

**SANTA CLARA COUNTY
JUVENILE JUSTICE COMMISSION
INSPECTION REPORT**

**CHILDREN'S SHELTER
March 7, 2006**

INTRODUCTION

The Santa Clara County Juvenile Justice Commission inspected the Children's Shelter on January 27 and February 24, 2006, pursuant to the State of California, Welfare and Institutions Code §229.

The Santa Clara County Children's Shelter serves children, infants to 18 years of age, who are dependents of the court or are waiting for a hearing in regards to allegations of child abuse or neglect issues. The Shelter provides short-term care with an emphasis on safety, nurturing, healing and reunification/placement for children whose parents can't protect them.

Commissioners visited the facility and conducted interviews with Shelter staff, support staff and children. The Shelter, licensed by the state in 2002, is under the jurisdiction of Santa Clara County Social Services Agency (SSA) with the director reporting to the head of the SSA Department of Family and Children's Services. This report, a descriptive summary of the information collected, is divided into the following categories: population, cottages, medical and mental health services, programs, physical facility, kitchen and reports. General comments/concerns, commendations and recommendations complete the report.

POPULATION

On the first inspection day, the population was 34. During the February 24 visit, the total was 25. Within that month, the population fluctuated from a low of 20 to a high of 47.

Gender Breakdown

AGE	M	F	Total
0-5	0	0	0
6-12	4	2	6
13-18	6	13	19
Total	10	15	25

There has been an overall decline in the population and the average length of stay over the last year. The licensed capacity of the Shelter is 132 youth. Despite the sharp emphasis on reducing the Shelter population and with great fluctuations in the number of new admissions, the average length of stay during the past year has been eight days.

On our January visit, there were five runaways. Three had been gone less than two days; one was gone more than 8 days and one more than 17 days. These figures do not include those stepping out for a brief smoking break.

THE COTTAGES

The children are divided by age and gender into cottage living units.

<u>Cottages</u>		<u>Jan</u>	<u>Feb</u>	
McKenna	Infants and toddlers	5	0	
Cowell	Newcomers, co-ed, siblings	7	6	
Randall	Adolescent girls – 13-18	14	13	(No pregnant girls.)
Shea	Teenage Boys – 12-18	6	6	
Valley	Special use, segregation unit	<u>2</u>	<u>0</u>	
	Total	34	25	

McKenna Cottage This cottage is for the babies and toddlers. All five children were down for their naptime when the Commission inspected. Most children move out very fast to satellite homes unless they are part of a larger family. There is one child with 1:1 supervision. Usually at this age, this supervision is for close medical observation.

McKenna has been closed on the order of the Department Director, Norma Sparks, since mid-February. All children less than five will not stay at the Children's Shelter, but be immediately placed into an emergency satellite or foster home.

Cowell Cottage This cottage has mostly sibling groups and newcomers. The counselors plan an innovative, activity-oriented schedule. Numerous pieces of artwork, paintings, cards, drawings were on walls. Youth were playing the game, Survivor, and happily told of their outings and outside activities to places like Alum Rock Park and Uvas Canyon. Youth like the homelike feeling with letters and magnets on refrigerator.

Staff in this cottage average 5-6 years of experience, but one counselor has been with the Shelter for 21 years. Four counselors work the afternoon shift when all children are in the unit and two work during the day when the children are in school. Two youth are on 1:1 supervision.

Randall Cottage This is a difficult cottage to work in and requires dedication to work with the adolescent girls. It is currently and frequently the largest population. Now there are four girls on 1:1 supervision. This cottage also has the biggest runaway problem and the girls are frequently on 1:1 status after returning from a run. Staff will put "hands on" a child who is attempting to run away if it is known the child has a plan to hurt herself/himself or others. Otherwise staff do everything possible to engage the child verbally and keep her/him from running.

While the stat sheets show no pregnant girls, it is suspected that one girl may be pregnant and she has been referred to the medical department for testing. No test results have been received yet. The counselors cooperate closely with the nursing staff if instruction is needed in prenatal care or parenting.

