

128717

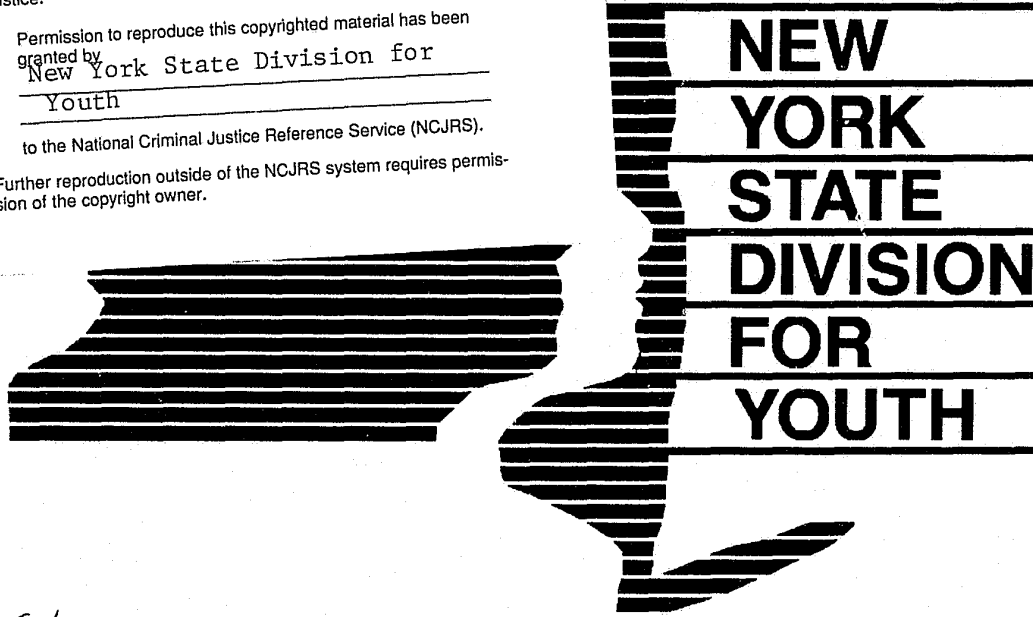
U.S. Department of Justice
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by
New York State Division for
Youth

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.



7-19-91 MF1

128717

Specialized Services

Implementation and Evaluation

Mario M. Cuomo, Governor
Leonard G. Dunston, Director

February 1, 1990

Executive Summary

The Mandate and the Challenge

The New York State Division for Youth (DFY) has completed this report on its progress in developing and implementing specialized services in response to Chapter 50 of the Laws of 1989:

For services and expenses for the continued funding of functions and responsibilities necessary to continue the development of appropriately designed and accessible youth services and programs which effectively offer opportunities for positive youth development for youth in the community and in division for youth residential care. A status report on the progress of development and implementation of the specialized services to be submitted by the director of the division for youth to the director of the division of the budget, with copies to the chairmen of the senate finance committee and the assembly ways and means committee no later than October 1, 1989 and a final report with an evaluation component of the various services submitted to the director of the division of the budget, the chairmen of the senate finance committee and the assembly ways and means committee no later than February 1, 1990.

The underlying premise of this report is that *programs work*. Public demands for protection from crime and delinquency, combined with concerns over the cost of custody and care, make it incumbent on DFY to develop effective habilitation programs — those that successfully promote law-abiding, productive behavior in youth and, in particular, delinquent youth.

The Target Population

In 1989, 2,521 youth were admitted to the Division for Youth— 89% for criminal offenses, 11% for status and other offenses. Of these, 30% were for violent crimes (homicide, sex offenses, kidnapping, assault, robbery, burglary), 58% for non-violent crimes. Admission for drug offenses was the fastest growing category increasing tenfold from 1985 to 1989. Youth placed with DFY generally exhibit aggressive and impulsive behavior, lack of self-control and poor self-esteem. Most are minority youth and are from low-income, single-parent families. On average, they are 15 years old.

From July (when systematic needs identification began) through December 1989, 80% of the youth admitted to the Division were identified as being in significant need of one or more of the following special services: substance abuse services (58%); special education (33%); mental health services (29%); sex offender services (8%); specialized health services (7.5%); bilingual education (4%) and mental retardation services.

Program Development and Evaluation

The Office of Program Development and Evaluation is developing and evaluating programs to address these special services needs. Special programs are being developed or accessed in the following critical areas:

- sex offender
- substance abuse
- mental health
- mental retardation
- health
- special education
- bilingual education

A variety of special initiatives are in development, targeted at improving youth behavior and competencies, lowering recidivism rates and reducing costs of care. Key initiatives include the design of an integrated counseling approach, training

program staff to address growing demands for substance abuse and sex offender treatment, transferring appropriate youth to the care of Office of Mental Health and Office of Mental Retardation and Developmental Disabilities, exploring lower-cost alternatives to residential care such as Home-Based Intensive Supervision, Specialized Family Foster Care and Outward Bound, expanding grantsmanship and maximizing revenue development initiatives.

