SHASTA COUNTY PROBATION DEPARTMENT
JUVENILE REHABILITATION FACILITY
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Tracie Neal
Chief Probation Officer
Sarah Till
Division Director

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Shasta County Juvenile Justice and
Delinquency Prevention Commission
2684 Radio Lane
Redding, CA 96001

Dear Chairman Steve McFarland:

Please accept this response to the 2016 annual inspection, as required by Section 229 of the California Welfare and Institutions Code. We appreciate the feedback of the Juvenile Justice Commission and your ongoing interest and advocacy for the well-being of Shasta County youth. The inspection identified three areas of concern or recommendation.

1. **A walkway between the JRF and the Juvenile Court has been planned (it actually was in the planning stage during our last visit in March 2016). This walkway will allow the juveniles to get to Juvenile Court without being transported by car with strict regulations. The walkway needs to be completed.**

   This item was discussed with Ed Miller, Assistant Chief Probation Officer. It has been decided that residents will continue to be transported to court via department vehicles utilizing existing protocol indefinitely. Construction has been halted in this area for the time being.

2. **The facility needs to develop a plan for maintenance that includes the painting of doors and appropriate privacy modifications to the windows of some of the doors.**

   Measures are being taken to purchase the correct paint. We plan to offer a new job that residents can apply for, which will entail painting various damaged surfaces on a weekly basis. This solution takes care of the need to paint damaged areas and adds a pro-social element.

Regarding the privacy modifications to some of the windows, Susan Wilson was contacted for additional information on this item. She advised that a door along the main hallway had its window partially covered by a manila folder, which essentially looked shabby and gave the impression perhaps its use was unauthorized. This door is labeled "Release" and is used to change out residents from JRF clothing to their personal clothing when processing them for release. This door was not meant to have a window, but it was too late in the construction process to change it. Given that the window needs to be covered on a permanent basis, we will task our work program with installing reflective tinting on the window.

Ms. Wilson also advised that there were manila envelopes taped onto a resident's room door on the 800 Pod that also looked unbecoming. There are times when such measures are taken to limit the ability for residents to look into our out of a room, unless you are directly in front of the door, due to unacceptable behaviors. State regulations, as well as best practices, prohibit the covering of windows on the doors to residents' rooms. This insures that staff can see into the rooms during safety checks and while supervising the group to maximize safety. We will be looking into other solutions that provide the necessary privacy barriers and look more professional and appropriate.

3. **Fire drills are held periodically. The report for the most recent fire drill held on 10/24/2016 was not included in the book describing fire drills. This was also an issue in our previous evaluation of the JRF. The facility needs to provide regular fire drills on different shifts and record the results for our observation.**

We have modified our policy and procedures as follows:

A. A facility supervisor shall be designated by the facility director to oversee the scheduling of fire drills.

B. Fire drills shall be conducted on both day and swing shift a minimum of every three months, utilizing the relevant Post Orders.
   1. The designated supervisor shall schedule the fire drills within the mandated time period, and provide the schedule to all supervisors.
   2. At the scheduled time, the shift supervisor shall coordinate with control to insure that alarm companies and ShasCom are notified of the drill.
   3. The shift supervisor shall initiate the drill as outlined in the post orders.
   4. The shift supervisor shall log the drill in the Fire Drill Log Book located in control, upon the completion of the drill.

C. Graveyard staff shall hold a mock fire drill a minimum of every three months, which includes:
   1. The shift supervisor reviewing policy and the evacuation plan.
   2. Discussing realistic scenarios that involve fire emergencies.
   3. Staff walking the shift supervisor through the steps of a response to a fire and evacuation.
   4. The shift supervisor shall then log the drill in the Fire Drill Log Book located in control, upon the completion of the drill.

Graveyard shifts are handled differently as residents are required to receive a minimum of 8 hours of uninterrupted sleep each night, per state regulations. This process will insure that staff can practice the drill without violating state regulations.

I would be happy to discuss these changes, as well as any other concerns or input that you might have, regarding our facility. Thank you for your service to the youth and families in our community.

Regards,

Sarah Till
Division Director
Juvenile Rehabilitation Facility

AB 403 (Stone): Foster Youth: Continuum of Care Reform

BILL SUMMARY

AB 403 is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults.

