

Juvenile Justice Commission County of Santa Clara

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SANTA CLARA COUNTY JUVENILE JUSTICE COMMISSION GROUP HOME INSPECTION REPORT S.T.A.R. HOUSE III AUGUST 2015

INTRODUCTION

St. Andrews Residential for Youth (S.T.A.R.) operates two group homes in Santa Clara County, one for boys (S.T.A.R. House I) and one for girls (S.T.A.R. House III). The subject of this report is S.T.A.R. House III, which was licensed on September 8, 1994 as a RCL Level 12 facility¹ for both dependency and juvenile justice placement.

Three Commissioners from the Santa Clara County Juvenile Justice Commission (JJC) visited S.T.A.R. House III on April 17, 2015 as a result of a complaint received from a parent. Based on the findings of the visit, the Juvenile Justice Commission decided to conduct a full inspection of S.T.A.R. House III (Home) pursuant to California Welfare and Institutions Code Section 229.5² and the criteria established in the California Code of Regulations, Title 22, Division 6, Chapter 5 (§ 84000 *et seq.*). A team of Commissioners conducted the inspection of the facility on May 11, 2015 with a follow-up inspection on June 10, 2015. The team interviewed the Home management and personnel and reviewed documentation provided to the residents and staff. In addition, the California Department of Social Services' Community Care Licensing Division (CCL) file for the Home was reviewed. The findings and observations of the visit, inspection, interviews and document review are detailed in this report.

PRELIMINARY VISIT: APRIL 17, 2015

The following is a summary of the Commissioners' observations during this visit:

- The front and back yards were neat and well maintained.
- The common living areas on the first floor were generally orderly and clean.

¹ Group home providers are classified into one of fourteen Rate Classification Levels (RCL) according to level of care and services provided.

² WIC 229.5 (a) Notwithstanding any other provision of law, a juvenile justice commission may inquire into the operation of any group home that serves wards or dependent children of the juvenile court and is located in the county or region the commission serves. The commission may review the safety and well-being of wards or dependent children placed in the group home and the program and services provided in relation to the home's published program statement.

- The kitchen was clean and tidy.
- None of the bedroom windows had screens.
- The residents did not have access to a working computer in the family room. They were allowed to borrow laptops stored in the office and to take them to their rooms without supervision of internet usage.
- One of the three bedrooms was open for viewing by the Commissioners. The bedroom was adequately furnished but untidy with clothes on the floor and in a laundry basket. The beds were unmade.
- The shared upstairs bathroom did not have toilet paper, soap or hand towels. A resident's underwear was left on the floor.
- A closet located in the family room where extra blankets and sheets were stored was in disarray with the contents stacked in large piles on the floor.
- A large uncovered garbage can containing kitchen waste was located next to the dining room table.
- The majority of the canned foods stored in the garage were dented and past the expiration date. Food boxes had been opened and then taped shut.
- The water heater stored in the garage was behind a large piece of plywood with access obstructed by numerous boxes and items.

INSPECTION: MAY 11 AND JUNE 10, 2015

I. Population

The Home is licensed for girls 13 to 18 years with a maximum capacity of six youth. The license is posted in the living room. At the time of the inspection, there were two girls who were placements from Alameda County. The remaining four girls were placements from Santa Clara County.

II. Facility

The two-story house is located in a residential neighborhood that is quiet and well maintained. Inspection of the group home exterior, front and back, indicated that the property appeared to be in good condition and well maintained.

The Home has four bedrooms and three baths. Two bathrooms are located upstairs. The master bedroom is used as an office and is where the resident files, medications and Home records are kept. The master bathroom adjoins the bedroom and is used primarily by staff. Each bedroom has two beds and was furnished adequately. At the time of the May inspection, there were screens on all bedroom windows.

There was one small air conditioning unit located in the living room that provided air conditioning for the residents on the first floor only. The bathrooms were clean and well organized.

The living room contained a large screen television and two couches. The contents in the family room closet were now on shelves and well organized. The family room had two

working desktop computers that had filters restricting access to non-approved sites. The younger residents are monitored.³

In the kitchen, all counters and cupboards were clean and well stocked. The food was stored in the cupboards and a check of expiration dates indicated that all were within the proper dates. The dining area, which included a large dining table with seating for eight, was generally clean and free of clutter. The large uncovered garbage can for kitchen waste observed during the April visit was still located next to the dining table.

