

**Juvenile Justice Commission
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**Santa Clara County
Juvenile Justice Commission
Receiving Center Inspection Report
December 2011**

INTRODUCTION:

The Santa Clara County's Receiving, Assessment and Intake Center (RAIC) is located on the site of the previous Children's Shelter. When the Children's Shelter was last inspected by the Juvenile Justice Commission in September 2009, only 2 cottages were open. (This report can be found at: www.scscourt.org.) Now the Receiving Center utilizes only one cottage.

“On October 1, 2009, the residential services component of the Santa Clara County Children's Shelter was ended, and the program fully converted to an Intake/Assessment/Receiving Center model under which children coming into care as dependents would be medically screened, assessed as to needs, and placed in home-based or treatment-based care within twenty-four hours. The transition was successful. Through the coordinated efforts of the assessment and Intake Unit, the Placement Unit, the Medical Clinic and Mental Health Clinic (all located at the site) and individual Social Workers, fifty children who were brought to the Receiving Center in October 2009, were placed in appropriate care in the community. Most children were placed in family home settings with relatives or foster families, and all children were placed in less than twenty-four hours.” (Report On Transition Of The Children's Shelter, November, 23, 2009)

A transmittal from the Department of Children's Services (DFCS) to the Santa Clara County Board of Supervisors on September 15, 2009, described the new Receiving Center as follows:

“The RAIC design will incorporate four service areas through collaboration between DFCS and onsite partners including the Santa Clara County Department of Mental Health and the Valley medical Center Health and Hospital.
(1) Receiving Center – The Receiving Center, through DFCS will function as a 24/7 facility to provide care and supervision of children who have been taken into protective custody due to neglect and/or abuse. Children will not stay at the Receiving Center for longer than 23 hours, 59 minutes. The Receiving Center will be managed by a Program

Manager I and operated by 15 Children’s Counselors and 2 Senior Children's Counselors. Children’s Counselors will observe and document behaviors, development, and needs of the children in the Receiving Center and perform the functions necessary for the care, nurturing, growth, and development of the children.

(2) The Assessment and Intake Center –The Assessment and Intake Center (AIC) through DFCS will continue to receive children, from both social workers and law enforcement, who have been removed due to abuse and neglect. AIC staff will continue to process the necessary paperwork and begin the immediate search to identify the best placement option for a child or children, including placement with family members...

(3) Mental Health Clinic –Santa Clara County Mental Health will continue to operate an on-site Mental Health Clinic in order to screen, assess and provide any necessary initial services or referrals for services for children who come into the Receiving Center. In addition, those children who are placed immediately after coming to the Receiving Center will continue to be eligible to return to the Mental Health Clinic for an assessment and initial services if needed.

(4) Medical Clinic – Children who come to the Receiving Center will continue to have access to the on-site Medical Clinic operated by the Valley Medical Center through Health and Hospital Services in order to provide any necessary assessment or treatment. Children will continue to be eligible to return for immediate treatment or referral needs if placed immediately from the Receiving Center before being able to seek the attention of the Medical Clinic.

The interface of these four service components will enable children to be safely cared for, immediate medical and mental health needs to be met, and the timely placement of children in a family setting or the least restrictive placement setting that will meet the child’s needs. DFCS will continue the best practice principles of placing children with relatives, keeping children in their communities and schools, placing siblings together and providing the best cultural match possible for children.”

After converting to a Receiving Center the Department of Family and Children’s Services relinquished its license to operate as a residential placement. Therefore, at this time no child may legally remain longer than 23 hours and 59 minutes at this facility. Since October 1, 2009, only one child has stayed longer at the facility. This and the incorporation of the above service are discussed below.

FACILITY:

The Santa Clara County’s Receiving Center is a facility located in the Cambrian District of San Jose at 4525 Union Avenue on an 8.01 acre site. It operates seven days a week, 24 hours a day. The Receiving Center is a facility operated by the Santa Clara County Social Services where “children who have been removed from their family home or court-ordered placement may stay for up to 23 hours and 59 minutes, while a more permanent placement is located” according to their website. The shelter serves children newborn to 18 years of age. Members of the Juvenile Justice Commission inspected the facility on September 13, 2011. We met with Mr. Doug Southard, the former Director of

the Children's Shelter and Ms. Hulett Brooks the present Manager of the Receiving Center. Medical and mental health staffs are both located on site. Additional visits were made to these facilities. The Medical Clinic was visited on October 10, 2011 and the Mental Health Clinic on October 14 and November 9, 2011.

Presently McKenna cottage on the grounds has been reconfigured to accommodate the needs of the Receiving Center. It has a capacity for up to 20 children. It accommodates 4 infants (4 cribs), 4 toddlers, and 12 children and adolescents. There is a playroom for children 2-5 years old and two activities areas, one for children 6-12 and another for adolescents. The bedrooms have been configured to accommodate sibling groups of multiple ages, infant bedroom, toddler bedroom and a play area. In addition, there is a playground for younger children, and the children who come to the Receiving Center continue to have access to the playground fields.

