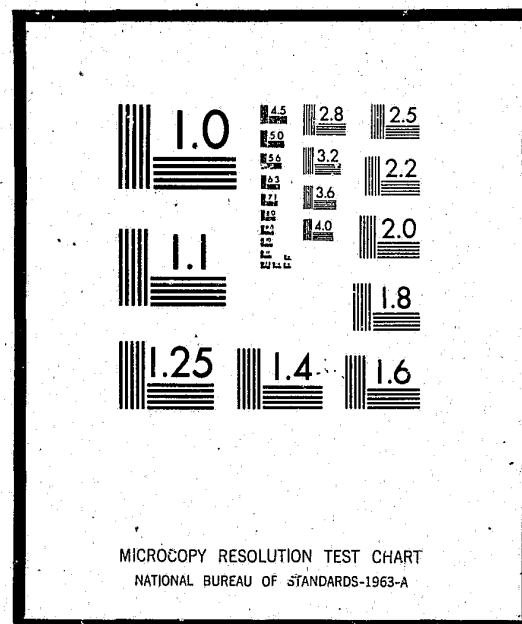


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THE MARYLAND GROUP HOME PROGRAM

INNOVATIVE SUBSTITUTE FOR INCARCERATION OF CHILDREN

RECOMMENDATIONS — STANDARDS

THE MARYLAND GROUP

HOME PROGRAM

Recommendations-Standards

15495

1974

Survey and Planning Center
National Council on Crime and Delinquency
3409 Executive Center Drive, Suite 212
Austin, Texas 78731



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To: The Maryland Department of Juvenile Services

The Maryland Governor's Commission on Law Enforcement
and the Administration of Justice

The Group Home Operators of Maryland

The Survey and Planning Center of the National Council on Crime and Delinquency is pleased to submit to you the final report of our study of group homes in Maryland, containing our recommendations for standards and guides for the operation of group homes.

This study was commissioned by the Department of Juvenile Services under a grant from the Governor's Commission to study a selected group of homes, making an assessment on which to base the development of standards and guides.

Maryland has already developed a strong program of group homes for delinquent children and children in need of supervision, due largely to the creative efforts of the Department and the Governor's Commission. The standards and recommendations contained in this volume will further strengthen the program if they are implemented, in that they will ensure the continued high quality of group home services in the state.

However, we cannot emphasize strongly enough our feeling that the Legislature should grant the Department the authority to license annually the homes it uses and to adopt and enforce operational standards through the licensing authority.

NCCD is pleased to have been of service to the government and people of Maryland, and looks forward to further opportunities to do so.

Sincerely,

Milton G. Rector
President

November, 1974

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State of Maryland

DEPARTMENT OF JUVENILE SERVICES

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December 3, 1974

Mrs. Linda Hindman
National Council on Crime
and Delinquency
3409 Executive Center Drive
Suite 212
Austin, Texas 78731

Dear Mrs. Hindman:

On reading the NCSD The Maryland Group Home Program: Recommendations - Standards report, I discovered two position statements to which I would like to comment.

First, on p. 69, the statement is made that: "...DJS should discourage the mixing of delinquents and CINS in the same homes. In particular, CINS who have never been adjudicated for a delinquent offense should not be placed in the same homes with delinquents."

Philosophically, we agree with your position. However, because of various difficulties encountered in establishing group homes, it is often impossible to obtain and operate group homes solely for delinquents. In addition, the CINS and delinquent categories are not mutually exclusive as to severity of problems.

Second (also on p. 69), the report states: "In no case should children designated as dependent or neglected be placed in homes serving Social Services Administration cases."

While again, we agree with this philosophy, this is often impractical, especially in rural regions. In many homes, there are not enough "juvenile offenders" (CINS and delinquents) or dependent and neglected children to fill these homes to capacity. Therefore, without mixing youths there would not be enough children to warrant the operation of some homes. Also, it should be noted that frequently dependent and neglected children are behavioral (acting out) problems, and, as a result, are not too dissimilar to many delinquents and CINS. We should definitely, however, be extremely selective if such youngsters are to be placed within the same home.

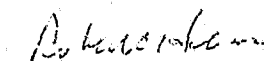
Mrs. Linda Hindman

cont'd

December 3, 1974

I hope the above comments provide you with some of the pertinent issues the Department of Juvenile Services must consider in its efforts to provide community-based treatment services to delinquents and CINS.

Very truly yours,



ROBERT C. HILSON
Director

ROH:sm

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INTRODUCTION

This is a report of a study of several group homes for adjudicated delinquents and children in need of supervision (CINS) in Maryland. Its purpose was to assess the operations and programs of the selected group homes, and to develop recommendations and standards for operating a group home program. The study was conducted by the staff of the National Council on Crime and Delinquency Survey and Planning Center in Austin, Texas, under contract to the Maryland Department of Juvenile Services (DJS). Funding was provided by a grant to the department from the Maryland Governor's Commission on Law Enforcement and the Administration of Justice.

This report covers general findings of the study, and NCCD's recommendations and standards for group home operation. A separate report, *Assessments of Selected Group Home Programs in Maryland*, covers the findings of the individual program assessments of the group homes selected for study.

The field work was conducted from April to June 1974, and involved visits by NCCD staff to each of the 10 group homes selected for study and interviewing of staff and residents. These included the three group homes owned and operated by the Department of Juvenile Services in the City of Baltimore (two for boys located next door to each other, and one for girls), and seven privately owned and operated group homes from which the department purchases care for youths committed to its custody (Boys' Town Home in Baltimore City; Caring Environments,

Inc., in Prince George's County; Heritage Lane in Harford County; Homecrest Group Home (run by Boys' and Girls' Homes of Montgomery County, Inc.); Karma Academy for Boys in Montgomery County; Kent Youth, Inc., in Kent County; and the Vienna Girls' Home (run by Maple Shade Residential Homes, Inc.) in Dorchester County). The selection of these homes was made by the project monitors from DJS and the Governor's Commission.

NCCD staff also interviewed DJS personnel responsible for administering and using the group home program and Governor's Commission personnel responsible for monitoring those group home programs receiving financial support from the Commission. Data were also collected from DJS records and group home casefiles concerning all youths placed in the 10 group homes since their opening. These data were used to compile information on group home programs and youths, including racial, sexual, and age breakdown of residents, average length of stay, average daily population, referral sources, offenses for which the youths were referred to juvenile court, reason for release from the home, and so on. Follow-up data on youths released from group homes were also collected to determine the extent of rereferrals to juvenile court following release.

NCCD gratefully acknowledges the aid and cooperation of the staff of the Department of Juvenile Services and the Governor's Commission, and especially the staffs and directors of the 10 group homes selected for study. They generously gave of their time, not only for our visits and interviews, but also for the tedious task of verifying the information we collected from DJS records.

CHAPTER I THE GROUP HOME IN PERSPECTIVE

CHAPTER I

THE GROUP HOME IN PERSPECTIVE

THE COMMUNITY CORRECTIONS MOVEMENT

Disillusionment with the traditional institution as a rehabilitative tool has become increasingly widespread over the past decade, and the group home movement has been only one part of it. The trend toward establishment of community alternatives to institutions has been worldwide, and has not been limited to the field of corrections. Public assistance, medical care, and programs for the mentally ill have taken a parallel route,¹ and the prime consideration has been a perception of the actively destructive potential of institutions.

The removal of the offender from society has been theorized to be inherently destructive.² The rehabilitative and deterrent effects of institutionalization have been questioned.³ And noninstitutional programs have often been found to be more cost-effective.⁴ All these lines of thinking have led to much experimentation with treatment approaches and rehabilitative methods that allow the offender to remain more or less "free" in the community. These have included new approaches to traditional probation and parole, intensive intervention projects, and both residential and nonresidential community centers and homes.⁵

What of results? Based on hard criteria like recidivism rates, there seems to be little overall difference between institutionalization and community treatment. A NCCD search of the literature on community treatment revealed that the

most rigorous research designs generally have found that offenders eligible for supervision in the community in lieu of incarceration do *as well* in the community as they do in prison or training school. When intervening variables are controlled, recidivism rates usually appear to be about the same.⁶

Such a finding does not derogate the use of community alternatives. In fact, it allows the conclusion drawn by the NCCD investigator:⁷

This is not to derogate community alternatives to institutionalization, since it is a most important finding: a large number of offenders who are candidates for incarceration may be retained in the community as safely, as effectively, and at much less expense. Additionally, the observed effects of the overcrowded and isolated institution on the personal and social adjustment of the individual are avoided. It is unnecessary to demonstrate, as most experimental projects appear to feel pressured to do, that recidivism rates are lower when offenders are retained in the community. Given the fact that expensive and overcrowded institutions are not doing the job they are supposed to be doing, it is appropriate to expect that less costly, less personally damaging alternatives will be utilized whenever they are at least as effective as imprisonment.

And so it is that treatment of offenders, and especially of juvenile offenders, within the community environment into which they will have to be reintegrated is becoming more and more widespread.

In writing a master plan for Maryland juvenile corrections, the John Howard Association noted in 1972 an overuse of detention and institutions in the state:⁸

The rates of both detaining youngsters pending disposition and confining them in institutions for treatment are double what they should be according to good standards. While

greater use of community based programs and a reduced number of commitments from 1970 to 1971 have occurred, a great amount of work lies ahead in this regard. Unnecessary detention and institutionalization feed unhealthy egos, thus resulting in a delinquency producing rather than delinquency reducing situation.

But a trend toward reduction of institutional populations was also noted and commended:⁹

A comparison was made between Maryland and various other states for 1970 regarding juvenile populations in the institutions. Considering general population, Maryland's institutional population for juveniles exceeded that of a number of other states.

As outlined...commitments to institutions dropped from 1970 to 1971 in Maryland. This trend can and should continue with greater and more selective use of community based programs. This trend is the most encouraging aspect of the survey as far as the Association is concerned.

As demonstrated in California and elsewhere, better protection of the community, more youngsters returning to useful living and long range economies can all be brought about at the same time by further developing the approach which the Department has taken in diverting more youngsters from institutional care.

The Maryland Governor's Commission on Law Enforcement and the Administration of Justice has agreed with the desirability of making significantly greater use of community-based correctional programs, and has noted as a major problem in the juvenile delinquency area the inadequacy of community-based treatment alternatives and provision of community services for juvenile delinquency.¹⁰ They have therefore planned a program titled "Development of community-based treatment alternatives and provision of community services for juvenile delinquents, which has as its objective:¹¹

Treat 75% of adjudicated juvenile delinquents and all Children in Need of Supervision (CINS) outside of State institutions through the development and operation of viable community-based programs, thereby causing a reduction in the required capacity of State juvenile institutions.

THE USE OF GROUP HOMES

Among the most important types of community treatment is the residential or out-of-home placement, of which group homes and foster care are the chief examples for adjudicated juveniles. In the past, juvenile courts have frequently institutionalized those juveniles for whom living in their own homes was considered to be adverse to their rehabilitation, simply because there was no alternative. Group homes and foster care both offer an alternative, but they differ in substantial ways. By way of differentiating the two approaches, NCCD has offered the following general description of the group home:¹²

The group home differs from foster care in a number of ways. Institution dwellings are owned or rented by the agency or corporate group, and the operation is more closely supervised by professional staff at the agency or clinic. Houseparents and other staff are employed on a working week, salaried basis. The facility continues to exist even if the house-parents resign. Generally less family atmosphere is present in an agency-operated group home. There may be several unrelated adults providing casework in varying degrees of intensity. The staff of the group home program may consist of on-grounds personnel (resident houseparents and a groundworker) and off-grounds personnel (psychotherapists, psychiatric consultant, a group home caseworker, and a director).

The Task Force on Corrections of the National Advisory Commission on Criminal Justice Standards and Goals has found group homes to be desirable for a number of reasons:¹³

Foster care appears to be considered a less useful tool than the more recently developed group homes. These quasi-institutions often are administered by agencies with house

parents as paid staff, in contrast to foster homes where a monthly or daily room and board fee is customarily made to foster parents. The theoretical assumptions underlying the group home are related to child development stages. Most delinquency occurs in adolescence when family ties are loosening as adulthood approaches. Transfer to a new family situation, as in the foster home, is felt to be less desirable than the semi-independence from family that is possible in the group home, along with a supportive environment and rewarding experiences with adults.

In recent years increasing interest in group homes has been shown across the country. Based on research which included interviews and communications from officials in dozens of states, Keller and Alper reported in 1970 that:¹⁴

Recent years have seen increasing interest by a number of jurisdictions in developing group care foster home programs for delinquents. Oregon has established group homes throughout the state; California is experimenting with five distinct types to meet the needs of different classes of young offenders; Colorado has opened group homes which operate under its county welfare departments. The most notable expansion is found however in the midwest chiefly in Wisconsin, Minnesota, Ohio, Iowa and Michigan.

By 1973, when a survey of the 50 states and seven Canadian provinces was made by the Division of Youth Services of the Florida Department of Health and Rehabilitative Services, 31 states and provinces reported that they were operating group home programs.¹⁵ Responses to the survey generally included only group homes operated directly by the state agency, however. For example, its data on Maryland concerns only the three group homes operated directly by the Department of Juvenile Services, and makes no mention of the privately-run group homes in the state. And some states which reported no group home programs did state that privately-run programs existed. For example, Arkansas reported: "Arkansas now has no publicly operated alternatives to training school placement. Although,

there are a number of residential group homes operated from various private monies or LEAA grants, none of these programs are supervised by the Juvenile Services Division."¹⁶ So we can conclude that even more than the reported 31 states and provinces actually have group home programs of some type, and thus that the group home movement is broad and national in scope.

What is the nature of these programs? Palmer, who has been principal investigator of the California Youth Authority's Group Home Project since its inception, has also noted the broad national (and international) scope of the movement, and offers the following general description:¹⁷

Group homes usually accommodate from 4 to 8 youngsters at any one point in time, although some are built to house as many as 10 or 14 individuals. Typical age-groupings within any given home are: 8 to 12, 12 to 15, and, most common of all, 15 to 18. A few homes accept individuals in their early 20s. Referrals may come from one or more of a variety of sources, including local courts (in lieu of, or as a condition of, parole; in lieu of, or subsequent to, institutionalization), state agencies, private agencies, community mental health centers, relatives, and self. Individuals ordinarily receive an intermediate-length placement (2-5 months) or, more commonly, a long-term placement (6-12 months or more). However, it is not uncommon for individuals to be accepted on an emergency (1-3 days) or short-term (5-25 days) basis. The staff typically consist of a full-time, non-professionally trained husband-and-wife, supplemented by part-time (e.g., culinary or domestic) and/or relief personnel. Professionally trained staff, together with volunteer and/or "paraprofessional" personnel, are by no means uncommon, whether as adjuncts to, or full-time substitutes for, the more typical husband-and-wife pattern.

...In terms of age, number of youths placed, length of placement, and type of staff, state-administered programs are quite similar to those which are funded and otherwise operated primarily or exclusively at the local and private agency levels. Whether state-operated or not, group homes may be subsidized in part by federal grants as well as a variety of matching funds.

Group homes which are operated exclusively for *girls*, and which are not primarily designed to be homes for pregnant girls or young, unmarried mothers, are far less common than those for boys. Even so, they are by no means rare. ... Several homes of this type have been established since 1969, particularly in connection with Youth Development and Delinquency Prevention grants. Aside from the recent upswing in the use of group homes in general (and mostly for boys), a small number of homes for delinquent and predelinquent girls have been in operation for several years at the state-agency level....

Group homes which are operated for both boys and girls ("mixed homes") of *adolescent* age are relatively rare in state as well as locally administered programs. Yet, even here there is some evidence of increasing usage.

STANDARDS FOR OPERATING GROUP HOMES

Since the present project has been concerned with the development of standards and guides for operating group home programs, we have been interested in the existence and authority of operational standards in these other programs. We therefore conducted an informal survey of our own of states and provinces reporting group home programs.¹⁸ Replies were received from 18 jurisdictions,¹⁹ and the status of standards for group homes in them is detailed in Appendix A.

In summary, we found that seven of these jurisdictions had specified minimum standards for group homes consisting of more than requirements for the physical facility, with some authority for licensing, certification, or annual inspections. Six of these jurisdictions reported that no standards were in effect at the present time, but were in various stages of development or approval. The remaining five jurisdictions reported no specified standards for group home operation. Some of these had some sort of general licensing authority or standards for child-caring institutions, but they were not specifically oriented for the small

group community setting. One of these five had no standards for state-operated group homes, but the state planning agency did enforce standards on group homes to which it granted federal funds.

So we can conclude that more work than is generally known has been done or is in progress in formulating standards for group home operation, but the situation of little or no governmental regulation is still quite common.

RESEARCH ON THE USE OF GROUP HOMES

We have also been interested in the status of research on the effectiveness of group homes. The NCCD Information Center ran a search of published material on group homes for us, the results of which are detailed in Appendix B.

Unsurprisingly, we discovered that little has been published, and that only a small proportion of the published material that does exist reports on any sort of systematic research. This, no doubt, is due to the newness of the group home programs in most places, and the situation promises to improve within the next year or two. But the research that has been done has proved interesting.

California Group Home Project: The most thoroughly researched program has, of course, been the Group Home Project of the California Youth Authority. This was incorporated in CYA's Community Treatment Project (CTP), and utilized the interpersonal maturity level classification system pioneered at CTP. The Group Home Project was elaborately designed to accommodate systematic research, and defined its objectives as:²⁰

- (1) to determine the feasibility of establishing and maintaining the five different kinds of group homes;
- (2) to develop a taxonomy of relevant environments;
- (3) to evaluate the impact of group home experiences upon youths placed within them.

An additional, implicit objective was that of assessing the general worth or utility of each of the given homes, and of the group home concept per se.

The project, designed on the differential treatment concept, established six different types of group homes, all of which were operated by nonprofessionally trained husband-wife teams, working in conjunction with CTF parole agents. The project was operated for three years, and long-term homes were used to a moderate extent, while considerable use was made of temporary-care homes. In all, eight boys' homes and one girls' home were studied.

Research resulted in the conclusion that, from an overall operational standpoint, the "boarding" home for higher maturity youths and the temporary-care home appeared to be quite successful. Other homes were only moderately successful, and some were considered to be unsuccessful.

Other conclusions were: The optimal number of youths in most long-term homes appeared to be as low as three or four. Beyond that number, the operational drawbacks seemed to escalate rapidly. The optimal number of parole agents who could make simultaneous use of a home seemed to be two. It was felt that there would be advantages to having professionally trained group home operators. Questionnaires and tests showed moderate promise in selecting and matching adequate staff, and it was concluded that increased emphasis should be given to the matching of operator and youths.

Achievement Place: Achievement Place is a community-based, family-style treatment program with an elaborately designed behavior modification program, originated in Lawrence, Kansas, and replicated in several places around the country (including Kent County, Maryland).²¹ Evaluation of the program's overall effectiveness has included measures of police and court contacts, recidivism, and grades and attendance at school. The evaluation was based on the original Kansas program, and compared Achievement Place youths with youths committed to the state training school and youths placed on formal probation. All youths had been candidates for Achievement Place when they were adjudicated, although they were not randomly assigned to the three groups. Achievement Place youths had fewer police and court contacts after treatment; had a significantly lower rate of recidivism as measured by adjudication for a delinquent act and commitment to a state institution; had not dropped out of school to the same degree; and had better grades in school.²² See Appendix B for more details.

Group Homes in Toronto: A study based on questionnaires and court files of group home placements in Toronto, Ontario, indicated that group homes may be beneficial in the control of delinquent behavior provided that the placement lasts longer than six months. The investigators suggested that if the placement agency has the support of the parents and if the parental attitude toward the child is basically positive, the placement is likely to last longer than six months and to be positive in outcome.²³

Minnesota Group Homes: Data were collected on 166 juveniles released from Minnesota group homes in order to determine the relative predictive value of such data for adjustment in group home placement and to identify juveniles who would benefit from the program. The researchers concluded that the juvenile most likely to succeed in a group home is female, with superior intelligence, above-average school performance, from an economically sound family, and a record of having committed a drug or liquor violation or minor offenses other than incorrigibility and running away. These findings are not too encouraging to the use of group homes for serious delinquency, but they are not considered to be final.²⁴

Illinois Project Group Homes: Project Group Homes was an experimental project of the Illinois Juvenile Division in which six agency-operated group homes and two contract homes were established. Intake was by random selection from a pool of eligible youth referred from the division, and unselected, eligible youths constituted a control group. The project did not operate a sufficient length of time to offer definitive results, but enough research was done for Illinois to determine that it should terminate direct operation of group homes in favor of private, contract group homes. This decision was made on the basis of fewer problems in operation and greater responsiveness as a resource to young people in need of a community residence.²⁵

Conclusion: Thus, no definitive conclusions can be drawn on the effectiveness or the feasibility of group homes from any of the research that has been done. This conclusion that we have reached is similar to that reached by the

General Accounting Office of the federal government when it conducted a review of the evaluation components of certain types of criminal justice projects, including group homes. Their conclusion with regard to group homes research was: "Project evaluations used different techniques and different information sources and had different scopes. Moreover, most evaluations did not present data on project effectiveness and for those that did the evaluators had no nationally acceptable standards or criteria to use in evaluating the project achievement." 26

FOOTNOTES TO CHAPTER I

1. See, for example: Milton Burdman, "Realism in Community-Based Correctional Services," *Annals of the American Academy of Political and Social Science* 381 (January 1969), pp. 71-80. Burdman notes, at p. 73: "Public assistance, medical care, and programs for the mentally ill have all gone the route of drastic reduction in institutional confinement, with major emphasis on community care. Poor houses and orphanages have all but disappeared from the social scene; hospital time for virtually all medical conditions has been drastically reduced; hospitalization of the mentally ill is becoming obsolete for all but a few. Each of these changes has been achieved with wide recognition that physical and social functioning of persons in the community is not only more humane, but more efficient, more restorative, less damaging, and less expensive than maintenance in large total institutions."
2. See, for example: Robert Martinson, "The Paradox of Prison Reform--I: The 'Dangerous Myth,'" *The New Republic* (April 1, 1972), p. 25, where he theorizes: "A relatively brief prison sojourn today may be more criminogenic than a much longer and more brutal sojourn a century ago. (If the effect is strong enough, one would predict an *inverse* relationship between recidivism and prison reform). ...Today, prisons produce invisible but in-effaceable damage however tenderly they treat the offender. To "make it" in the 1970s requires a more exacting sequence of moves-high school or college, marriage, first job, bank account, next job, and so forth. Let us say that interference with this sequence produces "life cycle damage." The damage is most intense (perhaps irreparable) at just the ages when crime peaks--from 15 to 25. ...the prison produces its paradoxical result--more recidivism as it is enriched and improved--not directly through anything it does or does not do to the offender, but simply by removing him from society."
3. One study that employed hard research methods is: California Assembly, Committee on Criminal Procedure, *Crime and Penalties in California* (Sacramento: 1968). This research conducted by the California Legislature's Office of Research concerned the deterrent effects of criminal penalties. It found that incarceration, and especially lengthy incarceration, does not deter crime or recidivism. The rehabilitative value of the institutions examined was found to be minimal at best, and no solid evidence could be found that institutionalization improved the social competence of the majority of inmates.
4. In summarizing the results of the California study (*ibid.*), one of the investigators concluded: "These facts indicate that state-prison incarceration, especially lengthy incarceration, for many offenders is a misuse of public funds which would be better allocated to local rehabilitation programs and local law enforcement agencies" (Carol Crowther, "Crimes, Penalties, and Legislatures," *Annals of the American Academy of Political and Social Science* 381 (January 1969), p. 154).

5. The NCCD Information Center conducted a survey of such approaches, and the literature on them is reported in: Nora Klapmuts, "Community Alternatives to Prison," *Crime and Delinquency Literature* 5:2 (June 1973), pp. 305-337.
6. *Ibid.*, p. 336.
7. *Ibid.*, p. 336.
8. John Howard Association, *Comprehensive Long Range Master Plan, Department of Juvenile Services, State of Maryland; A Survey and Consultation Report* (Chicago: 1972), p. 188.
9. *Ibid.*, p. 110.
10. See the problem description in: Maryland Governor's Commission on Law Enforcement and the Administration of Justice, *Comprehensive Plan 1974* (Cockeysville: 1974), pp. 307-311.
11. *Ibid.*, p. 503.
12. Eleanor Harlow, "Intensive Intervention: An Alternative to Institutionalization," *Crime and Delinquency Literature* 2:1 (February 1970), p. 27. (This was a NCCD Information Center review of the literature on intensive intervention.)
13. National Advisory Commission on Criminal Justice Standards and Goals, *Report on Corrections* (Washington: U.S. Government Printing Office, 1973), p. 233.
14. Oliver J. Keller and Benedict S. Alper, *Halfway Houses: Community-Centered Correction and Treatment* (Lexington, Mass.: D. C. Heath, 1970), p. 81.
15. See: Florida Department of Health and Rehabilitative Services, Division of Youth Services, *Directory of Halfway Houses and Group Homes for Troubled Children* (Tallahassee: 1973). This survey collected data on the following program types: halfway houses, group centers, small group homes, large group homes, day care programs, and group foster homes. We have included in our figure of 31 those states and provinces reporting operation of small and/or large group homes. These two program types were defined as follows: "Small Group Homes: These facilities provide groups of 4 to 8 youngsters with a home like atmosphere, usually under the supervision of a resident husband and wife team. Treatment services are also provided" and "Large Group Homes: Same as group home above, except these programs house from 9 to 15 youngsters" (p. 5). The figure 31 includes 25 jurisdictions operating small group homes and 14 operating large group homes, eight of which were jurisdictions operating both types of programs.
16. *Directory*, p. 22.

17. Ted B. Palmer, *Final Report, The Group Home Project: Differential Placement of Delinquents in Group Homes* (Sacramento: California Youth Authority, 1972), pp. vi-ix.
18. States and provinces surveyed were: Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Virginia, Washington, the District of Columbia, Alberta, Manitoba, and Ontario.
19. Jurisdictions replying were: Alabama, Georgia, Illinois, Indiana, Iowa, Maine, Massachusetts, Minnesota, Missouri, New Jersey, New York, Ohio, Oregon, Pennsylvania, South Carolina, Alberta, Manitoba, and Ontario.
20. Ted B. Palmer, *op. cit.*, pp. 4-5.
21. Elery L. Phillips, Montrose M. Wolf, Jon S. Bailey, and Dean L. Fixsen, *The Achievement Place Model: Community Based, Family Style, Behavior Modification Programs for Predelinquents* (Santa Barbara, Calif.: Delinquency Prevention Strategy Conference, 1970).
22. Elery L. Phillips, Elaine A. Phillips, Dean L. Fixsen, and Montrose M. Wolf, "Achievement Place: Behavior Shaping Works for Delinquents," *Psychology Today* (June 1973).
23. Lorraine Wilgosh, "A Study of Group Home Placements as a Possible Correction of Delinquent Behavior," *Canadian Journal of Criminology and Corrections* 15:1 (1973), pp. 100-108.
24. Minnesota Department of Corrections, *Follow-up Study of 166 Juveniles Who Were Released from State Group Homes from July 1, 1969 through June 30, 1972* (Minneapolis: 1973).
25. Illinois Department of Corrections, Juvenile Division, *Project Group Homes: A Report* (Springfield: 1972).
26. U. S. Comptroller General, *Difficulties of Assessing Results of Law Enforcement Assistance Administration Projects to Reduce Crime: Report to the Congress* (Washington: General Accounting Office, 1974), p. 54.

CHAPTER I
DESCRIPTION OF THE MARLAND
GROUP HOME PROGRAM

CHAPTER II

DESCRIPTION OF THE MARYLAND GROUP HOME PROGRAM

The Maryland Department of Juvenile Services (DJS) has available to it at present a diversified array of group home treatment alternatives scattered throughout the state. The group home program currently includes three group homes in the City of Baltimore owned and operated directly by the department for its exclusive use, and more than 40 privately-operated group homes from which it purchases care for youths committed to its custody by the juvenile courts. Some of these homes serve only youths referred by DJS, and some also serve youths referred by the Social Services Administration as dependent, neglected, or abused.

This group home program has been developed gradually over the past four to five years, and the state's commitment to it is demonstrated by the significant annual increases both in the number of juveniles served and in the amounts of funds expended. The number of juveniles served in private community residential placements has increased from 16 in FY 1969 to 850 in FY 1973, and the number of juveniles served in state-owned group homes has increased from 22 in FY 1970 to 82 in FY 1973.¹ Expenditures for private residential placements have increased nearly tenfold, from \$182,959 in FY 1970 to \$1,819,199 in FY 1973.²

The number of juveniles served in private residential placements includes those serviced with short-term shelter care provided by private families in their own homes and those placed in specialized private institutions, as well as in private

group homes. But the increasing numbers do still indicate a significant trend; if the actual number of private group home placements were broken out, the increase would probably be even greater than indicated by the overall figures.

The Department of Juvenile Services has been strongly supported in the development of private group home resources by the Governor's Commission on Law Enforcement and the Administration of Justice. The commission has had a program entitled "Inadequate Community-Based Treatment Alternatives and Provision of Community Services for Juvenile Delinquents," which has involved the funding of community-based programs structured to provide assistance to delinquents and CINS within their own community.

Governor's Commission funding of this program has increased steadily from \$5,920 in 1969 to \$728,074 in 1972; planned funding for 1973 was \$1,243,000.³ The commission describes its activity in this area thus:⁴

The major Commission activity in this program area has been the provision of federal assistance to local units of government and the Department of Juvenile Services for the development of group home programs. Within the past three years, the Commission has funded a total of 21 group homes that are now either operating or being implemented with a total capacity of 223 beds in 12 subdivisions in the State. ...[An additional] grant provided funds to the Department [DJS] to initiate two group homes.

The Commission's Five-Year Objective to treat 75% of adjudicated juveniles [outside of institutions] is already being met according to available figures. Current figures from the Department of Juvenile Services for Fiscal Year 1973 indicate that approximately 93% of those juveniles adjudicated delinquent were not institutionalized.

But all concerned seem to agree that more group homes are needed. DJS has estimated that by 1975 there will be a need for 800 group home beds, a

33-percent increase over current capacity.⁵ The five-year plan of the Governor's Commission therefore calls for continued assistance in this area, with eventual development of a statewide network of facilities serving 3,000 to 4,000 youths annually:⁶

1974: A total of \$1,583,000 in federal support requested for this program, including continued support for the DJS Differential Group Home Treatment Program, complete support for eight group homes funded in 1972, continued assistance to ten projects funded in 1973, and initiation of funding for four or five group homes.

1975: A total of \$1,511,100 in federal support requested for this program, including complete support for the DJS Differential Group Home Treatment Program, complete assistance to group homes funded in 1973, continued assistance to group homes funded in 1974, and the development of up to seven additional group homes in selected jurisdictions.

1976: A total of \$1,399,300 in federal support requested for this program, including continued support to group homes funded in 1975, complete assistance to four or five group and foster homes funded in 1974, and the development of four additional group homes.

1977: A total of \$950,000 in federal support requested for this program, including complete assistance to group homes funded in 1975, continued support for four group homes initiated in 1976, and the development of five new group homes in Baltimore City and urban counties.

1978: A total of \$800,000 in federal support requested for this program, including complete assistance to group homes funded in 1976 and continued support for five group homes initiated in 1977.

This seed money provided by the Governor's Commission, in the form of one-year grants that have normally been renewed for second- and third-year funding, has been instrumental in the development of the network of private group homes that already exist for the use of the Department of Juvenile Services. In most cases, the department has participated in the development of these homes, and we shall

have more to say in the next chapter concerning the nature of this participation. The department also participates heavily in keeping the homes operational, through its payments for care provided to the youths it refers.

DJS bases its purchase-of-care program on legal authority granted by Article 52A, Section 7, Annotated Code of Maryland, which states:

The Department may designate existing public or private agencies or organizations within the State as its agents as, in its discretion, seems desirable or necessary for the purposes of this article. The Department may expend funds for aiding such agencies or organizations or for purchasing services therefrom, or for purchasing services from agencies or organizations outside the State when adequate services are not available within the State.

DJS has a stated policy that "No child should be removed from his home unless (a) his behavior presents a threat to himself or to the community, or (b) his environment is not conducive to his making a satisfactory adjustment in the community." Placements may be made, and services purchased, from several different types of private facilities including group homes. Departmental policy defines "group homes" as:⁷

Group Home - a large family type home usually housing from six to twelve children under the sponsorship of a public or private agency.

A Group Home may offer one of the following programs:

- (1) basic residential care
- (2) basic residential care plus social and/or clinical services
- (3) basic residential care, clinical services plus specialized educational programs.

The other types of facilities from which care may be purchased include private institutions with populations ranging from 25 to 300 or more; group residence

homes with populations of up to 50, located in the community, and generally regarded as smaller than an institution but larger than a group home; specialized foster homes, which is a family home providing basic care for one to six children; and shelter homes providing basic short-term care (up to 30 days).

The department's *Guide Lines for Purchase of Care* includes a set of "minimum standards for community based facilities," and the department has stated that placement may not be made in a facility unless it meets the standards and is approved by the DJS administration.⁸ But the standards are minimal at best, and approval is made prior to the opening of the home. No real followup takes place and no regular inspections are made, with the result that approval is virtually final. There is no articulated procedure in existence for determining whether the department should continue to utilize a facility it has been utilizing.

Normally the procedure for placing a youth in a private purchase-of-care facility (including a group home) is initiated by the probation officer, after-care worker, or intake worker in charge of his case, after reviewing the case with the supervisor. The referrals themselves are handled by DJS personnel known as resource consultants; there are eight of these--one located in each departmental region. It is their responsibility to keep up-to-date on the availability of placement resources and to maintain liaison with them. Prior to accepting a child for placement, the home may, and nearly always does, request an interview with the youth. The youth is usually accompanied by his DJS worker. At some group homes we visited, this interview is quite extensive;

it may involve a meeting with the other youths residing in the home as well as with treatment staff. Some group homes have a general policy of accepting new placements on trial visits of about two weeks before making a decision to accept the responsibility for treatment.

As we described in the introduction to this report, 10 group homes were selected for specific study for the present project. These included the three group homes owned and operated directly by DJS, and seven homes run privately with grants from the Governor's Commission, which accept referrals from DJS under its purchase-of-care program.⁹

From the data collected in the course of this study, we can compile a broad picture of certain aspects of these group homes programs. We shall show separate figures for the state-owned group homes and the private purchase-of-care group homes. Our data were collected on all youths placed in the 10 group homes from their openings through the date of this study. This will include boys placed in the DJS Boys Group Homes through April 1974, and youths placed in the others through June 1974. Central records at DJS on its own group homes and on placements in private group homes were used as a starting point. These were verified by casefile inspection at some homes, and by correspondence with group home directors at the others. In all cases, data were verified at the home in some way. The numbers of youths involved are set out in Table 1. Table 2 offers a breakdown of youths admitted by the year in which admission occurred, thus offering a time frame for the data presented in this report. Table 3 presents information on the capacity and average daily populations of the homes.

