

# Juvenile Justice Commission County of Santa Clara

840 Guadalupe Parkway  
San Jose, California 95110  
(408) 278-5993 FX (408) 294-6879



## SANTA CLARA COUNTY JUVENILE JUSTICE COMMISSION GROUP HOME INSPECTION REPORT

### GENESIS GROUP HOME GILROY, CA MARCH 2012

#### I. INTRODUCTION

The Santa Clara County Juvenile Justice Commission conducted an announced inspection visit to Advent Group Ministries Group Home in Gilroy, CA, on March 13, 2012. The visit was a routine inspection pursuant to California Welfare and Institutions Code (CA W & I) Section 229.5. Members of the Commission also visited the administrative Offices of Advent Group Ministries at 90 Great Oaks Boulevard, Suite 108, San Jose, CA 95119 on March 15, 2012. The Commission was scheduled to inspect the Group Home for Boys in San Jose but it was closed because of low occupancy on March 9, 2012. Two Commissioners did conduct an official visit of the Boys Group home in San Jose in November 2011. That visit will be reported out separately.

Genesis Group Home (GGH) is privately owned and operated by Advent Group Ministries (AGM). AGM is a faith-based Christian oriented non-profit organization, which began operating group homes in 1986, and currently operates four group homes in Santa Clara County. GGH has been in operation for five plus years as a licensed home for adolescent residents. AGM is the only group home operator in the Santa Clara County that specializes in adolescents with drug and alcohol addictions. AGM also provides counseling services, outpatient drug and alcohol treatment for adolescents. AGM does not accept emergency placement.

GGH is state-licensed for a maximum of six residents and is classified as a Rate Classification Level (RCL) 12 group home.<sup>1</sup> Genesis provides services to both dependent (W&I Section 300) and probation minors (W&I Section 602). According to the Residential Program Director, one bed is (on-hold) for admits from the Department of Drug and Alcohol Services (DADS).

Five Commissioners inspected the facility and conducted interviews with the Chief Operating Officer (COO) and the Director of Programs of AGM.

<sup>1</sup> For the purposes of determining state foster care reimbursement rates, all group home providers are classified into one of fourteen RCLs [1 through 14], according to the level of care and services they provide

## **II. POPULATION**

At the March 13, 2012 inspection visit, there were three residents living in GGH. One of the residents is a current gang member or affiliated with a gang. Residents must agree not to engage in gang behavior while in placement. GGH houses members of the Norteño and Sureño gangs in the same house. AGM has a contract with the Aquarius Project that does gang intervention with residents of GGH when needed. The residents also receive gang support services at their schools through the California Youth Outreach (CYO) program.

## **III. FACILITY**

The group home is located on a large lot, approximately ½ acre, on a rural/suburban road in Gilroy, CA. The front, side, and back yards are well maintained. There is a section of the lawn that is covered by loose boards over the septic tank. This appears to be an unsafe condition on the property. The front entrance is not utilized and is secured. The property directly across is vacant land used for farming. There are trees on the property. The neighborhood appeared safe and clean. According to the Director of Programs, the home has few neighbors, and AGM has received no complaints from any neighbors.

GGH has three buildings: the main house, a second building that houses an office, a gym, a billiard room, and an entryway. This second building is not air-conditioned. There is also only one window in the billiard room and it is not alarmed. There is a third building which is used to store maintenance equipment and materials. This building is kept locked at all times. The outside of the buildings are in need of paint and dry rot was observed. The Director of Programs said that AGM is looking for a volunteer organization to do touchup and painting of the buildings. This has been done in the past. An old TV antenna on the roof with a wire hanging down within arm's reach needs to be removed. In addition, gutters need to be cleaned and painted.

In the second building in the office, was a locked refrigerator along with dry goods. Also in plain view were knives, kitchen cutlery, carving utensils and other sharp objects. There is a single window that looked into this office. This window was not secured. This caused concern for the Commissioners due to the knives and cutlery visible through the window as well as the confidential medical files maintained therein.

