

Juvenile Justice Commission
County of Santa Clara
840 Guadalupe Parkway San Jose,
California 95110
(408) 278-5993 Fax (408) 294-6879



December 2018

This interim report on the Receiving Assessment and Intake Center (RAIC), presently located at 2300 Enborg Lane, is undertaken by the Juvenile Justice Commission (JJC) as a follow-up to the JJC's 1/6/18 report (attached). Because of staff changes at the facility and uncertainty about the future location of the RAIC, that report was not received by the Board of Supervisors until August 8, 2018. Since that report, uncertainty as to the licensure and location of the RAIC has continued with its possible impact on the youth at the RAIC remaining an open issue.

The issues addressed in this interim report are as follows:

- **Overstays at the facility.**

The RAIC is not a state licensed facility, thus children are not permitted to remain there over 23 hours and 59 minutes. As the last JJC report outlined, children frequently “overstay” this time. This trend has continued this year with 430 overstays as of November 30, 2018. As a result, the Department of Family and Children’s Services (DFCS) began efforts toward licensing the RAIC as a Transitional Shelter Facility (TSCF) in July 2017. The application was submitted on November 30, 2017. There were several delays, including the need for the present RAIC manager to become certified as a Group Home Administrator. These issues have been addressed. As of the date of this report however, no feedback has been received from the California Department of Social Services (CDSS) and the facility remains unlicensed.

Overstays at the RAIC are in large part caused by youth who are older, already dependents and not presently in placement. Part of the problem is precipitated by the State’s Continuum of Care Reform, which mandates the closing of group homes. The issue is exacerbated by the existence of only one Short Term Residential Treatment facility licensed in Santa Clara County and the rigorous requirement of medical necessity for a youth to qualify for a Short-Term Residential Treatment program. Finally, there is an inadequate number of licensed foster homes in the County, especially for teens.

This current situation results not just in “overstays,” but in the inappropriate mixing of youth who have been in the dependency system, often for an extended period, with youth who are not yet dependents. According to the Department of Family and Children’s Services, 22% of the youth at the receiving center are already dependent children. At the previous children’s shelter the children were at least separated by age in different cottages, so that abuse reactive teens were not housed with younger impressionable children. This separation is not possible at

the Enborg facility given its lack of space and physical configuration. A review of incident reports has revealed that this can present a problem for younger children and in managing older youth.

- **Medical Clearances.**

The JJC understand from the SPARK clinic that most children receive a medical clearance before being placed. This involves the youth being transported to the clinic from the receiving center by RAIC staff. As pointed out previously, the JJC believes that best practice is the co-location, not just coordination, of services. However, no other option exists at the Enborg location in its present configuration. This likely will continue until a more permanent plan is developed.

- **Policy and Procedures.**

As the RAIC was in the process of writing a new manual for submission with its application for a TSCF license, the Commission was unable to review the Policy and Procedures manual at the last inspection. The Commission has since reviewed this document and find the manual appears complete and appropriate for a licensed facility. Issues such as staff qualifications and training are outlined. For example, “staff should use a reasonable and prudent parent standard when dealing with residents.” Children’s Counselors are to have a minimum of two years of college with an emphasis on behavioral sciences. Staff should complete an initial minimum of 24 hours of training. That training should include: “the impact of trauma on children and implications for casework and supervision.” 20 hours of yearly training after that is cited. The staff/child ratio is listed.

Through conversation with the counselling staff, the JJC was told that the Policy and Procedures manual is not considered to be fully in effect, as the facility is not yet licensed. At present the manual only exists as a paper document and is not online where it would be accessible to staff and available for review. However, the JJC has been informed that the plan is for the manual to be placed online to be available in the facility for all staff use.

- **Creation of an incident log.**

At the last JJC visit commissioners were told that while incident reports were created, they were filed in the minor’s individual file, and no log was kept. A licensed facility requires such a log, and the Commission was assured that one was being created. At the JJC’s latest visit the log was available for inspection. After a review of the log for the months since its creation, a number of issues appear:

- The lack of a consistent person administering the facility caused inconsistent enforcement of discipline.

