



**TRANSFER OF
KNOWLEDGE
WORKSHOP**



**Group Home
Training**

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OFFICE OF CRIMINAL JUSTICE PLANNING
THE GROUP HOME SOCIETY
JUVENILE COURT SCHOOLS ADMINISTRATORS

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PREFACE

The Department of the Youth Authority, in cooperation with the State Office of Criminal Justice Planning, is conducting a series of Transfer of Knowledge workshops on a variety of subjects that are of importance to the prevention of delinquency, crime and violence.

A Transfer of Knowledge workshop is not a typical workshop or training event. Based on the belief that there currently exists in California sufficient knowledge and expertise to solve the major problems of crime and delinquency facing our communities, acknowledged experts are brought together to share information and experience. They present and/or develop program models or action strategies that are then made available to individuals, programs and communities.

Fifty people representing public and private agencies with responsibility for group homes attended a Transfer of Knowledge Workshop on Group Home Training in Aptos, California on September 18, 19, 20, 1985. The Workshop was designed to encourage discussion, facilitate the exchange of knowledge, and provide for technical development in this important area.

Most importantly, the workshop provided a neutral forum where professionals in the Group Home Industry could begin working on strategies to improve services to these important young people who are residents in California's group home facilities.

ACKNOWLEDGEMENTS

Planning for the Group Home Training Workshop was done by a Committee consisting of a representation of professionals in the group home field from all over California. The members set the program framework, developed a list of invitees and helped generally to make the Workshop a success. We would like to extend a very special thanks to a small group within the Committee who did the hard work that goes with conducting a conference. These individuals are: Anne Leonard, The Group Home Society; Janet Enright, Santa Clara County Juvenile Court Schools; Linda Stewart, Santa Clara Juvenile Court Schools; and Jon Girvetz, Consultant.

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INTRODUCTION

Group homes reportedly house more than 10,000 young people in the State of California.

In the past, the concept of group homes was to provide a family-like environment for youth who were difficult to place in a foster home setting. The model was based on the assumption that the natural ability of well motivated, though untrained, staff could provide this. The quality of care varied considerably, but this system often worked with less problematic youth.

In recent years, however, there has been a notable increase in the number of youth placed in group homes who exhibit more intense behavioral and emotional problems. This is the result of the general trend toward deinstitutionalization within both the social service and probation systems, and a direct reflection of attempts to save money during difficult economic times.

It is evident that this more difficult population represents a higher risk to themselves and the community at large. Many are likely to end up in the California Youth Authority or an equivalent adult facility.

Despite this significant change in population of youth being placed in group homes, there has been little change in the training requirements for staff who work with them. It also appears that in California there are no programs available or required for individuals to obtain training prior to entering this work, and only sporadic opportunity for any organized training once working in this setting. The lack of available training appears to hit all levels of employment within the system, whether line, professional or management staff.

The recent adoption by the State of California of a four tier division of group homes based on intensity of services provided (psychiatric, psychological, social and family) indicate the awareness that group homes are accepting placements with a diversity of problems of varied intensity and need. This development, however, still leaves significant programmatic concerns. The issue chosen to focus on in this Transfer of Knowledge workshop is staff training.

Although training has been an issue since the inception of group homes, it has become a significantly more pressing one given the problems of youth entering this system. Some questions that arise are:

- Given that "lay" staff usually work the front lines, live with the residents and have the most contact with them -
 - a. What level of training do they have?

b. What training are they provided by agencies hiring them?

c. What training and how much of it is provided in-service?

- What training programs are now available for staff, or for those wishing to enter this field?
- What are reasonable requirements for training, both extramural and in-service?
- Given the complexity of managing group home agencies, what training is available and needed for management staff?
- Given the acknowledged impact of this more problematic placement population on schools and other community resources, what training is available for both group home staff and staff of other agencies to deal with these changes?

The goal of this workshop was to discuss these issues or others that may arise and to generate a series of recommendations. To do this, an organizing committee invited people from throughout the state who represent a wide variety of interests and experience in the field. The workshop was designed to exchange information and ideas. With this, the hope of the workshop planners was to discover both what training opportunities and models exist, as well as what remains lacking. Finally, the plan was to develop options for following through or acting on identified issues.

NOTABLE QUOTES FROM THE PRESENTERS

"Residential care for children is the only profession, business, trade or job in the country which one can enter without training or experience of any kind."

Erwin Plumer

"If you're doing it intuitively, you're probably doing it wrong."

Barbara Peterson

"Though involvement doesn't always bring happiness, it is a requisite for growth."

Norman Powell

"If you're thinking of educating someone, first get someone who is educable."

Roy Brazzale

"The Group Home Industry is high growth/low tech."

Bernard La Fianza

TRAINING: THE FORGOTTEN NECESSITY

By Erwin Plumer

SUMMARY

Residential care for children is the only profession, business, trade, or job in the country which one can enter without training or experience of any kind. When I worked for one grim summer at a punch press in a knife factory in Providence, Rhode Island, although the job was simplicity itself, someone stood over me for the first hour to make sure I had the hang of it.

By comparison, we will take a person in cold off the street, turn him loose with a group of disturbed kids — and any child or youth who has been forcibly removed from his home by an outside authority is, to some degree, disturbed — and then wonder why the newcomer makes such a mess of things. California requires 18 hours of training a year for child care workers. This is approximately the equivalent of taking someone off the street and purporting to turn him/her into a surgeon with 18 hours of training a year. In one sense it may even be worse. When the surgeon opens an abdomen, with rare exception he will find the heart, lungs, liver, kidneys, and other organs in essentially the same location as they were in every other abdomen he has opened. Without straining the analogy too much, I think it is safe to say that the surgeon usually finds a more predictable situation and can more readily define an appropriate course of action than can the child care worker.