The washer and dryer were located in a laundry room between the family room area and the garage. This area also contained a bathroom. New motivational and informational posters were posted on the wall in the family room and in the stairwell.

The boxes were removed from the front of the water heater in the garage, but there did not appear to be an easy way to open the plywood board in front of the water heater nor any venting. One of the inspection Commissioners noted an area in the garage ceiling had separated and the sheetrock was hanging loose. In addition, he found several exposed nails at the bottom edge of the large garage door.

III. Safety

CO₂ and smoke detectors were located in each bedroom and the staff office. All detectors were wall-mounted inside the rooms above the doorframe. Additionally, a ceiling-mounted detector was in the upstairs hallway. Another was located on a wall next to the staircase landing. Additional detectors were in the living room and kitchen. The first aid kit is kept in the upstairs staff office.

Escape route maps were located on the wall in the kitchen, in the front living room next to the front door and in the upstairs hallway. There were no fire ladders provided for escape from any of the upstairs bedrooms or the staff office. The Commissioners saw two fire extinguishers in the home. One was on a wall in the kitchen and another in the upstairs staff office. The staff stated that fire evacuation drills are held once a month.

The Executive Director reported that the Home has not had a fire inspection in recent history. The San Jose Fire Department's records show that the last and only fire inspection was done in 1999. Even though the Title 22 regulations⁴ do not require a periodic re-inspection, the Commission believes that in the interest of the residents' safety, periodic fire inspections should be conducted by the San Jose Fire Department.

³ Staff indicated that all residents except one have smartphones where residents have unlimited access to the Internet, email, social networking sites and phone calls. Since these smartphones are personal property, the Home cannot monitor, control access to the sites nor take the phones away.

⁴ Title 22, Div. 6, Chap. 1, Art. 3, Sec. 80020 (a) All facilities shall secure and maintain a fire clearance approved by the city or county fire department, the district providing fire protection services, or the Fire Marshall. (1) A request for fire clearance shall be made through and maintained by the licensing agency."

IV. Staffing

The house staff consists of eight people with nine backup staff. The Commissioners reviewed the staff schedule and found it complied with Title 22 regulations. In addition, there is one mobile supervisor who drops in during the night and is available 24 hours a day to handle any emergencies.

Staff members are required to meet Title 22 standards for employment. Most of the current staff have a minimum of a Bachelor's Degree, which meets the standard for the Home RCL level. Staff Training mandates 40 hours of yearly training, which includes 12 three-hour mandatory training sessions a year. In addition, the staff have attended eight Group Home Training sessions in 2015 which included topics ranging from Chronic Runaway Intervention to Assessing and Working with Suicidal Youth. Some, but not all, staff received training on trauma-informed care.

V. Food

The kitchen was located adjacent to the dining room. Youth eat their meals at the large dining room table. The kitchen was clean and the refrigerator was well stocked. Food storage located in both the kitchen and garage contained enough food for a 14-day period. Uneaten fresh food was replaced weekly.

Menus are planned four weeks in advance and posted in the kitchen. The Commissioners reviewed the current posted menus. The Home contracts with the Executive Management Services Company (EMS) to prepare the menu, which follows the California State Department of Education recommended menu selection. The Counselor Supervisor Case Manager buys the food at local grocery outlets such as Grocery Outlet and Trader Joes. During the May inspection, the Commissioners did not see any dented can goods in the garage.

VI. Medical and Mental Health Services

The Home is responsible for the medical care of youth while they reside there. In accordance with the Title 22 regulations, a physician, dentist and optometrist see a youth within 30 days of admittance. Staff schedule and provide transportation to appointments.

A resident's file contains a Health and Education Passport, which includes records of immunizations, special medical needs, medications and the name of the current physician. These records travel with the resident to every placement. At intake internal procedures require a completed Intake and Admissions Agreement, a Medical Consent Form, and an Emergency Contact List. These files are kept in a locked cabinet in a locked closet in the staff office. Designated staff retain the key. The staff Policies and Procedures Manual contains the protocol in case of a medical emergency and it was also posted.

Staff and administrators confirmed all staff and administrators were certified in Cardiopulmonary resuscitation (CPR), First Aid and automated external defibrillator procedures, epinephrine auto-injectors, as well as the approved use of inhalers. Every 2 years, staff are recertified on CPR and first aid.

