Analysis needs assessment of foster youth group homes

Tinya Kay Holt-Gaines

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ANALYSIS NEEDS ASSESSMENT OF
FOSTER YOUTH 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
Tinya Kay Holt-Gaines

June 2000
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June 2000

Approved by:

Dr. Nancy Mary, Project Advisor

Dr. McCaslin, Chair of Research
Sequence, Social Work

Larry Payne, MSW, Coordinator
Foster Youth Services Program

5-18-2000 Date
ABSTRACT

Nearly 100,000 of California's children are currently living in foster care. This study brought attention to the often-overlooked needs and experiences of group home providers. Using a largely qualitative research design, the study explored the experiences of group home providers caring for foster youth in Riverside County. Through focus group interviews, group home providers identified a number of common experiences shared among them, as well as a series of suggestions for ways to improve the likelihood of their success in a partnership with the Foster Youth Services Program. Results will be useful to social service providers in designing the coordinated delivery of support services to all foster youth.
DEDICATION

In loving memory of my mother "Mae Bell Lewis," whom I miss dearly. I love you Momma! Thank you for teaching me to strive to be the best.

February 22, 1940 - May 16, 1996
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td>LIST OF ILLUSTRATIONS</td>
<td>vii</td>
</tr>
<tr>
<td>NEEDS ASSESSMENT OF FOSTER GROUP HOME PROVIDERS</td>
<td>1</td>
</tr>
<tr>
<td>ADDRESSING THE NEEDS OF FOSTER YOUTH IN GROUP HOMES</td>
<td>4</td>
</tr>
<tr>
<td>Previous Research</td>
<td>9</td>
</tr>
<tr>
<td>Applying Case Management</td>
<td>11</td>
</tr>
<tr>
<td>Theoretical Underpinnings</td>
<td>14</td>
</tr>
<tr>
<td>METHODS</td>
<td>16</td>
</tr>
<tr>
<td>Study Design</td>
<td>16</td>
</tr>
<tr>
<td>Sample</td>
<td>18</td>
</tr>
<tr>
<td>Data Collection and Instruments</td>
<td>19</td>
</tr>
<tr>
<td>Procedures</td>
<td>19</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>20</td>
</tr>
<tr>
<td>RESULTS</td>
<td>22</td>
</tr>
<tr>
<td>Strengths in Providing Services: Current Efforts</td>
<td>22</td>
</tr>
<tr>
<td>Barriers to Providing Services</td>
<td>26</td>
</tr>
<tr>
<td>Group Home Provider Recommendations to Address the Needs of Foster Youth</td>
<td>34</td>
</tr>
<tr>
<td>Force Field Analysis</td>
<td>36</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>43</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>49</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. Demographic Data of Group Home Participants ............... 18
LIST OF ILLUSTRATIONS

Figure 1. The Field of Forces .............. 37
NEEDS ASSESSMENT OF FOSTER GROUP HOME PROVIDERS

Over a half million of America’s children are currently in foster care and the number continues to rise (Bloome, 1997). Some experts predict that by the year 2000, there will be close to 850,000 children in out-of-home placement (Children’s Defense Fund, 1995; Gleeson & Craig, 1994). In the State of California alone, there are more than 95,000 children living in foster care (Children’s Defense Fund, 1998). Due to an often traumatic history of being abused or neglected and foster care, it is not uncommon for children in foster placement to experience a variety of social and emotional problems. These difficulties can have a powerful impact on the child’s ability to be self sufficient as an adult. While the emotional problems faced by foster children can manifest in many different forms, research has shown such problems to significantly impact a foster child’s school performance, placing many of these children at risk for school failure (Bloome, 1997; Colton & Heath, 1994; Heath, Colton, & Aldgate, 1994).

Altshuler (1997) assessed the educational performance of foster children in relative care and children in group home care. The results of these studies indicate that children in group home care demonstrate significantly lower
achievement and lower performance in school as compared to the normed expectations. These children display behavioral problems in school settings ranging from aggressive and demanding to immature and attention seeking behaviors. They also have higher rates of absenteeism and tardiness than their classroom peers, which contributes to poor academic performance and behavioral problems.

The problems of abused or neglected children are particularly apparent in the school environment. Because of their unique position in communities, schools offer an appropriate setting for broad-based interventions aimed at ameliorating the academic and emotional deficits of maltreated children (Wordarski, Kurtz, Gaudin, & Howing, 1990).

Although there is a myriad of service providers collaboratively working to address these issues, residential group homes are increasingly becoming important components of the system of care for children and adolescents. Group homes are organized as single or multiple units of 6 to 10 youths supervised by live-in houseparents in an effort to replicate homelike environments. Youth are placed in these programs after dislocation from their families resulting from a number of causes: family conflict, ejection, removal by social
service agencies due to severe neglect, removal by criminal justice system, or even death of parents with no surviving guardians. Although some youth in these programs eventually return to their families, many others reside in these programs on an extended basis and even into young adulthood. Youth in these programs generally attend nearby public schools (Pumariega & Johnson, 1995). Group home providers are responsible for ensuring that children in their care receive medical care, mental health services and educational services. These providers are constantly identifying, directing, and managing service provision to foster youth, playing a pivotal role in their lives. It is for these reasons that it is imperative that group home providers work collaboratively with the local school district, in this case, Riverside Office of Education (RCOE) and other agencies to meet the needs of the children in their care.

The purpose of such a partnership will be to implement the Foster Youth Services (FYS) program. This program will address the needs of foster children living in group homes in Riverside County. As such, the intent of this study is to explore the driving forces and the restraining forces for change, relative to meeting the goals of the Foster Youth Program from the perspective of group home providers.
ADDRESSING THE NEEDS OF FOSTER YOUTH IN GROUP HOMES

Development of a case management approach that facilitates change among school districts, group home providers, social welfare agencies, and service providers can make the difference for foster children living in group homes. When a child is placed in a group home, his or her care is entrusted to a new family, and often, a new school whose knowledge of that child’s development may be sketchy or non-existent. The school system often assumes that each student is accompanied by a parent or responsible adult. They also assume that the adult is knowledgeable about the student and can take an active part in assisting the child with school requirements and advocating for special needs. Combining these false assumptions with the trauma that foster youth experience before, during, and sometimes after they have been placed in a new home and a new school is a recipe for failure (Ayasse, 1995).

