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BARRIERS OF SERVICES TO FOSTER YOUTHS
IN RIVERSIDE COUNTY GROUP HOMES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Garcea Maria Moss

June 2000

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June 2000

Approved by:


Dr. Nancy Mary, Project Advisor

6-16-2000
Date


Dr. Rosemary McCaslin, Chair of
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ABSTRACT

The qualitative research study focuses on barriers of services to foster youth that reside in a group home placement in Riverside County. To obtain data regarding this issue, fifteen group home providers were administered a questionnaire pertaining to the concerns and problems associated with service delivery when attempting to attain services for foster youth. The results of the study reveal that fragmentation of services largely exists in Riverside County, and further suggest an array of reasons associated with this breakdown of services.

ACKNOWLEDGMENTS

I want to thank Dr. Nancy Mary, my faculty advisor, for her guidance on this project. Your expertise and diligence provided invaluable support and is greatly appreciated.

To Larry

The study is dedicated to Lawrence Payne Jr. who is the Coordinator of the Riverside County Office of Education's Foster Youth Services program and commissioner of this project. Mr. Payne is also a former foster youth. You are a survivor Larry.

Through your personal vision and the vision of the Foster Youth Services program and its staff, you are making a difference in the lives of countless foster youth throughout Riverside County.

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INTRODUCTION

Problem Statement

Currently, nearly half a million children live in out-of-home placement in the United States. This is an increase of approximately 23% since 1985. Although the majority of these children are adolescents, 42% of the children entering the foster care system were less than six years old, up from 37% in 1985 (Ayasse, 1995).

Children placed into foster care are likely to suffer from acute, chronic or even severe disabling medical problems, as well as high emotional, behavioral and developmental problems. These problems may have been pre-existent in the child but are exacerbated by the trauma of separation from their parents and other family members (Klee, Soman, & Halfon, 1992).

Additionally, many of the children placed in foster care have suffered debilitating physical and emotional traumas as a result of parental neglect or abuse. Often these children are thrust into the foster care system, moving from placement to placement and school to school. This instability has a negative effect on their success in school. They must adjust to new friends, teachers, group norms inside and outside the classroom, new educational

expectations and curricula, and the pace at which material is taught. These changes can be overwhelming and debilitating (Ayasse, 1995).

Furthermore, when placed in foster homes, children experience changes in care and school placements. Knowledge of their educational needs often stays with the prior group home or school. Thus added to the emotional disturbances and adjustments of these youths are the stressors of falling behind academically, losing credits, and losing contact with persons who are most aware of their health and welfare needs. These stressors can lead to a greater number of behavioral problems that can seriously effect the child's academic progress and the stability of their placements in school and foster care (Ayasse, 1995).

California has approximately 10% of the nation's population but 20% of the nation's total number of children in out-of home placement. The number of children in foster care in the state has risen by 44% since 1985. The number of children in foster care under the age of two has doubled in the last ten years (Klee, Soman, & Halfon, 1992).

Educational Challenges

The social and emotional problems that stem from being abused and neglected, combined with a transient home life

in the foster care system, have a powerful effect on many foster children's ability to learn. A high percentage of foster children work substantially below grade level, are retained at least one year at the same grade level and eventually drop out of school.

These problems become very apparent in school settings when they are not addressed in a comprehensive manner by either social services or school systems. In 1990, a survey by the Children's Services Division of the State of Oregon assessed the educational performances of children in long-term foster care. This study found that children who had multiple foster placements during the school year were less likely to be above grade level or to be involved in extracurricular activities than children who had a sustained period of time in one school.

According to Murphy (1990), only 60% of the foster children in the state of Oregon were performing at or above grade level, compared with 80% of all school children. Although 39% of foster children had an Individual Education Plan (IEP), only 16 % received special education services. Additionally, the study found that 9% of all school children received special education services and nationally

the percentage of children in need of special education ranged from 11% to 12%.

Problems of Service Coordination

Children entering foster care often encounter a fragmented, over extended system trying to care for too many children in need. The foster care system was not designed to serve children's long-term-care medical, emotional, and developmental needs, nor is it prepared to respond effectively to major shifts in social, and economic conditions such as increasing poverty or drug use (Klee, Soman, & Halfon, 1992).

However, there are current efforts to better coordinate services to children in group home placements in California. Senate Bill 933 (Chapter 311, statutes of 1998, Thompson) mandates a collaborative effort at the state level, requiring the State Department of Social Services to convene a working group of representatives. This group should include County Welfare Directors, the Chief Probation Officers, foster and former foster youth, group home providers, and other interested parties. The working group must develop protocols outlining the roles and responsibilities of placing agencies regarding emergency

and non emergency placements of foster children in group homes (County wide Youth Services Program RFA, 1999).

Additionally, Welfare and Institutions Code section 48852 mandates that every agency that places a child in a licensed children's institution notifies the local educational agency at the time the child is placed. At that time, the placing agency must provide any available information to the school for prompt transfer of records to determine appropriate educational placement. Welfare and Institutions Code section 48850 mandates that every county office of education provide information to placing agencies and care providers on educational options for children residing in licensed children's institutions.

