is detained, the following assessments will occur: medical, mental health, education, MAAC (after 72 hours), and Drug and Alcohol Assessment (if referred). The assessments will occur primarily in the A&O unit with a 5-7 day time frame along with the orientations.

The Probation Officers assigned to the youth complete their case plan assessment referred to as a pre-JAIS (Juvenile Assessment and Intervention System), which characterizes the degree of risk as high, medium, or low to re-offend. Later a more comprehensive JAIS assessment is completed by the Probation Officer that identifies supervision strategies. Family issues, gang involvement, domestic violence history, and fighting behaviors are assessed.

Another new assessment tool has been implemented in the Hall to comply with Prison Rape Elimination Act (PREA). This law requires training of all probation and administrative staff, Hall volunteers and youth through the use of an eight hour curriculum, brochures and videos on the identification of risk for sexual harassment or inappropriate contact. A process also has been put into place to enable a youth to confidentially report any sexual harassment or inappropriate contact by staff or other youth while living in Juvenile Hall. Almost all staff has been trained. Posters are up in the units giving directions on the reporting of abuse. As a result of these services youth have responded by fewer behavior incidents in all of the units.

Community Based Organizations (CBOs)

CBOs provide interactive, biweekly workshops for youth in Juvenile Hall. The organizations are usually present in the Hall 5 days a week and provide workshops from 3:30-5:00 p.m. Starting at 5:00 p.m. they will then be available for 1-on-1 individual counseling sessions in fifteen-minute increments. The CBOs invoice the Probation Department for those counseling services. CBOs are scheduled to provide services in different units on different days. This is a change from past practice when each CBO was assigned to one unit. Now youth can benefit from all the different CBO offerings.

The programs offered by CBOs are focused on improving outcomes for justice-involved youth, however, Probation is not objectively evaluating these programs for efficacy. The commission recommends that the Juvenile Hall Quality Assurance Team expand their efficacy evaluation methods to include CBO programs.

- **Asian American Recovery Services (AARS):** This agency provides individual counseling, referrals, anger management units, aftercare services and substance abuse prevention education. AARS is the only Hall program, with staff currently trained to use

the best practices model, “Seven Challenges.” The goal is to offer this program 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.
- **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 crisis intervention, therapy needs, and dating violence.
- **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.
- **Bill Wilson Center (BWC):** This provider offers workshops for girls focusing on healthy relationships.

Volunteer Programs at Juvenile Hall

A variety of programs are provided in Juvenile Hall by community volunteers or other community programs. These include: Alcoholics Anonymous, Al-Ateen/Al-Anon, Catalyst for Youth (providing arts, gardening, fashion, design), Choir, The Beat Within (writings and artwork by the youth), Flower Programs, Furry Friends, Aztec Dance, Girl Scouts, Hair Care, The Art of Yoga, Chess King Corporation, Narcotics Anonymous, Planned Parenthood, Bible Study, 3 Principles/Health Realization taught weekly, and Reading Enrichment.

Juvenile Hall Special Programs

Juvenile Hall has a wide variety of special programming offered throughout the year, including activities like: Hot August Nights Car Show, Fourth of July Decorating Contest, December Holiday Decorating Contest, Santa Claus visits, Black History Month, Cinco de Mayo, and a Pizza Night provided by the Public Defender’s Office and Alternate Defender’s Office.

Valley Medical Center

The VMC nursing staff provides health-related classes as staff members are available. Classes include: 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 the Hall.

Unit Meetings

Unit Meetings take place weekly or bi-weekly within units from 2-3 p.m. This allows staff members to assess the needs of youth, plan evening activities, provide information exchange, and trainings.

Juvenile Hall Living Units:

At the end of this inspection visit, there were seven open living units housing Juvenile Hall youth.

- G1 – general population girls' unit
- B2 – A&O or the Assessment and Orientations Unit also houses the younger males that do not fit in the older general population units after the closure of B5
- B3 – Ranch Waiting and Administrative Ranch Review (ARR) Unit and Juvenile Hall Commitments (15-16 year old)
- B4 – Transitions or Mental Health Unit – prepares youth for general housing or placement
- B7 – older boys 16- 18 years old
- B8 – security unit for boys 16 and 17 years old
- B9 – security unit for boys 17 and 18 years old

Commissioners visited both B8 and B9 where youth are housed by age; however, if any of these youth are co-participants in a case, they are housed separately, regardless of age. In the past, SR (Security Risk) youth did not have meals in the cafeteria. As part of the programming changes taking place in the security units, that has changed for those youth who achieve certain behavior levels. SR youth have also been allowed on a limited basis to utilize the large gymnasium and other activities depending on their behavior status.

With the low numbers of girls in Juvenile Hall, SR girls are housed together with the general population in G1. Of note, the National Center for Youth Law, states that girls who enter the Juvenile Justice system have, "experienced trauma, abuse, violence, and studies have shown that they are more likely than their male counterparts to develop mental health issues as a result. Girls are more likely to internalize traumatic experiences and to suffer from depression, mood disorders, anxiety and post-traumatic stress disorder (PTSD.) They are also more likely to attempt self harm and suicide." (Youth Law News XXXI, No 4, Oct.-Dec. 2012)

In reviewing incident reports and grievances, the Commission concurs with this assessment regarding girls who enter Santa Clara County Juvenile Hall. However, since the decreasing population has reduced the number of teenage girls in the hall there is only one unit for this population. Therefore, females do not have the extra support available to the young males with increased mental health needs that are available for them in the Transition and Mental Health Assessment Unit (B4.) On a recent visit Commissioners found one female who was under a “Control Program” in her room because, her increased mental health needs made it impossible for her to follow the disciplinary standards expected in the unit. Equal accessibility to these increased services could provide a better outcome for the girls in custody in Juvenile Hall and decrease the number and/or frequency of issues addressed by the disciplinary section.

