



Juvenile Justice Commission of Santa Clara County

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Santa Clara County Juvenile Justice Commission Receiving, Assessment and Intake Center December 2017

Summary

The Santa Clara County Juvenile Justice Commission began its annual inspection of the Receiving, Assessment, and Intake Center (RAIC) in June 2017. The Commission had done an initial visit to 2300 Enborg Lane, San Jose, in August 2016 when the RAIC was temporarily moved to this location due to a flood at the Santa Clara Street location. The temporary status of the Enborg location was still an issue in June 2017; however, in November 2017 a lease was signed allowing the RAIC to remain at this location until December 2018. This location of the RAIC continues operating as a temporary facility.

A team of four Commissioners did two onsite inspections of the facility, speaking with managers and staff. Interviews were also conducted with partners of the RAIC including the SPARK medical clinic (initials stand for Supporting, Protecting and Respecting Kids), Behavior Health Clinic and a Katie A¹ social worker. All these partners provide services to the children taken to the RAIC. Documents related to the operation of the facility also were reviewed.

While the Commission found the facility to be well run and appropriate for the temporary care of children, it is not licensed by the State of California, which may be non-compliance with California regulations. The Department of Family and Children's Services application for a license is pending. This is particularly significant as the RAIC continues to have children who remain at the facility over 24 hours.

¹ Katie A. is the reference to a 2011 settlement agreement, where the California Department of Social Services and Department of Health Care Services agreed to provide appropriate mental health services to all children who come into protective custody. Santa Clara County Katie A. social workers are employees of the Mental Health department.

This facility not only is a temporary residence for the children taken into protective custody, but is the work place for social workers who assess them, and the Child Abuse and Neglect Center (CANC) night staff. The space is not adequate for the social work staff, and their presence impinges on the area housing the children.

The move from the Santa Clara Street location has meant that the services provided by the SPARK Clinic and the Behavioral Health Clinic are no longer co-located. This has resulted in difficulties, especially in providing mental health services to the children while they are in protective custody.

I. Introduction/Purpose

Pursuant to Welfare and Institutions Code Section 229, four Commissioners of the Santa Clara County Juvenile Justice Commission (JJC) conducted site visits on June 13 and Nov 6, 2017 at the Santa Clara County's Receiving, Assessment and Intake Center (RAIC) located 2300 Enborg Lane, San Jose. The purpose of the visits was to conduct the Commission's annual inspection of the RAIC. While the inspection began in June 2017, the Commission had done an initial visit to this location in August 2016 when the RAIC was temporarily moved to this location due to a flood at the Santa Clara Street location. The temporary status of the Enborg location was still an issue in June 2017; however, in November 2017 a lease was signed allowing the RAIC to remain at this location until December 2018. This location of the RAIC continues operating as a temporary facility.

As the Santa Clara Street location was also considered temporary, the Juvenile Justice Commission, along with other stakeholder, participated in an eight month long professionally facilitated process to recommend a design for the new RAIC. This resulted in a recommendation to build a facility where all services were co-located. Such a facility would resolve the issues which have arisen with the present separation of mental health, medical and custody services. Unfortunately, this planning process seems to have come to a halt, and it is unclear to the Commission if or when a new facility will be built.

II. Background

The RAIC receives and evaluates children removed from parental custody due to allegations of child abuse or neglect. Once children are admitted to the Center, California state law requires these children be placed in a foster home or other alternative living situation within 24 hours. The RAIC is not licensed for stays of more than 24 hours. In December 2016 the State of California notified Santa Clara County that it would be required to obtain State certification and a State license for the RAIC operation beginning in January 2017, as the care given at the RAIC required licensure,

even if children remained less than 24 hours. Furthermore, the issue of children remaining beyond this time limit has been ongoing since the Commission's last inspection. The RAIC continues to be an unlicensed facility, although a licensing application has been submitted.

III. Facility

On the date of the Commissioners' first visit, no children were at the facility. At the second visit ten children were in care at the RAIC, though not all children were present at the facility. At both visits the Commissioners toured the facility and outside grounds including the playground. The entry and office areas are cramped and in very close proximity to the children's dining area. At our second visit we learned that even though the lease was extended for over a year, the social workers would have to remain in the limited entry area. It was suggested by the Commissioners present that some form of sight and sound separation be installed between the social worker's area and the children's dining area to protect the children from being further traumatized by hearing discussion of their case and placement.

The area surrounding the RAIC includes the Valley Medical Center (VMC), its mental health emergency facility, and the Coroner's office. While this area is of some concern, it has not caused any issues to the present. It is generally a quieter area, and of no greater risk than the previous Santa Clara Street site.

