I. INTRODUCTION

The Juvenile Justice Commission (JJC) is established through the provisions of Article 2, of the California State Welfare and Institutions (W&I) Code. One of the charges of the JJC is “To inquire into the administration of juvenile justice in a broad sense, including, but not limited to, operations of the Juvenile Court, Probation Department, Social Services Agency and any other agencies involved with juvenile justice or dependency.” (W&I Code 229)

The Santa Clara County Juvenile Justice Commission (JJC) conducted its annual inspection of the Santa Clara County Juvenile Hall from November 2011 through January 2012, in accordance with the State of California Welfare and Institutions Code Section 229. The annual inspection found the Probation Department continues to maintain an orderly and safe custodial placement for youth awaiting court, serving court-ordered Juvenile Hall time, or awaiting transition to placement, while bringing together services for the youth and their families during and after incarceration.

Members of the Commission inspection team conducted interviews with the managers from Juvenile Hall, Medical Services, Mental Health, Facilities Management, the Chaplaincy, Quality Assurance and the Osborne School to obtain an overview of policies, procedures, and programs. The inspection team held informal interviews and conversations with youth, living unit staff members, school authorities and medical personnel. The physical facilities were toured, including the kitchen, food supply storage areas and cafeteria.

The Juvenile Justice Commission conducts inspections of Juvenile Hall at least annually, and inspection reports for prior years are available on the internet at:

II. POPULATION

Many factors affect the population of Juvenile Hall and two of these are juvenile arrests, and county population. The population of children under the age of eighteen in Santa Clara County has grown by 50,550 children from 416,372 in 2000 to an estimated 466,932 in 2010 according to the most recent U.S. Census Bureau report. That is approximately a 12 percent growth in the last ten years. In Santa Clara County, juvenile felony arrests have decreased from
2,465 in FY 2002 to 1,367 in FY 2009, a 45 percent decrease. The facility is well within its Board Rated Capacity (BRC) of 390 minors, and there is no indication of overcrowding. From January 2008 to December 2011, the Juvenile Hall population ranged from a high of 304 in March 2010 to a low of 157 on December 31, 2011. Of the 157 in custody on December 31, 2011, 22 or 14.1% were girls and 135 or 85.9% were boys. Within the total population, 119 or 75.8% were Hispanic, 15 or 9.6% were White, 9 or 5.7% were Black, 12 or 7.6% were Asian with the balance of 2 classified as other. Only one youth was listed at the end of December as awaiting Ranch transfer.

This remarkable decline in population is due to the leadership of probation managers, elected officials and outside consultants in developing alternative placements to Juvenile Hall. Some of our new diversion programs are listed below:

- **Direct Referral Program** or DRP provides early diversion for youth 14 and under. Resource referrals are made by the San Jose Police Department to agencies such as County Mental Health, Community Solutions, the Bill Wilson Center and Alum Rock Counseling. In the past year, 253 youth have been diverted through this process.

- **Encouraging Diversity Growth and Education (EDGE)** has been developed through a partnership with the County Office of Education. This program provides a six to nine month highly structured all day school experience for youth who have impacted the system more deeply and might be committed to Juvenile Hall or one of the ranches. Forty youth in this program attend an 8 a.m. to 6 p.m. day including conflict resolution skills and pro-social skill development. The County’s Department of Alcohol and Drugs is a partner in this project.

- **Wraparound Services** are being provided to an increasing number of families. Both out of county and in county out of home placements have declined. Seventy-nine families have been served by wraparound services provided by Eastfield Ming Quong, Rebekah Children’s Services and Unity Care. At the end of 2011, the caseload for these families stood at 63.

- **The Probation Department** received a grant to develop a Disproportionate Minority Committee and study best practices methods for diverting youth from Juvenile Hall. Response GRID is developing a Resource Directory to help assist families and probation officers find appropriate community services.

- **High Octane or Optimal Change through Alternative Non-custodial Efforts** is a one-year grant to reduce the number of youth held in secure detention for probation violations and arrest warrants.

- **A Re-Entry grant of $750,000** will help to provide intensive re-entry services for youth exiting the Ranches including educational, vocational and therapeutic services.

The Commission appreciates the efforts of Probation staff and county support dollars in this highly successful effort to divert youth from Juvenile Hall. While we appreciate that diversion, it is important to remember that the purpose of the diversion from Juvenile Hall is to improve outcomes for youth. We must continue to monitor the results for youth in these community- based programs.
Another successful effort is the reduction of youth in the Hall who are twelve and under. In 2010, the Board of Supervisors (BOS) unanimously voted in support of not placing children younger than thirteen years of age in Juvenile Hall. Further, the BOS directed the Juvenile Probation Department to work with Community Based Organizations (CBO’s) and the Juvenile Justice Court to find alternative placements for these youth. To assess the effectiveness of this recent policy, two members of the Commission reviewed 30 files of youngsters who were 13 or younger when brought to Juvenile Hall in 2011. Other files of youth, 13 and younger, were also reviewed but these youngsters were not brought into custody. Commissioners found most minors brought into custody spent very little time in Juvenile Hall and were, when necessary, considered for placement in one of the CBO’s programs previously identified as potentially appropriate placements for these young minors.

Of the 30 files reviewed, 2 youth were female. One child was 10 years old, two were 11, ten were 12, and sixteen were 13 years old when brought to Juvenile Hall. Only 6 of the youngsters had one referral to the Probation Department. Of these, 4 were released the day they were brought to Juvenile Hall, one was held for 2 days and the last was released at his detention hearing. The rest of the youth had multiple referrals to the Probation Department, most for serious law violations. Twelve of the youngsters were referred for serious assaultive behavior, and 5 were referred for sexual assault. Despite this fact, even these youngsters were generally released within a day, with most being released at their detention hearing. The Probation Department used Community Based Organizations (CBO’s) for 8 youth who could not be dealt with safely at home. In 2011, 5 youth age 12 and under were admitted to the Hall, and remained in custody anywhere from 3 to 122 days. A very concerted effort is being made to keep young children from being detained in Juvenile Hall. The Commission will continue to monitor Hall admits 13 years of age or younger.

The Commission wishes to thank the Probation Department for making the files on these youth available for review by the Commission.

III. STAFFING

Commissioners talked with a number of Probation Department employees and other agencies represented in Juvenile Hall. They indicated an overall level of satisfaction with their jobs. Several issues were raised including the fact that many Juvenile Hall counselors felt they had to take a cut in pay last year because of increases in health care coverage. Others indicated they would like to have some of the advanced training available for Ranch counselors. A few senior counselors said they were interested in becoming probation officers but could not afford to take a cut in pay.

Management

For fiscal year 2011-2012, the Chief Probation Officer is managing 856.5 positions, which include both the adult and juvenile operations. That is a reduction of 30 positions from last year’s roster. There are two Deputy Chiefs, one who oversees the Juvenile Probation Division and one who oversees the Institutions Services Division. The head count for these two areas is 494.5 positions, a decrease of 46 positions from last year’s roster. There are two managers for
Juvenile Hall, one responsible for Juvenile Hall Operations/Control, with 89 positions reporting to her and one responsible for Juvenile Hall Operations/Living with 97 positions reporting to her. Clearly, experienced professionals manage this organization.

The inspection team found the managers and their staffs to be open, helpful, and responsive to all of the team’s questions.

**Staff Rotation**

Commissioners have observed during this and past inspections that Juvenile Hall counselors and other staff often rotate into new positions annually. The annual bidding process leads to some Probation Department personnel learning a new position every year. Some positions are two year rotation slots. This bidding process takes place in February. Commissioners remain concerned about how this approach impacts the continuity and quality of Juvenile Hall programs.