TABLE 1
YOUTHS PLACED IN GROUP HOMES

	Total Youths Admitted Since Opening of Home	Number in Residence at Time of Data Collection	Number Released
DJS GROUP HOMES			
Boys Group Homes*	119	12	107
Girls Group Home	<u>105</u>	<u>9</u>	<u>96</u>
<i>Subtotal</i>	224	21	203
PRIVATE GROUP HOMES			
Boys' Town Home	31	10	21
Caring Environments	28	6	22
Heritage Lane	30	9	21
Homecrest	13	3	10
Karma Academy	23	8	15
Kent Youth	14	7	7
Vienna Girls Home	<u>11</u>	<u>3</u>	<u>8</u>
<i>Subtotal</i>	150	46	104
TOTAL	374	67	207

* It was not possible to differentiate records of the two homes. Their administration is combined, and records on youths placed in both homes are combined.

TABLE 2

ADMISSIONS TO GROUP HOMES BY YEARS

Name of Home & Date Opened	1970	1971	1972	1973	6 mos. 1974	TOTAL
DJS GROUP HOMES						
Boys Group Homes (August 1970 & March 1971)	15	39	34	22	9	119
Girls Group Home (January 1969)	10	22	22	30	18	103
PRIVATE GROUP HOMES						
Boys' Town Home (February 1972)	--	--	17	11	3	31
Caring Environments (October 1971)	--	4	9	14	1	28
Heritage Lane (October 1972)	--	--	6	16	8	30
Homecrest (August 1973)	--	--	--	6	7	13
Karma Academy (August 1972)	--	--	9	12	2	23
Kent Youth (April 1972)	--	--	5	5	4	14
Vienna Girls Home (July 1972)	--	--	5	4	2	11

TABLE 3

CAPACITY AND AVERAGE DAILY POPULATION

	Capacity	Average Daily Population*	Time Period Covered by Average**
DJS GROUP HOMES			
Boys Group Homes	22	13.4	1/71 - 6/73
Girls Group Home	10	6.6	1/70 - 6/74
PRIVATE GROUP HOMES			
Boys' Town Home	12	8.93	4/72 - 6/74
Caring Environments	8	5.67	1/72 - 4/74
Heritage Lane	20	10.83	1/73 - 6/74
Homecrest	7	2.5	11/73 - 6/74
Karma Academy	12	9.65	11/72 - 6/74
Kent Youth	8	6.45	11/72 - 6/74
Vienna Girls Home	9	3.2	11/72 - 6/74

* Computed by averaging the number in residence on the first day of the month of of each month included in the time period noted.

** Begins two to three months after opening of home to allow a normal referral process to begin filling up beds, and continues to data collection.

To give a broad picture of the usage of homes by probation, aftercare, and intake staff, we have compiled data on referral sources for the homes in Table 4. In some cases, we also have information about utilization of the homes by the Social Services Administration and other agencies. These are listed where available. The category "other" in this table includes various agencies making occasional referrals to some of the private group homes. Examples include the Montgomery County Drug Education School, a county health department, or a county social services department.

The most notable point to be gleaned from the data on referral sources is the glaring difference between percentages of referrals from aftercare staff between the DJS homes and the private homes. Of youths referred to DJS homes, 60.3 percent were referred by aftercare, while only 13.3 percent of the youths in private homes were referred by aftercare. Thus, a significantly larger percentage of youths served by DJS homes than private homes have had prior commitments to the training schools, and may be inferred to be more difficult cases. Admittedly, this is not the ideal indicator of difficulty, but in the absence of more detailed data we note it as a trend. It may indicate a need for more intensive supportive services to clients, and thus for greater expenditures of program funds. In the absence of the types of data needed for a more sophisticated analysis of risk, we cannot say more.

The various homes studied, together with the others available to the department, constitute a fairly diversified array of treatment alternatives. A few homes we visited had well thought-out treatment programs that we judge to be carefully

TABLE 4
REFERRAL SOURCES

	DJS Homes		Private Homes		TOTAL	
Probation Officers	65	29.0%	66	44.0%	131	35.0%
Aftercare Workers	135	60.3%	20	13.3%	155	41.4%
Intake Workers	0	0.0%	7	4.7%	7	1.9%
Protective Supervision	0	0.0%	19	12.7%	19	5.1%
Social Services Administration	0	0.0%	8	5.3%	8	2.1%
Other	0	0.0%	11	7.3%	11	2.9%
N/A	24	10.7%	19	12.7%	43	11.5%
	224	100.0%	150	100.0%	374	100.0%

followed in practice. These included, in particular, the therapeutic community program run at the Karma Academy and the behavior modification - teaching parent program of Kent Youth (an Achievement Place model home). Other programs, less clearly defined, offer various components of individual and group counseling, behavior modification, positive peer culture, etc.

The types of youths accepted for placement and the length of time they spend in residence thus varies from home to home. We offer compilations of data on the characteristics of youths referred and the average lengths of stay in Tables 5 through 8.

In all cases, these tables include data on all youths admitted to each of the 10 homes since they opened. Thus the time frames vary from home to home. In the data on the private homes, the characteristics of the eight youths placed by the Social Services Administration and the 11 youths placed by other agencies (see Table 4) are included, since they provide insights into the types of youths accepted by the homes and contributing to the surroundings of the DJS placements.

Table 5 presents data on the age of youths admitted to the DJS homes and the private homes, with regular frequency distributions. Tables 5-A and 5-B present the same age data, with cumulative frequency distributions.

It should be noted that the DJS homes generally deal with older youths than the private homes in our study group. Thus, 44.2 percent of the DJS youths were 16 or older, while only 27.4 percent of the private home youths were 16 or older. By contrast, only 5.4 percent of the DJS youths were 13 or younger, while 34.6 percent of the private home youths were 13 or younger.

We caution that the seven private group homes included in our study were not selected as being *representative* of the total private group home program, so we cannot state categorically that this trend of admitting younger youths than the DJS homes admit is characteristic of the state's private group homes. However, it is certainly true of the group homes we studied.

We do note that the older youths may have a tendency to be more serious cases. Regardless of difficulty, or seriousness, however, the treatment program for

older youths must be more diversified and more geared toward preparation of the youth for responsible adult life -- a proposition generally requiring greater expenditures.

TABLE 5
YOUTH'S AGE AT ADMISSION TO HOME*

	DJS Homes		Private Homes		TOTAL	
18 years	6	2.7%	1	0.7%	7	1.9%
17 years	28	12.5%	4	2.7%	32	8.6%
16 years	65	29.0%	36	24.0%	101	27.0%
15 years	74	33.0%	40	26.7%	114	30.5%
14 years	39	17.4%	17	11.3%	56	15.0%
13 years	8	3.6%	17	11.3%	25	6.7%
12 years	4	1.8%	10	6.7%	14	3.7%
11 years	0	0.0%	8	5.3%	8	2.1%
10 years	0	0.0%	9	6.0%	9	2.4%
9 years	0	0.0%	2	1.3%	2	0.5%
8 years	0	0.0%	3	2.0%	3	0.8%
N/A	0	0.0%	3	2.0%	3	0.8%
	224	100.0%	150	100.0%	374	100.0%

* with regular frequency distribution.

TABLE 5-A
YOUTH'S AGE AT ADMISSION TO HOME*

	DJS Homes		Private Homes		TOTAL	
18 years	6	2.7%	1	0.7%	7	1.9%
17 years	28	15.2%	4	3.4%	32	10.5%
16 years	65	44.2%	36	27.4%	101	37.5%
15 years	74	77.2%	40	54.1%	114	68.0%
14 years	39	94.6%	17	65.4%	56	83.0%
13 years	8	98.2%	17	76.7%	25	89.7%
12 years	4	100.0%	10	83.4%	14	93.4%
11 years	0	100.0%	8	88.7%	8	95.5%
10 years	0	100.0%	9	94.7%	9	97.9%
9 years	0	100.0%	2	96.0%	2	98.4%
8 years	0	100.0%	3	98.0%	3	99.2%
N/A	<u>0</u>	<u>100.0%</u>	<u>3</u>	<u>100.0%</u>	<u>3</u>	<u>100.0%</u>
	224	100.0%	150	100.0%	374	100.0%

* with cumulative frequency distribution, accumulated from the top down.

TABLE 5-B
YOUTH'S AGE AT ADMISSION TO HOME*

	DJS Homes		Private Homes		TOTAL	
18 years	6	100.0%	1	100.0%	7	100.0%
17 years	28	97.3%	4	99.3%	32	98.1%
16 years	65	84.8%	36	96.6%	101	89.5%
15 years	74	55.8%	40	72.6%	114	62.5%
14 years	39	22.8%	17	45.9%	56	32.0%
13 years	8	5.4%	17	34.6%	25	17.0%
12 years	4	1.8%	10	23.3%	14	10.3%
11 years	0	0.0%	8	16.6%	8	6.6%
10 years	0	0.0%	9	11.3%	9	4.5%
9 years	0	0.0%	2	5.3%	2	2.1%
8 years	0	0.0%	3	4.0%	3	1.6%
N/A	<u>0</u>	<u>0.0%</u>	<u>3</u>	<u>2.0%</u>	<u>3</u>	<u>0.8%</u>
	224	100.0%	150	100.0%	374	100.0%

* with cumulative frequency distribution, accumulated from the bottom up.

Table 6 presents data on the race of group home youths, and a startling difference in racial composition of the DJS homes versus the private homes is apparent. In the DJS homes, 70.5 percent of the youths were black and 27.7 percent, white; in the private homes, 71.3 percent were white and 27.3 percent were black. This study was not designed in such a way that we can make any definitive statements explaining why this difference occurs. However, we shall point out several things that, we have good reason to suspect, are explanatory factors.

First, the geographic location of the homes studied is a significant factor. By their nature as community correctional alternatives, and by the specific intent of DJS (and the Governor's Commission in funding the private homes), group homes are operated to serve the local community.

All three of the DJS homes are located in the City of Baltimore. Of the 17,703 total juvenile court dispositions in Baltimore City in the 1973 fiscal year, 13,067 (73.8 percent) involved black youths and 4,261 (24.1 percent) involved white youths.¹⁰ Thus, the overall racial composition of juvenile court caseload in Baltimore City is very similar to the racial composition of the DJS homes. We think such a parallel is appropriate.

On the other hand, all but one of the homes in the group of private homes we studied are located outside Baltimore City. Of a total of 22,671 cases handled by juvenile courts outside Baltimore City, 17,264 (76.2 percent)

involved white youths and 5,074 (22.4 percent) involved blacks.¹¹ Thus, again the racial composition of the private homes' population is similar to the overall racial composition of juvenile court caseload outside Baltimore City.

Therefore, we do not think it is fair to make a charge of racial discrimination in private homes' intake procedures on the basis of the statistics presented in Table 6. There have been feelings on the part of some staff that some of the private homes do, in fact, avoid referrals of blacks, but there have also been charges by some private group home staff that referrals of black youths have been withheld from them when they would in fact prefer a racially-integrated population. We have no information on which to base a comment on these counter-charges; we simply wish to point out that the data we have gathered prove nothing one way or the other.

Table 7 presents data on the reasons for referral of group home youths. The proportions of youths referred for delinquent as opposed to CINS offenses do not differ significantly between the DJS homes and the private homes. A slightly larger percentage of referrals to DJS homes were delinquents, but not enough larger to be meaningful.

TABLE 6
RACE OF GROUP HOME YOUTHS

	DJS Homes		Private Homes		TOTAL	
Black	158	70.5%	41	27.3%	199	53.2%
White	62	27.7%	107	71.3%	169	45.2%
N/A	<u>4</u>	<u>1.8%</u>	<u>2</u>	<u>1.3%</u>	<u>6</u>	<u>1.6%</u>
	224	100.0%	150	100.0%	374	100.0%

TABLE 7
REASONS FOR REFERRAL

	DJS Homes		Private Homes		TOTAL	
CINS	129	57.6%	92	61.3%	221	59.1%
Delinquent	80	35.7%	48	32.0%	128	34.2%
Dependent/Neglect	6	2.7%	4	2.7%	10	2.7%
N/A	<u>9</u>	<u>4.0%</u>	<u>6</u>	<u>4.0%</u>	<u>15</u>	<u>4.0%</u>
	224	100.0%	150	100.0%	374	100.0%

Table 3 reports information concerning the length of stay at the various group homes studied. It includes information on the overall average length of stay for all residents admitted, and an average length of stay for residents admitted who stayed longer than 30 days (referred to in the table as "program participants" and intended to eliminate from the calculation those youths on trial visits and those who did not participate in the program because they did not stay long enough). The table also includes data on the longest stays and the number of residents who stayed longer than one year. These figures do not include youths residing in the homes at the time of the study; it might be noted, however, that some of the homes have several youths that have been residing in the homes for two years and more.

It will be noted that the average lengths of stay vary a great deal from home to home. The length of time youths are held in group homes depends on an infinite variety of factors, including the nature of the treatment program, the orientation and preferences of group home staff members, the rate at which youths run away or otherwise fail to complete the program, and so on. Explanatory factors having any kind of objectivity in these particular cases are not available because the available data on reasons for release of group home youths was highly incomplete and unreliable. The issues involved in the significance of length of stay and the optimal length of stay are discussed in Chapter III (see pp. 75 and 76). But we note here that the length of stay should be dependent to some degree on the nature of the treatment program, and that the length of stay in a treatment-oriented home (as opposed to a "boarding"-type home) should normally not exceed a year. In all but one of the homes studied, treatment of youths regularly exceeds a year. A recommendation is made in Chapter III for a formal case review process to avoid such occurrences.

TABLE 8

LENGTH OF STAY

	Overall Average Length of Stay		Program Participants Average Length of Stay		Longest Length of Stay (in Days)	No. of Youths Staying Longer than One Year
	No. of Youths	Average (in Days)	No. of Youths	Average (in Days)		
DJS GROUP HOMES						
Boys Group Homes	108	124	87	150	590	4
Girls Group Homes	95	105	64	145	1,003	6
PRIVATE GROUP HOMES						
Boys' Town Home	21	164	19	179	580	3
Caring Environments	22	134	20	146	675	1
Heritage Lane	21	224	19	247	521	4
Homecrest	10	55	9	60	106	0
Karma Academy	15	274	12	340	458	6
Kent Youth	7	250	6	287	593	2
Vienna Girls Home	8	214	8	214	387	1

FOOTNOTES TO CHAPTER 11

1. Maryland Department of Juvenile Services, *Annual Report, 1973 Fiscal Year* (Baltimore: 1974), Table 16, p. 27.
2. *Ibid.*, Table 15, p. 27. Figures for state-owned group home expenditures are not broken out prior to FY 1972, so we cannot make any statement about funding trends; however, the fact that services were provided to four times as many juveniles in these homes from FY 1970 to FY 1973 implies a significant increase in funding.
3. Maryland Governor's Commission on Law Enforcement and the Administration of Justice, *Comprehensive Plan 1974* (Cockeysville: 1974), p. 769.
4. *Ibid.*, p. 770.
5. *Ibid.*, p. 308.
6. The following is summarized from charts, *Ibid.*, pp. 602-605.
7. Maryland Department of Juvenile Services, *Guide Lines for Purchase of Care* (Baltimore: n.d.), p. 3.
8. *Ibid.*, p. 2.
9. Actually, one of these programs (the Karma Academy for Boys in Montgomery County) does not receive purchase-of-care payments. But it does accept DJS referrals, and would be eligible for payments.
10. Figures derived from data on race included in Table 11, Maryland Department Juvenile Services, *Annual Report, 1973 Fiscal Year* (Baltimore: 1974), p. 20.
11. This does not include those cases from Anne Arundel County that were not included in the data for Table 11 in the *Annual Report*.

CHAPTER III
STATE COORDINATION OF THE
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STATE COORDINATION OF THE GROUP HOME PROGRAM

State coordination of Maryland's group home program involves several interrelated factors that will be addressed in this chapter, with an eye toward efficient provision of services in the localities and forms in which they are needed, and toward the central administration of the program. It should first be noted that the Department of Juvenile Services has made tremendous strides in developing a large network of group home facilities and programs in a relatively short period of time. There are many homes in operation, being regularly used by the department. A wide variety of treatment programs has been developed, including some we judge to be very good indeed. And the department, with strong financial assistance from the Governor's Commission on Law Enforcement and the Administration of Justice, has done a commendable job of encouraging private-sector activity in the group home field -- in program operation and in moral and financial support.

But some problem areas remain. These include the nature of the planning and decisionmaking needed for a total program, well-integrated with the state's needs; the administration of the purchase-of-care program and the need for power to insure accountability of the individual group homes; central control over the processes involved in using group homes (referrals, intake, release, case review, and so on); and central recordkeeping, evaluation, and program review.

PLANNING AND DECISIONMAKING

As we have noted, the Department of Juvenile Services has developed a large network of group home facilities and programs in a relatively short period of time, and the Governor's Commission has been a strong participant in this activity. But there does not seem to have been a concerted effort to analyze the need for group homes, or to develop a statewide plan for deciding what kinds of group homes are needed and where they should be located. We have noted a citation in the 1974 State Plan to the effect that: "The Department has estimated that in 1975 there will be a need for 800 group home beds which represents a 33% increase over the current capacity."¹ This statement is credited to the Division of Research and Analysis of DJS, but we do not know how this figure was determined.

Planning

The Governor's Commission has noted the need for planning by DJS in these words:²

The Department of Juvenile Services has been and will continue to be faced with the problem of fulfilling its information needs with respect to the operation of group homes and other treatment alternatives. The Department will need to establish a standardized reporting system to identify the types of children in group homes, the range of services each home offers, capacity of the homes, staff training and background, and cost effectiveness of the operation of the homes. *In this sense, the Department needs a master plan for community-based services and a methodology for implementing and evaluating the effectiveness of that plan.*

We agree with the recommendation that a comprehensive plan for community-based facilities is needed. But a master plan should be based on information far more extensive than would be available from filling the information needs noted

there. The plan should be based on a thorough analysis of the characteristics and needs of *all* youths being committed to the custody of DJS, not just those currently being referred to group homes. A better quality of reporting from the present group homes *should* be required -- see the Standards Relating to Records and Reports in the next chapter -- but more than that is needed for comprehensive planning.

While it is true that the state has succeeded in significantly reducing its institutional populations, it is still not known whether placement in group homes is the best alternative for these youths. DJS has stated repeatedly a basic philosophy that a child should only be removed from his own home as a last resort,³ but it does not have the resources or capabilities to decide what constitutes a need for the "last resort." With the range of treatment alternatives currently available and expanding constantly, a mechanism for determining the needs of offenders is necessary. With that available, it will become possible to plan for the development of resources to meet those needs.

We shall not repeat here all the reasoning behind the need for comprehensive planning, for it is well known to all concerned with the justice system these days. We simply note here a recommendation that central planning capabilities be expanded to meet this need, that the plan be regularly updated, and that it consider the needs and characteristics of all offenders, projections of future offender populations, and the allocation of resources to meet needs. This function should be carried out on a statewide basis, and should not be considered an interference with local or regional priorities. As the National Advisory Commission on Criminal Justice Standards and Goals has noted:⁴

The fact that a State agency makes statewide plans does not imply remote control of programs in the community. Rather it makes possible logical and systematic planning that can be responsive to changing problems and priorities. It implies maximum use of local personnel and fiscal resources to guarantee that programs will be developed to meet diverse local needs and local conditions.

Direct State Operation of Group Homes

In the absence of a comprehensive plan, the administration should refrain from a decision to make any radical changes in the nature of the present group home program. It is our recommendation that, with the present status of knowledge and research on the subject, the state-owned and operated group homes should continue to be utilized. We have some serious reservations about the quality of these homes, expressed in the companion report of this study, but we feel that there is a place for group homes directly operated by the state. We do not feel that all the problems are necessary consequences of state administration.

We therefore are in disagreement with the recommendation made by the John Howard Association in its 1972 master plan for Maryland juvenile corrections that:

"Unless the average population at the homes is significantly increased to make them halfway houses or small residential treatment facilities, serious consideration should be given to abandoning the agency operated group homes in view of the high per capita costs."⁵ While it seems to be true that per capita costs to the state are higher in homes directly operated by the state, this is because the full cost of care in the private homes is not being paid by the state.

There are several reasons why the state should continue to operate a small number of group homes itself. These homes could be operated as demonstration projects

and be used for experimental purposes. They also offer the state continuing inhouse experience in the administration and problems of group home operation, giving the department a realistic picture and an understanding of group homes that would be lacking if they only *used* them. Finally, state-operated group homes serve presently, and should continue to do so, as placement resources for many youths that need group home treatment but cannot be placed in most private group homes. The DJS homes are serving children with generally more serious problems than are most private homes we visited. Also, for a variety of reasons, there seems to have been a great deal of difficulty in developing private group homes in the City of Baltimore, and the three DJS homes only partially fill a gap in treatment resources there.

But research on the use of directly operated homes should be carried out. Controlled research comparing the use of two agency-operated homes, two modified contract homes, and two group homes contracted to private agencies was begun in Illinois. The research was designed to provide answers to many questions relevant to Maryland's situation. For example:⁶

Can small agency-operated group homes (8 to 10 beds) be established to operate with a home-like or fraternity-like atmosphere in contrast to a correctional institution climate?

Will the community or neighborhood accept the state-operated facility for committed delinquent youth?

If the community resists community corrections can the state camouflage its real intentions and operate for a period of time without publicity or community relations until the neighborhood accepts the presence of the program?

Can State procedures governing the spending of State dollars be flexible enough to adapt to the peculiar needs of a group home in purchasing groceries, medicines, car fare, simple home repairs, etc.?

In communities that are largely segregated, can Black, white, and Spanish speaking youngsters be combined in a group home without eliciting negative community response?

Can a community tolerate a law violation by a group home resident without attacking the integrity of the program itself?

Can group home staff adjust to the 24-hour involvement with young people without "burning out" and could an adequate relief schedule be worked without causing undue adjustment problems for the youth in the home?

A great many problems arose in carrying out the research, and the problems encountered with the agency-operated homes were enough that the project was terminated without definite results. The researchers stated: "If for no other reason, a decision to terminate [the agency-operated] homes in favor of contract group homes was made on the basis of fewer problems in operation and greater responsiveness as a resource to young people in need of a community residence." ⁷

However, our review of the Illinois experience as reported in the final report of Project Group Homes indicates no insoluble problems with direct state operation. Probably the greatest problem the project encountered was extreme confusion of bureaucratic lines of authority in every aspect of operation. For example, the procedures for obtaining a lease on a building desired for use as a group home by the state took from two weeks to five months, and involved these bureaucratic steps: ⁸

(1) the State Department of General Services, Leasing Unit to (2) the landlord for signature to (3) the Leasing Unit to (4) the Director of the Department of Corrections for signature to (5) the Leasing Unit to (6) the Attorney General's Office for review and approval to (7) the Leasing Unit for signature to (8) distribution of copies, back to the landlord and the Department of Corrections.

Funding procedures were even more complicated, involving several state agencies, two federal agencies, and several local agencies. Similar examples could be taken from any aspect of the operation, and it is thus obvious why Illinois concluded that direct operation of group homes was unfeasible.

There are lessons to be learned from this project, and Maryland has certainly experienced some similar problems, but never to the degree encountered in Illinois. We continue to maintain that the unique possibilities of a small number of state-owned homes warrant continued operation of them, as a small part of a diversified array of treatment resources and alternatives.

Privately-Operated, Treatment-Oriented Homes

Most of the private group homes we studied for this project are treatment-oriented group homes staffed by professionals. Some have live-in counselors (unrelated persons); some have live-in houseparents (married couples); and some have no live-in staff at all, but are staffed on various types of shift arrangements. But they are distinguished by professionally-staffed treatment programs. It is true that many of the treatment programs are somewhat muddled in concept (see the section on treatment program in Chapter IV for discussion), but these homes have the intention and capability for some type of intensive, full-time program. These, generally, are of the type defined as "group home" by the NCCD description: ⁹

The *group home* differs from foster care in a number of ways. Institution dwellings are owned or rented by the agency or corporate group, and the operation is more closely supervised by professional staff at the agency or clinic. Houseparents

and other staff are employed on a working week, salaried basis. The facility continues to exist even if the house-parents resign. Generally less family atmosphere is present in an agency-operated group home. There may be several unrelated adults providing casework in varying degrees of intensity. The staff of the group home program may consist of on-grounds personnel (resident houseparents and a ground worker) and off-grounds personnel (psychotherapists, psychiatric consultant, a group home caseworker, and a director).

The contract group home may be operated by an organization such as a church or civic group, or by private individuals, and financed through a contract arrangement with the state agency. Agency-operated group homes are staffed by employees of the agency responsible for placing the youth in the program. Most of these are "halfway houses" for releasees from institutions, but there is an increasing use of such facilities as the initial placement of choice in lieu of institutional commitment. These "halfway-in" homes are used by courts for youth who fail on probation and by state agencies for placement of some committed juveniles directly from the reception centers.

It is to these homes that we refer in our discussion of length of stay below (in this chapter's section on process control) when we say that the optimum period of time for treatment in group homes is about six months, and that we question the value of any treatment after about a year in the same home.

On the basis of the homes we visited, we believe that Maryland has one of the strongest programs of treatment-oriented group homes in existence. This program is vital to the effort to provide alternatives to training schools, and should be expanded. But another alternative is needed.

Boarding-Type Group Homes

Group homes providing basic care only exist in Maryland, but none were included in the homes we visited. A group home providing a family-style

atmosphere, staffed by houseparent couples, and offering basically a healthy place to live to its residents is a necessary placement alternative for those youths adjudicated by the court who do not need intensive treatment, but are determined to need out-of-home placements, and for those youths who have completed stays in training schools or treatment-oriented group homes and are ready to go home but do not have suitable homes to which to go.

This is the type of group home that has been strongly advocated by the John Howard Association, both in Maryland and elsewhere, as "family-operated group homes." In its master plan for Maryland, JHA recommended: "The department should develop a minimum of 500 family operated group treatment home beds through 1980."¹⁰ They define these as follows:¹¹

A group home is a private home owned or rented by a couple, who should be warm, accepting, understanding and able to set reasonable limits. They should be mature, flexible and have no personal needs that make them expect too much of others. They must be able to work under stress. Good health is necessary. Generally, they have had experience raising their own children or caring for foster children. Group homes of an average of five youngsters work best.

One major advantage is that the state does not have to invest monies in buildings, rent or staff. The professional worker supervising the youngsters provides constant support to the family and youth. Individual and group meetings are held regularly. Various community resources are utilized as needed. The situation is as close to normal family living as possible. The length of stay is six to eighteen months.

As far as "treatment and program" go, a good description has been offered by Keller and Alper:¹²

The group foster home aims to provide for its children a degree of stability of family life which most of them have never previously known. With trustworthy and accepting

adults serving as a model for him, the delinquent teenager can be helped through identification to find some stability and purpose in his own life. The same parole agent usually serves all children in one group home, and although he may meet with them from time to time either singly or in a group, this relationship is a minor part of the treatment program. Foster care is seen primarily as a substitute to parental, providing, at a minimum, a temporary custodial or "holding" service, such that: "This attitudinal position is directly related in practice...foster parents are not recruited, nor are foster care placements implemented, for the purpose of facilitating attitudinal and behavioral change on the part of the youth placed."

The Wisconsin program typically leaves decisions as to a child's school and social activities largely to the discretion of the foster parent and the parole agent, the two agreeing to the rules regarding hours, frequency and times for visits from the child's own parents, and such other family matters as social contacts and responsibility for household chores.

THE PURCHASE-OF-CARE PROGRAM

As we described in the preceding chapter, the Department of Juvenile Services purchases care of youths, who have been referred to it for placement following adjudication for delinquent or CINS offenses, from private group homes and other private residential facilities. The department's *Guide Lines for Purchase of Care* covers its policy concerning use of these facilities. It includes what are termed "standards" and states as a matter of policy that: "Placement may be made only to those facilities which meet the ... standards and are approved by the Juvenile Services Administration." But, as we noted above, the standards are minimal, and no procedure is followed for regular followup after approval is granted. It is our opinion that the standards and policy stated in the guidelines are fine as far as they go. In fact, they cover quite well most of the major concerns we have about the programs -- in writing. But translating the standards into reality is another matter. The major problem is *implementing* what the department has already put in writing.

Present Adherence to "Minimum Standards"

To illustrate what we mean by this, we shall go through the "Minimum Standards for Community Based Facilities" as stated in the *Guide Lines* and point out our impressions of their relationship to current practice.

The first section deals with administration. A board or some similarly authorized group having ultimate responsibility for the group home is required. This is generally the case, we found. It is, of course, required for incorporation and most organizations operating group homes are incorporated, and it is also necessary for the securing of Governor's Commission funding. We did note, however, that board participation in administration could be considerably stronger than it is in many cases. Often, the paid director is the real force for administration, and a community-based governing body is really a figure-head group. On the other hand, board participation is significant in some group home programs and some group homes make a concerted effort to recruit and retain an interested board representing a good cross-section of their communities. Standards specify that the board is responsible for assuring compliance with local, state, and federal laws; for regular reviews of the operation of the home; and for overseeing personnel practices, job descriptions, qualifications, and so on. Compliance with this standard varies. In some homes it is carried out by the governing body, in some by the director, in some not at all. The activity of DJS in enforcing its standard does not seem to have any bearing on practice. The administration of homes not complying did not seem to be aware that there was a requirement for such.

The next section deals with program. "A clear description of program and services in all aspects with definite treatment goals for children and plans for working with parents" is required. We deal with a much-expanded version of a similar standard in the next chapter's Standards Relating to Treatment Program. While we go into greater detail, the intent of the current standard quoted here seems to be similar. However, we saw no evidence that adherence to it is being required. In far too many group homes the concept of treatment program is muddled. There are, of course, exceptions, which we have noted. But it is not unfair to state that very few group homes have "definite treatment goals for children" as required. There seems to be no statement of what changes are sought in the child's behavior, of what will constitute a successful product of the group home's program.

And "plans for working with parents" are even rarer. One group home we visited has regular, sustained, required inclusion of the residents' families in its treatment program. Others have a more limited program of working with parents "when possible." Some pay lip service to the idea of working with parents, but seem to have no regular practice of doing so. We are aware of the many difficulties standing in the way of a successful inclusion of family in program. In some youths' cases, it may even be counterproductive to do so. But except in such cases, the department should strongly encourage the development of programs involving family participation. This will require the cooperation of the department's caseworkers, and even of the court itself, in many cases. It will also require consultation from

department specialists in helping some of the homes to develop the capability for including families in their programs.

The section on program also includes standards concerning definition of intake policies, definition of relationships with other referring agencies, definition of policy on use of employed residents' salaries, and definition of house privileges. We judge these to be fairly well followed in practice.

A section on services corresponds somewhat to our statement of Standards Relating to Physical Care in the next chapter. It concerns food, clothing, medical and dental care, provision for school attendance, religious heritage, recreation, and cultural activities. We have no serious complaints about the physical care provided in any of the group homes we visited -- at least on the basis of our rather limited contact with them. However, we do not feel that adequate supervision or inspection is provided by DJS to insure that adequate physical care will be provided. Abuses have occurred in other states, and the State of Maryland has been fortunate in its development of group home resources with responsible administrations. But precautions should be taken.

The section on site requirements is generally acceptable, and capable of being enforced even by present practice. The selection of a physical facility generally is one of the important considerations in approving a home for use. But, one of the group homes we visited has been plagued by zoning violations and lawsuits for the entire period (several years) that it has been open. It is obvious in this case, at least, that the requirements that local zoning codes be met before approval was not enforced. In addition, regular annual inspections

for sanitation, health, and fire requirements should be requested by the department, whether or not local codes require them.

The section dealing with personnel is very minimal and is probably not being violated. But it does not deal in any meaningful way with staffing qualifications.

Recommendation for Licensing Authority

The power to promulgate more meaningful standards for all aspects of group home operation, and the power to enforce them, are clearly needed. The Department of Juvenile Services should be empowered to license *annually* the group homes it uses, and it should not use unlicensed homes. We are hardly the first to recommend this.

The Governor's Commission has said: "The Department should clearly be involved in certifying group homes which are effective and abolishing group homes which are ineffective on the basis of a planned approach relying on mandatory data submission from each home, continual inspections of each home, and follow-up of children released from each home."¹³

The John Howard Association recommended two years ago.¹⁴

RECOMMENDATION: All purchase of care facilities and family operated group and special care homes under sole contract with the department should be licensed/certified by the department with established standards being followed.

All services utilized by the department, not under sole contract, should meet recognized standards and be licensed by the responsible agency in the state where such facilities are located.

Legislation will be introduced in the next session of the General Assembly granting this power. In the form in which it is being considered, an addition of eight new sections to Article 52A of the Annotated Code of Maryland is contemplated. This article deals with the administration of juvenile services. The bill's caption states its concern as providing for the licensing of group homes:

For the purpose of establishing licensing procedures for certain juvenile group care facilities, providing the Department of Health and Mental Hygiene with authority to establish certain rules and regulations concerning health and safety; providing certain penalties for establishing or operating certain facilities without a license; providing certain remedies for persons aggrieved by certain decisions; requiring periodic inspections of juvenile facilities, including certain definitions; and generally relating to the establishment, operation, licensing and inspection of juvenile group care facilities.

We strongly recommend passage of this or similar legislation. But it will take more than just the legislation. The department must make a strong commitment to carry out the intent of such legal change, which would be more careful supervision of the purchase-of-care program. The department should employ a full-time coordinator for this program, to provide expert consultation to the group homes, to make regular inspections of the group homes, and to make recommendations concerning licensing and annual renewals of licenses. We recommend quarterly inspections, to include unscheduled visits at odd hours.

The coordinator, as we mentioned, should also be available to provide expert consultation. Such consultation should include development of group homes, locating physical facilities, recruitment of people who can be interested in serving on governing bodies, and design of programs. The department should

also take the lead, through the coordinator, in securing supportive services such as specialized training for group home staffs.

The coordinator should become familiar with the problems of securing and retaining community support for group home programs. There is, by now, a good deal of experience with the community-support issue, both in Maryland and elsewhere. So there is no longer any need for organizations seeking to open a group home to stumble blindly into a community opposition problem. The department should advise in this field.¹⁵

Fiscal Accountability

Finally we note that the major reason for our strong support for a licensing power to be vested in DJS is that we have a strong feeling that greater program accountability and fiscal accountability is needed. The funding of this purchase-of-care program is currently characterized by:

- ° lack of knowledge about the actual cost of care in the various group homes.
- ° payment generally below the apparent cost of care.
- ° inequities in payments to various group homes resulting from fragmented funding from different sources and nonstandardized definitions of services provided and differing ways of computing unit costs.
- ° insufficient fiscal accountability, coupled with inadequate program accountability, leading to insufficient accountability of public funds and no guarantee that services being purchased are in fact being provided.