California’s Foster Youth Services program is one way that California is trying to address the social, emotional, and educational needs of foster children. Foster Youth Services (FYS) is a state program designed to help foster children succeed in school and has been in operation since 1972. FYS services are designed to help foster children achieve in school by providing record tracking, tutoring,
and individual and group counseling. The FYS program addresses the following factors that have been identified as weaknesses in the system of service delivery to foster youths residing in group homes;

1. Problems differentiating between learning disabilities and behavioral problems;
2. Problems of group home providers in obtaining Individual Educational Plan (IEP’s) and shot records;
3. Problems with foster youth (FY) losing their books causing the schools not to release their transcripts until the books are returned;
4. FY are being counseled by private therapists who are not addressing behavior problems at school;
5. The academic levels of FY are not age appropriate (Aysse, 1995).

Following nearly ten years of year-to-year survival, FYS received official recognition of the program’s value with the passage of Senate Bill 831 (1981) which placed into statute the following findings;

1. It is essential to recognize, identify and plan for the critical and unique needs of children residing in licensed community care facilities (group homes);
2. A high percentage of these foster children are working substantially below grade level, are being retained at least one year in the same grade level, and become school dropouts;

3. Without a program specifically designed to meet their individual needs, foster youth are frequently dysfunctional human beings at great penal and welfare costs;

4. The legislature found and declared that the instruction, counseling, and related services for foster youth which provide program effectiveness and potential savings shall be a state priority (State of California, 1981, pp 2823 cited in Ayasse, 1995).

Until recently there were six FYS programs in California that together since 1981 have helped give more than 18,000 foster children the opportunity to experience success in school (Ayasse, 1995). In 1999 Riverside County Office of Education (RCOE) became the thirtieth FYS program in the State of California. RCOE and other agencies in the County acknowledged their concerns regarding the issues of academic underachievement of foster youth in Riverside County. RCOE will focus on the delivery of county-operated and community-based services to children living in group
homes throughout the county of Riverside. RCOE will work in a partnership with group home providers, school districts, probation, mental health, public social services, and the health department to provide necessary services.

The primary goal of this study is to obtain detailed information about the experiences and needs of group home providers from their perspective. Specifically, this study will focus on the areas of services linked to that of the Foster Youth Service Program. By conducting a survey through the use of focus groups, this researcher aims to learn further about what these providers perceive as strengths and impediments in providing and coordinating services to foster children in their care.

Obtaining such information will also be the beginnings of a systematic identification of opposing forces to the change introduced by FYS. The intent of analyzing the field of forces (Lewin, 1939), is to identify a range of variables that have the probability of influencing the outcome of the collaborative efforts between group home providers and the FYS. Some of these variables will constitute driving forces which, when increased, alter preferences in such a way that the group home providers will act to support the planned changed. Other variables
constitute restraining forces which, when decreased will modify the behavior of the group home providers in the direction of the desired change (Brager & Holloway, 1978) of the FYS program. The significance of such an analysis is that it will help the researcher to identify the range of driving and restraining forces critical to ensuring that the goals of the FYS program are met. This approach will also be instrumental in designing the interventions that will be necessary to move the group home providers in a direction that will promote optimal effectiveness of service delivery to foster youth in their care. In this vein, the secondary goal of this study will be to organize the data gathered from the focus groups in terms of relevance for change by conducting a force-field analysis that will seek to answer the following questions:

1. What variables are the driving forces for change that will enable group home providers to support the FYS program goals and objectives?

2. What variables are the restraining forces that will prevent group home providers from attaining the FYS program goals and objectives?

3. What goal changes are necessary to move these restraining forces in the desired direction?
Previous Research

Children in foster care who have experienced devastating problems in their families, separation from those families, and subsequent problems in the foster care system, can be expected to have educational difficulties. Due to frequency with which foster children relocate, their educational experiences have even been likened to those of the children of migrant farm workers (Goerge, Voorhis, Grant, Casey, & Robinson, 1992). Foster children, have the added effect of changing families as well as changing locations. Nevertheless, a review of literature showed that while the issue of educating foster children is gradually becoming more prominent in the fields of social research and social services, up until relatively recent, there has been little research on children in group home care.

The social and emotional problems that result from the child being abused and neglected, combined with a transient home life in the foster system, has a detrimental effect on many foster children's ability to learn. Placements in multiple foster homes can be emotionally damaging to a child and can lead to a greater number of behavior problems (Marcus, 1991). Many of these children display aggressive behavior, language delay (Kinard, 1982), low self-esteem
(Martin & Beezley, 1972), and disruptive behavior. Consequently, these problems also affect foster home stability and school performance (Proch & Taber, 1985).

Children who come into foster care are likely to suffer from both acute and chronic, even severe or disabling medical problems, as well as high rates of emotional behavioral, and developmental problems (Frank, 1980). Often preexisting problems, serious enough by themselves, are only exacerbated by the trauma of separation from parents and other family members. To make matters worse, medical services that do exist for these children are uncoordinated, inefficient, and ultimately ineffective (Klee, Soman & Hafon, 1992).

Many young adults leaving foster care have been emotionally scarred and lack the social attachments and support structures to make a successful transition to independence (Cook, 1988; Moynihan, 1988; Mech, 1994). Although, it is difficult to compensate for the nurturing and family stability that many adolescents in foster care lack, graduates of the placement system need help in making the transition from a dependency status to self-directed community living. At minimum, transitional assistance includes help in finding a place to live, obtaining a job, sustaining employment, gaining access to health/dental
The best way to help them begin their journey out of foster care, is to provide them with the supportive services required to achieve the goal of self-sufficiency.

Foster children experience educational, behavior, and health problems, as well as an inability to become self-sufficient as adults. Researchers (White, Carrington, & Freedman, 1990) have found that if these issues are addressed in a comprehensive manner by the school systems, the outcomes for foster children residing in group homes will improve and the public costs associated with their care as adults will be reduced.