Shea Cottage Shea is the cottage with middle and high school age boys. There is currently only one boy with 1:1 supervision. More outside, participatory activities are planned because kids are older, like hockey, games, and football. The Campbell Community Center has teen activities and occasionally the boys are invited to watch Sharks practice games. Bedtime is less rigid, 8:30 – 10:30, depending on the boy's positive behavior.

One counselor commented on the difficulty in getting school supplies. A counselor must accompany each student to meet with the outside school coordinator to get school supplies and uniforms. Supplies are locked in the coordinator's office and scheduling is difficult.

Another counselor would like to have more health education for the boys. While they are at the Shelter would be a good time to initiate good health practices and encourage the boys to take person responsibility from now on.

Valley Cottage Valley Cottage is generally closed, but has been kept available for special needs of the youth. On the day of the visit two girls, described as ages 14 and 12 with one having 1:1 status, were assigned here for separation from the general population. With the assigned cottage counselor, this effectively makes both girls 1:1. As explained to Commissioners, no staff or youth were available to visit with us as they were awaiting police interview. It was later learned the two girls had run from the facility. The Commissioners did not know if the runaway was before or after the police interview. The JJC wonders how the two girls could have run away if they were both effectively on 1:1 status. Perhaps the Shelter staff can discuss their power and responsibility with the judge, if they cannot detain girls awaiting a police interview.

Ford Cottage Ford Cottage is closed as a residence but being re-used for the Success Camp.

STAFF

In spite of the many staff reductions the remaining counselors are dedicated to assisting youth to build their self-esteem. One counselor commented that the rotation of staff has a negative impact on youth as they need continuity in the lives whenever possible. Sometimes, when the population is low, the staff commented on boredom. They are accustomed to working at a faster pace.

Some staff suggest vouchers for children to use on weekend activities, outings or snacks.

MEDICAL CLINIC

Many of the children who are admitted to the Shelter are suffering from untreated medical conditions and dental neglect. Medical problems are primarily asthma, ear infections, and infant drug addiction. Some youngsters are placed immediately into a foster home after coming to the Assessment Center and are not seen in the Clinic. On occasion they have a wheelchair bound youth. The most acute need among admissions is for dental care. About 90% of children admitted need dental care and must be referred out to a community dental clinic, Tully Road Clinic.

In the past the Clinic has performed physical exams on each and every child coming to the Shelter, but that is no longer the situation. The Shelter Clinic opted out as a licensed MediCal facility because they would have to serve the entire public to maintain their license. The nurse does an immediate brief exam. The pediatrician is only available on a limited basis and children have an exam if they are still at the Shelter when the pediatrician is onsite or can be returned by the foster family for an appointment. While in the past the county was able to recover the costs of many medical services there is almost no reimbursement returning to county coffers.

A mobile dental unit used to provide dental care about 2 days a week. The dental van is no longer available. No resources are available to send youth to dentists. Even transportation for necessary dental services is difficult. Three Shelter drivers are responsible for transport to schools, dental, and activities. Social workers should be responsible for transport, but no longer accept that responsibility. The JJC wonders how it might be possible to link the children needing dental care with the Tully Road Clinic, a MediCal dentist or private dentist during or after their stay here?

Medical records and information seems to be an intractable problem. “We never see Health and Education Passports,” reported one nurse. This was the message from everyone. One nurse said she had seen less than 10 in the 13 years she has worked in the Shelter. The JJC has certainly been discussing this for years. While a state law requires the passports, no one seems to initiate or maintain them. No one in the Clinic understood why they can’t get the health and education passports and or who is responsible for maintaining the medical records. The JJC strongly feels that the coordination of information between agencies and staff is essential and should be initiated or updated for each child. It should be used by cottage, school, medical and mental health and future caregivers. The completed Passports are a “must” for relatives, foster parents, and/or group homes, to implement and verify services, and assist future placements.

The Clinic does not have access to the California Welfare System (CWS) database. They get their information about the youth mostly through school records documenting such things as immunizations and or the name of the physician. A CHDP nurse, a health care information specialist, interviews the parents in court and tries to get all the medical information she can. The Clinic does have access to VMC records which maintain a state care program list that defines which youth are MediCal eligible. Mention was made of the HIPPA laws which prevented the sharing of some types of medical information as one reason why access has been poor. The JJC intends to follow this need to be sure this valuable documentation is available for the children.