Current practice involves reimbursement at three different monthly rates, with the rate being decided by three different definitions of services:¹⁶

- (1) Basic Service - includes residential care in a supervised family-type setting. Limited counseling services would be available and residents would attend community schools, participate in vocational training or be employed. Services would provide for children who would have some self control, yet not be ready for independent living.
- (2) Intermediate Service - includes residential care with case work services, under psychiatric consultation, available to the resident child. Either a full time educational program or tutorial and remedial education services is available within the residence or an agreement exists with the local school board to provide for special needs within the school system. Services would provide for children who, while demonstrating behavioral problems, are able to manage in a somewhat open setting.
- (3) Full Service - includes residential care with psychiatric psychological and social services available to the resident child. A full-time education program is available within the residence. Services would provide for children whose behavior necessitates residential care and treatment.

These definitions are inadequate in several ways, the most important of which is that where they address program issues they speak only in terms of traditional individual casework model treatment. There are many other types of treatment available, and they should not have to slip in the back door of service-rate definitions. Group home funding *should* be contingent upon:

- ° guarantees and safeguards to insure appropriate service at the time of initial funding, including an adequate program plan and a staffing pattern that offers reasonable assurance that the staff is capable of carrying out the plan.
- ° periodic review of the program by the state to insure that services specified in the program plan are in fact being provided and that they are necessary and appropriate for the youth accepted into the group home program.

- ongoing evaluation of the program by the group home and the department to assess the impact of the program.
- individual youth care plans (see Standards Relating to Treatment Program in the next chapter), which should be required whether the system of state financial participation is purchase of care, subsidy, or direct grant.
- nonstate funds, in the form of local governmental funds or private sector support (volunteered services or donated physical facilities and goods, as well as financial contributions), should represent a significant portion of the group home program support.

If DJS is to provide funding on a more specific and equitable basis, it will have to move toward payment for more carefully defined services, monitored through written reports and onsite visits and program reviews. It is possible (and may be desirable) to construct a formula for purchasing care along the following lines:

$$PPY = (BCR \times PC) + (SCY)$$

This should be interpreted as follows. PPY = the payment per youth. BCR = the basic care rate, which is a base rate for physical care of youths, to be applied equally to all group homes. It is intended to include food, prorated rent, utilities, insurance, group home house staff needed for supervision, recreation, transportation, etc. PC = the program category, which would be based

on the program classification into which the group home falls. SCY = specialized costs for an individual youth, which are special costs for medical care, tuition for a special school, transportation, or some other cost(s) unique to a specific youth.

Based on our cost evaluations of the individual group homes included in our study, we are able to make some recommendations for purchase-of-care rates under this formula. These rates are intended to enable the group homes to operate solely under purchase-of-care payments, since the department must now be concerned with maintaining the homes it has already developed which are now beyond, or in their last year of, Governor's Commission grants. Grants should continue to be utilized for the development of new group homes for a three-year stabilization period, and to cover the usual high start-up costs, but after that the state should be prepared to pay the bills. These purchase-of-care rates may be adjusted for homes still on grant status, if the department wishes.

In addition, it should be understood that these rates will cover minimum services under our definitions, and not the full cost of care in many cases of homes with rich programs. A group home should be able to secure supplementary support from the local community, being limited only by the imagination and energies of its governing body, staff, and backers.

The basic care rate (BCR) would, as we said, be applied equally to all homes and constitute a base rate for physical care of a youth. We suggest the following definition and rate:

BASIC CARE RATE includes residential care in a supervised setting. Limited counseling services would be available and residents would attend community schools, participate in vocational training, or be employed. It includes food, prorated rent or mortgage, utilities, insurance, group home staff needed for group living and supervision functions, recreation, transportation, etc. Rate should be actual audited cost, up to a maximum of \$450 per month.

The program category (PC) is, as we said, the program classification into which the group home falls. We suggest the following program categories:

BOARDING-TYPE CARE: Care in a boarding-type group home as defined in our discussion on pages 52, 53, and 54 above, with services provided as defined under the basic care rate. This program category has a value of 1.0. Thus, this type of care will be purchased at the basic care rate, plus specialized costs.

DEFINED TREATMENT PROGRAM: Care in a group home with residential services as provided under the basic care rate, plus a professionally-staffed, defined treatment program offering a ratio of total full-time staff to resident of approximately one to two. Tutorial and remedial education services are provided within the home, or an agreement exists with the local school board to provide for special needs within

the school system. This program category has a value of 1.5. Thus, this type of care will be purchased at actual audited cost, up to a maximum of \$675 per month, plus specialized costs.

INTENSIVE TREATMENT PROGRAM: Care in a group home with residential services as provided under the basic care rate, plus a professionally-staffed, defined intensive treatment program offering a ratio of total full-time staff to resident of approximately one to one. This program category has a value of 2.0. Thus, this type of care will be purchased at actual audited cost, up to a maximum of \$900 per month, plus specialized costs.

PROCESS CONTROL

As we are using the term in this report, "process control" refers to control of such day-to-day areas of program operation as intake, screening, referrals, release, case review, and so on. We shall discuss these issues from the point of view of the individual group homes in the next chapter, and treat the subject here from the point of central liaison with DJS.

As we have noted, the department employs eight regional resource consultants who handle referrals to group homes and other private residential facilities under the purchase-of-care program. Referrals are initiated by probation, intake, or aftercare staff. The resource consultants handle cases of youths falling in their geographic regions, and usually deal mainly with the group homes located in their regions. But for various reasons they sometimes make placements outside their regions. Sometimes the placement of choice for a

particular youth involves removing him from his home community. Sometimes there is no alternative in regions that are short on placement resources. This seems to be the case more often in Baltimore City than elsewhere.

The processes of referral, screening, and intake seem to be handled fairly well by all concerned, although it is hard to get a clear understanding of the procedures used from interviews. They are not articulated in writing, and vary from place to place with the individual resource consultant and the individual group home. This is probably unavoidable.

Admissions Criteria

As we noted in the review of research in Chapter I, where controlled evaluations of community-based correctional programs have been conducted, most have generally failed to show any significant increases in success rates for community programs over institutional programs. However, as we also noted, this does not derogate the use of community alternatives:¹⁷

The most rigorous research designs generally have found that offenders eligible for supervision in the community in lieu of incarceration do *as well* in the community as they do in prison or training school. When intervening variables are controlled, recidivism rates usually appear to be about the same.

This is not to derogate community alternatives to institutionalization, since it is a most important finding: a large number of offenders who are candidates for incarceration may be retained in the community as safely, as effectively, and at much less expense. Additionally, the observed effects of the overcrowded and isolated institution on the personal and social adjustment of the individual are avoided. It is unnecessary to demonstrate, as most experimental projects appear to feel pressured to do, that recidivism rates are *lower* when offenders are retained in the community. Given the fact that

expensive and overcrowded institutions are not doing the job they are supposed to be doing, it is appropriate to expect that less costly, less personally damaging alternatives will be utilized whenever they are at least as effective as imprisonment.

So we cannot make research-based decisions that group homes are more successful than institutions, or that certain types of youths will be successful. The decision to use community-based programming is based more on a recognition that offenders do as well in the community as in institutions; that the debilitating effects of institutions should be avoided wherever possible; and that the penetration of the offender into the justice system should be reduced to a minimum.

Admission to group homes should be available to all nondangerous offenders adjudicated by juvenile courts, who have been determined to need residential treatment. This follows the NCCD policy statement, "The Nondangerous Offender Should Not Be Imprisoned," which is based on two fundamental concepts:¹⁸

1. The law favors the liberty of the individual.
2. When government has available a variety of equally effective means to a given end, it must choose the one which interferes least with individual liberty.

We therefore recommend that no juvenile offenders except those who are determined to be dangerous to themselves or others should be excluded from group homes. DJS should plan for the development of a sufficient number of group homes to treat all but 10 to 15 percent of adjudicated delinquents.

Specific admissions criteria for individual group homes should, of course, be more specific than these, and should be developed according to the nature of

the home and its treatment program. The DJS group home coordinator should exercise his authority and influence to encourage the development of the types of group homes which are most urgently needed. At the moment, it seems that more homes for serious delinquents on aftercare status are needed, and a particular need for all types of homes is evident in Baltimore City.

We now turn to the question of mixing of delinquents, children in need of supervision (CINS), and dependent/neglect cases in the same group homes. First, it should be pointed out that NCCD is opposed to the retention of juvenile court and DJS jurisdiction over CINS. The NCCD policy statement, "Jurisdiction over Status Offenders Should Be Removed from the Juvenile Court," maintains that: "The jurisdictional mandate given the juvenile courts has encouraged the misapplication of power and has done more damage to children than good. ... We believe that continued jurisdiction by the juvenile court over status offenders (even if incarceration is prohibited as a sanction or for treatment purposes) is harmful to the child."¹⁹ NCCD has recommended the following:²⁰

We believe that the juvenile court system cannot regulate or deliver rehabilitative social services, but can fairly and efficiently utilize its coercive powers against criminal behavior that threatens the safety of the community residents. If there is concern for the unacceptable but noncriminal behavior of children then our other social systems must bear the responsibility.

Utilization of noncoercive community services, family counseling, Youth Service Bureaus, increased educational and employment opportunities would be more beneficial than continued reliance upon juvenile courts.

Recognizing that implementation of this recommendation requires not only legislative change, but significant change in many public attitudes, we

continue to recommend it but acknowledge that it will not be achieved overnight. In the meantime, DJS should discourage the mixing of delinquents and CINS in the same homes. In particular, CINS who have never been adjudicated for a delinquent offense should not be placed in the same homes with delinquents. In no case should children designated as dependent or neglected be placed with juvenile offenders. These children should be placed in homes serving Social Services Administration cases.

Casework Supervision Within Group Homes

Procedures also vary concerning case responsibility by probation, intake, or aftercare staff initiating referrals. In most cases the original worker retains youths he refers in his caseload, and continues to have the responsibility for following up on and reviewing their cases. The exception to this is the probation officer assigned full-time to the cases placed in the two state-owned boys group homes in Baltimore. For some purposes this is a superior arrangement for it equalizes treatment among the boys who are living together.

The researchers of the California Group Home Project studied the subject of case supervision in the homes, and concluded that the optimal number of agents who could make simultaneous use of a home was no more than two. They said, for example: "Relative to most homes, the tasks of communication, negotiation, etc., may be unnecessarily compounded by the simultaneous presence of as many as three to five agents. Under these conditions, one is likely to find a

rather substantial range of interactional styles, intervention strategies, overall threatment philosophies, and motivations for utilizing the home.²¹

They elaborated:²²

The following would apply in the event that the group homes contained four to six youths and were served by two (possibly three) agents: Each such agent would have one or two more youths in the home than would otherwise be the case. This might increase his overall level of involvement, in addition to his feelings of personal "payoff". He would probably regard such a situation as somewhat more efficient than otherwise, from the standpoint of communication and overall planning. Beyond this, if one of his youths "failed" within the home, he might have a greater chance of retaining positive feelings about the home, the operators, etc.,...based, e.g., upon experiences with the remaining one or two youths whom he had placed. Finally, an arrangement of this type might help agents and operators gain a clearer or deeper awareness and appreciation of their respective frames of reference.

However, the special conditions involved in the California project modify the general usefulness of this finding. First, these homes were rather small homes, staffed by nonprofessionals. From the standpoint of the homes themselves, they were basically of the boarding type, with the differential treatment as described in their program descriptions being provided mainly by the caseworkers. Hence, the need for minimizing the number of caseworkers utilizing the home in order to maintain consistency of treatment orientation.

However, some of the same problems underscoring the California finding have arisen in group homes in Maryland, as noted by the John Howard Association:²³

All of the boys in the two group homes have the same aftercare worker, who also has responsibilities for some of the cases. It would seem that with 18 cases living in a residential facility operated by the Department the aftercare worker should not have other responsibilities.

At the girls' group home a different situation exists -- each girl has a different aftercare worker which causes many problems in terms of relationships between the aftercare worker and the Group Life Supervisor in charge of the home. It would seem desirable to have one aftercare worker responsible for all of the girls assigned to the girls' group home. This certainly would be a preferable arrangement from the point of the girls as well as the home and would result in far more consistent treatment of girls who must live closely together, as well as far more effective liaison with the worker in charge of the home. The aftercare supervisor so assigned could, if necessary, carry some additional cases in the area.

There are numerous reasons why a general recommendation for assignment of a single DJS caseworker to handle supervision of all cases in a single group home would be both impractical and unnecessary. DJS officials have pointed out several, some of which are administrative and some of which are treatment-oriented.

For example, before and after residence in a group home, a youth has a juvenile counselor assigned to him. If one counselor were assigned to all cases in the group home, a certain amount of administrative paperwork and administrative time would be needed to transfer the youth from his juvenile counselor to the group home worker, and back again following his release. Also, if several jurisdictions send youths to the group home, numerous coordination problems between the group home worker and the referring jurisdiction could arise.

Two treatment-associated problems have also been pointed out. If a youth is assigned to a juvenile counselor prior to coming to the group home, the rapport established between them would have to be broken because of reassignment to the group home worker. Further, when rapport is established between

the group home worker and the youth, it would have to be broken because of reassignment to an aftercare counselor. The second issue that has been raised is that by having just one person assigned, the group home has only one personality to deal with. The personality of the particular worker might not be compatible with the various types of youths assigned to the home. The opportunity to match the youth with the appropriate caseworker is lost.

After reviewing the circumstances surrounding these issues, and the advantages and disadvantages of assignment of a single caseworker to a home, we would make a differentiation between group homes having articulated, constructed, professionally staffed, treatment programs conducted in the home, and those operated as boarding-type homes, with treatment being provided by out-of-home programming designed on an individual basis.

Since, in the treatment-oriented home, the home staff is the main source of home rapport, atmosphere, and program, the assignment of the DJS caseworker makes little difference in the treatment of the youths in residence. In these homes, which represent the majority of private group homes in Maryland at present, we would not recommend assignment of a single caseworker. Youths should retain their original counselors, and the problems discussed above should be avoided. Consistent treatment of youths living in the home should be provided by the home, not by their counselors.

However, in a home of the boarding type, having a nonprofessional staff, where treatment is largely dependent on the services and programs a youth's caseworker secures for him and requires him to participate in, the need for assignment

of a single caseworker outweighs the associated problems. The reasons in favor of such a policy have been discussed above. The administrative problems associated with such a policy are not insurmountable, and the paperwork required in transferring a youth to a new counselor can become a regular part of the group home referral process.

As for the treatment-associated problems, the issue of broken rapport between a youth and his counselor was the first. We recognize the reality of this problem, and recognize that it can sometimes result in serious negative impact on a youth's progress. However, from personal observation and from review of the published experiences in other group home programs, we note the importance to the youth of his day-to-day life within the home and his impressions of his treatment as compared to that of the other residents. Consistency and quality of treatment from the only professional counselor involved with the youth's residence and treatment seem to be more important. We repeat here the finding, which we endorse, of the California workers: "Relative to most homes, the tasks of communication, negotiation, etc., may be unnecessarily compounded by the simultaneous presence of as many as three to five agents. Under these conditions, one is likely to find a rather substantial range of interactional styles, intervention strategies, overall treatment philosophies, and motivations for utilizing the home."²⁴

The issue of personality and matching of youth with counselor was the second of the treatment-associated problems that were raised. We point out with regard to this problem that, while the opportunity to match the youth with the

appropriate caseworker may be lost, the opportunity to match the youth with the appropriate group home is not lost and is more significant. If a single caseworker is assigned to the group home, then the "personality" of the caseworker becomes a part of the "personality" of the home, along with the other aspects affecting the appropriateness of placement of a particular youth in a particular home. If a single caseworker is assigned to a home, he could become part of the committee staffing referrals and intake, and participate actively in the "matching" of youths with the home and with himself.

To summarize, then: We recommend that the present practice of DJS caseworkers retaining supervision responsibilities of youths in their caseloads when placed in group homes be continued if the group home is one of the many treatment-oriented, professionally staffed, homes in Maryland. If, however, the home is of the boarding type, nonprofessionally staffed, a single caseworker should be assigned to handle supervision of all cases in the home. Depending on the size of the home and the nature of the geographic area, this worker could handle two or three group homes in the same general area (thus becoming a group home specialist), or he could handle a single group home as part of his other casework responsibilities.

In addition, we recommend that the present practice of assigning a single caseworker to the two DJS-operated boys group homes be continued, and that a single caseworker be assigned to the DJS-operated girls group home.

Regular Case Review and Length of Stay

Getting further into the subject of case supervision, we come to the question of regular review of cases placed in group homes. The current practice seems to be that once a youth is placed in a group home, the placement is indefinite, continuing until the group home decides to release the youth, the youth runs away, or the youth does something out of the ordinary to attract the attention of his caseworker and causes the caseworker to take some action resulting in removal from the home.

In many cases, this practice may work out fine. But we note that many youths are residing in group homes for very long periods of time at high purchase-of-care rates. If we refer to Table 8 in the preceding chapter relating data on lengths of stay, we note a total of 27 youths whose stays lasted longer than a year, and one lasting nearly three years. This impression would be even stronger had we included data on the youths who were in residence at the time of data collection. More than half the youths residing in one group home we visited had been there more than two years. We can visualize cases where such long periods of out-of-home care are needed. But we question whether they are needed on so regular a basis, or at the kinds of rates paid for group home care. Where the department is paying for intermediate or full service, we question whether a youth is really getting anything from which he can benefit after a year.

For care in treatment-oriented homes, we recommend an optimum length of stay of about six months, unless the group home has a definite treatment program

requiring a longer optimal period subject to the specific approval of DJS. Ordinarily, no placements in treatment-oriented homes should last longer than 12 months. Placements in boarding-type homes may follow placement in treatment-oriented homes, or may be the original placement of choice. Placements in boarding-type homes may be made for as long as a youth is determined to need a community placement away from his own home; they may continue until he can return home or until he is prepared for independent living in the community.

A formal review of a youth's case should be held quarterly, with participation by the youth, the home staff, and the caseworker, and a formal decision to continue the placement should be made if warranted. If not warranted, a temporary continuation may be made until a new placement can be made, or until the youth can return home. The intent of this recommendation is to avoid a situation where youths are placed in group homes and forgotten. More inexpensive placement resources in the form of boarding-type homes should be developed for youths who are not benefitting from the formal treatment available in a group home, who still need a place to live away from home, but who cannot be placed in individual foster care for whatever reason.

RECORDKEEPING, EVALUATION, AND PROGRAM REVIEW

The need for research and evaluation in the correctional system has been repeatedly emphasized by the experts, but very little real research and evaluation ever goes on. Competent recordkeeping is an absolute necessity to the conduct of evaluation; it is also valuable in and of itself. In conducting this study, particularly the assessments of individual group homes described

in a companion report, we attempted to use DJS records as a base for our descriptive evaluation and followup of past and present group home residents.

The Master Control Cards

In view of the fact that elaborate referral forms and monthly invoices for purchase of services are stated requirements in the *Purchase of Services Policy Statement*, and similar forms are required for youths placed in

MASTER CONTROL CARD GROUP HOME - PURCHASE OF CARE

CHILD'S NAME _____			FACILITY _____	
DATE OF BIRTH _____			AGREEMENT NO. _____	
ADMISSION DATE _____			AMOUNT \$ _____	
REFERRED BY _____			SEX: <input type="checkbox"/> MALE	
REASON FOR REFERRAL _____			<input type="checkbox"/> FEMALE	
PARENTS (GUARDIAN) _____			RACE: <input type="checkbox"/> WHITE	
HOME ADDRESS _____			<input type="checkbox"/> NEGRO	
CITY _____			<input type="checkbox"/> OTHER	
STATE _____			ZIP CODE _____	
RELEASE DATE _____			DAYS OF CARE _____	
REASON FOR RELEASE _____				

state-operated group homes, it should be a simple matter to draw up a list of all youths who have been placed and who are currently residing in group homes. The department's Division of Research and Analysis has designed a Master Control Card for group homes and purchase of care that has been in use since 1970. This card (see reproduction on preceding page) is supposed to be filled out at the time a youth is admitted to a group home. At present, it is filled out at DJS headquarters for the private group homes and by the home directors at the state-owned group homes. It requests information on the youth's name, date of birth, race, sex, admission date, referral source, parents' name and home address, the name of the facility, and the amount of the monthly contract (if on a purchase-of-care contract). The card is printed with an original file copy, an admission copy to be sent to DJS, a copy for the regional supervisor, and a release copy to be kept with the original until the youth is released from the home. At that time the bottom of the card, containing information on release date, number of days of care, and the reason for release, is to be filled out and sent to DJS.

But several problems arise if one intends to use the information that should be available from this recordkeeping system. First, cards do not seem to exist (or could not be located at any rate) on many of the youths who have been placed in group homes. Some missing ones were located on a second search after we came up with a list of youths from a different source. Others on this list were never located. We also discovered, after verifying records with group homes casefiles, that more were missing, and that some youths listed as being placed in a particular home had never resided in that home. These records

seemed to be a bit better for the private purchase-of-care homes than for the state-operated homes -- probably because the former involved the direct expenditure of funds. But even so, of the 127 youths on whom we collected data in six of the private group homes, 40 (31 percent) were researched strictly from group home records. No master control cards were found at DJS. The seventh home (Karma Academy in Montgomery County) does not contract with the department for purchase-of-care funding, so no records at all were available on residents of this home -- even though DJS makes referrals to this home of youths committed to DJS custody.

As for the state-operated homes, a good percentage of youths who had completed a stay in the homes were represented in the records. But no master control cards could be located for those youths in current residence. All our data on current residents were collected at the homes. We find it hard to believe that the department cannot produce a list of youths currently in residence in its own group homes, and recommend that a procedure for improving this situation be implemented immediately.

Turning to the contents of those master control cards that were located, we report that they were incomplete. Information on name, facility, amount of contract, race, sex, date of birth, and admission date were usually present. The jurisdiction referring the youth was missing from most. The referral source was missing from more than a third. The reason for referral was missing from almost all, in the sense that the information provided on this blank was not the information supposed to be provided there. The "reason for referral" is supposed to be the offense for which the youth was referred to court, coded

according to the department's code list (see list, next page); it should at least indicate whether a youth is delinquent, CINS, or dependent/neglect. However, what usually appeared in this space, if anything, was some statement such as "placement problem," "not ready to go home," "parents did not want," etc. Statements such as these tell the department or a researcher nothing. As for the release portion of the form, the release date was usually filled in, but the reason for release was listed only rarely.

The department should insure that control cards such as these are filled out completely in all cases. It cannot do any inhouse research on its group home youths, nor can outside researchers, without the raw material provided by adequate records.

Several things will have to be done to resolve the inadequacies of the present recordkeeping system. First, an instruction sheet for filling out the master control cards should be drawn up, explaining precisely what information is required for each space, the complaint code for the offense for which the youth was referred to court should appear. A list of the complaint codes should also appear on the instruction sheet. A code sheet for reasons for release should also be drawn up and used. And so on.

Then, the group homes should be required to complete the master control cards themselves and send them to DJS headquarters within seven days of admitting the youth. Cards should be required for every youth admitted on whom any purchase-of-care payment is made, even if he only stays three days. We are aware that the group homes were required to fill these out themselves at one time, and this

CONTINUED

1 OF 3

practice was discontinued because of the inconsistencies and inadequacies of the data received. But the department has not managed to improve on their performance. We recommend that the responsibility be placed on the group homes because they have the casefiles. If the seven-day requirement is enforced, the timeliness of the information will be insured.

COMPLAINT CODES

- 01 Arson
- 02 Assault
- 03 Auto theft-unauthorized use
- 04 Burglary-breaking & entering
- 05 Larceny
- 06 Robbery
- 07 Disorderly conduct
- 08 Sex offense
- 09 Vandalism
- 11 Narcotics violation
- 12 Glue sniffing & other inhalents
- 13 Alcoholic beverage violation
- 14 Shoplifting
- 15 Purse snatching
- 16 Firearms or deadly weapon violation
- 17 Receiving/possession of stolen goods
- 18 Trespassing
- 19 False fire alarm
- 21 Runaway
- 22 Truancy
- 23 Ungovernable
- 24 Other (specify)
- 30 Neglect-wilful abuse or cruel treatment
- 31 Dependency-lack of adequate care
- 32 Dependency & neglect
- 40 Mentally handicapped
- 50 Adult contributing
- 51 Non-support
- 60 Special proceedings (specify)
- 90 Violation of supervision, probation, aftercare

Finally, an employee of the Division of Research and Analysis should check each card as it comes in for completeness: every space should be filled in with the *desired* information. If something is missing, immediate steps to fill it in should be taken. If this is done right away, the necessary information should always be readily available. DJS must make this type of strong commitment to checking the data if quality is to be insured.

If the department had access to raw material, such as would be available from these control cards, it does have the capability to do the followups of group home youths that have been suggested by the Governor's Commission. This capability resides in the cumulative records of court referrals that have been compiled since 1967 in monthly printouts. We used these printouts easily in our followups of group home youths for this study, and we feel they are quite adequate for the purpose.

Once the problems with the collection of data (already required for the master control cards) is resolved, the department should have the type of central records it needs to carry out proper evaluation functions. It should also be able to make use of expanded records and reports to be required of the individual group homes, according to the Standards Relating to Records and Reports described in the next chapter.

Evaluation

Evaluation is the measure of goal achievement of a project, and is a necessity for the intelligent formulation of plans for future programs. The President's Commission on Law Enforcement and Administration of Justice postulated the need

for program evaluation in 1967. The National Advisory Commission on Criminal Justice Standards and Goals devoted a great deal of time and effort to documenting the need and demonstrating its rationale.²⁵ NCCD and most other private groups with an interest in the correctional system have emphasized this need at length.

Project designs often have a basic data collection phase that is used to describe project outcome, and it is sometimes thought of as "evaluation." While such information is useful as a broad gauge of whether a project is accomplishing anything, such a procedure is not evaluation. Another common project component that may be referred to as "evaluation" is some type of management assessment of the project's efficiency of process -- measures of what the project and its staff are doing, how they are doing it, what it is costing, etc. Such activity, while essential to efficient administration, does not constitute evaluation.

An evaluation procedure must do more than describe outcome and monitor efficiency. It must not only describe raw outcome and process, but it must also explain them. Thus, an evaluation should provide a measurement of the degree to which goals are achieved, identify those factors affecting goal achievement, and determine the weighting or relative strengths of such factors. It will provide policy makers with information about explanatory factors -- especially the ones over which he has some control. Then he has a documented basis for action to improve the program, if he is able to manipulate explanatory factors that affect outcome.

Group homes in Maryland are conceived as (1) alternatives to institutionalization and, as such, (2) effective approaches to the reduction of delinquency and other social problems of youth. Subjective assessments, efficiency monitoring, and program process descriptions will not be sufficient to provide definitive information as to how well group homes accomplish these ends. The need is to determine whether or not group homes are *effective alternatives* to institutions.

The range, however, of possible evaluation strategies is rather limited: the number of homes is large, with varying selection factors and intermediate objectives, and with relatively few children in each home annually. An experimental design based upon randomly selected control groups, accurate baseline data, or the use of legitimate comparison groups is desirable, but it is generally a difficult matter to obtain the necessary cooperation from all concerned agencies and parties.

As Keller and Alper note in their study of halfway houses:²⁶

The major obstacle to carrying out scientifically based research designs in the correctional field is the inability (and frequently the downright impossibility) of assigning equal numbers of persons to the experimental as opposed to the control group, on any consistently random--or match--basis.

Robison and Smith treat this problem as it is confronted in an analogous situation -- an evaluation of a probation program.²⁷

Deciding whether to place an offender on probation or to imprison him is not determined by the relative rehabilitative efficacy of the two approaches. The courts place only their "best risks" on probation; the persons who are imprisoned differ in many ways from

those given probation. Hence a simple analysis of the difference in recidivism rates between prison and probation cases will not answer questions about their relative effectiveness. Exploring this difference requires control for case differences.

It is true that most of the evaluative research that has been attempted on group homes, as reviewed elsewhere in this report, has come up with less than satisfactory results. Where rigorous experimental designs have been constructed, they have proved difficult to carry out.

But it is beginning to become crucial that some definite results be determined in this field. The General Accounting Office of the federal government has conducted a review of LEAA projects for the purpose of determining if management had taken appropriate steps to find out whether the projects funded had in fact helped to prevent or reduce crime. A report to the Congress was made in March 1974, and one of the four areas of LEAA activity selected for examination was that of group homes. On the subject of project evaluation, the GAO commented:²⁸

Neither LEAA nor SPAs had established evaluation methods. The applications submitted for funding these projects generally did not describe project evaluation methods. SPAs had not actively assisted project staff to develop evaluation methods.

All the projects had maintained records on each youth served, including his legal status when he entered the project and his progress during his stay in the home. Only one project, however, had collected adequate followup information, but the information was not maintained so statistics could be readily prepared. Followup information on the youths' legal status is essential to assess the projects' impact.

GAO drew the following conclusions, with which we concur:²⁹

Common difficulties are involved in trying to assess the impact of the four types of projects reviewed:

--No standards or criteria had been established regarding success rates.

--Adequate and comparable data was not maintained by similar projects.

--Project evaluations used different techniques and different information sources and had different scopes. Moreover, most evaluations did not present data on project effectiveness and for those that did the evaluators had no nationally acceptable standards or criteria to use in evaluating project achievement.

Without comparable data, adequate standards and criteria cannot be developed and objective decisions cannot be made regarding such projects' merits and the desirability of emphasizing such approaches to help reduce crime. One purpose of LEAA funds provided to States is to encourage the development of new and innovative projects to fight crime, but without information on whether such projects work, determining whether such funds have been spent effectively is not possible.

The recommendations that were finally made by GAO for the types of information that should be gathered on group homes are quite capable of collection by the Department of Juvenile Services for evaluation of its group home program. This is not now being done, but if the recommendations in this report for needed records and reports are followed, the department will have what it needs to carry on the evaluation and program review it needs.

FOOTNOTES TO CHAPTER III

1. Maryland Governor's Commission Law Enforcement and the Administration of Justice, *Comprehensive Plan 1974* (Cockeysville: 1974), p. 308.
2. *Ibid.*, p. 308 (emphasis added).
3. See, for example, the statement of Mr. Robert C. Hilson, DJS Director, at the department's administrative conference, December 5-6, 1973.
4. National Advisory Commission on Criminal Justice Standards and Goals, *National Strategy to Reduce Crime* (Washington: U.S. Government Printing Office, 1973), p. 125.
5. John Howard Association, *Comprehensive Long Range Master Plan, Department of Juvenile Services, State of Maryland; A Survey and Consultation Report* (Chicago: 1972), p. 124.
6. Illinois Department of Corrections, Juvenile Division, *Project Group Homes: A Report* (Springfield: 1972), p. 3.
7. *Ibid.*, p. 4.
8. *Ibid.*, p. 23.
9. Eleanor Harlow, "Intensive Intervention: An Alternative to Institutionalization," *Crime and Delinquency Literature* 2:1 (February 1970), pp. 27-28.
10. John Howard Association, *op. cit.* p. 125. See discussion, pp. 124-125.
11. John Howard Association, *Position Statement: Group Homes for Juvenile Courts and State Correctional Agencies* (Chicago: 1971).
12. Oliver J. Keller and Benedict S. Alper, *Halfway Houses: Community-Centered Correction and Treatment* (Lexington, Mass.: D.C. Heath, 1970), pp. 86-87. See, in general, their Chapter 6, "Group Foster Homes."
13. Maryland Governor's Commission, *op. cit.*, pp. 308-309.
14. John Howard Association, *Master Plan*, p. 128 (emphasis in original).
15. Guidance in this area can be sought from our discussion of the issue in: National Council on Crime and Delinquency, Survey and Planning Center, *Group Homes in Connecticut: Guides for Future Development and Operation* (Austin, Tex.: 1974), pp. 4.5-4.10. Our discussion relied heavily on the following: Ruby B. Yaryan, "The Community Role in Juvenile Delinquency

- Programs," in *New Approaches to Diversion and Treatment of Juvenile Offenders* (Washington: U.S. Department of Justice, Law Enforcement Assistance Administration, National Institute of Law Enforcement and Criminal Justice, 1973), pp. 147-202; O. J. Keller, Jr., "Halfway House Programs -- A National Overview," in *National Conference on Pre-Release: Proceedings of a Conference, Huntsville, Texas, November 1-4, 1967* (Huntsville, Tex.: Institute of Contemporary Corrections and the Behavioral Sciences, Sam Houston State College, and the Texas Department of Corrections, 1967); Richard L. Rachin, "So You Want to Open a Halfway House," *Federal Probation* 36:1 (March 1972), pp. 34-36. In addition, much useful data on community problems encountered in Illinois is provided in: Illinois Department of Corrections, *op. cit.*, pp. 131-205; and in Massachusetts in: Robert B. Coates and Alden D. Miller, "Neutralization of Community Resistance to Group Homes," in Yitzhak Bakal, ed., *Closing Correctional Institutions* (Lexington, Mass.: D. C. Heath, 1973), pp. 67-84.
16. Maryland Department of Juvenile Services, *Guide Lines for Purchase of Care* (Baltimore: n.d.), p. 8.
 17. Nora Klapmuts, "Community Alternatives to Prison," *Crime and Delinquency Literature* 5:2 (June 1973), p. 336.
 18. National Council on Crime and Delinquency, Board of Directors, "The Non-dangerous Offender Should Not Be Imprisoned: A Policy Statement," *Crime and Delinquency* 19:4 (October 1973), p. 449.
 19. National Council on Crime and Delinquency, "Jurisdiction over Status Offenders Should Be Removed from the Juvenile Court," final draft version, October 1974, pp. 4-5.
 20. *Ibid.*, pp. 3-4.
 21. Ted B. Palmer, *Final Report, The Group Home Project: Differential Placement of Delinquents in Group Homes* (Sacramento: California Youth Authority, 1972), p. 183.
 22. *Ibid.*, p. 184.
 23. John Howard Association, *Master Plan*, p. 123.
 24. Ted B. Palmer, *op. cit.*, p. 183.
 25. See Chapter 15, "Research and Development, Information, and Statistics," in the *Report on Corrections*, pp. 496-533.
 26. Oliver J. Keller, Jr., and Benedict S. Alper, *Halfway Houses: Community-Centered Correction and Treatment* (Lexington, Mass.: D. C. Heath, 1970), p. 1146.

27. James Robison and Gerald Smith, "The Effectiveness of Correctional Programs," *Crime and Delinquency* 17:1 (January 1971), p. 68.
28. U.S. Comptroller General, *Difficulties of Assessing Results of Law Enforcement Assistance Administration Projects to Reduce Crime: Report to the Congress* (Washington: General Accounting Office, 1974), p. 48.
29. *Ibid.*, p. 54.