AB 403 addresses these issues by giving families who provide foster care, now known as resource families, with targeted training and support so that they are better prepared to care for youth living with them. The bill also advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment. The measure creates a timeline to implement this shift in placement options and related performance measures.

The measure builds upon many years of policy changes designed to improve outcomes for youth in foster care. It implements recommendations from CDSS's 2015 report, *California's Child Welfare Continuum of Care Reform*, which were developed with feedback from foster youth, foster families, care providers, child welfare agency staff, policymakers, and other stakeholders.

PROBLEM BACKGROUND

For over a decade, California has implemented policies to reduce the number of children in out-of-home foster care placements, which has resulted in a decline from a high of over 100,000 youth in foster care in 1999 to about 60,000 in 2014. These policy changes have included preventative efforts to reduce the likelihood that a child is removed from his or her home, early intervention in child welfare cases, and assistance with finding children permanent homes with relatives and through adoption.

County child welfare agencies provide services to about 95 percent of youth in foster care, including making arrangements for where the youth will reside and who will care for and take responsibility for the youth. Juvenile probation departments are responsible for the care of remaining 5 percent of foster youth.

"Continuum of care" refers to the spectrum of care settings for youth in foster care, from the least restrictive and least service-intensive (for instance, a placement with an individual foster family or an extended family member) to the most restrictive and most service-intensive (for instance, a group home with required participation in mental health treatment and limits on when the youth can leave the facility).

Most youth in foster care are placed in homes with resource families, but about 3,000 youth live in group home placements, also known as congregate care. Over two-thirds of the youth in congregate care have remained in such placements longer than two years, and about one-third have lived in such placements for more than five years.

Foster youth who live in congregate care settings are more likely than those who live with families to suffer a variety of negative short- and long-term outcomes. Such placements are associated with the creation of lifelong institutionalized behaviors, an increased likelihood of being involved with the juvenile justice system and the adult correctional system, and low educational attainment levels. Further, children who leave congregate care to return to live with their families are more likely than those who were in placed in family-based care to return to the foster system.

In spite of these well-known problems associated with this type of placement, too many children continue to be placed in, and remain living in, congregate care settings which do not always meet their needs or provide stable, supportive homes. AB 403 addresses this issue through a variety of policy changes.

COMPONENTS OF AB 403

To better meet the needs of youth in foster care and to promote positive outcomes for those youth as they

transition out of foster care, AB 403 implements the following policy changes:

- Updates the assessment process so that the first out-of-home placement is the right one.
- Establishes core services and supports for foster youth, their families, and resource families;
- Strengthens training and qualifications for resource families providing care to foster youth and congregate care facility staff;
- To the extent that the children are provided needed services and support, transitions children from congregate care into home-based family care with resource families;
- Transforms group homes into a new category of congregate care facility defined as Short-Term Residential Treatment Centers (STRTCs);
- Revises the foster care rate structure;
- Requires STRTCs and treatment foster family agencies to be certified by counties through their mental health plans;
- Evaluates provider performance.

AB 403 accomplishes the above in the following ways:

Home-Based Family Care: Reducing placements in congregate care settings will require specially trained resource families to be available to care for youth in home settings, either in resource families approved by a county or through a Foster Family Agency (FFA). AB 403 increases efforts to recruit and train families to meet the needs of foster youth as they step down from short-term residential placement settings with high service levels to less restrictive settings.

Residential Treatment: In order to reduce reliance on congregate care as a long-term placement setting, AB 403 narrowly redefines the purpose of group care. Group homes will be transitioned into a new facility type, STRTCs, which will provide short-term, specialized, and intensive treatment and will be used only for children whose needs cannot be safely met initially in a family setting. AB 403 establishes a timeline for this transition.

Providing Core Services: FFA programs, STRTCs, and social workers will provide core services and supports to foster youth and their placements. Depending on the type of placement and needs of a youth in foster care, core services may include: arranging access to specialized mental health treatment, providing transitional support from foster placement to permanent home placement, supporting connections with siblings and extended family members, providing transportation to school and other educational activities, and teaching independent living skills to older youth and non-minor dependents.

Cost: AB 403 establishes that both congregate care facilities and FFAs will offer the same level of core services to children at a rate that correlates with the level and type of services they provide. Social workers will provide additional core services and support to resource families. An initial state investment will lead to reduced placement costs, and to lower societal costs from improved outcomes.