There are five nurses assigned to the Shelter and coverage is now 16 hours a day, 7 days a week. If there is a medical emergency at night the child would be transported to VMC. There is one half-time doctor, Dr. Graeber. The Nurse Manager is shared among the youth facilities including Juvenile Hall and visits once or twice a week. Staff felt they were understaffed and worried about emergencies.

After leaving the shelter, most children no longer return to get follow-up medical services. CHDP with their seven nurses, an office manager and two administrative staff follow up on the medical needs after they are diagnosed and released.

One of the nurses is an acting nurse manager and attended meetings among other Shelter staff. The nurses go to the cottages to distribute medications. Nurses have handouts to share with youth about weight control and diabetes. A number of children use inhalers. Nurses had some concerns about the babies in McKenna since young children’s health can reach an emergency more quickly than the older children. There may be one pregnant girl in residence pending confirmation tests. All of the nurses said they wished more drug education and sexual education were provided to the residents, especially female reproduction and prenatal care. They are now seeing the children of former residents entering the Shelter. Medical education was mostly limited to weekend and evening shifts since the nurses were very busy with their daytime responsibilities. Nurses would like to have some educational videos and a female reproductive model to help educate youth.

MENTAL HEALTH CLINIC

The most common mental issues include Post Traumatic Stress Disorder, anxiety and depression. The Clinic currently has 4 ½ staff, some licensed, some awaiting accreditation, and interns. There is one Rehabilitation Counselor. The Clinic had been using the MAYSI test, used in the Hall for evaluations, but it really isn’t appropriate for the younger youth. The Clinic is seeking a testing instrument that will in fact be reliable in identifying the most common problems found among abused youth.

The Mental Health Pilot Project began last year at the time of our inspection. Youth between the ages of 6 and 11 who are new admissions to the Dependency System are provided intense screenings which usually involve 2 to 3 personal one-on-one evaluations. Therapists may go to the child’s foster

home and or the Family Resource Center to conduct the interviews. The Pilot project team meets at least once a week to discuss the process for providing services to evaluated youth. Team members include the Children's Shelter Director, Mental Health Director, mental health counselors, intake and shelter staff, the DA's office, and the County Counsel's office. Consents for medical treatment are often an important need which the committee has addressed by combining agency forms into one to make it easier for the Social Workers to get consent for treatment. Two reports are produced, one for the Mental Health provider and the other for the social worker. Youth are then referred out to community System of Care providers such as EMQ, Gardner, StarLight, Community Solutions and Ujima. Referral to the program is made through the intake process at the Shelter. In January there were 90 referrals to the Mental Health Pilot Project. The Clinic is now moving towards evaluating all children in the 6-11 range not just first time admits. The database becomes available for all of the providers with that child.

The Mental Health Clinic screens all youth. Every child who resides at the shelter receives ongoing mental health services. The clinic also provides supervised group therapy twice weekly in Randall cottage. Mental Health staff sometimes form relationships with the youth and are allowed to follow a youth through the system whenever possible.

Some youth are taking psychotropic medications. Three recent admits were taking six different medications. Overmedication for hyperactivity seems to be the biggest issue

Their greatest needs are for more staff and more space for appropriate treatment. Shelter management has been looking into placing some Mental Health offices in Valley Cottage but occasionally it's being used for special needs population. Presently there are two staff in every office. There is a need for single offices for privacy matters so that they can maximize treatment. They need interview rooms and an equipped playroom. Six to eight offices are really needed.

PROGRAMS

Placement Program Because of the escalated speed of placement of children, the children seem to be shuffled out before they have a chance to accept the fact that they will not be returning home. The attitude seems to be to "Keep them moving out." The JJC is concerned that the speed of placement may be upsetting the children. The JJC would like to see some facts which support or oppose this immediacy of placement.

An instance was reported to the Commissioners where a female child was frightened to be released to a foster father after being trained never to speak to a stranger. Now she was asked to get in the car and go with this "stranger." Would the child have been less traumatized if the social worker had taken her to the home and left her there? How often are children at the Shelter put in foster homes without any prior meeting or introduction?

