



**Juvenile Justice Commission
County of Santa Clara**

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**Santa Clara County
Juvenile Justice Commission
Receiving, Assessment, and Intake Center
April 2015**

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 April 2 and 13, 2015 of Santa Clara County's Receiving, Assessment and Intake Center (RAIC) located at 725 E. Santa Clara St. The purpose of the visits was to conduct the Commission's annual inspection of the RAIC.

II. Background

The RAIC receives and evaluates children removed from parental custody due to allegations of child abuse or neglect. Once admitted to the center, which is unlicensed, State law requires these children to be placed in a foster home or other alternative living situation within 24 hours. Children's counselors provide childcare to incoming youth and are present at all times. An Assessment Center is also located at the RAIC, and the social workers responsible for placing youth are on-site during limited hours. They are responsible for conducting behavioral assessments and placing children brought into the RAIC. They work closely with other social workers, who are off-site, to locate families and possible placement.

III. Facility

Initial Visit

On the date of our first visit, there were a total of five children engaged in various forms of activities ranging from interaction with the counselors or playing with items

in the designated play area. We toured the facility and outside grounds including, the playground. The entry, office areas and living quarters were well maintained, though cramped and the refrigerator was fully stocked with the proper foods. Overall, facility appearance was good, however, it was observed that a temporary cyclone fence was erected, blocking a pathway used for evacuation. The fence was removed by the time of our second visit on April 13, 2015. An exit gate from this emergency staging area was also observed to be secured with a chain and padlock. The RAIC manager has added lights to the trees at the entryway into the facility to provide additional visibility for individuals entering after dark. The surrounding area includes the continued construction of a new County building, making the area around the facility very congested and difficult to find parking.

Staffing and Management

A Social Services Program Manager I manages the RAIC. There are 17 Children's Counselor positions, including two Senior Counselors and two Voluntary Reduced Work Hour Counselors (VRWH) in the cottage, which are overseen by a Social Work Supervisor. The Social Services administration is in the process of converting the Children's Counselor positions to Social Worker I positions. Currently, there are four Children's Counselors vacancies.

Seventeen counselors provide the care for children who are brought in to the living area. Coverage is provided 24 hours per day, 7 days per week with 3 shifts daily, even though there may be no children in the care of the RAIC, which results in counselor skills being underutilized.

Population and 24-Hour Compliance

The total number of admissions into the RAIC facility in 2014 was 830 children. In addition, 308 children were processed but not admitted to the RAIC. There were 54 days when there were no admissions to the Receiving Center. Ethnicities of the children in 2014 were Asian/Pacific Islander 7.7%, African American 10.3%, Latino 60.6 %, White 19.8% and Other 1.6%.

There were 13 children who stayed beyond the permitted 24 hours. The majority of children that stayed over 24 hours had mental health, behavioral or medical issues that required additional placement efforts.

Fire Marshall Report

There was no annual Fire Marshall inspection conducted at the RAIC in 2014. The Social Services Program Manager has attempted to arrange for a inspection, but was unable to receive any commitment from the Fire Department.

RAIC Emergency Plan and Safety Training/Policy and Procedure Manual

The Commission reviewed the RAIC Emergency Plan, which was not current last year. Bringing it current was one of the five recommendations in our 2014 report. The current Emergency Plan, dated November 2014, was current for personnel contact listings and the handling of individuals with disabilities in an emergency. In addition, based on a recommendation from the Civil Grand Jury, the Emergency Plan had been modified to include training for the staff Emergency Response Team, CPR, First Aid and fire extinguisher training. The staff has conducted two training sessions in 2015 and has a third scheduled in the second quarter. The on duty Santa Clara County Deputy Sheriff provided training for the RAIC staff on topics which include evacuation, fire and smoke, bomb threats, and earthquakes. The current plan's completeness and thoroughness represent a significant improvement from last year's plan.

