



**Juvenile Justice Commission**  
**County of Santa Clara**  
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**Santa Clara County**  
**Juvenile Justice Commission**  
**Receiving, Assessment, and Intake Center**  
**June 2016**

**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 28 and May 10, 2016 at 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 children are admitted to the Center, State law requires these children be placed in a foster home or other alternative living situation within 24 hours. The RAIC is not licensed to have the children remain for more than 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. The social workers responsible for placing youth are on-site during limited hours. They conduct 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.

**III. Facility**

**Initial Visit**

On the date of the Commissioners' first visit, a total of five children were engaged in various forms of activities ranging from interaction with the counselors to playing with items in the designated play area. The Commissioners toured the facility and outside grounds including the playground. The entry, office areas, and living quarters

were well maintained, though cramped. The refrigerator was fully stocked with the appropriate snacks and food items. Overall, the facility's appearance was good. There were several upholstered chairs and couches that the Manager said were going to be recovered. Upon inspection of the sleeping areas, the Commissioners noted that the air conditioning was off, and the rooms were quite warm and stuffy. The Commissioners were assured that the units were functional, but were not operating because the rooms were not in use at that time.

The gate located in the evacuation pathway outside the building is no longer locked, which allows for an unobstructed path for evacuation. The surrounding area includes the newly completed new County building, making the area around the facility very congested.

### **Staffing and Management**

A Social Services Program Manager I manages the RAIC. The Social Services administration is in the process of converting the Children's Counselor positions to Social Worker I positions. Currently eight of the 17 Children's Counselor/Social Worker positions have been converted. These positions all are supervised by one Social Worker Supervisors and the SSPM I.

The 17 social workers/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 though there may be no children in the care of the RAIC, which results in social worker/counselor skills being underutilized.

Seven Social Worker II/IIIs cover intake assessments and placement activities. These social workers are supervised by a Social Work Supervisor. They are assisted by four clerical staff.

### **Population and 24-Hour Compliance**

The total number of admissions to the RAIC facility in 2015 was 837 children, compared to 830 in 2014. In addition, 276 children were processed but not admitted to the RAIC. There were 51 days when there were no admissions to the Receiving Center. Ethnicities of the children in 2015 were African American 12%, Latino 57%, Caucasian 19%, Asian 10%, and other 1%. The average length of stay was 16.31 hours.

There were 90 children who stayed beyond the permitted 24 hours. The majority of children that stayed over 24 hours had mental health, behavioral, or medical issues, or relative home approval took longer than expected. Minor mothers with a child require additional placement efforts. The number of overstays is an increase of 77 children or 85% from the previous year and represents a trend that is making it very difficult to comply with state mandated 24-hour placement rules. Plans for the new RAIC being designed assume that it will be in compliance with the State 24-hour rule. The current outlook is not promising for compliance. The placement issues and an increase in the number and percentage of children requiring extensive efforts to place in a proper and safe environment pose an increasing challenge for the staff.

## **Fire Marshall Report**

The Fire Marshall inspection was conducted at the RAIC in April 2015. The one open item from that inspection was completed. The next inspection is scheduled for June 2016.

## **RAIC Emergency Plan and Safety Training/Policy and Procedure Manual**

The RAIC Emergency Plan had been completed and was up to date as noted in the Fire Marshal's report.

The RAIC manager is also in the process of creating an up to date policy and procedures manual for the facility. Among procedures being created is establishment of monthly Multi-Disciplinary Team Meetings (MDT) with the Behavioral Health, SPARK (Supporting, Protecting and Respecting Kids) Clinic 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 January 2017.

## **Staff Work Areas**

The staff work cubicles are small but adequate. Work areas are cramped. The Program Manager has an office on the third floor of the building. This separates her from her staff, but allows for better communication with the SPARK Clinic and Behavioral Health departments that 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 three to four 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**

### VMC / SPARK Clinic

Medical services are provided by Valley Medical Center (VMC), through the SPARK Clinic, which serves Santa Clara County children in protective custody and foster care. Commissioners met on April 28, 2016 with the Chair, VMC Pediatric Department, the VMC Medical Director, Ambulatory & Community Health Services, the SPARK Clinic Health Center Manager, and the SPARK Clinic Charge Nurse. A subsequent meeting on May 10, 2016 was held with the Pediatric Nurse Practitioner (NP), who is funded half by VMC and half by the Department of Family and Children's Services (DFCS). The Pediatric NP succeeded a Psychiatric Nurse Practitioner, a position which no longer exists.