The Executive Budget proposes that the number of students per teacher in the Division's residential care programs be increased from 8 to 12, resulting in the layoff of 57 teachers. This will require careful planning to implement.

The first stages of the Division's new Client-Facility Classification System have been implemented. By the end of 1990 the Division expects to have an excellent data base in place to begin routinely evaluating its program efforts. This will be accomplished by the ongoing identification of risk and needs characteristics at intake, and by documentation of program results using the new needs assessment and reassessment instruments. This information will be incorporated into a comprehensive case management system, currently in design. Youth risk and needs information is now collected at intake, and is being used to guide facility selection. Pilot testing of the new assessment instruments began January 1st in facilities from each control level—secure, non-community-based and community-based.

This report contains three evaluation studies: education, pre-employment and a followup survey.

- The evaluation of the agency's education program continues to show DFY-placed youth enter care with educational achievement among the lowest in the nation. They leave having made significant gains— well beyond any that might be expected if they had been in the public school system.
- Evaluation of the pre-employment program shows similar findings—residents showing rewarding improvement considering the severe deficits demonstrated at pretest.
- The final study presents a retrospective look at youth who left Division care from 1983 to 1985, based on a mail followup survey. This study provides evidence that some DFY-placed youth demonstrate social gains years after returning to the community.

All the studies indicate there is much left to be done in program development and evaluation.

Action Plan

The Office of Program Services has been renamed the Office of Program Development and Evaluation to accurately reflect its mission. It has been expanded to actively engage in the systematic design, development and evaluation of all specialized services and programs. The Office now includes the agency's strategic planning, policy development, grants and revenue development, research, program evaluation and client data management functions. Addition of these critical functions has enabled the Division to better integrate and coordinate these services at both the system-wide and program-specific levels. The Office of Program Development and Evaluation is expediting the implementation of the next phase of the Client-Facility Classification System, the other key initiatives described above, and other activities detailed in this report.

By coupling targeted treatment interventions with structured program evaluation, the Division will be able to more effectively shape and measure positive youth development. There is much yet to be done. We believe the initiatives described in this report are the best ways to achieve this goal.

Table of Contents

Introduction.....	1
1. Habilitation: Changing Youth Behavior	
The Need.....	1
Habilitation Approach.....	3
Client-Facility Classification System.....	4
Residential Services Programs.....	7
2. Counseling	
Integrated Counseling.....	11
Substance Abuse Services.....	14
Sex Offender Services.....	16
Mental Health Services.....	17
Mental Retardation Services.....	19
3. Education and Employment	
Education & Prevocational Competencies.....	21
Special Education.....	23
Bilingual Education.....	24
EVALUATION OF DFY'S EDUCATION AND EMPLOYMENT PROGRAMS.....	25
4. Health	
Health Care and Nutrition.....	29
Special Health Services.....	29
5. Recreation	
Recreation and Leisure Time.....	32
6. Alternatives to Residential Care	
Home-based Intensive Supervision.....	33
Specialized Foster Family Care.....	33
Outward Bound.....	34
7. Program Evaluation	
Program Evaluation defined.....	35
Status of Program Evaluation Activities.....	38
FOLLOWUP SURVEY OF YOUTH RELEASED FROM DFY RESIDENTIAL CARE.....	40
8. The Office of Program Development & Evaluation	
Office Functions.....	47
Bureau Functions and Activities.....	48
Major Directions for 1990.....	49
Appendix	
A. Youth Needs by Facility Control Level.....	A-1
B. Needs Assessment and Reassessment Instruments (in pilot test).....	B-1
C. Case Management Forms (draft).....	C-1

Raising children from the total dependency of infancy to healthy, productive, self sufficient adulthood is the fundamental responsibility of any society. The future of that society quite literally depends on it. From the earliest days as a nation, this responsibility has been shared between the institutions of family and government. The family in our society holds primary responsibility for raising children, while government is generally expected to do what families cannot. In this way, the mutual goal of both families and government to produce healthy, productive and self-sufficient adults is achieved.

It is the combination of the activities and interventions of families and government which provide the environment and the supports children need if they are to acquire the competencies necessary for adulthood. These competencies are complex, interrelated and change with changing times. As the requirements for self-sufficiency evolve, so do the needs of children. Consequently the roles of family and government must change to meet these new needs; and, it is in meeting these new challenges that the capacities of both families and government are tested the most.