Staffing and Management

A Social Services Program Manager I (SSPM I) supervises the RAIC. The Social Services administration is continuing the process of converting the Children's Counselor positions to Social Worker I (SW I) positions. These positions all are supervised by one Social Worker Supervisor and the SSPM I.

SW Is and children's counselors care for children who are brought to the Center. Coverage is provided 24 hours per day, seven days per week, with three shifts daily, even when there may be no children in care at the RAIC. When children are present, the required staffing ratio is greater than required by regulation. There are usually 4 social workers/counselors on duty when children are at the RAIC. There are 5 Children's Counselors and 2 senior Children's Counsellor along with 10 Social Worker 1s and an extra help Social Worker1 on the Receiving Center staff.

An Assessment Center is also located at the RAIC. The social workers who are responsible for placing youth are on-site during limited hours. There are 7 day and swing shift Social Worker II or IIIs on duty along with 4 night shift Emergency

Response (ER) or Child Abuse and Neglect Center (CANC) staff. They conduct risk and behavioral assessments in addition to placing children brought into the RAIC. They work closely with other social workers, who are off-site, to locate families and possible placements.

All the above staff are assisted by 3 clerical workers (a fourth code is vacant.)

The Family Finding Unit is not located on site.

Population and 24-Hour Compliance

The total number of admissions to the RAIC facility in 2016 was 1121, compared to 837 children in 2015 and 830 in 2014. In addition, 221 children were processed but not admitted to the RAIC. There were 41 days when there were no admissions to the Receiving Center. Ethnicities of the children in 2016 were African American 21%, an increase from 12% in 2015. Latino and Caucasian children remained about the same at 53% (down from 57%) and 17% (down from 19%) respectively. Asian children were also about the same at 7% (down from 10%) with other at 2% (up from 1%). The average length of stay was 13 hours, 5 minutes and 44 seconds for those released in under 24 hours. However, for the “overstay” children, the average length of stay was 26 hours, 21 minutes and 31 seconds.

The number of children who stayed beyond 24 hours was 162, up from 90 children who stayed beyond the permitted 24 hours in 2016. Many children that stayed over 24 hours had mental health, behavioral, or medical issues, or relative home approval that took longer than expected. Minor mothers with a child also required additional placement efforts. The number of overstays continues to increase from previous years and represents a trend that makes it very difficult to comply with state mandated 24-hour placement rules. The Department of Family and Children’s Services is now in the process of obtaining licensure so that children can remain in the facility for up to 72 hours. It is unclear when this will occur.

Fire Marshall Report

The Fire Marshal’s inspection was conducted at the RAIC in May 2017. One open item from that inspection was completed by the time of the Commissioners’ first visit. There are two required outstanding items to complete.

RAIC Emergency Plan and Safety Training/Policy and Procedure Manual

The RAIC Emergency Plan had been completed and was reviewed by the Commissioners.

The RAIC manager was in the process last year of developing a Policy and Procedures manual. This work was put on hold when the RAIC moved temporarily to the Enborg site. Since the Department is now in the process of seeking a transitional shelter care facility license, the procedures are being developed with this in mind.

Staff Work Areas

The staff work space is inadequate. Work areas are cramped and in close proximity to the children's dining area. As indicated above, the Commission is recommending that sight and sound separation be provided.

Living Areas

Overall, the facility's residential area was well maintained, and its appearance was good. There are four bedrooms that can accommodate a total of 13 children. The greatest number of children at any one time at this facility has been 16, but only 10 had remained over-night as of the date of our first visit. One room allows for four siblings to be in a room together. The rooms are large and nicely furnished; however, there is no real area for studying, and there are no desks in the rooms.

As multiple children remain at the facility over 24 hours, meals are an issue. While the facility has a kitchen that is used to prepare food, there is no cook, nor staff designated to plan and execute meal preparation. It is presently done by the children's counsellors or social worker Is. Investigations are underway to see if meals can be delivered from the nearby VMC kitchen. The refrigerator was stocked with the appropriate snacks and food items.

IV. Medical Services

SPARK Clinic

Medical care for children admitted to the RAIC is provided by Santa Clara County Valley Medical Center's SPARK Clinic. The SPARK Clinic is a Federally Qualified Health Center (FQHC), located at the Valley Health Center Downtown Clinic, that provides medical services for children who have been or are currently in the dependency system, including children at the Receiving Center. Commissioners met on July 12, 2017, with the recently appointed Medical Director of the SPARK Clinic and the Center

for Child Protection. The Commissioners also spoke with two SPARK nurse practitioners (NPs) and the administrator. A follow up conversation with the Medical Director was held on October 6, 2017.