- The Policies and Procedures Manual, though thorough and apparently well thought out, is not yet being used, at least as to some of the following provisions: preparation of incident reports, follow through by the staff after the incidents, the appropriate persons to do any searches of the youth, and notification to youth, including a document to be signed by the youth, “Youth’s Acknowledgement of Physical Intervention” form.

- **Sight and sound separation from social work staff.**

In the last report the Commission indicated that the entry and office areas are cramped and in very close proximity to the children’s dining area. It was recommended 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 possible placement.

While a moveable screen was installed at the RAIC in April 2018, which provides some privacy and confidentiality for both children and staff, it is not soundproof. The Commission appreciates that the Enborg facility is small. So as long as there are numerous staff members also using the facility, complete separation is not possible.

The JJC understands that since the RAIC will remain at the Enborg site for the foreseeable future, there are now plans to expand and reconfigure the site, and to move the Assessment and Intake staff to the Julian Street campus. Once this is accomplished the JJC will return to the facility and inspect the outcome.

- **Provision of meals.**

As reported above, many children stay at the RAIC for extended periods of time and thus need to be provided with meals. While there is a fully functional kitchen, there is no kitchen staff. At the last visit, commissioners were told that there is no cook, nor staff designated to plan and execute meal preparation. At that time, it was being done by the children’s counselors or social workers. The Commission has learned that now meals are being brought from the Valley Medical Center (VMC) kitchen, which is in close proximity to the RAIC, to support adequate nutritionally balanced meals.

While meals are supplied by the VMC kitchen, the youth have access to the kitchen for snacks and to cope with missed meals. There is a refrigerator for staff and one to which the youth have access. The availability of food from the staff refrigerator and the youth’s access to the kitchen for snacks has been the basis for a number of incident reports. A solution to this source of conflict is recommended.

- **Role of Mental Health at the RAIC.**

As pointed out in the last report, there is frequently not enough time for children to see Behavioral Health (BH) when they are taken to the SPARK clinic, and there is no dedicated interview space available at the Enborg facility. This is still true; however, since the last report there is a much more robust BH presence at the Enborg facility. The staff at the RAIC and BH speak early each weekday morning and review the needs of the children at the facility. Later the same day BH staff come to the facility and consult with the RAIC counselling staff and see those children who are present and want to see a mental health counselor. Four days a week a substance abuse counselor goes to RAIC for youth in need of their services.

Every child should receive a behavioral health assessment before leaving the RAIC. However, the Behavioral Health, 2017-2018 Program Report (attached) indicates that 25% of children are admitted over the weekend, when BH staff are not on duty. As a result, during the program year, a substantial portion of children continue to leave the receiving center before such an assessment is completed. DFCS has told the Commission that BH is currently making arrangements to see RAIC youth on Saturdays, and BH staff does follow up with all youth physically admitted to the receiving center. If a child is not seen at the RAIC, then a case management referral is made to the Katie A. coordinators.

- **Role of the Sheriff at the RAIC**

In reviewing the incident reports for this year, it became clear that, during the period when the management of the RAIC was being rotated every month, behaviors of some of the older youth became disruptive. The counselor staff believed that it was appropriate to use the sheriff's deputy to control this situation. Since the arrival of a permanent Manager, these roles have been clarified.

While this report addresses some of the issues the Commission observed during our last inspection of the Enborg facility, many questions remain unanswered. It appears that the near-term plan is for the RAIC to remain at this facility, but it is still not clear when the facility will be licensed or how it will be reconfigured to address the other issues outlined above. It is also unclear how many services will be co-located at the facility, rather than simply coordinated. Of particular concern to the JJC is the size of the facility, which does not allow for the separation of children with very different needs. It is the intent of the JJC to continue to monitor the licensing process and any redesign of the facility. Once these have been accomplished, the Commission will issue a full annual inspection report on the facility as required by statute.