The Task Force on Children and Youth holds as a fundamental value that the family is the most appropriate locus for the rearing of healthy, caring and competent children and the development of healthy and productive adults. Government's role is to provide supports and opportunities for development when the family cannot. Clearly some families are less capable than others, and many families experience periods of high stress which at least temporarily impair their usual level of functioning. In these instances society must decide whether children will simply develop without some of the necessary skills, talents or competencies, or whether government will step in and offer assistance.

These are difficult choices that change continually. We have come to expect that when a family demonstrates insufficient skills or resources to cope with certain problems, government will play a role in assisting the child and the family. Government interventions are varied in type and intensity; they range from supplemental nutrition, drug treatment and teen pregnancy avoidance programs to early intervention services for children with developmental disabilities. The most drastic form of government intervention in rearing children occurs when a determination is made that a child is not safe with his or her family, and must be removed from the home and placed in some form of government supported residential care.

In recent years, societal factors, including severe housing shortages and the experiences associated with homelessness, the proliferation of cheap and deadly drugs and their increasing use by young parents and children, and the widespread consequences of long term poverty have combined with changes in the traditional structure of families to lessen the capacity of many families to provide successfully for their children's development. The heightened competency demands of a service oriented economy, along with the cumulative failures of schools and social institutions, have resulted in an unprecedented proportion of children and youth facing a high risk of failure. Attending to the many facets of a child's development in a way that both protects and challenges the child is simply beyond the capacity of far too many of today's families. Although we believe that families should control this process, there are many instances when government must provide basic support.

from the Introduction of
"There ARE Better Ways to Serve Children"
Report of the Task Force on Children and Youth
August 1989

Introduction

As the quotation from the Report of the Task Force on Children and Youth so clearly states, government is being challenged more than ever before to help address the complex, evolving needs of youth. Unacceptable school dropout and youth unemployment rates, coupled with increasing drug arrests and violent or bias-related incidents require all involved agencies to marshal resources and strategies to meet these challenges. The needs of the State's projected work force further heighten this call to action.

The Division for Youth's mission, "preventing delinquency through positive youth development" describes its unique role among State agencies serving children and youth in addressing this challenge. Other State agencies are involved in the positive development of youth; however, the Division for Youth is the only State agency whose central objective is preventing delinquency. While the Division has this as its unique mission, it recognizes that it cannot accomplish this broad objective alone, but must work in close partnership with many other organizations and individuals in the public and private sectors and at all levels of government.

While the Division for Youth is an integral part of the juvenile justice system, it is committed to preventing young people from becoming involved with it. Even in the best of times, total success in this regard is unlikely. The Division therefore is committed to the treatment of youth requiring habilitation and to making possible their re-entry and reintegration into their communities as law-abiding, productive citizens.

This report highlights the Division's major program development and evaluation efforts to fulfill this habilitation goal. As a result of these initiatives, the Division can now better identify the needs of youth for out-of-home placement and for specialized treatment services. This results in more rational facility placement and more efficient use of treatment resources. When fully operational, the agency's Client-Facility Classification System will provide an ongoing data base for program evaluation, allowing the Division to measure youth performance and program effectiveness on an ongoing basis. As other program development and evaluation efforts proceed, they too will result in improved treatment and continuity of care.

The underlying premise of this report is that *programs work*. Recent studies (Garrett, 1985; Lab and Whitehead, 1988) have demonstrated that residential programming can effectively promote law-abiding behavior in delinquent youth. Public demands for protection from crime and delinquency, combined with concerns over the cost of custody and care, make it incumbent on DFY to strive toward the positive development of all placed youth. To this end, the Division has committed itself to the strategic development of effective habilitation programs.

This report describes the Division's current efforts to develop and evaluate specialized services as specified in Chapter 50 of the Laws of 1989:

For services and expenses for the continued funding of functions and responsibilities necessary to continue the development of appropriately designed and accessible youth services and programs which effectively offer opportunities for positive youth development for youth in the community and in division for youth residential care. A status report on the progress of development and implementation of the specialized services to be submitted by the director of the division for youth to the director of the division of the budget, with copies to the chairmen of the senate finance committee and the assembly ways and means committee no later than October 1, 1989 and a final report with an evaluation component of the various services submitted to the director of the division of the budget, the chairmen of the senate finance committee and the assembly ways and means committee no later than February 1, 1990.