Incoming cases are frequently rushed. In one 2-day period 20 children were put out to placement. Since then several have been brought into the Assessment Center and kept there until the social worker finds a temporary placement. The JJC wonders: How can this introduction and transition be made less traumatic for the child and the placement more successful? Can the space in McKenna cottage be used for temporary, day care so naps, meals and supervision are available to the youngest?

The Shelter has seen a decline in reimbursable care. About 50% of the youth admitted are MediCal eligible, but can only get funding for one year and are often in the system much longer. Social workers are working diligently trying to get MediCal eligibility and Wraparound

services. There is currently a waiting list for the often-needed Wraparound program slots provided by EMQ.

McKenna School Four students, 2 boys and 2 girls, attended McKenna School on the day of the JJC visit with one teacher and one aide. The teacher was reading to them from a Luis Rodriguez book and utilized the text to raise questions for discussions (i.e., is it always all right to lie?). The teacher maintained a log book when a student entered or left the classroom, and if leaving, with whom, why and destination. Classes run from 8:30 a.m. to 12:30 p.m., but teacher does not permit students to disrupt classroom by entering after 11:30.

School time is essentially the state minimum day. This means four classes a day or 2/3rd's of a normal school day. The result of this structure is the longer a student remains in the Shelter School, the further behind one becomes if a high school student in obtaining credits for graduation. Another unanswered question is whether ADA funds are paid if a student is in class any portion of the school day or only in class for the entire school day.

When students are in need of subjects not routinely provided, the teacher must seek out individual instructional materials. The teacher has generally managed this by obtaining books and instructional materials through the Calero Community School. The JJC wonders: What happened to all of the instructional materials prepared for all of the courses taught through the Independent Studies program before that program was disbanded or removed from The Foundry Independent Studies Program? The JJC also wonders: Is an on-line program available? This might provide for instruction in other than the typical classes offered at the Shelter as a means of helping students obtain credits in other courses needed for high school graduation.

McKenna School needs technical support for its classroom computers. When it is necessary to give the STAR test for placement of a new student, the results are not available because the computer is not working.

Summer School is a continuing concern. The site teacher has changed her contract and will not be on site for summer school. The COE wants a functioning, strictly academics, summer school with all shelter youth coming to the program in the morning. The public school youth who are not behind in achievement nor in credits object to being subjected to this requirement. Classes are multi-grade, crowded, and very disruptive. The requirements of a normal academic school are nearly impossible in a one-room, K-12 atmosphere. A second temporary teacher has to be hired and there is no continuity of education.

The fun, field oriented program of planned activities are engaging and available to the youth. The JJC feels the COE and DFCS should reconsider the summer school program. A four-period academic program is not provided and not desirous for the summer months. Would an enrichment program providing experiences and activities through the art and recreation programs engage the youth when regular the regular school year is out?

An update report was given to the SCC Public Safety and Justice Committee regarding the progress in meeting the terms of the Santa Clara County Memorandum of Understanding (MOU) with the Santa Clara County Office of Education for providing educational services at the Children's Shelter. The JJC attempted to verify the effectiveness of the items marked achieved. The results were not accurate.

The response to the first recommendation correctly states the fact: "The children are not at McKenna long enough." The remainder of the progress report seems to assume that since the children are not at McKenna long enough, the goal and objectives have been "achieved." The JJC does not agree with this fact and the answer should be "not applicable" or the expectations changed. One goal, #4, is directly conflicting. The recommendation is "an initial ILP within five days of enrollment." The response, marked "achieved", says ILP's "are in place for students enrolled at McKenna School for 30 days." While the state allows for 30 *school days*, the average reader does not anticipate that it will take 6 *weeks* for a learning plan to be developed for a new student when the MOU calls for 5 days. The JJC understands these recommendations were developed after an evaluation by Huskey and Associates. This update seems to be meeting neither the letter nor the spirit of the "achieved" recommendations.