Documents Reviewed;

1. Policy and Procedures Manual
2. 2017-2018 demographic statistics on youth at the RAIC

3. Behavioral Health Services FY2017-2018 Program Report
4. Data on the length of stay since our last inspection
5. Incident Reports Manual

Commendations.

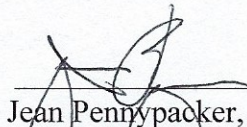
The Commission commends the Department of Family and Children's Services for its completion of the Policy and Procedures Manual.

The Commission commends Behavioral Health Service for their provision of more robust mental health services, especially to youth who stay over 24 hours at the RAIC.

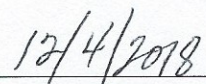
Recommendations:

1. The Commission continues to recommend that planning and decision-making for the location of the Receiving Center and the co-location of services be transparent and include input from stakeholders.
2. The Commission request to be informed about the ongoing process of licensing and remodeling of the Enborg facility.
3. The Policies and Procedures Manual should be put into practice and made accessible online.
4. Develop a policy that reduces the number of incidents regarding access to food in the kitchen.

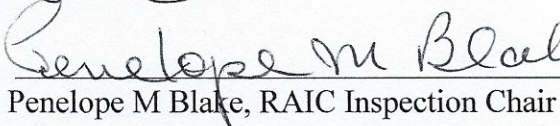
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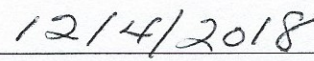
Jean Pennypacker, JJC Chairperson



Date



Penelope M Blake, RAIC Inspection Chair



Date



Juvenile Justice Commission of Santa Clara County

840 Guadalupe Parkway

San Jose, California

95110

(408) 278-5993 FAX (408) 294-6879

**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



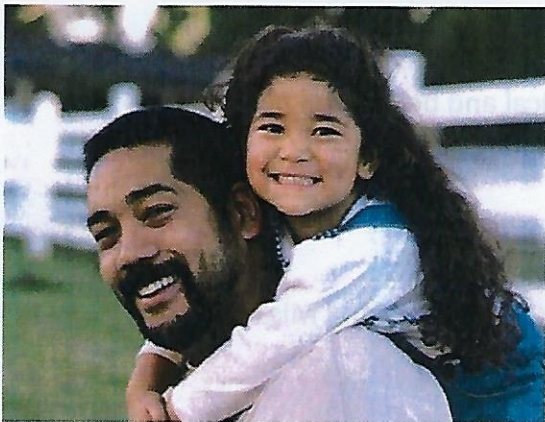
Jean Pennypacker, Commission Chair



Penelope M. Blake, Inspection Chair.

Receiving, Assessment, and Intake Center Behavioral Health Program (RAIC-BH)

FY2017-2018 Program Report



RAIC-BH Philosophy of care:

- 1) Integrated with the DFCS Receiving, Assessment & Intake Center (RAIC), the Behavioral Health Department provides onsite Behavioral Health assessment, counseling and referral for youth placed in out of home custody
 - a) To fulfill requirements of the "Katie A." program, RAIC-BH serves youth who come to the Receiving Center as well as those directly placed into foster care and family settings.
 - b) When a youth is first placed in DFCS custody, RAIC-BH clinicians provide behavioral health screening and support.
 - c) RAIC-BH clinicians work with the SCCBHS Katie A. Coordinator to link the children and youth with behavioral health services within the SCCBHS Provider Network.
 - d) Clinicians work with the DFCS Assessment and Intake Center and SPARK clinic to provide assessment and support for youth awaiting placement.
 - e) The interface of these service components will enable interdepartmental staff to safely care for children, provide for their immediate medical and behavioral health needs and foster the timely placement of these children in a family setting or the least restrictive placement that will meet the child's needs.