In October 1989, a status report was submitted to the legislature describing the characteristics of youth placed with DFY, their service needs, the Division's program efforts to address these needs, and specific program evaluation methods by which the Division will measure success in addressing these needs. This report updates the information presented in that document based on the actions taken during the subsequent four months and describes in more detail the Division's major program development and evaluation activities. These major activities include:

- designing an integrated counseling approach;
- training program staff to meet growing demands for substance abuse and sex offender treatment;
- pilot testing needs assessment instruments that will be used to determine which youth receive particular services and determine each youth's progress in having those service needs met;
- building program evaluation capabilities, and
- conducting preliminary evaluations based on currently available information.

The report consists of eight chapters. The first describes the agency's approach to habilitating delinquent youth. The next four chapters — Counseling, Education and Employment, Health, and Recreation — describe the agency's program development and evaluation efforts by service categories. The sixth describes experimental programs under development as placement alternatives to traditional residential care. The seventh describes the agency's approach to program evaluation and the status of this initiative. The last chapter describes the structure of the organizational entity responsible for program development and evaluation, and directions being pursued in 1990.

1. Habilitation: Changing Youth Behavior

THE NEED

Youth admitted to the Division for Youth's residential programs are 7 to 15 years old at the time they committed the offense that resulted in their first placement. In 1988, there were approximately two million youth in this age range in New York State. From this age cohort, 70,000 were arrested — 5,900 for serious violent crimes, 18,600 for major property crimes. The majority of these arrests took place in New York City (68%). From 1988 to 1989, juvenile arrests in New York City escalated rapidly. Felonies increased by 40% and misdemeanors by 35%. Much of this increase has been attributed to crimes associated with crack and other illegal drugs.

Approximately 16,000 petitions were filed in the Family Court in 1987 charging youth with delinquent or status offenses. Cases were established for 7,000 of these petitions. As a result, 3,700 youth were placed on probation and 2,600 were placed in residential care under the jurisdiction of the Division for Youth or local departments of social services.

Based on preliminary data for 1989, 2,521 youth were admitted to the Division for Youth:

- 6% by the adult courts as Juvenile Offenders, 94 % by Family Courts as Juvenile Delinquents or Persons In Need of Supervision (PINS);
- 31% for violent offenses (homicide, sex offenses, kidnapping, assault, robbery, burglary), 58% for non-violent offenses, and 9% for status offenses.

Admission for drug offenses was the fastest growing category. From 1985 to 1989, the number of admissions for drug offenses increased tenfold, from 36 to 360. From 1988 to 1989, the number increased more than 50 percent.

Clearly, young people placed in the custody of the Division for Youth are not a typical cross section of the State's youth population. They are predominantly (79%) members of minority groups who constitute only 36% of the State's youth population. They are mostly from the State's urban centers, 55 % from New York City alone. They tend to come from a female-headed, single-parent family with an income below the poverty level. Their average age is 15; 90% are between 13 and 16 years old. Their most distinct difference from the general youth population is their gender — 85% are male.

Starting in July 1989, the Division's intake staff began implementing a standard process to identify youth needs. During the startup period (the last 6 months of 1989), information was recorded on 88% of the youth placed with the Division, 926 of 1047.¹

¹ During the start up period service need information was not recorded in the agency data base on 67 youth admitted as "Juvenile Offenders," 36 youth placed in voluntary agencies and 18 other cases. This information is now collected for all youth admitted to the Division for Youth's care and custody. The 926 youth include 99 who were placed with voluntary agencies or foster family care.

Of these 926 youth, 743 (80%) were found to be in significant need of one or more of the special services as listed in Table 1:

Table 1
Identified Service Needs for Youth Admitted to DFY
July 1 to December 31, 1989

Special Service Need	Number	Percent
Substance abuse treatment	529	58%
Special education	278	33%
Mental health services	262	29%
Sex offender treatment	73	8%
Access to medical specialist	49	5%
English proficiency	34	4%
Mental retardation services	22	2%
On-site medical personnel	21	2%
Pregnancy support services	10	1%
Wheelchair accessible facility	1	0.1%
Total in need of 1 or more service	743	80%

Youth placed with DFY are characterized by egocentricity, a failure to assume responsibility for actions, poor self image, negative attitude toward school and a history of failure in most aspects of life. They do not know how to make constructive use of leisure time. These deficits are demonstrated by impulsive, violent and aggressive behaviors, limited communications skills and a pervasive pessimism about the future.

Commonly, they bring with them long histories of medical neglect. Medical care has usually been episodic, fragmented and crisis-oriented; dental care has been infrequent or non-existent. As a result, they often come with diseases or conditions requiring more treatment than would have been necessary if they had been treated earlier.

Compounding the problems caused by inadequate health care, these youth have higher than average rates of adolescent health problems — substance abuse problems, sexually transmitted diseases, pregnancies, injuries and physical and sexual abuse. It is not hard to see how, in many instances, these conditions lead to poor school performance, limited social skills, frustration and delinquent behavior.