In all of the housing units, counselors conduct a general watch of youth in their bedrooms every 15 minutes, which entails looking into an occupied room to ensure the youth’s safety. Room checks are required every five minutes for some youth. The more frequent checks are intended for a youth with a medical problem, and/or one who is suicidal or very young.

Although it is housed in Juvenile Hall, the MAAC Unit or Programs Unit is not a living unit. MAAC staff is stationed in Juvenile Hall unit and provide program services for detained youth. Medical assessments are currently performed in the Juvenile Hall Medical Clinic. A medical and mental health assessment room has been designated in B2 and once operational, medical and mental health staff will perform these assessments in the youth’s living unit.

VII. BEHAVIOR MANAGEMENT

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

1. Improve the behavior of youth in the Hall through relationships with staff.
2. Increase safety for both staff and youth.

Title 15 of the California Code of Regulations requires that the Juvenile Hall administrator develop written policies and procedures for the discipline of youth 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 youth rule violations informally with counseling or imposition of a youth penalty or segregation for a period not to exceed 24 hours. Discipline is to be accompanied by written documentation, 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 youth to be heard, and to present evidence and testimony;
4. Provision for an administrative review.

Three-Program System

As an incentive to modify behavior Juvenile Hall uses the following levels:

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

Youth start at the Basic Program level upon admittance and usually remain on this level for the first week they are in Juvenile Hall. If they exhibit acceptable behavior, they are moved to the Advanced Program. Youth 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.

Brief Intervention Tools (BITs)

With the BITs cognitive tools, youth in Unit B-8 and B-9 can lessen the time in their rooms being disciplined through working with a counselor through a BITs exercise. For example, one BITs tool focuses on Overcoming Thinking Traps. Youth are encouraged to write down the negative and positive consequences of their behavior. They are asked to document an alternative thought they may have used to stop their disruptive behavior. An example of an alternative thought is: “I can’t let his problem become my problem”; or “It is not worth It”. Another BITs tool is Decision Making. Youth are encouraged to chart out how they are doing in certain life arenas such as friends, education or family. They identify with their counselor areas they wish to focus on to improve their outcomes in the Hall and in the Justice system.

S.T.A.R. Program

A four-level behavior modification program is being used in the two Security Units (B8 and B9). It consists of a:

Specialized Program: Youth who have received no sanctions are eligible for this level. This level allows for the most privileges, but only permits a maximum of six youth per unit to be so classified at any time.

Transitions Program: Youth who have received no more than two youth sanctions within a seven-day period may remain at this level.

Adjustment Program: This is the starting level for all New Admits. Youth who receive no more than two youth sanctions within a seven-day period may be promoted to the Transitions level. However, youth who receive more than three minor and/or two major sanctions within a seven day period will be demoted to the Re-Focus Program.

Re-Focus Program: This is the tier for youth who are unsuccessful in the other STAR programs. An Incident Report (IR) is required for all youth on this level. Depending on the seriousness of the violation, the youth may be placed on Level 1 or a more restrictive Level 2. Youth in this program tier are re-evaluated on a daily basis based on behavior and attitude, with the Unit Group Counselor determining if the youth is ready for promotion.

Room Extractions and the use of OC (Oleoresin Capsicum) Spray:

Youth exhibiting disruptive behavior can be physically removed from their room if they refuse to voluntarily exit their room when repeatedly instructed to do so by Juvenile Hall staff.

As noted elsewhere within this report, the average population of the Hall has been declining year over year. Similarly, room removals have also been decreasing in Juvenile Hall (see table below). Although the numbers are small and the data incomplete, it appears that the decline in room removals is occurring at a more rapid rate than the decline in Hall population. Room removal numbers are small compared to the Hall population (see table below). There are likely several factors that may be influencing the small number of room removals, including: 1) the lower Hall population itself, 2) the use of behavior modification tools and strategies (e.g., BITs, STAR, Time Outs), and 3) the threat of using Oleoresin Capsicum (OC) or pepper spray during a room removal. Recognizing that a room removal is disruptive to a unit, and is certainly traumatic to the youth involved, the commission commends the Juvenile Hall staff for the reduction in room removals, and for using alternative measures to diffuse and calm disruptive youth.

Table 1: Room Extractions and Time Outs

	2012	2013	2014
Average number of youth in Juvenile Hall*	160	148	128
Number of Room Removals	1	12	4
Number of Time Outs	17	40	52

* Based on SCC Probation Dept. Juvenile Hall Population Monthly Reporting

A modification to the Room Removal Procedures Manual was approved in August 2014 that allows the use of Oleoresin Capsicum (OC) or pepper spray in specific circumstances. The use of OC spray is allowed during a six-month pilot program (that may be extended for an additional 6 month period) which at its conclusion will be reviewed by the Hall administration to determine if the program should be continued, modified, or eliminated. Juvenile Hall staff may now use OC spray only as a last resort before physically removing a resistant youth. Per Juvenile Hall staff, OC spray has not been used since the inception of the pilot program.

In November 2014, the JJC issued a report “Use of Oleoresin Capsicum (OC) Spray in Juvenile Hall” in which the Commission concluded its use was *not* consistent with the rehabilitative focus of the Hall, and recommended the immediate cessation of the pilot program.

The Room Removal Procedures Manual describes the step-by-step procedure for removing disruptive and non-compliant youth from their room. It includes several steps where a member of the unit staff or the On-Duty Supervisor (SGC) attempts to diffuse the youth’s behavior and gain voluntary compliance. Should these attempts not result in the youth’s calming and compliance, the five-person Room Removal Team (RRT) is assembled, and enters the room with force sufficient to subdue the youth and apply mechanical restraints. Once mechanical restraints are in place, the youth is removed from the room and unit and is taken to a room located in either Boys/Girls Receiving or Police Admissions. The entire process is video recorded, from the initial attempt by the unit staff to calm the youth, through the room removal and transfer out of the unit, to the removal of mechanical restraints and exit of the RRT from the room in either Boys/Girls Receiving or Police Admissions.