Irrespective of the thoroughness of a case history, residential care programs still labor very much in the dark with respect to a new arrival. Most case histories are explicit in terms of the early development of the child, the number of siblings, the list of significant others in the child's life, whether or not the child can visit home or be visited by family, what his law-breaking offenses have been, and so on. At the same time, most case histories fail dismally in providing current information which brings the child alive for the receiving agency and showing what make him distinctively himself — such information as what food does this boy or girl like best, what makes him glad, sad, or mad; or what is his favorite color, dessert, pastime, or heart's desire; and those are the easy things. The difficult things are, to what kinds of discipline has this young person been subjected and what kind of teaching will be effective with him; what is his self image and why is it what it is; how will this young person adapt to group living, and, more precisely, to the particular group in which we have a vacancy; of what favorite or unfavorite aunt or uncle, parent, grandparent, neighbor, teacher, or preacher will the child care worker remind the child; and what will be the effect of that reminding upon

his/her self image, behavior, adjustment, maturation, sense of responsibility, willingness or capability to take charge of his own life, etc.

Multiply that confusion by the ten kids in the cottage; that considers only ten individuals. To assess the task completely, you also have to take into account the effects of group dynamics. If you have ten kids in your cottage, you have approximately one thousand possible sets of interrelationships.

Into this kind of a situation you want to bring a person off the street and in 18 hours a year train him to do something constructive. If that's all you're going to do, better give him 18 hours of karate, so that at least he will be able to defend himself.

We are talking about training, but first, let us build a framework about services to children and their families so that we have some idea as to what training is required.

I want to describe briefly a continuum of services for children and their families. For a simple analogy, let us turn to the medical field, where we are all familiar with a continuum of services. The continuum of medical services ranges from outpatient treatment to the operating room. The sequence through the continuum is basically this: outpatient treatment, nursing home, general hospital population, intensive care unit, and operating room. The procedure in using this medical continuum is to go as far in the direction of intensity of services as necessary to get the help you want, stay there as brief a time as possible, and then move back out the continuum.

Thus, if you need a diagnostic workup, you go only into the general hospital population. If you have a heart attack, you go to the intensive care unit, then to the general hospital population, and then back home. If you need an appendectomy, you go directly to the operating room, the most intensive type of care. However, you do not remain in the operating room for a month or three months or five years; you stay there for the thirty or forty minutes required for the operation, then move to the intensive care unit, then back to the general population and then go home.

Services to children and their families have a comparable continuum, and the continuum should be used in exactly the same way as the medical continuum. This service continuum starts with services to families in their own home and then goes to foster family care, group home care, and then to a range of institutional care. Institutional programs range from the open setting, basic-type care through to the locked psychiatric ward. Again, services should be offered at the least intensive point — or, in this case, let us say in the least restrictive manner possible. One child may need foster family care only; another may need group home care and then foster family care before he goes home; another may need institutional care, then foster family care, etc. One child may need the services of a residential treatment

center at \$640.00 a day, but he should not need that treatment for the next five years. A wide variety of combinations of these services is possible. You go as far in the direction of socially restrictive services as necessary, secure the services available there, and then move back up the continuum in the direction of less restrictive services. What we need is fluidity among the parts of the continuum.

Within that context, let me list some problems which must be dealt with. First, general issues across the continuum, and then, specifically, issues with respect to residential facilities:

1. Most placements are made by public agencies; most placements are made in private facilities. However, the public and private sectors still do not routinely communicate with each other, and, in some instances, have achieved an adversarial relationship with each other.
2. States are reluctant to pay for care of children unless they present serious behavior problems. As a result, fewer children are helped in earlier stages, when they would be most amenable to help.
3. Public Law 96-272 requires case planning and review by placement agencies, but those plans are not necessarily coordinated with, or even consistent with, treatment plans in residential facilities.
4. Delineation of the respective service roles of placement agencies and residential facilities is not clear.
5. Work with families of children in care ranges from sparse to non-existent — despite the fact that for more than 30 years we have known that, irrespective of the excellence and sophistication of the treatment program for the child, if he goes home to an unchanged environment the benefits of treatment may bleach out in about six months.
6. Public departments generally are compelled to rely upon caseworkers, rather than social workers. Caseworkers are bright, hard-working, educated, and well-intentioned. Many come to their assignments to children's cases with BAs in mathematics, nuclear physics, underwater basket weaving, and other important fields, but they have not had prior training in child care, nor do they even necessarily receive 18 hours of training a year in professional concepts of child care.
7. Most states have not found a way to fund aftercare. Thus, the child who may make great progress in a residential program returns home frequently with a fear that he will not make it at home this time either, and he has not support except his parents, who are just as scared at his return

as he is.