The investigator proposes to research the dilemma confronting children who are placed in a foster care placement in regards to the lack of appropriate medical, dental, mental health, educational services and transitional services. The research will focus specifically on the obstacles that hinder care providers from connecting these youth with the above services and it will be conducted under the Foster Youth Services Program which is a recent grant program obtained by the Riverside County Office of Education (RCOE).

Problem Focus

In May 1999, the Foster Youth Services Program (FYS) in Riverside County was established through a grant program obtained by the Riverside County of Education (RCOE). This grant was allocated to RCOE via the 1998 Budget Bill. The budget is providing \$3 million dollars for local funding to expand countywide Foster Youth Services (FYS) programs. Enacted with Senate Bill (SB) 933, the intent of the FYS program is to make foster youth services available to every youth, ages 4-21 residing in a licensed children's institution (group home) throughout the state of California.

The array of services that will be monitored under this program includes medical, dental, mental health, educational, transitional, vocational, independent living, and emancipation services. Additionally, the program will provide tutoring to each youth needing this type of service.

To assist group home providers in filling the gap in these services, the Foster Youth Services Program staff will build a database to track each service allocated to foster youth in group homes and offer referral resources as needed.

When a foster youth enrolls in a new school or moves to a new group home, the administrators of these group homes will be able to contact the Riverside County Office of Education to track services that were utilized in the former schools and group homes. This will help to expedite the enrollment of youth into new schools and ensure that the items such as transcripts, individual educational plans (I.E.P.), and immunization records are accounted for. Additionally, case managers will monitor the youths to ensure that they get other needed services.

This researcher is excited about working with RCOE's FYS program and plans to study causes, issues and concerns of service delivery breakdown to youths placed in group homes in Riverside County. The focus is on helping foster youth get the services they need.

The results of the research will hopefully change the way Department of Public Social Services workers, Probation Officers, and school district officials communicate and interact with each other regarding the coordination of children's services. Furthermore, the results of the study will expose the obstacles that hinder service linkage to foster youth. This study will differ from other studies in its approach. While traditionally, most other studies have

focused on the notion that children are not getting the services they need, this study will go a step further and try to establish why these children do not get services that are readily available to them in many cases.

Research Question

What impedes service delivery to children after placement in the foster care system?

LITERATURE REVIEW

Service Needs of Foster Youth

In the past decade a variety of social ills have escalated, including drug abuse, family violence, and homelessness. As a result, the number of youth placed in the foster care system due to these issues has increased rapidly. In California, the number of children placed in out of home care increased 83% from 1985 to 1990 and the total number of children placed through the public welfare agencies in the state rose from 32,285 children to more than 84,000 children in 1994

This rapid increase in placements has overburdened the foster care and child welfare systems and created a shortage of appropriate foster homes for children in need. Additionally, it has effected the timeframe and the way these children receive services. It is essential to recognize, identify, and plan for the critical and unique needs of children residing in licensed children's institutions (Ayasse, 1995).

Education of Foster Care Youth

In addition to the emotional trauma of repeated separations from caretakers, the instability of placements has a powerful effect on the school adjustments of foster

children. Frequent foster home changes can mean frequent changes in schools and adjustments to new friends, teachers, and group norms both in and outside the classroom. Foster youth often need to adjust to new educational expectations and curricula that vary from school to school and changes in the pace at which the material is taught.

School staff, caregivers, and placement workers rarely have the time, expertise, or inclination to make sure that the educational needs and rights of each foster child are properly addressed. Placement changes often occur without planning and preparation, and student's records are often lost or misplaced when their placements change. Additionally, credits for courses are often omitted from the transcripts, jeopardizing the student's chances for accumulating sufficient credits to graduate (Grant Proposal, 1999).

Furthermore, although placement in multiple foster homes can be emotionally damaging to a child and can lead to a greater number of behavior problems, foster children may also exhibit behavioral and emotional problems that stem primarily from their histories of neglect and abuse. Some of these children display aggressive behaviors,

language delays, and low self-esteem. These issues have a direct correlation to low academic scores and mental health status. Services are needed to help foster youth work through these types of issues so that they can be more successful in school, at home and in society (Grant Proposal, 1999).

In 1986, the California Health and Welfare Agency reported to the Legislature and the governor that there was significant growth among students receiving tutorial assistance and that 70% of the seniors receiving FYS completed high school compared with 50% in the general foster youth population. In 1988, the California Department of Education discovered that 97% of FYS students gained at least one month of academic growth for every month of tutoring, that they received with an average rate growth of 3.2 per month tutored. Of the 1,722 students enrolled in the four FYS programs, only 0.1% were expelled. Gains were maintained in 1990 despite a 25% increase in the number of students served (Ayasse, 1995).

In 1989, two studies were conducted simultaneously by the Children's Services Foundation. One was a comparative analysis of the credits earned and the other an analysis of the rate of academic achievement. The first study found

that foster youth students in a high school who received FYS interventions earned 10.1 credits more per semester than other foster students with no FYS program. The second study revealed that tutoring resulted in an increase in the level of academic functioning of approximately 2 ½ months for each month of tutoring provided with certain categories of foster youth students achieving at a rate of more than five months for each month of tutoring they obtained. These studies clearly demonstrate the effectiveness of FYS interventions in helping to improve academic performance, and the need for tutoring services for some foster youth.