**Staff Training**

Most of the Probation Department’s training for staff is conducted at Holden Ranch, a joint Sheriff’s and Probation Department training site, which is located next to the James Ranch facility.

Hall and Ranch counselors are required by Standards and Training for Corrections (STC) to take a minimum of 24 hours of annual training. However, Santa Clara County and Probation Department mandates have increased the total number of training hours to 32 for the line staff and 40 hours for supervisors. Staff with less than 80 hours of restraint training receives 16 hours per year and staff with 80 hours or more of restraint training takes 8 hours per year. Full time counselors take 832 PC training to receive peace officer classification.

According to Juvenile Hall management, there are classes that the Department has explored and committed to providing for Hall staff that will enhance the soft skills or interpersonal skills of counselors. They will include expanding the facilitator training and updates for the Teaching Pro-Social Skills course. Motivational Interviewing will also be expanded to the institutional staff through STC courses. A more recent training is Motivational Enhancement training for staff which will assist with skill building and goal setting with youth. Again, all of these courses focus on the staff’s interpersonal skills that should enhance a more effective approach in working with youth. This current training year, the Department's Training Unit has been busy and focused on providing many mandated courses to both the institutional staff and probation officers so the goal is having some of the above courses available in the next training year’s catalog.

There are 21 mandatory classes that are required by the Probation Department. They include “Advanced Officer Safety,” “Blood-borne Pathogens,” “Communication with Aggressive, Mentally Ill and Emotionally Disturbed Youth,” and “Suicide Detection and Prevention in Jails and Institutions”. Course times run from 2 to 8 hours.
There are also state and local conferences that department personnel can participate in for their training requirements along with 48 elective courses that range from “Attention Deficit Hyperactivity Disorder,” “Brief Strategic Therapy,” and “Dual Diagnosed Offenders” that can be used to meet the annual state and local requirements.

Training records are maintained on a department database. New counselor recruits are required to be 21 years of age, and have a minimum of 60 college credits, and pass a background check and physical examination.

IV. FACILITY

The inspection team toured the facility including living units, grounds, and exercise areas. The overall facility was well maintained and clean.

Juvenile Hall was constructed in 1959 and has undergone several changes. The Juvenile Hall was remodeled in 1989 and the Alpha Wing and the Beta Wing were added in the 1990s and 2005. The Commission toured the living areas, laundry, grounds, and exercise areas including the gym during the week of November 29th, 2011.

As part of the inspection, we had the opportunity to review all 2011 inspection reports, which included the Annual Fleet and Facilities Department Inspection Report, Santa Clara County Fire Marshall Inspection Report and Santa Clara County Public Health Department Inspection Report. The facility was found to be in compliance with the Environmental Health, Nutritional and Medical/Mental Health evaluations in accordance with Title 15 of the California Code of Regulations. However, the annual inspection by the Santa Clara County Office of the Fire Marshall on May 19, 2011 and re-inspection on August 26, 2011 found that only two items identified in the first inspection had been corrected at the time of the second inspection. The annual Fleet and Facilities Department work order review conducted on October 11, 2011 identified 46 items requiring action on outstanding work orders of which only 10 had been completed as of Nov 7, 2011, with no scheduled completion date for the remaining items.

The Commission toured boys’ and girls’ living units. The units were clean. However graffiti within the individual rooms remains a significant problem. The staff has been actively looking for ways to correct the problem, but has been unable to come up with a solution. The living units include a circle of rooms around a common activity area. Bedrooms have outside natural lighting and a window on the door of the bedroom for staff and youth to use. Most youth are two to a bedroom. Many units have an enclosed classroom. They also have an outdoor sports area and some may have access to the gymnasium. This year the living units were reduced to 8 from a high of 12. While budget cuts necessitated unit closings, this also presented management with the opportunity to implement programs supervising youth in the community rather than in the Hall.

The Commission discussed the policy for mattress and bedding exchange and the units demonstrated that they are in compliance with Title 15. The residents clean units daily with additional cleaning done monthly and/or quarterly by the County facility maintenance. Living unit sprinklers are checked quarterly by the County and yearly by the Fire Marshall. During our
tour, we inspected an area that had been involved in a recent security issue. The Commissioners were satisfied that the Probation Department had taken action to prevent any future recurrence.

The Commission toured the outside grounds including a vegetable garden. The grounds were well maintained and are frequently used for sports activities. We also visited the gym. This facility includes a basketball court, bleachers, and exercise equipment. The equipment was in good condition. The floor, however, needs to be refinished.

The last part of our tour was a visit to the laundry. This facility has a staff of three. Each youth is provided clean clothes daily. Blankets are laundered monthly and sheets twice weekly. Rolling carts are used to pick up and deliver laundry to each living unit. All inventories, along with replacement items, are stored in the laundry area. The area was well organized. However, the laundry equipment has reached the end of its life cycle and should be replaced.

Overall, we found the facility is maintained in satisfactory condition. The staff was very helpful and professional in responding to the Commission. However, we are concerned about the number of unaddressed action items discussed in the Fire Marshall’s Report and the large number of unfilled work orders in the Fleet and Facilities walk through.

FOOD SERVICE

Juvenile Justice Commissioners had opportunities to sit and eat with the youth in the cafeteria during lunch and dinner. During the inspection, several commissioners met with the Probation Food Services Manager to review the food service program for Juvenile Facilities.

The current staff consists of 31 personnel, of which 18 are located in Juvenile Hall. The balance of personnel is located at the James Boys’ Ranch and the Muriel Wright Center. There are two shifts with the first one starting at 5:00 a.m. and the second one finishing at 7:15 p.m. The overlap allows for a smooth transition between shifts. Menus are established and published four weeks in advance. Nutri-Kids, a menu-planning guide, is used to develop menus. Commissioners were provided typical spreadsheets, showing items used in preparing lunches, noting the amount of proteins and other nutritional values. California Uniform Retail Food Facilities Law, CURFFL, governs the nutritional content and portions. Requests for special medical diets are received from the Medical Clinic. The Commissioners were provided a copy of a typical cafeteria employee job description and daily job duties. As discussed in last year’s Juvenile Hall Report, the Food Service organization has been reducing the salt and fat content in food that is being served. Menus, including special needs menus, are maintained for one year and are reviewed by the Supervising Dietician annually. Youth are provided 2200 to 3200 calories daily.

As discussed in last year’s report, the kitchen, which was constructed in the 1960’s, is old, small, poorly equipped and inadequate. There is no air conditioning and much of the original cooking and refrigeration equipment is still being used. Ceilings in the kitchen are open with exposed pipes. These pipes collect dust, grease, and other materials requiring special cleaning. OSHA has issued complaints for the last two years about the lack of air conditioning in the facility. The facility becomes so hot at times during the summer months that food cannot be served in the cafeteria.
On the day Commissioners toured the facility, the drainage pipes had backed up and part of kitchen floor was covered in water. The Commissioners were informed that the drainage pipes are connected in such a manner that they are non-compliant with Health and Safety codes. The Santa Clara County Health Department has discussed these issues in its annual inspection of the Juvenile Hall for a number of years. As noted in the August 10, 2011 Santa Clara County Health Department Annual Inspection Report, there is a violation of the California Code where two existing preparation sinks are directly connected to the sewer line. The code requires either a direct connection for both the preparation sinks or an alternative system to avoid cross-contamination. The overall physical condition of the kitchen, lack of air conditioning, old equipment and numerous inspection citations are of great concern to the Commission.

The Probation Department has had a capital request to remodel the kitchen and to fix the violations for a number of years and even though the County has used some funds to create a new layout, the County has yet to allocate the resources to complete this effort. Commissioners discussed this situation recently with the current President of the Board of Supervisors.