Now, some problems with respect to residential facilities:

1. Children in residential care have a more complex constellation of problems than just a few years ago — in part because we have begun to define the appropriate roles of foster family care, group homes, and institutions, and the more easily-managed children no longer are being dumped into residential care.
2. Permanency planning has not penetrated the field of residential care.
3. In the absence of a continuum of services, we have tended to develop isolated, frequently duplicative services which often are in competition with each other for bodies with which to fill the beds.
4. Many facilities exist more from force of habit than for services rendered. If you cannot describe your agency's program with some specificity in about six sentences, chances are very good that you do not really have a program.
5. Even agencies with responsible programs do not take training seriously. How do you orient the new, green-as-grass worker; how do you continue the professional development of the more experienced worker? How do you provide training when staff occasionally turn over?
6. Many agencies use lack of funds as a cop-out in not providing training. If knowledgeable and experienced people are on the staff, all you need is a \$10 blackboard and a piece of chalk or a pad of newsprint, and you're in business.
7. Rather than 18 hours of training a year, we should be thinking of 18 hours of training each month.
8. Many agencies have put themselves in the strait jacket of using a canned program of child care and, in so doing, have unwittingly turned their professional clock back 50 years to when the child had to fit into the existing program. Kids do not fail programs; programs fail kids. No one philosophy of child care yet devised will do the job alone.

We could go on listing problems and concerns. Now where can we find some solutions? I may have more questions than answers. Again, starting with the general and moving toward the specific:

- I. What is the status of the continuum of services in California? How is a

child in the system guaranteed appropriate and timely movement among the components of the continuum?

Who works with the families of the kids in your care?

What do you, as a private agency, require of the public agency placement workers?

How many training programs for child care workers are there in the state?

What does your private agency do to support and help educate the public agency staff?

What does the public agency staff do to support your private agency?

These are all issues of the interface between agencies — public and private.

II. With respect to your agency,

How many of you require of the placing agency at the time of placement some indication of where the child will be going after he has finished your program?

To what degree is the placement of a child in your setting a terminal placement other than by plan? What does your staff do to insist upon discharge of a resident who has obtained maximum benefit from your program?

How many discharges from your agency are successes? How do you define success?

How do you know the child has finished your program? What documentation do you have of his progress while in your care?

If I ask the kids in your agency why they are in placement, how many of them will be able to give me accurate reasons? (You might try that exercise when you get home, and don't be surprised at the answers.)

If I ask the kids in your agency what their goals are while they are in residence, how many will be able to tell me?

If I ask them what conditions have to exist in order for them to leave placement, how many will know?

You see, these are all issues of training. Training needs to be pervasive through all of these concerns. The real question with respect to training is, "What is happening to the kids in care?"

Now the question is, whom to train for what, by whom, and how?

The purpose of training is not only to convey information. We do need constantly increasing cognitive learning. But cognitive learning is not enough. One of the finest students I ever had in a class for child care workers had a thorough grasp of intellectual concepts; she could write papers like a

dream, and she could contribute marvelously to class discussions. She is also the only child care worker I ever knew who locked herself in a telephone booth and called for help. The purpose of training is to provide an intellectual base from which to operate and then explore and to find ways of implementing it, taking into account the essential humanity — the personhood, if you will — of both staff member and child. An adequate training process develops a special ambiance for the staff and program and provides the basis for the teamwork without which you cannot have a viable residential care program.

First, whom should we train? Training must take into account the stratification of the staff. Typically, an institution (and, to a lesser extent, a group home) has top-level administrators, professional staff, supervisory or management-level staff, child care workers, and ancillary staff — cooks, maintenance men, etc. If staff receive training, typically they receive it only with other people who hold similar positions, administrators with administrators, professionals with professionals, etc. In my book, anyone who receives a paycheck from a child-caring agency is by that fact involved in child care, and, therefore must be trained. All staff come into contact with residents; therefore, they need help in learning to interact with kids. Residents have a right to generally consistent handling by all staff members. Consistent handling by all staff members can come about only through training and an understanding of the principles upon which the program is based. Training in our agency includes child care workers, administrators, professional staff, cooks, maintenance staff, and farm manager — everyone is included except one secretary, who answers the telephone, and the business manager.

Second, when you have decided whom to train, you have to find out what they know. Training should be designed to meet the assessed needs of the staff. (This assessment is based upon the knowledge of child care which the staff have measured against the background of what professionals know to be necessary for child care workers.) Further, it should take into account what child care workers have learned from being on the job.

Third, what do we teach? Four subject areas are to me, fundamental to every residential child care program:

- Implications of separation
- Placement as a process
- Differential use of placement resources
- Self awareness

After this foundation has been laid, what we need is an eclectic approach to child care, but with one very specific provision: the agency must have some

philosophy of child care, some core content for training, some body of knowledge which is identifiable and teachable, which will serve as a reference point in eclecticism. Eclecticism without a solid, unified core usually turns out to be professional hash. The core content can be psychoanalytic theory, behavior modification, the teaching-parent model, reality therapy, or any one of six dozen other philosophies of treatment or behavioral change. Whatever the core content is, it gives all staff a common set of concepts and common vocabulary to which they can add insights, procedures, and techniques from other philosophies, from their own experience, and from their growing and combined insights. Each program must develop its own structure, a structure which will be held intact, but a structure within which are infinite possibilities for creativity, for individualization, for prescribing a program for individual children so that the program does not fail the child.

Fourth, how do you teach? Remember that you are working with adults who come with certain education, a set of individual life experiences, and a fully-developed personality. These are your best tools in teaching — to reach into those staff members, validate their education and life experiences, and harness those qualities in the service of child care.

In this process, lectures are out — or nearly so. Textbooks may be useful, but in a limited way, and always before the class starts. What we need is experiential learning — not “what are the implications of separation for the child in care?”, but “how does it feel to be thirteen years old and be told by a judge that you cannot live at home; you have to go 75 miles to live with strangers. What was the process by which you were taken from the court to the agency; what explanation was given to you as to why this was being done to you; how did you feel on that 75-mile ride; what did the worker say to you during the ride? What did you expect when you got to the other end; what did you think you would like to find there? How did it feel to go into that cottage for the first time and see nine other kids your age and two adults?” Put yourself inside the skin of that child and feel like he feels, react like he reacts. Role play it — recapture some of your childhood. Use a video cassette camera so that child care workers can see themselves immediately as others see them.