Performance Measures and Outcomes: A multi-departmental review team will focus on the programs' administrative and service practices, and overall performance, to ensure providers are operating programs that use best practices, achieve desired outcomes for youth and families and meet local needs. To bolster this work, a satisfaction survey of youth and families will be used to determine their perception of the services they received, including whether the services were trauma-sensitive, and to provide feedback that can help programs serving youth and families make continuous quality improvements.

SUPPORT

- California Department of Social Services (sponsor)

OPPOSITION

- None received

FOR MORE INFORMATION

Contact: Arianna Smith
Office of Assemblymember Mark Stone
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CCR Implementation

- Implementation efforts for CCR will occur in stages between now and 2021 in Child Welfare Services, and in succeeding years in probation foster care.
- Group care will be primarily utilized only for Short-Term Residential Treatment Program (STRTP) that provides intensive treatment interventions. When needed, the STRTP placement option will be available to children and youth requiring highly intensive 24-hour supervision and treatment and will be designed to quickly transition children back to their own or another permanent family.
- Facilities seeking licensure as an STRTP will need to meet higher standards of care, be accredited, and be able to deliver or arrange for a set of core services including the mental health services that children need. A new rate structure is being developed for these programs.
- Foster Family Agencies (FFAs) are re-envisioned to provide various levels of care to meet a broader range of individual child needs. Like STRTPs, FFAs will make available a core set of services that are trauma-informed and culturally relevant, including specialty mental health services. FFAs, at the request of a county, may provide supports and services to county-approved families, including relatives. A new rate structure is being developed to support this change.
- Statewide implementation of the Resource Family Approval (RFA) process will improve selection, training and support of families under a streamlined, family friendly process for approving families (including relatives) seeking to care for a child in foster care, whether on an emergency, temporary or permanent basis. All families will receive training.
- Resources are being provided to counties to support the development and implementation of creative strategies for supporting, retaining and recruiting quality relative and non-relative resource families.
- Services and supports will be tailored to the strengths and needs of a child and delivered to the child/youth in a family-based environment. These services and supports will be informed by an assessment and developed through a Child and Family Team (CFT) process.
- Increases accountability and transparency of FFAs and STRTPs. This approach includes:
    - Accreditation by a national accrediting body
    - Publicly available provider performance measures
    - Consumer satisfaction surveys
    - Interdepartmental oversight framework

The Fundamental Principles Of CCR Are:

- All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.
- The child, youth and family's experience and voice is important in assessment, placement and service planning. A process known as a "child and family team," which includes the child, youth and family, and their formal and informal support network will be the foundation for ensuring these perspectives are incorporated throughout the duration of the case.
- Children should not have to change placements to get the services and supports they need. Research shows that being placed in foster care is a traumatic experience and in order for home-based placements to be successful, services including behavioral and mental health should be available in a home setting.
- Agencies serving children and youth including child welfare, probation, mental health, education and other community service providers need to collaborate effectively to surround the child and family with needed services, resources and supports rather than requiring a child, youth and caregivers to navigate multiple service providers.
- The goal for all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, children should not remain in a group living environment for long periods of time.

JRF MONTHLY REPORT
October 2016

I. POPULATION:

A. Totals for month: 638
- Male: 532
- Female: 106
- Custody Total Days: 560
- (Of those released in October 24)
- Average Length of Stay: 23 days

B. FURLOUGH
- Male: 248
- Female: 4
- Average Furlough Days: 8

C. JDAP
- Male: 103
- Female: 25
- Average JDAP Days: 4

D. HEC
- Male: 0
- Female: 0
- Average HEC Days: 0 days

E. Average Daily Pop: 21

F. Highest Daily Pop: 24

G. Lowest Daily Pop: 17

H. # of days over capacity: 0

I. # of days at/under capacity: 31

J. Bookings: 25

II. DONATIONS: Eight DVD's & one football donated by Jack Thomas, Sr.

III. JUVENILE HALL PROJECTS & SPECIAL EVENTS: One resident graduated High School

IV. SPECIAL INCIDENT REPORTS:

A. Total submitted 54 (Some had multiple categories)

B. Total # of minors 21

C. # by category:

1.	Assault	2
2.	Chemical Agent Employed (O.C.)	2
3.	Contraband/Smuggled/In-House	0
4.	Escape/Attempted Escape	0
5.	Furlough Violation	0
6.	Information/Documentation	16
7.	Injury/Illness*	12
8.	Insubordination/Disrespect	0
9.	Non-Compliance	14
10.	Physical Altercation	1
11.	Physical Restraint	8
12.	Profanity	5
13.	Property/Facility Damage	0
14.	Racial/Gang Related	2
15.	School	2
16.	Suicide/Attempted/Ideation/Statements	4
17.	Other	11
18.	Soft Hands	0
19.	Threats	2