- 2) Specialty Subgroups
 - a) Commercially and Sexually Exploited Children (CSEC), Runaway and Missing Youth, Substance Abuse, Special Needs, and High Risk Youth

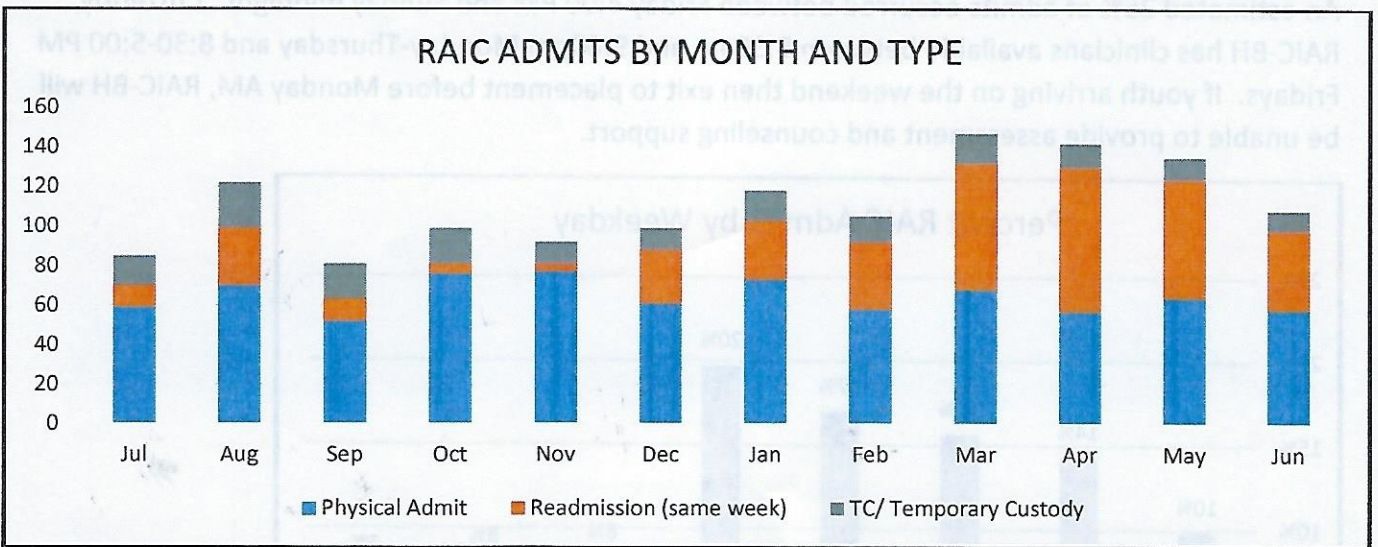
- 3) Services Provided
 - a) BH-RAIC Services: Assessment, Case Management, and Counseling Support and Referral To Katie A Services
 - b) Collaboration with Katie A. Coordinators for BHS services following RAIC placement
 - c) Collaboration with Continuing Social Workers, SPARK clinic and Katie A Coordinators to identify psychiatry needs.

- 4) Collaborative Groups
 - a) DFCS Runaway & Missing Youth Committee
 - b) DFCS CSEC Committee
 - c) DFCS-Uplift Placement Services, Crisis Services Response Team (PSCSRT) Committee