Applying Case Management

The growing need for holistic interventions with foster children supports the need for an integrated services delivery model. In this model, group home providers, public social services, probation, social workers, and the school collaborate and serve as the nucleus for providing direct services to foster youth. Although not specifically used with the group home population, the multidisciplinary team approach has been found to meet academic, social, and emotional needs of at-risk children. A collaborative model utilizing a case management approach improves their chances to achieve
academic success (Shepard & Creamer, 1998).

Collaborative school-based or school-linked models for providing services to at-risk populations are found repeatedly throughout the literature (Eng & Vine, 1989; Hacker, Bablouzian, & Roeber, 1994; Harold & Harold, 1991). Case management is a time-effective, flexible system that allows a collaborative team to monitor and coordinate care of many students at one time (Eng & Jevne, 1989). Case management includes advocacy and linkage of services and has proven to be successful in education, public health, and child welfare agencies (Shepard & Creamer, 1998).

Because foster care services are fragmented, caseworkers, health care providers, and group home providers must struggle to locate needed services in a maze of program and funding sources. In an effort to reduce the fragmentation of services to this population, in California, Senate Bill 831 (1981) was placed into statute to finance the Foster Youth Services (FYS) programs. FYS programs offer a case management approach to providing school placement/student advocacy, tutoring, counseling, and employment readiness to foster youth in group homes. From an interagency perspective, FYS establishes the school as the natural focus for identifying and integrating foster children's academic and behavioral problems and needs. FYS
program actively seeks out persons and organizations that influence foster children's lives—foster family, group home staff, social workers, probation officers, etc. into the children's day-to-day routine during and after school (Fitzharris, 1989).

As stated previously, the residential group home plays a pivotal role in the case management process of addressing the needs of foster youth. Group home staff must coordinate the direct services of youth residing in their homes. For example, if a child needs therapy for emotional problems, the group home must arrange for the provision of these services, by providing a time in the home for therapy or transportation to a therapist. In the past group home programs have been resistance to on-site mental health services. Some of this resistance to mental health services is based on the philosophy of the programs, which are oriented toward providing re-parenting experiences rather than treatment (Pumariega & Johnson, 1995).

There is basically no literature to support the assumption that group home providers will object to coordinating FYS for youth in their care. However, at this juncture, a question does come to mind: If some group home providers have, in the past, been resistant to allowing the provision of on-site mental health services, are there
other unmet needs of foster children that their caretakers are not coordinating, due to ambiguous roles or mandates?

Theoretical Underpinnings

According to field theory (Lewin, 1951), change occurs in organizations when alterations in a force or set of forces begin to generate stress in the balanced systems. These forces can be organizational variables, such as resistance from group home providers to coordinate FYS services. Organizational variables can also include, lack of commitment, lack of knowledge, systemic barriers or power struggles or any combination of factors impinging on organizational life (Brager & Holloway, 1978).

As forces increase or decrease stress builds. At some point the increase on stress causes a shift that disrupts the system's current state of affairs. In this instance, the possibility of specific change relative to FYS program and the partnerships with group home service providers will maintain a given pattern as long as a relative balance of force within and among group home providers is maintained. In this vein, stability will exist in group homes when the "driving forces", those pressing for change are offset by the "restraining forces", those inhibiting the change. Simply stated, for group home programs to be effective in the delivering integrative services, the field of forces
must be modified so that the driving forces are increased, the restraining forces reduced, or some combination of both (Brager & Holloway, 1978).
METHODS

Study Design

As noted, the purpose of this study was two-fold in nature. First, to identify the group home provider's point of view on what they need to assist FYS in decreasing the discrepancies in the system of service delivery to foster youths. Second, to use the field of forces methodology to generate an explanatory theory that was grounded in the data. These objectives were accomplished using an exploratory study comprised of a focus group design in which the participants were considered experts about their experiences.

The rationale for choosing this approach was that focus groups produce qualitative data that provide insights into the attitudes, perceptions, and opinions of participants'. As supported by Stewart and Shamdasani (1998), the use of focus groups provide a number of advantages despite their risks and/or limitations.

The advantages included allowing the researcher to interact directly with the respondents. This interaction provided important opportunities for clarification as well as for follow-up questions. Also advantageous is the open response format of the focus groups, which provide the opportunity to obtain large amounts of data in the
respondents' own words. Additionally, the focus group format allowed the respondents to react to and to build upon the response of other group members. This effect of the group setting resulted in data or ideas that may not have been uncovered in individual interviews.

The use of focus group design has many disadvantages as well; perhaps the most significant is the limitation in its generalizability. The representativeness of the study sample to populations significantly different or larger than Riverside may be weak. It is important to note however, that the results can be generalized to some "real-world settings" (Rubin & Babbie, 1997, p.304) as well as representative of the population it intends to represent—group home providers within Riverside county. Therefore, the external validity of the study, while threatened, may be adequate.

While focus group design may be inherently limiting, the researcher felt strongly that it was a fitting choice given the purpose of the study— to gather information on the impediments encountered by group home providers and their strengths in providing services to foster children.
Demographic Data of Group Home Provider Participants (n=18)

<table>
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<tr>
<th>Variable Name</th>
<th>Focus Group Participants</th>
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<tr>
<td>Age</td>
<td>( \bar{x} = 46.72 ) (range 29-52)</td>
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<tr>
<td>Gender</td>
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</tr>
<tr>
<td></td>
<td>12 Female</td>
</tr>
<tr>
<td></td>
<td>(MD=3)</td>
</tr>
<tr>
<td>Ethnicity</td>
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</tr>
<tr>
<td></td>
<td>4 European American</td>
</tr>
<tr>
<td></td>
<td>2 Hispanic</td>
</tr>
<tr>
<td></td>
<td>(MD=2)</td>
</tr>
<tr>
<td>Group Home Job Position</td>
<td>5 Counselor</td>
</tr>
<tr>
<td></td>
<td>2 Therapist</td>
</tr>
<tr>
<td></td>
<td>2 Manager</td>
</tr>
<tr>
<td></td>
<td>3 Assistant Director</td>
</tr>
<tr>
<td></td>
<td>6 Executive Director</td>
</tr>
<tr>
<td>Years Employed in</td>
<td>( \bar{x} = 6 ) (range .6-15)</td>
</tr>
<tr>
<td>Group Home Setting</td>
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</tbody>
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Table 1

Sample

The subjects of this study were group home representatives in Riverside California (N=18) (Table 1). In order to recruit participants, a list of all group homes in the county was obtained (n=116). The list included the location and size of the group home. With this list the researcher identified three regions in the county to be used as focus group sites. Then, all the group homes were assigned to a location closest to the proximity of the group home. Next, the researcher invited administrators and their staff to attend a group discussion, asking for a written informed consent (Appendix A), in advance of
attending the focus group, from all participants. Three
discrete sets of six participants attended one round of
focus group sessions.