Commissioners viewed three videos of Room Removals, one each from G-1, B-5, and B-7. In two of the videos, the youth were non-compliant when the RRT entered the room, with the RRT using force sufficient to gain control of the youth, apply mechanical restraints, and transfer the youth out of the unit. In the third video, the youth exhibited compliance (by lying face-down with hands behind their back) before the team entered the room. In this case, the RRT established control of the youth with minimal force, applied mechanical restraints, and proceeded with the transfer out of the unit.

As unsettling as these videos may be to view, in the three examples reviewed it was apparent to the commissioners that the force used by the RRT to secure the youth was appropriate to the circumstances in each case.

It is also important to point out that in addition to the four room removals conducted in 2014, there were five other situations where youth were disruptive in their room to such a degree that a video camera was set up outside their room door. Through the presence of the video camera and counselors’ attempts to diffuse the situation, the youth calmed down and were permitted to remain in their rooms, or remained disruptive, but calmed down enough to comply and were walked out of the unit without the need for force.

Time Out

A Time Out can be appropriate as determined by a counselor, or a Time Out may be self-requested by the youth. In either case, the youth is moved from the unit to a room in Boys/Girls Receiving where they remain for a period of one to two hours, after which time they return to their unit. In some cases, depending on the judgment of the counselor, the temperament of the youth, and the rapport between them, mechanical restraints may not be used during the transfer out of or back to their unit. The increased use of Time Outs as an effective and constructive behavior modification technique should be commended and encouraged.

Incident Reports

Incident reports are written by Juvenile Hall Counselors on a number of issues that occur in the living units at Juvenile Hall. These incident reports can range from a referral of a youth to the medical clinic or request for mental health services to incidents that can lead to a youth being placed in a “Control Program.” These incidents might include injuries, fights or suicide gestures. Each staff member involved in the incident writes a computer-generated report that is reviewed and approved by a Juvenile Hall supervisor before the end of that 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. With the use of the BITs intervention, which has been described in an earlier section, staff is able to counsel the youth to ascertain the reason for the wrongful behavior and have the youth think through more positive ways to respond to the situation. The use of the BITs therapy and the youth’s successful response to this intervention may precipitate a reduction in the proposed discipline. The Incident Reports are subsequently reviewed by the Juvenile Hall Manager and ultimately by the Deputy Chief of Facilities. Decisions about which behavior level on which the youth is placed is often based on the final disposition of the Incident Report.

The Juvenile Justice Commission has a practice of regularly reviewing Incident Reports. The goal of this review is multi-purposed with a focus on the more serious incidents to observe if there are any trends, and follow up on concerns voiced by parents and Juvenile Hall staff.

For the period of January 2014 through December 2014 the Commission regularly reviewed Incident Reports and found them to be informative, having been reviewed and signed by the appropriate staff and handled in a manner appropriate to the policies in place at the time.

Appeals from Disciplinary Actions

All juvenile facilities run by Santa Clara County Probation have an Appeals policy that states that a youth who receives a discipline has a right to a due process review. That process includes the right to notice, the right to respond, the right to an informal hearing and a notification of the decision. The policy of Juvenile Hall states the Hall strives to provide the following for youth in custody:

- Reasonable disciplinary methods and conditions of program removal;
- Limits on the length of sanction/restrictions;
- Counseling when removed from program;
- Due process;
- Administrative review.

Youth may obtain Discipline Appeal forms from the unit bulletin board or a unit’s group counselor. Once the appeal has been initiated, the Discipline Appeal form must be submitted to the On Duty supervisor for a due process review prior to the end of the shift. In a usual case, the appeal is resolved without a hearing. However, if the youth disagrees with the staff, that youth is entitled to a Disciplinary Review hearing and has 24 hours to gather information or present names of favorable witnesses for the hearing. The On Duty Supervising Group Counselor conducts the Disciplinary Review Hearing. Once the hearing is completed and the appeal is

deemed resolved, the manager signs off. Copies are given to the administrative clerk for distribution to the youth and the involved parties.

Commissioners reviewed 167 appeals from the calendar year of 2014, which was down by 125 from the previous calendar year. Each month had 3 to 31 appeals, which may be reflective of the reduction in the population in Juvenile Hall over that calendar year. It is not clear from the unmodified appeal form if a Disciplinary Hearing was held, though it is clear that the process was reviewed and was appropriately signed off. Almost all appeal forms indicated that the youth was satisfied with the result of their challenge. It was clear from the forms themselves that the challenge often came with a modification of the discipline. It was not clear if a tracking number was assigned to the Incident Reports to allow the Commission to coordinate review of the Appeal forms with the computerized Incident Reports.

Grievances

Title 15 of the California Code of Regulations requires the administrator of a juvenile facility to develop written policies and procedures and inform the youth in custody that they have a right to file a grievance regarding any inappropriate or inadequate conditions that occur in Santa Clara County Juvenile Hall. Such inadequate or inappropriate conditions include, but are not limited to, conditions relating to: behavior or actions of the staff or volunteer, conditions of confinement, health care services, education services, classification decisions, program participation and services, telephone usage, mail or visiting procedures, food clothing, bedding and hygiene. These procedures must, among other things, provide that grievance forms be freely accessible, that grievances be capable of being filed confidentially and that the person who hears the grievance is not directly related to the circumstance leading the grievance.

Juvenile Hall has a detailed Grievance Policy and Procedure that addresses the above requirements and also provides that there is no reprisal for using the grievance procedure. These procedures also state that the Juvenile Hall staff's goal is to resolve the grievances at the lowest staff level possible and that the On Duty Supervisor review all pertinent material written by staff in order to bring resolution before the end of the shift or at a maximum within 48 hours of the receipt of the grievance.