The Food Service group participates in a food-purchasing cooperative and can purchase food at a reasonable cost. The food is stored in large freezers. Food temperatures are monitored regularly and thermometers are calibrated twice a day.

Overall, the staff and operations are very efficient in the preparation and delivery of food services to the Juvenile Hall. The Probation Food Services Manager has an experienced staff, with one person per shift who is Serv-Safe certified. The manager’s goal is certifying the remaining staff in the next year.

V. PROGRAMS

Multi-Agency Assessment Center (MAAC)

The Multi-Agency Assessment Center (MAAC) provides services to youth who are in Juvenile Hall for 72 hours or more. The MAAC provides services to assist youth with their social reintegration into their communities and programming to address their social, physical, behavioral, psychological, and emotional needs. Federal JJCPA (Juvenile Justice Crime Prevention Act) funding supports the contracts with community based organizations, one Supervising Group Counselor and one Group Counselor who oversee the assessment services, CBO programming and other volunteer programming at the MAAC.

Comprehensive Assessments:

Youth who are detained in Juvenile Hall for more than 72 hours receive mental health, educational and screening assessments. Assessments include results from the initial risk assessment (conducted within a few hours of a youth being admitted to the Hall) and a 20 to 30 minute interview by the screening probation officer. The assessment results are used to formulate an individual case plan for each youth. The results are also used to link the youth and their families to appropriate community-based services upon release from Juvenile Hall. Assessments
include a risk assessment that is conducted within a few hours of the youth entering Juvenile Hall, an education assessment conducted by the County Office of Education, a Mental Health assessment and screening and a medical examination by the Valley Medical Center in the Hall’s medical clinic. A drug and alcohol assessment may take place where appropriate.

Community Based Organizations (CBO’s): CBO’s are contracted to provide interactive workshops for minors in Juvenile Hall. Because of the decline in Hall population and budgetary constraints, the CBO’s are receiving less funding and providing fewer services. The MAAC supervisor stated that different groups are assigned to different units. Emphasis may differ depending on the unit population.

Asian American Recovery Services (AARS) – provides individual counseling, referrals, aftercare services and substance abuse prevention education. AARS is the only Hall program with staff currently trained to use the best practices model “Seven Challenges.” AARS is offered primarily in Unit B-7. The goal is to offer this program throughout the county.

Fresh Lifelines for Youth (FLY) – Provides legal education, mentoring and leadership programs to support youth to become responsible citizens. B-3 offers this program.

California Youth Outreach (CYO) – Provides workshops that help youth with anger management, suggests alternatives to gang-involvement, develops life skills, etc. CYO also works with the County’s Restorative Justice Program. This is offered primarily in B-8 and G-1.

Mexican American Community Services Agency (MACSA) – Provides gang prevention, substance abuse, violence prevention, conflict resolution, and youth leadership workshops and is offered primarily in B-9.

Gardner Family Care Corporation (GFCC) – Promotes the overall health and well-being of youth within the context of the family and the community. Gardner provides Behavioral Mental Health services including, assessments, crisis intervention, therapy, rehabilitation, prevention and substance abuse counseling primarily, in B-4.

Catholic Charities – Works with families and youth who have been impacted by incarceration. Services include case management, food pantry, clothes closet, youth groups, school advocacy, placement services and other daily needs support. It is offered primarily in B-6.

Volunteer Programs in Juvenile Hall: A large variety of programs is provided in Juvenile Hall by community volunteers or other community programs. These include: Alcoholics Anonymous, Alateen/Alannon, Catalyst for Youth (providing arts, gardening, fashion design), Choir, The Beat Within (writings and artwork by the youth), Flower Programs, Furry Friends, Girl Scouts, Hair Care, For Pits Sake, Chess King Corporation, Narcotics Anonymous, Planned Parenthood, Bible Study, 3 Principles/Health Realization taught weekly, Next Door Solutions To Domestic Violence is active in the Commitment Unit, and Reading Enrichment.
Juvenile Hall Special Programs: Juvenile Hall has a wide variety of special programming offered throughout the year including activities such as: Hot August Nights Car Show, Fourth of July Decorating Contest, December Holiday Decorating Contest, Santa Claus visits, Black History Month, Cinco de Mayo, and a Pizza Night provided by the Public Defender’s Office.

Monthly Calendar: Each month a calendar is prepared that lists all the above programs with assigned units. This shows the wealth of programming opportunities available to youth in the Hall.

VI. BEHAVIOR MANAGEMENT

Title 15 of the California Code of Regulations requires that the Juvenile Hall administrator develop written policies and procedures for the discipline of minors that shall promote acceptable behavior. Such discipline shall be imposed at the least restrictive level, which promotes the desired behavior and shall not include corporal punishment, group punishment, physical or psychological degradation or deprivation of specified basic needs and rights.

Title 15 also requires that the written policies and procedures for the administration of discipline shall include, among other things, provisions for handling minor rule violations informally with counseling or imposition of a minor penalty or segregation for a period not to exceed 24 hours. Discipline is to be accompanied by written documentation, a policy review and appeal to a supervisor. Major rule violations including any violation that results in segregation for 24 hours or more or extension of time already in custody shall be documented and include the following:

1. Written notice of violation prior to a hearing;
2. Hearing by a person who is not a party to the incident;
3. Provision for the minor to be heard, present evidence and testimony;
4. Provision for an administrative review.

Three Program System:

The behavior modification system used in by Juvenile Hall consists of the following components:
- **Basic Program** – Allows for 3 hours of recreation on school days and 5 hours of recreation on non-school days;
- **Advanced Program** – Allows up to 4 hours of recreation on school days and up to 6 hours of recreation on non-school days;
- **Control Program** – Allows for 3 hours of separate recreation on school days and 5 hours of separate recreation on non-school days.

Minors start at the Basic Program level upon admittance and usually remain on this level for the first week they are in Juvenile Hall. If they exhibit acceptable behavior, they are moved to the Advanced Program.

Minors are disciplined for specified violations either by being retained at the Basic Program level or by being removed to the Control Program level for a specified period of time.
An Incident Report approved by the Supervising Group Counselor must document removal to the Control Program.

In the Incident Report section below, it can be seen, that while the number of minors in Juvenile Hall have declined, the number who go on the “Control Program” remains relatively high. This may be because the youth who are currently staying in Juvenile Hall are those with the most difficult to manage behavior issues. Still, it seems like there should be a decline in the youth on the control program. In the review of grievances and appeals (see discussion below) it seemed that many of the youth truly felt misunderstood or that certain staff “had it in for them.”

It is natural for different staff to have differing expectations of what acceptable behavior for youth should look like. However, it may be difficult for youth, especially those who have experienced trauma or who are feeling stressed just by being in Juvenile Hall, to navigate those differing expectations.

With new counselors being hired at Juvenile Hall (because many counselors have moved to Adult Probation as a result of California’s realignment of the criminal justice system), there is an opportunity to introduce a program such as Positive Behavior Interventions and Supports (PBIS) which helps create a climate in juvenile justice settings that is safe, caring and where expectations are taught. PBIS focuses on teaching behavioral expectations and creating a positive environment where there is more focus on rewarding positive behaviors and less on sanctioning negative behaviors. In a medium-to-maximum security facility in Illinois for approximately 400 male youth, zero fights were reported in the school program for a two-year period following the implementation of PBIS. Additionally, for a one-month period before and after the implementation of PBIS, there was an 89 percent reduction in major behavior incidents and a 95 percent reduction in minor incidents. These examples demonstrate the potential for PBIS or a similar program to improve behavior in juvenile justice settings. PBIS and its corresponding data tracking system have the potential to increase the efficiency and consistency of behavior management systems across staff, programs, and settings. They also have the potential to strengthen the pro-social skills of youth, to facilitate for their reentry into the community.