Who We Serve

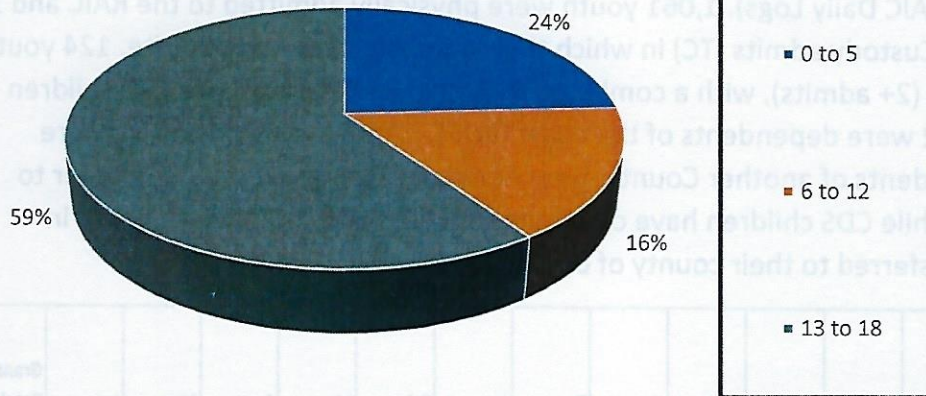
Between July 1, 2017 and June 30, 2018, an estimated 1,333 children and youth were admitted to the RAIC (according to RAIC Daily Logs). 1,061 youth were physically admitted to the RAIC and 172 youth were Temporary Custody admits (TC) in which their admission occurred offsite. 124 youth had multiple admissions (2+ admits), with a combined 512 total RAIC admissions. 721 children were "New Admits," 612 were dependents of the court (CDS). Of these youth, and 51 were "courtesy holds," dependents of another County. New Admits are assigned a social worker to investigate their case, while CDS children have continuing social workers assigned. Youth in courtesy hold were transferred to their county of origin.

Admit Type	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Grand Total	Avg
Physical Admit	59	70	52	76	77	61	73	58	68	57	64	58	773	64
Readmission (same week)	11	29	11	5	4	27	30	34	64	73	60	40	388	32
TC/ Temporary Custody	15	23	18	18	11	11	15	13	15	12	11	10	172	14
Grand Total	85	122	81	99	92	99	118	105	147	142	135	108	1333	111



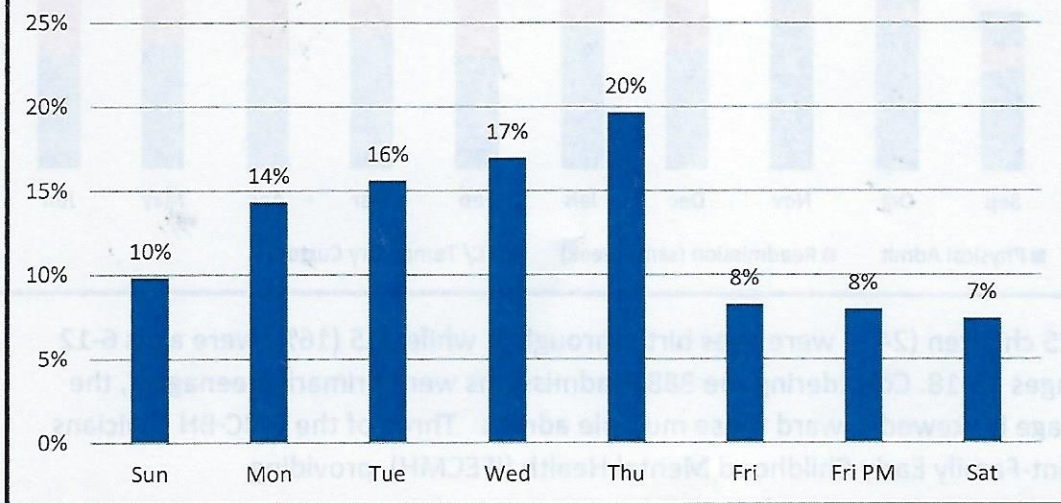
Of all RAIC admits, 325 children (24%) were ages birth through 5, while 215 (16%) were ages 6-12 and 793 (59%) were ages 13-18. Considering the 388 readmissions were primarily teenagers, the percent of admits by age is skewed toward those multiple admits. Three of the RAIC-BH clinicians are specialized in Infant-Family Early Childhood Mental Health (IFECMH), providing developmentally sensitive assessment and intervention.