Commissioners reviewed 67 grievances for the 2014 calendar year. The supervisor in charge signed the grievance before the end of shift on the day it was filed. The managers of Juvenile Hall review all grievances submitted. In cases where the grievance has not been resolved at the supervisory level (the youth disagrees with the proposed resolution of the grievance), the Juvenile Hall manager will meet and interview the aggrieved youth. In these interviews the issues appear to be addressed appropriately.

VIII. MEDICAL SERVICES

Staffing for the Medical Services is presented in the following table. The Medical Director has worked in Juvenile Hall for the past six years and is a Stanford Assistant Professor in Pediatrics and Adolescent Medicine. The Nurse Manager has worked in the Hall for over ten years.

Two Registered Nurses (RNs) work the day shift (6:45 a.m. to 3:15 p.m.) and one Licensed Vocational Nurse (LVN) works a modified day shift (8:00 a.m. to 4:30 p.m.) Monday through Friday. Two RNs work the day shift on weekends and holidays.

Two RNs work the PM shift (2:45 p.m. to 11:15 p.m.) and one LVN works a half shift Monday through Friday. Two RNs work the PM shift on weekends and holidays. One RN works the night shift (11 p.m. to 7 a.m.) seven days each week.

Table 2: Medical Services Staffing

Staff	Availability					
	Mon - Fri			Weekends & Holidays		
	AM (Day)	PM	Night	AM (Day)	PM	Night
Medical Director	1					
Nurse Manager	1					
Registered Nurse	2	2	1	2	2	1
Licensed Vocational Nurse	1	0.5				

Every youth admitted into Juvenile Hall receives a two-step nursing exam. The first exam checks the youth in the Receiving area for a communicable disease, such as TB or the flu. Once a youth has been cleared for admission, a record check is conducted to see if they have a previous admission into Juvenile Hall or a medical history at Valley Medical Center (VMC). Due to the incompatibility of the Medical Records system at Juvenile Hall with the system at VMC, this inquiry is “read only” which allows for reading the youth’s VMC medical record, if one exists. However, any additional electronic medical information created while at Juvenile Hall cannot be added to the VMC record (see Electronic Health Records, below).

Once a youth has showered, they are given a head-to-toe examination, which includes a hearing and vision exam, a substance abuse inquiry, and the identification of any history of suicide and/or surgery. These examinations currently take place in the clinic, but for males directly admitted into B2, the Intake and Assessment unit, they will soon be examined in the B2 unit examination room, which will be activated when IT cabling is installed. It is scheduled that this exam room will “go live” in February 2015.

Within 72 hours (or the Monday following a weekend admission), the Juvenile Hall Medical Director conducts a full physical examination. This includes a more thorough medical history inquiry, currency of immunizations and substance abuse history.

Forty-five Stanford medical students and 25 medical residents rotated through the clinic during 2014. In addition, the clinic had 11 nursing students from San Jose State University rotate through the clinic. They receive an orientation to the clinic and provide health education to youth in the units on such topics as dating violence, oral hygiene, and nutrition.

Incoming medical interviews reveal that more than 80% of the youth admitted to Juvenile Hall have had no regular (or in some cases, any) contact with a health system. This means that the juvenile justice system has also become the entry point of medical intervention for these youth.

Some have asserted that this lack of medical contact may be a causal factor in a juvenile's subsequent justice involvement¹. The opportunity to provide a positive longer-term medical outcome should not be squandered.

Ensuring that youth leaving Juvenile Halls receive appropriate follow-up care in the community is a real challenge, both locally and nationally. After the Board of Supervisors approved his applying for external grant funding, the Medical Director received a \$100,000 grant from the California Wellness Foundation to pilot an electronic health passport / patient portal system for youth leaving Juvenile Hall. The goal was to improve these youth's understanding of their medical histories, current conditions and medications, and immunizations. Regrettably, the county's Health and Hospital System leadership did not authorize the continuation of this pilot effort, citing potential confidentiality and liability concerns. As a result, the project has been terminated.

Recognizing the benefit of Evidence Based Practices, and the potential it has to positively impact the future of incarcerated youth, the Commission strongly urges the Health and Hospital Services agency to re-examine the potential benefits of continuing this valuable quality improvement, patient empowerment, and data collection effort.

Parental support and involvement in the medical needs of youth continues to be a concern to Juvenile Hall medical staff. It remains difficult to obtain medical history and follow-through from parents for various reasons, including a lack of pediatric medical records, interest, and cooperation.

In response, the medical staff suggests that more emphasis be placed on using available health information technologies to address the disparities in health outcomes for all justice-involved youth. Implementing integrated electronic health records, patient portals, and other tools currently available for other county HHS patients would be of potentially great value both for youth who reappear at Juvenile Hall as well as the significant number of non-custody youth in the Probation system.

Although non-custody youth make up more than 75% of the total youth in the Probation system, regular medical care is not a part of the youth's monitoring program. Integrated electronic health records shared across all county agencies and accessible to youth and their guardians would enable more coordinated care.

The Commission recommends that the county's Probation Department and the county's Health and Hospital Systems Agency together develop a plan to implement available appropriate health information technology tools such as HealthLink, and patient-accessible online portals for justice involved youth.

¹ <http://kaiserfamilyfoundation.files.wordpress.com/2014/05/8591-health-coverage-and-care-for-youth-in-the-juvenile-justice-system.pdf>

Electronic Health Records

A significant continuing challenge for the clinic during 2014 is the incompatibility between the medical record system in use at Juvenile Hall and Epic, the system in use within the county's HHS. When Epic was introduced across other parts of the County's health system, Custody Health Services, including the jail, Elmwood, Juvenile Hall, and the Ranch were not included in the Epic contract. Consequently, Custody Health Services continues to function with an outdated system called EElectronic Medical Record (ELMR) which cannot share electronic health data about Juvenile Hall youth with VMC or any other medical institution that uses Epic (such as Kaiser or Stanford). This places incarcerated youth at a potential risk, since many incarcerated youth may subsequently receive services within the County HHS, but any medical history generated while at Juvenile Hall or the Ranch is "invisible" to HHS. At present, there is no firm timeline for a full implementation of Epic into Juvenile Hall, despite Epic's having been established within HHS in mid-2013. Clinic staff stated that a consultant recently hired by HHS has completed a study about the current situation. It has not yet been released, but when it is the Commission will request a review.