Division clients enter the system with significant educational deficits. Prior to placement many did not attend school. Based on an analysis of pre-tests of all youth admitted to DFY over the past two and a half years, youth that enter DFY care are typically three years behind in reading and math. These deficits increase in direct proportion to age at intake, indicating that if left unattended, the academic deficiencies of Division clients would increase as they grow older.

HABILITATION APPROACH

The Division provides habilitation programs designed to foster the attitudes and behaviors necessary for these youth to return to, and remain in, their communities as law-abiding, productive members of society. "Habilitation" is used rather than "rehabilitation" because these youth are not being restored to a prior state of well-being. *For most of these youth, this is their first positive socialization experience.* When the community, for its protection, places these offenders in Division care, this opportunity is used to stabilize them so the goal of habilitation can be realized. These program efforts are based on the following youth development approach.

Personal Competence

Youth who acquire the skills necessary for full participation in their community's mainstream tend to embrace the community's way of life and follow its norms, beliefs and attitudes. The development of educational, vocational and interpersonal competencies enables youth to bargain in the social/economic marketplace. As they accumulate successes in this marketplace, they are less likely to jeopardize these gains by acting inconsistently with society's norms.

Social Integration

Youth need a sense of belonging, a sense of worth and the sense of right and wrong. Experiences with a family and personal "community" shape their behavior, attitudes about themselves and other people, and their educational and employment aspirations. Such behavior is essential for full membership in the community and society at large. These experiences teach youth how to get along responsibly with peers and adults.

In summary, youth tend to develop positively when they feel confident about their personal competencies, and regard themselves as an integral part of their family and community. Through this process they become law-abiding, productive citizens of the community.

Effective Program Characteristics

The Division's program efforts are designed to apply this youth development context to young offenders whose destructive behaviors demonstrate their need for the most basic habilitation. Programs that are successful at fostering these changes provide a proactive service approach that views youth according to their assets. Program expectations and outcomes are clear to youth and staff. Staff must behave as adult models, demonstrating expected behaviors and attitudes. Staff are most effective when they operate as a team, integrating the special skills of youth care workers, teachers, recreation leaders, psychologists, other counselors, medical personnel, support staff, administrators and facility leaders.

CLIENT-FACILITY CLASSIFICATION SYSTEM

The Division for Youth began implementing the initial stages of its Client-Facility Classification System in July of 1989. This system organizes the way court-placed or committed youth enter and move through the Division's habilitation programs. For the first time, youth are having their residential placement recommended based on a standard set of risk and needs criteria. These criteria define the facility which is best able to meet each youth's custody requirements and service needs. In the first six months of trial use 65% of classified youth were admitted at the preferred facility control sublevel. Given the agency's current residential capacity, not all youth can be placed at the preferred control sublevel. Tables 1, 2 and 3 show the findings from the first 6 months of this data collection.

Table 2

**Recommended Placement for Youth Admitted to DFY
Based on Risk Criteria
July 1 to December 31, 1989**

Facility Control Level	Number	Percent
Secure ²	23	3%
Non-Community-limit access	263	28%
Non-Community-open access	568	61%
Community-limited access	58	6%
Community-open access	14	2%
Total	926	100%

Control sublevel is determined by the level of risk a youth poses to him/herself, other youth, staff and the community. Service needs are determined based on needs identified in the records provided by the court, school and other agencies, and through structured screening interviews with the youth and his/her family. Intake workers assist families who request services by referring them to appropriate local providers.

To match the youth with a facility, all facilities are classified by their control and service program capabilities. Each facility's control capability is determined by architectural security features (locked gates, fences, etc.) and the level of staff custody activity. Based on these criteria, facilities are organized into three basic control levels: secure, non-community-based and community-based. These control levels are further sub-divided, resulting in seven facility sublevels. Community care, the Division's community re-entry program, also is organized into three control sublevels, reflecting different frequencies of supervisory contact. Service program capabilities are

² During the startup period, service need information was not recorded in the agency data base on 67 youth admitted as "Juvenile Offenders," 36 youth placed in voluntary agencies and 18 other cases. This information is now collected for all youth admitted to the Division for Youth's care and custody. As a result of the 67 Juvenile Offenders missing from the data base the number and percent recommended for Secure placement are artificially low.

determined by space, curriculum and staff requirements. Standards defining program service capability are currently under development.