What is the first time you can remember being separated from your mother? How did you feel? What did you do? What did others do to you or for you at that time? How did you feel about that? Do you suppose the new child in the cottage has some of those same feelings?

Then, when you understand how the child is feeling, plan your work with him in light of those feelings. This is what training is all about — to understand and then to react professionally instead of only as a human being. If you have lost touch with the little child which is still down somewhere inside you, you

must get in touch with that child again.

Fifth, who teaches? This is a matter for careful selection. Whoever does the teaching really needs to be experienced in handling groups, in listening, in serving as a catalyst for ideas. My bias is that except for the specialist whom we all bring in occasionally, the teacher needs to have had experience in residential care.

Not all people can teach adults well. The Basic Training Course for Residential Child Care Workers is designed for both self instruction and classroom instruction, and for the classroom instruction very complete instructions have been provided. It is imperative that potential instructors be trained in the use of the course, lest most potential be lost. Too many instructors simply take the materials and turn them into lectures.

Now should the teacher come from inside the agency or outside the agency? There are strengths in both patterns. Probably a combination of inside and outside teaching is most effective in the long run. My staff will listen to you more carefully than they listen to me, simply because they hear me all the time, and it is refreshing to get another point of view. Additionally, hearing the same thing from someone from outside the agency tends to validate what one has heard from inside the agency.

In some ways, teaching from within the agency is more efficient, for a type of shorthand is available. In our agency, when someone says, "Oh, that kid is just like Jeff Comacho," everyone knows what is meant. Also, teaching points can be very specific with respect to staff, kids, the school system, schedule, policies and procedures, or any other factor in the program.

NOTES FROM THE FIELD

In one state a few years ago, a number of different agencies each developed expertise in a particular subject matter and exchanged teaching staff in those particular subjects. Each teacher would devote his/her attention and energies to refining the concepts, the teaching, and resources of one subject area. Agency A specialized in concepts and handling of separation, Agency B specialized in developmental needs, Agency C specialized in group work, and so on. Then they exchanged instructors, and each agency had the benefit of more expertise than it alone could have developed in all areas. And this automatically provided for a mixture of inside and outside teaching.

[Money is one the great motivators, of course.] In Oklahoma a few years ago, the public department introduced the Basic Course into all of its schools for the retarded. Taking the course was not required; staff who took the course took it on their own time. However, if they finished the course and passed a final test, they received an immediate one-step increase in salary.

(Successful completion of the Basic Training Course can be used as a criteria for salary increases or promotions.) Oklahoma has a certification process for child care workers.

In a training school in North Carolina, the course was used to update the training of people who had been grandfathered into the system when training standards were increased. While the course was still going on, three people were promoted, a process which in that school means being observed for three days by someone from the central office of the Youth Commission. [These are administrative decisions which cannot always be implemented, but which ought not to be overlooked.]

One state developed a cadre of teachers certified to teach the Basic Course. They were dispersed around the state, so that it was no problem to set up a class, either for a single agency or for several agencies.

A few years ago the Texas Youth Commission, a very large organization, had a well-developed training plan where each institution provided staff training, but no staff member received training in the institution where he worked. Each staff member had to travel to another institution to take training from the staff of that institution. Obviously, this involves major logistical problems and great expense.

So, the possibilities are endless.

If I were to come to California to work, I would like to find certain things:

1. In the directory of California agencies, I would like to see a brief, factual description of the program — as it is, not as it will look good in print.
2. I would like to find a system of certifying child care workers, a system recognized and required by both public and private sectors for all residential care facilities.
3. I would like to find a requirement of 20 hours of training in basic residential care concepts for every new child care worker in the first 30 days of beginning work as a child care worker.
4. I would like to see minimum standards require at least three hours of in-service training a week for all child care workers.
5. I would like to see some regional register for the free exchange of teachers, with references.
6. I would like to see a roster of residential care instructors from all sections of the state with the subjects they are qualified to teach.
7. I would like to see residential care training introduced as part of the curriculum of a junior college and/or technical school curriculum.
8. I would like to see a training program for child care workers with practicum. Some large, wealthy agencies could provide such a program

at least twice a year. Perhaps this could be linked to training in a junior college or technical school.

We in residential care share the responsibility to see that these things do occur in California. We have been our own worst enemy, because no one outside the field knows what is going on in a residential center today. I can take you to several towns which have been the location of children's home for more than 150 years, and to this day, no one in the town has any idea of what is going on on the campus.

We have done precious little to educate placement agencies and the public as to the intricacies of the placement process. We have tolerated actions which are expedient but unprofessional; we have sacrificed the well-being of children on the altar of bureaucracy; we have permitted the schedule and the personal convenience of individual workers to dictate placement procedures, and while those things have been going on, we in the field of residential care have suffered in silence. Well, if we remain silent, at least it is appropriate that we suffer, for in that suffering may lie the hope of change.

To the extent that we have failed to educate placement workers, the courts, probation officers, licensing representatives — and all others who are involved in residential care — to the extent that we have failed to uphold the standards, the practices, and the ethics which we know very well, we are equally guilty, and we dare not point fingers.