The RAIC manager is also in the process of creating a policy and procedure manual for the facility. Among procedures being created is establishment of monthly Multi-Disciplinary Team Meetings (MDT) with the Behavioral Health, Supporting, Protecting and Respecting Kids (SPARK) medical staff, Public Health nurses and the RAIC staff. The meeting's purpose is to insure that the medical and mental health needs of abused and neglected children are appropriately supported. The new policy and procedure manual is scheduled to be completed in September 2015.

Staff Work Areas

The staff work cubicles are small, but adequate. Work areas are also somewhat cramped. The Program Manager has an office on the third floor. This separates her from her staff, but allows for better communication with the SPARK clinic and Behavioral Health departments, which serve the children in the dependency system. The Social Work Supervisor is on the first floor, allowing, for frequent interaction with staff and children.

Living Areas

The living area is cramped. The daytime room has been divided into two areas, each with a TV monitor. There are toys for younger children. A small table, which can seat 3-4 children, is provided for meals. There is little space in the bedrooms, due to multiple beds being placed in each. The addition of artwork on the bedroom walls, two years ago has created a friendlier atmosphere. As mentioned in previous inspections, a child in a wheelchair would have a difficult time being accommodated, but it is possible if the staff removes one of the beds

Medical Services

On March 14, 2015, three Commissioners met with the Medical Director of the medical clinic that is co-located with the Behavior Health clinic on the third floor of the building housing the RAIC. This Clinic is now referred to as Supporting, Protecting and Respecting Kids (SPARK) clinic. It is open from 1 to 5 pm, and is a Federally Qualified Health Clinic. But due to its limited hours, it is an outreach facility. The clinic focuses its care on children who are or have been in foster care. The Medical Director is a pediatrician who specializes in trauma informed care, but spends the other four hours of her day in general pediatric practice at another clinic. The doctor describes her job at the SPARK clinic as very rewarding. The other pediatrician at the SPARK clinic is in charge of Valley Medical Center's (VMC) Child Abuse program and also specializes in trauma informed care.

Presently there is a new charge nurse, providing much needed support to foster families, and two LVN's. Previously, there was one medical assistant, and a psychiatric nurse practitioner that recently resigned. In order to provide more focus on pediatrics, interviews are currently being conducted for a pediatric nurse practitioner position. The new nurse practitioner will work 40 hours a week, Sunday through Thursday. A child psychiatrist from Custody Health is at the clinic one day a week and bridges psychiatric services while children are "getting connected". At the time of our visit, appointments with this doctor were being scheduled "two to three weeks out". While at the SPARK clinic, the psychiatrist uses the EPIC database, as this is a VMC clinic.

The Director of the clinic indicated that while the EPIC database is used at their clinic, if children being seen have been in custody at Juvenile Hall she must try and get their medical records from the ELMR database used by Custody Health. She agrees with the Commission's position that this database is antiquated, with even its developers saying it should be discontinued. The Commission has continued to urge the County to make the migration from ELMR to the EPIC database.

Children who come to the RAIC between 1 pm and 5 pm are usually seen in the clinic for medical clearance. If the child comes in at other times, the clinic collects all RAIC admits; staff then contacts the caregiver for each child admitted and gives them an option to bring the child to the SPARK Clinic for the 30 day placement assessment. Some caregivers prefer to take a child to VMC or a private doctor for this assessment. If a child needs medical attention when the clinic is closed, or the nurse practitioner is not available, they must be taken to another clinic or hospital.

While the Director was not sure how the new RAIC facility will work, she believes that a receiving center of some type will always exist, although it is not clear what agency will manage it in the future. She believes that, ideally, medical and mental health should function, "side by side" at any new facility. The Director attributes their co-location in the present building for the good collaboration between

medical and mental health services over the past year, resulting in positive changes and better communication.