Outside School Program Twenty-two students of the 29 school-aged children on the day of the January visit have been placed by the school liaison officer in public schools. The school liaison person has been in her position for about 6 months. She indicated that youth were in a variety of schools including kindergarten, middle, high school and community schools. Youth are in the Shelter one day and then hopefully out to their home school. She does not handle the transportation but sends referrals to the Officer of the Day (OD) who plans the transportation routes.

The schools are informed that the youngster is in protective custody. The school sites run from Palo Alto to Milpitas to San Martin at present. She pointed out that many of the youth in residence have been picked up from their school site and brought into custody.

Problems do occur regarding having school uniforms on hand or available from home for students attending school off campus at schools which require a uniform. More than 50% of county schools now require uniforms which she supplies. She has some but, on occasion, the youth need time to get their uniforms from home. She said she is always in need of school supplies. She received a donation from Office Depot early in the year. She particularly needs black backpacks. She said that she has sometimes gone to the program manager for money to buy supplies and once had to spend her own money.

The liaison officer said the few youngsters not in school could be babies, dropouts, behavior problems, youth from other counties or a few that refuse to go to school. She meets with the DA's office weekly to discuss any problems placing youth in outside schools.

When she calls the school she talks with whatever liaison the school uses. It could be a Registrar, Counselor, Principal or Vice Principal. She said she often has to explain to the party the role of the Shelter and protective custody. She wishes she had materials that could be sent to the schools to explain how they can work with the Shelter for the benefit of the child. One Cupertino High School youth, in the liaison office at the time of the JJC visit, was enrolled in the Horizons Program, a re-entry program and only attends school 2 hours a day.

Art Program / Recreation / Social development programs The arts and recreation programs are run jointly and cooperatively to provide a variety of activities geared to improve the feelings of self-worth of the students through hands-on creative activities. The activities also promote application to academic areas, such as quilting involves applied mathematics. Finished art projects, quilts, pottery help build the self-esteem of each child. The youth' art was plentiful in the foyer. The program provides role modeling, demonstrated respect for others, fairness and consistency of rules as well as clarity of rules, an important aspect for students who do not understand the application of and the need for limits. Volunteers come to the Art Center to assist in the program. The county pays the staff salaries and the Lucille Packard Foundation, the Silicon Valley Children's Fund and National Endowment for the Arts provide grant money or contributions to the program.

High school graduation now requires a high school student to complete four credit hours of fine arts instruction. The Art and Recreation Center can provide activities to fulfill this requirement. Credits are provided to students because the art director has a master's degree and the recreation director is a credentialed teacher. Arrangements have been made with many school districts to permit individual projects to qualify for credits. On occasion a student residing outside of the shelter and attending at a regular school will return to the Center for an after school coordinated Independent Studies program arranged in conjunction with the home school.

The Recreation Center provides a sports and recreational program with an emphasis upon maintaining health through exercise and diet. Students maintain a health and exercise score sheet to note improvement and accomplishments. When sufficient points are accrued, the recreation director has a supply of prizes. This program encourages the youth to participate in healthy activities rather than watching tv in the cottages. The San Jose Sharks have provided a new field hockey rink for the students' use.

Success Camp Success Camp was developed to help in the personal and school adjustments needed by children moving from home to foster care. The criteria for participation in Success Camp is the same at the pilot Mental Health assessment, children new to the foster care system, aged 6 to 12. A group of six children grouped by ages 6-8 or 9-11 meet for three days a week (Tuesday, Wednesday and Thursdays). The Shelter provides transportation from the home to the class and return home at the end of the day. Hours are 9:00 am to 2:30pm. The Success Camp staff call the student's current school of attendance and works out the authorization of the child coming to the Success Camp. A follow up meeting at the student's home school is conducted by the Success Camp teacher a month after the child's completion of the Success Camp program. Local schools treat the days of absences as though these were field trips and reportedly claim ADA funds for the three days.

Success Camp operates to help the child in self-management and leadership skills, learning it is all right to ask for help and in learning how to read adult expressions to ascertain safe levels of interaction. "Bookmarks", a slip of paper with four or five written individual actions or goal delineated, serves to guide the child through the interactive, reflective growth process. An integral part of this is to identify "road blocks" which hinder the child's progress on the state bookmark goals.