This disconnect undermines and may engender safety and liability issues throughout custody services. HHS spent \$220 million dollars to implement Epic. It has been estimated that an additional \$5-6 million would be needed to fully integrate Custody Health Services into and bring the program into compliance with state and federal oversight mandates.

The County should make it a budgetary priority for the coming fiscal year to close this critical gap for the health and safety of youth and for increased medical system's efficiency.

Hard copy mental health records are maintained in the Medical Clinic and are accessible to Clinic staff. They cannot be shared electronically due to the incompatibility of the programs used by each department. Plans for the sharing of Department of Alcohol and Drug Services (DADS) records with the clinic have been stalled, primarily due to the strict confidentiality rules under CFR42, Part 2, although there are clear advantages to the sharing of such records.

Mandated reporting

Clinic staff members are required to report child abuse to youth, which appear or were reported to have occurred during their arrest. In 2014, there were none reported.

Pregnancy

During 2014, four 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 the girls in the decisions they make regarding their pregnancies. If they decide to keep their babies, they receive an incentive for participating in Public Health Nurse visits and receive support around such needs as childcare and returning to school. The program continues to follow the babies and mothers for three years beyond the mother's Juvenile Hall stay. During 2014, all of the pregnant girls in the Hall elected to participate.

Dental Services

During 2014, 383 youth were seen in the Dental exam room in the Clinic area. A probation officer is stationed in the Clinic Monday through Friday from 8 a.m. to 5 p.m. The probation officer scans and does pat down searches of all youth following dental exams to detect and recover sharp instruments that might have been taken from the examination room. The dental care provided at Juvenile Hall can be the first experience of dental care and hygiene for many youth.

Following a yearlong Health and Hospital Systems vetting process, one dentist began volunteering in January 2015 to provide exams, teeth cleanings, and oral hygiene instruction to youth. Another full-time dentist who is allocated from Adult Custody services provides more comprehensive care to Juvenile Facilities one day per week.

Vision Screening

Although there are no ophthalmologists on the staff, a rudimentary vision screening is conducted in the Clinic area upon admission.

Hearing (Audiology) Screening

Although there are no audiologists on the staff, a rudimentary hearing screening is conducted in the Clinic area upon admission.

Accreditation

The Juvenile Custody Health Services Clinic is accredited through April 2015. This accreditation is by the Institute for Medical Quality (IMQ), a subsidiary of the California Medical Association. The IMQ has recognized the quality management program of the Custody Health Services, Juvenile Facilities, as outstanding with recognition for high quality patient education programs, excellent dental care, and thorough medical documentation. Medical health services provided to youth in the juvenile facilities were found to be appropriate and to be in compliance with the Environmental Health, Nutritional and Medical/Mental health evaluation, as required in Title 15 of the California Code of regulations.

Preparation activities are currently underway in the clinic for the upcoming accreditation review in April 2015.

General Pediatric Services

While a youth stays in Juvenile Hall the Clinic staff members perform general pediatric services. Besides a physical examination upon admission these services include: treatment for acute and chronic health issues; medication administration; medical emergency response; pre-and post-operative nursing care; contraceptive counseling; communicable disease screening; neurological,

orthopedic, dermatology, dental, audiology, and optometry interventions. The 2014 clinic activities summary (including data for 2013 for comparison) is below:

Table 3: Medical Services Activities for 2013 and 2014

Activity	2013	2014
Admit physical exams	No data available	1475
Clinic visits	2616	2477
RN sick call visits	4272	5298
Sexually Transmitted Disease screenings	1080	1082*
HIV oral quick instant test screening	360	No data available
Other VMC appointment	180	No data available
Flu vaccine administrations	284	554*
Dental clinic visits	No data available	383
Eye clinic visits	No data available	30

* Based on Juvenile Hall/Juvenile Ranch Annual Report 2013

Medication Distribution

A significant number of the youth in Juvenile Hall receive medication. Securely maintaining and correctly tracking the delivery of this medication is a key responsibility of the medical clinic. Recognizing the critical nature of this responsibility, the Pyxis Medstation® automated medication management system was installed. This includes a secure repository for meds as well as an attached secure refrigerator (for meds that must be stored in a temperature controlled environment). Staff training and preparation for Pyxis was completed and the system went live in 2014. Use of this system has improved medication delivery accuracy, staff accountability, and patient safety.

Nutrition

Prior to their arrival at Juvenile Hall, many youth are not receiving nutritionally balanced or healthy diets. To properly address this, the medical staff together with the Custody Department and Food Services Department, examined and revised the food services at Juvenile Hall. This resulted in several accomplishments and initiatives, among them the initiation of the double tray protocol, providing extra nutritious between-meal snacks, adding whole-grain products to breakfasts, and rebalancing the calorie-vs-protein mix of meals.

Strategic Plan

The Juvenile Hall Clinic staff members have been involved in a strategic planning process to improve the quality of services and the training opportunities for staff. A series of surveys and trainings which began in 2012 continue to improve communication among clinic staff and improve overall patient and work life quality. A sampling of Juvenile Hall Facilities performance measures based on Strategic Planning efforts includes:

- 58% of staff responded that they were involved in a team or committee to resolve an issue at work.

- 87% of staff agreed their teammates collaborate well to get the job done. In 2012 this rate was 60%.

It appears that the Strategic Planning process is yielding positive results and should be continued.