RAIC Admits by Age Group



An estimated 25% of admits occurred between Friday 4:00 PM and Sunday midnight. Currently, RAIC-BH has clinicians available between 8:30am and 9:00pm Monday-Thursday and 8:30-5:00 PM Fridays. If youth arriving on the weekend then exit to placement before Monday AM, RAIC-BH will be unable to provide assessment and counseling support.

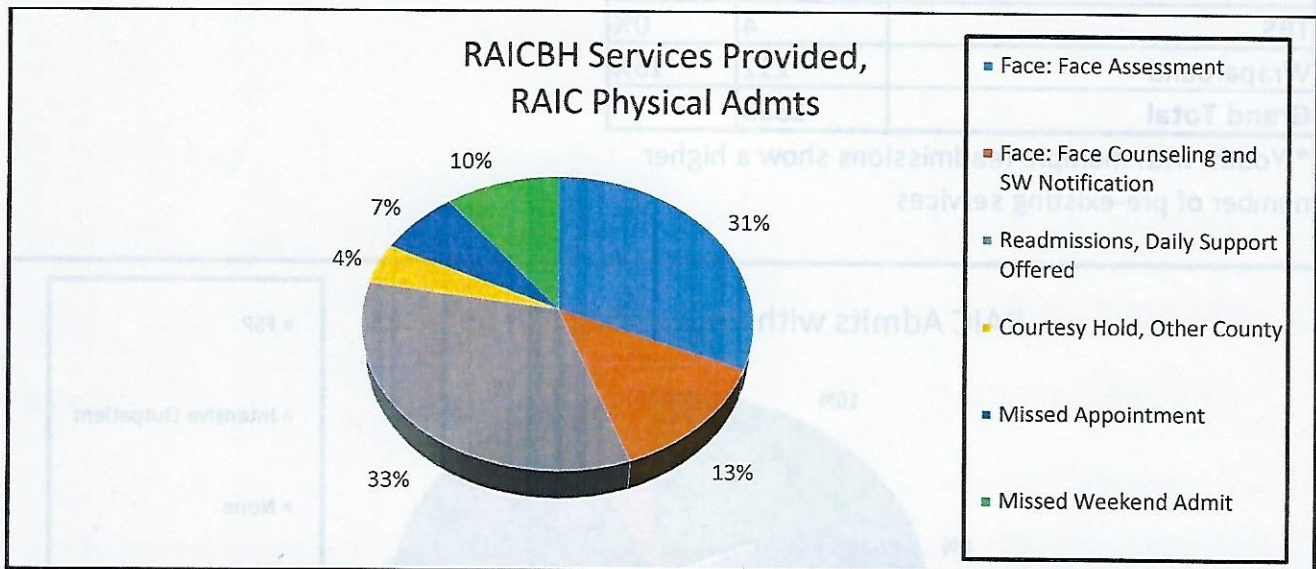
Percent RAIC Admits by Weekday



RAIC –BH clinicians followed up with all physical admits via one of the following methods: 1) Face to Face contact at the RAIC, 2) non face-to-face case management and referral to Katie A Coordinators. Aside from weekend admits, all youth are offered supportive counseling and are screened or assessed for behavioral health needs by RAIC-BH clinicians.

RAIC Physical Admits by RAICBH Service Provided

Service	Admits	Percent
Face: Face Assessment	365	31%
Face: Face Counseling and SW Notification	152	13%
Readmissions, Daily Support Offered	388	33%
Courtesy Hold, Other County	51	4%
Missed Appointment	85	7%
Missed Weekend Admit	120	10%
Total Physical Admits	1161	