The living room, dining area, kitchen, bedrooms, laundry area, and utility and storage closets are all located in the main house. There are three resident bedrooms. Each room has two twin beds. The bedrooms are functionally furnished and the residents have added personal touches. There are two resident bathrooms, which appeared clean. There also are two bedrooms for the Resident Counselors.

The living room is furnished with two couches, a large screen television, a computer that does not have internet access and a bookcase. There is also a small, secure room with a telephone. The dining area has a large wooden table and seats eight comfortably. The kitchen was clean and the refrigerator was stocked with food. Additional food and emergency supplies are kept in a locked office in the second building. A weekly menu is posted on the refrigerator along with a list of chores and cooking assignments. There is no evidence of extra water or food in the kitchen area. This was because the Commissioners visit took place on a Wednesday, prior to the regular shopping day every Thursday. All the appliances were clean and in working order. Cleaning supplies are kept in a locked utility closet.

The Maintenance/Storage Building is secured with a lock. There is a window in the building where tools, furniture, and other items stored in the building can be seen from the outside. Among the items were plastic bottles and cans. The maintenance staff person was called to the site so that the Commissioners could inspect the building interior. Spray paint, lamp oil, old paint cans, and various cleaning products were found. This caused concerns on the part of the Commissioners since there were no security devices on the window.

House rules, expectations and guidelines, and various informational materials including the emergency evacuation chart are posted in the hallway.

#### **IV. STAFF**

There are six staff members employed by AGM at GGH. There are two live-in Resident Counselor/Child Care Workers, who each work 54 hours over four days. The Commissioners learned from COO that having the counselors living on-site added to the “family” atmosphere of the group home. Commissioners met with two counselors, the Program Supervisor, and the Director of Programs during the visit.

A Senior Counselor works five days a week from 9:00 am to 7:00 pm. The Senior Counselor trains new staff and provides day-to-day support for the other staff members. Additionally, AGM’s central management team provides support and supervision to the staff at GGH.

GGH has one nighttime Resident Counselor who provides awake night supervision 7 days a week. There is also a Program Supervisor who works 45 hours per week, and oversees all operations and staffing for GGH.

All counselors employed at GGH are college graduates. AGM provides a detailed, structured training program for group home staff. The Senior Counselor accompanies new staff throughout each day of the first two weeks of employment. For the first three months of employment, staff must attend weekly training sessions and an all-day training once a month. In addition, all staff must attend on-going half-day in-house trainings once a month. Training checklists are used to monitor progress and confirm that all topics are covered and completed by new staff. AGM also has a program of continuing education and staff development.

## **V. SAFETY**

Smoke detectors are located in all bedrooms and hallways at GGH. A CO2 detector was located in the laundry room. More CO2 detectors are needed in the home. Fire extinguishers are located in the kitchen and hallways, and are inspected on an annual basis or as necessary. The Fire Marshall Permit was not posted on the wall or in the house at the time of the inspection. AGM COO provided a copy of a letter from the Fire Marshall showing that an inspection was conducted in February 2012. The escape route plan was posted in the hallway by the office. The Commission is concerned that the plan is not posted in additional places around the home.

## **VI. PERFORMANCE LEVELS, DISCIPLINE, AND GRIEVANCES**

The AGM Intake Coordinator interviews each potential new resident entering GGH for approximately 2 hours, and then makes a recommendation for placement. The COO and the Program Director together make a final decision about whether to accept the minor for an AGM group home. As a matter of policy, AGM does not take any residents who are charged with sexual assault or arson, and carefully considers whether to accept those charged with possession of a deadly weapon. AGM's focus is on residents who have drug and alcohol related charges.