CHAPTER IV
STANDARDS FOR OPERATING GROUP MOVIES

CHAPTER IV

STANDARDS FOR OPERATING GROUP HOMES

The operation of an individual group home is a very complicated affair, particularly when it is considered that normally a maximum of about 12 youths is involved. The factors to be considered in operating this type of small residential facility are many, and we have attempted to divide them into nine functional groups:

- A. Administration
- B. Process Control
- C. Treatment Program
- D. Staffing and Personnel
- E. Records and Reports
- F. Financing and Fiscal Affairs
- G. Evaluation and Program Review
- H. Physical Care
- I. Physical Facilities

This chapter is organized into sections around these functional groups, and the standards contained in each section apply to the operation of the individual group home, whether it is privately operated under contract to the Department of Juvenile Services or operated directly by the department. Observations and recommendations for the direction of the overall group home program for Maryland, from the point of view of DJS, are to be found in Chapter III.

SECTION A
ADMINISTRATION

Current administration of group homes in Maryland is of two basic types. One is direct operation of the group home by the Department of Juvenile Services (DJS) through its paid, professional staff. The two boys' group home and one girls' group home in the City of Baltimore are of this type. A group home program specialist oversees all three of them, and there are two home directors (one for the girls' group home and one for the two boys' group homes).

The other type of administration involves a private nonprofit group operating a group home, usually with financial assistance from federal funds granted by the Governor's Commission on Law Enforcement and the Administration of Justice, and usually with care for children being purchased by DJS. In the case of these privately-operated group homes, the administration may be primarily in the hands of the home director (if the organization operates only one group home) or in the hands of an executive director who has responsibility for several group homes operated by the same organization. Then administrative functions may be shared by the executive director and the chief staff person responsible for onsite supervision of the home.

These standards deal generally with administrative requirements. It should also be understood that the administration has the responsibility for compliance with standards in other sections of this chapter, and reference should be made to them.

STANDARDS RELATING TO ADMINISTRATION

A-1. GOVERNING BODY

A group home should have a governing body constituted through the Department of Juvenile Services or through a private, incorporated group.

In the case of DJS homes, the chain of command within the department should be clearly defined, and the group home program specialist should have the authority to administer the group homes standards.

In the case of privately-operated group homes, the governing body should be made up of men and women representing a cross-section of the local community, with knowledge of program, belief in it, and the ability to contribute to it from their experience. In order adequately to reflect contributions to the home's program through knowledge and experience, governing body membership should include participants in facility services where this is deemed appropriate. Members should have time for and interest in participating fully and consistently to carry out their responsibilities. There should be a plan for periodic change of board composition, so that an active, enlightened, and effective board will be maintained.

The governing body should be legally organized and function according to its constitution and bylaws. It should be responsible for general policy, but it should employ a director -- either of the group home, if it operates only one home, or of the organization, if it operates more than one home -- to whom responsibility for implementation of policy and for administration should be delegated.¹

A-2. PHILOSOPHY AND POLICY

The philosophy under which the group home was established, and its purpose and goals, should be set forth in a written policy statement on whose basis the group

home is to operate. The purpose and goals should be clearly defined in measurable terms to include the specific needs of the youth served, the services offered, and the objectives sought on behalf of the youth served. This written policy statement should be a matter of official record.

It is the group home director's responsibility as an administrator to assure that policy is translated into administrative action. It is also the group home administrator's responsibility to assure that the philosophy and the policy of the governing body is consistent with the achievement of the objectives and goals of the larger juvenile justice system. Therefore, the group home administrator should be in constant interaction with the governing body, both questioning philosophy and policy and developing means of implementation. In many instances, the board will look to the group home administrator for direction in the development of policy. He should be equipped to respond accordingly.

A-3. PROGRAM DEVELOPMENT AND DIRECTION

The group home director should take chief responsibility for program development and direction. This means that he should determine in concert with the governing body and with the group home professional staff the treatment methodology selected for application. The group home program plan should be articulated in written form, and should be readily available to the staff, the residents, the governing body, and the public. For specific direction in the matter of the program plan, see Standards Relating to Treatment Program.

A-4. PERSONNEL ADMINISTRATION

The group home director should institute an administrative system for employing, assigning, supervising, and training staff. He should have chief responsibility

for work scheduling to insure that there is adequate staff coverage for group home supervision. He should institute salary structures to insure that all staff receive an adequate wage and working benefits. He should work toward making budgeted monies available for organized staff development and inservice training. (See also Standards Relating to Staffing and Personnel.)

A-5. ASSURANCE OF ACCEPTABLE STANDARDS OF CHILD CARE

The group home director should provide assurance that acceptable standards of physical care of the youths in the group home are met (see Standards Relating to Physical Care); that the physical facility is acceptable and comfortable (see Standards Relating to Physical Facilities); and that the treatment program provided by the group home does not violate the basic human rights or integrity of the youths living there.

A-6. FISCAL CONTROL

The group home director should provide for necessary accounting and auditing procedures to insure the fiscal accountability of the group home operation (see Standards Relating to Financing and Fiscal Affairs). He should plan the estimated costs of required services and evaluate periodically whether unnecessary expenditures are being made, or whether new services are needed.

A-7. LIAISON WITH DEPARTMENT OF JUVENILE SERVICES

The group home director should share the responsibility for liaison with DJS with the department itself. He should cooperate in the fashioning of an organized relationship with referral sources to insure the unimpeded flow of administrative and case information, and effective case processing (see Standards Relating to Process Control).

A-8. LIAISON WITH THE LOCAL COMMUNITY

The group home director should engage in efforts to secure community awareness and support for the group home program. The nature of these efforts must be dependent on the nature of the group home program and the nature of the local community, but some evidence of community involvement should be present.

A-9. RECORDKEEPING AND PROGRAM EVALUATION

The group home director should exercise chief responsibility for recordkeeping, the collection of statistical information, program evaluation, and planning. The specific nature of these responsibilities can be found in Standards Relating to Records and Reports and Standards Relating to Evaluation and Program Review.

SECTION B
PROCESS CONTROL

As we are using it in this report, the term "process control" refers to those aspects of group home operation concerned with the processes of intake, screening, referrals, release decisions, and so on. If the group home has developed the kind of written policy statement which we advocate in the section on administration, much of the work of determining procedures for these functions will be implicitly resolved. It will be a matter of translating policy into practice. But this is still no easy task. We addressed certain issues involved with process control in Chapter III, and discuss it here from the individual group home's point of view.

STANDARDS RELATING TO PROCESS CONTROL

B-1. REFERRALS

Referrals should be initiated by DJS staff (the youth's probation, aftercare, or intake worker), handled by the regional resource consultant, and approved by the regional supervisor. A final decision for placement should be a mutual one between these DJS workers and the group home staff, and should require cooperation and acquiescence by the youth.

B-2. INTAKE POLICIES

Intake policies and procedures of the group home should be established in writing and should include a description of acceptable referral sources,

admission criteria, and other forms and reports the home deems necessary before a youth may be considered for placement. In concert with the nature of the treatment program, the group home administration should design admission criteria to take into consideration a number of factors, including:

- o the youth's emotional needs, characteristic behavior, desire and ability to use the home constructively, and his age and sex.
- o parents' attitudes about the youth's placement, when appropriate.
- o the home's appraisal of its staff's ability to work with a certain child and to secure necessary ancillary services (psychiatric, psychological, educational, etc.).
- o overall goals for the home and whether the youth can be served effectively.
- o nature of the group in current residence.
- o potential resources or limitations within the community such as the local school system, job or training opportunities, and recreational facilities.

Admission policies are subject to revision as other factors change, such as additions or deletions in staff, and so they must be continually reviewed.

B-3. INTAKE INTERVIEW

The group home should hold an interview with a youth suggested for placement by his court worker. The worker should accompany the youth to this interview, and should request the youth's parents to attend when appropriate. Group home treatment staff should conduct this interview, and youths already in residence in the home may participate in part of the interview when this is an appropriate part of the group home's program.

B-4. COURT ADJUDICATION

All youths placed in a group home by the Department of Juvenile Services should be adjudicated by a juvenile court and committed to the custody of the department. A copy of the court order authorizing the group home to hold the youth should be provided to the home.

B-5. LEGAL SERVICES

The group home should have a representative present at all judicial and administrative hearings which the youth is required to attend, and which affect the youth.

B-6. CASE REVIEW

A formal case review should be held quarterly, with the youth, the group home staff, and the DJS worker participating. The goal of this case review should be to determine the youth's progress and continuing need for the group home program. If continuation is not warranted, placement should be terminated as soon as a new placement can be made. The current practice of indefinite placements without formal review should end immediately.

B-7. RUNAWAYS

The group home should have a written policy describing its procedures for handling runaway situations, subject to the approval and enforcement of DJS.

B-8. RELEASE

The decision to release a youth from the group home and the determination of where he is to go should be mutual among the group home staff, the

youth, and the DJS worker, except where discharge is unplanned, as in a runaway case. The decision to release should be made enough in advance of its effective date for a plan to be effected regarding the youth's future living and occupational arrangements -- whether home or independent living, school or work.

SECTION C
TREATMENT PROGRAM

Various provisions of Article 52A, Annotated Code of Maryland, grant the Department of Juvenile Services (DJS) the responsibility for both delinquent and predelinquent youth, and authorize it to utilize other governmental or private agencies for the provision of care and services for these youths. According to its *Guide Lines for Purchase of Care*:²

The Juvenile Services Administration is strongly committed to the development and expansion of services within the community that will provide the most effective and individualized treatment modality for the children who cannot live at home, but who do not require institutionalization.

Group homes in Maryland have developed primarily as one component of a larger purchase-of-care program that includes various types of out-of-town care used by DJS, and also by the Department of Social Services. Some group homes are used jointly by both departments, and some homes serve youths exclusively from one department or the other. Both departments have procedures for the development and operation of group homes and statements governing conditions under which care will be purchased. The Social Services Administration formally licenses group homes, just as it licenses foster homes and institutional facilities (non-state operated). DJS "approves group homes for purchase of care."

Based on visits to 10 group homes in Maryland (about one-fourth of the total), it appears that group homes are being used for the following purposes:

- o treating delinquent youths, including some who have been at state institutions.
- o treating predelinquent youths, CINS cases, youths who cannot adjust in their own homes, etc.
- o treating youths with histories of drug abuse in an attempt to prevent further usage.
- o providing a bridge to adulthood for youths by serving as a transitional living experience between conflict at home and fully independent living.

Some homes serve primarily one of these groups; others serve all. The general criteria for acceptance of a youth seem more to involve the perceived ability of the youth to fit into the group home (acceptance of group living, rules and conditions, etc.) than that his behavior can be changed through the specific treatment methods that the individual group home has to offer.

A number of group homes appear to base their programs on the assumption that effective treatment of the predelinquent or delinquent youth results in his learning to accept group home living; i.e., adjusting to group life, accepting house rules and conditions, "getting along" with other group home members and staff, and so on. This is evident from the fact that in a number of group homes, group life is the only program and that in even more homes, adjustment to the group home is expressed as the prime criterion for release.

Among the 10 homes visited, there appears to be an array of treatment methods. Programs range from providing what is essentially only a place to live away from home, to tightly conceived, highly organized, structured programs carried out

with a high staff-youth ratio. Samples of the therapeutic community, positive peer culture, foster family, teaching parent, and behavior modification treatment approaches, as well as mixes of these, occur.

But too often, we found group home programs to be nonspecific; that is, the programs are not clearly "anything." Often they do not represent any coherent plan or consistent and related set of principles or methods. In some instances, dual or multiple sets of theory or various approaches are utilized simultaneously. Under these conditions, various aspects of the program may involve inconsistent or conflicting principles or methods, with either ineffective or destructive results.

For example, social casework methods used in the program may be in direct conflict with behavior modification methods. A caseworker operating from the perspective of encouraging the expression of emotion as a therapeutic device may run directly counter to a staff member using behavior modification techniques to reeducate the youth to control his behavior by applying reinforcement methods involving a point system or token economy whereby he doesn't earn (or loses) points or tokens for the expression of emotion or the type of behavior encouraged by the caseworker. A youth who is subjected to such diverse methods simultaneously may at best be unaffected; at worst, he may be confused, not helped, or affected adversely.

Many of the group homes in Maryland have instituted programs with varying degrees and kinds of behavior modification techniques. In some, this is the primary treatment method being used to teach individual social responsibility. In others,

behavior modification techniques appear to be used primarily as "enforcers" of peace and order in the group home. In still others, behavior modification is being used to "make youth earn his rights." In some, behavior modification techniques are part of a staff-imposed, but sometimes resident-administered, system of rewards and punishments. Some of the reward systems are elaborate and some are simple.

In some programs, the behavior modification system is administered by trained and skilled staff and the modification methods are primarily positive in nature and include youth participation. In others, there is less evidence of staff skill and youth report the program to consist heavily of negative sanctions imposed by staff as control devices.

As NCCD pointed out in its study of group homes in Connecticut, too often child care and treatment programs become overshadowed by a perceived need to "maintain control," with the result that program energies become more and more channeled away from treatment and into efforts to force adjustment of the child to the regimen of the institution. The major consequence of this policy is that it fosters in the child a dependence on institutional existence and an inability to cope with life in an open society.

While the central notion of behavior modification is simple, its skillful application requires understanding of its methods and patience. While the clear alternatives and choices inherent in a clearly articulated and structured behavior modification plan do offer the youth choices and understanding of the consequences

of his behavior, there is also the danger that the imposed systems of reinforcement (points or tokens for privileges or goods) are seen by the youth as controls, punishments, or other negative and hostile acts by staff. This is particularly true when the youth's beginning status in the group home is programmed at a level of considerable social deprivation and he is required to earn points through "good behavior" for "privileges" such as watching television, having visitors, etc., which are enjoyed as a matter of right by his contemporaries in the general population.

NCCD conducted a review of the literature on basic treatment approaches in residential programs for a study of group homes conducted in Connecticut last year. Eight basic treatment approaches were identified there, to which we have added two others because of current use:

1. Medical
2. Behavior modification
3. Education, training and/or employment
4. Use of community resources
5. Group methods
6. Guided group interaction
7. Therapeutic community
8. Positive peer culture
9. Reality therapy
10. Differential treatment

A summary description of these approaches (and references giving more information and evaluation of their use) is contained in Appendix C.

Each of these approaches has its adherents, with various claims being made about success with particular types of problem youth. Some of the programs have been replicated over a number of years and thus would appear to have demonstrated their effectiveness. Others have not been evaluated sufficiently or have been

applied in such mixed form as to defy examination of the variables that are necessary to determine program effect.

Neither a review of treatment literature nor the current examination of group homes in Maryland gives definitive answers about which treatment approaches are (or would be) the most effective with the various types of children being served in Maryland group homes. These answers would require a considerably larger expenditure of time and money. Such effort would have to be applied over a period of several years to permit the necessary followup of experimental groups (group home youth) and control groups (non-group home youth with similar characteristics and similar opportunity to commit delinquent acts).

Visits to the group homes in Maryland revealed that, with few exceptions, the programs are a mix of treatment approaches. Only a few have an identifiable primary treatment method, and some have no definable treatment approach.

Often a particular treatment approach or method is selected as the basis for a program because it is consistent with the views or values of the program designer, organizer, or director. The approach chosen may reflect his view of human nature, of delinquency causation, or of personality theory. It is apparent, from experience to date (at least as reflected in program evaluation and correctional literature) that many of these programs appear to work, at least for certain groups of youth. In some instances, it is not known whether it is the method used, the effect of personalities of the staff, or other factors that determine the outcome.

For these and other reasons, NCCD is not recommending one or more specific treatment approaches as *the method* for Maryland. Any such singular recommendations cannot be supported by research and evaluation efforts to date. Rather, general principles to be followed in program design and implementation are recommended. In addition, program components that should be required for all programs are stated.

No matter which program methods are selected for group home use in Maryland, the Department of Juvenile Services has a two-fold responsibility: (1) to insure that children for whom care and treatment services are purchased receive the protection and treatment they need, and (2) to insure that the state receives the amount and quality of service it is purchasing from agencies or attempting to provide through its own staff. The recommendations and standards in this report are given as guidelines in carrying out those responsibilities.

STANDARDS RELATING TO TREATMENT PROGRAM

C-1. THE GROUP HOME PROGRAM PLAN

Prior to licensing, approving, or using a group home for the care of youth, the Department of Juvenile Services should require a *written program plan* that clearly and concisely contains the following:

- I. The population to be served, including:
 - A. Age and sex.
 - B. Types of behavior or problems for which youth will be accepted.
 - C. The number of youths the program will serve at any one time.

- D. The geographic area and sources from which referrals will be accepted.
- E. Any special requirements, such as legal status, health, school attendance, etc.

- II. A statement of group home program components (see C-2).
- III. A clear statement of the treatment methods, techniques, and services to be used, with specification of the intensity, frequency, and duration of these methods. The statement should include the number, types, and training of staff who will be carrying out these responsibilities. The treatment approach should be identified, the daily program should be elaborated in detail, the anticipated length of stay should be estimated. The exact content of these is dependent on the type of treatment approach selected.
- IV. The desired outcome of the program and the methods available to determine it.
 - A. The measurable change in the youth's behavior (and/or that of his family, school, or employment associates) deemed necessary for completion of the treatment program and release from it.
 - B. Transition to a different mode of living, whether it be back with his family, established as an independent and emancipated individual, or transfer to a different living or service arrangement.
- V. Provision for a written youth care plan for each individual youth accepted for care (see C-3).

C-2. REQUIRED COMPONENTS OF THE GROUP HOME PROGRAM

Each group home shall have the following program components, which shall be put in writing and included in the Group Home Program Plan:

1. Individual case services
2. Group living activities
3. Group home rules and sanctions
4. Group treatment services
5. Education and employment services
6. Recreation and leisure time activities
7. Medical and health services
8. Transportation
9. Visitation
10. Religious activities
11. Allowances and personal property

1. Individual Case Services

Each group home shall have individualized case planning services for each youth (and his family), beginning with initial case screening for acceptance into the program, continuing throughout his period of residence and until responsibility for the youth has been terminated. Individualized case services may also include supplemental casework, psychological or psychiatric individual or group therapy.

Individualized case services may be provided by staff of the group home, its administrative agency, the agency making referral to the group home, or by contact with another community agency. It is preferable that individualized case services be provided by staff functioning as an integral part of the group home program to avoid or reduce the risk of separation of case planning from group treatment services.

2. Group Living Activities

The planned daily living activities in the group home (such as the daily routines of meals, housing, laundry, personal care, etc.) and the resulting relationships

between staff and youth should be carried out in such a way that they conform to generally accepted principles of good child care and contribute to personal growth and group home goals.

Supervision, guidance, and assistance should be provided as necessary to help youth with daily living routines, to maintain safety and health, and to provide constant and desirable adult models.

Group living should include formalized student participation in group living decisions whether through traditional student government models or by various forms of group process, such as "guided group interaction," "therapeutic community," etc.

3. Group Home Rules and Sanctions

Group living should be based on cooperation and on positive motivation of youth. Thus, there should be a minimum of negative sanctions or punishment. However, rules are a part of any group living and there must be some sanctions for violations of those rules.

Group home rules should meet the test of clarity, reasonableness, and flexibility -- as well as consistency. The consequences of rule violations (i.e., sanctions) should be consistent with the needs of the individual youth and the group. This means that sanctions should be defined and applied in terms of the seriousness of the violation's effect on the well-being or safety of the group or the youth himself.

Group home rules and sanctions should be put in writing, as should conditions governing who may determine and administer sanctions. Sanctions should *not* be permitted that involve:

- o deprivation or restriction of foods or liquids
- o isolation in locked rooms
- o denial of visitation with family at the home, if otherwise permitted
- o physical activities such as enforced running, push-ups, standing or holding body positions
- o penalties that are demeaning in nature or involve ridicule or physical force or verbal abuse by staff or other youth

4. Group Treatment Services

Formal and informal group methods, of a purposive nature, should be used to help individual youth and to facilitate management of the group home. The group process focus should include both individual and group problems.

Group process should be carried out under qualified staff supervision, even though group leadership roles may be assumed by youth or assigned to them.

5. Education and Employment Services

Arrangements should be made for all youth to be enrolled in a school or work program depending upon the needs and status of the individual youth.

If the youth is to participate in a school program he should be enrolled in the regular school, if possible. If this is contraindicated, provision should be made for a special school program. The group home should provide or make

arrangements for special tutoring, if needed, but should not establish a formal school program as part of the group home unless it is impossible to enroll its youth in a regular school program within a reasonable distance. If the group home finds it necessary to establish a school program, such a program should be developed in conjunction with the local school district. In such a case, accreditation requirements should be met, and teachers certified as special education teachers should be used.

If a school program is contraindicated, the youth should be enrolled in a vocational training program, a special employment preparation program, or helped to find employment.

6. Recreation and Leisure Time Activities

The group home should offer a balanced program of recreation and leisure time activities. This balance should include both participant (active) and observer (passive) activities. Both planned and informal, spontaneous, and self-directed activities should be encouraged.

The recreation and leisure-time program should offer physical exercise and mental stimulation. Individual and group development interests should be pursued. The program should offer immediate gratification as well as help develop a long-range individual interest in recreation and leisure-time pursuits. While elements of competition should be included, these activities should focus on pleasure, self-development, and cooperation.

Recreation and leisure time activities in the group home should reflect individual differences in both interests and abilities.

7. Medical Care and Health Services

The group home should include (or have access to) a program of preventive and remedial medical and dental care. Each youth should have a complete physical examination prior to admission, with any needed medical care provided by his family's medical resources, or some alternative plan if this is not possible.

The group home should have immediate access to medical care for emergencies. Adequate precautions should be taken against hazards of contagious diseases, accidental injury, or fire. Both the premises and living routines should be conducive to safety, with steps taken to eliminate or reduce risk from dangers such as drugs, poisons, firearms, knives, machinery, etc.

All staff should be free from communicable diseases and should be required to pass an annual physical examination which certifies their freedom from communicable disease.

The group home program should provide a diet, living conditions, levels of cleanliness and atmosphere that promotes health and emotional well-being.

For more detail, see Standards Relating to Physical Care.

8. Transportation

For the group home program to be able to carry out its community orientation, sufficient transportation should be available to enable youth to make full use of community facilities and services. This should include ready access to

evening and weekend services and recreation comparable to that available to youth in the general community.

Special attention should be given to provisions for youth to have full opportunity for home visits, transportation for employment, school, etc.

9. Visitation

The group home should provide an affirmative visiting program for each youth with his family, unless such family contacts have been determined to be counterproductive within the context of the youth's individual treatment plan. Otherwise, visitation should *not* be considered as a privilege to be earned in the group home, but rather as a right and as a necessary adjunct to successful treatment and return to family and community life. Such visitation should include visits by family members to the group home, and visits by the youth to his family when his treatment progress is such that home furloughs are warranted. For those youth for whom visitation with immediate family is impossible or contraindicated, a surrogate visiting arrangement with relatives or a volunteer family should be provided.

Visitation should be seen as a necessary component of community-focused treatment, and should be used as a means of resolving youth problems, testing readiness for return to community, and development of family or independent living arrangements in anticipation of release from the group home program.

10. Religious Activities

The group home program should provide youth the *opportunity* to engage in religious services, to obtain religious counseling, or to practice religious observances of his choice.

However, religious services, counseling, or observances (grace at meals, bedtime prayers, etc.) should *not* be required. Nor should staff or youth be permitted to influence or pressure other youth toward attendance at religious services, acceptance of religious counseling, or observance of religious customs.

11. Allowances and Personal Property

Each youth should have sufficient funds for reasonable spending money for personal needs such as recreation, personal grooming items, hobbies. Youth should be given autonomy in the expenditure of these funds, but the group home should provide a system to account strictly for money dispensed to youth and for safekeeping the youth's personal funds and property. This subject is discussed further in Standard H-8, in the section on physical care.

C-3. REQUIREMENT FOR AN INDIVIDUAL YOUTH CARE PLAN

An individualized, written youth care plan should be developed by the group home for each youth within 30 days of admission. This youth care plan should include at least the following:

1. A statement of the problem(s) bringing the youth to the group home and the specific plan (including methods) to be used in attempting to solve these problems in his case.
2. A statement of the expectations of the youth during residence, and as explicit a statement as practicable about what will constitute a basis for release from the program. The statement of expectations should include both general group home rules and any special rules or conditions *in his case*.
3. Evidence in the written plan that the youth has been involved in development of the plan, that he understands it, and agrees to it.
4. An estimate of the span of time required to carry out the plan and any special resources needed outside the group home program.

C-4. REVIEW OF THE INDIVIDUAL YOUTH CARE PLAN

Although the youth care plan should be under continuous review with modification as necessary, there should be a formal case review at least every 90 days. This formal review should be conducted by the group home staff and should involve participation by the youth, his family, and the referring agency. Any changes in the initial youth care plan resulting from the formal case review should be put in writing as an amendment to the initial plan, or a new plan should be written.

There should be a maximum limit of one year on the time that the group home can retain legal custody of a youth. At that time the case should be returned to the court for determination of the need for continued care and a renewal of the order. This court hearing should include physical appearance of the youth, his family, and a group home representative.

C-5. FOCUS OF THE YOUTH CARE PLAN

The individual youth care plan should reflect a community, rather than an institutional, orientation. This orientation should be translated into specific and visible efforts towards the youth's return to his family or to an alternative living arrangement in the community. These efforts should be evident from the very beginning of placement.

First, the group home living and treatment plan should be oriented toward successful adjustment in the community with the youth's family or in an independent living situation. This requires work with the family and community from the beginning of placement in the group home.

In too many group home programs the primary focus is that of learning to adjust to the group home itself. In some, the primary treatment assumption is that *learning to accept and adjusting to group home living is of itself the treatment program*. This is often the area receiving primary attention and is often used as the primary indicator of readiness for release from the group home.

Although many of the skills learned in the group home are transferable to other settings (family, school, job, etc.), the emphasis from the beginning should be in the application of these skills *away from the group home*. The emphasis should be on learning those skills or handling the behavior that caused difficulty in the community, not a focus on adjusting to the group home (in terms of obedience, neatness, regularity). The latter often becomes the staff-defined goal of group living.

Second, the treatment plan should make maximum use of the family and the community in treatment itself, and these should be carefully considered and integrated with the internal group home program, preferably by the same staff.

Third, contact by the youth with the community should consist of more than merely "visits to the community" by the child independently or as a member of a supervised group for a recreational outing. The program should provide opportunities for youth contacts in the community in a variety of ways that are socially useful and personally satisfying. This can be done by helping the youth make frequent and constructive use of community facilities and programs the same way as is done by non-group home youth (libraries, parks, clubs, playgrounds, swimming, shopping, etc.). It also can be done, in part, by having carefully selected volunteers

participate in the group home program in ways meaningful to both the youth and the volunteer.

Fourth, the community orientation of the youth care plan should include specific and substantial efforts to help with the youth's adjustment to school, employment training, or employment.

Fifth, staff should implement the youth care plan in such a way that the youth has some feeling of control over (and consequently, responsibility for) his own life. He should be given the opportunity to choose between realistic and desirable alternatives. He should be treated as a participant in the group home program, rather than as an object of it.

Despite the fact that most group home intake policies require youth agreement prior to acceptance into the group home, many of the youth interviewed expressed the opinion "they put me here," rather than "I came here." Few expressed the opinion that they came to the group home as an affirmative choice because of what the group home had to offer.

SECTION D STAFFING AND PERSONNEL

The staffing pattern of a group home should be consistent with the individual group home program plan, which should be articulated in accordance with the Standards Relating to Treatment Program. This requires that there be staff of sufficient number and with appropriate qualifications to provide good basic child care *plus* the specialized treatment methods specified for that home in the program plan. Thus, there should be a *direct* relationship between the size and nature of the program being offered and the number and types of staff members.

Maryland's group home program is unusual in that it makes much greater use of professionally-staffed, treatment-oriented homes than other states. The most common type elsewhere seems to be the family group home, normally staffed by a nonprofessional married couple. Also more common elsewhere is the "room and board" type group home, sometimes staffed by a married couple, sometimes by live-in unrelated persons, and sometimes by a director and nonprofessional staff working rotating shifts. While group homes exist in Maryland with staffing patterns similar to these, the group homes we visited also offer (at least nominally) some sort of treatment program requiring professional personnel.

Therefore, most of the discussion in this section will concern staffing in relation to treatment program. But, since there are places for both the family group home and the "room and board" group home in a broad spectrum of services, we have included some material relevant to them.

STANDARDS RELATING TO STAFFING AND PERSONNEL

D-1. STAFFING COORDINATED WITH TREATMENT PROGRAM

The essence of the individual group home's program should be the dominant factor in determining staffing needs. Group home staff should have the specialized knowledge and skills necessary to apply the particular program methods specified in the program plan (see Standards Relating to Treatment Program). For example, if the primary program is that of individualized casework and basic child care, the staff should include one or more trained social caseworkers (experienced or working under supervision), in addition to its group living staff (houseparents, group supervisors, etc.) who need not be trained in treatment methods. If, on the other hand, the program is essentially one utilizing behavior modification techniques, all staff need training and skill in these methods. The same is true for some other methods such as therapeutic community, guided group interaction, positive peer culture, etc. In any case, all staff should be familiar to some degree with the nature of the program and its objectives, and apply it consistently.

D-2. BASIC REQUIREMENTS FOR GROUP HOME STAFF

Although there are wide variations in group home programs, all group home staff have certain common responsibilities that are suggestive of criteria for staff selection. Some of these responsibilities require certain personality attributes. Others involve skills learned only through training and experience. However, analysis of these responsibilities clearly indicates that all group home staff members require a combination of special personality characteristics supplemented by specialized training.

1. Provide Group Living Environment

Staff should be capable of providing a safe and secure group living environment within which the youth can live and grow, develop needed social skills, resolve interpersonal conflicts, but at the same time work toward leaving the group home. This requires staff who are able to:

- o create an atmosphere in which youth feel free to express feelings, to test their perceptions, to experiment with their interactional patterns, and to take the risks of learning without fear of retaliation or rejection.
- o help youth control symptomatic behavior when it is harmful to the youth or others, which requires providing appropriate consequences (sanctions) when behavior needs correction.
- o maintain awareness of the emotional and social needs, as well as the physical needs, of each youth, and maintain understanding of the meaning of behavior exhibited both by individuals and by groups.

2. Participate in Day-to-Day Living Routines

Staff should supervise generally and participate actively in day-to-day living routines in the group home, including maintenance activities such as eating, laundering, cleaning, etc., but also social and recreational activities of individuals and the group. The need to develop the individual responsibility of youth should be borne in mind, but a concurrent need to protect the safety and well-being of all members of the group should be balanced with it. Toward this end, group home staff should be able to perform and teach self-maintenance skills, including both personal care and general group home maintenance. And group home staff should provide living examples of proper role models for youth, which involves both appropriate conduct and language.

3. Cooperate with Other Staff

Each staff member should work cooperatively and constructively with other staff as a member of a team with common goals and methods. This requires continuous and honest communication with fellow workers in a spirit of cooperation. And it requires staff who can both give and take constructive suggestions and criticism, and be sensitive to the feelings and behavior of others.

4. Demonstrate Respect for Youth

Staff behavior should demonstrate respect for the worth and contributions of individual youth. The following types of staff behavior serve as examples:

- o involving youth in group home decision-making on a wide range of decisions affecting the youth in the group home as well as in decisions concerning his own case planning and treatment.
- o the use of positive motivation and the absence of depersonalizing behavior such as ridicule, condescension, expressions of distrust.
- o honesty in dealing with youth and the expectation of honesty from them -- but the concurrent realization that for some youth the ability to be honest in personal relationships must be learned or relearned. This involves willingness on the part of youth to take risks -- dependent in turn upon staff ability to handle failures constructively.

5. Promote Independence of Youth

Staff should promote individuality and independence of youth in the group home setting by:

- o assigning responsibility and granting encouragement and rewards on an individualized basis.
- o designing and operating procedures in such a way that the group home can accommodate youth at different stages of progress.

- o personalizing treatment by measures such as encouraging and permitting individual differences in activities and behavior such as room decoration, individual projects, special interests, personal belongings, etc.

6. Assess Youth Problems and Progress

Staff should constantly assess youth problems and progress in the group home, including the youth's readiness to leave. Determination of readiness to leave, being dependent often on outside influences, requires that group home staff be in touch with family, school, employment, and other community services.

7. Cooperate with Agency and Community

Group home staff should be able to work harmoniously with the sponsoring agency of the group home, whether it be a public or private agency, and should be able to locate and utilize needed community resources.

D-3. STAFFING THE GROUP HOME BY FUNCTIONS

Since the program methods and staff assignments differ, no single staffing pattern suits all group homes. Other factors such as size of the home, organizational auspices, and the type of youth served, also vary. For these reasons, it is impossible to specify set staffing patterns, with set staff qualifications for all group homes. For example, the family-operated group home which is supplemented by casework service has much different staff requirements than a group home providing intensive treatment based on a therapeutic community model. Many other such examples could be given.

However, all group home programs involve certain functions that must be performed by someone. These functions can be identified and used as a

foundation for choosing appropriate staff. These functions include:

1. Administration
2. Case planning
3. Group living
4. Specialized treatment

1. Administration

This includes overall responsibility for the group home program, and specifically primary responsibility for:

- o program planning, implementation, and monitoring.
- o budgeting, fiscal control, and perhaps fund raising.
- o staff recruitment, selection, training, and supervision.
- o acquisition, adaptation, and maintenance of physical facilities and equipment.
- o relationships with the private or public agencies involved in operating, financing, or approving the program.

The administrator is the person that "puts it all together." As such, he must combine specialized program knowledge and administrative skills to provide the important ingredient known as "leadership." Much of what he needs to know and the skills he must possess are not taught *per se* in any college program, but are the result of a synthesis of learned theory, facts, and experience-based skills. Despite this, he does need an educational exposure that will provide a basic understanding of human behavior, and understanding of the scientific method so he can test experience, and an understanding of the specific methods to be employed in the group home program for which he is responsible.

2. Case Planning

This function involves primary responsibility for planning with and for the youth during his contacts with the group home program and is carried out by:

- o collecting and evaluating information for admission screening (intake), assessment of the youth's problems and treatment needs, review and modification of the treatment plan, and ascertaining the youth's readiness to leave the group home and what the post-release plan should be.
- o coordinating case planning activities of the total group home staff, including intake, case staffing, and release planning meetings.
- o providing individualized service to the youth and his family during group home placement and after release.
- o representing the youth and the program in liaison relationships with the family, school, juvenile court, and other social and community services.
- o maintaining social case records on each youth and making appropriate information available to other group home staff members and cooperating community resources.

Case planning staff require not only specialized knowledge of human behavior, but specific casework skills, knowledge of community resources, and a thorough grounding in the treatment methods to be employed in the group home. This position, usually called caseworker, generally is filled by a person with social work training and experience in a casework role. In some programs, the position is called counselor and may be filled by a person from a discipline similar to social work (such as sociology, psychology, etc.) but without special individual case diagnosis and planning training. Because of the heavy group work component in group home programs, many case planning positions require training or experience in group methods as well as individual case planning methods.