IX. DRUG AND ALCOHOL AND MENTAL HEALTH SERVICES

The most significant change in Drug and Alcohol Services is its merger with Mental Health Services over the past year. As of December 2014, a new Director has been hired to lead the combined department now known as Behavioral Health Services. There has always been a significant overlap in clients treated particularly in Juvenile Hall as many youth with mental health diagnoses also have a co-occurring problem with drug and alcohol abuse. The Mental Health Service Act (MHSA) funding could allow payment for those dual diagnosed youth through Medi-Cal especially after the youth is returned to the community. Since youth typically remain in custody for only a short length of time, most Behavioral Health services for in custody youth focus on screening/assessment and linkage to community providers; however, treatment is available if needed.

Referrals

Drug and Alcohol Services still have 2 licensed Spanish-speaking counselors assigned with a third position currently vacant. Those positions are being transferred to the new Behavioral Health Services Department. Drug and Alcohol had always received referrals from a variety of sources which include: the Court, probation officers, the Mental Health Department, attorneys and the Clinic at Juvenile Hall.

- At intake for admission into Juvenile Hall, a Probation Officer does an intake screening Juvenile Assessment and Intervention System (JAIS) and the existence of substance abuse is one of the areas evaluated.
- Mental Health Services in the course of assessing will also screen for substance abuse;
- A Supervising Probation Officer from the Geographical Unit will refer a youth who is on formal probation.
- A judge on his/her own or at the request of an attorney will order a screening.
- Medical Clinic may also refer youth for behavioral health services.

Under certain circumstances, a youth may receive an in-depth assessment to determine the level of use. This assessment is primarily done for the Court for placement or participation in Juvenile Treatment Court (JTC) or the Court for the Individualized Treatment of Adolescents (CITA), for a Probation Officer to help in the development of a case plan or for Mental Health Services when substance abuse co-occurs with a mental health issue. In 2015 these 2 court programs (JTC and CITA) will also be combined. There is no reimbursement for services provided in custody. In most circumstances, a youth identified through screening as having a substance use problem will be referred to a provider in the community. After the youth is released, the provider will evaluate the youth more thoroughly to develop a treatment plan. This assessment process enables community-based providers to build rapport with their clients, and they are able to

receive reimbursement through Drug Medi-Cal, Valley Health Plan or State realignment funds for assessment and other services.

Mental Health Services

Fifteen clinical positions are assigned to Juvenile Hall. Five staff members speak Spanish. Other languages spoken by staff include Vietnamese, Cambodian, and Krio (West African). Eight positions are held by licensed/credentialed Marriage and Family Counselors or Social Workers. The department was able to free up some funding for stipends and has been using two interns, who are available for the academic year (September through May). There is a Psychiatrist available 5 days per week and a Psychologist available 4 days per week.

A Multidisciplinary Team Coordinator is jointly funded by the Mental Health Department and Probation Department (with Juvenile Justice Crime Prevention Act funds).

Mental Health Department staff screen all youth admitted into 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). This information is reported to Probation staff, and may be also used to refer a youth to services in the community after release. The Mental Health Department does provide some group-based service, but most treatment is provided one-on-one. About 80% of youth in the Hall are assigned a therapist who will see a youth about once per week. Youth considered high risk after their evaluation may have a Probation counselor assigned them one-on-one. Therapists are also assigned to the Mental Health Unit or the Transitions Unit, which is B4 and check in with youth there daily. In B-2 or the A&O unit, youth are seen in the orientation unit itself. Three other clinicians are assigned to the CITA Court to work with youth in most cases in the community. The average caseload for a therapist is 15. There are also two resource positions assigned to the B4 unit. They provide referrals to community agencies.

HHS has been implementing an electronic record system. It had been anticipated that the Mental Health and Alcohol and Drug Services Departments would be using the same system and health records would become fully integrated throughout the Health and Hospital System. That has not been possible due to the computer system's inability to interface with the departments' billing functions. Unicare, the system already in use by the Mental Health Department and the Department of Alcohol and Drug Services (DADS) is being redesigned so that the departments can meet the new federal mandates. Electronic records remain separate at this time. To facilitate the sharing of information with the medical clinic, the Mental Health Department embarked on a pilot project of sharing paper records. Paper records are now fully integrated. Since it is not possible to integrate electronic records, the combining of paper records has proven to be a more worthwhile project than initially expected and allows for the sharing of information across disciplines.

X. CHAPLAINCY SERVICES

Juvenile Probation contracts with two organizations for chaplaincy services – Correctional Institutions Chaplaincy of Santa Clara County (CIC) and the Catholic Dioceses in San Jose. All religious programs were under one organization up to 1.5 years ago when the Catholic Dioceses entered into a separate contract to serve youth who are Catholic.

The commissioners met with the CIC Chaplain who has served the youth in Juvenile Hall for the last 7 years. This Chaplain, who is a Protestant and Baptist minister, is responsible for the management of services for Protestants and other world religions at Juvenile Hall and also oversees all general religious activities. If a youth requests religious assistance for a religion outside his ministry, the Chaplain will link the youth with the appropriate minister or cleric. He utilizes 100 volunteers, 40 of whom are active. Many have been involved in providing religious activities for many years. The volunteers who are not active on a weekly basis are used for special tasks, such as, the celebration of non-Christian religious holidays. All volunteers receive on-going training, especially those who do individual pastoral counseling.

Services are held once a week with Bible study classes in all units Monday through Thursday. For B8 and B9 units, the weekly services are held in each unit. If requested, the Chaplain or a volunteer will meet with a youth for one-on-one counseling. All participation is voluntary. The Chaplain presents an orientation concerning religious activities once a week in the Assessment and Orientation Unit for the boys and a separate one for the girls in G1. At that time, he solicits interest from the youth concerning the level of services they want. Periodically, the Chaplain will follow-up to determine if a youth has changed his/her mind about services. Another minister, who is a member of the Mayor's Gang Taskforce, volunteers to work with youth who are involved in gangs. The programs provided by CIC comply with Title 15 standards.