The Director believes that the clinic does a good job providing medical care for the children they see, but she would encourage more support for psychiatric services. She also suggests an “outstation” social worker be assigned to the clinic. This level of collaboration between the Department of Family and Children Services (DFCS) and the clinic staff would improve service by assisting parents, foster parents and clinic staff in connecting with the assigned social worker. Currently, there is no database accessible to the clinic staff identifying a child’s assigned social worker, and delays in arranging services occur because the assigned social worker is not known. The Director says she spends an unnecessary amount of time in trying to identify the assigned social worker. A DFCS liaison could also assist in scheduling medical consultation appointments, and as social workers have specialized interview skills they could assist the medical staff in working with patients, all of whom have been exposed to trauma and thus have special needs.

Behavioral Health

On April 9, 2015 two Commissioners met with the RAIC Behavioral Health Clinic’s Program Manager and Lead clinician. This County Behavioral Health clinic is co-located with the SPARK medical clinic on the third floor of the building housing the RAIC. Clinical practice is focused on the children who come into protective custody. There are three and a half full time equivalent mental health clinicians, two Marriage Family Therapists (MFT) and two Licensed Clinical Social Workers (LCSW). A part time LCSW is on site to link children with Katie A. services¹. An extra help MFT intern is scheduled to work on Monday, Wednesday and Friday, but is working full time until the end of the fiscal year. These clinicians have staggered working hours, providing coverage Monday through Thursday from 8:30 am to 9 pm and 8:30 am to 7:30 pm on Friday. Finally the Custody Health child psychiatrist from Juvenile Hall is available to see youngsters once a week. The lack of psychiatric medical coverage at other times has caused delays in children being evaluated or receiving necessary psychiatric medication.

It should be noted that evening coverage can be problematic as it requires two people be on site after 5 pm. If one staff member is not available the other person leaves. This is because it is not considered safe to be alone in the building after 5 pm.

Due to their staggered work hours, if a child is at the RAIC during the times a clinician is on duty Monday through Friday, a screening is generally done before the child leaves the facility. However, there is no coverage on the week-end and it was

¹ As a result of the Settlement Agreement in *Katie A. v. Bonta*, the State of California has agreed to take a series of actions that are intended to transform the way California children/youth who are in foster care, or who are at imminent risk of foster care placement, receive access to mental health services, including assessment and individualized treatment, consistent with what has been defined as a Core Practice Model or CPM that creates a coherent and all-inclusive approach to service planning and delivery.

estimated that over 40% of the children come in either after hours or on the weekends. Since the institution of Katie A. services in August, 2014, these children are referred, usually within five days, to the Katie A. Coordinator to determine the appropriate level of care of Behavioral Health Services. Also, children who are already dependents of the court are referred to the Katie A. Coordinator.

There is a part time clerical staff person on site Monday, Wednesday and Friday, with another clinic providing clerical assistance at other times. When a youngster comes into custody, either by being physically admitted to the RAIC or placed directly into a home, the Department of Family and Children's Services emails a scanned intake packet to the Clinic's clerical staff. This appears to be an improvement from last year when the clinic received an untitled list of emails, which had to be sorted through to find each child.

Once a child comes into custody, whether physically through the RAIC or placed directly, RAIC- Behavioral Health will provide up to 60 days of case management to try and get the child into ongoing mental health services, when these are needed. Much of the staff's time is spent in following up to see if a child has begun to receive services. Even after the 60 days, when billing is no longer available, RAIC- Behavioral Health staff will follow a child to see that services are initiated. The barriers to getting a child into services have changed a little since last year, due to Katie A. services being available. However, we were informed that the coordinator has more referrals than she can reasonably handle and there continue to be delays in getting children into the appropriate services. However the implementation of Katie A. has led to a common language, Core Practice Model (CPM), for all the system partners that the lead therapist believes is a significant improvement in working together.

Contact with the assigned social worker also is a continuing problem. When children first arrive at the RAIC, they are not yet assigned to a social worker. If a social worker is assigned, calls from RAIC-BH are frequently not returned. For children who require immediate linkage to services, RAIC-BH must try to arrange necessary services through a third party provider. As these services must first be approved by the Social Work Supervisor at the RAIC, or by the DFCS Placement Unit housed on Julian Street for youth who are already dependents, it has proven challenging to link youth with necessary services in a timely manner.