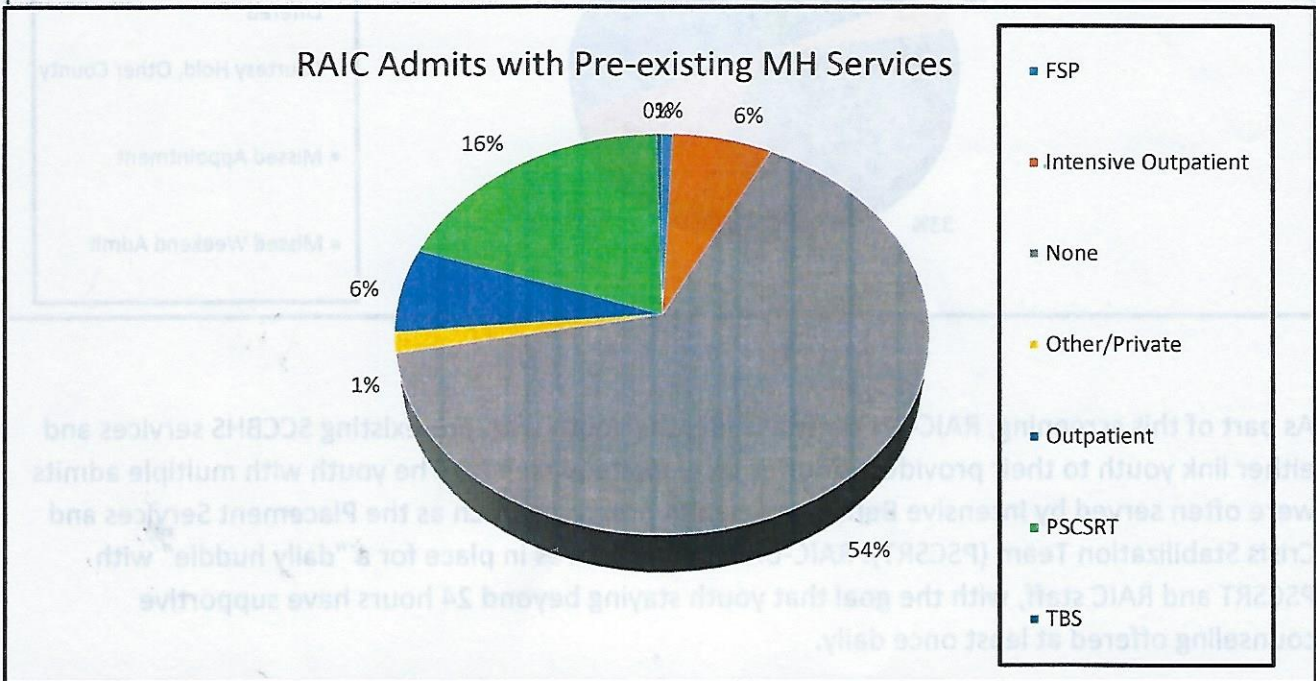
As part of this screening, RAIC-BH clinicians identify youth with pre-existing SCCBHS services and either link youth to their providers or offer face: face counseling. The youth with multiple admits were often served by Intensive Behavioral Health programs, such as the Placement Services and Crisis Stabilization Team (PSCSRT). RAIC-BH has procedures in place for a “daily huddle” with PSCSRT and RAIC staff, with the goal that youth staying beyond 24 hours have supportive counseling offered at least once daily.

The table and graph below show the number of RAIC admits determined to have pre-existing SCCBHS services. RAIC-BH clinicians notify the DFCS AIC staff, the continuing Social Worker and often the BH providers, as there may have been disruption to these services prior to RAIC placement.

Pre-existing MH Services at time of RAIC Admit

Pre-existing Program	Admits	Pct
FSP	8	1%
Intensive Outpatient	75	6%
None	724	54%
Other/Private	18	1%
Outpatient	76	6%
PSCSRT	216	16%
TBS	4	0%
Wraparound	212	16%
Grand Total	1333	

* Youth with multiple readmissions show a higher number of pre-existing services



Following RAIC placement, RAIC-BH clinicians send screening and assessment information to the SCCBHSD Katie A Coordinators, who then collaborate with the DFCS Continuing Social Worker to determine appropriate continuing Behavioral Health Services. Please refer to the attached Katie A Coordinator Process Overview and Procedures for Behavioral Health Follow Up, which detail the role of the Katie A program and other provider agencies in follow up care.