The SPARK Clinic conducts medical clearance assessments when children enter protective custody, does the physical examinations that are required within 30 days (achieving an estimated 90%), and provides continuing care to children in foster care, serving as the medical home and following up on referrals and Individual Education Plan (IEPs). SPARK currently serves as the medical home for an estimated 47% of foster children.

The SPARK Clinic is open Monday through Friday, 9am to 6pm. SPARK providers are available to provide some medical services on Saturdays and Sundays, when timely services are required. For the fiscal year ended June 30, 2017, 2297 visits were completed. With the planned addition of dental services and expanded medical services, a surge in SPARK utilization is expected.

The Medical Director's vision is for a robust and comprehensive approach to trauma-informed assessment and health care for the County's foster children. These goals enjoy the Commission's full support and are essential support for children entering the RAIC.

The Medical Director has almost 25 years of experience as a board-certified general pediatrician, and has received additional training in child physical abuse and forensic child sexual abuse. The SPARK Clinic's staff includes two nurse practitioners, a Registered Nurse, and a Licensed Vocational Nurse. Cases of suspected sexual abuse are evaluated by a Valley Medical Center (VMC) Physician Assistant who is a recognized expert in child sexual abuse, and by the Medical Director. All staff are mandated child abuse reporters.

The Medical Director indicated a continuing need for a caseworker and/or a social worker on site, as noted by the Commission in previous reports. Also of continuing concern and high priority to the Commission is more ready access to robust trauma-informed psychiatric resources and behavioral health services for the SPARK Clinic (and, by extension, the RAIC). Of note, VMC ambulatory administration is currently interviewing for a fellowship-trained child psychiatrist to be assigned to the SPARK team.

The Medical Director directly receives all calls for child physical abuse consultations – from DFCS social workers, physicians inside and outside VMC, and occasionally from outside agencies. A contract for additional specialized medical expertise remains in negotiation after almost a year, while support is being provided

informally. The Commissioners encourage continued efforts to systematize and deepen the child abuse medical resource at VMC and throughout the County. The development of guidelines for all emergent cases at VMC and the recent launch of a quality assurance and improvement effort are welcome initiatives.

The relocation of the RAIC to temporary quarters on Enborg Lane separates medical services from close proximity to the RAIC. While both RAIC and SPARK Clinic staff have compensated effectively in the short-term to provide for the RAIC children's medical needs, the situation is suboptimal. Moving the RAIC to the planned East Valley Campus, as well as the co-location of the RAIC, SPARK Clinic, Sexual Assault Response Team (SART) and Child Physical Abuse evaluation programs, along with other resources for this population, continue to be of the highest priority and urgency.

V. Behavioral Health Services

On July 10, 2017, Commissioners met with staff from Behavioral Health Services (BH) assigned to the RAIC Clinic. The BH Program Manager divides his time between the RAIC Clinic and Las Plumas Clinic. When the Commission last visited the Clinic it was co-located with the RAIC, and therefore services were easy to provide by walking downstairs to the Receiving Center and engaging youth. Due to a catastrophic water pipe incident, the RAIC had to be moved first to a Social Services administrative site and then to Enborg across from VMC, where it currently resides. Behavioral Health staff continue to reside on the 3rd Floor of 775 E. Santa Clara Street. Communication between the RAIC and BH is now reliant on telephone and two laptops shared among four staff.

The BH Clinic includes 3 ½ full time equivalent (FTE) employees, including 2 full-time equivalent Marriage and Family therapists (MFTs) and one full time Licensed Clinical Social Worker (LCSW). There is no dedicated space at Enborg for the therapists to evaluate, assess and provide therapy for residents of the RAIC. Since admission to the RAIC cannot be anticipated, staff describe the scheduling of assessments as "unpredictable." Youth may be brought into physical custody or paper-admitted on nights and on weekends, and since the RAIC is limited to serve children within a 24-hour period, about 20% of children may not see a clinician before placement.

Approximately 1200 screenings are provided by Behavioral Health throughout the fiscal year. Most children are taken to the SPARK Clinic for a medical assessment. They are often driven to the SPARK Clinic by RAIC staff. If they can coordinate a

Behavioral Health assessment at the same time, children may also be seen by BH. That, however, leaves the RAIC staff member off site on E. Santa Clara Street for the duration.

The BH office on E. Santa Clara has dedicated playrooms and therapy cubicles for children needing services. BH has offices on S. Bascom nearer Enborg where they might take kids in need of assessment. At a minimum, most children are at least paper-screened by BH. However, the behavioral health therapist would like to see it be a requirement that all children are seen in person before being placed. With a change to a 72-hour facility they see this as a viable option.