At the RAIC itself, attempts to address the issue of the system not working together in an effective manner has been identified, but the Behavioral Health staff believes that this issue has not been adequately addressed. This is not due to any one partner being unwilling to work on the issues, but rather is due largely to a lack of time on the part of managers in all the different County departments serving the RAIC. RAIC Behavioral Health for instance, has a full time lead clinician, but only a part time manager, and much of the lead's time is taken up with managerial tasks. It was noted in last year's report that there continued to be a need to address the lack of coordination between the various partners at the RAIC; thus time for team building, and perhaps a professionally led process design exercise, to make everyone aware of the roles others

play in this highly complex system, is an ongoing suggestion. The RAIC Behavioral Health staff believes that while some attempts have been made toward conjoint staff meetings, they have not been regularly scheduled. In addition, they believe that there seems to be a need to provide common trainings for staff in all three departments (RAIC Pediatrics, RAIC, and RAIC Behavioral Health). Topics suggested by RAIC-BH could include Critical Incident Debriefing, Critical Incident Stress Management, Vicarious Trauma and Compassion Fatigue, and Trauma-informed care.

Playground

The playground continues to be improved. Since its installation two years ago, it has been improved with the addition of a second screen covering the fence that increases the level of confidentiality. A type of artificial turf covers the playground. There are table and chairs that are now covered by an awning, which provides shade on hot days. Soccer nets have been added to the activities that the children can enjoy.

Security

The Sheriff's Department provides security coverage Tuesday through Saturday from 6pm to 2am. Private security staff covers the remaining hours. There is a fire station across the street and they are aware of the presence of the RAIC.

RAIC Location

As discussed in the Commission's 2013 and 2014 reports, the Commission continues to be concerned with the location of the RAIC. San Jose Police Department received 6050 calls for service in the one-half mile area surrounding the RAIC from January 1, 2014 to December 31, 2014. The highest number of calls, 734, were categorized as Community Policing Foot Patrol with the second most frequent calls, 585 in total, categorized as disturbance call incidents.

Placement Process/Services/Future Plans

The current location of the RAIC was clearly defined as temporary and a move was anticipated to take place within three to five years from May 2013. There continues to be an extensive planning process involving multiple stakeholders. Possible sites are being considered and funding proposals are now scheduled to take place in fiscal year 2017. The continued inclusion of a Receiving Center in the proposed new processes is still defined as temporary, as the ultimate goal is to place all children directly into a home. While Commissioners have continued to participate in the process of designing a new RAIC, we remain concerned about the length of time this admittedly complex process is taking. The new RAIC will be a new build project and the estimate is that it will take five years from the present to complete this project.

IV. Summary

The Commission found overall the RAIC at its current location is being managed in an effective manner. The RAIC manager has made positive changes to the facility since our last inspection. However, the Commission remains concerned about the “gaps” that still exist between the Behavioral Health, Medical and DFCS communication process, which is impacting the children staying at the center.

V. Commendations

1. The RAIC Manger for the physical improvements made to the facility, including the addition of lightning and improvements to the playground; and the improvements to the Emergency Plan, and the strong emphasis on staff training.
2. The desire on the part of all the stakeholders to continue to be housed together and to work in a collaborative manner.

VI. Recommendations

1. We continue with last year’s recommendation that a written plan be developed within six months that ensures integration of services among Department of Family and Children’s Services, Mental Health and the medical clinic.
2. We continue to recommend, as we have in our other inspection reports, that Custody Health convert to the EPIC medical database.
3. Install a crash bar on the permanent gate designated as the emergency exit to replace the present chain and padlock.
4. Schedule a Fire Inspection by August 1, 2015 and schedule future inspections by the first quarter of each year.
5. Complete a RAIC Policies and Procedures Manual by September 2015.
6. Every effort should be made to bring the new RAIC into service in the original time frame of five year maximum from May 2013.