Health Care System of Foster Youth

As America enters the next century, the organization, financing and delivery of health care and welfare services to the poor are undergoing fundamental changes. At the federal level, social support programs, such as Aid for families with Dependent Children (AFDC) are being restructured and responsibility for the cost and delivery of basic services is being shifted to state governments.

Regarding health care for foster youth, state governments are working hard to transfer the financial risk and responsibility for delivering services under Medicaid to private, managed care organizations (MCOs). To eliminate

the ineffectiveness and limit escalating costs of these programs, policymakers are turning to "new approaches" that have no proven record of success with their respective target populations. The impact that welfare reform and health care reform efforts may have on children who enter out-of-home care placement in the next century is not clear (Simms, Freundlich, Battiselli, & Kaufman, 1999). Recent changes in family policy, particularly regarding poor children and families, probably mean that more poor children will enter the foster care system over the next decade. These children will no doubt have a significant number of health problems when entering the care system.

Since 1965, the Medicaid program has provided health care benefits to millions of poor children and their families. The Early Periodic /Screening, Diagnosis and Treatment (EPSDT) program attempts to ensure enrolled children a wide range of preventive, diagnostic, and therapeutic services. Compliance with these services has generally been poor. Despite the rapid cost in total expenditures for Medicaid, generally physicians and hospital payment schedules have failed to keep pace with the rising cost of providing health care services. As a result, the number of physicians continuing to provide

health services to poor children has declined considerably nationwide (Simms, et al, 1999).

In 1988, the Child Welfare League of America, in consultation with the American Academy of Pediatrics, developed Standards for Health Care Services for children in out of home care. This document serves as a guideline for developing and organizing health and mental health services for child welfare organizations. Child welfare agencies should be encouraged to adhere to these standards. Pediatricians should become familiar with the standards and assist child welfare administrators, caseworkers, and foster parents in implementing them (Simms & Halfon, 1994).

Problems in Service Delivery Systems

According to a Congressional report on the problems within the foster care system (1989), there are shortages of preventative services, family foster care placements, group home placements, reunification services, health care, mental health treatment, rehabilitative services, crisis and respite services, educational programs and transitional services (Klee, Soman, & Halfon, 1992).

Although at least a dozen federal programs fund foster care services, resources have not kept pace with the growing number and problems of foster children. Access to health

care is largely dependent on the Medicaid program, which was designed to address acute and chronic medical conditions and is not presently suited to provide preventative medical, mental, and dental health services. Under Medicaid, there is no provision for continuity of health care providers for children who move from placement to placement and often have complicated medical histories (Klee, Soman, & Halfon, 1992).

The foster care system in America has evolved as a means for providing protection and shelter for children who require out-of-home placement. It is designed to be a temporary service, with a goal of either returning children home or arranging for suitable adoptive homes. However, in recent years, child welfare agencies have not been directing great efforts toward supporting families in crisis to prevent foster care placements whenever possible.

It is not surprising that children enter foster care with more health problems when compared with non foster care children from the same socioeconomic background; they also suffer much higher rates of serious emotional and behavioral problems, chronic physical disabilities, birth defects, developmental delays, and poor school achievement. The health care these children receive while in placement

is often typified by inadequate funding, planning, and coordination of services as well as poor communication among health and child welfare professionals. Furthermore, many child welfare agencies lack specific policies for children's physical and mental health services. It is alarming that despite the broad range of supportive and therapeutic services needed, most children do not undergo a comprehensive developmental or psychological assessment at any time during their placement.

In summary, there are problems with the continuity and coordination of services to children in group home placements. One of the ways to alleviate these problems may be to establish criteria for monitoring services to foster youth placed in group homes. Perhaps implementing the case management model would help to bridge the gap in service delivery to foster youth. Foster Youth Services of Riverside County Office of Education has implemented case management into its program and determined it to be a crucial element to the success of the program.

Case Management Model

Coordination of services as mentioned above is a key concept when thinking about service delivery. Service coordination and delivery is a direct component of the case

management model utilized by many social service organizations. For example, Regional Centers are one of the largest agencies coordinating services to people with developmental disabilities in the state of California. It is a very successful human service agency, which uses the case management model in its service delivery. The case management model may be missing from most group homes' system of delivery.

Currently called case management, the concept has been used for over a century in the United States under a variety of names, including coordination, service integration, service coordination, and social service exchange. Case management is a concept that involves a system of relationships between direct care service providers, agency administrators, and clients. Additionally, case management is an orderly, planned provision of services intended to facilitate a client's functioning at as normal a level as possible and as economically as possible (Weil, Karls & Associates, 1985). Case management is a method of accountability in human services. It is a series of actions and a process to assure that clients of human services systems receive services, treatment, care, and opportunities to which they are

entitled. It is also a means of accounting for service delivery and the expenditures of funds and resources in providing services to targeted populations. A simple definition of case management states that it is a set of logical steps and a process of interaction within a service network which assures that a client receives services in a supportive, effective, efficient, and cost-effective manner. For any target population, case management begins with an analysis of client vulnerability and need (Weil, Karls, & Associates, 1985).

Furthermore, case management is an alternative mission driven by linkage and support considerations (Moxley, 1989). Here the case management model typically is concerned about assessing-usually comprehensively-the needs of recipients, and linking them to necessary services, entitlements and opportunities. This mission also recognizes the importance of social supports for the recipient which is most often acquired through working with families and significant others.