Data Collection and Instruments

Upon arriving at the focus group, each participant was
asked to fill out a brief anonymous background survey
(Appendix B) in order to gather demographic information.
During the focus group session participants were asked a
series of open-ended questions through a qualitative
interview process. The questions (Appendix C) were divided
into three categories (past, present, future). Unlike the
structured interview, the questions were designed as guides
to elicit information from the participants about both the
strengths and barriers in providing services. The units of
analysis for the study were the representatives of group
homes in Riverside County who choose to participate.

Procedures

Data collection was conducted by the researcher and a
FYS staff assistant. The groups were held a private
closed-door setting determined to be convenient and
acceptable to the group home staff. Prior to each focus
group session, the researcher explained the purpose and
nature of the research to the group; reminding the group
that their participation and responses during the session
would be kept absolutely confidential; explaining that there are no right or wrong answers; and informing the participants that they should not hesitate to ask questions and can ask for clarification at any time. Each focus group lasted approximately 1.5 hours. At the conclusion of the group, all participants were debriefed (Appendix D).

The focus groups were recorded by audiotape (per participants' consent) and were later transcribed verbatim. To ensure the participants' confidentiality, no full names were included in the tapes or transcripts. Audiotapes and transcripts will remain in the possession of the researcher until the study is completed. At the conclusion of the study the audiotapes were destroyed, however, transcripts were saved for future use.

Data Analysis

Given the qualitative nature of the data that was gathered, a considerable amount of subjective judgement was involved in the researchers' interpretation and analysis. Data gathered from focus groups is often not easily quantifiable.

The first stage of the analysis involved a coding process in which the researcher developed a system of codes to identify important topic and sub-topic categories. To develop the coding system, all phenomena relevant to the
research questions were highlighted for each transcribed group session, these pieces of data were compared and contrasted, and given a conceptual label.

During the code mapping process the researcher read through the transcript marking in the margins where segments correspond to where different codes started and ended. After code mapping one transcript, the researcher designed an overview chart to illustrate the different codes and their relationship. The chart was then used to code the second transcript. Additional codes were created for new topics and topics of special interest that arose in the second and third set of focus groups.

The overview chart was then used to layout a series of categorical and conceptual fields into which the material was cut and pasted. This process allowed for all segments relating to each particular category or concept addressed in the focus groups to be assembled for analysis.
RESULTS

Strengths in Providing Services: Current Efforts

Results were analyzed in terms of the strengths and barriers identified by the researcher throughout the focus group discussions. They were also examined using the suggestions made by the participants on how to decrease barriers of service provision.

During each group session the participants were asked about and commented upon a number of factors that they felt contributed to their ability to provide services to foster youth in their care. During the course of the sessions, three different factors were identified by the participants as primary sources of strength: (a) awareness of the needs, (b) awareness of resources, and (c) developing strategy to meet the needs.

Awareness the Needs

The majority of participants were aware of the types of services that foster children need to be successful. Many of these services were the same as those identified by Foster Youth Services (FYS) as being integral to bridging the gap in service provision to foster youth. To this end, academic services, medical services, mental health services, and transitional services were among those also identified by group home providers as necessary to improve
the chances of foster children being successful.

The participants commented on many of activities that could be used to accomplish these goals, ranging from tailored aftercare programs, specialized job training programs, to tutorial services.

For instance, one provider stated "If there could be an aftercare program. Even though you're 18, there should be that transitional period from one place to another, until they reach the age of 21." Another provider commented "I think we should have work experience programs that specialize in foster youth. That would take them out of competition with other schools and whatnot." Moreover, one provider stated, "Some of the schools offer after school tutoring. We utilize that a lot because our kids need a lot of tutoring."

**Awareness of Resources**

Although not every provider was aware of all of the resources available in the county of Riverside to assist them in caring for foster youth, most were aware of the resources in the immediate area surrounding the group home. Examples of the kinds of resources utilized by the providers included: a traveling mobile team of physicians and dental groups who provide services on site, tutorial programs at the schools, anger management classes,
substance abuse treatment programs and activities sponsored by Parks and Recreation. One provider stated "JTPA (Job Training Partnership Act) is a good community-based program. They haven't really found long-term employment for our youth, but they had like summer jobs or short-term employment."

While a few of the participants indicated that they had a limited amount of knowledge regarding the resources in their community, they were quick to ask the other participants for their phone number(s) so they could obtain additional information regarding the various resources mentioned in the session. The majority of participants recognized that there are not enough local community resources to address the many needs of foster youth.

**Developing Strategy to Meet the Needs**

Throughout the course of the sessions, a few of the providers shared about the programs that they have created to address the needs of foster children in their care. Group homes operated by large corporations have access to grant funding and corporate donations to assist them in developing special programs. However, it is important to note that some of the single unit group home operators, using their creativity, have developed programs that address the needs of these children that are not being
funded by grants or donors. It was obvious to this researcher that these programs were developed not out of a necessity to meet mandates or for financial gain. Rather, they were developed out of care and concern that the needs must be met.

What I have done myself is started my own database of building up mentors of myself and of professional people, people who are willing to provide just a few moments of a conversation with a young man who is having problems. A lot of kids need someone to talk to when they leave group homes.

Another provider, stated, "I bought a little small car for myself to personally train young men to give them the skills so they will know how to drive and obtain a driver's license... When I found out this was possible, I thought, I can do this myself, take them to a remote part of town and just start giving them the basics, so they can, when they leave have a driver's license."