3. Group Living

Group living functions include the day-to-day care of youth living in the group home plus participation in the treatment program offered by the home. Group living staff have primary responsibility for:

- o planning and directing or supervising the daily living routines (eating, sleeping, hygiene, recreation, etc.).
- o protecting group home members from physical hazards such as fire, accident, or the harmful behavior of other group home members.
- o maintaining and protecting the physical premises and equipment.
- o working as a member of the group home treatment staff, and depending upon the nature of the program, may take major responsibility for group treatment methods.

Group living staff operate under a wide range of labels, including "group home parents," "counselors," "teaching parents," "group life supervisors," etc. Whatever the label, it is evident that because of the amount and nature of the contacts between these staff positions and youth in the group home, these positions are critical, both in terms of final outcome as well as day-to-day operation of the home.

Research is still lacking on which kinds of group home programs are successful with which types of youth. There is even more of a void with respect to which portions of a program contribute most to failure or success. However, it is evident that group living staff play important roles in these dimensions:

- o interpreting, guiding, and if necessary, controlling day-to-day behavior of individual youth and the group.
- o performing and teaching living skills associated with daily living routines in the group home -- purchasing, cooking, cleaning, etc.
- o serving as desirable role models for youth.

Interpreting, guiding, and controlling behavior involve not only an understanding of the meaning of behavior, but skill in translating this to others, in motivating others, and involving oneself with another person in a professional, rather than a personal, relationship. This role must be performed in such a way that it is professional, but not impersonal or depersonalized.

Traditionally, group living staff have been the least trained, the lowest paid, and usually the first to leave. Obviously, such a job requires skill and sophistication, plus a basic personality capable of performing the responsibilities outlined in D-2. Roles which involve elements of "super parent," "admirable big brother," or "skilled therapist" require individuals with unique combinations of personality, knowledge, and skills.

Group home programs have provided different group living staffing patterns -- different in terms of the number and relationships of the individuals, and different in the hours of coverage.

In some homes a couple is employed. They take major responsibility for group living and are supplemented by another couple or another individual who serve as relief houseparents for the primary houseparents' time off. In some cases the husband of the primary houseparent couple may have a full-time job outside the group home. Under this houseparent arrangement, the houseparents generally are on duty 24 hours a day, except for days when they are relieved.

Other group homes work on a shift pattern, with staff on duty under a wide variety of shift arrangements. Some use the traditional three eight-hour

shifts, some two shifts of 12 hours. In some, shifts are arranged so the individuals work 24 hours and are off 48 hours. Some even arrange shifts so that staff are on for 24 hours a day for several days and then are off for a block of days. Obviously all these arrangements have advantages and disadvantages in terms of cost, interpersonal relationships, treatment potential, and wear and tear on group living staff. It is interesting to note that among the various group homes we visited, staff generally preferred the staffing arrangement of their own program rather than some other alternative.

Staff coverage for group living should be examined and answered in terms of a number of variables. Most important of these is the extent and nature of program involvement expected from group living staff. The emotional and physical demands of this position are high, but the drain is less if the tasks are shared with another person. Long periods of involvement with youth in the group home are extremely draining. Staff need adequate time away from the home to maintain good mental health as well as to take care of their own personal business and pursue other interests. Married staff members have family responsibilities and those with children of their own have additional problems. Whatever staffing pattern is selected, it should meet criteria of adequate coverage in the group home and sufficient time away from the group home (whether staff live there or elsewhere) to preserve good mental health. The alternative to good coverage (no matter what pattern is used) is high risk to youth in the program and the certainty of high staff turnover because staff "burn out."

4. Specialized Treatment

This involves program beyond that of daily care and custody. It may be a structured part of the total living experience (such as the Achievement Place

model utilizing teaching parents) or may function as a separate and supplemental service offered by specialists with no responsibility for group living (such as when an outside caseworker, psychologist, or psychiatrist provides individual or group therapy).

Since there are many forms of specialized treatment possible, no single staffing pattern can be described. Whatever form of specialized treatment is offered should be directed and staffed by persons trained and experienced with that particular treatment method. If there are prescribed personnel standards for the treatment being attempted (such as the training offered for Achievement Place, for Outward Bound, for the various therapeutic community models, for guided group interaction, etc.), these should be followed.

D-4. STAFF QUALIFICATIONS

Staff qualifications should be set according to functions, as outlined in D-3 above: administration, case planning, group living, and specialized treatment.

1. Administration

The director to whom administrative responsibilities are delegated by the home's governing body should have a bachelor's degree from an accredited college or university in business administration, social work, psychology, sociology, child development, education, or a related field, and at least three years of successful, full-time employment in a related area.

2. Case Planning

Staff charged with the case planning functions outlined above should have at least a bachelor's degree from an accredited college or university and one of

the following: (1) graduate social work training or graduate training in a related field such as sociology, psychology, education, child development, etc.; or (2) three years of full-time supervised work as a juvenile probation or aftercare worker or in social work employment in an agency serving families and children; or (3) if the home is one in which the director has the graduate training required in (1) above (as well as the experience required for a director), a person without training or experience beyond the bachelor's degree may be employed in case planning under the director's supervision.

3. Group Living

Staff charged with the group living functions should have: at least a high school diploma or a GED certificate; physical health adequate to participate, when appropriate, in the activities of youths; minimum age of at least 21 years; and good moral character, personal maturity, and emotional stability as evidenced by references or other appropriate documentation.

4. Specialized Treatment

Where the group home program includes professional specialized treatment services offered by physicians, psychiatrists, psychologists, teachers, and other specialists, these specialists should be qualified and/or licensed in their respective professional fields.

D-5. STAFF SALARIES

As a minimum standard, group home staff salaries should correspond to the salaries for comparably trained and experienced personnel, with comparable responsibilities,

employed directly by DJS or other state agencies. Part of the salary may be paid in-kind; thus, the fair value of room and board may be counted as part of salary, if it is provided.

D-6. PERSONNEL ADMINISTRATION

Standard qualifications for all group home staff, professional, paraprofessional, and nonprofessional, should be established in written form by the governing body and director of the group home. These will vary from home to home, as noted above, according to the size and nature of the treatment program.

Job responsibilities should be set forth in an employee handbook, and verbally discussed with all new employees. It should include written definitions of job descriptions, staff qualifications, salaries, hours, time off, vacation, sick leave, etc. There should be a regular system for reviewing the handbook, with subsequent changes set forth in writing.

Procedures should be established for a periodic review and evaluation of the work performance of each employee.

A personnel file should be kept for each employee, containing a statement of the employee's qualifications, references, dates and terms of employment, the periodic written evaluation of job performance and, when employment is terminated, a statement regarding the reason for termination. This file should be retained after the employee leaves the group home.

D-7. STAFF/CLIENT RATIO

The ratio of full-time staff to the number of youths in care has a strong relationship to the three levels of group home care defined in purchase of care rates. The number of staff increases progressively in relation to the extent of the youths' needs for casework and other treatment services.

The group home which offers basic care only should have a ratio of three or more youths to each full-time staff member. The group home which offers full casework services or other defined treatment program should have a ratio of two youths to each full-time staff member. The group home which offers an intensive treatment program should have an approximate ratio of one youth to each full-time staff member.

This ratio will include all full-time staff, or the equivalent in part-time staff, not just professional staff.

D-8. STAFF DEVELOPMENT

The group home administration should provide for a program of staff development. This should include access to a library and to inservice and academic training programs, and the encouragement of participation in professional conferences, institutes, and workshops, where appropriate. The inservice training program should be ongoing and continuous, and have as its goal the training of employees to perform their respective tasks effectively. A few group homes presently offer this type of program.

Some form of preservice training should also be available to new employees. It should include orientation to the juvenile court and the Department of Juvenile Services, and their functions, operations, and procedures; communication skills; an understanding of adolescent development, and orientation to the treatment methods utilized in the group home.

D-9. VOLUNTEERS

Volunteers should not be permitted to assume total responsibilities or duties of any paid staff member. If the group home uses volunteers, it should:

- o develop a plan for the orientation, training, and use of volunteers.
- o designate a staff member to assign, supervise, and evaluate volunteers.
- o keep on file the schedules of the hours and activities of volunteers.

SECTION E

RECORDS AND REPORTS

We have treated the problem of recordkeeping from the point of view of central records to be maintained by the Department of Juvenile Services in some detail in the preceding chapter. So we shall be rather brief on the subject here, and direct our attention exclusively to those records and reports that should be kept by the group home staff, within the group home.

The present state of recordkeeping within the group homes naturally varies from home to home, but is generally rather poor. The few exceptions among the 10 homes we visited were also those with strong, well-articulated treatment programs. These homes seemed to be more concerned with the results of their treatment programs, and hence more concerned with keeping adequate records. But all group homes should have this interest in knowing what they are doing.

In addition, there is great inconsistency in the quality of records from casefile to casefile within the same group home, making them difficult to use in any systematic manner. A member of the survey team examined more than 100 casefiles at one of the DJS-operated group homes, and found some to contain complete records of the youth's case and others to be virtually empty. The group home simply files whatever the probation or aftercare worker supplies, and seems to make no effort to supplement it or fill in gaps. While some casefiles have some sort of facesheet summarizing information in the file, most must be read and examined at great length to find basic information like the youth's date of

birth, the offense for which he was referred to court, and so on. This state of affairs will continue, and the compilation of information will be virtually impossible, until some sort of requirements for recordkeeping are enforced.

STANDARDS RELATING TO RECORDS AND REPORTS

E-1. CASEFILE AND FACESHEET FOR EACH RESIDENT

A casefile should be maintained for each youth placed in the group home, no matter how short his stay. This casefile should include all documents relevant to the child's case, history, and treatment, and it should include a facesheet containing the following information clearly and concisely:

- o name
- o date and place of birth
- o race and sex
- o date of admission to the group home
- o referral source
- o offense for which the youth was referred to court
- o parents' name and address
- o pertinent medical information (if available)
- o name of person to be contacted in an emergency
- o date of release from the group home (to be added when released)
- o reason for release from the group home (to be added when released)
- o placement of youth when released (home, independent living, training school, etc., to be added when released)

E-2. COMMITMENT ORDER

The group home should have on file a copy of the juvenile court's commitment order for each youth placed in the home, while the youth is in residence. This should be supplied by the probation or aftercare worker referring the youth, and should be demanded by the group home as providing proof of its authority to hold the youth.

Group home staffs interviewed in the course of this study noted that they frequently did not have copies of the commitment order, and that occasional problems arose with school authorities, doctors, parents, and the police because the group home did not have immediate proof of its authority and its legal responsibility for the youth. There is no reason for such problems to arise. The furnishing of such a copy should be a regular part of the referral and intake procedure at the home.

E-3. DIAGNOSTIC REPORTS, SOCIAL STUDIES AND CASE HISTORIES

Copies of any diagnostic reports, social studies, or other such materials relating to the case histories of youth placed in the group home should be supplied to the home. As a part of the referral and intake process, the group home staff should have access to such reports to aid in the decision about the propriety of placement of the youth. When a youth is accepted for placement, the home's treatment staff should have continuing access in their own casefiles to this material.

In addition, the group home should be supplied with a complete history of the youth's court contacts, including reason for referral and disposition.

E-4. INDIVIDUAL YOUTH CARE PLAN AND PROGRESS REPORTS

A copy of the individual youth care plan developed for each youth should be held in each casefile (see Standard C-3 for contents of the individual youth care plan). Progress reports (and amendments to the individual youth care plan, if needed) should be prepared on a regular basis for each youth. These should be held in the casefile. In addition, a copy of the individual youth care plan, progress reports, and amendments should be regularly submitted to the youth's assigned juvenile counselor.

E-5. CONDUCT IN THE HOME

The group home may, if relevant to the treatment program, maintain records of a youth's conduct while in residence in the home, including violations of home rules, misconduct, disciplinary problems, resultant disciplinary action, and personal observations.

E-6. HEALTH RECORDS

A health record, including the medical history if available, should be maintained in each casefile. It should include reports of any illness or injuries sustained in the group home and the treatment given; dental examinations and treatment given; psychological tests; psychiatric examinations and treatment given; other pertinent health data; and recommendations for followup medical, dental, and psychiatric care.

E-7. SCHOOL AND/OR EMPLOYMENT RECORDS

A record of the youth's school placement and school reports, including grades, progress, and adjustment, should be maintained in his casefile. Similar records for any vocational training placements should be kept. And complete records of employment for any job(s) held by the youth while in residence at the group home should be filed.

E-8. RECORD OF RELEASE DECISION

A written summary should be prepared at the time of discharge of the youth from the group home, including significant adjustments during placement, school or vocational adjustment, services provided, reasons for release, a description of the release plan, and any recommendations for further placement or services needed. A copy of this summary should be held in the casefile, and a copy should be submitted to the youth's assigned juvenile counselor.

E-9. FOLLOWUP CONTACTS

If any followup of youth released from the group home is carried out, or if any type of incidental or regular aftercare contact is made, records of these contacts should be maintained. It is desirable for these to include an indication of the youth's adjustment (positive or negative) following release from the home.

E-10. ADMINISTRATIVE RECORDS

Administrative records should be maintained, and they should include:

- o a central cumulative record indicating the youth placed, date of birth, reason for referral, referral source, date of admission, date of release, and destination upon release
- o personnel records to include personnel application forms, job descriptions, personnel qualifications, time sheets, and the personnel files discussed more fully in the Standards Relating to Staffing and Personnel (D-4).
- o fiscal records and reports

E-11. CONFIDENTIALITY OF RECORDS

The group home should maintain the strict confidentiality of all its records, according to the policy and procedure of the Department of Juvenile Services. The department has taken the position, with which we concur, that it is: "imperative that every effort be made to guard against the effects of the labeling process, particularly as they relate to discriminatory action against the troubled child by the legitimate institutions within the community -- that is, the schools, the labor market, the police, the church, and other such community resources which play a vital role in the maintenance of one's self-image."³ This policy

statement goes on: "The Department of Juvenile Services, including each member of its staff, has an inherent obligation and responsibility to maintain the integrity of the principle of confidentiality to avoid the harsh impact and deleterious effects of juvenile matters becoming public record." 4

In this matter, the group home staff and governing body is fully obligated, just as if they were DJS staff, to maintain strict confidentiality. No one but qualified, bona fide researchers, with the specific approval of DJS, should be allowed access to the group home's casefiles. And even then, this access may be granted only on condition that the material is to be used anonymously and in summary fashion, with no identifying characteristics of youth to be a part of any research report.

The statutory authority for such a policy is detailed in the DJS policy statement on confidentiality, and resides in Article 26, Section 70-21, Annotated Code of Maryland, concerning the power of the juvenile court to order records to be sealed; in Article 26, Section 70-23, concerning maintenance and inspection of police records; in several rules in Chapter 900 of the Maryland Rules of Practice and Procedure; and finally in Article 43, Section 1-I, concerning confidential records. This section of Article 43 concerns the responsibility of the Department of Health and Mental Hygiene, under whose administration is the Department of Juvenile Services. It therefore applies to DJS employees. While its precise legal applicability to group home staffs employed by private agencies operating homes under contract to DJS is imprecise, it is certainly the intent of the law that it apply to DJS records. As custodians of DJS records, private group homes should adhere to its standards. This section states:

Article 43, Section 1-I. Confidential records.

(a) All records, reports, statements, notes, and other information which have been assembled or procured by the State Board of Health and Mental Hygiene for purposes of research and study and which name or otherwise identify any person or persons are confidential records within the custody and control of the Board and its authorized agents and employees, and may be used only for the purposes of research and study for which assembled or procured.

(b) It is unlawful for any person to give away or otherwise to disclose to a person or persons not engaged in such research and study for the Board, any of such records, reports, statements, notes, or other information which name or otherwise identify any person or persons. Any person who violates any provision of this subtitle is guilty of a misdemeanor and upon conviction shall be fined not more than fifty dollars (\$50).

(c) Access to and use of any such records, reports, statements, notes, or other information also are protected and regulated by the provisions of § 101 of Article 35 and of § 10 of Article 75C of this Code.

(d) Nothing in this section applies to or restricts the use of publicizing of statistics, data, other material which summarize or refer to any such records, reports, statements, notes, or other information in the aggregate and without referring to or disclosing the identify of any individual person or persons.

E-12. ACCESS TO CASEFILES BY GROUP HOME STAFF

As a general rule, only those members of the group home staff with a definite program need for access to casefiles should have such access. Which types of staff will make up the group needing access must be dependent on the nature of the group home program.

For example, in a program characterized by traditional individual or group casework methods, only professional treatment staff should need access to the confidential material in casefiles (diagnostic summaries, psychological and psychiatric evaluations, and the like). In such a program there should be no

need for nonprofessional members of the group living staff to know the details of a youth's problems. However, in a group home operating with a treatment program penetrating the entire structure of group life (such as a therapeutic community), in which all members of the group home staff are involved in the group with the youths, it may be necessary for all staff to be aware of casefile material.

These are meant only as examples of the operation of our principle that access should be restricted, according to treatment program, to those members of the staff with a need to know.

E-13. SECURITY OF RECORDS

The security of the group home's confidential records should be maintained at all times by storing them in locked file cabinets, in a secure room or office to which youth and other people not authorized to use records do not have access. In other words, a double locking system is needed: a lock on the office door and a lock on the file cabinet.

It is particularly important that this security be maintained to prevent youth from seeing their own casefiles. Naturally, the youth will be aware of much of the material contained in his casefile, but it may also contain material such as the details of his family life of which he is unaware, psychological or psychiatric evaluations, diagnostic reports, or progress reports, whose disclosure in such a manner could have a highly adverse effect on his state of mind and progress in treatment. It is equally important that youth be prevented from seeing the casefiles of other youths in the home. It takes very little imagination to see the damage that could be done to the group living atmosphere if this were to occur.

The group homes we visited varied in the extent to which security was maintained, although all of them had some procedures for insuring security. The arrangement we prefer is that in which an office physically separate from the group home is maintained, at which administrative matters may be handled and records may be stored. Several group homes have such an arrangement, but these are chiefly those operated by organizations having more than one group home. It would seem to be too heavy a financial burden for an organization operating a single group home to maintain a separate office. But the office in the group home, if it is used for storage of records, should be kept locked when not in use and should be used in such a way that residents understand it is off limits unless they are invited in.

E-14. STATISTICAL REPORTS

Statistical reports should be prepared at least annually and submitted to DJS. These should include computations of the following vital statistics in summary form about the group home's operation:

- o number of youths placed
- o referral sources
- o reasons for referral of youths placed
- o average length of stay
- o average daily population
- o average age of residents at admission
- o any other relevant material capable of compilation

SECTION F

FINANCING AND FISCAL AFFAIRS

The fiscal accountability of group homes at present is nearly impossible to discuss because no standard method for accounting or fiscal reporting is used or required. The purpose of any accounting system is manifold. Unfortunately, many people think only in terms of controlling the funds. Although that is important, fiscal data can, if collected and used properly, reveal a wealth of information extremely valuable to the manager about the operation of a program.

The results of a well-instituted accounting structure will benefit all concerned. The method of recording financial transactions will allow planners, funding sources, and group home administrators a system of feedback on the accuracy of fiscal planning and budgeting. Since no one can predict with certainty outcomes or future events in experimental programs, budgeting sessions may often seem to be exercises in futility. However, with well-maintained fiscal data from the operation of other group homes, the persons concerned have some idea as to anticipated cost. Once experience is gained in this area, expected cost will more closely resemble actual expenses.

A well-maintained accounting system will keep administrative persons apprised of funds expended and funds to be expended by category. Accurate fiscal data provides the administrator with a constant source of information on the status quo of the project and serves as a periodic form of feedback and evaluation when

coupled with statistics gathered from the program area, lending credibility to successful programs and helping to identify poorly administered operations.

Finally, when all accounting information from the various group homes is compiled in monthly or quarterly reports, it allows the use of a common denominator for the competitive assessments of all group homes. When this information is shared with other group homes, it will initiate an effort to provide more and better service at lower cost. The beneficiaries of such effort will not only be the residents, but also the general citizenry.

Before discussing the accounting process, one important concept needs identifying. This is consistency. All accounting structures utilized should be consistent or compatible with other group home operations. Entries made in the accounts should also be consistent with previous records. If consistency is not maintained, the validity to any accounting format is seriously compromised.

The nuts and bolts of any accounting system is found in the chart of accounts. These are merely convenient "pigeon holes" for estimating future costs (budgeting) and recording actual costs (expenses). A chart of accounts can be as simple or as detailed as one desires. For example, an account can be set up for food, or accounts can be set up for milk, bread, meat, cheese, butter, eggs, etc. Our purpose is to make the accounts as simple as possible but to reveal the necessary information to evaluate on a cost-effective basis.

A chart of accounts is set up not only for the use of funds, but also, the source of funds. Revenue, or source of funds, includes a wide variety of possibilities.

The following is a sample chart of accounts for a group home's use of funds.

Use of Funds:

- (A.P.) Salaries
 - Professional
 - Nonprofessional
 - Other
- (A.P.) Employee Benefits
 - Health
 - Retirement
 - Other
- (A.P.) Payroll Taxes
 - FICA
 - Unemployment
- (A.P.C.) Professional fees and contract payment, purchase of services
- (A.P.F.) Supplies
 - Office
 - Building
 - Medical
 - Recreation and crafts
 - Goods
 - Other
- (A.P.) Telephone and Telegraph
- (A.P.) Postage and Shipping
- (F.) Occupancy
 - Rent
 - Utilities
 - Care of Building and grounds
 - Equipment
 - Mortgage interest
 - Taxes
 - Insurance
 - Other

- (A.P.) Transportation
 - Mileage
 - Vehicles
 - Insurance
 - Other
- (A.P.) Conferences, Conventions and Trips
- (A.P.) Subscriptions
- (A.P.) Organization Dues
- (A.P.) Miscellaneous
- (P.) Allowances for Residents
- (P.) Clothes for Residents
- (P.) Other Payments for Residents

The letters next to the different accounts denote administrative costs (A), program costs (P), facility costs (F), or community costs (C). Not all of the accounts will be needed in a group home. A recommended accounting structure would look as follows:

- (A.P.) Salaries
- (A.P.) Personnel Benefits
- (A.) Supplies, Office
- (F.) Supplies, Building and Grounds
- (P.) Recreation
- (P.) Food
- (A.P.) Telephone and Telegraph
- (A.P.) Postage and Shipping
- (F.) Occupancy
 - Rent or mortgage
 - Utilities
 - Insurance
 - Taxes

- (A.P.) Transportation
- (A.P.) Equipment
- (A.P.C.) Purchase of Service
- (A.P.F.) Miscellaneous

The reason to denote each chart of accounts is to implement a concept called program budgeting.

The above deals with used funds. The following is concerned with the source of funds.

First, the chart of accounts for source of funds is formed below (These may be considered not only as "pigeon holes" to account for funds received, but as possible funding sources as well.):

- Federal grants
- State grants and matching share
- General contributions
- Business and individual
- Foundations
- United Way
- Program service fees
- Revenue from sale of assets
- Miscellaneous revenue

In some cases, funds will be received for various program services, i.e., athletic equipment. Revenue may also be distinguished for program budgeting purposes by using the prefixes previously discussed in the accounting operation.

In the event that funds are received from more than one federal grant, the accounting system presented herein may require expansion. Each federal funding agency has separate and often very different methods of accounting. In essence, a bookkeeping system will need to be established for each federal grant.

Four areas are found within each group home project. They are: administration, program, facility, and community. Each time an expense is recorded in one of the accounts, it is charged to one of the accounts and should also be charged to one of the program accounts. To accomplish this best, in theory, a three-dimensional accounting system needs to be established. Although this may appear complicated, it is really quite simple. It also provides for the possibility of the typical, line-item method of accounting. On specially prepared paper, the three-dimensional approach is discussed as follows. (See Exhibit I.)

The exhibit demonstrates the way the accounts are set up. The accounting structure addresses itself to three areas--documentation and balance, source of funds, and use of funds.

The documentation consists of date, the person paid or person paying, as well as remarks, the number of the document kept with the books giving the entry validity, the amount of the payment or expense, and the current balance. In case of a use

of funds, the account that will be charged the amount will be used. When using program budgeting, a prefix will be used for each entry.

In the case of incoming funds, the area dealing with source of funds is completed. The appropriate column is filled in depending on the number of funding agencies.

At the end of each period; i.e., month, quarter, year, etc., a red line is drawn under that period's entries and totals of those columns are made. When program budgeting is used all entries in a given column with the prefix A are totaled, then the same with P, F, and C.

Sample entries have been made to demonstrate this process.

When making entries for in-kind services, both source of funds and use of funds would be made, thus leaving the same balances.

Four additional areas concerning the accounting procedures need pointing out. First, the payroll payments, in terms of salary and wages, can be a complicated and important area. To avoid confusion and a host of other problems, the personnel costs are made as one entry. Another bookkeeping measure must be established to arrive at the total payroll. A sufficient number of forms are available for this purpose. However, Exhibit II demonstrates the mechanics of this form. All we are concerned with is one entry made for personnel costs on the form shown in Exhibit I.

Date	Payee/Payor	Documentation	Amount	Balance	Federal Grant	Match	In-Kind	Personnel Compensation	Supplies	Food	Telephone & Utilities	Postage	Rent or Mortgage	Insurance & Taxes	Transportation	Equipment	Purchase of Services	Miscellaneous
	DJS																	
	XYZ Foundation																	
	Payroll																	
	ABC Office																	
	Cox Enterprise																	
	Elect. Comp.																	
	DEF Supplies																	
	Dr. Ott																	
	Local 221 (donated labor)																	
	A & P Food																	
	Payroll																	

SOURCE OF FUNDS

SAMPLE ACCOUNTING STRUCTURE

USE OF FUNDS

EXHIBIT I

Net Pay	535.50																	
Total Ded.	64.50																	
Pay. Ded.	20.00																	
Health	4.50																	
FICA	40.00																	
Withholding Tax																		
Percentage	100																	
Prog. Budget	A																	
Gross Pay	600																	
Unit	1																	
Sal/Unit	600																	
Payee	Smith																	
Date	15																	

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EXHIBIT II

PAVROLL FORM

Inventoy Number	Description	Serial Number	Cost/ Unit	Number of Units	Documenta- tion Number	Location

EXHIBIT III
INVENTORY FORM

The second area of importance is documentation. The documentation number on the accounting sheet should correspond with the number on the bill, invoice or statement kept with the chart of accounts. The documentation is important for auditing purposes. In an audit situation, auditors will verify the statements, bills, and invoices as to their validity, double-check the entries made and total the columns for verification. With small programs, such as group homes, an elaborate system is not needed and may even become counterproductive.

The third area of concern is inventory. A separate list giving documentation number, date of purchase, description and inventory number should be kept on all items purchased with a value over \$50. The \$50 is arbitrary but is deemed adequate in view of the task at hand. See Exhibit III for a sample form.

The fourth and final area is the process of purchasing. Any one of several systems may be set up for control in this area. Payment request forms and/or board member approval for certain items may need to be established. Responsibility for purchasing will also need to be established. Usually the food will be purchased by a houseparent or cook, but any number of persons might take on this responsibility. The point to make here is that someone must be responsible and maintain or delegate that responsibility.

STANDARDS RELATING TO FINANCING AND FISCAL AFFAIRS

F-1. ACCOUNTING SYSTEM

The group home should use a standard accounting system approved by DJS.

F-2. ANNUAL AUDIT

The group home should have an independent audit conducted annually to insure fiscal accountability. Based on this audit, the annual cost of operations and the annual cost of care per resident should be computed in a manner approved by DJS. These should be submitted to DJS as a condition of license renewal.

F-3. VOLUNTEERS AND IN-KIND SERVICES AND MATERIALS

The group home should keep regular records of hours and types of volunteer services and other in-kind services and materials donated to it. A compilation of these records should be prepared annually, and should include an estimate of the monetary value of these services and materials.

F-4. ALLOWANCES, EARNINGS, AND SAVINGS OF RESIDENTS

The group home should have a system of strict accounting of the allowances given to residents, and the earnings and savings of residents. Residents should be required to save at least half of their earnings, and a running tabulation should be kept by the home, readily accessible to the resident, of his earnings and of his deposits and withdrawals from savings. No withdrawals should be made without the approval of the home director or a staff member designated by the director to make such approvals.

SECTION G

EVALUATION AND PROGRAM REVIEW

There is a great deal of lip-service paid currently to the value of evaluation, but most qualified researchers note that very little real evaluation ever occurs. We have discussed the concept of evaluation at greater length in Chapter III, and we shall restrict our comments here to aspects of evaluation and program review affecting the operators of individual group homes.

To recapitulate a bit, evaluation is the measurement of goal achievement. It is not merely a description of what has been done, and it is not merely a management assessment of the program's processes, although both these things enter into evaluation. An evaluation must do more than describe outcome and monitor efficiency; it must explain them. An evaluation should provide a measurement of the degree to which goals are achieved, identify those factors affecting goal achievement, and determine the weighting or relative strengths of such factors. If it is to be most useful to policy makers and planners, it will pay particular attention to those explanatory factors over which some control can be exercised.

The National Advisory Commission on Criminal Justice Standards and Goals has formulated a standard relating to evaluation of the performance of the correctional system that advises an immediate beginning to two types of evaluative measurements: overall performance or system reviews and program reviews emphasizing measurement of more immediate program goal achievement. This is Standard 15.5 of the *Report on Corrections*, and the portion of it relevant to program review (the portion relevant to individual group homes) reads:⁵

Program review is a more specific type of evaluation that should entail these five criteria of measurement:

- a. Measurement of effort, in terms of cost, time, and types of personnel employed in the project in question.
- b. Measurement of performance, in terms of whether immediate goals of the program have been achieved.
- c. Determination of adequacy of performance, in terms of the program's value for offenders exposed to it as shown by individual followup.
- d. Determination of efficiency, assessing effort and performance for various programs to see which are most effective with comparable groups and at what cost.
- e. Study of process, to determine the relative contributions of process to goal achievement, such as attributes of the program related to success or failure, recipients of the program who are more or less benefited, conditions affecting program delivery, and effects produced by the program. Program reviews should provide for classification of offenders by relevant types (age, offense category, base expectancy rating, psychological state or type, etc.) Evaluative measurement should be applied to discrete and defined cohorts. Where recidivism data are to be used, classifications should be related to reconvictions and technical violations of probation or parole as required in systems reviews.

We do not recommend that each individual group home be required to fulfill all these evaluation requirements. That would be too time-consuming, and too large a drain on already inadequate group home resources. The responsibility for regular program review should rest with the Department of Juvenile Services and with other funding agencies (i.e., the Governor's Commission for as long as they continue to fund group home programs). But the group home itself must make a strong contribution to the conduct of evaluation, and its obligations are outlined in these standards.

STANDARDS RELATING TO EVALUATION AND PROGRAM REVIEW

G-1. GOAL IDENTIFICATION

As a part of its written policy statement, the group home governing body and administration should define the goals and operational objectives of its program in measurable terms, so as to form a basis for evaluation and program review.

G-2. RECORDKEEPING AND STATISTICS

The group home administration should keep faithfully the records and statistical reports required by the Standards Relating to Records and Reports, so as to have on hand the necessary data for the performance of evaluation and program review.

G-3. FOLLOWUP OF PROGRAM RELEASEES

The group home's treatment staff should be responsible for performing regular followup checks on program releasees. According to the nature of the treatment program, the group home should define a certain reasonable period of time, after which the program takes responsibility for this followup. This length of time should be on the short side, and its only purpose as a definition is to relieve the program of the responsibility for followup of youth who stay only a few days. We recommend a cutoff date of approximately 30 days, which could be adjusted somewhat if the program has a regular policy of trial visits before acceptance of youth as "regular" residents. We also intend this as a requirement that the group home take responsibility for followup of youth whom they consider program "failures" as well as their successful releasees.

We say this to avoid the followup situation present in a few of the group homes we visited. In these, some followup or even post-release therapy is regularly

provided, but only with releasees whom the group home staff consider to have "completed" their program. Usually this means that they can claim 100-percent success, because they only release voluntarily those youth whom they believe capable of successful adjustment in the free community. If their judgment is sufficiently conservative, they are usually right. They do not count in their calculations those youth who run away, who are removed by the court or their probation or aftercare worker against the better judgment of the group home staff, or who are removed because of rereferral to court for a new offense committed while in the group home. All these types of residents *should* be acknowledged by the group home as participants in its program, if they were accepted for treatment and if they stayed long enough to have been affected by the treatment program in some way (hence our 30-day cutoff). The group home may, of course, differentiate its followup material according to the status of the resident in the program when he was released.

A few of the group homes we visited presently perform the sort of followup we visualize, and it does not take enough of the treatment staff's time to be impractical, even for small programs. Indeed the treatment staff should be interested in this for their own information. This does not have to be elaborate. The necessary information can be had by regular telephone calls to the youth, his parents, foster parents, etc. (depending on the placement that was made following his release), to find out what the youth is doing, and calls to his probation or aftercare worker to determine whether he has been rereferred to juvenile court. If the youth is 18 or older when he is released, a check on arrests should be made. This could be done every two weeks for the first two months after release; once a month for the following six months; and quarterly thereafter. Followup should continue for three years after release.

G-4. PROGRAM REVIEW

Three specific types of program review should be performed by individual group homes, and reported to DJS annually.

- (1) Assessment of the expenditure of effort should be reported in terms of costs (broken down by categories), time (paid and volunteer), and types of personnel employed.
- (2) Measurement of performance should be reported in terms of the extent to which the immediate, measurable goals identified under G-1 have been achieved.
- (3) Determination of the adequacy of performance should be reported in terms of the program's value for youth exposed to it as shown by the individual followups conducted under G-3. Youths should be carried in this program review for three years following release from the home, and the results should be broken down according to the length of time since release.

SECTION H
PHYSICAL CARE

When a youth is placed in a group home, the group home assumes the legal responsibility for his complete physical care and well-being. This means provision for care and attention comparable to that provided by responsible parents; in many cases, this will mean care better than that provided by the youth's own parents. In addition, it means the provision of the special treatment owing to the youth under the emerging right to treatment beginning to be recognized by the courts. It is based on the juvenile court concept of individualized treatment of youth who need help, and recognizes that if a youth is to be deprived of his liberty he has a right to the treatment for which his liberty is restricted.

Minimum standards for basic physical care are included in this section, and they include reference to supervision, food service and nutritional needs, medical and dental care, visiting, clothing, and allowances. The Standards Relating to Treatment Program should also be consulted.

STANDARDS RELATING TO PHYSICAL CARE

H-1. SUPERVISION

Adequate supervision of youth in the group home should be provided at all times. This includes the presence of an adult staff member in the home at all times. Depending on the size and nature of the program, this requirement can be filled by staff working three eight-hour shifts a day, so that an awake staff member

is on duty at all times, or it can be filled by live-in counselors or houseparents in their own rooms, but available for any emergency that arises. More than one staff member should be available during peak periods of activity such as the after-school and early evening period.