Riverside County of Education-Foster Youth Services
Program

A case management model of service delivery could be an answer for ensuring services to youth in - group home

placement. The Foster Youth Services Program functions from the case management model and has a priority to assist group home providers with tracking and coordinating services for foster youth in the most efficient way. This researcher is excited about the possibilities of what the FYS's program and this study will achieve to ensure that foster youth get the services they need.

The researcher is convinced that the Foster Youth Services program and this study will make a substantial difference in the life of the foster youth in Riverside County, by reporting the problems with service delivery to foster youth, while placed in a group home setting.

METHODS

Purpose and Design of Study

The purpose of the study is to evaluate the barriers that prohibit group home care providers from obtaining services for foster youth. The study was commissioned by the Riverside County Office of Education (RCOE) Foster Youth Services Program (FYS) and was conducted under the auspices of that office. The study employed a qualitative research design, utilizing face-to-face interviews. Data was collected from 15-group home Care Providers residing in Riverside County. The participants for the study were selected from a list of group home providers through a systematic probability-random sampling method. These group homes were drawn from the geographic area of Riverside County.

Sampling

The study's sample consisted of 15 group home providers in Riverside County. The participants were drawn from a computerized list of 105 group homes that were generated from the Riverside County Department of Mental Health. From that list, a systematic random sampling was employed to select participants for the research.

Data Collection and Instruments

The research employed a face to face interview with each group home Care Provider. The interview schedule was administered by the researcher and consisted of 9 open-ended questions and 4 closed-ended questions. The thirteen questions were designed to determine barriers to service delivery to foster youth in group home placements. The questions have to do with the care providers' awareness of services, frequency of services, procedure for obtaining services, concerns and problems, resistance, and needs of foster youth. (Refer to Appendix B for the interview schedule listing of all questions).

The interviews took about 1 hour and were conducted at the Care Providers' group home or corporate office. A pre-test was conducted with three group home providers from the original sample, for the purpose of content validity. The principal investigator conducted data collection, coding and data analysis. A member check of the interview schedule was sent to each of the 15 participants to verify accuracy of the collected data.

Procedure

First, a letter was mailed to all participants of the original sample explaining the Foster Youth Services

Program and the plan to assist Care Providers in obtaining services for foster youth. This research study was a combined effort of this researcher and the Riverside County Office of Education to determine the barriers and concerns associated with obtaining services. Secondly, a telephone contact regarding the research will be made by the principal investigator to each participant selected from the random sample, explaining the purpose of the study and asking him/her to participate in the research.

Protection of Human Subjects

A written consent form was devised and given to each participant to sign on the day of the interview. The investigator utilized a numeric coding system that is known only to the principal investigator and the supervisor of the authorizing agency. Names of the group home Care Providers were not placed on the interview schedule. All completed interview schedules were kept in a locked drawer in the investigator's office. The investigator and other authorized persons were the only ones who had access to this information.

A debriefing statement was given to each participant including the telephone numbers of the principal investigator and supervising staff of the study, in case of

questions participants may need answered. Additionally, the debriefing statement will explain the procedure that can be utilized to obtain a copy of the results of the study.

Data Analysis

The model utilized in the analysis of the data was a descriptive content analysis. Descriptive analysis includes univariate statistics such as frequency of distribution. Categories were set up to identify categories, themes and patterns that generated from the data. The principal investigator tallied the frequencies from the data obtained from the interviews and reported the findings.

RESULTS

Fifteen group home providers from Riverside County were interviewed for the study. Four categories pertaining to the problems with service delivery for foster youths emerged from the comments and responses of these providers. These categories included Services, Barriers and Problems, Resistance, and Needs of Foster Youth. The findings will be reported via these categories.

Services

When providers were asked the open-ended question about the services they were aware of that are being offered to foster youth, 93 responses were given. It is interesting to note that 86 (92%) of the services mentioned were in the categories of mental health (25), educational services (24), medical(19), and transitional(18). When asked a similar closed-ended question regarding their knowledge of these kinds of services, the responses were consistent with the answers given for the open ended question. Ninety one percent of the responses from this question revealed that the group home providers knew that a variety of services were being offered to foster youth in the categories listed above.

When asked the open ended question "which services do you utilize on a regular basis?", the majority of the comments, eighty six, (92%) reflected that medical, mental health, transitional and educational services were fairly routine for the foster youth. Generally, these services were the same ones that providers reported that they were aware of. Seven of the comments indicated that some of these services were provided in house.

When providers were asked if they had ever utilized any of the services specifically in the medical, mental health, transitional, or educational category, the majority of the responses, 140 out of 150, disclosed that services in the category of mental health, medical, transitional, and educational services were routinely utilized for foster youth. Nine of the comments reported that mentoring, vocational, and tutoring were never utilized and one comment reported that no services were utilized on a regular basis. However, another comment from the same participant, revealed that all of the services in the medical and mental health categories were being utilized for the youth, except case management.

Of the 45 responses to the 3 transitional services listed in question 12, only four revealed that the

providers had no prior knowledge of some of these services. Two of these comments indicated that the providers did not want mentoring services for their foster youth and two comments indicated that mentoring and vocational services were not applicable to their program.