The need for tutorial services was a common issue that was mentioned in all of the focus groups. The participants indicated that the majority of foster youth require these services. One provider shared about how she is meeting this need through her personally funded tutorial program.
My tutoring program is very effective. What we do is have three people that come in and there's two boys for one tutor. We separate everyone,... We partner the kids off with kids, they get along with. We had one who wouldn't read at all so we personally coached him,... The tutors are paid with the money we receive for the care of the boys.

**Barriers to Providing Services**

During each focus group session the group home providers were asked about and commented on what they perceived as the biggest barriers to providing services to foster youth. Participants felt that these obstacles contribute to their inability to care for foster youth in an optimal manner. As such, the participants described circumstance after circumstance in which children arrive at their facilities without medical information or school records. During the course of the sessions, three different factors were identified by the participants as primary obstacles related to the care of foster youth: (a) the structure of the delivery system, (b) lack of service providers, and (c) lack of money. In addition to these issues, the researcher also observed behavior by the participants that can be interpreted as an obstacle to service provision.
Structure of the Service Delivery System

The participants were very vocal and clearly frustrated about the issues related to the delivery system. Problems in this realm ranged from inaccessibility, to discontinuity of services. More specifically, the primary areas of concern relative to the structure of the service delivery system include: (a) Medi-Cal health care entitlement program, (b) the public school system, and (c) the placement agency procedures of DPSS and the juvenile hall detention center.

The topic of Medi-Cal was a reoccurring theme throughout the focus group sessions. According to the participants the Medi-Cal program is problematic and greatly impacts their ability to obtain the emergent and routine medical services for foster youth.

One provider described her experience with Medi-Cal as, "one huge barrier."

Sometimes it takes up to 6 months to be processed. I have a child right now that has been there for 9 months and still does not have a Medi-Cal card. You call Sacramento and they tell you to use the child's social security number. You take the child to the dentist or doctor, they say they can't use the social security number. The kid needs a tooth pulled, OK I'm sorry the child will have to wait for 2-3 weeks... There is nobody to ask.
Many providers were confused by how a child could be transferred from one group home to another, and their medical records do not transfer with them.

They had Medi-Cal over there, what happened? Why can't they transfer it over? It just doesn't make any sense. If they're already in one placement and they've been there for six months, dog gonnit I'm sure that somewhere along the line somebody gave them a needle somewhere. Then you have to spend money on staffing to take of this problem and we don't have enough money for the program.

The focus group participants commented on a number of difficult experiences they have encountered when attempting to enroll foster youth in school. The experiences most often mentioned were identified as the cause of delay in school enrollment were: (a) lack of special education placement information, (b) lack of assistance from the schools, (c) lack of educational rights.

As highlighted by the discussions on school enrollment, the participants expressed a great deal of concern regarding the lack of Individualized Education Plan (IEP) documents. They indicated that the majority of the children in their care are special education students, therefore, not having this information when the child is placed with them, is a tremendous problem. The IEP
information is not required for the child to be enrolled in school, but when it is available, ensures that the child will be placed in the appropriate school setting, or grade level. For these reasons, it is essential that the IEP information be provided to the school of which the child will be enrolled.

My thing is if the court docket informs you there is an IEP. Where is it? Who put the child on that status? I feel that it's not fair to put a child in school without knowing what he is capable of. It's embarrassing to the child if he is placed in the wrong grade level because of his age.

The participants cited that the enrollment process is made more difficult because the schools tend to be uncooperative. They also indicated that they believed this to be true, especially in areas of the county where there are large concentrations of group homes. Whether or not this perception of the schools is accurate, the feelings were sincere.
The schools can help to expedite the receiving of transcripts and records. They have more access to all the schools, and sometimes with one phone call, without consent, they could have this information faxed to them immediately. But sometimes they aren't really all that helpful, because they don't really want the child in their school anyway.

Another issue raised by the participants that cause delayed enrollment is the lack of "educational rights." Although the participants are given a legal responsibility to care for the child, they do not have the right to make decisions regarding the child's education.

We as group home placement agencies don't have any educational rights. Often we have to contact parents to get them to sign over their rights. If the parents don't have educational rights, we have to find an educational advocate. This takes time, the child has to wait for 2-3 weeks before starting school.

Lastly, the participants also expressed their anxiety about another structural barrier related to the protocol of the Department of Public Social Services (DPSS). The participants understand that the social workers have large case loads and are very busy. Yet, they indicated that if the workers supplied them with the child's past medical,
educational history and assessment evaluations at the time of placement or shortly afterward, the occurrence of delay in school enrollment would be reduced. In most instances, they have to leave numerous voice mail messages for the social workers to provide them with this information only to find out that worker doesn’t have it.

One of our consistent barriers is when we have residents placed by the Department of Public Social Services (DPSS). We rarely have clear information, school records, or medical information when kids arrive at our facility.

Lack of Service Providers

A second issue raised by the participants was the lack of qualified mental health professionals to provide services to the foster youth in their care. Many providers described their attempts to meet the mental health needs of these children as one dilemma after another. They indicated that it is difficult to find providers that accept Medi-Cal because they are paid minimal rates. They also commented about how mandates requiring that providers be approved by the State prior to providing services to Medi-Cal recipients, has diminished the available pool of service providers. Although the local
County Mental Health Department has provided them with a listing of providers who are approved, the list was outdated, and when contacted, some of the providers did not know they had been approved as providers. The participants also cited that some of the common problems with individual mental health providers included; not keeping appointments, asking for additional money under the table (supplement Medi-Cal payments), and not providing the documentation.

The psychologists won't even give us the test results in some cases, maybe because they didn't get paid by Medi-Cal . . . the child has already been assessed, and sometimes has to sit through another three hours of testing session.

The participants also indicated that for the past nine months there have been no Independent Living Program (ILP) services offered by Riverside County DPSS. Consequently, youth who are emancipating are not being provided the necessary skills that will hopefully help them to be self-sufficient. For the majority of providers this program was the only resource they used to prepare foster youth for emancipation. To make matters worse, the providers indicated that they were not advised that the program was going to be discontinued, nor have they been officially notified that the services will be resumed in the near
future. Instead, through word-of-mouth they have acquired this information.

**Lack of Money**

Finally, a third, and very critical issue discussed by the participants was the lack of financial resources available to group homes. The providers expressed frustration that money is often unavailable to pay for school related classes and activities for the youth in their care. They all agreed that lack of money was also the cause of their inability to help foster youth emancipate to adulthood.

