

**Santa Clara County
Juvenile Justice Commission
Receiving Center Site Report Update
March 2013**

I INTRODUCTION/PURPOSE

Pursuant to Welfare and Institutions Code Section 229, the Santa Clara County Juvenile Justice Commission (JJC) conducted its initial site visit on January 17, 2013, of the Santa Clara County's Receiving, Assessment and Intake center (RAIC) at its new facility, the MediPlex. The initial site visit was prompted by complaints received by the JJC about the adequacy/appropriateness of the layout and the location of the new facility and the fact that minors were staying 24 hours or more, longer than permitted by State law.

Since the initial site visit, the JJC has visited the site twice more on February 11, 2013 and February 20, 2013.

The purpose of the report update is to provide the status of the 14 recommendations that the JJC cited in its initial report and to describe on additional recommendations/requests/observations that were made as a result of the subsequent visits.

II RECOMMENDATION/OBSERVATION STATUS (First Visit)

The following are the 14 Commission recommendations and the current status:

1. Initiate a planning process to immediately secure a new facility that will be a child friendly, custom designed to meet the needs of a state-of-the-art Receiving, Assessment and Intake Center and that all other recommendations should be viewed an interim. To date, we have met with members of the Board of Supervisors and/or their staffs to inform them of our findings and concerns. The DFCS has informed us that the planning process has started but we have no definitive time schedule for a new Center.
2. No child be held in the Center over 24 hours. That recommendation was accomplished in February, but not March.
3. That the RAIC ensure that minors held at the RAIC have no interactions with other persons receiving services from other agencies co-located at the MediPlex in order to ensure security and preserve the minors' confidentiality. Even though, we have been assured that there is a protocol in place to prevent this, our visits to the Center have resulted in reports that when children with special needs are brought to the Center they have been in the hallway between the RAIC and the Gardner Clinic which is a potential breach of confidentiality.
4. That the unlocked dumpster be removed from the site. This has been accomplished.

5. That medical equipment be removed from the site. This has been accomplished.
6. That standing water be siphoned and the area be cleaned. That has been accomplished.
7. That a security system, lighting and cameras be installed. Cameras and security system have been installed, but there is no status on the lightning outdoors along the walkway.
8. That all debris be cleaned from the perimeter and the entire grounds. This has been accomplished.
9. That inquiry be made regarding the unoccupied building adjacent to the Center and that steps be taken to eliminate its possible use by others for improper purposes. We told that the building is county owned.
10. That a target date be identified and adhered to for the construction of a contained outdoor playground. The JJC was told that the construction would begin in April 2013, but the JJC has now been told that there are no capital funds for this playground.
11. That a review of the MediPlex floor plan be performed to allow for greater use of facility space by the RAIC. We have been informed that this planning was accomplished before the move to the new Center.
12. That priorities and time certain timelines be established for completion of all items contained on the "punch list". The Commission was given responses to the "punch list", but many had no completion date.
13. That the interior space of the RAIC. Particularly the minor's bedrooms, meet legally required standards for children with disabilities and special needs. The JJC has been informed that the space meets ADA standards, but remains concerned. The staff agreed that the bedrooms would be difficult to place to keep a wheelchair.
14. That a more home like area be identified for meals and that food meet current FDA standards. Food has been changed to be more healthful. A dining table has been added to the living area.

III OBSERVATIONS (2ND AND 3RD VISIT)

1. The Commission has concerns regarding the policies related to admitting youth under the influence or known to engage in high-risk behaviors. Counselors appeared to be unclear about the policies/procedures regarding the management of youth with these issues.
2. Since youth cannot be prevented from leaving the site, the potential for serious incidents in the neighborhood is extremely high. As reported in our original report, this is a high crime area. There are frequent runaways from the Center. Counselors have observed highly undesirable and dangerous actions on the part of some of the runaways in the immediate vicinity of the Center.
3. Wheelchair access/egress is very questionable. Even though we have been assured that the facility meets ADA requirements, it appears to the Commission that in an emergency, it would be very difficult to leave the Center in a safe fashion. There is also virtually no adequate space in any of

- the four bedrooms for a wheelchair to be located. If there was a fire at the Gardner Clinic, the walkway that would be used by a wheelchair would be unusable and there is no plan for an alternate evacuation route.
4. The location and construction of the playground construction are unclear. We were told it was going to start in April, but we are now informed that there are no capital funds available. The JJC is unclear as to why one would plan a project that had a playground and not have the requisite funds to construct it.
 5. The Center was occupied without adequate ventilation and staff have had to purchase heaters for warmth. A heating and air-conditioning unit was installed the week of March 11, but the heating system appears not to be functioning.