McKenna Cottage also includes a full service kitchen for meal preparation and snacks, and is stocked with food and cooking utensils. The staff will cook the meals and snacks as necessary and there are special diets for vegetarians or those whose religious beliefs preclude them from eating certain foods. In addition, a food purchasing process has been established.

The Receiving Center is staffed by 15 children's counselors and two senior children's counselors who work varying shifts to provide continual supervision. There is always at least 2 staff on duty in the cottage. While at the Receiving Center, children are provided with clothing, and if needed, meals, and snacks.

The Commissioners were very impressed with the dedication of the Receiving Center staff to the children and their attention to details. Diapers, clothing of all sizes, toys, and other activities were readily available to entertain the youth while a more permanent living situation was being sought. Also, the sinks in the bathrooms were of different height levels to accommodate shorter or taller children. The cooking areas were clean as well as the play areas. Because of the shift in policy, the school and large cafeteria are closed. Receiving Center staff does not provide transportation for children to their schools of origin.

The Receiving Center is not a licensed foster home, but children are provided with a copy of their personal rights as outlined in Welfare and Institutions Code section 16001.9, subsection (a). These rights and the ability to make a complaint about care are reviewed with the child on admission and a complaint phone number is posted in the cottage.

The Receiving Center was very clean and the landscaping was very peaceful and manicured. There are many "cottages" and other structures such as the cafeteria and school that are not being used since the Shelter was closed, and emphasis was placed on moving children to family members, foster homes or other private facilities. Indeed the DFCS procedures manual states "All efforts are used by the Department of Family and Children's Services to avoid admission of a child to the Receiving Center in order to eliminate repeated moves and adjustments for the child. Preparation for placement of the child in the home of an approved relative or non-relative family member or in a foster family home or group home begins as soon as there is an indication that a placement is needed."

The Receiving Center is an excellent facility operated by very capable staff, but due to a shift in policy, the Receiving Center property is being offered for sale by the County of Santa Clara as surplus.

POPULATION:

From October 2010, to September 2011, the following number of children were removed from their caregivers and taken briefly to the Receiving Center:

Oct. 2010	57	Apr. 2011	58
Nov. 2010	44	May 2011	39
Dec. 2010	28	June 2011	Not available
Jan. 2011	41	July 2011	53
Feb. 2011	37	Aug. 2011	67
Mar. 2011	55	Sept. 2011	54

With one exception all of the children listed above remained at the Receiving Center less than 24 hours. A review of the Facility Evaluation Report dated May 9, 2011, from the California Department of Social Services; Community Care Licensing Division revealed that on April 28, 2011 a 13 year old child was brought to the Receiving Center. The next day he was placed in a foster home, but was unable to make the transition and returned to the Receiving Center later the same day. The next day he was placed in a different foster home, but this placement also did not work out and he was returned to the Receiving Center later on April 30, 2011. Further attempts were made to place the child, but he remained at the Receiving Center past the 23:59 time limit. He was finally placed on May 6, 2011. While the Receiving Center is a well run facility, it is not licensed to house children for over 23 hours and 59 minutes. Therefore 2 citations were issued against the facility.

MEDICAL CLINIC:

On October 10, 2011, the Commissioners met with Dr. John Stirling and the nurse on duty at the medical clinic which is located on the same site as the Receiving Center. This is the same 4-exam room facility which served the now closed Children’s Shelter. The Clinic is a federally qualified health clinic and is open Monday through Friday from 1pm to 5pm. Because of this, the Clinic’s services are available to everyone. Dr. John Stirling and Dr. Melissa Egge are the two doctors working there. They both specialize in pediatric medicine for traumatized children.

The Clinic’s nurse, when on duty, gives all children coming to the Receiving Center a physical screening, before the child is placed. When the Clinic is not open, the tele-nurse from Juvenile Hall is responsible for this screening. It is done with the help of a nurse’s assistant, who interviews the child and gathers a medical history. Dr. Stirling indicated that it would be better to have a nurse on duty to accomplish this screening. However, Valley Medical Center, Health and Hospital Services does not staff the Receiving Center and due to the small number of children brought to the Receiving Center, the County’s

in-custody medical staff do not feel it is cost effective to have an RN at the Center when the Clinic is closed. Since the nurse's assistant cannot remove the child's clothing for the screening, the nurse from Juvenile Hall will go to the Receiving Center should issues arise that require hands-on care when the Clinic is not open.

The Clinic doctors attempt to provide a comprehensive medical examination to all children who have been removed from their homes within 30 days of the removal. When children are placed, the caregivers are asked to make an appointment at the Clinic within 2 weeks, if possible. However, at this time not all caregivers return the children for this exam. The doctors also examine children who have been physically abused. The doctors will photograph wounds and keep a record of physical abuse injuries. They can also share this medical information with the police if deemed helpful. Dr. Stirling reported that a large proportion of the children they see take psychotropic medicines by prescription. Also, an estimated quarter of these children suffer from Post Traumatic Stress Disorder (PTSD)

Since the Clinic has the capacity to see more patients at present Dr. Stirling indicated they are trying to get most foster children as regular patients, so the foster parents can rely on the Clinic to give their foster children primary care which is trauma informed. Because the Clinic's doctors specialize in caring for children who have been exposed to trauma, they believe they can give better care to these children and their caregivers.