Facilities are to be selected based on prioritized needs. The order is important. The Division must first ensure, based on the youth's behavioral history, that a facility is selected which can provide adequate protection to the youth, other clients, the community and facility staff. The right level of custody also is essential to stabilize the behavior of these youth before the objectives of habilitative treatment can be realized. Special service needs must be addressed as the next consideration. Needs requiring special programming must be attended to before core program interventions can be effective (e.g., health, substance abuse, etc.). The Division's core program efforts are those provided to all youth placed with the Division. They are the basic habilitation program approaches designed to change anti-social behaviors and to enable youth's to acquire the competencies they need to participate fully in society. Core programs are central to the agency's treatment objectives, but because they are provided at all facilities, they are not considered in selecting one facility over another. Core programs and special service programs are described in more detail on page 8.

The information collected at intake, presented in Table 3, shows that those youth who require placement in a more secure environment are also more likely to have significant special service needs. This affirms the theory of delinquency underpinning the Client Classification System and highlights the importance of effective special service programming for habilitation to be successful.

Table 3
Recommended Control Sublevel based on Risk Criteria
of Youth having One or More Significant Service Needs
Based on 926 Intakes from July 1 to December 31, 1989

Facility Control Level recommended based on risk criteria	Number with significant special needs	Percent of recommended placement
Secure	21	92%
Non-Community-limited access	210	80%
Non-Community-open access	474	83%
Community-limited access	32	55%
Community-open access	6	43%
Total	743	80%

When the Client-Facility Classification System is fully implemented, youth will receive a more in-depth assessment within 30 days after initial facility admission. At least every 90 days thereafter, youth will be reassessed. Significant assessment findings will result in more appropriate program assignments which may, in special circumstances, require movement to another facility. For example, if a youth is initially admitted to a facility not offering special education, and if through assessment the youth is designated as having a learning disability, the youth would be transferred to a facility offering special education.

Currently instruments and procedures for this assessment and reassessment process are being field tested at facilities from each control sublevel — Brookwood Secure Center, Highland Residential Center (NCB-limited), Annsville Residential Center (NCB-open, boys), Auburn Residential Center (NCB-open, girls), Buffalo Youth Development Center (Community-limited) and Staten Island Group Home (Community-open).

Minimum length of stay policies for residential care and Community Care are to be used to determine the shortest period of time before a youth may be released from residential care or discharged from the Division's custody. Unscheduled reassessments and reclassifications will occur in cases of serious youth misconduct or change of service need. In these situations, special rules have been established to govern a youth's transfer to another facility and/or extend the length of stay at the current location.

The Division is committed to designing new and innovative program interventions for youth committed to its residential treatment. As highlighted throughout this report, DFY has intensified its efforts to redesign and modify many of its more traditional correctional intervention strategies. To achieve this, the Division recognizes the need to provide each youngster in residence with a sufficient length of stay in facility to allow any treatment intervention to be effective. It is unreasonable to expect that six to nine months of treatment will reverse the 13 to 15 years of negative socialization experiences characteristic of these youth. Results from a survey of five model drug rehabilitation programs emphasize this point. Not one of the models examined has a typical length of stay in program of less than a year.

Basis for Program Evaluation

The Client-Facility Classification System incorporated procedures for collecting information that can be used to evaluate the agency's program efforts. When all components of this System are operational the Division will have an excellent data base for program evaluation. This will be accomplished by the routine collection of results from assessment and reassessment instruments.

RESIDENTIAL SERVICE PROGRAMS

CORE PROGRAMMING

Division for Youth residential facilities operate services to effect habilitation. These are designed to enable all youth placed in the Division's custody to acquire the knowledge, skills and behaviors necessary for them to successfully return to their communities as law-abiding citizens. The key elements for their habilitation are acquiring basic social skills, gaining essential education and pre-vocational competencies, learning to use leisure time productively and achieving good health and nutrition. The following chapters are organized by the four major core programs — Counseling, Education and Employment, Health and Recreation, and detail program development initiatives in each. The Division's core programs are defined as follows:

Counseling

Social Maturity: Services offered to the entire population on developing self-worth, confidence, responsibility, empathy and socially acceptable behavior.

Social Support-Family: Services provided to youth to learn about the dynamics of a family setting and how to develop collaborative and pro-social family relationships.

Social Support-Peer: Services provided to youth to learn about peer influences and relationships, and how to develop mutually supportive, and pro-social peer relationships.

Education

General Education: Instruction offered in academic subjects of English, math, science, social studies, health and physical education.

Remedial Math: Services offered to youth who need special attention in learning basic math skills as measured by the Woodcock-Johnson Psycho-Educational Battery.

Remedial Reading: Services offered to youth who need special attention in learning basic reading skills as measured by the Woodcock-Johnson Psycho-Educational Battery.

Employment

Pre-employment Services: Instruction in those competencies needed to access job market opportunities (job search and securing skills) and exploring the world of work. Instruction is generally offered during the regular school day using the Division's "Preparation for Employment Curriculum" as a guide.