ADMINISTRATION OF PROGRAMS FOR CHILDREN AND YOUTH A MANDATE FOR INVOLVEMENT

By Norman Powell

SUMMARY

This is the United Nations International Year of Youth. Though involvement doesn't always bring happiness, it is requisite to growth. It is essential that the group home operator be involved and advocate for their staff and the youth they serve. If group care workers were priority, they could be most highly valued and most highly trained. Instead they are the least trained workers caring for our most troubled youths.

Problems abound in group child care. Institutional child abuse remains a major problem for some agencies. This problem is not unrelated, however, to low salaries and unreasonable working schedules and conditions for line staff. There remains little training available with only 13 junior colleges and 8 four year colleges available in the country. Every state should have a range of educational degrees in child care: AA, BA, MA and Ph.D. Workers should be certificated. Ongoing training needs to be available. The lack of available training points out the low priority of this industry, too often relegating child care to "glorified babysitting".

Children can't advocate for themselves. Those who care for children are not organized enough to affect social policy. Despite the 10 year plan of the 1970 Joint Commission on Children ("Crisis in the Child Care Field"), many institutions offer little more in custodial care. Among the recommendations by the Joint Commission to the child care field were the following:

1. Upgrade child care work by way of systematic professionalization of child care workers.
2. Make salaries commensurate with comparable work and comparable professions.
3. Improve working conditions including a 40-hour work week which encompasses time for training, recording and direct service.
4. Individual supervision and group in-service training to cope with common practice problems.
5. Programs of training outside the agency should be established so that child care workers will see beyond the provincial confines of their own agency and as connected to a total professional network.

6. University based institutes and workshops should be established.
7. There should be encouragement for the development of regional and national associations of workers.
8. There needs to be a campaign of public information to advertise the work and opportunities for training.
9. There should be education programs including didactic as well as practice work programs (internships).
10. Supervisors and administrators should be graduates of these programs.

These recommendations still hold, as few of them have been given any meaningful support.

In 1981, the National Child Workers Association conducted a study surveying child care workers regarding job satisfaction and organizational commitment. This was done in an attempt to understand the perennial problems of staff turnover and low morale in child care. This study found the strongest determiners of job satisfaction and organizational commitment to be:

1. Degree of decision-making involvement
2. Step plans for career ladders
3. Association/professional organizational membership
4. Introductory in-service training

It was found that workers who belonged to professional organizations tended to stay in the field longer. They attended more outside training conferences and saw themselves as more involved in decision-making.

It was found that only 39% of staff received any orientation or training. Of the respondents to the survey, 87% of the workers were Caucasian, only 9% Black and 1.5% Hispanic. Staff composition needs to reflect the youth being served.

Child care workers at all levels of employment often work at great personal and professional sacrifice. Though there are personal rewards from the work, why do people enter this difficult and often frustrating work? The answer is in a now famous song, "We Are the World, We Are the Children."

GROUP HOME TRAINING FROM A MANAGEMENT PERSPECTIVE

By Barbara Peterson

SUMMARY

From a management point of view, in-service training for staff is a complex issue which centers on asking the basic questions who, what, when, where, how and why. As you begin answering the questions, you begin unfolding the layers of more complex problems and issues.

WHO?

A group home manager may have just two staff who do everything. In this case, in-service training is for the child care staff. As the group home takes on more staff, it begins to specialize and other people are hired such as cooks, janitors, etc. All of these staff come into contact with children and have an opportunity to interact with children. The "who", then, is **everyone**. It is also important to remember that training becomes a **status** issue for staff. It is a way in which staff measure the importance of what they do.

WHAT?

The first thing that needs to be determined in order to answer "what" is to determine which staff needs how much training. What kind of training does the secretary get as compared to the cook or the child care worker.

The first and perhaps the most fundamental training is orientation for new staff. It is important at this time that the **orientation of the agency** is brought forward. New people coming to work need to know not only your philosophical basis and outlook but how **you** do things. We then need to get into the nuts and bolts training. We are lucky if we have someone who has had a year's experience. Are we going to use the "christians and the lions" technique? We need to be able to develop a plan to do some of the training first. That is, we have to put things in priority. What do we have to do now and what can wait for nine months or a year? Of course, when it comes to training, staff need everything and they needed it yesterday. There **is** a body of knowledge in child care work. Much of the basic knowledge has been captured in the basic course from North Carolina. It is important that you keep track of which staff have received which training so that staff doesn't hear the same training over and over again. There has to be upgrades and levels of training as the workers become more proficient. Training is never static. What we do needs to be constantly changing. If there is a tendency for

children to become preoccupied with the occult, as an example, then we have to learn about the occult.

WHERE?

If you are blessed with a large campus, then most of the training will take place there. If your group homes are scattered all over, then you need to have a location to do your training. Look into community resources. Beg, borrow or steal from such agencies as Social Services. Find out where other training are going on that you can send your staff to. It is a good idea to sometime give your staff training off-site at such places as Asilomar, or even at campuses of other group homes. Community colleges are good resources. If you can get 25 people together, the college will develop the course and offer it. Trade fairs are also a good opportunity for training. There are also professional conferences where staff can be stimulated. Staff need to look at the world from a fresh point of view.

WHEN?

Another difficult question. An orientation, of course, needs to be done immediately. That is, before staff begin working with children. Ideally, you get experienced staff. "When" is as fast as you can do it. Training which usually would occur in the summer often has to be put off until September because in the summertime, all of the children are at home. The summer months are the most difficult time in a group home's life. There is also a matter of timing in order to relate the training to your evaluations and job descriptions. Are the evaluations showing you a pattern which can be addressed by training? As your agency's needs change, you'll need to be sure that those changes get included in the training. If you are going to implement a new treatment technique, then every person on the staff needs to be trained in that.