Clinicians work staggered shifts, Monday through Thursday 8:30 am to 9 pm. On Fridays youth are served 8:30 am to 5:00 pm. A psychiatrist is always on call but mostly is available on site on Wednesdays. A whiteboard is visible at Enborg where all medications are listed with times to distribute and dosages. A locked room and a locked medication cabinet holds the medications which are administered by counsellors or social worker Is. There is no nurse present at Enborg. There is an additional service for children experiencing traumatic stress at the RAIC provided through a mobile crisis unit to prevent psychiatric hospitalization and a Placement Support Crisis Services Team (PSCSRT) which responds within 30-60 minutes.

If Enborg becomes a 72-hour placement, it should give BH more time to assess youth. However, they may need more staff to provide those services. BH staff has offered to provide training to the RAIC staff who would then have more interaction with children. BH staff believe that more trauma-informed training needs to be provided as well as burnout prevention strategies and prevention of vicarious trauma/compassion fatigue for the RAIC staff.

The concerns of the BH staff can be summarized as follows:

- 1) The living facility of the receiving center and the behavioral health staff need to be co-located and there needs to be appropriate therapeutic space to interview children.
- 2) They need at least a laptop for each clinician to be truly effective in providing services.
- 3) They would like to see more availability of psychiatric care provided through the Behavioral Health Department to ensure that children have the proper medications and follow-up.

The California court settlement, Katie A. requires referrals to appropriate mental health service for all children in foster care. There has been one LCSW social worker

assigned to this role for over three years. Commissioners met with her on October 25, 2017. An additional social worker is now available to supplement services and a Transitions LMFT therapist is also available to coordinate the movement of children between placement, including for those children being placed out of county.

Katie A. focuses on providing a coherent, all-inclusive approach to the referral and screening processes and service delivery. A new challenge is the implementation of AB 1299 which went into effect statewide on July 1, 2017. This law will require Medi-Cal to provide eligibility and thus services to a child in the county in which she/he is placed. This is known as a “Presumptive Order”. A further court order is often required to secure Medi-Cal services. As many as 30% of temporary placements are out of county.

BH provide at least a paper assessment and send it to the social worker and make a referral to the Katie A. social worker for a screening. This snapshot is then provided to the social worker exploring placements. Katie A. social workers are co-located in the same building as placing social workers, enhancing their ability to communicate in person and often expediting services. In

a normal fiscal year approximately 3000 children will receive a Katie A. screening in Santa Clara County. Follow-up is required every six months to ensure that the services are in place.

Finally, for a child prescribed psychotropic medications for mental health reasons, a Psychotropic Medication Public Health Nurse (PMPHN) works with the Public Health Nurse (PHN) who is assigned to each dependent child. The PMPHN works to actively monitor, collaborate and communicate with social workers, caretakers, psychiatrists and the courts to see that ordered medication is appropriate and provided.

VI Documents Reviewed

- 1) 2016 demographic statistics on youth who were taken to the Receiving Center.
- 2) Emergency Plan for 2300 Enborg Lane.
- 3) 2017 Enborg Lane Fire Department Inspection.
- 4) Medication Procedure and Responsibilities, (updated 5/15/17)
- 5) Data on the length of stays at the Receiving Center since our last inspection.
- 6) August 9, 2016, letter from State of California, Department of Social Services regarding Licensing County Shelter Care Facilities.

VII Recommendation and Commendations

Recommendations:

- 1) Complete the Policy and Procedures Manual.
- 2) Expedite and make transparent the process to co-locate service for children who are placed in protective custody.
- 3) Increase coordination of services between medical and behavioral health.
- 4) Provide sight and sound separation between the social worker, work area and the children's living area.


Commendations:

The Juvenile Justice Commission acknowledges the Department of Family and Children's Services for pursuing Licensure of the Receiving Center and having its program manager pursue certification for managing a licensed facility.

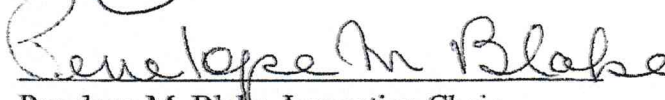
The Juvenile Justice Commission acknowledges the Department of Behavioral Health for its co-location and expansion of staff for Katie A. services.

The Juvenile Justice Commission acknowledges the SPARK clinic for its leadership role in advancing coordinated services and support for DFCS involved youth.

Approved by the Santa Clara County Juvenile Justice Commission, January 9, 2018



Jean Pennypacker, Commission Chair



Penelope M. Blake, Inspection Chair.