**Incident Reports:**

Incident Reports are written by Juvenile Hall Counselors on a number of issues that occur including incidents that lead to a youth being placed on the “Control” program, injuries, fights, suicide attempts and suicidal gestures. Each staff member involved in the incident writes a computer report which is reviewed and approved by the Juvenile Hall supervisor before the end of the shift. If a youth wishes to appeal an incident of discipline during the shift, this appeal is reviewed and if possible, resolved by the shift supervisor before the end of the shift. The Incident Reports are then reviewed by the Juvenile Hall Manager and ultimately by the Deputy Chief of Facilities. Decisions about which behavior program the juvenile is on are often based on the disposition of the Incident Report.

The Juvenile Justice Commission has begun a practice of reviewing Incident Reports each month for the previous month. The goal of this review is to have a timely understanding of incidents more serious in nature (for example, an escape from Juvenile Hall or a gang-related
fight) and to identify patterns or other emerging issues. Over the course of the year, when issues have been identified, Commissioners have felt that the explanation(s) from the Juvenile Hall manager were satisfactory.

Below is a monthly list of the Salient Features Report which captures the nature of the incident reports over the course of the year:

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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**Grievances:**

Title 15 of the California Code of Regulations requires the administrator of a juvenile detention facility to develop written policies and procedures and inform minors in custody that they have a right to file a grievance regarding any inappropriate or inadequate conditions at Juvenile Hall. Such inadequate or inappropriate conditions include, but are not limited to, conditions relating to: behavior or action of staff or volunteers, conditions of confinement, health care services, mental health services, education services, classification decisions, program participation and services, telephone, mail or visiting procedures, food, clothing, bedding and hygiene. These procedures must, among other things, provide that grievance forms be freely accessible, that grievances be capable of being filed confidentially and that a person hear a grievance who is not directly related to the circumstance leading to the grievance.

Juvenile Hall has a detailed Grievance Policy and Procedure which addresses the above requirements and also provides that there be no reprisal for using the grievance procedure. These procedures also state that the Juvenile Hall staff’s goal is to resolve the grievance at the lowest staff level possible and that the On Duty Supervisor review all pertinent staff written material and bring resolution before the end of the shift or at maximum within 48 hours of receipt of the grievance.
Commissioners reviewed 78 grievances from January – October 2011. The supervisor in charge usually signed the grievances before the shift ended on the day the grievances were filed. The Juvenile Hall manager reviews all grievances submitted. In cases where the issue has not been resolved at the supervisory level, the Juvenile Hall manager will meet and interview the minor involved. Some grievances were not considered a violation of the minor’s rights and in spite of this designation, were completed and signed by the Hall manager. Ninety percent of grievances were found to uphold the actions of Juvenile Hall staff while, ten percent were found in favor of the minor. When commissioners visited units B-4 and B-5, one youth complained that he felt the grievance system was not fair and only protected the staff. Another youth contradicted these comments and said he did not have an issue with the staff. There were several grievances during a week long period in the summer related to rooms or units being too hot. It is hoped that the air conditioning problems identified during this time period have been addressed and will not be repeated in the coming year.

In several separate grievances, youth complained of slow access or lack of access to care for major dental problems causing them pain. The Medical section of this report details the limited access to dental care for Hall youth.

**Appeals:**

Juvenile Hall has an Appeals policy that states minors who are disciplined have a right to due process, which includes the right to notice, right to respond, right to an informal hearing and notification of the decision. The policy states that Juvenile Hall strives to provide the following for minors in custody:

1. Reasonable discipline methods and conditions of program removal;
2. Limits on length of sanction/restrictions;
3. Counseling when removed from program;
4. Due process;
5. Administrative review.

Minors can obtain Discipline Appeal forms from the unit bulletin board or from the unit’s group counselor. Once the appeal has been initiated, the Discipline Appeal form must be submitted to the On Duty supervisor for a due process review prior to the end of the shift. Usually, the issue is resolved without a hearing. However, if the minor disagrees with the staff response, he or she is entitled to a Disciplinary Review Hearing and has 24 hours to gather information or present names of his/her witnesses for the hearing. The On Duty Supervising Group Counselor conducts the Disciplinary Review Hearing. Once the hearing is completed and the appeal deemed resolved, the manager signs it off. Copies are given to the administrative clerk for distribution to the minor and the involved parties.

Commissioners reviewed appeals from September through November 2012. Each month had 20-25 appeals. Approximately 73% of the original disciplinary actions were upheld, 5% were revoked and 21% were modified. It was not clear from the appeals form that a formal disciplinary hearing was held, but instead there was a process of review at different levels of administration with the Hall manager ultimately reviewing and signing off on the decision. Although all appeals are reviewed and signed off by the appropriate manager, there are some
appeals that warrant further discussion by the Hall manager with the minor, staff and or supervisor involved. It appears that most minors disagreed with the outcome of the appeal. Eighty percent of the minors disagreed with the on duty supervisor’s disposition and 5 of the 44 appeals reviewed did not have a signature from the minor.

Commissioners realize that it is important to link our monthly incident report reviews with a review of the appeals. Unfortunately, an appeal is not linked by a number to the incident report to which it may be related. Commissioners will begin coordinating the reports with the reviews when they review monthly incident reports.

VII. MEDICAL SERVICES

The Medical Clinic provides medical coverage for youth in Juvenile Hall, including direct medical services with 24-hour nursing care seven days a week. Services include:

- Comprehensive health screening
- Treatment for diagnosed episodic and or chronic health conditions
- Prevention services such as immunizations, and communicable disease control
- Age appropriate health education

Commissioners met with the Juvenile Hall Nurse Manager, and current Medical Director. The Medical Director is a pediatrician with a specialty in Adolescent Medicine. Medical services were being provided to several youth during the visit, and the Clinic was in good order. No deficiencies were noted.

The Medical Director/Physician provided a physical examination for each of the 3,289 youth entering the Hall in the last full reporting year of 2010-11. According to the Medical Director, he also conducts his own mental health screening. Accidents, homicides and suicides remain the three risk issues for adolescents according to the Medical Director. The Medical Director has noted that Hall youth do not have the same withdrawal symptoms from drugs, alcohol and nicotine that many adults have while incarcerated. He would like to see more education of youth in these areas. Sleeping issues in the Hall remain a medical concern. There is always ambient light on in the units for safety and security reasons, staff activities during the night hours, and even a night light in the youth bedrooms. The doctor said he sees about twenty youth a week concerning sleep problems. He would like to conduct a pilot study to see if earplugs would help youth sleep. He does use melatonin to try to reset the sleeping process.

Last year, the Commissioners reported that the Medical Director could not make a direct referral to the Psychiatrist. We urged Mental Health and the Medical Clinic to engage in substantive discussions to work out a protocol so that the Medical Director could address immediate needs of youth when necessary. A protocol was developed so that referrals can now be made but they must be considered “urgent” referrals. The Commission would urge the two departments, both part of Health and Hospital Systems, to continue improving their communication protocols. The Medical Director describes the current process as “satisfactory.” A new psychiatrist has been assigned to Juvenile Hall and is now working two full days in the Hall.
Serious dental health issues exist in almost 60% of the youth. The Clinic borrows one of its dentists from Adult Jail Services once a week to provide dental services. These services decreased further in 2011 because of increased dental needs at the County Jail. There is no budget for juvenile dental services. The Commission recommended last year that an increase in dental services be provided for Juvenile Hall youth. Title XV requires the availability of dental services. Currently, the dental clinic is open one day during the week. Care is focused on treating dental pain and other symptomatic dental problems. The Commission reported to the Public Safety and Justice Committee of the Board of Supervisors on December 2, 2010 that this remains an area needing additional funding. 494 dental procedures were provided in 2010. The Hall does benefit from the volunteer services of a local dentist who in 25 half-days saw 119 patients for exams and cleanings. When a dentist is not present in the Hall, probation officers must transport youth to outside dental services if they are needed. The Medical Clinic continues to advertise in the local dental society newsletter for volunteer dentists. In contrast, San Diego County provides two full time dentists for its youth.