HOW?

There are day-to-day aspects of the "how" such as how are you going to get staff to an in-service training program when there are children to watch and when you need the staff on the floor. But "how" very quickly gets to much larger issues. Training has to **matter** or it is probably not going to take place. You have to come to terms with training in the budget. There is not really going to be enough to cover it in the rate. It is difficult to get grants for training. It just has to be a high enough priority for you to include it in the budget. you may have to do private fund-raisers. You talk to donors about the need for training, explaining to them the importance of trained staff and meeting children's needs. Look at how we manage our resources and see what is already out there. Think about training for trainers. If you have someone who is really good at one particular thing, give that person training

and then let him train other people. Remember that adult education is different from children education. Adults need to have more control and you need to involve them more. They want something that relates to what they are doing right now. They need the transition between theoretical and the practical. It is important in training to make that connection. Most importantly, staff learn best from people who really believe in what they are doing. **DO IT LIKE IT MATTERS.**

FINANCIAL ISSUES IN GROUP HOME TRAINING

By Bernie La Fianza

SUMMARY

The group home industry can be described as "high growth/low tech" and may represent everything from the kennels to the Cadillacs. Because the group home industry lacks the resources for long-term solvency, it is grossly under funded. Group homes are going out of business in California faster than new ones are opening. Those who are still in business have cut back in programs because of diminishing resources. Some have dropped out completely from the AFDC-funded placement and are taking only insurance and private placements. Many agencies are on the edge of bankruptcy as the gap between the cost of providing care and the amount that the group homes are reimbursed for the care increases. The closing of facilities has a direct impact on the quality of care provided in the State. The staff of those group homes which have just opened do not have the experience of those that have just closed.

The placement needs for counties are increasing. It is becoming more and more difficult to place children with special needs such as the severely emotionally disturbed, those needing special education and schooling, etc. The lack of group home resources, in turn, leads to longer waiting lists at the county level and also impacts other areas of foster care.

Among the causes of the declining state of group homes is the lack of clearly defined missions for the entire industry including foster care, group homes, and home finding agencies. We need a road map to tell us who is going where. There is also a lack of clearly defined responsibilities for the industry people. The federal agencies do not communicate with the state agencies; state agencies do not communicate adequately with the counties. Also, agencies with different functional responsibilities tend not to communicate, such as educational, medical, social welfare and criminal justice agencies. There is also among responsible agencies a lack of understanding as to:

- The cost effectiveness of the private provider.
- The importance of participation by group home operators in the development of state and county policies that affect foster care.

There needs to be adequate funding so that agencies can better plan for

future services.

The cost of opening a six-bed group home is estimated to be close to \$40,000. This includes the costs of incorporation, three months' operating budget, lease on homes, furnishings, supplies, auto/van and personnel costs.

RECOMMENDATIONS:

- Issue administrative licenses to individuals and set up definite entry requirements as well as continuing annual education requirements for administrators of group homes.
- License houses and facilities separately.
- Provide training for county and state personnel.
- Define state requirements, both existing and future, more exactly.
- Encourage training of all levels of the industry and provide methods to meet financial costs of training needs.

"YOU HAVEN'T FAILED UNTIL YOU QUIT TRYING"

ROUTES FOR GROUP HOME TRAINING

By Roy Brazzale

SUMMARY

Training for a child care worker may be nothing more complicated than a new child care worker watching a more experienced worker make the bandaging of a cut a special, nurturing experience for a "tough" young person. In this situation a sensitive observer can see the cry of unmet needs as hidden more deeply in the "tough-guy" defense. As to the broader question of how a new worker learns the job of being a child care professional, there appears to be four stages that the worker has to go through. These are:

1. Overwhelmed-feeling too dumb to ask a question
2. Understanding issues and problems
3. Mastering the skills
4. The ability to teach others

There are two general problems in the training of staff for child care. The first is keeping people long enough to get past that first stage of confusion. Second, is holding on to them after they have acquired experience. Too often, the experienced and skilled child care worker will say "I enjoy the work but I can't afford to stay."

Training is not an island of experience, it is a system of experiences interacting with individuals that "spin off, come back and keep building." A main route of training is the treatment or agency philosophy. This is the guide for what we plan to do with the youth served. It provides a guide for setting goals, methods for achieving them and is the basis for developing training experiences to guide workers toward them. Another route to training is recruiting and selecting workers. We need to select people who can accommodate to the defined approach to child care and develop the skills necessary for the job. This has important implications for training.

Once hired, learning often begins prior to any formal training. Modeling and informal instruction from peers with more experience impacts a new child care worker. This is a major initial training force that "inoculates" the new worker in the "whole culture" of that organization. A more formal training ground is the staff meeting which should provide a challenge and exchange of ideas. Good supervision provides a focus for translating learning into practice. The supervisor provides the ongoing "nuts and bolts" training in child care. For example, the supervisor can help train the worker in

therapeutic programming, which is an essential aspect of child care. Too few child care workers are well enough trained in helping to structure and construct daily activities for the young people in the group home.

Several often committed sins that interfere with good training are:

The industry tends to use the "warm-body approach" to hiring. That is, people are hired because they are willing to work, not because they make good workers. This often results in hiring people who will not accommodate their own beliefs or values to fit the job. This also results in hiring people whose own personal issues remain unresolved. Unresolved personal issues will interfere with job performance. Another often made mistake occurs right after hiring. Too often, the newest, least experienced worker is placed in the least desirable and usually most difficult or problematic job.