Upon their arrival at GGH, each resident is informed that they are expected to complete five phases while in the residence. AGM also contracts with Santa Clara County's Department of Alcohol and Drug Services (DADS) to provide a 90-day program to residents of GGH. Residents referred through DADS are expected to complete 3 phases. Each phase has predefined goals and an assigned point system. The Discipline system is based on Positive Behavior Intervention and Supports (PBIS). Residents earn positive points by following the rules and expectations of the program. If a resident does not earn enough points in a day, they will lose privileges the following day. A resident may remain at each phase for about 4-8 weeks. A resident's petition to advance to the next phase is reviewed by the Staff. After completing each phase, the resident receives more flexibility and freedom; residents can gain the right to have home visits and attend sporting events or outings, for example. If the resident commits major violations of the rules and expectations, they may be held back from petitioning Staff to move to the next phase, which could extend their stay in the program.

If any violations of the rules or expectations are discovered, the residents will lose daily points and may be placed on "yellow light" or "red light" status, which means they lose certain privileges the following day. If the residents lose too many points, they cannot advance to the next phase level (described below) as quickly, and consequently, their release can be delayed. AGM has a "Runaway Protocol" for all Group Homes." According to the COO, AGM has reduced escapes from its group homes over the last two years.

Complaint/grievance procedure forms for the residents are posted in the hallway of the main building, near the office. The Program Supervisor reviews all complaints and grievance forms submitted by residents. The Program Supervisor makes a recommendation for disposition of each complaint/grievance form filed and faxes it to AGM's main office. Grievances are also reviewed by the Group Home Administrator.

Over the last 12 calendar months there were 10 grievances submitted by residents in GGH. All of the grievances received responses by the responsible staff in a timely manner. Residents received copies of the disposition of the grievance. The Chair reviewed the grievances and did not view any of the issues they raised as sources of major concern. The grievances dealt with being changed from a yellow designation to red; alleged false accusations of dishonesty; and sagging.

Residents in GGH receive a weekly allowance of up to \$8.50/week. In addition, they receive a \$30 per month clothing allotment. Residents can use their allowance during Saturday outings and to pay for personal expenses. The funds for these allowances come from the County contract.

There are two ways a resident leaves GGH: graduation or termination. If a resident graduates, they usually return to their family. If a resident is terminated, it is usually because they have violated part of their probation terms (some examples are fighting, absconding placement [running away], and failure to follow program rules and expectations) which means they must return to Juvenile Hall. Residents are given a grace period of 24 hours to return to the Group Home if they runaway.

## **VII. FOOD**

Residents at GGH are served breakfast, lunch, and dinner. Any special dietary needs and/or food allergies are taken into account by Staff. Staff prepares breakfast and lunch on weekends. Lunch during the week is served at the residents' school. Residents at the house, with the help of staff, prepare dinner. Each resident has a schedule for various chores in the house. Residents do their own laundry.

“Surplus” items such as chips, a loaf of bread, canned goods, cooking oil, condiments, soda, rice, salsa, cranberry sauce and fruit juice were stored in the small office located in the recreation room building. In the freezer in this office were frozen item such as waffles, corn dogs, ground beef, and a few frozen chicken breasts.

State Licensing requires that all food shall be selected, stored, prepared, and served in a safe and healthful manner. According to COO, there is rarely leftover food but when there is, it must be sealed in a proper container and dated to ensure spoiled food is not ingested. Further, licensing rules require the facility to maintain an emergency food supply. GGH meets this requirement by storing food in the locked office of the second building. GGH maintains an inventory of food items and one staff member is assigned the

duty to replenish food items when necessary.

Bottled water is considered part of the emergency food supply. The Commissioners could not find any bottled water with the emergency food supplies or at any other location in the facility.

## **VIII. EDUCATION AND PROGRAM PARTICIPATION**

Residents stay an average of 9-12 months at GGH. This allows them to complete the Mental Health Program and Drug Diversion Program. All of the residents of GGH attend the Odyssey Community School (OCS), an alternative school run by the Santa Clara County Office of Education in San Martin, California. The school day is from 8:30 AM to 2:20 PM. The school program runs year-round with the exception of holiday weeks. The residents are transported to and from school each day by staff in the group home's van. According to COO, the residents perform scholastically between the 5<sup>th</sup> grade and 8<sup>th</sup> grade level, and are all behind in school credits (from a half semester's to a whole year's worth of credit). The residents are all in either the 11<sup>th</sup> or the 12<sup>th</sup> grade.