*Explanation of injuries continued on next page

Explanation of Injuries/Illness & Suicide/Attempted/Ideation/Statements

1. Resident twisted his ankle playing basketball. The doctor prescribed ibuprofen and ice.

2. Resident slipped and fell in his room. He denied needing medical attention.

3. Resident jammed her finger playing basketball. The doctor was called and he asked that the finger be buddy wrapped to the next finger and resident given ibuprofen.

4. A pregnant resident found blood when she used the restroom. The nurse called Mercy Maternity and made an appointment for her.

5. Resident intentionally hit his head on the counter and received redness and a slight swelling on his forehead.

6. Resident who is pregnant fell and hurt her knee. The doctor was called and he prescribed ice and Tylenol and asked staff to keep a close eye on her.

7. Resident punched a wall, the nurse provided ice and Ibuprofen.

8. Resident punched his mirror and cut his hand. It was cleansed and bandaged, the medical provider was called and he was seen by the nurse the next day.

9. Resident complained of a knot on his finger hurting. He was seen by the nurse who said it was a small cyst.

10. Residents hand got infected and he had to go to the hospital to have it drained and intravenous antibiotics.

11. Resident fainted, she was seen by the nurse and he thought it could have been an anxiety attack.

12. Suicide Statements: 1. Resident was making suicide statements he was counseled by staff. 2. Resident said he wanted to hurt himself; he was counseled by staff and seen by Mental Health. 3. Resident said if he didn't get to move to another pod he would start cutting on his arm or jump off of his sink onto his head. He was seen by Mental Health and cleared 4. Resident stated he wanted to kill himself. He was counseled by staff and see by Mental Health and cleared.

JRF MONTHLY REPORT
November 2016

I. POPULATION:

A. Totals for month: 598
- Male: 479
- Female: 119
- Custody Total Days: 688
- (Of those released in November 20)
- Average Length of Stay: 3 days

B. FURLOUGH
- Male: 245
- Female: 13
- Average Furlough Days: 9

C. JDAP
- Male: 55
- Female: 0
- Average JDAP Days: 2

D. HEC
- Male: 0
- Female: 0
- Average HEC Days: 0 days

E. Average Daily Pop: 20

F. Highest Daily Pop: 23

G. Lowest Daily Pop: 18

H. # of days over capacity: 0

I. # of days at/under capacity: 30

J. Bookings: 20

II. DONATIONS:

III. JUVENILE HALL PROJECTS & SPECIAL EVENTS:

IV. SPECIAL INCIDENT REPORTS:

A. Total submitted 52 (Some had multiple categories)

B. Total # of minors 23

C. # by category:

1.	Assault	1
2.	Chemical Agent Employed (O.C.)	0
3.	Contraband/Smuggled/In-House	0
4.	Escape/Attempted Escape	0
5.	Furlough Violation	0
6.	Information/Documentation	19
7.	Injury/Illness*	21
8.	Insubordination/Disrespect	3
9.	Non-Compliance	5
10.	Physical Altercation	0
11.	Physical Restraint	1
12.	Profanity	9
13.	Property/Facility Damage	2
14.	Racial/Gang Related	0
15.	School	1
16.	Suicide/Attempted/Ideation/Statements	3
17.	Other	6
18.	Soft Hands	0
19.	Threats	4