> Accessing money for our transitional support program is a barrier. I am talking about buying things that a young man needs to have like clothing for an interview. Even though the probation department tries to supply a shirt and tie, you still have to get slacks and shoes and things of that nature. When the youth are preparing to transition out of placement we run into money situations.

**Researcher Observations**

Throughout the focus group discussions, quite often the providers referred to the foster youth as being "their kids." Consequently, the researcher interpreted this comment to mean that they believe that the role they play
in the foster child's life is to provide a re-parenting experience.

They don't give a dog gone . . . they think they know more than you, about how to take care of your kids.

Group Home Provider Recommendations to Address the Needs of Foster Youth

When asked what they needed to overcome the barriers relative to helping foster youth succeed, the participants made a number of suggestions that could positively impact their ability to provide optimal services. These suggestions were assembled into four distinct categories that were, in fact, linked to the very program objectives of the Foster Youth Services (FYS) program: (a) improve pupil academic achievements, (b) ensure that foster youth receive medical and dental services, (c) ensure that foster youth receive mental health services, and (d) ensure that foster youth receive transitional (emancipation) services.

**Improve pupil academic achievement.** While some of the participants are employed by group homes who have onsite schools, all of the participants agreed that they needed help from FYS in the area of tutoring. The participants commented that because tutoring is very expensive, their
agencies cannot afford to pay individuals $10-$35 dollars per hour for services. They also indicated that tutoring is also needed for those youth who do not attend regular schools (home study).

As highlighted by the discussion about who has education rights, the participants recommended that foster youth be appointed an "Educational Advocate." This individual would be responsible for making educational decisions on behalf of the foster youth. They would also attend IEP meetings. This position would be somewhat like a court appointed special advocate.

Ensure that foster youth receive medical and dental services. The participants indicated that it would be helpful if there was a system in place to begin the process of obtaining or applying for Medi-Cal as soon as it is determined that a child is going to be place in a group home. Such a procedure would enable the providers to immediately obtain the child's routine medical and dental visits and also to address any chronic or emergent medical or dental needs of the child.

Ensure that foster youth receive mental health services. To solve the problem of not being able to locate therapists who are qualified to bill Medi-Cal, the participants suggested that Mental Health could provide
them with a quarterly updated provider listing. They also mentioned that it would be helpful if Mental Health, as they approve therapists, could train them on how to complete the Medi-Cal billing forms.

Ensure that foster youth receive transitional services. The participants also indicated that they could use support services with helping youth to transition to adulthood. Specifically, assistance with locating perspective employers that would be willing to hire youth from group homes.

We need help getting them jobs. That would be of tremendous value. I would say compiling some kind of list or resources for job training that would be assessable. We need someone out there working with the employers. It would be good to have a list of employers that are not afraid to give group home kids a chance. Even if they just made contact with various employers in the community to open up the doors. Job fairs would be really good for that.

Force Field Analysis

Using the information obtained from the focus group sessions, "reducing the barriers of service provision to foster youth" was identified as the change goal that would be utilized as a basis of which to analysis the field of forces. The rationale for this choice, is that the types
Change Goal: “Reducing the Barriers of Service Provision to Foster Youth”

<table>
<thead>
<tr>
<th>Driving Forces (for change)</th>
<th>Restraining Forces (against change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Youth Services Case Management Program</td>
<td>Philosophy of Group Home Providers</td>
</tr>
<tr>
<td>FYS Advisory Group Probation</td>
<td>Independent Living Program (ILP)</td>
</tr>
<tr>
<td>Mental Health Dept. Public Social Services</td>
<td>Placement Agency Procedures</td>
</tr>
<tr>
<td></td>
<td>Dpss &amp; Juvenile Hall</td>
</tr>
<tr>
<td></td>
<td>Medi-Cal Medicaid Program Policy</td>
</tr>
</tbody>
</table>

Figure 1. The Field of Forces

of obstacles recounted by the participants will no doubt have profound negative impact on the direction of the desired change goal. Figure 1 represents an elaboration of a “balance sheet of forces, driving forces on one side and restraining forces on the other (Brager & Holloway, 1978), as well as a change goal. Each force will be discussed according to: (1) the forces’ amenability to change, the likelihood that it can be altered, (2) their potency, the impact it will have on effecting the goal, and (3) their consistency, the extent to which the forces will remain stable throughout the intervention process (Brager & Holloway, 1978).
Driving Forces (for change)

Foster Youth Services Case Management Program

The major goal of the Foster Youth Services program is to, "fill the gaps in service," for foster youth in Riverside County, using a case management approach, with citizen participation. It is anticipated that this force will continue to increase as a result of program coordinators efforts and available resources at his disposal. The underlining ideology of the FYS program, to ensure that foster youth have access to the resources, services, and opportunities which they require, will continue to act as a catalyst, increasing this force and further strengthening its ability to effect the program goal in a positive direction. In order for this force to remain stable throughout the intervention, it will be necessary for the coordinator to elicit the support of the group home providers by establishing the "Riverside County Group Home Network."

FYS Advisory Group

The function of the FYS Advisory force, comprised of Department of Public Social Services, Probation, and Department of Mental Health, is to assist the program coordinator with the development and implementation of a service delivery system that will provide a continuum of
care for children living in group homes. As the program matures, this force, commonly called the "big three", by FYS, has a high potential for modification. As this force is increased, it can impact the goal by applying pressure points (internally/externally) to other individuals and organizations to make certain that the objectives of the FYS program are realized. Throughout the intervention process, there is a high probability that this force will remain stable and continue to maximize its impact toward the direction of the desired change.

Restraining Forces (against change)

Philosophy of Group Home Providers

During the focus group sessions, it became evident, that an underlying barrier to service provision is that the philosophy of group homes is oriented toward providing re-parenting experiences to foster youth. As such, the case management process that encompasses the objective of the FYS program is viewed with skepticism that FYS is just another agency trying to check up on them and tell them what to do with "their" children. The good news is that this force has a high level of amenability to change if the providers become a part of the process. In this light, decreasing the restraining effects of this force, will increase the potentiality of the change goal. All this is
not to say the providers will change their way of thinking, it simply means that they will not see the goal of the program as a threat. This force will remain stable throughout the intervention process, given the providers stay connected, to and supportive of the FYS program.