The SPARK Clinic conducts medical clearance assessments when children enter protective custody, does 30-day Placement Exams, and provides continuing care to children in foster care, including follow-up on referrals and IEPs. Medical assessments are 45 minutes to an hour in duration. A chaperone is present, except that the Nurse Practitioner also meets in private with teenagers.

The SPARK Clinic currently is co-located with the RAIC and the Behavioral Health Clinic serving the children. It was reported that communication and collaboration between medical and behavioral health clinicians has improved substantially during the past year.

The SPARK Clinic operates 20 hours per week. It is staffed by the NP, a Charge Nurse, and an RN. Administrative support is provided by a Human Services Representative. All staff members work half-time, except the NP, who provides services to the RAIC and the SPARK Clinic full-time. The NP is on-site Tuesdays through Saturdays from 10 am to 6:30 pm. She typically begins her day at the RAIC and moves between the RAIC and the SPARK Clinic throughout the day as needed. Cases of suspected sexual abuse are referred to a VMC Physician Assistant who specializes in child sexual abuse.

All staff are mandated child abuse reporters.

Before their departure in March, the two former SPARK Clinic pediatricians were at the RAIC part-time and otherwise were on call. The pediatricians served in dual roles, providing both medical services to children in foster care and rendering expert forensic opinions for County agencies and law enforcement regarding child abuse. The challenges of achieving excellence in both areas and the constraints associated with the availability of trained and certified specialists are appreciated by VMC leadership, as they consider and implement optimal structure and staffing.

At the time of the inspection, a half time pediatrician and a half-time nurse had been assigned temporarily to the SPARK Clinic, to remain until the hiring of additional full-time medical staff. VMC medical leadership envisions an expanded Clinic reflecting a comprehensive approach to trauma-informed assessment and

health care for the County's foster children and providing training beyond the SPARK Clinic. These goals enjoy the Commission's full support.

The Commissioners note widespread concern about the County's ability to provide for timely expert medical opinions to support intervention by law enforcement and Child Protective Services in cases where children are at risk of harm. The Clinic and the staff also are stretched thin, with clinicians necessarily focusing on top priorities. The Commission supports VMC medical leadership's diligent efforts to ensure systematic availability of the appropriate medical resources and shares their appropriate sense of urgency.

### SPARK Clinic Relocation

At the time of the inspection, the SPARK Clinic was scheduled to move to an adjacent building, and that move has occurred. While the Commissioners understand the benefits of the new facility, they are mindful of two serious concerns.

The Nurse Practitioner's ability to continue to see at the RAIC those children for whom yet another transition is too risky is essential. A case by case determination is necessary, to minimize the risk of physical and mental harm. An examination room, equipped with EPIC access, will be retained in the building housing the RAIC.

The Behavioral Health Clinic will not relocate. Separating the SPARK Clinic and the Behavioral Health Clinic entails the risk of eroding the improved communication achieved over the last year and fragmenting care. Attention to methods and mechanisms for ensuring communication and coordination of care will be necessary.

### Data & Records Systems

The lack of access and integration of health records presents a substantial hindrance. The electronic medical records system used by VMC is EPIC. The Behavioral Health Clinic continues to use EPIC (also called HealthLink), but Custody Health records reside in ELMR. SPARK clinicians have no access to ELMR.

Since there is no access at all to EPIC at the RAIC, the Nurse Practitioner is unable to view or make entries into medical records when in the RAIC.

The pace of integration of these records systems, cited in previous reports, continues to concern the Commissioners, as it affects the ability of all staff safeguarding children to gain a complete and comprehensive view of the child's status and needs, and to communicate and collaborate effectively.

An additional and related issue that remains unaddressed from last year's report is the suggestion for an administrative resource to interface with social workers at DFCS. Clinical staff time is diverted from providing services because of the absence of a database identifying the assigned social worker for each child, and difficulty connecting with the social worker. Such a resource would reduce time spent and frustration for RAIC staff and foster families as well.