*Explanation of injuries continued on next page

Explanation of Injuries/Illness & Suicide/Attempted/Ideation/Statements

1. Resident twisted his ankle playing basketball.
2. Resident said he was having chest pains; he was checked by the nurse and cleared.
3. Resident hurt his wrist while on furlough.
4. Resident hurt his ankle while playing basketball. He was seen by the nurse and given Tylenol and ice.
5. Resident hurt his elbow playing basketball. He was given ice and Ibuprofen.
6. Resident was hearing voices. He was seen by Mental Health.
7. Resident hurt his left ankle while trying to Michael Jordan. Nurse prescribed Ibuprofen.
8. Resident was having chest pains. Doctor prescribed Ibuprofen and Benadryl.
9. Resident would chock himself to make himself pass out. He was counseled by the nurse.
10. Resident hurt his finger while playing catch. He was seen by the nurse and cleared.
11. Resident twisted his right ankle while playing basketball. He was given ice, Ibuprofen and the ankle was wrapped.
12. Resident had red bumps around her mouth. She was seen by the nurse and cleared.
13. Resident punched the wall. He was seen by the nurse the next day and cleared.
14. Resident hurt his ankle while playing basketball. Nurse gave him Ibuprofen and restricted activity.
15. Resident had a rash on her thigh. The nurse prescribed Benadryl.
16. Resident reinjured his ankle on the rec yard. He was given ice and Tylenol
17. Resident hurt his ankle jumping up for a basketball. The Nurse gave him Ibuprofen.
18. Resident hurt his hand when he punched the wall. He received a few abrasions on his hand.
19. Resident passed out after vomiting and fell on his shoulder. Resident was given a sling per doctors orders and resident refused to wear it.
20. Resident complained of an ear ache. She was put on antibiotics.
21. Resident had abdominal pain; she was checked by the nurse and given Tylenol.
22. Suicide Statements: 1. Resident stated he wanted to die. He was counseled by the nurse. 2. Resident told his mother that he wanted to kill himself after receiving bad news. He was counseled By staff and seen by Mental Health Therapist. 3. Resident was saying she was going to harm herself. She was counseled by the staff and nurse.

JRF MONTHLY REPORT
December 2016

I. POPULATION:

A. Totals for month: 610
- Male: 553
- Female: 57
- Custody Total Days: 819
- (Of those released in December)
- Average Length of Stay: 32 days

B. FURLOUGH
- Male: 115
- Female: 0
- Average Furlough Days: 4

C. JDAP
- Male: 42
- Female: 0
- Average JDAP Days: 1

D. HEC
- Male: 0
- Female: 0
- Average HEC Days: 0 days

E. Average Daily Pop: 20

F. Highest Daily Pop: 23

G. Lowest Daily Pop: 16

H. # of days over capacity: 0

I. # of days at/under capacity: 31

J. Bookings: 21

II. DONATIONS: $90.00 Donation for residents to make cookies

III. JUVENILE HALL PROJECTS & SPECIAL EVENTS: One resident graduated from high school.

IV. SPECIAL INCIDENT REPORTS:

A. Total submitted 48 (Some had multiple categories)

B. Total # of minors 21

C. # by category:

1.	Assault	0
2.	Chemical Agent Employed (O.C.)	0
3.	Contraband/Smuggled/In-House	2
4.	Escape/Attempted Escape	0
5.	Furlough Violation	0
6.	Information/Documentation	15
7.	Injury/Illness*	7
8.	Insubordination/Disrespect	0
9.	Non-Compliance	10
10.	Physical Altercation	0
11.	Physical Restraint	4
12.	Profanity	3
13.	Property/Facility Damage	1
14.	Racial/Gang Related	4
15.	School	4
16.	Suicide/Attempted/Ideation/Statements	4
17.	Other	9
18.	Soft Hands	1
19.	Threats	3

*Explanation of injuries continued on next page

Explanation of Injuries/Illness & Suicide/Attempted/Ideation/Statements

1. Resident had a rash, the doctor was called and he prescribed Benadryl.

2. Resident complained of pain in his shoulder after exercise. He was examined by the nurse and it was determined it was a strained muscle.

3. Resident hit his back on the door frame when he ran into his room. He was given Ibuprofen, per the PA's instructions.

4. Resident hurt his ankle while playing basketball. The PA instructed that resident should receive ice and Ibuprofen.

5. Resident jammed his toe while closing the door and received a small cut. He was seen by the nurse and cleared.

6. Resident accidently hit a chair and hurt his finger. He was seen by the nurse and cleared.

7. Resident was hit in the face when a basketball bounced up. He was given ice and Ibuprofen per the PA's orders.

8. Suicide statements: 1. Resident stated he wanted to kill himself. He was counseled by staff. 2. Resident stated she would hurt herself if she was put in a locked room. She was evaluated by the nurse. 3. Resident was stating she wanted to kill herself. She was evaluated by the nurse. 4. Resident stated he wanted to kill himself. He was seen by the Mental Health Therapist and the nurse and cleared.