H-2. FOOD SERVICE

Mealtimes should be a pleasant group experience, and not a mechanical procedure for providing adequate nutrition. The dining area should therefore be an attractive part of the home, and the serving of meals should take place in a noninstitutional manner. A family-like atmosphere should prevail.

In addition, it is desirable that the preparation of meals should be linked to the group home program in the sense that residents should be involved in it in a positive manner. They can be involved in the menu planning, shopping, cooking, and cleaning up. This should be done not to relieve the group home of the responsibility for food service, but as a positive contribution to the handling of responsibility by youth. Most of the group homes for girls and a few of the group homes for boys we have observed provide for such involvement. It is desirable for all youth, including boys, to learn about food selection and preparation if they are to be prepared for independent living outside the group home. Members of the group home staff should take the responsibility for supervising this activity, and for teaching youth how to handle it themselves.

H-3. NUTRITIONAL NEEDS

Meals served in the group home should be nutritious, varied, and appetizing. Menu planning should take into consideration the ages, dietary needs, and preferences

of the youth in residence. In addition to regular, well-balanced meals, there should be provision for snacks and treats which can add much to the creation of a relaxed and welcoming home environment. The preceding guideline follows generally the standard the Department of Social Services has stated for the group homes it licenses.

In general, nutritional standards should meet the recommendations of the National Research Council in its *Recommended Dietary Allowances*,⁶ which provides guidelines for food programs adjusted for age, sex, and activity. Guidelines for special diets are written by the American Dietetic Association (620 North Michigan Avenue, Chicago, Illinois 60611), and some provision should be made for special diets as needed.

At least three meals should be provided daily at regular times with not more than 14 hours between the evening meal and breakfast. Food should be prepared by methods that conserve nutritive value and flavor, and should be attractively served at correct temperatures.

Menus should be prepared at least one week in advance and displayed. Some method for using the services of a professionally qualified dietitian should be considered. One group home we visited had recruited a volunteer dietitian who came into the group home twice a year to consult with the group home director and design six months' worth of menus. So, although it is impractical and certainly unnecessary for a facility as small as a group home to employ a dietitian, it should be considered feasible to *consult* a professional dietitian. This is particularly true for organizations operating more than one group home.

H-4. MEDICAL CARE

Procedures for caring for the medical and health needs of youth in residence at the group home should be established. These should include provision for regular health maintenance and routine medical services, as well as emergency services. Youth who are in the custody of the Department of Juvenile Services should be eligible for health cards entitling them to care at the local health clinic. In some areas, there seems to be no problem with the issuance of health cards for youth placed in group homes, but staff at a few of the group homes we visited complained that they have great difficulty obtaining such services.

At any rate, a regular relationship with a nearby hospital or clinic should be established. Routine examinations should be provided. Provision for the handling of minor injuries and illnesses should be made. And a working arrangement should be made to provide for 24-hour emergency services. The services of medical specialists should be available to youth needing them, and the services of a gynecologist should be available to girls.

H-5. DENTAL CARE

The services of a dentist should be available to youth in the group home, both for routine examinations and emergency care.

H-6. VISITORS, MAIL, AND TELEPHONES

The group home should have a written policy pertaining to visiting and other forms of communication with family, friends, and other people in the community. This policy should have the goal of encouraging healthy family relationships, but it

should also protect the youth, the staff, and the treatment program from unreasonable intrusions.

The group home should provide opportunities and encourage youth to visit with their parents, brothers, and sisters, unless such visits have been restricted by the court or by the youth's individual program plan. The opportunity for visits with relatives and friends on the group home premises with reasonable privacy should be provided, in accordance with the individual youth care plan. Some effort to accommodate visiting hours with the needs of the youth's family, as well as the needs of the group home, should be made. The group home should also formulate procedures for youth to visit outside the facility, in accordance with his individual youth care plan.

Telephone and mail communications should not be prohibited. Each youth should have the right to open and send his own mail unread by staff, unless his individual youth care plan specifies reasons and circumstances making this inappropriate. In addition, a telephone should be available for use by youth; this should probably be a separate line from that used by the group home office. Paying for the residents' phone can be handled in various ways; in several of the homes we visited, the residents pay for it themselves, dividing up the monthly charge and billing the maker for any long distance calls.

H-7. CLOTHING

Youth in the group home should be provided with adequate clothing of their own choosing, and should be allowed to bring their own clothing with them when they are placed in the group home. At present, an initial clothing allowance of \$75

is made by DJS and beginning with the second month, a supplemental clothing allowance of \$15 a month may be spent to replace clothing when the group home staff concur with the youth that new clothes are needed. But clothing allowances are not provided by DJS for youth in private group home placements where the cost of care to the department is more than \$250 a month. In most of the group homes we visited, the cost of care is more than \$250 a month, and in those cases some similar arrangement should be made by the group home for providing youth with clothing allowances.

The DJS guideline on the subject of clothing allowances presently states in part: "Payments for initial and replacement clothing allowance must be substantiated by receipts. These should accompany the bill sent to the regional supervisor and be forwarded to the business office at Headquarters. Clothing replacement bills must be on a monthly basis and in no case, a cumulation of two or three months."⁷ This seems generally to be a good policy; however, some provision for exceptions should be made when circumstances dictate. The example we have in mind is of a girl in a group home we visited who was sufficiently well-adjusted at school to want to go to her senior prom. She needed a prom dress, and \$15 was hardly adequate. It seems to us that there are cases when a youth should be allowed to accumulate his clothing allowance for a few months to make a larger purchase if there are exceptional circumstances, if the group home staff concurs in the need, and if the expenditure is still reasonable.

H-8. ALLOWANCES

Each youth in the group home should have an allowance of some type so that he has spending money available for his own use. Present DJS guidelines for

purchase of care stipulate that: "Allowances for children should come from children's earnings, parent contributions or out of fee stipulated in the contract to be paid to the vendor by DJS."⁸

We disagree with this policy insofar as it allows for there to be variation from youth to youth within a group home. Allowances should be handled consistently within the group home, and some basic allowance should be given to each youth. Some behavior modification programs provide for increased allowances with progress in the program, and this is acceptable as long as the policy is applied consistently. This basic allowance may come from parent contributions or from DJS. We disagree, however, that the basic allowance should come from a youth's earnings. A portion of a youth's earnings should be available to him to spend as he wishes, but they should constitute *extra* money he earns by holding a job. He should not be penalized (by losing his allowance) for working; he should rather have something that other group home youth don't have: an income.

H-9. PROGRAM ASPECTS RELATED TO PHYSICAL CARE

Some subjects treated in more detail in the section on treatment program are closely related to the physical care of youth in the group home (see C-2). Among the required components of program mentioned there that we cross-reference here are the discussions of recreation and leisure time activities, transportation, visitation, religious activities, and allowances and personal property.

SECTION I

PHYSICAL FACILITIES

"If the program and staff are good, they should be able to operate in an old red barn." This adage has been used by some correctional authorities for years. The fact is, though, that most correctional programs are very heavily influenced by the physical facility in which they are housed. Group homes for delinquent youth are no exception, and in fact the physical facility is even more important in small residential programs of this type than in institutional settings.

Several considerations in selecting a suitable building in which to house a group home program are important. Location, general condition, size, architectural layout, activities areas, etc., should all be designed to facilitate program. Before procuring a house, the program planners should consider the home's general characteristics, soundness of construction, needed renovations and furnishings, compliance with regulating codes, and cost.

In visiting 10 group homes in Maryland we noted several programs with excellent physical facilities whose designs were well-suited to a sound group home program. But problems with physical facilities can be a real hindrance to program, if only because the problems distract the staff and force them to waste precious time attending to physical problems. A perfect example of this is the situation of the two group homes for boys owned and operated by the Department of Juvenile Services. Both houses are too large and unwieldy, and both are falling apart. The staff spends far too much time trying to get the plumbing fixed, trying to get the houses painted, trying to get the roof repaired, draining out flooded basements, etc. A second example of a distracting problem with physical

facilities is the zoning problem that has been plaguing the Caring Environments group home in Prince George's County. While we have some reservations about the house itself, it is certainly acceptable for successful use as a group home. But the city in which it is located (Bladensburg) has tried to zone it out of existence. The group home administration has been preoccupied with lawsuits concerning this zoning problem for at least two years; they have also had to spend a great deal of time looking for a suitable house into which to move the program if necessary.

These sorts of problems drain staff energies and take up their time to the detriment of program. So, while we cannot say that a good physical facility guarantees a good program, we can say that it is very difficult to operate a truly excellent program in a bad physical facility.

STANDARDS RELATING TO PHYSICAL FACILITIES

I-1. COORDINATION OF PHYSICAL FACILITY WITH PROGRAM OBJECTIVES

The physical facility should facilitate achievement of program objectives in the group home. The program focus and treatment approach will affect building needs in various ways, and an organization seeking to open a group home should definitely have a particular treatment program planned before it chooses the physical facility. Some of the things to be considered:

1. Characteristics of the Residents

The age, supervision requirements, maturity, and number of residents will affect requirements for sleeping arrangements, number and design of bathrooms, and

CONTINUED

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so on. For example, younger residents may feel content with, or even prefer, to have a roommate, while older residents may prefer individual bedrooms. A program treating aggressive, acting out youth may require a building featuring a good deal of visibility to allow better observation by staff.

2. Program Treatment Approach

There are various ways in which the treatment approach is relevant. For example, if the program includes extensive use of group meetings, there should be rooms to accommodate them. If the program requires all residents to go to school, the location of the home should be convenient to the schools. If inhouse school is planned, rooms suitable for use as classrooms should be available in the home; the dining room does not serve as a good double. If the program is oriented toward providing a "boarding home" for older, more independent and mature youth, the home does not need to foster close, family-type interaction. But a home with a family-type treatment program should approximate a family-type home physically, and should have accommodations for inhouse group activity, recreation, dining, etc.

3. Accessibility to Community Resources

Group home programs, as community correctional programs, should involve some use of community resources. The location of the physical facility should facilitate community involvement. So medical facilities, public parks and recreation centers, public transportation, shopping areas, public schools, etc., should be readily available and accessible. If mental health clinics are to be used as a program resource, they should be accessible. If university students are

to be used as a staffing resource (volunteer or otherwise), the group home should be accessible to the students.

4. Group Home Staffing Pattern

The staffing pattern to be utilized in the group home program will affect the choice of physical facilities. The decision whether to employ live-in houseparents, live-in counselors, or shift workers will dictate the type of staff accommodations that are required. And if live-in houseparents are employed, accommodations for their children, if any, may be needed. The decision whether to house the group home office and records in the house will also affect the need for appropriate space.

I-2. SIMILARITY TO ORDINARY HOME

The setting and physical characteristics of the group home should not differ greatly from the ordinary housing for a large family with preteen and adolescent children in the neighborhood. Cold, sterile, institution-like buildings should be avoided.

Since the group home usually attempts to accomplish many of the same things that successful families do, the house should be constructed and furnished as nearly like large family homes as possible. There should be room for privacy, but the home should have a feeling of openness and lack of physical restriction. There should be room for play and group activity. Houses with dark corridors, musty cellars, and poorly ventilated rooms should be avoided. The home should be suitably furnished, draped, and cleaned to feel like a comfortable family

setting. Institutional furniture, hospital beds, and the like should be avoided. Residents should be involved in the decoration and furnishing of the home if possible, and should be allowed to decorate their own rooms as they wish. With the exception of fire and health code requirements that must be met (such as for fire extinguishers and fire escapes), the home should not be filled with obvious reminders of its being a governmentally financed or operated institution. For example, it should not have signs attached to it, or rules posted all through it.

Finally, the architectural demeanor should approximate that of its surroundings. It should not stand out in the neighborhood. And it should be remembered that programming a group home is not compatible with the preservation of dilapidated mansions. The use of old, castle-like mansions which have been donated or bought cheaply is a serious error that has occurred in Maryland as well as in many other places. The architectural splendor of some of these old homes is indeed fascinating, but their practicality for use as group homes is virtually nonexistent. The costs of renovating, furnishing, operating, and maintaining them are prohibitive. Their appeal to middle class adults who visualize their "possibilities" is not shared by the group home staffs and youth who have to live in them as they are.

I-3. LOCATION

Normally a group home should be located in a residential area of the community with easy accessibility to schools, work opportunities, public transportation, recreation, shopping, and medical facilities. There are, however, valid reasons

for locating a group home in more rural settings if a broad range of treatment alternatives is to be offered, and then this standard can be relaxed somewhat. But provision should still be made for youth availing themselves of community resources.

Since the majority of residents will return to their own community or another like it when discharged from the group home, the home should be located in a neighborhood similar to the ones from which the type of youth served come.

However, group homes should not be located in areas characterized by high crime, heavy drug traffic, or extreme poverty, or in physically depressed, deteriorating neighborhoods.

Finally, the future of the neighborhood should be considered. Program stability is important, and the compatibility of the group home with area land use for several years should be considered. Houses that are available cheap because they are to be demolished for an expressway, a shopping center, or a high-rise apartment building within a year or two, should not be considered.

I-4. SOUND CONSTRUCTION

Houses considered for group home use should be of sound construction with the plumbing, heating, and electrical systems in good repair.

Where older homes have been purchased or leased with plans for extensive renovation, group home programming has been sidestepped and taken a back seat to renovation. School tutoring cannot take place in water-filled basements; group

counseling cannot be effected in poorly lit and improperly ventilated rooms; inoperable plumbing contributes to the discomfort of all concerned.

The physical condition of houses considered for group home use should be inspected by qualified specialists before their purchase or rental. Architects, plumbers, and electricians should be consulted as to needed repairs and projected life of the equipment and materials.

Finally, the durability of the building is significant. Scrubbable paint or wallpaper, heavy duty doors, and well-supported stairs will better withstand the rough treatment expected of a group of teenagers.

I-5. READY FOR OCCUPANCY

Before the group home is occupied by youth and staff, all necessary repair work and remodeling should be completed. And it should be ready for occupancy with all furnishings, facilities for food preparation, and laundry equipment in place and usable. Planning for the group home should be orderly enough that it is possible to meet this standard. If the home is not fully operational before program commencement, continual postponement of unfinished repairs may become standard operating procedure, with completion never in sight. And the program never seems to get off the ground, because the physical problems receive priority in staff attention.

I-6. PHYSICAL REQUIREMENTS

The house should provide sufficient space, suitable equipment, and a pleasing environment within which the processes of group living can occur with a minimum

of friction. Of particular importance is the need for each resident to have a place he can call his own, with security for his personal belongings. More specifically, discussion of various functions and their physical requirements is presented here:

1. Living Rooms

Several different living areas should be available to provide space for separation of individual quiet activity from group interaction. Space should be available for private visits with parents, agency representatives, and friends.

2. Dining Room

There should be available floor space and table space for the entire living group to take its meals together. The dining room should be cheerful and family-like rather than institutional in appearance. It should be well-lit and ventilated. Food should be served family-style.

3. Sleeping Areas

Individual rooms, bedrooms accommodating twin beds, or sleeping areas with up to four beds may be warranted, but rooms for one or two youths are preferred. The rooms should have individual bureaus, chests of drawers, or similar storage space, for the individual youth to keep his clothes and personal belongings. Decorations should be chosen by the youth occupying the room rather than by houseparents or staff.

Sleeping areas should have a minimum of 700 cubic feet per single room or 500 cubic feet per youth in multiple-sleeping rooms, with sufficient lighting and ventilation.

With regard to sleeping areas, we also endorse the standard prescribed by the Department of Social Services Administration for group homes it licenses:⁹

Sleeping rooms should afford adequate opportunity for rest and privacy. They need to contain proper storage space for clothes, toys and personal belongings. A responsible adult should sleep within call of each child in the home. Separate sleeping arrangements should be available for isolating a child who is ill.

Each child should have his own individual bed. No double-decker beds should be used as sleeping accommodations for the children.

4. Bathrooms

Bathing and toilet facilities, with sufficient hot and cold water and adequate heat, light, and ventilation, should be provided in a ratio of at least one unit (one toilet, one washbasin, and one tub or shower) for each five residents. These facilities should meet public health standards (See I-10, relating to health inspection). Toilet articles and bath linen should be provided for each individual, with space for storage of these items. Bathing facilities for live-in staff should be separate.

5. Indoor Recreation

Space separate from other functional areas in the house should be available for television viewing, table games, arts and crafts, and occasional parties. Planners should be cautioned, however, that the home should not attempt to duplicate activities that should be used in the community, such as gymnasiums, movie theatres, etc.

6. Outdoor Recreation

Some all-weather surfaced outdoor area should be provided. But again, group home recreation programs should not compete with those in the neighborhood or community.

7. Staff Office

Space for a small, secure office should be reserved for a staff desk and telephone; if a separate administrative office is not maintained off the group home premises, this office should also have space for maintaining and storing the group home's records. As we have noted in the Standards Relating to Records and Reports, it is preferable but not always practical for the records to be kept elsewhere.

8. Staff Living Quarters

If live-in staff are employed, separate accommodations should be available for them. These should be accessible to the residents, however. The nature of these quarters will vary with the nature of the staffing arrangement. Some group homes with young, unmarried live-in counselors provide single rooms much like those provided for youth. If a married couple is employed and the group home is their sole residence, accommodations including a living area, bedroom, and bathroom should be provided. If live-in houseparents have children of their own, more space may be needed; their ages may be the chief factor determining whether they have separate accommodations with their parents or live among the resident youth.

9. Kitchen and Food Storage

The kitchen facilities, equipment, and surfaces should provide for sanitary and appetizing preparation, service, and storage of food. If possible, institutional equipment should be avoided.

Refrigeration and freezing equipment should be sufficient and operated at such temperatures as to insure safe and sanitary food storage. Dishwashing equipment,

dish and cooking utensil storage, and garbage and trash disposal should conform to public health requirements (see I-10, relating to health inspections).

10. Transportation

The group home should be equipped with a minibus, seated van, or large station wagon for the purposes of normal household errand running and transporting the group to various activities (size of the group will dictate capacity requirements of the vehicle). The vehicle should be in good repair and meet safety standards.

11. Laundry Facilities

The group home should be equipped with a good quality, heavy duty, washer and dryer to accommodate the laundry needs of all persons living there.

I-7. ZONING ORDINANCES

Local zoning ordinances should be investigated by group home planners before selection of a physical facility is final, and assurance of compliance should be secured. The authority for promulgation of zoning regulations rests with the counties and cities in Maryland, and the situation must be investigated locally. In addition, the Land Use Planning Act passed by the legislature in 1974 establishes a principle of state interest in land use planning, although it fails to back up the principle with power or authority to do anything.

Article 66B, Annotated Code of Maryland, regulates the zoning and planning authority of local jurisdictions, and the law relating to Baltimore City is separate from the law relating to the rest of the state, but the powers of the respective zoning authorities are similar. Section 4.01(a), Article 66B, provides:

For the purpose of promoting health, safety, morals, or the general welfare of the community the legislative body of counties and municipal corporations are hereby empowered to regulate and restrict the height, number of stories, and size of buildings and other structures, the percentage of lot that may be occupied, off-street parking, the size of yards, courts, and other open spaces, the density of population and the location and use of buildings, signs, structures and land for trade, industry, residence or other purposes.

Section 2.01, Article 66B grants similar authority to the mayor and city council of Baltimore City.

The Department of Juvenile Services nominally requires compliance in its *Guide Lines for Purchase of Care*, where it states:¹⁰

Building must be approved by the local building authority and *must meet local zoning codes* as well as sanitation, health and fire requirements. The Juvenile Services Administration would need to be assured that all requirements are met before occupancy takes place.

However, DJS is not presently demanding such assurance. One program that we know of is having significant problems with local zoning ordinances, problems that could have been avoided had the proper groundwork for the program been laid.

Local zoning has been a formidable obstacle to group home development in most states but (except in the case we mentioned) it has not been a major problem for group homes in Maryland, according to our interviews. This has been true for two reasons. For the state-operated group homes, there has been no problem because they are located in the City of Baltimore and property owned by the state

is exempt from zoning ordinances. For most private group homes, zoning problems have been overcome because the nature of the federal funding available through the Governor's Commission requires them to apply through a local government, usually the county. The close cooperation with the county government needed to get a grant application off the ground has usually resulted in at least tacit approval of the site.

Group homes, halfway houses, and other similar residential facilities have been around in various forms for a long time, but as a widespread movement they are a relatively recent development. There are very few places in this country where local zoning ordinances have provided for them. This has resulted in the necessity for fitting them in under some existing ordinance covering either family dwelling, boarding home, lodging home, hotel, or institution. Depending upon how the local community defines these categories, a group home may or may not be fitted into one of the categories provided for in the zoning ordinances. Further, depending upon which of these categories is interpreted to apply, the group home may or may not be permitted to locate in a suitable environment (see I-3, concerning location of the group home). Most communities define "family" in such narrow terms as to exclude group homes from family residential areas, or to require a variance for their approval.

In Baltimore City, as we noted, the mayor and city council have the zoning authority. There is no formal recognition of group homes in the zoning ordinances, so an application for a special exception must be made, public hearings must be held, and the mayor and city council would rule on whether to grant

the exception. The normal procedure for making application is to contact the city councilman representing the district in which the home would be located, and he would present the request at the open hearings.

Montgomery, Prince George's, and Baltimore Counties have specific provisions applying to group homes, and group homes are a designated use in certain zones and allowed by special exception in others. Special exceptions are granted by making an appeal to the board of appeals, which holds public hearings, and rules on the request. However, in some cities located in these counties, there are additional city zoning commissions having zoning authority. In these areas special exceptions from the city are required for group homes. An application including detailed site plans must be submitted; a hearing examiner holds a public hearing; and a decision is made. In the other counties and cities, group homes require special exceptions, and the procedure for obtaining one is similar.

Even in some areas that formally recognize group homes as a designated use, the rules will not allow group homes of some types now operational. For example, the Prince George's County ordinance defines group home in such a way that a home serving delinquent children would still require a special exception:¹¹

Group Homes: A residential facility for "Children in Need of Supervision" who have been placed in the custody of the State Department of Juvenile Services by appropriate Court orders, and who have not been currently adjudicated as "Delinquent", and have been placed in such facility under approval of, and as designated by such department. The term also includes a residential facility for more than eight (8) persons alleged to be, or who are mentally handicapped, and who have been placed in such facility under approval and as designated by the State Department of Mental Hygiene, but does not include an individual foster home or shelter home which is the normal residence of a family as defined by the Zoning Ordinance.

Therefore, it can still be a major problem to obtain zoning clearance to open group homes, and where there is community opposition special exceptions may be next to impossible to obtain. We recommend that formalized recognition of group homes in the zoning ordinances be strongly supported by the department. NCCD has recommended a model ordinance, and some language similar to it is needed to ensure a healthy environment for group homes. Group home operators and DJS should formally support amendment similar to the following:

A supervised group home is a dwelling housing a group of persons during a period in which such persons are undertaking a program of social rehabilitation, correctional rehabilitation, vocational training, or other similar residential program; the dwelling is sponsored and operated by a government or private nonprofit agency or corporation; and the dwelling is adequately supervised by appropriately trained personnel who either reside upon the premises or work duty shifts providing 24-hour supervision of the residents. Supervised group homes shall be permitted in all residential zones subject to formal approval by the building inspector, the fire marshal, and the health inspector. Formal approval by these officials shall consist of the applicant home meeting published requirements of these officials.

I-8. FIRE SAFETY

The group home should comply with the State Fire Prevention Code, and/or with local fire safety ordinances where they exist. Approval should be secured in

writing annually from the Office of the State Fire Marshal or his duly designated representative.

The State Fire Prevention Code governs the area of fire safety in the 23 counties of Maryland, and Baltimore City has its own fire prevention code. The state code is enforced by the Office of the State Fire Marshal, and in 19 of the 23 counties that office should be contacted for information and inspection of facilities. In Anne Arundel, Baltimore, Montgomery, and Prince George's Counties there are local fire prevention units attached to the local fire departments that should be contacted. The State Fire Prevention Code applies in these four counties, but there are additional county codes that also apply. These are enforced locally. (The State Fire Prevention Code provides: "Whenever the provisions of any other statute or local regulation are more stringent or impose higher standards than are required by any regulations promulgated under this chapter, the provisions of such statute or local regulation shall govern...." (Section 12.03.01.00).

In Baltimore City, the Fire Prevention Bureau of the Fire Department enforces its own fire prevention code, which is separate from the rest of the state and which is based on the guidelines of the National Fire Protection Association. The particular guidelines that apply to group homes depend on the capacity of the home. The procedure that is followed with regard to group homes licensed by the Department of Social Services is that the home applies to DSS for the license, after which DSS notifies the Fire Prevention Bureau to go out and make an inspection. If and when the Department of Juvenile Services is granted

licensing authority it should follow the same procedure. Until then, DJS should require the home to obtain such an inspection and approval before it approves a group home for purchase of care.

I-9. BUILDING INSPECTION

The physical facility to be used as a group home should be inspected by the local building inspector and meet all local building codes before it is considered ready for occupancy, and regular annual inspections should be made thereafter. Many residences converted to group home use present special building problems, because many are old: they may have old wiring, old heating plants, or work-out, unsafe building materials. They should be certified safe for occupancy, and the professional judgment of the building inspector should be required.

Various building codes apply in the different counties and subdivisions of the state, except that there are none in effect in several small counties (Allegany, Caroline, Dorchester, Garrett, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, and Worcester). In the other counties, and in some cities located in counties without codes, one of the following three codes is in effect: the National Building Code of the American Insurance Association, the Building Officials and Code Administrators' Basic Building Code, or the Southern Standard Building Code. Baltimore City has its own code. Listings of applicable codes are available from the Office of the State Fire Marshal. In addition, there is a State Building Code that applies to all buildings constructed with state funds, administered by the State Department of General Services.

I-10. HEALTH INSPECTION

The physical facility to be used as a group home should be inspected by the local health department and meet all local health codes before it is considered ready for occupancy, and regular annual inspections should be made thereafter. Areas for attention include food preparation areas, food storage facilities, bathing and toilet facilities, rodent and vermin control, garbage disposal, water supply, and general sanitation.

Health inspections are handled at the county level by the county health departments, which are autonomous. The county department would, upon request by the group home or notification by DJS, send out trained health inspectors. In most counties, the standards applied are those pertaining to foster homes, and they cover water, sanitation, safety, space, etc.

FOOTNOTES TO CHAPTER IV

1. This standard draws upon the rule promulgated by the Maryland Social Services Administration for child-care facilities it licenses. See: Maryland Department of Employment and Social Services, Social Services Administration, *Standards and Licensing Procedures for Care of Children*. (Pamphlet no. 19) (Baltimore: 1970), p. 3.
2. Maryland Department of Juvenile Services, *Guide Lines for Purchase of Care* (Baltimore: n.d.), p. 1.
3. Maryland Department of Juvenile Services, *Confidentiality of Juvenile Records: Policy and Procedure* (Baltimore: 1972), p. 1.
4. *Ibid.*
5. National Advisory Commission on Criminal Justice Standards and Goals, *Report on Corrections* (Washington: U.S. Government Printing Office, 1973), pp. 528-529.
6. National Research Council, Food Nutrition Board, Committee on Dietary Allowances, *Recommended Dietary Allowances*, 8th edition (Washington: National Academy of Sciences, 1974). Copies are available on pre-paid order from the National Academy of Sciences, 2101 Constitution Avenue, N.W., Washington, D. C. 20418, at \$2.50 per copy (bulk rates available). Request the *Recommended Dietary Allowances*, #2216.
7. Maryland Department of Juvenile Services, *Purchase of Services Policy Statement* (Baltimore: 1971), p. 4.
8. *Ibid.*
9. Maryland Social Services Administration, *op. cit.*, p. 38.
10. *Guide Lines for Purchase of Care (op. cit.)*, p. 7.
11. Prince George's County Council, Zoning Ordinance, Section 10.0, "Definitions," as amended November 13, 1973.

APPENDIX
Group Home Standards in Other States

APPENDIX A

GROUP HOME STANDARDS IN OTHER STATES

As we noted in Chapter I, we conducted an informal survey of the 28 states and three Canadian provinces reporting the operation of group home programs in the directory compiled by the Florida Division of Youth Services.¹ These states were: Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Virginia, Washington, District of Columbia, Alberta, Manitoba, and Ontario. We have replies from 18 of these jurisdictions, and the status of standards for group homes there is reported in this appendix.

ALABAMA

The group home program in Alabama is governed by the Department of Youth Services, and minimum standards for group homes were instituted in March 1974 under legal authority granted by the legislature in 1973.²

The Department is authorized and directed to establish and promulgate reasonable minimum standards for the construction and operation of detention facilities, programs for the prevention and correction of youth delinquency, in-service training for probation officers, consultation from local officials and subsidies to local delinquency projects. The said standards shall include, but not be limited to, reasonable minimum standards for detention facilities, foster care facilities, group homes, correctional institutions, and aftercare services.

On or after January 1, 1974, no county or city in the state or any public or private agency, group, corporation, partnership, or individual shall establish, maintain, or operate any detention facility or any foster care facility for youths found delinquent by a juvenile court, without a license from the Department. A license shall be required on an annual basis, or as determined by the Department. The Department shall revoke the license of any city, county, or public or private agency, group, corporation, or individual conducting, operating, or acting as a detention facility, or foster care facility caring for children and youths alleged or adjudged to be delinquent, that fails to meet the standards prescribed by the Department. The Department is authorized to visit and inspect any public or voluntary detention facility, foster care facility or group home as it deems necessary.

Correspondence with the department reveals that the licensing authority is currently being exercised indirectly, however:³

The Department of Pensions and Security has entered into a contract with the Department of Youth Services whereby the Department of Pensions and Security will provide services relative to group homes for delinquent children. The Department of Youth Services has only recently been established and as yet has not been able to hire the staff to perform these services. I anticipate that in the near future that the Department of Youth Services will be handling this procedure in-house.

...It is my understanding that the University of Alabama will provide some proposed standards for various types of facilities for the care of delinquent youth under an Alabama Law Enforcement Planning Agency Grant to develop standards. It may be at that time that different standards will be adopted by the Alabama Youth Services Board.

The minimum standards currently in effect cover state regulation of administration, social services, emergency placements, records, physical care, physical facilities, and the applications and procedures for licensing and license revocation.

GEORGIA

The Georgia Department of Human Resources published a set of minimum requirements for group homes in 1974. The group home, in the context of these minimum requirements, is defined as a facility which provides 24-hour care for 6 to 12 residents. The term includes but is not limited to facilities known as emergency shelter care homes, attention homes, half-way houses, etc. The department has legal authority for the establishment of such rules and regulations under Georgia's Children and Youth Act of 1963, which requires that: "All child welfare agencies be licensed annually by the Division of Children and Youth [the division and its functions were transferred to the Department of Human Resources in 1972] in accordance with procedures, standards, rules and regulations to be established by the Board."⁴

The relationship of the standards to licensing is spelled out the following way:⁵

Upon receipt of an Application for License and upon presentation by the applicant of evidence that the child welfare agency meets the standards prescribed by the Division, the Division shall issue such child welfare agency a license for a one (1) year period.

If the Division finds that any child welfare agency applicant does not meet standards prescribed by the Division but is attempting to meet such standards, the Division may, in its discretion, issue a temporary license to such child welfare agency, but such temporary license shall not be issued for more than a one-year period. Upon presentation of satisfactory evidence that such agency is making progress toward meeting prescribed standards of the Division, the Division may, in its discretion, reissue such temporary license for one additional period not to exceed one year.

The Division of Community Services also has the authority and the duty to inspect licensed facilities regularly:⁶

Inspection of Licensed Agencies: It shall be the duty of the Division to inspect at regular intervals all licensed child welfare agencies within the State, to include all family boarding homes, foster family homes, and family day-care homes used by such agencies. The Division shall have right of entrance, privilege of inspection, and right of access to all children under the care and control of the licensee.

The minimum requirements for licensing of group homes and other child-caring institutions cover the following aspects of operation: general policies, governing board, staff, social services, daily care and program, health, nutrition and food service, physical facility, and inspections and reports.

ILLINOIS

The Illinois Department of Correction operates a group home program involving a total of 15 small group homes, some of which are co-educational. The department replied to our inquiry about written operational standards or licensing procedures for its group homes as follows: "Unfortunately, we too are still in the initial stage of our group home program and are still in the process of developing written standards."⁷

INDIANA

The Indiana Youth Authority Act, passed in 1969, provides for the establishment or utilization of residential treatment centers, which includes group homes. The homes may be provided for totally or in part by recognized social agencies in conjunction with the Indiana Youth Authority. Standards, rules,

and regulations are set forth in a manual issued by the authority,⁸ and general compliance is required for certification of the home. Certification merely states, however, that the Youth Authority "has examined the physical facility, proposed activities and policies of the [home] and found them to be suitable for the placement of youthful offenders released to parole supervision under the jurisdiction of the Indiana Youth Authority." Such a certificate is valid for one year.

The manual, which states its terms rather generally, specifies its purpose as: "The standards, rules, and regulations set forth in this manual are not meant to be so restrictive as to impair any program that a particular group home might propose, but rather to specify the purpose and objectives of an ideal group home setting in terms of young parolee needs as viewed by the Indiana Youth Authority."⁹ The manual covers guidelines for admission, facility, personnel, activities, medical and dental treatment, term of residency, type of resident, parole agent's role, maintenance, suggested group home regulations, and structural requirements.

IOWA

At the present time the State of Iowa has no rules or regulations concerning group homes or halfway houses. Our correspondence with the Department of Social Services reveals that: "In 1972 our Legislative Rules Committee approved group home rules submitted by our department, but the Attorney General stated that we have no base for such rules in our law. We have for the past five legislative sessions introduced legislation which would provide a base for group homes in Iowa, but as yet we have not met with success in this endeavor."¹⁰

MAINE

The Bureau of Corrections operates a halfway house program for juveniles and adults whose juvenile facilities are similar to what are called group homes elsewhere. The bureau published in October 1973 a directory of this program,¹¹ and has drafted "Recommended Standards for Community-Based Treatment Programs and Halfway Houses." These standards are, however, still in the proposal state and have not been formally adopted.¹² The proposed standards cover administration, program, and personnel.

MASSACHUSETTS

The Massachusetts Office for Children has licensing authority over group-care facilities for children, and has formal regulations for licensure, adopted in April 1974. The licensing procedure is stated, in part:¹³

Upon receipt and review (which may include interviews, site visits, and technical assistance related to licensing standards) of an application for a license or approval or renewal thereof, the Office shall issue or renew a license or approval if it finds that the applicant is in compliance with these regulations.