IV OVERALL CONCLUSIONS

General Observations

The Commission acknowledges that the DFCS has managed the 24-hour stay requirement in a manner that has resulted in no minors staying at the facility over 24 hours in February not in March.

The Commission also acknowledges and appreciates that the Department of Family and Children's Services has addressed some of our initial concerns by making cosmetic/aesthetic repairs; yet there are still several items identified in our initial report that have not been satisfactorily addressed. Specifically, additional exterior lighting is still needed along the walkway on the first floor. The facility elevator continues to experience mechanical problems. We understand that service manuals have been ordered from the manufacturer, but there is no indication when the problem will be fixed. This is a concern by the Commission that the elevator is the primary emergency evacuation egress for the minors with physical limitations. The Commission is also concerned with wheelchair accessibility. We have been assured that the facility is ADA compliant based on a County report indicating the designer of record for the Center states that the facility meets ADA requirements.

Facility Capacity

As mentioned in our earlier report, the current RAIC has a total of four bedrooms with a capacity of 11 juveniles. This current amount of space allows for limited flexibility if a juvenile has to be separated for behavioral or other issues. It is foreseeable that some children may need to be separated from the larger group for such reasons as age, acting-out behavior, runaway risk, or autistic symptoms, but there is no practical option in the current configuration. Wide variations in age ranging from one year to 18 years make proper separation in this extremely small space very difficult. During one follow-up visit by the Commission, there were seven children, including four siblings, ranging in age from three to sixteen, five were watching television, one was being held by a counselor and another was in an interview. It was apparent that such a large group in such a small area poses

challenges. Although the living area is divided into two zones, they are in such close proximity that it appears to be impractical to have competing activities, if there are a lot of children or the noise level is high they would interfere with each other. The dining table is too small to accommodate any more than three or four, precluding family style eating.

Receiving, Assessment and Intake Center Location-Children Confidentiality/Safety

As discussed in our initial site report (1/17/13), the center is located in an area that had 1600 reported crimes in one year. The Center is located on a major street where there is a large amount of motor and pedestrian traffic. The staff reported observing numerous illegal activities such as marijuana smoking and prostitution within the immediate vicinity of the Center. The Center is a couple of blocks from the Roosevelt Park, an area known for gang activity. Since the Center cannot restrain any youth that come to the Center, a certain percentage of older youth routinely run away from the facility. Staff has reported observing runaway youth who are engaging in illegal and dangerous activities in the immediate area. The Center is located on E. Santa Clara St, which is a high traffic thoroughfare and the risk of injury from auto traffic is high. There has been one small fire outside of the bedrooms in the last month apparently started by a passerby on Santa Clara Street. In another incident, an adult was arrested by the San Jose police in the facility after becoming belligerent. With the location and the sharing of the facility with the Gardner Clinic, the Commission feels that the confidentiality of the children brought to the RAIC cannot be assured. With the proximity to Santa Clara St. and crime in the area, the potential for serious incidents involving the Center children is very high.

Playground

The Department of Family and Children Services had designated an empty lot next to the MediPlex facility to construct a playground for the youth during their stay. The playground area is adjacent to Santa Clara St with a sidewalk along the fence area. Although the Commission is concerned about the location, its proximity to the public and wheelchair access for youth at the Center, we have been informed that there are no funds remaining in the capital budget for the construction. With the advent of spring and warmer weather, we feel it is urgent that the children have an alternative to the enclosed facility that they are currently housed in. Since all the windows are covered, there is no direct sunlight into the facility.

New Facility

In our initial report, the Commission recommended that a new facility be acquired immediately. None of the subsequent visits have changed that recommendation. It should also be noted that in their response to our Jan 2013 report, the Department of Family and Children's services agreed with that

recommendation. The Commission urges the Board of Supervisors to allocate financial resources to accomplish this task now.