Residents attending at OCS complete all of their schoolwork during the school day, so they do not have any homework to complete in the evenings. This leaves adequate time for GGH residents to attend counseling sessions and to work on continuing assignments related to their recovery program at the group home. As part of the interview process for GGH, the Intake Coordinator screens potential residents to ensure they have the academic skills necessary to understand and complete the recovery assignments.

The residents also have daily physical education classes and have the opportunity to participate in a voluntary basketball league. Finally, OCS provides Job Development Services on campus. At the group home, Commissioners observed the billiard table and weight lifting equipment. In one of the recreation rooms, there is a billiard table and a small cabinet with books. Recreation days are on the weekend. During school holidays, the residents have gone on camping, snow, and beach trips.

## **IX. HEALTH CARE**

AGM accepts residents with Medi-Cal, Kaiser, or other health insurance plans. Residents receive full physical and dental examinations within two weeks of admittance to GGH. Resident staff transports residents to all appointments. A complete medical and dental history is taken at the resident's intake interview. GGH only accepts ambulatory residents.

As discussed above, GGH is a drug recovery placement. Therefore, the residents placed there have an addiction to a drug and/or alcohol, which interferes with their health. The Program Director said that the residents do not have other serious medical issues.

Residents at GGH go a physician for routine medical care. Residents are taken to

St. Louise Hospital for emergency medical care. GGH has excellent policies and procedures concerning the provision of medical care in emergencies and non-emergencies. Staff completes a form about the resident and then the treating physician completes the form with prescribed medications or other recommendations or restrictions. The facility has strict policies concerning the administration of medications. Medications are distributed by staff and are kept in a locked cabinet in a locked closet.

The Director stated that residents are educated about reproductive health needs and challenges at both the GGH and OCS. According to the Director, residents come forward with requests to talk to a counselor at GGH when there is a specific need. OCS provides curriculum covering reproductive health needs to the residents.

## **X. MENTAL HEALTH**

The Mental Health model for the AGM Program is described as trauma-informed treatment. A mental health assessment is completed for each resident admitted to an AGM facility. An assigned Social Worker is responsible for guiding residents through the treatment program. Residents pass through five phases of treatment lasting a total of 9-12 months. Resident set their own goals and objectives with the help of AGM staff. Residents attend at least five meetings of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) each week. They also may attend a church service or another AA or NA meeting on the weekends.

Phase I of the treatment program takes approximately 6-8 weeks. In Phase I, the resident agrees to enter Drug Treatment and attend daily on-site and off-site 12 step meetings. Each resident establishes a relationship with a Drug Recovery Sponsor. This stage is described as “Pre-Contemplation.” Phase II is described as Contemplation. In this phase, the resident focuses on learning how to deal with the ambivalence of change, and assesses the pros and cons of their behavior choices. Phase III is “Ready to Change” or “Preparation.” Here the resident learns strategies to change their behavior. Phase IV is called “Action.” In this phase, the resident learns how to recover and how to avoid lapses. Phase V, the final phase, is called “Maintenance.” This phase teaches the resident how to get back on the road to sobriety if and when the resident relapses.

While the residents in GGH are focusing on their drug recovery, they are also learning social skills by living with other adolescents. Each resident has their own mental health clinician. Resident staff transports the resident to their weekly off-site mental health appointments at the AGM Therapy site. An AGM Clinical Supervisor oversees the therapists at the site. Resident and their families also may receive family therapy sessions so that family issues can be addressed, and the resident’s return to the community can be successful. Aftercare is also available through AGM’s Outpatient Program to provide support as the resident transitions back to their home.

Residents of GGH also complete a two-month long gender specific program entitled “Voices,” where they focus on personal self-worth and goal-setting, and a group program entitled “Seeking Safety,” which addresses trauma and substance abuse. They also

complete an anger management course. Staff meets weekly to discuss each resident's progress in drug recovery, educational programs, and mental health therapy.