Most youth entering the Hall are under immunized. Ninety-five per cent of youth have at least one missing vaccine. Sometimes, the Medical Clinic is unable to reach a parent to gain permission to provide immunizations. A court protocol is in place to allow the clinic to provide vaccines after 72 hours of trying to get parental permission. The physician also said he tries to involve the parents in the youth’s medical issues. He tries to contact all parents after conducting his physical examination. In 2010, 706 youth received flu vaccinations, 349 received Hepatitis A vaccinations and 1487 received HPV or Gardasil vaccines to protect against genital warts and cervical cancer.

Approximately 25-30% of youth in the Hall have Kaiser as an insurance provider. Twenty percent have Blue Cross and the rest are eligible for Medi-Cal.

Suicide prevention is considered the main responsibility of Mental Health. If there is a suicide attempt and or gesture, an immediate call will go out to the Medical Clinic and a nurse will respond with the “Crash Cart” to the unit where the incident has taken place. About 3 to 4 youth a year are transported to Emergency Psychiatric Services on a 5150 citation indicating that the youth is a danger to her/himself or others. Two hundred twenty youth were administered psychotropic drugs during their stay in Juvenile Hall during the 2010 year. This was a substantial decrease from 425 in the 2008 year. Juvenile Court judges worked with Mental Health, Medical Services and attorneys for youth to develop a protocol which has led to this reduction. This year the Medical department initiated a suicide prevention training conducted by Mental Health staff to better achieve interdepartmental teamwork.

The new Electronic Medical Record System is in place and working fairly well after just about two years of activation. At present, there isn’t an integrated electronic system available for the Mental Health, Drug Abuse (DADS), Community Based organizations and Dental to share a single medical record. A new information system is being examined as a possible solution (EPIC). This system is very similar to Kaiser’s medical records system and is considered the state of the art.
The Juvenile Hall Clinic is one of the few juvenile detention facilities in California to be accredited. The Commission is proud that our county has provided a level of superior service and accountability to its youth. In 2010, the Medical Clinic received another two years of accreditation.

Title XV encourages the sharing of information with Juvenile Hall counselors as needed. The Commission believes this is especially important for those youth with mental health medications/services that may or may not be housed in the “Transitions” Unit where youth with particular mental health needs are housed. The number of youth diagnosed with Post Traumatic Stress Disorder continues to be a concern.

The Medical Clinic has not been renovated for the past 10 years. The Commission visited the X-Ray room. While the machine is usable, it should be remembered that it was provided “used” to the Clinic in the 1970s. When it breaks down parts are very difficult to obtain. Last year, physicians ordered 144 X-rays and they were provided in the Hall. However, this machine is incapable of providing digital X-rays. The dental clinic has a new used digital X-ray machine.

The many activities and accomplishments of the Santa Clara County Medical Clinic staff are worthy of note:

- In addition to completing nearly 3829 physician appointments per year, the nursing staff provides triage, performs tests, gives inoculations and presents health education to minors in different categories. Registered Nurses made 5296 sick call visits in 2010.
- Provides care and health education for minors with chronic illnesses, such as diabetes and asthma. Specialty services provided on site include: Neurology, Orthopedics, Dermatology, Radiology and Optometry. Grant monies supplement some of these services.
- The Hall Clinic provides Tele-nursing to the Wright Center and James Ranch.
- Participation in training and staff meetings to maintain and improve services, including cross training of nurses for assistance at other facilities.
- Volunteer funding and grants are actively pursued.
- Staff participates in committee meetings with Probation Administration, Mental Health and Food Services to maintain or improve health conditions in Juvenile Hall.
- The Clinic provides health screening, communicable disease assessment including HIV/AIDS testing. This testing can now be accomplished using a mouth swab instead of a blood sample. Health Education is provided by nurses and nursing students from San Jose State University, San Jose City College, Evergreen Valley College, San Francisco State and De Anza College on subjects such as Self-esteem, Skin problems, Sleep Disorders, Smoking Cessation, Teen Pregnancy and HIV Prevention and Dating Violence.
- Juvenile Custody Health Services helped to develop a tool to standardize nursing assessments and documentation of restraints. A Restraints Medical Documentation form was implemented. Youth in restraints are required to be seen
by the nurse every hour. The nurse also documents the time the restraints were removed.

- Through a grant with Stanford, 35 girls were interviewed about their basic understanding of reproductive health. They were very unsophisticated about their own bodies according to the study results. Bill Wilson Center is following up with educational workshops.

Title XV also requires the availability of first aid kits and first aid training in Detention Facilities. During our inspection we asked the medical staff to confirm the availability of first aid kits in all units. There was first aid kits in all units visited.

VIII. MENTAL HEALTH SERVICES

Commissioners met with the Healthcare Program Manager of Mental Health Services. The custodial care duties of the mental health staff are diverse and numerous with the primary focus on screening all admitted youth. This is accomplished primarily by screening staff supported by other team members within the first few days a youth is placed in Juvenile Hall. The strategic objective of the Juvenile Hall Mental Health Clinic is:

“to help youth get out of custody forever. We promote recovery from mental illness and addiction and believe that all individuals are capable of becoming healthy productive members of society”.

Mental Health staff also provides:

- Group and individual therapy including Cognitive Behavioral Therapy, Motivational Interviewing and Transformational Care Planning. These are evidence-based practices. These are among some of the soft skills expected to be expanded to use by Hall counselors.
- Medication evaluation and monitoring
- Crisis intervention
- Competence assessment
- Case management and collateral work with parents
- “B-watch” and one-on-one monitoring for youth at risk of suicide, self-harm and/or assaultive behavior
- Multi-disciplinary team participation with partners such as Probation, School, Medical and DADS. This role has been limited in 2011 since Mental Health lost the staff position to coordinate and manage these MDT’s. Although staff have taken some of the coordinator’s duties, the loss of the position of Coordinator of the MDT’s has caused a reduction of such conferences
- Consultation with Juvenile Justice Administrators, Probation Officers, District Attorney, Public Defender, Juvenile Hall staff, Ranch Counselors and Medical Clinic staff, the courts and school personnel designed to improve understanding and management of in-custody youth with psychological problems
- CITA or Mental Health Court which is currently below its capacity of 60 youth
• Mental Health Referral Center (MHRC) a service for all probation-involved youth including those out of custody and their families

Due to budget cuts over the past two years and the loss of the MIOCR Grant, the Mental Health clinical staff has been reduced to 12, including three vacant positions. They run clinics from 7:30am-9:00pm, Monday through Friday and on Saturday, from 8:30am-7:00pm. There is no Mental Health staff on Sunday and youth arriving on Saturday evening will not be screened until the following Monday or longer if it is a holiday weekend. Mental Health is available on call concerning youth who pose a safety risk to themselves or others. The current staff consists of:

• One full time lead /supervisor
• One Healthcare Program Manager
• Six Licensed Clinical Social Workers or LMFTs some of whom speak Spanish, Cambodian and Vietnamese. One is assigned to the CITA Court and one to the Mental Health Referral Center
• Four MFT or ASW Interns (some Spanish speaking),
• Three Health Services clerks (one Spanish speaking) and
• One Mental Health Clerical Supervisor (Spanish speaking) who is shared.
• Two bilingual psychiatrists equaling 1.0 FTE total.
• All staff consults with the psychiatrist on duty regarding their cases.