Documents Reviewed

1. RAIC Emergency Plan, November, 2014
2. San Jose Police Department-Crime Analysis Unit March, 23, 2015 (Attached)

3. San Jose Police Department-Call for Service-Half Mile Radius of 725 E. Santa Clara St. (Attached)

Approved by the Santa Clara County Juvenile Justice Commission on:

Penelope Blake, JJC Chairperson

Date

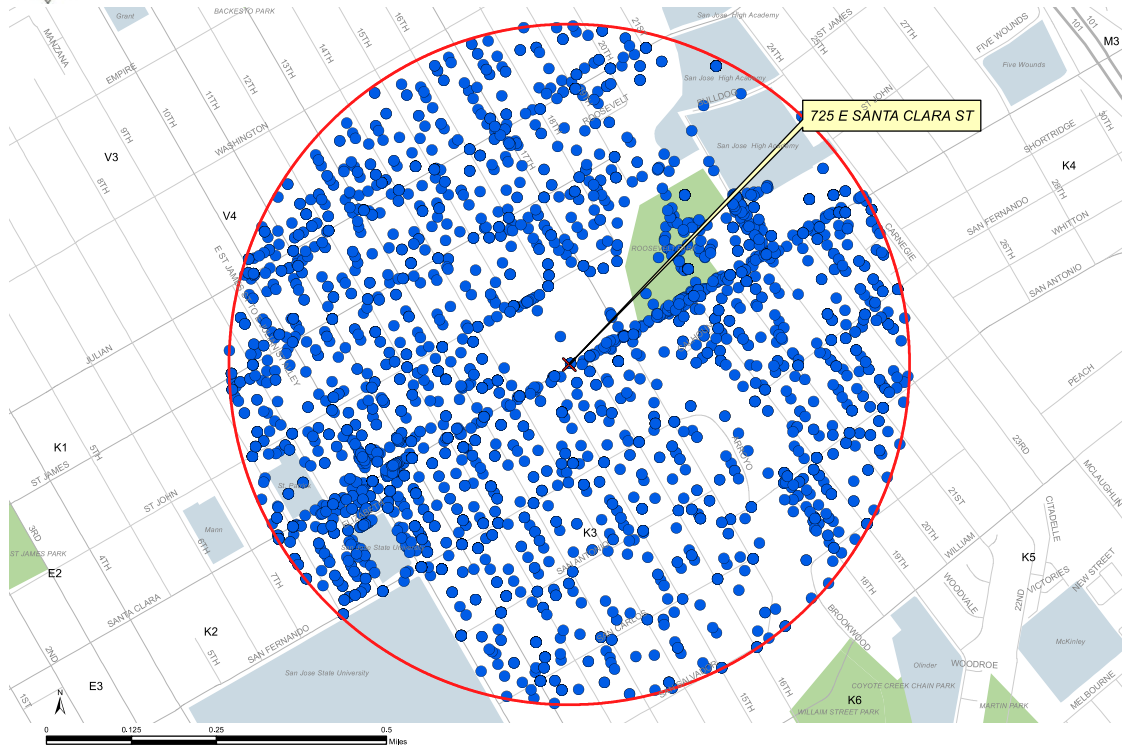
Ray Blockie, RAIC Inspection Team Chair

Date



Calls for Service: Half Mile Radius of 725 E Santa Clara St
01.01.2014 - 12.31.2014