## **XI. FAMILY VISITATION**

Family visitation is offered once a week to residents of GGH. Visitors are asked to leave purses and other items in their vehicle and if a family is visiting for the first time, staff asks for identification. During family visits, staff meets each parent or guardian and depending on the resident's Phase level, the resident may meet with their parent or guardian at GGH, or go home for a weekend visit. Family visits for Dependency Status minors are always supervised. Only approved individuals are allowed to visit GGH. Typically, this is limited to parents and siblings. When a resident leaves the facility with a non-staff person, a document called "Assume Responsibility form" is completed, which contains information about the person taking the resident out and the time they will be away from the facility. Also prior to any off-site visit, the resident is required to fill out a "pass request" form with all the details of the visit, including who is picking them up. GGH maintains a daily log of who visits the resident.

## **XII. FEEDBACK FROM RESIDENTS**

The Commissioners interviewed the three residents residing at GGH. Residents described GGH staff as friendly and caring. Residents appeared to be happy and engaged. They did not complain about specific rules and regulations. They spoke highly of their therapist who has been helping them to overcome their addictions and other problems.

One resident did indicate that they had difficulty with Math and had asked for a tutor from the Odyssey Community School Staff. The resident's request was denied by the Staff at Odyssey Community School. This did bring up a concern from the Commissioners that Community Schools are not inspected by the Juvenile Justice Commission.

## **XIII. DOCUMENTS REVIEWED**

- 1) Department of Alcohol And Drug Program Certification – valid until Nov. 30, 2012
- 2) All in-house forms to operate the Group Home:
  - a) Intake Interview Form
  - b) Minor Psycho-Sexual History Form
  - c) House Rules and Expectations
  - d) House Recovery Program Guide



- e) Four Phases of Improvement Guidelines and guidelines for earning points during stay
- f) Color Guidelines for award or reduction of points or reduction
- h) Gang Controls Rules
- g) Evacuation Plan and Map
- h) Runaway Protocol
- i) Planned Discharge Form
- j) Emergency Discharge Form
- k) Counselor Training Checklist
- l) Visitor Pass Form
- m) Grievance Form
- n) Daily Log of visitors, medication schedule for residents, school, and doctors' visits logs
- o) Schedule for Meals
- p) Food Inventory Checklist
- q) Allowances
- r) Medication Procedures
- s) Menu
- t) Letter regarding Fire Inspection

#### **XIV. COMMENDATIONS**

The Juvenile Justice Commission commends:

1. AGM and its staff for the overall cleanliness of GGH and its furnishings. The organization and tidiness of the facility were effective. AGM has all necessary forms and guidelines to protect the safety and well-being of the residents from intake to discharge.
2. The Administrators, Resident Program Director, and other staff for their dedication to the residents residing at GGH. It is notable that this was all done while dealing with the closure of one of their sister group homes.
3. Administration and staff for their cooperation in scheduling the Commission's visit to GGH, and for their prompt response to a follow-up meeting necessary to complete this inspection and report.

#### **XV. RECOMMENDATIONS**

1. Review of City and County guidelines that would allow for installing a safer septic tank cover.
2. Windows should be secured in the office of the second building and the maintenance building.

3. The outside of the buildings should have any dry rot removed and repaired and the buildings should be painted.
4. A valid Fire Marshall permit should be displayed at GGH.
5. An escape route plan should be posted throughout the home, not just in one hallway.
6. Bottled water should be purchased and kept as a part of the emergency food supplies.
7. The Juvenile Justice Commission should conduct an annual inspection of at least one Community School.

**XVI. SUMMARY**

Based on the information gathered during this inspection, the Santa Clara County Juvenile Justice Commission concludes that GGH has met the standards and requirements for a well-run group home for residents with drug and alcohol addictions.

**Approved by the Santa Clara County Juvenile Justice Commission on June 5, 2012.**

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Ray Blockie, JJC Chairperson

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Date

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Bob Nuñez, JJC Inspection Chair Date

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