In the discussion about the Transitions/Assessment Unit (TAU), Mental Health continues to explore additional funding sources in an effort to maintain staffing and service levels in spite of budget cuts. The average caseload for staff is 20. Although the Hall population has been reduced, the mental health caseload has not significantly decreased. In fact, Mental Health now services a higher percentage of Hall youth – currently over 50% of Hall youth receives mental health services. The source of referrals are from: Probation as urgent needs referrals, the medical unit, the Multi-Agency Assessment Center (MAAC) and the youth themselves who have the right to request direct services which are provided usually within 24 hours of the request. Additionally, referrals may be made by teachers, counselors, DADS (Department of Alcohol and Drug Treatment) and/or parents. Mental Health and DADS are working closely to share information and interventions to improve client outcomes. Other experts have estimated the actual level of youth in the Hall with Mental Health needs to be as high as 70%. Youth in Juvenile Hall are screened through an oral interview and the self-administered MAYSI-2 with assistance available as necessary.

For youth leaving Juvenile Hall, contracts with community-based organizations provide Mental Health services for youth and their families. Referrals are made by the Mental Health staff in conjunction with Probation staff to the Mental Health Referral Center (MHRC) which is part of the Juvenile Hall Mental Health Clinic. MHRC staff assesses the level of mental health treatment needed for the youth/family and sends the youth to the appropriate community agency. The goal is to reduce the discharge planning activities from 7 to 5 days to assure that families get help soon after their youth are released from the Hall. While Mental Health continues to be a paper and pen dominated information system the hope is that they will eventually become part of
the new EPIC medical records system and continue to develop the “meaningful use of electronic data.”

There is a further need to continue to integrate DADS and Mental Health services in case planning. The new “Seven Challenges” substance abuse best practices model needs to include Mental Health staff in its implementation.

**Transition Assessment Unit (TAU):** Since 2007, the Transition Assessment Unit (TAU) with programming designed for boys with a history of emotional and behavioral health issues has been implemented. This unit usually has 24 or fewer youth (as opposed to the 30 located on other units). While the Behavior Modification program described in the Behavior Management section is in effect in B-4, it is applied with a less aggressive approach. Staff works closely with Mental Health Department staff to achieve better outcomes for the youth on this unit.

One strategy implemented in the B-4 unit is weekly case-conferencing meetings. These one-hour meetings pull together the Supervising Group Counselor, B-4 Staff, and Mental Health staff to discuss each youth housed on B-4. The youths’ behavior, appropriateness for the unit, eligibility for points and other rewards, diagnosis and challenges are discussed at this meeting. New referrals to B-4 are also discussed at this meeting. This weekly meeting has the effect of ensuring consistency in dealing with the youth in the unit, which is important to support positive outcomes for the youth. The success of the weekly meetings in B-4 has caused the other specialty units (B-3, B-7, B-8 and G-1) to begin implementing weekly conferences. With the February shift change, all units (including the general population units) will implement weekly meetings where the SGC and assigned counselors will discuss individual cases along with unit issues. The weekly meetings foster a consistent dialogue with counselors and SGC and allow an opportunity to discuss cases, programs, updates on individual minors and unit issues. One concern the Commission maintains is that there is no Mental Health unit for the girls.

As reported in the Bobbie Huskey Study of 2005, more than 60% of youth admitted to Juvenile Hall were identified by Massachusetts Youth Screening Instrument (MAYSI) as having a brain disorder such as bipolar, attention deficit disorder, non-verbal learning disorder or conduct disorder. More than 78 percent of the youth reported high levels of trauma leading to post-traumatic stress. Clearly, many youth would benefit from the support youth in B-4 receive.

The Healthcare Program Manager appointed in the spring of 2010 is updating the Operations Manual to be used by staff in conjunction with the countywide Mental Health Department Policies and Procedures Manual. The Program Manager worked with the Nurse Manager in the spring of 2011 to develop an “urgency” protocol so that the Chief Medical Unit physicians could make a referral directly to the Psychiatrist. This was recommended in last year’s Juvenile Hall Report. This manual also includes a Suicide and Harm Prevention Plan which is a Title XV requirement and was not available in such detail during the Commission’s last inspection. Commissioners also reviewed the large wall mounted “Watch and Staff Assignment Schedule” that dictates which staff is responsible for each youth in the Hall placed on a watch.

There are three watch status categories:
• B-15 watch requires that custodial staff observe a youth every 15 minutes to confirm his/her safety. A Mental Health clinician will see that youth at least once per week.

• B-5 Watch requires that custodial staff observe a youth every 5 minutes to confirm his/her safety. A Mental Health staff will see that youth once a day. Youth in this category usually have a Unit Care Plan and may be assigned to the B-4 Mental Health unit. Commissioners heard from some Hall staff that they are not privy to whether a youth is on psychotropic medication.

One-on One Watch requires that a custodial staff member observe the youth continuously 24 hours per day to confirm his/her safety. A Mental Health Clinician will meet with that youth at least once a day. It is the Mental Health Clinician who places the youth on One-on-One Watch. An email is forwarded to the youth’s living unit staff and Supervisor as well as the Control and Living Supervisors and the Medical Clinic.

The revised Operations Manual also outlines the protocol for the use of psychotropic medications. Again, this role requires collaboration with the Medical Clinic which dispenses the medications. Youth cannot give permission to receive medications. Nurses in the Medical Clinic contact outside doctors who may have prescribed psychotropic medications and contact parents for permission to continue or prescribe psychotropic medications. The Program Manager says that this can be a problem since in some cases it might take three weeks to get together all the paperwork to administer new medications. This situation has improved with additional hours of a staff psychiatrist’s time. The Mental Health Manual also provides the hospitalization procedures for youth requiring psychiatric hospitalization. These procedures also include the Medical Clinic staff.

In the past year, Mental Health has been assigned the responsibility of implementing the Juvenile Competency Protocol. When a Juvenile Court judge believes that a youth may be incompetent to enter a plea, withstand trial, or be sentenced because the youth may not understand the court process or effectively assist his counsel, the court suspends the proceedings. The new protocol then takes effect. The youth is then assigned a pre-trial competency evaluator. Incompetent youth are provided a mental health program entitled “Competency Restoration”. If the youth needs intensive mental health treatment, it can be provided. The competency process can take from one day to three years. Ideally, suspension of the proceedings would not exceed six months. The Commission will monitor the implementation of this new Competency Protocol.

IX.  CHAPLAIN SERVICES

Commissioners met with personnel who have overall responsibility for the management of religious programs at the Juvenile Hall. The Chaplain Services program is contracted with the Correctional Institutional Chaplaincy (CIC), which manages and coordinates the services and activities for multiple faiths with the exception of the Catholic Church for various religious programs at all adult and juvenile correctional institutions in Santa Clara County.
Title 15 requires the availability of access to religious services and/or religious counseling at least once a week. Attendance is voluntary and all religious programs shall provide a) opportunity for religious services; b) availability of clergy; and c) availability of religious diets.

Commissioners met with the Executive Director of the CIC and the Juvenile Hall Chaplain and discussed the programs that are available to youth while they reside in Juvenile Hall. The Chaplain has been at Juvenile Hall for three and one half years. We reviewed the various weekly programs that are offered by the Chaplain which include bible study, self-esteem, improving communication skills, worship, counseling, choir and development of positive relationships. Assisting the Chaplain are 65 volunteers who are given background checks prior to entry in to the program. The volunteer efforts of the Chaplain Services help to manage the costs and obtain community involvement. In some cases, the volunteers are used as interpreters for certain languages not readily available to the staff. The volunteers are carefully selected through in-depth interviews. Many volunteers have been with the Chaplain Services for years.