TOTAL INCIDENTS: 6050



Crime Analysis Unit
San Jose Police Department

FOR LAW ENFORCEMENT PURPOSES ONLY

CAU # 15-168
03.23.2015 - 897N

**Calls for Service – Half Mile Radius of 725 E Santa Clara St
Time Period: 01.01.2014 – 12.31.2014**

EVENT TYPE	Total	EVENT TYPE	Total
CPF-COMMUNITY POLICING FOOT PATROL	734	FDAID-FIRE DEPARTMENT REQUEST FOR PD	37
415-DISTURBANCE	585	459R-BURGLARY REPORT (460)	36
1195-VEHICLE STOP	422	1033S-ALARM, SILENT	34
1095-PEDESTRIAN STOP	345	WELCKEMS-WELFARE CHECK (COMBINED EVENT)	34
WELCK-WELFARE CHECK	288	20002-MISDEMEANOR HIT AND RUN	32
415F-DISTURBANCE, FAMILY	216	415N-DISTURBANCE, NEIGHBOR	32
22500-PARKING VIOLATION	194	CSB-CIVIL STANDBY	32
1033A-ALARM, AUDIBLE	192	911PAY-UNK TYPE 911 CALL FROM PAYPHONE	30
1066-SUSPICIOUS PERSON	159	1181-VEHICLE ACCIDENT, MINOR INJURIES	29
415M-DISTURBANCE, MUSIC	159	242-BATTERY	29
SUSCIR-SUSPICIOUS CIRCUMSTANCES	125	273.5-DOMESTIC VIOLENCE	29
FD-CITIZEN FLAGDOWN	124	484-THEFT	29
1154-SUSPICIOUS VEHICLE	96	ATC-ATTEMPT TO CONTACT	29
PRMCK-PREMISE CHECK	82	11300-NARCOTICS	28
1182-VEHICLE ACCIDENT, PROPERTY DAMAGE	76	1195X-VEHICLE STOP ON FEMALE	28
10851-STOLEN VEHICLE	74	647F-DRUNK IN PUBLIC	28
5150-MENTALLY DISTURBED PERSON	67	11377-POSSESSION OF NARCOTICS	26
602PC-TRESPASSING	63	415UNK-DISTURBANCE, UNKNOWN	26
7FU-FOLLOW UP	63	6F-FELONY WANT	25
PATCK-PATROL CHECK	56	6M-MISDEMEANOR WANT	25
1053-PERSON DOWN	55	FNDPRP-FOUND PROPERTY	25
415A-DISTURBANCE, FIGHT	54	11357-POSSESSION OF MARIJUANA	24
1062-MEET THE CITIZEN	51	C5-STAKEOUT	24
10851R-RECOVERED STOLEN VEHICLE	49	1065MH-MISSING PERSON, MENTAL HANDICAP	23
INFO-INFORMATION ONLY EVENT	48	23152-MISDEMEANOR DUJ	21
23103-RECKLESS DRIVING	43	CPM-COMMUNITY POLICING MEETING	20
594-MALICIOUS MISCHIEF	43	459-BURGLARY (460)	18
MUNI-MUNICIPAL CODE VIOLATION	38	FOOT-FOOT PATROL	18
1125-TRAFFIC HAZARD	37	314-INDECENT EXPOSURE	17
415W-DISTURBANCE, WEAPON	37	459VEH-VEHICLE BURGLARY	17
AID-PUBLIC SAFETY ASSISTANCE	37	5150X-MENTALLY DISTURBED FEMALE	17
EVENT TYPE	Total	EVENT TYPE	Total
647-VAGRANT	17	211SA-STRONG ARM ROBBERY	8
CSX-VEHICLE STOP, FEMALE	17	415J-DISTURBANCE, JUVENILE	8
11550-USE OF CONTROLLED SUBSTANCE	16	1046-SICK PERSON	8
911BUS-UNK TYPE 911 CALL FROM BUSN	16	1070-PROWLER	6
415FC-DISTURBANCE, FIRECRACKERS	15	1095G-PEDESTRIAN STOP, GANG	6
422-CRIMINAL THREATS	15	20001-FELONY HIT AND RUN	6