The JJC wonders if this program would better serve the children when they are first admitted to the Shelter before they go to a foster home or return to their outside school. Pulling the children out of a new foster home and new public school seems distracting to the "settling in" process for the foster family.

Preschool Program The pre-school program has been discontinued for 2 years.

PHYSICAL FACILITY The facility is well-maintained by the maintenance crew. Youth are encouraged to keep the grounds and cottages clean and report items that need attention.

KITCHEN and FOOD PREPARATION

The menus are being revised to meet new state standards focusing on the overweight problem in children. They will provide smaller portions and less fat. Children have been required to take a certain amount of different foods leading to a lot of food waste. They will be encouraged to have a broad diet of many food types with less emphasis on the amount of food. As menus are approved by the state they will be introduced at the Shelter.

The kitchen, food storage area, and refrigeration were checked and meet standards for cleanliness and temperature. Samples of the food at each meal are kept for three days in case of sickness that might be attributed to food-borne pathogens or improper preparation. The staff are proud that this investigation has never been necessary.

The Food Program Inspection Report mentioned a deficiency in the final rinse cycle of the dishwasher. The Director acted as a kitchen staffer at a recent meal and took the position of dishwasher operator. Although the dishes seemed clean, he could not prove the sanitary conditions. He informed the JJC that a new dishwasher will be coming.

REPORTS

Facility Reports The JJC reviewed the following reports:

- Fire Marshall Inspection, dated 10/20/05, noted five minor concerns on housekeeping and spare sprinkler heads. These items have been cleared.
- Santa Clara County GSA Food Program Report, dated 7/1/05, noted the dishwasher adjustment needed. A new dishwasher is coming.
- Community Care Licensing Division, dated 8/19/05, commented on the fingerprinting and background checks being completed for all employees. Two minor record-keeping deficiencies on CPR and health screenings were not properly recorded. All cottage, medical, receiving, kitchen, school and recreation areas were in compliance.

The following reports are not available:

- The Santa Clara COE does not provide an annual McKenna School report.
- VMC does not provide an annual inspection of the health or mental health programs.

Incident Reports The inspection team reviewed all of the Incident Reports written during November 2005, December 2005, and January 2006. Additionally, the team reviewed the 2005 Children's Shelter Incident Report Detail.

The 2005 Children's Shelter Incident Report detail revealed that for the 12-month period there was an average of 35 incident reports per month, from a high of 62 in March to a low of 21 in June. The number of youth involved in incident reports averaged 20, from a high of 27 in March and November and a low of 14 in February and April.

The child's cottage assignment when involved in an incident report revealed that 37.5% of the events occurred in Shea Cottage, the male teen cottage; 37.5% of the events occurred in Randall Cottage, the female adolescent cottage; and 21.9% in Cowell Cottage, a coed newcomers' cottage.

The number of males/females involved in incidents, per youth involved in incidents, was 42.9% males and 57.1% females.

The number of days youth had been in the Shelter when involved in incidents, per total number of youths, showed that 93.8% had been in the Shelter less than 31 days.

The types of behavior involved in the incident report, as a percent of the total annual incidents, was as follows:

1.	Acting out, emotional	30.6%
2.	Acting out, physical	18.1%
3.	Informational	14.2%
4.	Accidental injury	12.2%

5.	Contraband	6.7%
6.	Assault to child	4.1%
7.	Assault to staff	3.4%
8.	All other categories	10.7%

During the year 2005 there were two suicide threats and in February there was a suicide attempt.

The intervention during incidents, as a percent of the total annual incidents, was as follows:

1.	Counseled by staff	35.7%
2.	Medical treatment	16.2%
3.	Mental health	8.7%
4.	Restraint/QR/counseled by staff	5.7%
5.	Loss of privilege	5.3%
6.	Restraint/counseled by staff	4.9%
7.	All other categories	23.5%

The problem of runaways has been an ongoing issue at the Shelter. The inspection team made a detailed analysis of the runaway reports. There were 19 runaway events in December 2005, caused by 6 males and 13 females. Four of the youth ran three times, four of the youth ran two times, and eleven youth ran once.