We also met with a representative of the Catholic Church, who has been managing this effort for two years, to review their program. Catholic Charities has 25 volunteers, which include four priests who provide masses, bible study and pastoral counseling.

Religious services are given in English, Spanish and Vietnamese. Reports are published by the Juvenile Hall Chaplain’s office which lists programs offered to youth. The Chaplain’s Office and the Catholic Church also provide monthly reports to the Probation Department that document worship services, volunteer time and counseling time. Overall, both programs manage the religious programs effectively.

X. EDUCATION

This section of the Juvenile Hall inspection report is based on last year’s report and the 2010-2011 Annual Report for Osborne School written by Osborne’s principal, the Commissioners’ observations and interviews with teachers, students and the principal.

Osborne School serves an average of 224 students in grades six through twelve, with the majority of students in grades 10-12. Student population has declined due to early diversion programs. The average stay of students in the program ranges from 20-23 days, with a few students attending the program from one to two years during a single period of incarceration due to lengthy adjudication. It should be noted that Osborne School is housed within the Santa Clara County Juvenile Detention Center (Juvenile Hall), with the classrooms adjacent to the housing units.

Students who remain longer than 30 days have their transcripts reviewed to determine graduation status and their best educational options. A Student Success Plan (SAP) is developed for each of these students by interim counselors based on input from the students, their parents, counselors and probation officers as appropriate and available. The principal also stated that student data were used frequently to ensure each student is receiving an appropriate education.
During the 2010-2011 there were 17 Alternative Education teachers and 3 Special Day Class Teachers at Osborne School. In addition, RSP teachers provide special education services for students. In the past, students were pulled out of their classes and given special education services. This year, 2011, is the first year the school is implementing Specialized Academic Instruction where the special education teachers deliver their services in the regular education classroom. All teachers possess valid California Teaching Credentials permitting instruction with the Alternative Schools and Special Education Departments. The Alternative Education Department (AED) continues the commitment of fulfilling the No Child Left Behind (NCLB) requirements of having fully compliant teachers providing instruction to students across all grade levels and subjects. During the 2010-2011 school year, the Master Schedule reflected Santa Clara County Office of Education’s (SCCOE) targeted hiring procedure: more than 70% of Osborne students attended classrooms taught by NCLB compliant staff. Class size averages between 10-15 students, depending on the nature of the class and the current student population. As unit sizes fluctuate, substitute teachers are needed from to time. The substitutes are pulled directly from the SCCOE pool and assigned accordingly. According to the principal, since January, 2011, two teachers were reassigned to schools at alternative school sites since the student population in the Hall declined. The relatively low student-staff ratio allows staff to establish and maintain one-on-one contact with students and monitor their individual progress.

The principal is assigned to Osborne School two days a week. Like last year, the principal continues to work at Stone Gate Community School, and be responsible for all special education functions. Also, there is a “Teacher in Charge” who, besides being responsible for helping students meet the requirement of the General Education Diploma (GED), also acts as a liaison between the different agencies and Osborne School, when the principal is not available.

The focus of Osborne School is Literacy and Numeracy. The core subjects focus on Literacy, Language Arts, Mathematics, Science, Social Studies and Physical Education. Staff members attend ongoing professional development, seminars and workshops to facilitate their instructional skills in delivering a sound comprehensive program to students. Every Wednesday, school ends earlier than the rest of the week. Staff uses that time to attend staff development activities at the County Office of Education one Wednesday each month. For the remaining Wednesdays, teachers collaborate with each other to align instruction with student performance. The academic program is defined and structured through adherence to state standards as defined by the California Department of Education.

The Commissioners visited several classrooms for this report. In one class, students were learning about the abolition movement in the 1860s. In another class, students were answering questions about how oxygen and carbon dioxide are exchanged in the environment. Finally, we observed students participating in a P.E. class. Commissioners observed the teachers to be very competent and committed to the education of the youth in their care.

Youth are assigned to housing units based on their custody status and the program to which they are assigned by the Probation Department. Therefore, with the exception of Special Day Class students and GED candidates not housed in secure units, all student schedules are determined by their living unit designation. To the extent possible, education is based on
individualized instruction. This is especially true for math because the students have widely differing abilities.

Within 24 hours of admission, a SCCOE Assessment Technician screens all minors. This process helps gather necessary educational and socio-economic data to help plan the student’s curriculum while attending Osborne School. Students are provided an average of 300 minutes of instruction in the areas of English, Language Arts and Math. The school is open for 232 instructional days. The only breaks the students get are two weeks off during winter break and a week during spring break. School during the summer is a continuation of the school year. The Osborne staff is trained, and they successfully provide Literacy and Language Arts instruction using “Character Based Literacy” a comprehensive curriculum developed through Santa Clara University. The principal indicated that while this was a great program, it did not provide teachers with enough tools to teach students to read, write and comprehend. As a result, this school began using “Edge”, a state-approved instructional strategy for English Language Learners (ELLs).

Youth take several tests while they are in Juvenile Hall. Aside from the initial screening by the Assessment Technician, students take the California Standards Tests (CSTs). For the 2010 year, the average percent of students tested who scored proficient in English Language Arts was 5%. The percentage was 4% in math. Students in grades 10-12 take the California High School Exit Exam. In March 2011, the percentage of 10th graders passing the exam was 50%. This number fell to 29% for 11th graders and 27% for 12th graders. Test scores across the board reflect the concentration of a higher risk population. These percentages as presented in the principal’s report focused the teachers where the support and services were needed. Students whose first language is other than English are tested in the California English Language Development Test (CELDT). While the goal is helping students acquire English skills so they can be designated Fluent English Speaking, it is a challenging aim because students do not always stay long enough to profit from the language services being provided.

The number of students who qualify for special education services fluctuates across the various units of Juvenile Hall. The principal indicated this situation is further complicated by the fact that 35% of enrolled special education students have non-compliant Individual Education Plans (IEPs). The special education staff reviews all daily admits into Juvenile Hall, and determines if a student is eligible for special education services using the Management Information System (MIS). Presently, all special education students are part of the county-wide MIS allowing for immediate access to special education information and data. Students are then placed with appropriate special education staff. Students are provided with services as indicated by the IEP, including any Designated Instructional Services (speech, mental health) and intensive services from resource specialists.

Osborne School has 3 Special Day Class (SDC) teachers to address the needs of identified students. One of the SDC teachers is specifically assigned to the multi-disciplinary team (MDT) with probation and mental health to help develop plans to address identified students’ needs. There are 2 full-time equivalent (FTE) Resource Specialists providing services to students across the different living units. Also, 7.4 FTE Special Education Assistants are assigned to specific classes and provide additional support to identified students.
Osborne School has a School Site Council in which students are involved, but their membership changes frequently. Because of this situation and the difficulty of finding parent members, new members must be voted in every other month. This makes the consistency of the decision making process difficult because the purpose and focus change every other month when new members begin attending. Because many students qualify for Title I funds, the federal government gives alternative schools money which the School Site Council plans to spend to augment student achievement. This committee decided to focus on technology by buying laptops for student use. A math lab was also equipped with at least 20 desktops. The committee considered other purchases including mini libraries for level reading materials, instructional materials for all staff and software for specific reading and math programs.

Students use computers for two general reasons—earning a GED or recovering units. A teacher is assigned to supervise students for these purposes. Each classroom has three to four computers that students can use under their teacher’s supervision. There are also laptops that can be transported from room to room. Because the staff members are concerned with the potential for youth to access inappropriate sites, school administrators at Osborne and the County Office of Education are continually ensuring that computer firewalls prevent inappropriate entry by students. As a result, Juvenile Hall has converted the entire system to a wireless network with substantially improved internet security. The wireless network is available in all units and classrooms to all teachers and students.