STRAND-STRANDED MOTORIST	15	273.6-VIOLATION OF PROTECTIVE ORDER	6
1066W-SUSPICIOUS PERSON W/ WEAPON	13	415EMS-DISTURBANCE (COMBINED EVENT)	6
1095X-PEDESTRIAN STOP ON FEMALE	13	1034-OPEN DOOR	6
ATL-ATTEMPT TO LOCATE	13	11350-POSSESSION OF CONTROLLED SUBSTANCE	5
1057-FIREARMS DISCHARGED	12	1195G-VEHICLE STOP, GANG	5
1065F-FOUND, MISSING PERSON	12	243E-MISDEMEANOR DOMESTIC VIOLENCE	5
DVRO-VIOLATION OF PROTECTIVE ORDER	12	261-RAPE	5
1066X-SUSPICIOUS FEMALE	11	1065J-MISSING JUVENILE	5
1179-VEHICLE ACCIDENT, AMB DISPATCHED	11	1065-MISSING PERSON	4
1184-TRAFFIC CONTROL	11	1067-PERSON CALLING FOR HELP	4
14601-DRIVING W/SUSPENDED LICENSE	11	1091A-VICIOUS ANIMAL	4
245-ASSAULT WITH DEADLY WEAPON	10	12020G-ILLEGAL WEAPONS, GANG RELATED	4
417-BRANDISHING A WEAPON	10	12020-ILLEGAL WEAPONS	4
CODE5-STAKEOUT	10	240/24-ASSAULT AND BATTERY	4
CPB-COMMUNIT POLICING BIKE	10	3056-PAROLE VIOLATION	4
1055-CORONERS CASE	9	7SA-OUT OF SERVICE SPECIAL ASSIGNMENT	4
484BOL-PETTY THEFT (BROADCAST ONLY)	9	911RESD-UNK TYPE 911 CALL FROM RESD	4
601T-TRUANT (TABS)	9	911VOIP-UNK TYPE 911 CALL FROM VOIP TELEPHONE	4
6FG-FELONY WANT, GANG RELATED	9	CIVIL-CIVIL MATTER	4
911CELL-UNK TYPE 911 CALL FROM CELL	9	LSPLT-LOST OR STOLEN PLATE	4
SEU-SELECTIVE ENFORCEMENT	9	SEARCH-SEARCH WARRANT	4
1056A-ATTEMPTED SUICIDE	8	1067X-FEMALE CALLING FOR HELP	3
11377G-POSSESSION OF NARCOTICS, GANG RELATED	8	10852-TAMPERING WITH A VEHICLE	3
12500-UNLICENSED DRIVER	8	1087-MEET ANOTHER OFFICER	3
211A-ARMED ROBBERY	8	1124-ABANDONED VEHICLE	3
EVENT TYPE	Total	EVENT TYPE	Total
148G-RESISTING ARREST, GANG RELATED	3	1066G-SUSPICIOUS PERSON (GANG)	1
22507-HANDICAPPED PARKING VIOLATION	3	1072-PERSON STABBED	1
23109-SPEED CONTEST	3	1091AEMS-1091AB - VICIOUS ANIMAL (COMBINE	1
242EMS-BATTERY (COMBINED EVENT)	3	1091C-INJURED ANIMAL	1
273D-CHILD BEATING	3	1096-PEDESTRIAN STOP, SEND FILL	1
3056G-PAROLE VIOLATION, GANG RELATED	3	11550G-USE OF CONTROLLED SUBSTANCE, GANG RELATED	1
4000A-EXPIRED REGISTRATION	3	1179CHP-VEHICLE ACCIDENT-AMB DISPATCHED - CHP JURI	1
6MG-MISDEMEANOR WANT	3	12500G-UNLICENSED DRIVER, GANG RELATED	1
CODE99-EMERGENCY BUTTON ACTIVATED	3	14601G-DRIVING W/SUSPENDED LICENSE, GANG RELATED	1
CPS-COMMUNITY POLICING SCHOOL	3	211G-ROBBERY, GANG RELATED	1
FLGDWN-FLAG DOWN	3	211PS-PURSE SNATCH ROBBERY	1
UNKCIR-UNKNOWN CIRCUMSTANCES	3	215-CARJACKING	1
1033-ALARM	2	220-ATTEMPT FELONY SEX CRIME	1