The Commissioners reviewed the S.T.A.R. policies and procedures for medication storage and found the Home in compliance with Title 22 regulations.

Four of the six residents were receiving mental health treatment. The Home's procedures for assisting residents in obtaining treatment complied with Title 22 regulations. The Policies and Procedures Manual detailed the actions staff must follow to manage a psychiatric emergency and access to an emergency "hot line" was posted in the house.

VII. Behavior Management

The Home established a four-level behavior management system based on points earned per day for behavior: Platinum (21-25 points per day), Green (14-20 points), Yellow (8-13 points) and Red (1-7 points). All residents start at the top, Platinum Level. The Residents sign a Group Home Resident Agreement detailing the basic requirements for behavior and the system is also explained to the resident during new resident orientation.

The Resident Manual included the behavior and discipline levels, incentives, allowance, and ways the youth can earn points by doing extra chores or a special project. This information was also posted on the wall upstairs. The Resident Manual also contained well-defined statements concerning the policies for curfews, visitors, sign outs (day passes), AWOL (absent without permission) and grievances as well as all other house rules. The staff Policies and Procedures Manual contained a clear policy against the use of restraints. This behavior management system and the information provided to the residents were in compliance with Title 22 regulations.

After a discussion with staff, a conversation with a resident and viewing the level of all residents on a whiteboard in the office, most residents were on Red level. The Administrator and Counselor Supervisor noted that youth are increasingly dealing with more trauma and mental health issues, which have led to more behavioral issues in the Home. The Commissioners express a concern that the majority of the residents were at the lowest behavior management level.

The Home documents incidents involving emergencies and violations of policies and procedures in Incident Reports (IRs). One of the Commissioners inspected a large binder containing IRs from January 1, 2015 through May 8, 2015. The policy on the use of IRs is clear to staff and residents. The S.T.A.R. Board of Directors receives a monthly report on IRs and would review a specific IR if an incident warranted attention.

VIII. Education, School and Attendance

The Home is in compliance with Title 22 regulations concerning, education and school attendance. According to S.T.A.R. policies and Procedure, residents are required to attend school. The residents attend either the schools closest to the Home or attend her home school. Staff will transport the youth or offer bus passes to a youth who is 16 or older, if the school is not close to the Home.

Since a dependency system youth cannot be forced to attend school, refusal to attend school and truancy appear to be an issue with the residents in the Home. One resident has refused to attend school for an extended period of time. If a resident is not attending school, or is truant, the Home currently issues an automatic Red Level and contacts her social worker and/or therapist to inform him/her of the situation. The Home will make efforts to find out the reasons for the truancy. If a resident is not in school, she cannot sign-out during school hours unless the youth is going with a parent not on the “no contact” list. Otherwise, the youth is required to help with house chores.

To track attendance, assignments and performance, the Home has access to “School Loop,” which is an online program available to parents and guardians. The Home checks this system weekly. If a resident goes to a school that does not use “School Loop”, staff will go to the school weekly to obtain a printout of attendance and progress reports. The school will notify the Home the same day if the resident is truant or if other problems arise at school. Staff added that it is not uncommon for the Home to call the school also to find out if the resident is in class. The Home will also call San Jose PD TABS (Truancy Abatement/Burglary Suppression) Unit for assistance. However, TABS will only intervene once and the office opens after 9 AM, after the school day starts. If a resident is underperforming, an internal case management session is held to find community resources to assist and then recommendations would be submitted to the parent, social worker and/or the educational rights person.

IX. Programs

Residents are encouraged to participate in activities. The following is a sampling of activities available to the residents:

- Extra-curricular school related activities
- YMCA (for example, yoga and swimming)
- Classes at the Hub (a collaboration between community-based-organizations and government to provide a wide range of services for at-risk youth)
- Community Access tickets for organized day trips
- Free events in the community
- Activities in the Home
- DFCS summer camp
- Summer school
- Other classes specific to the resident (for example, ballet classes)
- DFCS programs to prepare the youth when she reaches 18 and provide assistance with post-secondary education and vocational options

The Home provides transportation to the activities.

X. CCL Inspection Report

The Commission reviewed the most recent CCL inspection report (10/2014) along with Complaint Investigation Reports. The inspection report found no Title 22 deficiencies. The most recent Complaint Investigation Reports showed either the deficiencies were cleared or there was no basis for the complaint.