Dr. Stirling recommended that the Clinic's medical services should be more closely coordinated with those providing mental health services to children in care. While the mental health department still has a Clinic at the Receiving Center, its workers do not provide all the mental health screening or services as discussed below. The original design for the Receiving Center as outline above, called for co-located services, so that children and caregivers would have one place to go to receive comprehensive services. But since it appears that the County has privatized some mental health services by using Eastfield Ming Quong (EMQ), its office should also be located near the health Clinic. Thus, when mental health evaluations are conducted information can be more readily shared between agencies.

MENTAL HEALTH CLINIC:

On two occasions the Commission visited the Department of Mental Health's clinic, which is still located at the Receiving Center, to interview both the clinic Program Manager and Lead. On October 14, 2011 we interviewed Ms. Jean O'Brien, Lead, and then followed up with an interview of Ms. Ester Sanchez, Program Manager on November 9, 2011. While there are still three staff members who work at the clinic, none of them is there full time, as they all have other responsibilities. Staff however, is still available to evaluate children if or when they are brought to the Receiving Center. But the biggest concerns expressed by all stakeholders were that only about half of the children taken into care are brought to the Receiving Center and of those who do come, they spend so little time there that they may not be seen, for instance, if they arrive when the Clinic is closed. The process on admission is that the child is seen by the Assessment Center social worker, who fills out the intake form. The child is then seen by the medical clinic and is then taken to the cottage. It is only then that someone from mental health can see the child. Because there is a strong push to have the child placed as soon as

possible, even the children who do come to the Receiving Center may not get a mental health assessment.

The original plan for the Receiving Center was that Santa Clara County Mental Health would continue to operate an on-site Mental Health Clinic to screen, assess and provide any necessary initial services or referrals for services for children who come into the Receiving Center. In addition, those children who are placed immediately after coming to the Receiving Center would continue to be eligible to return to the Mental Health Clinic for an assessment and initial services if needed. While this is still the goal of the Mental Health Clinic, the number of children being seen by the Clinic has dropped. When the Commission inquired into this it turned out that there was a misunderstanding on the part of the Mental Health staff, who believed that an outside vendor had been contracted to do the screening and assessment of all children taken into care. After further inquiry it turned out that this was not the case. While Eastfield-Ming Quong (EMQ) is available to provide mental health support services to all families with children in care, they were not replacing the screening and assessment role of Mental Health. As a result of this discussion, the Commission was assured that Mental Health would again go out to see children in their placements to be sure that all children who are removed from their caregivers will receive a mental health assessment and referral for services if appropriate.

DOCUMENTS REVIEWED:

Commissioners reviewed the Fire Marshall's Inspection Report dated December 15, 2010. We also reviewed the April 12, 2011 report that indicates "ALL items stated on Inspection Notice dated 12-15-2010 have been corrected and there is no outstanding deficiencies noted at this time." The food program official inspection report from the Santa Clara County Department of Environmental Health, dated October 27, 2010. This report acknowledges that the cafeteria kitchen is no longer need and is being closed. It states that prior to reopening their department should be contacted.

We also reviewed the two notices of Operation in Violation of the Law dated May 6, 2011, the Facility Evaluation Report dated May 9, 2011, both from the California Department of Social Services, Community Care Licensing Division, and the Corrective Action Plan dated May 9, 2011. These reports are discussed above.

We received a copy of the "Personal Rights" provided to each child upon admission to the Receiving Center.

There were no other reports available. Neither the Mental Health Department nor Health and Hospital Services require any annual reports on their services at the Receiving Center.

COMMENDATIONS:

The Receiving Center is staffed by individuals who worked at the previous Children's Shelter and who continue to be dedicated to the care of children.

CONCERNS:

The original design of the Receiving Center was to co-locate services for children in care. While there is still a medical and mental health clinic at the Receiving Center, their

services are not well coordinated and private providers seem to have little communication with either of these service providers.

We learned during the inspection that the Receiving Center site is for sale. The Commission is concerned about the continuation of and quality of services to be provided upon the sale of the property.

RECOMMENDATIONS:

- 1) We continue with our previous recommendation of 2009, that all children taken into care be tracked to determine if they are receiving mental health evaluations. To accomplish this we recommend that the Mental Health Clinic be the repository for tracking who has been assessed, and is receiving appropriate services.

- 2) More community based placements must be developed that will take children with serious problems to avoid having children remain at the Receiving Center in violation of the regulations in the future,

The Commission believes that the services providers at the Receiving Center, while co-located, do not coordinate their service delivery. A Multidisciplinary Team (MDT) should be established to review the cases of all children brought into custody and to coordinate medical and mental health services provided to them in-order to better coordinate service delivery.

Approved by the Santa Clara County Juvenile Justice Commission on:

January 3, 2012

Ray Blockie, JJC Chairperson Date

Penelope Blake, Receiving Center Inspection Chair