Work Maturity: Guidance in those competencies needed to help maintain employment — dependability/reliability, initiative/productivity, communications, personal relations. This is generally provided by work site supervisors in a non-classroom setting.

Job Specific Instruction: Instruction in basic transferable occupational skills concentrated in the areas of safety, tool identification and usage, generally provided in a vocational classroom setting.

Recreation

General Recreation: Supervised leisure activities program providing a balanced mix of athletic, social and cultural arts activities.

Developmental Recreation: Individualized leisure time programming taking into consideration a youth's physical, emotional, mental and social level of functioning.

Health and Nutrition

Basic Health Care: Assessment and follow-up regarding medical and dental needs.

Personal Hygiene: Guidance in cleaning and grooming.

Health Education: Instruction in the areas of human growth and development, nutrition, alcohol, tobacco and other drug substances, sexuality and family life education, AIDS, and safety.

Nutrition: Three nutritionally balanced meals a day.

PROGRAMS TO ADDRESS SPECIAL NEEDS

To meet the special service needs presented by 80% of the youth placed with the Division, the agency is actively engaged in developing and evaluating special programs at designated Division residential facilities. Special needs programs are being implemented in the following critical areas: substance abuse, sex offense, mental health, mental retardation, health, special education and bilingual education. The Division's goal is to ensure that all youth identified as needing specialized services receive appropriate treatment. Initiatives to develop and evaluate these programs are described in the corresponding core program chapters. The Division's program categories for youth with special needs are defined below. Many of these programs are under development and are not yet operational.

Counseling

Mental Health Treatment Living Unit: A treatment-intensive living unit for youth with current mental health problems who have not been accepted by the Office of Mental Health. These might include psychotic episodes, suicidal ideations or other serious psychological disorders.

Mental Health Treatment Services: Programs for youth who demonstrate or have demonstrated psychiatric or psychologically oriented behaviors that need specialized treatment but not physical isolation. These services may include, but are not limited to, group or individual counseling.

Violent Sex Offender Treatment Living Unit: A treatment-intensive living unit for youth whose offenses involve predatory, explicit and violent strategies.

Non-violent Sex Offender Treatment Living Unit: A treatment-intensive living unit for youth whose offense involves manipulative/ seductive strategies without violence. Such youths usually have been sexually victimized themselves.

Sex Offender Treatment Services: A program provided by trained professional staff to youth identified as needing special sex offender treatment

Substance Abuse Treatment Living Unit: A treatment-intensive living unit for youth who have severe drug abuse problem which requires intensive specialized services.

Substance Abuse Treatment Services: A treatment program provided by trained professional staff to youth identified as needing substance abuse treatment, but not severe enough to warrant placement in a separate living unit.

Mental Retardation Treatment Living Unit: A treatment-intensive living unit for youth with a Committee on Special Education (CSE) designation of mental retardation.

Education

Special Education-Related Services: These are support services designated for the hearing- or speech-impaired, the physically disabled (physical therapy [PT], those in need of occupational therapy [OT]), or those needing other related services such as recommended by a Committee on Special Education (CSE). Counseling services, in this context, refers to those specialized counseling activities specific to the youth's handicapping condition, and can only be provided by NYS-certified psychiatrists, psychologists, guidance counselors or social workers.

Special Education-Resource Room: A class offering supplemental education from a certified special education teacher to youth on a limited basis (up to 1/2 day). The resource room utilizes special education techniques designed to meet the educational, social and physical needs of a youth.

Special Education-Special Class: A class offering academic instruction from a certified special education teacher. The amount of time spent in a special class is determined by the recommendation of the CSE. Subjects include English, Social Studies, Mathematics, Science and Health.

Bilingual Education: In DFY, this service is provide for Latino youth designated as Limited English Proficient. This service offers lessons in English, native language, and in Latino history and culture.

English as a Second Language: This program offers lessons in English to youth who speak a language other than English.

Health

Parenting Services: Services available for pregnant girls including prenatal care, instruction on infant care, nutrition and infant residency.

Wheelchair Accessibility: The facility has wheelchair access.

On-Site Medical Personnel: Refers to physicians, nurses, or physician's assistants who provide services to youth who require staff availability at least eight hours a day.