FEEDBACK FROM YOUTH

During the May 11th inspection, the Commissioners met one resident who stated that she had been a resident in the home since 2006. On the second inspection visit, June 10, a second youth was interviewed and she provided positive feedback on the Home and the services that are provided. She described how she likes to be able to do things on her own. She was complimentary about the food and the small group atmosphere, but did not care for the “level structure”.

COMMENDATIONS

The Commission commends the S.T.A.R. House III for

- Their cooperation during the visit and inspection.
- The use of a professional service to prepare menus.
- Their efforts to track the residents’ education, attendance and performance through the use of “School Loop” or obtaining weekly updates from schools that do not have access to “School Loop”.
- Their efforts to provide opportunities to access activities for residents.
- The improvements made to the facility between the April visit and May inspection.

RECOMMENDATIONS

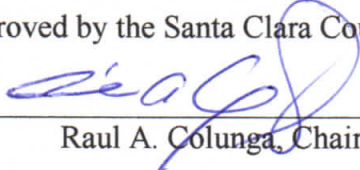
The Commission makes the following recommendation:

- Schedule a fire inspection of the facility by November 2015.
- Correct all noted repairs to the garage door, ceiling and water heater.
- Establish a training program for all staff on trauma-informed care.

SUMMARY

Based on the information gathered and the inspection of the facility, the Santa Clara County Juvenile Justice Commission reports that the S.T.A.R House III has met the requirements of the California Code of Regulations, Title 22, Division 6 except for the needed repairs in the garage area. The lack of a periodic fire inspection is of great concern.


Approved by the Santa Clara County Juvenile Justice Commission on August 4, 2015.



 Raul A. Colunga, Chairperson

August 4, 2015

 Date



 Jean Pennypacker, Inspection Chair

August 4, 2015

 Date

Att: [Documents Reviewed]

DOCUMENTS REVIEWED

Inspection Resources:

- Title 22 California Code Regulations Division 6, Chapter 5
- Self-Assessment Guide, Medications, Community Care Licensing Division, Technical Support Program
- Residential Care Facilities R3.1, For Six or Less Clients, State and Local Regulations , San Jose Fire Department, Bureau of Fire Prevention

CCL File up to April 2015

Intake

- Packet, to Include:
 - Records Request
 - Check-off list/Guide re needed documentation for each new resident
- Group Home Agreement (Group Home and DFCS)
- Resident Contact Sheet
- Authorization for Care and Treatment
- Statement of Dangerous Behaviors
- Sample of Release of Liability (Sierra Club re outings)
- Authorization for medical care
- Identification and Emergency Information Sheet
- List of personal rights for Childrens' Residential Facilities
- High Risk Behavior-Protocol Agreement
- S.T.A.R. Group Home Release of Liability form
- Allowance and Restitution Policy
- S.T.A.R. Group Homes Resident Agreement
- Personal Property Notification
- Grievance Policy and Procedure
- New Resident Orientation
- "Who Am I?" Sheet
- S.T.A.R. Resident Manual

S.T.A.R. Policies and Procedures – Staff

Handouts and Postings

- List of important phone numbers
- Star Allowance and Restitution Policy
- List of "Automatic Red" Behaviors
- Graph: Laundry Schedule, Chore Rotation
- Curfew, Bedtime Schedule
- List Red Level X-tra Chores

- Disaster Response Protocol: Earthquake, Fire
- Emergency Procedure Training
- Red Level Projects
- Red Level Consequences
- Smoking Policy
- Red Level 15-minute walk policy

Daily Points Sheet

Chore Chart-30-day Record

Staff Training

- Schedule of Staff Mandatory Training
- List of Group Home Training
- 2014-2015 Training Plan

Group Home Personnel Requirements: Title 22 references

Calendar Schedule Events for May 2015

Monthly Menus May 2015: Breakfast, Snack, Lunch, and Dinner

Star Policy for Medical Treatment Requirements for Resident

Booklet, "Rights of Children In and Out of Placement

- Power Point by Legal Advocates for Children and Youth, (LACY)

Staff Schedule and Staff Qualifications

Forms

- Day Pass Authorization for Resident and Supervising Adult
- Home Pass Authorization for Resident and Supervising Adult
- Blank copy of Medication Log
- Chore Record Sheet-4-week calendar

Copies of Community Care Licensing, (CCL) inspection results, 2014,

Certification for 14 staff in Universal First Aid, CPR, AED training (defibrillators)