**Independent Living Program (ILP)**

The Riverside County ILP program is overseen by the California Department of Social Services (CDSS). An outcome of the 1999 California State Legislative session was that CDSS has been required to develop statewide guidelines and outcome measures for the Independent Living Programs. The county will be required to report annually on the use of federal and state funds and the characteristics of foster youth served in the program. What this means to the FYS program, is that the ILP program in Riverside County will be held accountable for service provision to foster youth. Hopefully, this new era of accountability will gear the agency toward service provision to foster youth that is accessible and continuous.

Although this change is influenced by other causes, the impact of the ruling decreases this force and the modifications now are aligned with supporting the change goal. As long as this force is decreased (neutralized) it will have the potential of contributing to the desired
outcome of the Group Home providers and Foster Youth Services. Throughout the intervention process, this force will remain stable as long as there is adequate funding for the ILP to provide the services and the coordinator works in a collaborative manner with the FYS program, to provide services to foster youth.

Placement Agency Procedures

The problems identified with the service delivery system of Riverside County Department of Public Social Services (DPSS) and the Riverside County Juvenile Hall detention negatively impact the intervention process of FYS. This force can be modified to decrease its retraining effects because these agencies are members of the FYS Advisory Group. Decreasing the current state of this force will increase its potency, thereby positively impacting the change goal. Unfortunately, there is a high probability that this force will not remain and stable and predictable throughout the intervention. The reason for this prediction is that there are a multitude of factors relative to these agencies that can influence organizational behavior. Variables such as employee turnover, the agencies culture, and the administrators level of support to the FYS program goals, all have the potential of altering this force, returning it to is
original state of restraint.

Medi-Cal Medicaid Program Policy

The Medi-Cal/Medicaid program is a means-tested public assistance program established in 1965 that provides payment for hospital and medical services to people who cannot afford them. Funding comes from the federal and state governments under the auspices of the Health Care Financing Administration (HCFA). In most areas, administration of the program is handled through local public-assistance offices and the processing of I.D. cards and payments are handled through one location in Sacramento.

The organizational structure of this program does not lend itself to the potential for modification of this force, relative to the barriers of service provision to foster youth. At this time the potency of this force is high and as the health care industry shifts more toward managed care, it is certain, that the restraining effects of this force will increase. No doubt, continued increase in this force will not be conducive to the goals of the FYS program.
DISCUSSION

Future Implications

The field of forces analysis of the data will be an important component in the strategic planning process of the Foster Youth Services program. Not only does it provide a basis of which to steer the planning of the program, it yields credence to the rationale for establishing the network association of group home providers.

Furthermore, this analysis also facilitates the implementation process of the program, first, by refocusing the planning to increase its emphasis on developing strategies that include the group home providers. Secondly, it can be used as a guide to expanding the scope of the program toward responsiveness to the group home providers in light of the difficulties they encounter with service provision. Thirdly, it can aid the organizing of the program in channeling its focus, and placing emphasis on increasing and making more effective the interaction between the agency, the FYS Advisory group and the group home providers. Ultimately, the force field analysis will help FYS to design and implement the "Riverside County Group Home Providers Network," a mechanism for feedback to and from the providers, who are immeasurably valuable in
keeping the new program on target.

In addition to facilitating the planning process, the field of forces analysis also identified the FYS Advisory Group as a very powerful and crucial driving force relative to the change goal. As indicated previously, the advisory group comprises members from the Department of Public Social Services, Probation Department, and the Department of Mental Health. All of the members in this group hold management level positions within the agency they represent. As such, the members will benefit the Foster Youth Services program by providing insight, knowledge, and technical expertise to the planning process of the program. Most importantly, due to their status in the organizations of which they represent, they have the capacity to influence and attain the support of others within their agencies to enact change that will reduce the service barriers to group home providers. Finally, as also stated previously, the advisory group has the power to exert internal and external pressure to ensure that the change goal is realized.

Provider Recommendations

Attention must be given to the suggestions made by the group home providers. They firmly believe this advice will decrease the difficulties they experience while trying to
care for foster youth. If these suggestions are incorporated into the planning process of the FYS program, the providers will then be more inclined to help the agency with achieving the program objectives. In other words, if they conceive that the planners of the program, are not only listening to their problems, but are actually enacting change on their behalf, it is likely that their skepticism, and distrust of the agency will be greatly lessened. Therefore, this information must be shared by the appropriate bodies, such as the Foster Youth Services program case management staff and the FYS Advisory Group, for assessment and intervention.

Organizational Scope and Size

The results of this study also helped to identify the scope of operation and the size of the businesses of the various providers who render services to foster youth, as important variables in planning. This is essential because it will also help to guide future interventions.

Some of the providers who participated in this study represented agencies who operate large group home facilities, representational of orphanages. As indicated previously, these programs have resources such as on-site schools, medical, and counseling staff. The size of the agencies ranged from sixty beds to over one-hundred, and
they often operated numerous single residential sites in the community. Because these programs are self-contained, for the most part do not feel the affects of the barriers associated with care to foster children. It is highly unlikely that these providers will utilize the services of the FYS program. Nonetheless, they will be a very important piece to the provider network, especially in the area of sharing information regarding resources.

The predominant focus group participants were providers who operate homes ranging from six to twelve beds. It was evident during the discussions that these providers are considerably affected by the identified barriers to service provision. Not only do they lack the resources they need to provide optimal services to foster youth, they lacked the power, individually, to influence change regarding the problems that they encounter.

In the past, the providers have expressed their concerns about the problems they experience to various agencies. Because of the lack of attention that they have received from these agencies, they are skeptical that the Foster Youth Services program will be any different. Overall, they do not believe that their ideas, perceptions, or opinions will have any impact on the future planning of the program. They are also doubtful that the information
they provided will go any further than the rooms of which they met. In fact, they are doubtful that sharing this information will make a difference in the problems they encounter. Nonetheless, despite the skepticism, these providers will need the support services offered by the Foster Youth Services program and the powers that lie within the program to advocate on their behalf to make changes. To say the least, they are eager to be a part of a planning process that seeks to alleviate, the problems of fragmentation, discontinuity, and inaccessibility of services to foster youth. When asked if they would participate in a provider network, the enthusiastically overwhelming response was yes.