In child care, bad workers drive out good ones.

WORKSHOP RECOMMENDATIONS

INTERAGENCY COMMUNICATION AND TRAINING

Many agencies, organizations and people, in addition to group home providers, affect the residential care of children. An interagency communication and training program needs to be established.

Group Home Association and California Services for Children should take the lead in organizing ongoing interagency forums at the state and regional levels (including representatives from the Department of Social Services Licensing and Rate Setting, probation, California Youth Authority, Bay Area Placement Committee, Association of Children's Service Agencies of Southern California, mental health, and the private business sector) to educate each other and coordinate efforts on behalf of group home clients.

Recommendations are:

- That regulatory agencies work toward their dual roles as regulators and facilitators
- That cross training of related agencies and professionals, such as schools, mental health, and community agencies be developed
- That community education receive high priority
- That state, county and private agencies that impact group home residents work together as a team

TRAINING STANDARDS AND CERTIFICATION PROCESS FOR GROUP HOME STAFF

1. *Develop and implement consistent, standardized certification process for new providers (group home operators).*

Group Home Association and California Services for Children will request that California Youth Authority and Department of Social Services convene a task force for the development and implementation of local and regional training programs for new providers. Task force will include representation from following areas: providers (Group Home Association, California Services for Children, and independent group home representatives), Department of Social Services, juvenile probation departments, California Youth Authority, business, and education (local, county, and state). Areas that the Task Force will address are:

- Certification process including mandated completion of a prescribed course for new providers.
- Dissemination of information by:
 - a. Multi media sources (audio-visual presentations, public TV, video tapes)
 - b. Personal interviews/contacts (with the option to spend time with existing operators and have certain aspects of required training "signed off")
 - c. Formal education (junior college) based on a regional center model
 - d. Interagency network of presenters who are integrally involved in delivery of services; areas to be covered by representatives should include:

Licensing (Foster Care Rates Bureau, rate setting)

Social services

Fire marshal; health and safety issues

City/county planning

Group home providers (program design)

Health services

Probation

Adoptions

Regional Center (Department of Developmental Services)

Business consultant (accounting, insurance)

Mental health

- Department of Social Services establish a statewide coordinator for community care facilities who will be responsible for the ongoing coordination and implementation of the certification and training program
- Department of Social Services to hire a trainer specifically to train new providers
- Participants to be required to demonstrate competence in specific areas in order to complete certification process
- Participants (prospective group home providers) be charged a fee for the training and certification process

2. *Develop standards of training for group home staff at all levels, leading to certification verifying professional competency. To achieve the goal*

of development of training standards and a certification process, a general committee should be convened.

Major sponsors of this effort may include Group Home Association, California Services for Children, Department of Social Services, California Youth Authority, State Department of Education, Human Resources Development, Private Industry Council. General membership of the committee may include representatives of the Legislature, Office of Child Abuse Prevention, Children's Lobby, Public Defender's Association, California District Attorney's Association, junior colleges, youth groups and judges.

In order to accomplish the task of development of certification standards, it is recommended that a statewide task force of state and county officials, providers, and private consultants (including business experts) be established to upgrade minimum acceptable levels of education leading to certification in residential care management and treatment for entry and continuing education of new providers, administrators, child care staff, social workers, support staff (cooks, maintenance, clerical, etc.), and ancillary professionals (teachers, psychologists). Specific suggestions to support this recommendation include:

- Establish a committee on standards and certification consisting of practitioners who will oversee the development and application of standards.
- Specify in the standards the minimum amounts of training to be provided for certification, orientation and ongoing training for line staff, related professional staff, supervisors and administrators.
- Assure that standards are specific for line, supervisory, administrative staff.
- Develop procedures for loss of certification and appeal.
- Assure that all agency staff meet the minimum certification process (child care certificate).
- Assure that the certification process has a definition of child care workers with minimum entry level education, experience and training.
- That certification equivalency be flexible, but minimum standards must be met and all must pass a written test as part of the process.
- Certification issued by a state agency or commission.

- That a grandfather clause be written into the certification process; if staff are currently employed in the industry, certification can be achieved through an in-house process. If an individual leaves the particular job, they may not re-enter the profession until they have attained certification through the prescribed process.
- That a minimum of 200 classroom hours be required for certification.
- That a high school education be a prerequisite.

3. *Certification and in-service training*

- a. Establish a task force under the sponsorship of Group Home Association and California Services for Children to explore the community college system becoming a training vehicle for group home/residential treatment staff. Suggested membership in the task force might include:

Chancellor's Office	California Youth Authority
Community Care Licensing	Children's Advocacy Groups
Regional Centers	Child Care Workers' Association
Group Home Association	California Services for Children

- b. Explore the possibility of developing regional training centers.
- c. Develop training institutes utilizing business consultants and experts from private (non-child care) industries.
- d. On-site training and workshops provided by other agencies.

USE OF PROGRAM EVALUATION TO ESTABLISH TRAINING NEEDS

The group home industry should take the lead in using program evaluation to establish training needs. We recommend that the process be positive and constructively aimed toward enhancing stronger programs to meet the needs of youth in placement in California.

Every group home agency needs to develop a clear and accurate description of its mission, goal, and philosophy and also needs to develop a manual for implementing program goals on a day-to-day basis. Agencies need to continuously evaluate their agency philosophy, mission and goals, strategies, and tactics (e.g., admission policies; successes and failures).