The Office may upon written request waive any regulation contained in chapters two through five, if the applicant provides clear and convincing evidence, including, at the request of the Office, expert opinion, which demonstrates to the satisfaction of the Office that the applicant's alternative method will comply with the intent of the regulation for which a waiver is requested. The Office may consider any other evidence relevant to the request for waiver.

A license or approval is valid for two years from the date of issuance unless revoked, suspended or made probationary.

The regulations themselves are divided into four chapters. The chapter on "Administration of the Facility" covers purpose, organization, administration,

personnel, finances, records and confidentiality, and information required by the Office for Children. The chapter on "Programs and Services" covers planning, case management, family work, followup services, social, psychological, and psychiatric services, medical services, educational services, vocational preparation services, recreational services, religious services, legal services, and related topics. The chapter on "Care of Children" covers staff-child relationships, clothing, grooming and hygiene, nutrition, behavior management, money, visiting, mail, telephones, runaways, volunteers, and transportation. The chapter on "Physical Facility and Equipment" covers inspections and general requirements for the physical plant.

MINNESOTA

The Minnesota Department of Corrections, which operates group foster homes defined as: "a facility for foster care of not more than 8 delinquent children under the direction of the Juvenile Court with standards established by the Commissioner of Corrections. The Group Foster Home most often refers to, but is not limited to, a married couple living in their own home. The Group Foster Home cares for youngsters on a 24-hour a day basis."¹⁴ The mentioned standards are very general and brief.

Initial approval for use is dependent on an inspection by a representative of the Department of Corrections. Supervision consists of at least annual evaluation by the juvenile court, with the provision of a written copy of the evaluation to the Department of Corrections, and an annual inspection by the department.

MISSOURI

In Missouri the State Board of Training Schools operates its own group homes which are used in lieu of institutionalization. It presently operates 10 group homes, with an additional six facilities to be developed in the upcoming fiscal year. However, the board has no written standards for these homes, and it does not contract with other group home programs in the state.¹⁵

The Missouri Law Enforcement Assistance Council (MLEAC), which is the state planning agency, does fund contract group homes in the state and has promulgated a set of standards that cover complete operation of all group homes receiving any LEAA or HEW funds administered by the MLEAC. The effect of the standards is as follows:¹⁶

Compliance with the minimum standards will be required of all residential care facilities receiving LEAA or HEW funds administered by the MLEAC. All new applicants shall have complied with the requirements as outlined prior to receipt of any funds or will have submitted a plan or timetable by which the standards shall be met.

To be eligible to receive 1975 funds, all residential care facilities presently receiving funds from the MLEAC are required to be in full compliance with minimum standards, or will have submitted with their 1975 application a timetable for compliance within the first six months of the 1975 subgrant period.

If the subgrantee finds that he is unable to fulfill selected requirements and it is shown clearly that compliance will result in undue hardship to the program's goals and services, specific exceptions may be granted in writing by this agency.

These standards cover the following aspects of the operation of group homes: organization and administration, purpose and goals, records and reports, fiscal management, physical facility, staff, programming, licensure, and evaluation.

In addition to meeting these minimum standards of the MLEAC, these group homes must also meet the requirements for licensure of the Missouri Division of Welfare, which has authority to license any boarding homes for children (except that those operated or maintained by the state, city, or county, are exempt). Under their regulations, a home caring for 7 to 15 children is known as a group home and is licensed by the State Licensing Consultant. After an application for license is made, a thorough review of the physical facility, the program, and staff is made; a representative of the Department of Health and the local fire inspector review the home; and there must be assurance of compliance with local zoning and other city ordinances. Once the terms are met, a license having a term of one year is issued. Once a facility is licensed, the license is reissued each year as long as the agency continues to meet minimum standards, and this is enforced through ongoing supervision and consultation relating to the program, staff, and facility.¹⁷

NEW JERSEY

New Jersey has several residential group centers operated by the Division of Correction and Parole and also group home programs under the jurisdiction of the Division of Youth and Family Services. The Division of Correction and Parole reports: "We do not have any written operating standards or licensing procedures for our facilities."¹⁸ The Division of Youth and Family Services reports: "The State of New Jersey does not, at this time, have regulations specifically for the operation of group care homes. ...The only regulations which are used by the State of New Jersey are those in the Manual of Standards for Children's Institutions. Also, these regulations are not specifically geared towards a group care home setting. They are in the process of being revised to allow for smaller community-based facilities."¹⁹

The State Law Enforcement Planning Agency of New Jersey has drafted *Guidelines for the Establishment and Operation of Group Care Homes*, however. These are used for the purpose of allowing a local unit of government to make application for funds through the planning agency. In addition, the Division of Youth and Family Services has a Group Home Incentive Aid Program which makes state grants to help cover purchase, renovation, or construction expenses for group homes. These may be granted to counties, municipalities, or nonprofit corporations agreeing to operate a facility to be used exclusively as a group home.²⁰

NEW YORK

Group homes operated in New York must be sanctioned by the New York State Board of Social Welfare under its *Rules for Group Homes*. These rules refer to homes for delinquents and CINS as well as for dependent and neglected children. The Division for Youth of the New York State Executive Department reports that it is in the process of developing operating standards for its own group homes, but they are not yet completed.²¹

The *Rules for Group Homes* include a number of operational requirements relating to program, personnel, personnel practices, physical facility, protection of religious faith, medical policies and procedures, child care, and records.²²

OHIO

The Ohio Youth Commission has the authority to grant approval for use to group homes in the state, by issuing a Notice of Approval, which is valid for one

year. Each facility must be reapproved annually on the basis of substantial compliance with the *Standards for Group Homes*. The commission's policy toward deficiencies in meeting standards is as follows:²³

Problems relating to deficiencies in the program of a facility can usually be resolved if the OYC regional staff consistently and supportively helps the staff of the facility to set meaningful and realistic objectives and then carry them out. Occasionally deficiencies may be so serious or chronic that discontinuing use of the facility should be considered. If this is the case, these procedures will be followed:

- 1) The CRS Specialist will notify the person(s) responsible for the direction of the facility in writing (with a copy to the CRS Administrator) that:
 - a) the program fails to meet certain specified OYC foster care or group home standards
 - b) a meeting will be held between OYS staff and the person(s) responsible for the direction of the facility at a specified time and place at which a plan and a time limit for bringing the facility up to standards will be determined, and
 - c) continued OYC approval will be based on an evaluation of progress made on the plan at the end of the time limit.
- 2) A meeting shall be held between OYC staff and the person(s) responsible for the direction of the facility to work out a clear plan with specified changes that will be required within a specified length of time for continued OYC approval of the facility.
- 3) The CRS Specialist will evaluate the progress made on the plan at the end of the specified time limit and recommend to the CRS Administrator, based on the evaluation, approval or withdrawal of approval.

The standards themselves are brief and quite general. They cover administration, staff, physical care, emergency procedures, treatment, recreation, use of community resources, education, and evaluation.²⁴

OREGON

The Children's Services Division in Oregon makes use of a number of facilities and some group foster homes to provide residential care for children referred because of delinquent behavior, but they state: "We have never developed written guidelines, or standards for group homes, or small child care facilities for delinquent children as such. ...The Children's Services Division has been considering writing standards, but has not started the project."²⁵

Oregon does have standards dating from 1963 for child-caring institutions which were originally drafted by the Public Welfare Division, the predecessor of the Children's Services Division. These standards are in the process of being revised, but they relate generally to all types of institutions caring for children in the state, and not specifically to group homes.²⁶

Oregon has also published a set of standards, policies, and procedures for family group homes. These family group homes are not specifically for delinquent children but for any children requiring foster care in a group setting. These standards, policies, and procedures are in memo form, directed to the Children's Services Division's state staff and regional and district directors and caseworkers. Their thrust is toward the establishment of such resources and the provision of services to providers, the children placed, and families. They state: "The long range plan is to make the attached content part of the foster care services manual. Present foster home certification rules and regulations will be modified to comply with the standards."²⁷ This statement is dated December 31, 1973 and these standards refer to CSD staff responsibilities,

placement criteria, placement procedures, payment procedures, certification, staffing ratios, and so on.

PENNSYLVANIA

The Pennsylvania Department of Public Welfare has the authority under the state's Public Welfare Code to supervise any organization, society, corporation, or agency, public or private, within the state that cares for children. In accordance with the relevant sections of the Code:²⁸

The Department has the duty to make and enforce regulations governing the operation of group homes and to visit and inspect such homes for compliance. The Secretary of Public Welfare or his agent shall have full and free access to the grounds, premises, buildings, and records, and full opportunity to interrogate or interview any resident or staff of a group home. The Department has the duty to direct those persons having the management of group homes to comply with applicable regulations and to correct violations of such regulations within a specified time.

The department has exercised this authority by promulgating rules and regulations, known as Title 7100 of the Manual of the Office of Children and Youth, to govern the operation of group homes. The text of Title 7100 currently in effect is dated June 1969. A revised version was proposed in March 1974, but has not yet been adopted.

The currently effective version includes regulations concerning the following areas of group home operations: organization and administration (including financial responsibility), services and program (including professional services, child care services, procedures, and program), staff (including specific regulations on the director, the social work staff, other professional staff,

child care staff, and clerical staff), physical accommodations, transportation, and records and reports.

SOUTH CAROLINA

The Department of Youth Services has a current proposal for licensing standards for residential treatment facilities, including group homes, but they have not been adopted by the state as yet. The department is supporting recommended legislation to grant licensing authority, and they reported to us:

Presently there is no designated agency in the State of South Carolina that establishes standards or guides for operation of group homes for delinquents. It is felt that licensing standards and requirements are essential for protection of children living in facilities providing 24-hour care. In order to insure quality services and safeguard the child, this Agency is anticipating the feasibility of establishing standards for operations of group homes for delinquents in the State of South Carolina. Please note that the licensing standards are in the proposed stage.

The material pertaining to residential group homes is geared for those children who are experiencing behavioral problems requiring adequate staff to care for needs and treatment. Three major distinctions are made for children being served in the residential center which are: adolescents who require a minimum of casework services but need a constructive living experience, adolescents who require full casework services, and adolescents who require a maximum of casework services and regular psychiatric help coordinated with therapeutic group living but still in a group setting.

The proposed standards concern needs assessment, financing, administration, physical facility, program, and reports, and they include an explanation of the proposed licensing procedures.³⁰

ALBERTA

Group homes in the Province of Alberta are licensed under general authority granted to the Department of Health and Social Development. The licensing

standards are broad, concerning mainly the physical facility, recreation areas, equipment, maintenance, enrollment records, nutrition, health and medical supervision, staffing, and financial records. They do not pertain specifically to group homes for delinquents, but come under general licensing requirements for all homes, institutions, and nurseries.³¹

MANITOBA

The Province of Manitoba has a system of group homes for probationers. The treatment programs are based on the Interpersonal Maturity Classification System developed by the California Youth Authority. Our correspondence reveals that: "In terms of licensing procedures, these must be obtained from the city or municipality in which the group home is being established. At the present time, however, these only relate to physical standards of housing, plumbing, etc. Operating standards and licensing requirements are now being articulated by the Child Welfare authorities in our Province and are not immediately available."³²

ONTARIO

The Ontario Ministry of Correctional Services has operated with a system of contract group homes since 1971 when the ministry received approval to contract with agencies to establish and operate group homes in the community to serve as an alternative to training school placement. The ministry has published a directory of group homes which contains a brief history of the group homes program and profiles of the existing contract homes. But these do not constitute standards for operation. Our correspondence reveals: "Our contract group homes

are not 'licensed' but they are subject to an even closer supervision than licensed homes would be, because of the work of our own liaison officers. The program standards for our group homes have not yet been codified, but we are presently working on a system of categorization."³³

FOOTNOTES TO APPENDIX A

1. Florida Department of Health and Rehabilitative Services, Division of Youth Services, *Directory of Halfway Houses and Group Homes for Troubled Children* (Tallahassee: 1973).
2. Act No. 816, 1973 Regular Session of the Legislature of Alabama, as quoted in: Alabama Department of Youth Services, *Minimum Standards for Group Homes* (Montgomery: 1974), p. 5.
3. Communication to author from Mr. John R. Bailey, Supervisor, Division of Juvenile Delinquency Services, Department of Pensions and Security, Montgomery, Alabama, May 13, 1974.
4. Children and Youth Act of 1963, as quoted in: Georgia Department of Human Resources, Division of Community Services, *Minimum Requirements for Group Homes* (Atlanta: 1974), p. iii.
5. *Ibid.*, p. iv.
6. *Ibid.*, p. iv.
7. Communication to author from Mrs. William L. Leslie, Coordinator, Foster-Group Home Unit, Department of Corrections, Chicago, Illinois, May 16, 1974.
8. Indiana Youth Authority, *Group Homes for Youth Parolees: Standards and Guidelines* (Indianapolis: n.d.).
9. *Ibid.*, p. 3.
10. Communication to author from Mr. Raymond V. Sundberg, Specialist, Community Facilities & Licensing Section, Family & Adult Services, Department of Social Services, Des Moines, Iowa, June 20, 1974.
11. Maine Bureau of Corrections, *Halfway House Program* (Augusta: 1973).
12. Communication to author from Mr. Richard W. Carbonneau, Director, Halfway House Program, Bureau of Corrections, Department of Mental Health and Corrections, Augusta, Maine, May 16, 1974.
13. Massachusetts Office for Children, *Regulations for the Licensure or Approval of Group Care Facilities for Children (Title 3 - OFC Regulations)* (Boston: 1974), pp. 2-3.

14. Minnesota Department of Corrections, *Group Foster Home Standards* (St. Paul: 1971).
15. Communication to author from Mr. John J. Bonnot, Director of Treatment, State Board of Training Schools, Jefferson City, Missouri, May 13, 1974.
16. Missouri Law Enforcement Assistance Council, *Residential Care Facilities for Delinquent Youth: Guidelines and Standards for Missouri* (Jefferson City: n.d.), p. vii.
17. *Ibid.*, p. 39.
18. Communication to author from Mr. Albert Axelrod, Superintendent, Highfields Residential Group Center, Hopewell, New Jersey, May 17, 1974.
19. Communication to author from Mr. Harold P. Rosenthal, Administrator, Field Service Operations, Division of Youth and Family Services, Trenton, New Jersey, June 7, 1974.
20. New Jersey Department of Institutions and Agencies, Division of Youth and Family Services, *Guidelines for the Group Home Incentive Aid Program* (Trenton: n.d.), p. 1.
21. Communication to author from Mr. Albert Elias, Executive Deputy Director, Division for Youth, Albany, New York, May 16, 1974.
22. New York State Board of Social Welfare, *Rules for Group Homes* (Albany: 1971).
23. Ohio Youth Commission, *Community Residential Services Manual* (Columbus: 1973), p. 335.
24. Ohio Youth Commission, *Standards for Group Homes* (Columbus: 1973).
25. Communication to author from Mr. Don Miller, Administrator of the Children's Services Division, Department of Human Resources, Salem, Oregon, May 24, 1974.
26. Oregon Public Welfare Division, *Standards for Child-Caring Institutions in Oregon* (Salem: 1963).
27. Oregon Children's Services Division, internal memo addressed to all state staff, regional directors, district directors and caseworkers on the subject of: "Family Group Home Standards, Policies and Procedures," dated December 31, 1973, to take effect upon receipt.
28. Pennsylvania Public Welfare Code, as summarized in: Pennsylvania Office of Children and Youth, *Manual*, Title 7100 (Harrisburg: 1969), p. 1.
29. Communication to author from Mr. George B. Grogan, Deputy Director, Youth Bureau Services, Department of Youth Services, Columbia, South Carolina, May 21, 1974.

30. South Carolina, Department of Youth Services, *Proposal - Phase II, Licensing Standards for Residential Treatment Facilities* (1974) (Columbia: 1973).
31. Communication to author from Mrs. V. Fraser, Community Residence Co-ordinator, Homes and Institutions Branch, Department of Health and Social Development, Edmonton, Alberta, May 16, 1974.
32. Communication to author from Mr. Paul J. Leveille, Co-ordinator of Children's Forensic Services and Placement Programs, Community Operations Division, Department of Health and Social Development, Winnipeg, Manitoba, May 30, 1974.
33. Communication to author from R. T. Potter, M. D., Ministry of Correctional Services, Toronto, Ontario, June 11, 1974.

APPROVED
Survey of Residential Treatment Facilities

APPENDIX B

SURVEY OF PUBLISHED MATERIAL ON GROUP HOMES

To determine the status of research on the effectiveness of group homes, and to get an idea of the scope of published program descriptions, we made a search of published material on group homes. An initial search was conducted by the NCCD Information Center in Hackensack, New Jersey, and supplemented by the resources of the Survey and Planning Center staff conducting this study. This does not represent a listing of every publication of group home descriptions in existence, but only of those we considered to be more important and/or useful.

GROUP HOMES IN GENERAL

Florida Department of Health and Rehabilitative Services, Division of Youth Services, *Directory of Halfway Houses and Group Homes for Troubled Children* (Tallahassee: 1973), 117p.

This third edition of the directory of halfway houses and group homes represents the results of a national survey covering the 50 states and seven Canadian provinces. Six program types were identified: halfway houses, group centers, small group homes, large group homes, day-care programs, and group foster homes. Over 95 percent of all agencies contacted replied. Statistical tables provide information on the average costs nationally and by states and provinces; construction costs; purchase costs; leasing costs; cost per child; operating costs; sources of funding; staffing patterns and salary ranges; staff-to-child ratios; number of programs; average number of residents; average length of stay; how residents are admitted; and treatment services provided.

Oliver J. Keller and Benedict S. Alper, *Halfway Houses: Community-Centered Correction and Treatment* (Lexington, Mass.: D. C. Heath, 1970), 203p.

This represents the most thorough review available on the subject of halfway houses as correctional alternatives. Chapter 6 concerns group homes, and covers such topics as rationale, location, payment,

placement policies, number of children per home, development, treatment, program, and so on. This review, however, is more directly concerned with the type of group home operated as a family-style home by foster parents in their own home, which differs from conventional foster care only in the number of children placed.

Chapter 3, which may also be of interest, concerns treatment approaches in use in the halfway house setting. It is written mainly from the perspective of various types of group methods.

Martin Gula, *Agency Operated Group Homes: A Specialized Resource for Serving Children and Youth* (Washington: U.S. Children's Bureau, 1964), 35p.

This handbook published a decade ago defined its subject as follows:

"The agency-operated group home is usually a single dwelling or apartment owned or rented by an agency, institution, or other organization. The facility is not adjacent to or part of an institutional campus or a group of different resident units in one building. It cares for one group of about 4 to 12 children. Child care staff are employed and viewed as counselors or house-parents rather than as foster parents.

"The parent agency or institution has administrative, supervisory, and service responsibility for the group home.

"The group home reaches out to the community for many of its activities and resources. Its housing and architecture is usually indistinguishable from nearby homes or apartments."

It covers the following areas of group home operation: administration; selection of children; referral, diagnosis, planning, and treatment; program and group life; staff; location and neighborhood resources; rent, buy, or build?; costs; licensing; values and limitations; and implications for agency and community development.

Martin Gula, *Agency Operated Group Homes: A Casebook* (Washington: U.S. Children's Bureau, 1965), 89p.

This casebook is the companion to the preceding publication, and it contains descriptions of 15 group home programs.

University of Michigan, Institute of Continuing Legal Education, *National Assessment of Juvenile Corrections: Summary of Research Plan* (Ann Arbor: 1973), 12p.

The National Assessment of Juvenile Corrections is an ongoing project designed to establish objective, empirical bases for assessing the relative effectiveness of alternative correctional programs for different types of juvenile offenders in the U. S. This research plan describes the field research to be conducted through 1974, which will include thorough coverage of group homes and halfway houses. The reader is advised to watch for further publications of the project.

J. Robert Weber, *A Report of the Juvenile Institutions Project* (New York: National Council on Crime and Delinquency, 1966), 273p.

The Juvenile Institutions Project was a three-year nationwide search for significant and promising program developments in the treatment of the adjudicated delinquent, begun in January 1964. Its scope included the continuum of correctional services in the community, in the institutions, and in aftercare.

Chapter V reports on community-based juvenile correction programs, and includes discussion of four general categories of programs: (1) boarding home programs, (2) group homes, (3) day-care programs, and (4) specialized units of probation or parole agencies. The boarding home programs discussed are more in the nature of foster care. The discussion of group homes noted a frequent observation from several states that many adolescents were able to adjust in group homes when they could not do so in single placement foster homes, and that the less intense personal relationships required for living in a group home is the usual explanation for this phenomenon. The report goes on to describe the findings of the survey on the use of group homes at the time. It also comments at some length on the problems encountered by group homes, and we reprint that section here, from pp. 184-187:

Problems of Group Homes

Efforts in the development of group home programs have met with both remarkable successes and with failure. Failure has been generally associated with one of three factors: 1) lack of community acceptance, 2) a "poor fit" of the group home in the state's correction system, or 3) a lack of congruence between staff behavior and program objectives.

One group home visited by the project which was serving as a halfway house for delinquent boys between the institutions of the state and release to own home had a near total failure rate. In the first

eighteen months 95% of all admissions to the group home had been reinstitutionalized. Though not as dramatic, high failure rates and considerable staff frustration were encountered by project staff in other group homes in many states.

Community rejection has been frequently cited as a cause for the failure of agency-operated group homes; an understanding of the purpose and mission of the group home in the community does not exist. Thus, frustrations and tensions are created between the group homes and community and staff are faced with both the problems of the juvenile in care as well as those presented by the community. Behavior problems of youth are aggravated by devastating experiences such as ridicule and hostility from people in the neighborhood, the school, the job, the bowling alley, the neighborhood drug store, etc.

Because many group homes have failed for lack of community acceptance, the single most important factor in the operation of a group home is community relationships. Before an agency should consider placing the first youngster in a new group home, considerable work must be done in the neighborhood, the school, the relevant community organizations to insure acceptance of the program.

Prior to the past three years, the most frequent factor in the inappropriate functioning of agency-operated group homes may have been community rejection, but in recent years, with more funds available and the rapid development of facilities in certain states, the poor performance of some group homes cannot be totally blamed on community rejection. Other factors are playing a role. Two observations were made by project staff that are possibly worth attention. One is the inappropriate institutionalization of a group home, and the second is youth attitudes regarding placement.

Where group homes have been started, almost on a crash basis, the problem of recruiting and training staff has been crucial. As a result, sometimes group life supervisors from institutions have been transferred to staff the group home and work under supervisors hired without previous administrative experience with youth in residential settings. Experiences with this combination of staffing have not been happy ones. When staff attempt to enforce the rules and regulations of the large institution on youth in a group home attending public school or holding jobs in the community the youth sometimes have a tendency not to return to the home.

If the average length of stay in the institution is seven months, and youths know parole will result if they just conform, the placement in the group home may well be perceived as an unjust extension of "time to be served." Some youth go home on parole, but other youths

who feel they also earned parole are placed in a group home with the understanding they are to be there for several months. The perception of an unfair extension of "time to be served" may well be a sizeable factor in the high failure rate of some group homes.

The viability of the halfway house concept seems to depend upon the intake criteria, the participation of the youth in the decision for placement, and commitment on the part of the youth to the specific program objective to be attained by placement. Examples of this use of group homes within a total system are California's Contra Costa County Group Homes for Boys, New York Training School's Group Home for Girls, and the State of Washington group homes.

The question is debated as to whether it is advisable for an agency to build its own facility or is it preferable to lease a house suitable for renovation to serve the purpose of a group home. Arguments are encountered on both sides of the question, but the question is appropriate only in the context of a given state and the total system in which the program is to be a part. Licensing requirements in the state may be a critical determinant in whether to build or to lease.

The State of Washington has constructed its own group homes on the edge of town, but near public transportation. Michigan has acquired existing buildings through lease arrangements and then renovated them to serve as group homes. The latter course has some economic advantages and provides flexibility for program innovation in the future. When the state makes a capital investment in a facility, there appears to result less flexibility in the resultant use of the facility. If the program does not work, the state cannot easily retract. Where there is capital investment for the construction of a group home, a more adequate physical plant results, and there is far less griping by staff about the facility in which they work. The youth themselves take pride in the functional attractiveness of a newly constructed facility.

CALIFORNIA GROUP HOME PROJECT

Ted B. Palmer, *Final Report, The Group Home Project: Differential Placement of Delinquents in Group Homes* (Sacramento: California Youth Authority, 1972), 215p.

The California Group Home Project has been the most thoroughly researched group homes project, and a list of the publications concerning it is staggering (a partial listing follows). The project was conducted in Sacramento and Stockton between 1966 and 1969, as a part of California's Community Treatment Project (CTP). The study sample consisted of adolescents committed to the state correctional system after an average of five police arrests.

The project operated on the differential treatment typology developed for CTP and was originally proposed to establish five different types of homes:

"Type I--Protective: Would be designed for conspicuously immature and dependent youths, whose family background has involved many elements of neglect or brutality. The home would attempt to approximate normal, non-disturbed family living as closely as possible. A maximum of four youths could be served at any point in time.

"Type II--Containment: Would be designed for youths who are often labeled 'defective characters', 'psychopaths', and/or 'culturally conforming delinquents'. The home would provide clear structure and firm limits. It would operate on a 'non-family' basis and would emphasize concrete, attainable demands for socially acceptable, constructive behavior. A maximum of six youths...could be served.

"Type III--Boarding: Would be designed for the more interpersonally mature youths--those who might soon be able to maintain themselves in an independent placement. The home would attempt to provide a 'YMCA hotel' atmosphere--while also allowing for personal relationships to develop on the youths' initiative. A maximum of six youths...could be served.

"Type IV--Temporary Care: Would be designed for youths who have a temporary placement need, but for whom both custody and independent living are viewed as neither appropriate nor a placement of choice. Where possible, youths in this home would be allowed to continue their regular CTP program (e.g., counseling, school, work, etc.)... and, if appropriate, to even 'do very little' if this might help them 'calm down'. A maximum of six youths--from any I-level or subtype--could be served.

"Type V--Short Term Restriction: Would be designed for youths in need of fairly restrictive behavioral limits, yet not necessarily in need of detention within local juvenile halls, CYA facilities, local jails, etc. A type of 'house arrest' rather than an actual 'locked door' policy would prevail. Placement would be limited to about one week--during which time at least some of the youth's treatment program would hopefully be continued. A maximum of six youths--from any I-level or subtype--could be served."

But the Short Term Restriction Home was never developed in practice. Instead the project staff developed a Type VI home during the project's second year:

"The Type VI home ["Individualized"] was designed to accommodate up to six higher maturity youths. In the main, these would be [types] who were not in a position to concentrate upon the issues of physical and/or emotional emancipation, yet who seemed in need of a healthy, 'family-life' situation in which at least one of several types of relationships--with adults--could theoretically be made available to them. The scope and focus of the relationships would vary as a function of the needs, interests and limitations of the individual youth. Much flexibility would be allowed relative to expectations placed upon youths within the home (individually and collectively)."

The sixth type of home operationalized and studied was Type VII, a Girls' Group Home, which was not differentiated.

Followups of group home youths were performed at 15 and 24 months, and compared with non-group home youths in the Community Treatment Project. For various reasons, the sample of group home youths was rather small, and had a slightly greater likelihood of parole failure according to CTP predictive scales. Nevertheless, the group home experimental group had a lower parole failure rate than the regular CTP youths.

In addition to reporting on the research conducted, this final report of the project also includes discussion of various group home operations and issues such as recruitment and selection of group home operators, matching of operators and youths, contracts, financing, licensing, mode of ownership, and so on.

Ted Palmer, John Pearson, and Sharlene Haire, *Selected Instruments Used in the Group Home Project* (Sacramento: California Youth Authority, 1969), 128p.

During the first year of the group home project, numerous instruments and forms were developed by group home staff, chiefly for purposes of project description and evaluation. Other instruments were adapted from work done elsewhere relative to children and/or delinquent adolescents. Most of these instruments were subsequently used throughout the life of the project. Several of these have been brought together to this document. Within the group home project itself, their areas of primary usefulness have related to: 1) the task of selecting appropriate group home parents and of matching these individuals with given types of delinquent youth who might later be placed within their group home; 2) the description--relative to group home parents and other treatment personnel as well--of attitudes and feelings toward given youths, toward specified aspects of group home living, and regarding given ways of interacting with youths; 3) the measurement of changes-through-time with reference to the above attitudes, feelings, etc.; 4) a variety of baseline-data items, together with documentation-of-decisions, procedures, and

other recordkeeping matters. Contents: Paper and pencil questionnaires used in the selection of matching of group home parents; Interview schedules for group home candidates and group parents; Descriptive and evaluative instruments for group home parents and other treatment personnel; Screening, ward placement, attendance and cost account forms.

Several other reports of varying value were published in connection with this group home project. A partial, unannotated list follows:

John W. Pearson, *Group Home Project: An Exploration into the Use of Group Homes for Delinquents in a Differential Treatment Setting* (Sacramento: California Youth Authority, 1970), 24p.

California Youth Authority, *The Group Home Project: Differential Treatment Environments for Delinquents* (Research Report No. 2) (Sacramento: 1968), 135p.

Sharlene Haire and Ted Palmer, *An Overview of Issues Central to the Use of Group Homes for Youthful Offenders* (Sacramento: California Youth Authority, 1969), 47p.

Estelle Turner, *A Girls' Group Home: An Approach to Treating Delinquent Girls in the Community* (Sacramento: California Youth Authority, 1969), 35p.

ACHIEVEMENT PLACE

Elery L. Phillips, Montrose M. Wolf, Jon S. Bailey, and Dean L. Fixsen, *The Achievement Place Model: Community Based, Family Style, Behavior Modification Programs for Pre-Delinquents* (Santa Barbara, Calif.: Delinquency Prevention Strategy Conference, 1970), 68p.

The Achievement Place Model is an educational environment design to overcome the behavioral deficiencies of the predelinquent in his community. It is based on research conducted at Achievement Place, a community-based, community-directed, family-style home for six to eight boys aged 12 to 14, in Lawrence, Kansas. The treatment program is carried out by a pair of professional teaching-parents who are trained in behavior modification procedures, remedial education techniques, and juvenile law. In this publication, they describe the program's goals and the evaluation techniques that have been designed.

Objective goals have been established in the areas of social behavior, self-care behavior, academic behavior, and prevocational behavior.

An evaluation model on three levels has been designed: (1) the overall effectiveness of the program, (2) each youth's progress in the program, and (3) the effectiveness of the specific behavior modification procedures used in the program. Type (1) utilizes a traditional comparison of an experimental group with a control group involving a measure of recidivism. Type (2) is made by assessing each boy's progress as reported by the teaching-parents. Type (3) involves use of the reversal and multiple-baseline design techniques.

Elery L. Phillips, Elaine A. Phillips, Dean L. Fixsen, and Montrose M. Wolf, "Achievement Place: Behavior Shaping Works for Delinquents," *Psychology Today* (June 1973).

This article describes the program and its behavior modification techniques, and also reports the results of the initial evaluation of the program's overall effectiveness. The data included measures of police and court contacts of the residents, recidivism, and grades and attendance at school. These measures were taken for 16 youths committed to Achievement Place, 15 youths committed to the Kansas Boys School (an institution housing 250 delinquents), and 13 youths placed on formal probation. All 44 youths had been released from treatment for at least a year at the time of data collection; all had been adjudicated originally by the juvenile court in Lawrence; and all were potential candidates for Achievement Place when adjudicated. The authors point out that the youths were not randomly assigned to the three groups, so the data should be regarded as representing only preliminary results. They had begun to select youths randomly for Achievement Place, so as to provide an experimentally valid evaluation of the long-term effects of the program.

POLICE AND COURT CONTACTS. The Achievement Place and the Boys School youths were similar in their contacts with the law before and during treatment, but they were quite different after treatment. The Boys School youths returned to a fairly high number of police and court contacts, while the Achievement Place youths had few contacts. The boys on probation had fewer police or court contacts than the Achievement Place youths before treatment, but after treatment they had more.

It is interesting to note that one argument against community-based group homes is that they expose the community to the continuing law violations of the delinquent youths placed there. However, the authors found that during treatment the youths placed in the institution 30 miles from Lawrence had as many contacts with the police and court in Lawrence as did the Achievement Place youths. Apparently, Achievement Place offered as much "protection" to the community as the institution did.

POSTRELEASE INSTITUTIONALIZATION. Two years after treatment, 53 percent of the Boys School youths and 54 percent of the probation youths had committed a delinquent act that resulted in their being readjudicated by the court and placed in a state institution. But only 19 percent of the Achievement Place youths were institutionalized either during or after treatment.

DROPOUTS. By the third semester after treatment, 90 percent of the Achievement Place youths were attending public school, while only nine percent of the Boys School youths and 37 percent of the probation youths were still in school. This measure included only those youths who had not been institutionalized after treatment.

SCHOOL GRADES. Among the youths who attended school after treatment, about 40 percent to 50 percent of the Boys School and probation youths earned grades of D minus or better while about 90 percent of the Achievement Place youths were passing their classes with a D minus or better. The overall grade-point average after treatment for Boys School youth was about a D minus; the average for probation youths was about a D plus, and the average for Achievement Place youths was about a C minus.

Although a C-minus average probably is not high enough to arouse the admiration of most middle-class parents, it does show that the boys are passing their classes and progressing toward graduation requirements for junior high and high school.

Dean L. Fixsen, Elery L. Phillips, and Montrose M. Wolf, "Achievement Place: Experiments in Self-Government with Pre-Delinquents," *Mental Health Digest* 5:7 (1973), pp. 38-46.

The Achievement Place researchers noted that youth in correctional settings rarely participate in decisions regarding the rules by which they have to live. But, in spite of the formal regulations, they frequently develop an informal self-government dependent upon group coercion and punishment that often is more severe than that allowed by the rules.

The researchers conducted experiments at Achievement Place to analyze the variables that affect the youths' participation in establishing consequences for rule violations (Experiment I) and for calling "trials" for reported rule violations (Experiment II). The data from Experiment I were also analyzed to determine the role of the youths in reporting violations.

The results indicated that self-government can be studied and that variables affecting participation in a governmental system can be identified and evaluated. The results of Experiment I indicated that

more youths participated in the governmental system when the teaching-parents did not predetermine a consequence for a reported rule violation. However, the results of Experiment II showed that the youths called few trials when they had the responsibility for calling the trials. When the teaching-parents paid points for calling trials there was an increase in trials called by the youths, but the violations reported were what might be called "technical violations" of rules that rarely resulted in a point consequence for the violator. Thus, at this time, it appears that teaching-parents cannot turn over full responsibility for the self-government system to the youths.

The semi-government system that evolved at Achievement Place consists of at least four important components: developing rules, reporting rule violations, deciding guilt, and assigning consequences. A recent review of 99 rules at Achievement Place indicated that in the boys' opinion they had developed about 50 percent of the rules and had played a major role in the development of another 25 percent of the rules. The boys not only played a major role in establishing the rules, they also reported violations.