At the last annual inspection, the Chaplain described two faith-based mentoring programs "Heart and Soul" for female youth and "Lions and Lambs" for male youth. "Heart and Soul" was not started this last year and "Lions and Lambs" wrapped up in September of 2014. The Chaplain and two volunteer engineers are currently teaching a new program called STREAM (Science, Technology, Religion, Engineering, Art and Mathematics). This is a 13-week hands-on program for under-represented youth to encourage interest in STEM (Science, Technology, Engineering and Math) as well as in religion and art.

The Chaplain reported holding a total of 131 religious sessions in January 2015. In these sessions, a total of 187 male youth and 41 female youth participated. The most utilized service used by youth was pastoral counseling, 77.

Visiting priests, seminarians, deacons and volunteers provide religious activities for Catholic youth in Juvenile Hall. One person oversees services at all adult and juvenile custody facilities in Santa Clara County. No one person is available for direct services to the youth as is provided by CIC. Bible study is available to all youth 3 days a week. A volunteer, seminarian or priest performs Communion or Mass 3 days a week and pastoral care (talking about spiritual needs) and counseling are offered to youth in all units. Once a week a volunteer works with youth who

have requested sacramental preparation for baptism or first communion. The Catholic services also comply with Title 15 standards.

XI. EDUCATION

The Osborne School is one of six Court and Community Schools operated by the Santa Clara County Office of Education (SCCOE)). During the 2013-2014 school year the Osborne school served an average of 134 students in grades six through twelve, with the majority of students in grades 10-12. The average stay of students in the program ranges from 20-23 days, with a few students attending the program from one to two years during a single period of incarceration due to lengthy adjudication. The Osborne school is located in the Juvenile Hall. Students are provided an average of 280 minutes of instruction per day with emphasis on core areas of English Language Arts and Math. Students who are 18 years or older, and have not graduated from high school are provided additional support towards the completion of their graduation requirements.

Staff consisted of 13 Alternative Education teachers, and two Special Day Class teachers, one Resource Teacher and one Special Education Program Specialist. All teachers possess valid California Teaching Credentials permitting them to work in the Alternative Schools and Special Education Departments. The Alternative Education Department continues its commitment to the No Child Left Behind (NCLB) requirements for fully compliant teachers at all grade levels. During the 2013-2014 school year, 90% of students were being instructed by NCLB compliant staff. Class size averages between 10-15 students depending on the nature of the class and current student population. The site principal was increased to full time status during the 2013-2014 school year.

The Alternative Education Department of the County Office of Education was accredited by WASC (Western Association of Schools and Colleges) in 2013.

Along with screening by Probation, Medical personnel and Mental Health staff within 48 hours of admission, a youth will undergo an educational screen by the SCCOE Assessment Technician. This process helps gather necessary educational and demographic data and is used to plan the student's curriculum. Students are also presented with an orientation of the curriculum, grading guidelines, accumulation of credits, class credits, class scheduling and behavioral expectations while at Osborne School. In addition, students are tested in English and Mathematics with the Star Renaissance test, which form a baseline for identifying the student needs, and provide feedback on their success while attending Osborne school. During the Commissioners review of the education process, the Principal expressed some concern about the difficulty of getting youth registered in their home school a timely fashion after their release from custody.

Students enrolled at Osborne School during the California High School Exit Exam (CAHSEE) testing periods take this state-mandated examination. The goal of the Osborne school is that eligible students are provided the opportunity to prepare and pass the CAHSEE. Students are also administered formative assessments in English Language Learners (ELL), Math, and Science to help determine overall skill, and alignment to proposed intervention strategies and

adopted text materials. The Physical Fitness Test (PFT) is administered to all 7th and 9th graders in the spring. The Commissioners visited four classrooms during the inspection. Activities varied from watching a science film in one classroom to working on a writing project in another. In each class, the Commissioners found the students to be engaged and the instructors involved in helping individual students.

The Osborne School principal joined the staff within the last six months and is working on a number of programs to improve the school. She informed the Commission that she was working on an action plan for each of the youth that are enrolled at the Osborne School and will be focusing on the implementation of the Local Control Accountability Program (LCAP) that has been introduced at the SCCOE for the instruction of Common Core standards. Commissioners were provided with the SCCOE mission statement and goals.

Commissioners reviewed a number of Title 15 education requirements with the principal. Currently, there are no written policies or procedures at the Osborne School. In addition, the requirement for a SCCOE annual review of the Osborne School by the County Superintendent of Schools has not been completed. Since students may be transferring back to another school after being in the Osborne School, Commissioners discussed transferring records electronically in order to insure timely receipts of the student's records.

The Commissioners were impressed with the level of professionalism and understanding that was exhibited during our visits. The principal is very focused on correcting the issues she has identified

XII. POLICIES AND PROCEDURES

The Juvenile Hall Policy and Procedures Manual has been online for internal use by Juvenile Hall staff, since 2013. In addition to being on-line, hard copies of the manual are available in the living units. The Policy and Procedure manual covers every function of the facility. Title 15 of the California Code of Regulations requires the establishment of the Policies and Procedures Manual. The commissioners reviewed the section of the Manual which requires an annual review of the Manual, the process for making revisions and updates and for verifying the review was completed by the Deputy Chief Probation Officer whose, last review was completed on July 25, 2014. The Probation Department was complimented during the Annual State of California Inspection for its "well organized and logical manner of the manual".