When asked about the experiences providers had when trying to attain services for foster youth, the comments fell into two categories of negative and positive responses. Of the 26 comments made in this area, 20 (76%) were negative. Ten of the negative comments cited the complexities involved when attempting to track the Medical card, medical, and educational records of foster youth.

Four comments cited the absence of someone to sign off on the educational rights for youth (this consists of signing educational forms such as the I.E.P), lack of services, and outdated information about the foster youth as a negative factor when attempting to obtain services. Three other comments revealed that waiting lists for services were a major problem, while two of the comments noted the difficulty in coordinating services. One comment reported that the experience of trying to attain services had been terrible.

Six of the comments to the above question were positive. Of these responses, the group homes' ability to be self contained (usually the larger ones) and persistence toward the pursuit of services seemed to ensure a good experience when seeking services. Two of the comments simply reported that the provider had no bad experiences when attaining services and one comment credited good networking as the reason for the success when attaining services for foster youth.

In summary, many of the comments disclosed that while the group home providers were aware of a variety of services and they utilized many of these services on a regular basis, there were consistent problems when attempting to set these services up. These problems consist of tracking records, lack of services, outdated information, signing for educational rights, and difficulty with coordination of services. The providers agreed that these problems retard service delivery to foster youth.

However, some of the larger group homes reportedly are more self-contained than the smaller group homes and are able to provide many of the services in house. Networking was cited as one reason for success when seeking to attain services.

Barriers/Problems

When asked about barriers that impede service delivery to foster youth, 33 comments were made, eight (24%) of the comments disclosed that tracking school records; such as missing credits, transcripts and the I.E.P were barriers to services for foster youth. Eight other responses cited waiting lists and the inability to easily access other agency systems as chronic impediments to service delivery. Seven (21%) of the comments cited the lack of resources as a major problem, while seven other comments disclosed that the bureaucratic red tape associated with obtaining and maintaining the medical card was a major barrier to services. The latter is particularly so when foster youth drift from group home to group home and from county to county. The balance of the comments three (0.9%) reported that agencies lack of support for each other is a problem.

When asked about the services utilized within the last year, findings revealed that the services utilized by most of the group home providers were the ones that they reported knowing about and the same ones that they used on a regular basis.

When group home providers were asked about the concern and problems they faced while attempting to acquire services from other agencies, a variety of responses were given. Of the 25 responses given, about one third (9) of them reported that tracking records and limited information regarding the foster youth as the major problem when attempting to set up services. Six of them cited lack of services as the main problem.

Additionally, 4 comments reported that obtaining pre- authorizations for certain services drastically retarded the process of attaining services.

There were 6 outlier comments that disclosed issues such as liability, stigma associated with problems or situations gone bad, and other agencies' inability to understand how to handle foster youth in group home settings. Other comments cited by the outliers disclosed the county sheriff department's lack of involvement with the foster youth when they are called to mediate problems in the group home. This is a big problem.

When asked to explain the procedure providers utilized when setting up services, 40 comments were given. Eleven comments revealed that a treatment plan was devised by the stakeholders and treatment staff for each foster youth.

Ten of the comments reported that a face to face interview, obtaining pre-authorizations for services, periodic measurements of progress towards goals and filling out various forms were pertinent aspects of the procedure for attaining services.

Additionally, 9 comments reported that the procedure involved coordination of services, while 7 responses reported that a referral packet of information was received from other agencies and then analyzed to determine services needed. Furthermore, 5 other comments disclosed that some type of evaluation was conducted with the foster youth, in the areas of medical/dental, academic achievement, and mental health. The balance of the comments, (3) reported that an ongoing assessment is conducted on the foster youth to determine their needs.

In summary, the problems that confront group home providers as they attempt to obtain services for foster youth are: tracking school records, agency support of each other, lack of resources, red tape associated with obtaining the medical card and foster care drift. Waiting lists for services and the inability of group home providers to access other agencies easily, accentuates the problem with obtaining services for youth timely.

Sources of Resistance

When asked about resistance received from the foster youth when attempting to set up services, four distinct categories of resistance emerged from 37 responses. These categories were: specific types of resistance, perceptions, feelings of the foster youth, and parental resistance.

Specific Types of Resistance

Twenty comments were made regarding specific types of resistance by the foster youth. Sixteen of these responses included blatant refusal of services and rebellious behavior directed at hindering services. Four of the comments revealed resistance from the foster youth through their lack of motivation to participate in certain services and refusal to associate with certain groups of people regarding the attainment of services.

For example, one comment disclosed that foster youth often preferred not to attend school and other community services because they travel in large groups and are often labeled "group home kids". Fearfulness of disclosing information to therapists, disrespect and disregard for therapy were also indicators of resistance.

Perceptions

Eleven of the comments pertained to perceptions of the need for services by the foster youth. Some of these perceptions included denial, lack of trust that services would help them, emotional state of the youths, the problems associated with the foster youths' ability to understand their worldview and the foster youths' perception that they have a right to refuse services

Feelings

One of the comments referred to the foster youths' inadequate feelings of "self" as a form of resistance.

Parental Resistance

Parental resistance was an isolated form of resistance cited by one of the comments.

Needs of Foster Youth

Finally, group home providers were asked what they thought foster youth needed. Forty four responses fell into 6 categories that included education (10), family involvement (9), training (8), special services (7), mental health (5) and programs (5).