There were 30 runaway events in January 2006, caused by 12 youth. One male ran four times and a second male ran three times. One female ran six times and two females ran five times each. The inspection team noted that the incident reports for the female who ran six times during the month indicated the reason for running was to smoke a cigarette. The Children's Shelter is a no smoking facility.

GENERAL COMMENTS/ CONCERNS

Doors propped open on a cottage were observed by a Commissioner. Counselors explained the rule was to deter children from running in or out of cottages. This rule is not always followed by each cottage. There is a lack of consistency in applying that safety rule.

Valley cottage is being used for children with special segregation needs. Is this the best use for this building? The mental health facilities are very crowded and in need of space for assessments, groups, and individual therapy.

COMMENDATIONS

The JJC commends:

1. The staff for the clarity and completeness of the incident reports. Commissioners could get a picture of the incident and the follow-up actions.
2. The effort to have students bussed from the shelter to their prior school of attendance.
3. The recreation program in developing a wellness program to encourage healthy activities and eating habits. The JJC was pleased to know a disabled resident has been hired to be an aide to the program promoting his self-esteem and pocketbook.
4. The mental health pilot program for plans to expand their assessment to additional youth.

5. The menu revisions focusing on the needs of the variety of children. They will provide smaller portions and less fat to help prevent overweight problems in children and to meet new state standards.
6. The flexibility and dedication of the staff with fewer children in residence and varying assignments.

RECOMMENDATIONS

The Juvenile Justice Commission recommends that the Santa Clara County Department of Social Services and serving agencies:

1. Insist on Health and Education Passports. This is a repeat recommendation from last year, “the coordination of information between agencies and staff ... should be initiated or updated for each child, as necessary.” While a state law requires the passports, no one seems to prepare or maintain them so they can be effectively used as planned. Perhaps the courts need to get involved in this.
2. Provide needed dental services. Dental neglect was reported as a significant problem for most of the incoming children. Social workers should arrange a link to MediCal or Clinic dentists and arrange transportation for this needed service.
3. Allocate additional space for the Mental Health department. A suitable space for the necessary assessments and service space is necessary for privacy and treatment, possibly a portion of Valley or Ford Cottage could be utilized.
4. Clarify the power and responsibility of the Shelter staff for youth on 1:1 status. Two different policies were explained to the JJC. Does the judge allow for detention of youth who need special supervision because of their actions? Is there a difference for age or gender?
5. Consider developing written materials to be sent to the schools as they receive Shelter children explaining how they can work with the Shelter for the benefit of the children.
6. Assign to the social worker the responsibility to transport youth to all medical and dental appointments. This has been the responsibility of the worker, but the Shelter staff had assumed the responsibility for convenience sake. Due to staff reductions at the shelter, they are no longer able to provide this service. It is imperative that these services be available to ensure the child’s medical and dental health.
7. Prepare an evaluation for the JJC to substantiate and clarify the Children’s Shelter policies that the "quick turnaround" of placements has a significant success rate. Does the quick placement promote a successful long-term placement or just another failure for the child to endure? The JJC would like to see some facts which support or oppose this immediacy of placement.

The Juvenile Justice Commission recommends that the Santa Clara County Office of Education:

1. Reconsider the summer school program. A four-period academic program is not provided nor planned for the summer months. Presently the summer school has only had one period of academics and the remainder of enrichment activities through the art and recreation programs. Should the COE contract be shortened?
2. Revise the expectations and responses to the Education MOU. When the number of students is so small that the expectations are unreasonable, the response should be "Not Applicable", not "Achieved".

SUMMARY

Based on these visits, the Commission feels that the Santa Clara County Children's Shelter has met the Juvenile Justice Commission's standards for a safe, temporary juvenile residence for the youth of Santa Clara County.

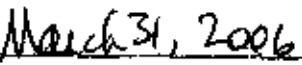
Approved by the Santa Clara County Juvenile Justice Commission on March 7, 2006.



William Scilacci
Juvenile Justice Commission Chairperson



Paddy Wray
JJC Inspection Committee Chairperson



Date



Date