Recommendations for the Group Home Association and California Services for Children:

- Continue to develop and use peer review as an evaluative tool.
- Develop training in how to develop measurable program goals in every agency.
- Develop evaluation and data collection tools that facilities can use to evaluate their own programs so similar data can be collected on a statewide basis. Social services, probation and mental health departments should provide GHA and CSC with the tools they currently use to evaluate programs.
- Facilitate meetings of providers on a regular basis to discuss program evaluation as it affects agency mission statements and training needs.

After the above steps are well established, Group Home Association and California Services for Children should facilitate meetings with supervisors of county and regional placement agencies to discuss (1) program evaluation as it relates to training needs for agencies within that area, and (2) new designs for programs to meet changing placement needs.

CURRICULUM

Establish local interagency task forces to develop training curricula for group home/residential treatment facilities.

- As a means of accurately assessing training needs and implementing training programs, local and regional interagency task forces will be formed. Representatives of these task forces will also participate in the statewide effort to establish training standards for group homes.
- Group Home Association and California Services for Children assume a facilitating role and contact other associations and enlist their participation in organizing and convening these task forces. Upon formation, task forces will assume responsibility for their own operation.
- Participants in the task forces may include, but not be limited to, representatives from Probation, County Mental Health, County Office of Education, County Social Services, Community Care Licensing, Regional Centers, Group Home Association, California

Services for Children, California Association for the Retarded, California Association of Residential Care Homes, Child Care Workers' Association, and other group home and residential treatment providers.

- Regional task forces continuously evaluate ongoing training needs and fulfillment of these needs including availability of and need for training resources in their geographic area.
- Local task forces start with the identification of existing training resources. Curriculum information at the national, state and local levels should be researched. The information could be used as the basis of a comprehensive needs assessment relating to the established training standards.
- Examples of basic curriculum include such areas as:

Criminal behavior
Substance abuse
Self-defense techniques
Oral communication
Reading composition
Suicide
Abnormal psychology
Development psychology
Crisis intervention
Child abuse
School requirements

Criminal justice system and process
Licensing issues and requirements
Safety education (fire, natural disaster, auto safety)
First aid & cardio-pulmonary resuscitation
Recreation programs and supervision
Writing and composition skills
Counseling theory and practice
Techniques of physical fitness
Nutrition/food preparation
Personality/social psychology

STAFF SUPPORT IN THE TRAINING PROCESS

As an integral part of the training process, it is crucial to train all staff to understand their own **self-worth as change agents** in the treatment process and to recognize the intrinsic value of the child being treated, regardless of their behavior. In addition, it is important to recognize that the painful nature of the work in and of itself brings out the best and worst in all staff, and equally important to acknowledge that the issue of resistance is part of the training process.

In order to provide support and nurturance to staff in the work environment, it is suggested that the following efforts be addressed on an ongoing basis:

- Support groups that meet on a regular basis
- Recognition of peers
- Regular staff evaluations
- Treatment of staff as important change agents

APPENDIX

AGENDA
A TRANSFER OF KNOWLEDGE WORKSHOP
GROUP HOME TRAINING

September 18, 19, 20, 1985

SEACLIFF INN
7500 Old Dominion Court
Aptos, CA 95003

WEDNESDAY, SEPTEMBER 18, 1985

- 2:00 p.m. Registration - Seacliff Room
- 3:00 p.m. Welcome — Anne Leonard - Executive Director
Group Home Society
Richard Tillson - Assistant Deputy
Director, California Youth Authority
John Peshkoff - Juvenile Court
Schools Administrators Association
- 3:15 p.m. "Administration of Programs for Children and Youth -
A Mandate for Involvement" — Norman Powell, Ed.D.,
Director, National Organization of Child Care Workers;
Washington, D.C.
- 3:45 p.m. Break
- 4:00 p.m. "Management Issues in Group Home Training"
Barbara Peterson, Fred Finch Center, Oakland, CA
- 4:30 p.m. "Training Needs for Group Homes"
Roy Brazzale, Department of Social Work,
California State University, Chico, CA
- 5:00 p.m. No Host Reception - Lounge
- 6:00 p.m. Dinner - Seacliff Room
- 7:00 p.m. "Life in the Trenches" — Jon Girvetz and Company

THURSDAY, SEPTEMBER 19, 1985

- 8:00 a.m..... Continental Breakfast - Seaclyff Room
- 9:00 a.m..... "Financial Issues in Group Home Training"
Bernard LaFianza - Assistant to Executives
and Group Home Association
- 9:30 a.m..... Workgroup Orientation — Jack Gifford,
California Youth Authority
- 9:40 a.m..... Workgroups - Rooms 601, 602, 603, 604, 609
- 12:00 p.m. Lunch - Seaclyff Room
"Setting a Framework" — Erwin Plumer,
Assistant Executive Director, Coastal Bend Youth City,
Corpus Christi, Texas
- 1:30 p.m. Workgroups - Rooms 601, 602, 603, 604, 609
- 4:00 p.m. Workgroups Reports - Seaclyff Room Group Reporters
- 5:00 p.m. Adjourn for the day
- NOTE: Participants are gathering on their own for a weiner roast at the
Seaclyff Beach shortly after 5:00 p.m.

FRIDAY, SEPTEMBER 20, 1985

- 8:00 a.m..... Continental Breakfast - Seaclyff Room
- 9:00 a.m..... Workgroup Target Adjustment — Jon Girvetz, Jack Gifford
- 9:15 a.m..... Workgroups - Rooms 601, 602, 603, 604, 609
- 11:00 a.m..... Workgroups Outcome Summary — Jon Girvetz
- 1:30 a.m. Evaluation, Close — Richard Tillson,
Anne Leonard

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