Education

These comments referred to educational aspects such as individual educational plans, language skills development, and tutors for improved academic performance.

Family involvement

These comments indicated that family visitation- including parental contact, structure and guidance in the home prior to placements were important needs for foster youth.

Training

Eight of the comments implied foster youth needed training in the areas of gang intervention for youth and staff, functional and social skills training, independent living and cultural skills training.

Special services

These 7 comments revealed the need for special services such as transportation to visits, mentors, stable placements and transitional living and housing services.

Mental Health

Five of the comments suggested that clinical therapy for youth and their families were needed, including the need for psychological assessments.

Programs

Five of the comments alluded to the need for emancipation, alcohol and drug, and gang intervention programs for foster youth.

When asked to comment on the needs of foster youth, it was interesting that the providers' answers to the open-ended question were validated when they were asked the same question in a closed-ended manner. Nearly every response for these questions, (97%) indicated that foster youth needed medical, mental health, transitional and educational services such as tutoring. The remainder of the responses varied depending on the age of the youth.

When providers were asked if they were able to provide tutors for the foster youth, the majority (11), of the comments revealed that the providers could provide this service if necessary, while four of the comments indicated that the providers could not afford to provide tutors.

DISCUSSION

The goal of the study was to talk with group home providers in an effort to discern what the barriers were to service delivery for foster youth in group home placements. It was an interesting study. The researcher met with the directors of 15 group homes in Riverside County. In one case, the director met with this researcher and then requested that in addition, I meet with her staff to get their perspectives on the problems associated with service delivery to foster youth. It should be noted that the meeting with her staff was an informal discussion and was not included in the formal analysis. In another case, the director requested me to meet with the counselor for the foster youth. From the information reported, it was apparent that the directors of the group homes seemed to have as much insight into the problems associated with service delivery breakdown as the clinical staff did.

In the researcher's opinion, the margin of error in this study stems from the participants' misinterpretation of the some of the questions. For example, although this researcher explained that in all cases, services included those provided in house and those attained from outside

resources, many times this researcher had to clarify that concept with the providers. Also many times the providers would suggest that things provided in house were not services. Some of the questions might not have been answered most accurately because of this confusion.

The participants in the study were representative of 8 large group homes (over 20 beds) and 7 small group homes (6 beds) . It was interesting that the larger group homes thought of themselves as self contained, meaning that they provided most of the services for the foster youth in house. By report, the smaller group homes seemed to have more difficulty obtaining services for youth because they largely depended on the services from the community. However, both small and large group homes were concerned about many of the same issues, such as tracking records of the youth i.e. medical card, medical records, and transcripts. Also a common concern was lack of services and the absence of someone to sign off on the educational rights of the youth.

Most of the larger group home directors thought they were doing a fair job in providing basic services for the youth; though they admitted that there were problems. The majority of the smaller group home directors admitted that

they were not always able to provide services in a timely manner because of systemic reasons.

If a similar study were conducted, it would be good to assess how well services were delivered to youth considering the size of the group home. Yet it is clear that all of the group homes in this study had similar problems with service delivery regardless of size.

The results of the study support the literature, which claims that there is fragmentation in service delivery to foster youth in group home settings. When identifying barriers to service delivery, this researcher agrees that fragmented services are largely responsible for the break down in service delivery to foster youth.

Services are difficult to coordinate for foster youth because often their educational, medical, and mental health records are not available when providers need them. The absence of these records helps to create a gap in services for foster youth. In regards to barriers, tracking records was often mentioned as a major problem. Lack of support of agencies for one another, red tape associated with the medical card, waiting lists, and foster care drift were all indicators of impediments to service delivery.

Furthermore, various types of resistance to services were reported to be rampant amongst foster youth. This resistance emerged from feelings foster youth had about their inadequacy, perceptions of their problems and needs for services. Also the foster youths' worldview and parental resistance caused problems in this area. Resistance from the foster youths, complicate the process of providing adequate services in a timely manner. Often, it takes a lot of counseling and convincing on behalf of the group home staff to help foster youth see that services offered to them are pertinent to their well-being.

The group home providers were consistent in reporting that foster youth needed a variety of services. These services included but were not limited to medical, dental, optometry, mental health, transition, and education. A few of the providers did not believe that mentoring was necessary for the foster youth but nearly all of them thought tutoring should be provided, even though the minority indicated that they could not afford to provide this service themselves. (Refer to table 1 in Appendix H for a complete report on the needs of the foster youth)

Furthermore, the findings suggest that the Riverside Office of Education's Foster Youth Services Program (FYS)

could aid group home providers in tracking records and making appropriate referrals. The effort of FYS is a good one aimed at filling the service gap to foster youth.

One way that FYS may bridge the gap in services is assisting group home providers with utilizing the database that has been established and housed within the Foster Youth Services program. The database consists of pertinent information about each foster youth in a group home in Riverside County. The data was collected by the case managers at the Foster Youth Services program with the cooperation of the group home providers and installed into a data bank computer system. The data base will serve as the central location to help providers and others to track the medical, dental, mental health, and educational records on each foster youth in a more timely manner.

When a foster youth moves to a new group home, the current provider will be able to contact the database and solicit information on that foster youth. Because the information in the data bank is kept current, the problem of outdated information regarding foster youth should be greatly diminished.