## **Behavioral Health**

On May 3, 2016, Commissioners met with the Behavioral Health Program Manager at the RAIC. He divides his time between Las Plumas Clinic and the RAIC/SPARK Clinic. This clinic is on the third floor of the same building where the RAIC is located. Clinical practice focuses on children who come directly into the RAIC or are in protective placement elsewhere. There are four full-time equivalent mental health clinicians including three Marriage and Family Therapists (MFTs) and one Licensed Clinical Social Worker (LCSW). There is an additional LCSW working 40 hours a week to link children to “Katie A” services. Katie A services resulted from a settlement agreement in the legal case Katie A. v. Bonta. It provides for mental health assessments and individualized treatment for youth in foster care or at imminent risk of foster care placement. The focus of Katie A services is to provide a Core Practice Model of care that creates a coherent and all-inclusive approach to service delivery.

Clinicians work staggered hours providing coverage Monday through Thursday 8:30 am to 9 pm. On Fridays youth are served 8:30 am to 5 pm. A Psychiatrist is available on site on Wednesdays. Mobile crisis support is available through Eastfield Ming Quong (EMQ) Mobile Crisis Unit. While EMQ stabilization teams often respond within 30 minutes, the 60 minute contract limit is not always achieved.

A part-time administrative clerical person is available in the Clinic. Since last year the flow of information between DFCS, Behavioral Health, and the SPARK clinic has improved. There remain however two different database systems. Identifying the assigned social worker can still be burdensome. The Nurse Practitioner who started in August of 2015 is credited for improving information sharing. The RAIC Manager also is credited with being available after hours to assist in information gathering and sharing.

## **Playground**

The playground continues to be improved. Since its installation three years ago, a second screen covering the fence has been added to increase privacy and confidentiality. Artificial turf covers the playground. There are a 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**

Effective June 1, the Sheriff’s Department provides 24/7 coverage to the RAIC. This is a change to the current arrangement that divides the security duties between the Sheriff’s Department and a private security company. A fire station is located across the street, and they are aware of the presence of the RAIC.

## **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. An extensive planning process continues, involving multiple stakeholders. Possible sites are being considered and funding proposals for the entire project are now scheduled to take place in fiscal year 2018 and 2020. The Receiving Center in the proposed new facility still is defined as temporary, as the ultimate goal is to place all children directly into a home. Based on the last three years of experience, as reported above, it is clear that the RAIC cannot comply responsibly even with a 24-hour placement rule. Youth stays of more than 24 hours have trended steadily upward.

Commissioners have continued to participate in the process of designing a new RAIC. The Commission remains concerned about the length of time this admittedly complex process is taking. The new RAIC will be a new build project, and the revised estimate is that it will take five years from the present to complete this project.

### **IV. Summary**

As described in our earlier reports, the Commission continues to find the facility to be marginal for the care of youngster, especially beyond the 24-hour statutory time limit. As indicated above an increasing number of youth is remaining at the facility beyond this time.

### **V. Commendations**

Valley Medical Center:

The Commission commends the SPARK Clinic staff for continuing to provide necessary medical care during a time of transition and challenge.

The Commission commends Behavioral Health and SPARK Clinic staff for improved communication and collaboration.

Department of Family and Children's Services:

The Commission commends RAIC management and staff for creative approaches in providing service to youth who remain for more than 24 hours.

### **VI. Recommendations**

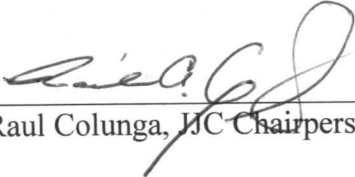
1. The Department of Children and Family Services should develop a systematic approach to providing all necessary services to youth who remain at the RAIC over 24 hours.
2. VMC should take all actions necessary to expedite replacement of the departed treating physicians.

3. At minimum, an examining room and an EPIC-capable computer terminal should remain in the same facility as the RAIC.
4. As recommended repeatedly in past reports, Custody Health should convert to the EPIC medical database.
5. The RAIC Policies and Procedures Manual should be completed by January 2017.

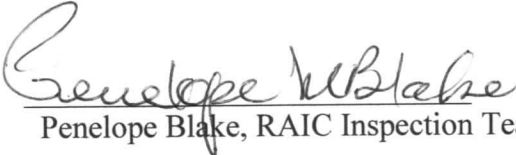
**Documents Reviewed**

Fire Safety Inspection Document Review, dated 4/7/2016.

**Approved by the Santa Clara County Juvenile Justice Commission on:**

  
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Raul Colunga, JJC Chairperson

July 5, 2016  
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Date

  
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Penelope Blake, RAIC Inspection Team Chair

7/5/2016  
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Date