The Santa Clara County Office of Education collaborated with WestEd to review the Alternative Education Department. There were six recommendations some of which included collaborating with staff about reform ideas; creating more positive relationships between staff and students; and coordinating a system of service delivery that staff and students can access.

Finally, the principal indicated that several variables characterized Osborne School. They included 80% of students being enrolled less than three months and their movement between living units while enrolled. Also, 90% of students are not proficient in Language Arts and Math. Finally, instruction occurs in a setting where adjudicated variables may take precedence over schooling.

XI. POLICIES AND PROCEDURES

Last year, Commissioners met with the Probation Manager of the Institutional Services to review the Procedures Manual for Juvenile Hall (JH). The Procedures Manual is a 300 plus page document that details and establishes guidelines for the safe operations of Juvenile Hall. It serves as the reference manual and all employees are required to sign that they have reviewed, understand, and are accountable for all the policies and procedures related to the document. Depending on need, the Procedures Manual can readily be revised and is online in-house to the staff so they can refer to it if they have questions. Last year, the Commission recommended that the Policies and procedures Manual be accessed principally online. The Commission found that manuals in many units were not up-to-date. The Probation Department took that recommendation seriously and is hoping in February 2012 to approve an updated online manual.
Once a year, the Supervising Group Counselors, Probation Managers, and the Chief Probation Officer meet to discuss major policy changes or revisions.

QUALITY ASSURANCE PROCESS

To document how the Policies and Procedures Manual was actually being implemented in Juvenile Hall, the Probation Department organized a vigorous Quality Assurance Process in 2011. This provided an excellent opportunity for a team of staff members to inspect their own daily operations to ensure that current practice is in compliance with state mandates and the Department’s Policies and Procedures Manual. The team sought to identify areas of inefficiencies and develop corrective action plans to improve all aspects of the Probation system. Maximum performance was the focus rather than achieving minimum standards. The team used a three-prong process: data collection of relevant records and documents; surveys and interviews of staff, and youth and team observation of daily activities and programming.

Over the 2011 year, the Quality Assurance Team conducted eight program reviews:

- Leadership and Program Management including chain of command, staff supervision and staff qualifications.
- Food Services including meal service, preparation, sanitation and special diets.
- Admissions, Classification and Release including the intake and release process, youth orientation and the classification system.
- Training including annual and basic training.
- Behavior Management including behavior control, appeals and grievances and the use of isolation.
- Youth Rights and Services including mail, visitation, clothing and access to religious services.
- Facility Structure including evacuation plans, emergency tools and facility inspection review.
- Safety and Security including: escapes, use of force, transportation and population counts.

The Commission is anxious to have the Quality Assurance Team share the results of these studies with the Commission.

XII. DOCUMENTS REVIEWED

Documents and inspection reports from multiple sources were requested and were reviewed during the inspection. Included were:

a. California Corrections Standards Authority 2008-2010 Biennial Inspection of Santa Clara County Juvenile Facilities dated June 14, 2010
b. Santa Clara County Probation Department, Juvenile Hall and Ranches Daily Statistics, dated November 27, 2011

d. Institution Services Training Requirements Plan, 2010

e. Probation Department Procedures Manual

f. Annual Fleet and Facilities Walk Through of Juvenile Hall dated October 11, 2011

g. Santa Clara County Juvenile Probation meal plan, dated July 2011

h. Santa Clara County Juvenile Justice Commission Inspection Report, Juvenile dated January 2011

i. Juvenile Hall Salient Features Report, dated November 30, 2011

j. Probation Department Organizational Chart, dated November 30, 2011


l. Santa Clara County Department of Corrections, Correctional Institutions Chaplaincy Year End Report, dated December 10, 2010

m. Santa Clara County Probation Department Life Skills Preparatory Commitment Unit Program, dated 5/15/10

n. Juvenile Hall Comprehensive Calendar, dated November, 2011

o. Santa Clara Valley Health and Hospital System, Juvenile Probation Medical Services Annual Report, 2010

p. Inside Out, Parent Information Link/newsletter, dated October 2011

q. County Office of Education, 2010-2011 Annual Report for Osborne School

r. Santa Clara County, Public Health Department, Annual Health Inspection-Juvenile Hall Facility, 2011

s. Office of Fire Marshal, County of Santa Clara, annual fire life safety inspection of Juvenile Hall, May 19, 2011


u. Mental Health Referral for Services

v. Discharge Planning Flow Chart, Mental Health Services, 2011


x. Year End Update on 2011 Initiatives presented to Public Safety and Justice by the Probation Department, dated February 1, 2012

XIII. COMMENDATIONS

1. To the Juvenile Hall Staff and the Management of the Probation Department for their extraordinary efforts to divert youth from Juvenile Hall into more appropriate services. Their success has been astounding.

2. To Probation for their ability to attract outside funding for best practices programs during very difficult budget times.

3. To Mental Health staff for continuing to take on more responsibilities with fewer staff.

4. To Juvenile Hall management for the additional training related to “soft skills” and for establishing weekly unit meetings.
5. To Juvenile Hall staff for presenting excellent programming for Hall youth allowing them to engage with adults from the community who can provide youth with new skills.
6. To the County Office of Education for expanding the teaching process especially for English Language Learners, implementing the WestEd evaluation, having No Child Left Behind compliant teachers, and securing a new Math Lab with laptops and desktops for classroom use.

XIV. RECOMMENDATIONS

The Santa Clara County Juvenile Justice Commission recommends that the County Probation Department:

3. The kitchen constructed in the 1970’s is poorly equipped and needs replacement. The Board of Supervisors needs to allocate the resources to replace this kitchen.
4. There has been little decrease in the number of youth in the Control Program even though the overall population has significantly declined. The Probation Department’s Quality Assurance Programs should report on their study of the youth Control program.

The Santa Clara County Juvenile Justice Commission recommends to the County Health and Hospital Systems (HHS):

1. That dental care must be more available to youth. Dental problems should be identified before they become painful.
2. That the Medical Clinic and Mental Health staff continues to work to improve communication and collaboration in better meeting the needs of incarcerated youth.
3. That Health and Hospital Systems continue to work towards a unified medical record to include mental health, drug and alcohol abuse services, community based organizations and dental services.
4. That HHS provides a digital X-Ray machine for the Medical Clinic.
5. Secure grant funds to hire a Coordinator for the Multidisciplinary Team meetings.
6. Further integrate DADS and Mental Health cross training including all staff implementing “Seven Challenges” the new evidence-based drug and alcohol abuse program.
7. That the Medical Director be allowed to pilot practices to improve the sleeping habits of incarcerated youth.
The Santa Clara County Juvenile Justice Commission recommends to the County Office of Education (COE):

1. Because of the special needs of Juvenile Hall students, the principal should be assigned to Osborne School at least 50% of the time.
2. To ensure the continuity of teaching, the teachers’ school year should match the 232 day instructional calendar year of students.
3. To ensure the success of the West Ed review, the COE needs to develop a matrix showing the timelines, benchmarks and targets that define academic achievement.

XV. SUMMARY

The Juvenile Justice Commission has completed its annual inspection of the Juvenile Hall. Satisfactory responses were provided to the recommendations contained in the 2011 report.

The residents of the Juvenile Hall are well supervised in a safe and secure environment. The Santa Clara County Juvenile Justice Commission believes, that based on this inspection, the Santa Clara County Juvenile Hall meets the Commission’s standards for a safe juvenile facility.

Approved by the Santa Clara County Juvenile Justice Commission on ____________, 2012

Ray Blockie, JJC Chairperson Date

Nora Manchester, JH Inspection Chair Date 3/6/12