During their interviews for this study, most of the providers expressed their gratitude for the data base,

their desire to help keep it current, and their hope that having access to the data base would obtain help them to obtain updated records quickly.

The stakeholders associated with the Riverside County Office of Education FYS program also believe that the data base is an essential link in beginning to bridge the gap in service delivery to foster youth.

CONCLUSION AND RECOMMENDATIONS

As I reflect on the study, my attention is turned to the treatment I received as I traveled around the county of Riverside going near and far, even into the mountain areas, to gain insight into what impedes service delivery to foster youths in group home placements. For the most part, it was a good experience. Most of the providers welcomed me, talked openly and shared candidly about the concerns and issues that they have with service delivery for foster youth.

It is apparent from the findings of the research that many things get in the way when providers try to set up services. Some of the barriers to services are set into motion because records can not be found, there is a lack of services, medical cards get held up in other counties, and lack of collaboration on the behalf of agencies and others working with foster youths. Additionally it is clear that sometimes the foster youths' resistance to services create problems and gaps in service delivery.

Foster Youth Services should continue their proactive stance in trying to eradicate the break down in services to foster youth by maintaining the database of information on each foster youth in a group home. It will be imperative

5. What services have you received for foster youth in the past?

6. What concerns and problems have you had when attempting to obtain services from other service providers/agencies?

7. Explain the procedure that is utilized when setting up services for your foster youth?

8. What type of resistance have the foster youth given when you have tried to obtain services for them?

9. What do you think the needs are for the foster youth in your care?

10. Do you have knowledge of the services listed below?

Medical

Mental Health

Doctor Yes No

Psychological Yes No

Dental Yes No

Case management Yes No

Medications Yes No

Optometry Yes No

Transitional

Educational

ILS Training Yes No

Tutoring Yes No

Vocational Yes No

Mentoring Yes No

11. Are you able to provide tutoring services if necessary?

Yes No

12. Have you ever utilized any of the services below?

Medical

Mental Health

Doctor Yes No

Psychological Yes No

Dental Yes No

Case management Yes No

Medications Yes No

Optometry Yes No

Transitional

ILS Training Yes No

Vocational Yes No

Mentoring Yes No

Educational

Tutoring Yes No

13. Do you think your foster children need any of the services below?

Medical

Doctor Yes No

Dental Yes No

Medications Yes No

Optometry Yes No

Mental Health

Psychological Yes No

Case management Yes No

Transitional

ILS Training Yes No

Vocational Yes No

Mentoring Yes No

Educational

Tutoring Yes No

APPENDIX C

DEBRIEFING STATEMENT

You have just participated in a study to assess the barriers confronting group home Care Providers, as they attempt to provide services for youth in foster care. The study is being conducted by Garcea Moss, who is a Social Worker Intern at California State University, San Bernardino (CSUSB). Larry Payne of the Riverside County Office of Education (RCOE), Foster Youth Services Program (FYS) and Dr. Nancy Mary, of California State University San Bernardino are supervising this study. The FYS program is funded through a grant that has been allocated to RCOE to assist with providing services to foster youth in Riverside County.

It is the belief of this researcher that the information supplied by you is crucial in providing insight into issues that may effect service delivery for foster youth. This researcher also believes that the results of the study will benefit foster youth, group home providers and social service workers who are concerned about these youth and who are seeking to understand issues that contribute to service delivery breakdown in group homes.

for the FYS program staff to pursue their goal to expand their efforts to see that services are provided to all foster youth including those in other surrounding counties.

In this researcher's opinion, it will also be beneficial to the efforts of the FYS staff and the group home providers to form a working alliance with each other to ensure that foster youth get the services they need.

If these groups collaborate in this effort, the time it takes to attain services for youth will probably decrease significantly. Group home providers should be a part of the Advisory council that is set up to mediate problems and plan for a more cohesive service delivery for foster youth. The problems have been identified, the next step is for the two groups to come together to discuss the findings of the study, and to develop the initial plans to begin filling the gap in services.

Finally, The Network that Foster Youth Services plans to establish for providers will be an essential part to aiding providers in getting together to talk and support each other regarding problems and concerns associated with service delivery to foster youth. The providers have expressed an interest in the development of the network and in this researcher's opinion the network is yet another

link in bridging the gap to service delivery to foster youths in group home placements.

APPENDIX A

Foster Youth Services Research Project Consent to Participate

You are asked to participate in a study conducted by Garcea Moss who is a student in the Master of Social Work program at Cal State University, San Bernardino, California (CSUSB). The research has been commissioned by the Riverside Office of Education (RCOE) and is part of a larger study. It is being supervised by Larry Payne (RCOE), Coordinator of the Foster Youth Services program and Dr. Nancy Mary, Professor at CSUSB.

The study will seek to determine barriers that group home Care Providers face when attempting to link foster youth in their care to community resources and services in Riverside County. The investigator will meet with each participant to conduct an interview that will consist of thirteen questions including and a check off list of services for foster youth. The face to face interview will take about 1 hour and will be set at a convenient time and place for you. The questions asked should not be harmful to you in any way.

A potential benefit you may receive from participating in this study is the opportunity to familiarize your self

with the array of services provided to foster youth in Riverside County.