**Additional Question**

Although not the primary focus of this study, one question based on the lack of service provision to foster youth was: Are there unmet needs of foster children that their caretakers are not coordinating, due to resistance, mandates, or ambiguous roles?

As such, resistance was not found to be a factor associated with the lack of service provision to foster youth. The group home providers evidenced that they not only understand the needs of foster youth, but that they also are willing to ensure that these services are provided
if they are not obstructed by factors beyond their means.

The providers appeared to exhibit a high level of frustration and anxiety, regarding the mandates, specific to operating a nonprofit, community care licensed facility. In this vein, while trying to meet the mandates and provide services, the providers often fall into a vicious cycle. This cycle consists of, confronting obstacles to service provision that interferes with meeting the standards of the licensing body. Not adhering to the regulations, will reduce the amount of money received to operate a group home a business. In the end, issues that lead to non compliance of government regulations impact the capabilities of the provider to care for foster youth, limiting their resources to provide services.

Finally, ambiguity did not appear to be a major factor relative to the providers understanding of the role they play in the foster child’s life. The providers clearly understand that they are surrogate parents. But one role conflict could be that, through they have surrogate parent responsibilities, they do not have all the rights of natural parents. In fact, for the smaller providers, understanding of this role and this conflict probably accounts for some of the frustration that these providers experience when they cannot provide adequate services.
CONCLUSION

Undeniably, foster youth have the right to be educated, the right to medical and mental health services they require to be physically and emotionally healthy, and the opportunity to mature into productive adults. The implementation of this needs assessment facilitates these goals by calling attention to the powerful impact that group home providers have on a foster child's experiences.

The results of this study also call attention to the sometimes insurmountable problems that group home providers experience when they try to provide services to foster youth entrusted in their care. As such, this particular study represented the opening up of the lines of communication between the Foster Youth Services program and the group home providers. This will help to strengthen the credibility, of the FYS program in the eyes of the provider. It will also help the program to gain the support of the providers while assisting them in the establishment of a network association for Riverside County. Once this organization is launched, a critical piece of this planning program is, and will continue to be, giving group home providers a voice in the process of developing appropriate services related to addressing the needs of foster youth.
Appendix A

Informed Consent

My name is Tinya Holt. I am a graduate student at the California State University San Bernardino. I am also a Social Work Intern for the Foster Youth Services Program.

I would like to invite you to participate in a research project concerning the experiences of group home providers in meeting the needs of foster youth. Foster Youth Services is very interested in learning about your experiences.

In order to learn about the experiences of providers, a focus group will be conducted at which we will gather providers from the same area to discuss their experiences. The group will last approximately 2 hours. With your permission, the interview will be audiotaped.

There are no expected risks to you from participating in focus group. There will be no cost to you other than your time. Also, refreshments will be served during the meeting.

All of the information that is obtained during the group will be kept confidential. No one other than myself and the FYS staff members who are assisting me will see or hear the information shared. Neither your name nor any other identifying information will be used in any reports without your consent at a late date. A final report on the information gathered during the focus groups will be available to the group home staff and others, however no participant will be identified in the report. After the research is completed, the tapes will be destroyed. However, the transcripts will be saved for use and the same confidentiality guarantees given here will apply to future use of information.

Your participation in this research is voluntary. If you wish to withdraw from the study or to leave, you may do so at any time and do not need to give any reasons or explanations for doing so. If you withdraw from the study it will have no effect on your relationship with Foster Youth Services or any other organization or agency.

You are requested to respect the privacy of the other members of the group by not disclosing any information that they share during our discussion.

This study has been approved by California State University, San Bernardino Institutional Review Board. If you have any questions about the research, please do not hesitate to call me, Tinya Holt, at (909) 247-9916. If you agree to participate, please sign below. Please keep the other copies of this agreement for your future reference.

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

Mark ______________________  Date __________
Appendix B

Anonymous Background Information

Your Age: _____

Your Ethnicity:

☐ African-American (non-Hispanic, non-Latino origin)
☐ Asian or Pacific Islander
☐ Caucasian (non-Hispanic, non-Latino origin)
☐ American Indian
☐ Other: ______________

Your Gender:

☐ Female
☐ Male

How long have you been worked in a group home setting (months or years)? _____

What is your position in the group home you are representing? ______________

Briefly describe your job duties: ____________________________________________

Have you ever participated in a network (association) of group home providers? ( ) yes ( ) no

Are you interested in participating in a provider’s network for Riverside County? ( ) yes ( ) no

Thank you for your participation!!!
Focus Group Questions for Group Home Providers

INTRODUCTORY QUESTION: Tell us your name, the agency you represent, and something about your agency?

Past

1. What do you like best about how Foster Youth Services is being promoted?

2. Think about the agencies that you have worked with to provide services to foster youth that you liked best...what made it best?

Present

1. In the community of the group home that you represent, what resources have you found useful that you have utilized to help provide services to foster youth?

2. What do you think are the biggest barriers to providing services to FY?

3. What kinds of support or help do you think would be useful to you to overcome some of those barriers?

Future

1. What kind of help would you like from Foster Youth Services in providing services to prepare youth for emancipation?

2. Have you thought about extending services to emancipated youth?

3. What kinds of help or support would you like from Foster Youth Services in providing services to foster youth?

4. Would you be interested in participating in a Riverside County network of group home providers that would bring all the group homes into the county periodically?
Appendix D

Debriefing Statement

You have just participated in a study that solicited information on the strengths and barriers pertaining to providing services to foster youth children in group homes. This study was conducted by Tinya Holt, a graduate student at California State University San Bernardino (909/359-6459). Any concerns about this study may be addressed to Dr. Nancy Mary, Project Advisor (909/880-5501).

It is hoped that this study will increase the collaborative effectiveness between group home providers and the Foster Youth Services program in providing services to foster youth residing in group homes. In return for your participation you may request a copy of the study results from Tinya Holt after June 2000.
REFERENCES