Quality Assurance

The Quality Assurance program was established to promote continuous quality improvement in Juvenile Hall's internal process and services provided to youth through appropriate assessments and ensuring that current practices and programs are in compliance with all applicable policies and procedures. The Quality Assurance Team consists of a recently (December 2014) assigned manager, one supervisor and four staff at the Juvenile Hall and two Probation Counselors at the James Ranch. Over the last 12 months, the Quality Assurance Team has trained staff in the use of Evidence Based programs. For example, the Quality Assurance team worked with Living

units B-5, B-6 and B-8 to introduce and train staff on the previously described use of Brief Intervention Tools (BITs) which provides staff with cognitive tools, in the form of worksheets to help youth examine behavior that once led to disciplinary actions. During the Annual State of California Inspection, the Quality Assurance team helped to identify and correct areas where the Probation Department needed to change or improve existing policies. The implementation of the PREA (Prison Rape Elimination Act) Federal regulations throughout the Probation Department is an example of other program improvements that the Quality Assurance team is overseeing to ensure compliance throughout the Hall.

XIII. DOCUMENTS REVIEWED

Documents and inspection reports from multiple sources were requested and were reviewed during the Juvenile Hall Inspection. They included:

- A. Policies and Procedures Manual from the Probation Department
- B. 2013-2014 Annual Report for Osborne School
- C. Incident Reports 2013-2014
- D. Santa Clara County Probation Department Population data 3/29/15
- E. Juvenile Justice Commissions Inspection Report for Juvenile Hall, March 2014
- F. Annual Facilities Inspection Report-2013 conducted by Superior Court
- G. “Juvenile Hall New Admit Orientation”
- H. English, Spanish, Vietnamese (Small Booklet-Probation Dept.)
- I. “Juvenile Hall Parent/Guardian Orientation Information”
- J. English, Spanish, Vietnamese (Small Booklet-Probation Dept.)
- K. “Juvenile Hall Detention Facility” (Brochure)
- L. “Your Child and he Juvenile Justice System” (Brochure)
- M. “A Newcomer Asks” Brochure Information, listing Community Based Organizations
- N. Risk Assessment Instrument Maintenance Sheet
- O. List of Factors Considered in Admit/Release Decision
- P. Risk Assessment Classification Sheet

- Q. Unit Assignment Sheet
- R. “Clean Slate” card in lobby, re: tattoo removal
- S. “Kinship Resource Center” card in the lobby
- T. (Families Raising Relative and Non-Relative Children Resource)
- U. Newcomer Workshop-card in lobby by Narcotics Anonymous
- V. California Code of Regulations (CCR) Minimum Standards for Juvenile Facilities, July 2007, Title 15
- W. 2013 Office of the Fire Marshall’s Inspection Report for Juvenile Hall
- X. Santa Clara Valley Health and Hospital System: Custody Health Services: Juvenile Hall/Juvenile Ranch Annual Report/2013
- Y. Mercury News editorial: VMC's electronic medical records system will increase efficiency, reduce medical errors
- Z. Youth Law News XXXI, No 4, Oct. - Dec. 2012

XIV. COMMENDATIONS

Medical

Medical staff are recognized for their efforts to implement the new Pyxis Medstation medicine management process and system to improve youth safety from medical errors.

Juvenile Hall

1. All personnel at Juvenile Hall should be commended for the support given to the JJC inspection team. Every staff person Commissioners encountered in the process of generating this report was cooperative, and approached the inspection in the spirit of collaboration.
2. The development of thorough and well-organized policies and procedures to comply with PREA. The information established to inform youth of their rights and the procedures to assist the youth in reporting any sexual abuse and sexual harassment meets not only the letter of the law, but also the intent.
3. Efforts to eliminate bias in the decision-making process to hold or release minority youth. While at this time, the attempt to modify the RAI has not met its intended outcome,

Juvenile Probation showed that the agency is committed to finding ways to reduce the unnecessary and inappropriate detention of minority youth.

XV. RECOMMENDATIONS

Health and Hospital System

1. The County should make it a budgetary priority for the coming fiscal year to fully incorporate the Epic system into the Custody Health System for the health and safety of youth and for increased medical systems efficiency (pg. 19).
2. The Commission strongly urges the Health and Hospital Services agency to re-examine the potential benefits of independently-funded data collection and analysis programs related to juvenile medical data (pg. 18).
3. The Commission recommends that the county's Probation Department and the county's Health and Hospital Systems Agency together develop a plan to implement available appropriate health information technology tools such as HealthLink, and patient-accessible online portals for justice involved youth (pg. 18).

Probation

1. The Commission recommends that Probation create ongoing evaluation methods for Behavior Management and for Community Based Organization programs (pg. 8).
2. There has been improvement in the programming and movement of boys in the two security units. The JJC recommends that a Quality Assurance team research and implement best practices for the Girls unit including those on "Secure" status (pg. 11).
3. Reestablish in 2015 and make available the area that was previously used as a vegetable garden to be available once again for youth for planting activities (pg. 3).
4. Allocate funds in 2015 to correct the issues identified by the Commission and Probation Department previously, to correct and upgrade the identified equipment, heating and air conditioning issues in the Control Room (pg. 3).
5. Develop and publish a schedule that insures that the much delayed kitchen remodel be completed by October 1, 2015. Provide quarterly updates to the Commission on this project (pg. 4).
6. That Probation assigns tracking numbers to the Appeals submitted by the youth to coordinate them with the Incident Report so that those reviewing the Appeals and Incident Reports can understand the totality of the incident (16).

Education

1. The SCCOE in cooperation with Probation create written policies or procedures for the Osborne School (pg. 26).
2. The County Superintendent of Schools completes the annual review of the Osborne School (pg. 26).

XVI. SUMMARY

The Juvenile Justice Commission has completed its annual inspection of the Juvenile Hall. Satisfactory responses were provided to the recommendations contained in the 2013-2014 Report.

Juvenile Hall residents are well supervised in a safe and secure environment. The Santa Clara County Juvenile Justice Commission found, that based on this inspection, the Santa Clara County Juvenile Hall is in compliance with the provisions in “Minimum Standards of Juvenile Hall Facilities” in Title 15, Crime Prevention and Corrections.

Approved by the Santa Clara County Juvenile Justice Commission.

Penelope Blake, JJC Chairperson

Date

Raúl A Colunga, Juvenile Hall Inspection Chair

Date