Please be assured that any information that you provide will be held in strict confidence by the researcher. Confidentiality will be maintained by keeping the questionnaires in a locked drawer in the investigator's office. At no time will your name be reported along with your responses. All data will be reported in group form only. At the conclusion of the study you may receive a report of the results.

Your participation in this research is totally voluntary and you are free to cease the interview and withdraw the information you have contributed at any time without penalty. The investigator may withdraw you from the research if circumstances arise which warrant doing so. Please be apprised that this research has been approved by the Institutional Review Board and California State University, San Bernardino or by the (departmental board for exempt proposals).

If you have any questions or concerns about the research, please feel free to contact Larry Payne (909) 788-6596, Dr. Mary (909) 880-5501, or Garcea Moss, Principal Investigator (909) 369-6495.

By my mark below, I acknowledge that I have been informed of, and understand the nature of the study. I acknowledge that I am 18 years of age.

Participant's Mark

Date

APPENDIX B

Foster Youth Services Questionnaire

1. What services are you aware of that are being offered for foster youth?

2. Which services do you use on a regular basis for your foster youth?

3. What has been your experience when trying to obtain services for foster youth?

4. What barriers have kept you from receiving services for foster youth?

Your participation has been voluntary. There is no deception in this study and the questions asked on the questionnaire are anticipated to have minimal to no undesirable influence on you. Other group home Care Providers residing in Riverside County will be interviewed for this study. Please do not reveal the nature of the study with potential participants as it could jeopardize the validity of the research.

To obtain a copy of the results of this study, you may contact Larry Payne at (909-369-6459) or Dr. Mary at (909-880- 5501) after June 2000.

APPENDIX D

PARTICIPANT RECRUITMENT

The potential participants for the research study will be systematically randomly selected from a generated list of group home providers, residing in Riverside County. The list was obtained from the Riverside County Mental health Department. These providers will vary in age, but must be over the age of 18 years. They will consist of various ethnic backgrounds. The participants will be that of mixed gender. The general health of the participants is unknown but is suspected to be stable.

APPENDIX E

PROJECT DESCRIPTION

The objective of the research is to evaluate barriers that may confront group home providers as they attempt to provide services for foster youth in Riverside County. The methodology is as follows: The study will employ a qualitative research design, utilizing face-to-face interviews. Data will be collected from 20-group home Care Providers residing in Riverside County. The participants for the study will be selected through a systematic probability-random sampling method. All of the participants will be drawn from the geographic area of Riverside County.

Data Collection and Instruments

The research will employ a face to face interview with each group home Care Provider. The interview schedule will consist of 9 open-ended questions and 3 closed-ended questions. The interview schedule is attached.

APPENDIX F

CONFIDENTIALITY OF DATA

The investigator intends to utilize a numeric coding system that will only be known to the principal investigator and the supervisor of the authorizing agency. Names of the group home Care Providers will not be placed on the interview schedule. All completed interview schedules will be kept in a locked drawer in the investigator's office. Access to this information will be by the investigator and/or other authorized persons.

APPENDIX G

RISKS AND BENEFITS

There is no deception in this study and this researcher does not anticipate any harmful risk from participants. The researcher does expect that the results of the study will provide crucial information regarding the breakdown in service delivery to foster youth in Riverside County. This information will be utilized in a positive way to assist the Foster Youth Services Program and group home Care Providers in filling the gap in understanding service delivery versus service delivery barriers.

APPENDIX H
Table
(N=15)

QUESTION 10

Do you have knowledge of these services?

<u>MEDICAL</u>		<u>MENTAL HEALTH</u>		
Doctor:	<u>Yes</u> 14	<u>No</u> 1	Psychological: <u>Yes</u> 14	<u>No</u> 1
Dental:	14	1	Case Management: 12	3
Medications:	15	0	Educational Tutoring: 7	7
Optometry:	14	1	No Comments:	1
<u>TRANSITIONAL</u>		<u>Yes</u>	<u>No</u>	<u>NA</u>
ILS		13	1	1
VOC		9	5	1
Mentoring		12	3	0

QUESTION 11

Are you able to provide tutoring if necessary?

Educational Tutoring 12 3

QUESTION 12

<u>MEDICAL</u>		<u>MENTAL HEALTH</u>		
Doctor:	<u>Yes</u> 15	<u>No</u> 0	Psychological: <u>Yes</u> 15	<u>No</u> 0
Dental:	15	0	Case Management: 13	1
Medications:	15	0	No Comments:	1
Optometry:	15	0	Educational Tutoring: 10	5

<u>TRANSITIONAL</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>
ILS	14	1	0
VOC	12	3	
Mentoring	8	6	1

QUESTION 13

Do you think foster children need any of the services below?

<u>MEDICAL</u>			<u>MENTAL HEALTH</u>		
Doctor:	<u>Yes</u>	<u>No</u>	Psychological:	<u>Yes</u>	<u>No</u>
	15	0		15	0
Dental:	15	0	Case Management:	14	1
Medications:	15	0	No Comments:		0
Optometry:	15	0	Educational Tutoring:	15	0

<u>TRANSITIONAL</u>	<u>Yes</u>	<u>No</u>	<u>NA</u>
ILS	14	0	1
VOC	14	1	0
Mentoring	13	1	0

Mentoring Depends on Focus: 1

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