OTHER GROUP HOME PROGRAMS

Illinois Department of Corrections, Juvenile Division, *Project Group Homes: A Report* (Springfield: 1972), 257 p.

Project Group Homes was an experimental project of the Illinois Juvenile Division to develop a community resource for committed delinquent youth. Six agency-operated group homes and two contract homes were established. Intake into Project Group Homes was by random selection from a pool of eligible youth referred from the reception center, institutions, or camps. Youths eligible but not selected constituted a control group.

This is a report of 18 months of intensive effort to establish and stabilize an agency-operated group home project. Although not part of the research design, several group homes were contracted with private agencies and operated under the supervision of the local parole counselor during the same period of time as Project Group Homes operated. While there were some problems with the contract homes, it was clear that these homes avoided the major problems encountered by the agency-operated homes. A decision to terminate Project Group Homes in favor of contract group homes was made on the basis of fewer problems in operation and greater responsiveness as a resource to young people in need of a community residence.

Project Group Homes did not operate a sufficient length of time to obtain accurate cost figures. Start-up costs were understandably high. The best estimate indicated that agency-operated homes cost

50 to 75 percent more than group homes contracted to private agencies. The higher operating costs also figured in the decision to terminate agency-operated homes in favor of contract homes. A year after termination of the project, Illinois was operating seven group homes contracted to private agencies and eight multi-placement foster homes. This report discusses organization and administrative variables, staffing problems, and community variables, and describes participating youth.

The original description of the project was published in: Illinois Department of Corrections, Juvenile Division, *Project Group Homes* (Springfield: 1971), 7p.

Minnesota Department of Correction, *Follow-Up Study of 166 Juveniles Who Were Released from State Group Homes from July 1, 1969 through June 30, 1972* (St. Paul: 1973), 42p.

Data were collected on 166 juveniles released from state-operated group homes in order to determine the relative predictive value of such data for adjustment in group home placement and to identify juveniles who would benefit from the program.

Successful adjustment was defined as the juvenile's ability to cope with return to his natural family or to an independent placement, release to military service or release to an independent setting with the consent of the parole officer. Inadequate adjustment included the commission of a new offense, pregnancy, inability to adjust during the two-week trial period, and chronic violations technical parole rules.

Juveniles in the program generally came from large families suffering from disorganization and economic deprivation but a large proportion came from economically stable families. Many of the juveniles had been adjudicated only once before group home placement; 60 percent of the boys and 67.2 percent of the girls spent one to six months in an institution before group home placement.

Sixty (36.1 percent) of the group home residents were released for successful adjustment and 106 (63.9 percent) were not able to adjust or committed a new offense. Female residents adjusted somewhat better than male residents. About 50 percent were released to the community or returned to an institution during the first six months of placement, and another 25 percent were released or returned during the next six months.

A statistically significant relationship between adjustment and type of offense was found. Those committed for drug and liquor law violations were more likely to adjust successfully in group home placement than were serious offenders or other types of minor offenders. Males who were involved in property offenses such as burglary, theft, auto

theft, and vandalism tended to fail in the group home setting. Both male and female juveniles involved in incorrigibility or runaway offenses were less likely to adjust.

Among other findings, ethnic background does not appear to be a contributing factor in adjustment, and juveniles with a superior level of intelligence tended to adjust successfully.

Minnesota Department of Corrections, *An Analysis of the Group Residence for Hard to Place Juvenile Boys March 1971 to February 1972* (St. Paul: 1972), 31p.

This group residence provides a short-term intensive program involving utilization of community resources in an individualized plan for each resident. During the time covered by this report, 40 youths participated in the program. Of these, 41 percent achieved satisfactory adjustment, 32 percent were returned to correctional institutions, and the remaining 27 percent were unable to adjust in the residence but were placed independently with family or friends.

The majority of the youths had extensive correctional histories and had experienced parole and probation failures. Prior to admission to the residence, the juveniles averaged 14.1 months in institutions and the youthful offenders averaged 27.75 months. Of the total, 75 percent had spent at least 10 months in correctional institutions, and 80 percent had been on parole or probation at least twice. The document does not report on followup.

John E. Hagardine, *The Attention Homes of Boulder, Colorado* (Washington: Office of Juvenile Delinquency and Youth Development, 1968), 35p.

The Attention Home program of Boulder, Colorado, which opened its first group home in the fall of 1966 is a program that is entirely locally supported. Additionally, the program is run almost entirely outside any formal agency setting. The basic idea is broad community involvement in and support of court-led programs to curtail and prevent juvenile delinquency, without resort to institutionalization. While the Attention Home program does have close cooperative relations with the court, this is predominantly a citizen-run organization. Most of the children residing in the home are referred by police to the Juvenile Court, but some of them have been brought to the court by parents who felt they could no longer control their children. Where living at home is considered to be detrimental to treatment of difficult and delinquent children, residence in the home is available as an alternative. It is reported that local financing and broad policy participation by the community have some disadvantages. Goals and purposes are less clearly defined, much time must be spent on fund-raising, and the program might be terminated if the community loses interest.

However, community involvement in the group home program tends to produce greater concern and understanding of the problems of the juvenile court and delinquency prevention and control. Because of extensive volunteer support in services and materials, the Attention Home costs considerably less than comparably-sized government supported group home programs.

PORT Handbook: A Manual for Effective Community Action with the Criminal Offender (St. Paul: Minnesota Department of Corrections, 1972).

Kenneth F. Schoen, "PORT: A New Concept of Community Based Correction," *Federal Probation* 36:3 (September 1973), pp. 35-40.

Probationed Offenders Rehabilitation Training (PORT), established in 1969 in Rochester, Minnesota, is a live-in, community-based, community supported and directed program for both juvenile and adult offenders. The program provides an alternative for those offenders who require greater control and attention than probation can offer and who, without PORT, would have been sent to training school or prison. Through December 1971 PORT has accepted 60 male residents ranging in age from 13 to 47 and in offenses from truancy to armed robbery. All but three would have been incarcerated. Entrance into the program is voluntary: the candidate spends a three-week evaluation period in residence at PORT while he and the screening committee performs more of a catalytic than a screening function and so far it has not rejected any applicant.

The core of the program is a combination of group treatment and behavior modification. Behavior modification was added after a year of operation when it was found that the group alone was insufficient. Resident counselors (12 to 15 of them, mostly college students) live in the building and room with the offenders, in effect replacing the guard/counselor staff of the institution.

A key to the success of the program is the involvement of the community and the heavy use of existing local resources. Educational, vocational, employment, and mental health services and other resources are not duplicated in PORT as they are in an institution. The community actually runs PORT through a corporate board of directors which hires staff and sets policy. Public support and voluntary service contributions to PORT programs are obtained through the PORT Advisory Committee, a group of about sixty-five Rochester citizens.

While it is too early to state with complete assurance that the concepts employed at PORT are effective, the program appears promising. Of the 60 residents served by the program as of December 1971, 34

have been discharged, six as failures (sent to institutions) and 28 who are now living in the community. The following conclusions have been drawn from experience to date: (1) The mixing of juveniles and adults is not only practical but preferred. (2) Community involvement and support from the start is essential. (3) Most existing community resources can be utilized and need not be duplicated. (4) The program can be operated at a cost of less than \$3,000 per year per bed. (5) The dual treatment method of group therapy and behavior modification seems to be the most successful both in affording control and in achieving individual goals.

It is the intention of PORT not only to provide an effective correctional service in Rochester but to develop a model program that can be transferred to other communities throughout the state and nation. Three other Minnesota communities have already set up programs modeled after PORT.

Louisville Metropolitan Social Services Department, Research and Planning Office, *Alternatives in Treatment: Aftercare/Pre-Probation: An Interim Report* (Louisville, Ky.: 1973), 36p.

The Aftercare/Pre-Probation Program was designed to provide supportive services (including group homes) to aftercare youths released from an institution and preprobation youths referred directly by the court who did not require institutionalization but whose community environment was temporarily undesirable. This report outlines the first year of operation, which included two phases.

Phase I involved residence in one of six group homes operated by the program, each of which was a family-style home operated by house-parents and a social worker. Ordinarily the maximum stay was two months, unless the situation in the youth's natural home precluded his return. During his stay the social worker counseled the youth's family in preparation for his return home, and counseled the youth about his problems in the home and concerning his return. Phase II, which involved followup counseling by the social worker after the youth's return home, is also described in the publication.

No systematic research was conducted, but a description of the demographic characteristics of the youths served and a variety of information on the Phase I behavior of the youths is provided.

Ian Sinclair, *Hostels for Probationers* (London: Great Britain Home Office, 1971), 200p.

Probation hostels are small houses in England for adolescent probationers who are normally sent to them for a period of one year. They are run by wardens. This study was conducted to determine the aims and methods of the hostel system, the problems facing the wardens,

and the effectiveness of the hostel experience on the boys placed there. Data sources included samples of boys and wardens from hostel monthly reports, probation office reports, the Jesness staff attitude questionnaire, interviews, and informal observation by research workers. Data were collected on more than 5,000 probation hostel boys.

The findings suggested that in the long run the warden determines the success rate of the hostel. Statistics supplemented by observation of individual hostels indicate that successful hostels maintained strict discipline but were run by wardens who were kind and understood the boys' problems.

The research also produced evidence that such homes can benefit some delinquents coming from homes with very poor family life, but that the benefit is likely to be eroded on the return home. The researchers concluded that techniques need to be developed for working with the family while the boy is away.

APPENDIX C

Review of Treatment Approaches

APPENDIX C
REVIEW OF TREATMENT APPROACHES

There are several basic treatment approaches and/or philosophies that are popular in residential programs for delinquent youth. We have arbitrarily selected 10 of these approaches, many of which overlap both in philosophy and methodology, as the most popular in current use. These are described here generally, based on a review of treatment approaches conducted for a NCCD study of group homes in Connecticut.¹ To the eight approaches reviewed there, we have added two others because of current use, and our list now includes:

1. Medical
2. Behavior modification
3. Education, training, and/or employment
4. Use of community resources
5. Group methods
6. Guided group interaction
7. Therapeutic community
8. Positive peer culture
9. Reality therapy
10. Differential treatment

THE MEDICAL APPROACH

Generally, programs utilizing this approach stress the use of drugs to alter or control behavior or utilize individual psychotherapy. Broadly speaking,

this treatment approach considers the commission of offenses to be primarily the result of an emotional disturbance in the individual offender. Treatment models vary, but the concept that crime or delinquency is a symptom of personal disease, defect, or maladjustment -- that is, an illness demanding individualized diagnosis and treatment -- is their common basis.

Recent research suggests, however, that this type of treatment is unrealistic for the vast majority of offenders. So, without suggesting that this treatment model does not have its place in a broad spectrum of treatment alternatives -- to be used with certain individual offenders -- it is passing out of use as a standard.²

For example, the Pilot Intensive Counseling Organization (PICO) study exposed a group of delinquents in the custody of the California Youth Authority to psychotherapy on either an individual or a group basis to determine which form was more efficacious:³

Success - as judged by how well the boy performed later in the community - depended upon whether or not, at time of his admission to the program, he had been "classified by clinical judgement as either amenable or nonamenable to treatment by individual counseling." Of all the boys considered suitable for individual casework, those who received it did better on parole than those who were treated instead by group counseling. On the other hand, those not deemed suitable for individual casework, who were nevertheless subjected to it, reacted with a higher rate of failure than those who were exposed to group methods. The PICO experiment indicates that individual casework appears to be more effective for certain offenders than do group forms of treatment.

THE BEHAVIOR MODIFICATION APPROACH

This approach utilizes a system of positive rewards (often degrees of freedom in the community) for successful adjustment to standards of behavior defined as acceptable by the program. Behavior modification techniques are based on the theory of operant conditioning and involve extensive use of both positive and negative reinforcement.⁴

The Probationed Offenders Rehabilitation Training (PORT) Project, established in 1969 in Rochester, Minnesota, utilized this approach in combination with group treatment.⁵ It is a residential community-based program for both juvenile and adult offenders, and is an alternative disposition for candidates for incarceration, those who require greater control and attention than probation. The behavior modification treatment used operates to mete out levels of freedom systematically on a point system based on measured performance in tangible areas. The newcomer starts out at the lowest level of a group-evolved classification system, with categories ranging from I (minimum freedom) to V (freedom equal to that of an individual of the same age in the community). Through a process of demonstrating performance to the group and earnings on the point system, the successful resident gradually gains the freedoms and responsibilities accorded a normal person his age.

The Kentfields program, operating in Kent County, Michigan, since 1970 also utilizes behavior modification techniques, and is successfully demonstrating their cost effectiveness with hard-core delinquents.⁶ The cost of treating a boy at Kentfields for one year is about \$400 -- several thousand dollars less than training school placement. And, of the 54 boys released from the

program in the first year, only two later committed offenses serious enough to warrant commitment to training school.

Achievement Place, a community-based, community-directed, family-style home, uses behavior modification techniques with predelinquents. The home accommodates six to eight boys aged 12 to 14, and the treatment program is carried out by a pair of professional teaching-parents who are trained in behavior modification procedures and remedial education techniques. The program is aimed at modifying social behavior, self-care behavior, academic behavior, and pre-vocational behavior. Evaluation is still incomplete, but systematic research is being carried out.⁷ The Achievement Place model has been replicated at a group home operated by Kent Youth, Inc., in Kent County, Maryland. This home is one of the 10 group homes visited for the present study.

THE EDUCATION, TRAINING, AND/OR EMPLOYMENT APPROACH

This approach stresses that the major problem faced by residents is the lack of worthwhile employment and/or training opportunities. Accordingly, the approach aims primarily to provide its residents with such opportunities.

The Collegefields program, established in Newark in 1965, took as a major goal to alter the educational experience of its delinquent boys.⁸ It combined this approach with guided group interaction. The boys attended academic classes each weekday morning and group sessions in the afternoon. The basic curriculum of the public school was modified to meet individual student needs and remedial instruction was provided. Great gains in academic achievement, IQ, attitudes toward school, and so on, were made, but no difference in recidivism rates was found.

The Community Integration Project in Easton, Pennsylvania, is a community residential center for youth that emphasizes employment. All participants are employed in the area, and staff members help the residents find and maintain career-oriented positions. From their wages, the residents pay room and board, make at least partial restitution to their victims, contribute to the support of their families, and pay taxes. The treatment approach thus emphasizes a normal social existence based on having a job and earning money.⁹

This approach was utilized with offenders on probation in a pilot program in Monroe County, New York. The program's objective was to reduce recidivism by reducing unemployment through academic upgrading, vocational assessment, job location, and job placement. A comparative study of experimentals, controls, and an adequately employed group was undertaken on the first six months of program operation.¹⁰ The unemployment rate of the target population was effectively reduced and the program was judged to be effective in reducing recidivism, but the rates for the adequately employed group remained better.

THE USE OF COMMUNITY RESOURCES APPROACH

Some programs start with the assumption that the major problem of residents is that they are unable to use the resources that are available in the community and need assistance in bridging the gap from confinement to community life only in terms of needing short-term shelter and short-term assistance in how to use the resources available in the community.

Some deliberately take a very limited role, and see their place as simply offering the resident the security of a place to eat and sleep, as well as

some insulation from delinquent associates and some general support in finding employment or adjusting to school.¹¹

Others actively seek partnership with other community agencies and use them as resources having potential utility as correctional tools. The first task in setting up a treatment program using this approach is the development and maintenance of an up-to-date list of services available in the community and knowledge of the procedures for obtaining the services. The treatment staff then act as liaison officers, directing the resident's rehabilitation by referring him to the specialists in the various community agencies.¹²

Gardner lists and describes eight basic services available in most communities that can be used as correctional tools: (1) home-finding associations; (2) educational institutions; (3) Goodwill Industries; (4) state employment agencies; (5) departments of social welfare and/or family services; (6) community mental health centers; (7) Office of Vocational Rehabilitation; and (8) major support groups, such as Catholic Charities, Lutheran Social Services, the Salvation Army, and so on.¹³

THE GROUP METHODS APPROACH

Programs utilizing group methods generally attempt to translate the theory of delinquency as a group phenomenon into an explicit treatment mode. Methods vary from simple uses of the group for educational purposes to group counseling, group psychotherapy, social group work, and several treatment approaches that will be discussed separately below, guided group interaction, the therapeutic community, positive peer culture, and reality therapy.¹⁴

The principles common to group-centered approaches have been described by Empey and Lubeck.¹⁵

With regard to the genesis of delinquent problems, the group-centered approach assumes that the traits of the individual are very much the property of groups and are not uniquely psychodynamic in character. The aggressiveness of an individual, his personal values, his willingness to change, his sense of security, indeed his self-concept, are thought to be group related. As a consequence, proponents of the group-centered approach make two important distinctions in their use of groups: they maintain (1) that the processes occurring in the group cannot be explained from an individual frame-of-reference and (2) that the treatment of individuals proceeds concurrently with, and is the function of, the effective development of a group. They argue, in fact, that, since groups are inevitable and ubiquitous, it is incorrect to assume that change can occur without taking them into account.

Group counseling is typically provided to formally-composed groups of five to fifteen members, and has been conducted by both professional and non-professional personnel, depending on the agency. Typical objectives include:¹⁶

- (1) providing information about the agency and its purposes;
- (2) assisting clients in the perception and acceptance of social reality;
- (3) encouraging fuller expression of feelings and attitudes;
- (4) providing positive group experiences and meaningful interpersonal relations with peers and adults;
- (5) enhancing the self-esteem of the clients.

Group counseling is probably the most prevalent group treatment approach in institutions, but it is also used in community settings.¹⁷

Group psychotherapy has been adapted from the mental health field and assumes that the basic problems of the offender are primarily psychogenic in nature. Emphasis is placed on the resolution of psychic disorders, the development of

insight, the ability to form relationships, and the resolution of internal conflicts. The basis of the approach is similar to that of the individual psychotherapy method discussed above (in the section on the medical approach), except that the individual is treated in the group.¹⁸

GUIDED GROUP INTERACTION APPROACH

This is a specialized type of group therapy which we consider separately because of its widespread use in group homes. The program is structured around a small group (six to eight persons) whose members experiment with new modes of behavior and make decisions about themselves, their peers, and their families. Group meetings are held at least daily at which all issues are discussed. The primary concern is peer group dynamics and the operation of the peer group in restructuring the youth subculture around more socially acceptable norms and values. Toward this end these programs involve the child in frequent and intensive group discussions of his own and other members' current problems and experiences. The residents are grouped by living quarters in such a way as to provide maximum involvement with their group members. This is necessary to development of the care and concern that form the basis of the helping process in this approach.¹⁹

Projects based on guided group interaction (GGI) are traced to the experiment at Highfields, established in New Jersey in 1949. It was a short-term residential program for 20 boys, aged 16 and 17. The boys worked during the day at a nearby mental institution and participated in GGI sessions each evening. The project was judged to be at least as successful as the training school in terms of recidivism and far less costly.²⁰ Other well-known examples of

subsequent projects that employed the GGI technique are Essexfields,²¹ Collegefields,²² the Provo experiment,²³ the Parkland Non-Residential Group Center,²⁴ Southfields,²⁵ and Criswell House.²⁶

THE THERAPEUTIC COMMUNITY APPROACH

This approach attempts to integrate the group treatment strategy into the entire organizational structure of the home, instead of leaving it only to the actual group sessions. The home is viewed as a total community with all aspects of home life made a part of the therapy.

The approach has been most commonly used with institutions;²⁷ but some community programs have tried it. Among these was the Silverlake Experiment in Los Angeles, a residential treatment center for delinquents, that adapted many of the treatment characteristics of the therapeutic community to a program of community linkage.²⁸ Karma Academy, a group home for youth with histories of drug abuse, in Montgomery County, Maryland, utilizes the therapeutic community as its basic treatment approach. It is one of the 10 group homes visited for the present study.

POSITIVE PEER CULTURE APPROACH

Positive peer culture is a type of group treatment that evolved from guided group interaction as practiced at Highfields, and has been described by Vorrath, its developer and chief proponent, as "a synthesis of several long-known but seldom-utilized principles." Its basis is the observation that young people are profoundly influenced by associations with their peers; this leads to a theory that just as peer group influences can foster problems, so also can the

peer process be used to solve problems. This notion of the power of the peer group is the underlying concept, and it is used in combination with the concepts of the psychology of giving and the role that people with problems can play in helping others of similar background.

Vorrath and Brendtro have written a book stating the principles and procedures underlying this treatment approach, describing the specific procedures employed for organizing groups, the stages through which the groups pass, the role of staff, and the procedures for operating a group meeting.²⁹ Each member of the group takes the responsibility for the welfare and behavior of the other members of the group. Vorrath and Brendtro say:³⁰

Built around groups of nine youth under the guidance of an adult leader, Positive Peer Culture is designed to "turn around" a negative youth subculture and mobilize the power of the peer group in a productive manner. Youth in PPC groups learn how to identify problems and how to work toward their resolution. In group sessions and in day-to-day activities the goal is to fully involve young people in the helping process.

In contrast to traditional treatment approaches PPC does not ask whether a person wants to receive help but whether he is willing to give help. As the person gives and becomes of value to others he increases his own feelings of worthiness and builds a positive self-concept.

PPC does not avoid the challenge of troublesome youth; rebellious and strong-willed individuals, when redirected, have much to contribute. Those who have encountered many difficulties in their own lives are often in the best position to understand the problems of others.

Positive Peer Culture does not seek to impose specific rules but to teach basic values. If there were one rule, it would be that people must care for one another. Caring means wanting what is best for a person. Unfortunately, positive caring behavior is not always

popular among youth. In fact, negative, harmful behavior frequently is more acceptable. Therefore, PPC uses specific procedures to foster caring behavior. Once caring becomes fashionable, hurting goes out of style.

Vorrath claims much success for this treatment approach, particularly in schools and institutions that were plagued with severe problems of student unrest and adult-youth conflict. But the only systematic research concerning the effects of PPC that we have located is a followup study being conducted by the Minnesota Department of Corrections on its PPC program at the Red-Wing Training School. This research, based on followup data covering a two-year period after release from the institution, has shown dramatic improvement in the recidivism rate (as derived from parole revocations).³¹ We have seen no research concerning the use of PPC in small residential settings like group homes, or in open community settings.

Positive peer culture has, in the recent past, become a very popular treatment approach, and PPC is used almost as a catch-phrase by staff and youth alike in several of the group homes we visited in Maryland. But what we have usually noted is not Vorrath's "total system for building positive youth subculture," but rather an amalgam of group methods involving some notion of making the members of the group police each other. There seems to be a genuine danger that this treatment approach, corrupted and watered-down as it is in some group homes and institutions, becomes merely a device for the staff to transfer its responsibility for treatment to the residents. The residents quite naturally resent this, and also resent what they perceive to be punishment of the whole group for the misbehavior of one individual. We do not mean to imply that this effect is a necessary consequence of the use of PPC, but only that we have noted some

programs *nominaly* utilizing PPC in this way. If PPC is to be used, it must be used as a total treatment system, according to its own carefully worked-out procedures.

THE REALITY THERAPY APPROACH

Reality therapy is another offshoot of group methods, and is usually described as being based upon the structural components of both guided group interaction and positive peer culture, and founded on a basic dissatisfaction with the medical model of treatment for troubled people.³²

Reality therapy rejects the classical system whereby problem-ridden people are viewed as mortally ill and their behavior is labeled according to a complex and extensive classification scheme. Instead of the terms "mental health" and "mental illness," reality therapy refers to behavior as "responsible" or "irresponsible." ... As diagnostician the reality therapist simply determines whether the person is meeting his needs in a manner that does not interfere with others meeting theirs. If he is, he is acting responsibly; if he isn't, he is acting irresponsibly. ... The focus of the reality therapist is on present behavior, about which something can be done.

Responsibility, the basic concept of reality therapy, is defined simply as the ability to meet one's needs without depriving others of the ability to meet theirs. Realistic behavior occurs when one considers and compares the immediate and remote consequences of his actions.

The reality therapist follows 14 basic steps in attaining involvement and influencing responsible, realistic behavior, which are described in the reality therapy literature.³³ The use of reality therapy with delinquents is being advocated by the John Howard Association, and it has published a background information sheet on this treatment approach. It describes the composition and setting of the reality-based group thus:³⁴

Reality-based groups can be established in any setting in which young people who are in trouble can be reached. For example: schools, group homes, on probation, and in institutions.

Young people form groups which work together to solve problems and learn responsibility for themselves and others. All settings must be totally non-punitive and staff must be willing to direct responsibility of decisions and actions back to the individuals and the group. The setting must also provide an opportunity for young people to show their problems so that they can get help on solving them.

This treatment approach is beginning to be used in residential settings, particularly in the "mom-and-pop" type group home. But no results are in from research on its relative effectiveness.

THE DIFFERENTIAL TREATMENT APPROACH

The basis of this approach is the notion that offenders are different from each other in the reason for their law violations,³⁵ with the implication that attempts to change the offender into a nonoffender should vary in ways that are relevant to the cause. The ideal is that the goals of treatment relate in some direct manner to the causes of delinquency, and that the treatment methods relate specifically to those goals.³⁶

This approach has been the basis of the California Youth Authority's Community Treatment Project and one of its components, the Group Homes Project. An integral part of this type of treatment is the classification of offenders into treatment-relevant categories on the basis of a general theory of individual development (called Interpersonal Maturity Level Classification) into nine delinquent subtypes.³⁷ Offenders are matched to treatment staff,³⁸ and this

concept has been expanded in the Group Homes Project to the development of five distinct types of offenders.

Results of systematic evaluation show considerable advantages for group home placement for certain types of delinquents, better results for institutional treatment for one type, and ambiguous or minimal differences for some types.³⁹

FOOTNOTES TO APPENDIX C

1. National Council on Crime and Delinquency, Survey and Planning Center, *Group Homes in Connecticut: Guides for Future Development and Operation* (Austin, Tex.: 1974), pp. 4.19-4.31.
2. See the discussion in: Paul E. Lehman, "The Medical Model of Treatment; Historical Development of an Archaic Standard," *Crime and Delinquency* 18:2 (April 1972), pp. 204-212.
3. Oliver J. Keller and Benedict S. Alper, *Halfway Houses: Community-Centered Correction and Treatment* (Lexington, Mass.: D. C. Heath, 1970), p. 22.
4. Edward T. Ray and Kent L. Kilburn, "Behavior Modification Techniques Applied to Community Behavior Problems," *Criminology* 8:2 (1970), pp. 173-184.
5. Kenneth F. Schoen, "PORT: A New Concept of Community-Based Correction," *Federal Probation* 36:3 (September 1972), pp. 35-40. See also: *PORT Handbook: A Manual for Effective Community Action with the Criminal Offender* (St. Paul: Minnesota Corrections Department, 1972).
6. William S. Davidson, *Kentfields Rehabilitation Program: An Alternative to Institutionalization* (Grand Rapids, Mich.: Kent County Juvenile Court, 1971).
7. See: Elery L. Phillips, Montrose M. Wolf, Jon S. Bailey, and Dean L. Fixen, *The Achievement Place Model: Community Based, Family Style, Behavior Modification Programs for Pre-Delinquents* (Santa Barbara, Calif.: Delinquency Prevention Strategy Conference, 1970), and: Elery L. Phillips, Elaine A. Phillips, Dean L. Fixsen, and Montrose M. Wolf, "Achievement Place: Behavior Shaping Works for Delinquents," *Psychology Today* (June 1973).
8. Saul Pilnick, et al., *Collegefields: From Delinquency to Freedom* (Newark, N.J.: Newark State College, 1967).
9. The research/evaluation component of this project was designed and is operated by NCCD, and results are not in. It consists of stringent selection criteria for eligible offenders; those classed as eligible are randomly assigned to either the residence or the control group (which is institutionalized). Thus scientific evaluation is possible, and will examine outcomes for offenders, cost effectiveness, and impact on family stability and community safety.
10. Peter S. Venezia and William A. McConnell, *The Effect of Vocational Upgrading upon Probationer Recidivism* (Davis, Calif.: National Council on Crime and Delinquency, Research Center, 1972).
11. See the discussion in: Keller and Alper, *op. cit.*, p. 20.

12. However, it has sometimes been difficult to secure the proper cooperation from community agencies. For a discussion of the obstacles, as well as a program for integrating correction into the system of social agencies, see: Wallace Mandell, "Making Correction a Community Agency," *Crime and Delinquency* 17:3 (July 1971), pp. 281-288.
13. Eugene J. Gardner, "Community Resources: Tools for the Correctional Agent," *Crime and Delinquency* 19:1 (January 1973), pp. 54-60.
14. For general discussions, see, for example: Special Issue on Group Methods, *Crime and Delinquency* 11:4 (October 1965), especially: Rosemary C. Sarri and Robert D. Vinter, "Group Treatment Strategies in Juvenile Correctional Programs," pp. 326-340; and Dogan D. Akman, Andre Normandeau, and Marvin B. Wolfgang, "The Group Treatment Literature in Correctional Institutions: An International Bibliography, 1945-1967," *Journal of Criminal Law, Criminology and Police Science* 50:1 (1968), pp. 41-56.
15. LaMar T. Empey and Steven G. Lubeck, *The Silverlake Experiment: Testing Delinquency Theory and Community Intervention* (Chicago: Aldine, 1971), p. 78.
16. Sarri and Vinter, *op. cit.*, p. 331.
17. For a discussion of group counseling programs in California, see: Norman Fenton, et al., *Explorations in the Use of Group Counseling in the County Correctional Program* (Palo Alto, Calif.: Pacific Books, 1962).
18. See the bibliography on group psychotherapeutic methods in: Sarri and Vinter, *op. cit.*, p. 332. For discussions of some of the drawbacks in treating delinquents through this approach, see: Sarri and Vinter, pp. 332-333; and Empey and Lubeck, *op. cit.*, pp. 76-78.
19. For an overview of the theory and method of a specific treatment approach and evaluation of its application, see: National Council on Crime and Delinquency, Training Center, *Guided Group Interaction* (Hackensack, N.J.: 1972). See also: F. Lovell Bixby and Lloyd W. McCorkle, "Guided Group Interaction and Correctional Work," *American Sociological Review* 16:4 (August 1951), pp. 455-459.
20. H. Ashley Weeks, *Youthful Offenders at Highfields: An Evaluation of the Effects of the Short-term Treatment of Delinquent Boys* (Ann Arbor: University of Michigan Press, 1958). See also: Lloyd W. McCorkle, Albert Elias, and F. Lovell Bixby, *The Highfields Story: An Experimental Treatment Project for Youthful Offenders* (New York: Holt, 1958).
21. Richard M. Stephenson and Frank R. Scarpitti, "Essexfields: A Non-Residential Experiment in Group Centered Rehabilitation of Delinquents," *American Journal of Correction* 31:1 (January-February 1969), pp. 12-18; Saul Pilnick, Albert Elias, and Neale W. Clapp, "The Essexfields Concept: A New Approach to the Social Treatment of Juvenile Delinquents," *Journal of Applied Behavioral Science* 2:1 (1969), pp. 109-124; and Richard M. Stephenson and Frank R. Scarpitti, *The Rehabilitation of Delinquent Boys: Final Report (Essexfields)*, submitted to the Ford Foundation (New Brunswick, N.J.: Rutgers University, 1967).

22. Filnick, *et al.*, *op. cit.*
23. LaMar T. Empey and Maynard L. Erickson, *The Provo Experiment; Evaluating Community Control of Delinquency* (Lexington, Mass.: D. C. Heath, 1972); and LaMar T. Empey and Jerome Rabow, "The Provo Experiment in Delinquency Rehabilitation," *American Sociological Review* 26:5 (October 1961), pp. 679-696.
24. Kentucky Child Welfare Research Foundation, *Community Rehabilitation of the Younger Delinquent Boy: Parkland Non-Residential Group Center*, Final Report to the U.S. Department of Health, Education, and Welfare (Louisville: 1967).
25. Lovick C. Miller, "Southfields: Evaluation of a Short-Term Inpatient Treatment Center for Delinquents," *Crime and Delinquency* 16:3 (July 1970), pp. 305-316.
26. John M. Flackett and Gail Flackett, "Criswell House: An Alternative to Institutional Commitment for the Juvenile Offender," *Federal Probation* 34:4 (December 1970), pp. 30-37.
27. See for example: Norman Fenton, Ernest B. Reimer, and Harry A. Wilmer, *The Correctional Community; An Introduction* (Berkeley: University of California Press, 1968); and Eliot Studt and Sheldon Messinger, *C-Unit-- A Search for Community in Prison* (New York: Russell Sage Foundation, 1968).
28. Empey and Lubeck, *op. cit.*
29. Harry H. Vorrath and Larry K. Brendtro, *Positive Peer Culture* (Chicago: Aldine, 1974).
30. *Ibid.*, p. 3.
31. Minnesota Department of Corrections, Research Division, *The Red-Wing Training School Follow-up Study* (Minneapolis: 1973).
32. Richard L. Rachin, "Reality Therapy: Helping People Help Themselves," *Crime and Delinquency* 20:1 (January 1974), pp. 45-53.
33. *Ibid.*, pp. 51-53.
34. John Howard Association, *Background Information Sheet on Reality-Based Group Therapy* (Chicago: June 1974).
35. As Warren states it: "One of the few agreed-upon facts in the field of corrections is that offenders are not all alike; that is, they differ from each other, not only in the form of their offense, but also in the reasons for the meaning of their crime. Some individuals violate the law because the peer group on which they are dependent for approval prescribed criminal behavior as the price of acceptance, or because the values which they have internalized are those of a deviant subculture. Other individuals break laws because of insufficient socialization, which has left them at the mercy of any except the most protected of environments. Still others are

delinquently acting out internal conflicts, identity struggles, or family crises. This list is meant to be illustrative." (Marguerite Q. Warren, "Action Research As a Change Model for Corrections," in *New Approaches to Diversion and Treatment of Juvenile Offenders* (Washington, D.C.: U.S. Department of Justice, Law Enforcement Assistance Administration, National Institute of Law Enforcement and Administration of Justice, 1973), p. 126.

36. See: Marguerite Q. Warren, "The Case for Differential Treatment of Delinquents," *Annals of the American Academy of Political and Social Science* 381 (January 1969), pp. 47-59; and Jerome Beker and Doris S. Heyman, "A Critical Appraisal of the California Differential Treatment Typology of Adolescent Offenders," *Criminology* 10:1 (1972), pp. 3-59.
37. These maturity levels and delinquent subtypes are described in: Ted B. Palmer, "California's Community Treatment Program for Delinquent Adolescents," *Journal of Research in Crime and Delinquency* 8:1 (January 1971), pp. 74-92.
38. Ted B. Palmer, "Matching Worker and Client in Corrections," *Social Work* 18:2 (1973), pp. 95-103.
39. See: Ted B. Palmer, *Final Report, The Group Home Project: Differential Placement of Delinquents in Group Homes* (Sacramento: California Youth Authority, 1972), for a description of the evaluation, and of the group home model types. The report also includes an extensive list of major problem areas encountered in the operation of group homes.

END