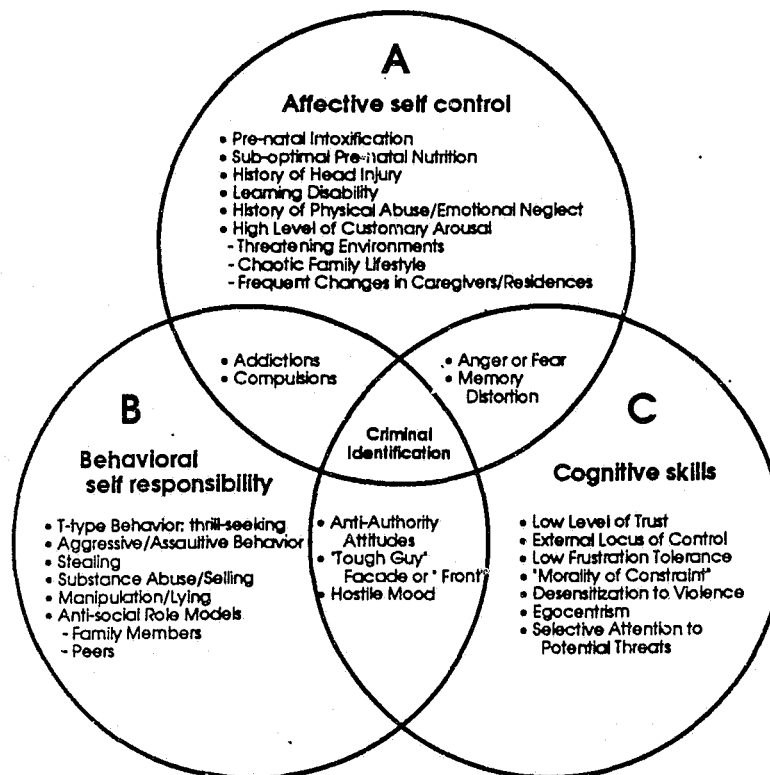
Twenty-Four Hour Medical Attention: Accessibility to medical care on a 24-hour basis for youth who have an acute illness or a chronic illness with intermittent acute episodes.

Cooperating Medical Specialist: Refers to medical specialists who are available to provide services to youth who need the care of a specialist on a continuing basis.

2. Integrated Counseling

The aggregate of theoretical writings and the collective experience of the Division's counselors suggest that youth delinquency, especially the aggressive and predatory behavior of DFY youth, is determined by several factors. These include inadequate social integration skills, poor self-esteem, lack of self-control and immature problem-solving and moral reasoning. Interventions to address these deficiencies might be called an introduction to the ABCs of human development: Affective self-control, Behavioral self-responsibility and Cognitive skills for problem-solving and moral decision-making. The causal analysis of these three factors specifies that it is not their combination that leads to delinquent behavior, but their *interaction within a specific social context at a given time* in the youths' development that produces tendencies to antisocial behavior that then become ingrained in the still-developing personality. It is critical, therefore, to invest in the corrective intervention of all three contributing spheres of behavior development before the youth identifies with the criminal lifestyle and personality. The following diagram illustrates the developmental causes of delinquency from the Cognitive-Behavioral Contextualist framework, which forms the basis of the integrated counseling model.

Developmental Causes of Delinquency



An effective counseling strategy must first identify each youth's causal social integration/social maturity deficit pattern and prescribe a counseling strategy which is at once individualized and multi-modal across these spheres of antisocial personality development. Youth placed with DFY demonstrate difficulties with peer relationships, from associating with antisocial peers to "following" for the sake of acceptance. With adequate personal skills, self-esteem and moral reasoning ability, youth can resist influences to antisocial activities. The Division targets these needs with specific interventions which increase self-confidence and interpersonal negotiation skills (Behavioral skills), self-correction of "thinking errors" (Cognitive therapy) and the ability to identify strategies for developing positive self-gratification (Affective strategies).

In addition to enhancing these capabilities to fulfill pro-social adult roles, youth can learn to deal more effectively with their family dynamics. This outcome is achieved through counseling efforts which help the youth identify family issues that may have contributed to his or her aggressive acting-out behavior. Specific features of DFY's counseling interventions are: exploring the effects of being the child of an alcoholic or chemical abuser, and discussing residual feelings about parental divorce, frequent moves or physical or sexual abuse. Another creative strategy used for achieving an appreciation of family roles, and also teaching role responsibility, is the teaching of parenting skills to youth.

Most counseling services are provided by Youth Division Counselors with the assistance of Youth Division Aides and other appropriate facility staff. In addition, the Division currently employs 15 full-time and two part-time psychologists at 12 facilities to provide mental health services. Clinical service capacity is provided by three half-time and two one-fifth-time psychiatrists at four of these facilities. These clinicians offer a range of services to support the Division's counselors. They provide psychological assessments of social maturity, emotional development, personality structure, intellectual capabilities and social support needs, treatment planning and case consultation with counselors and supervisory staff, program consultation with living units, crisis intervention, staff training, administrative duties and individual and group psychotherapy for selected youth. The psychologists also are required by the State Education Department to be members of the facility Committee on Special Education, which evaluate youth with suspected educational disabilities for designation to receive special education services.

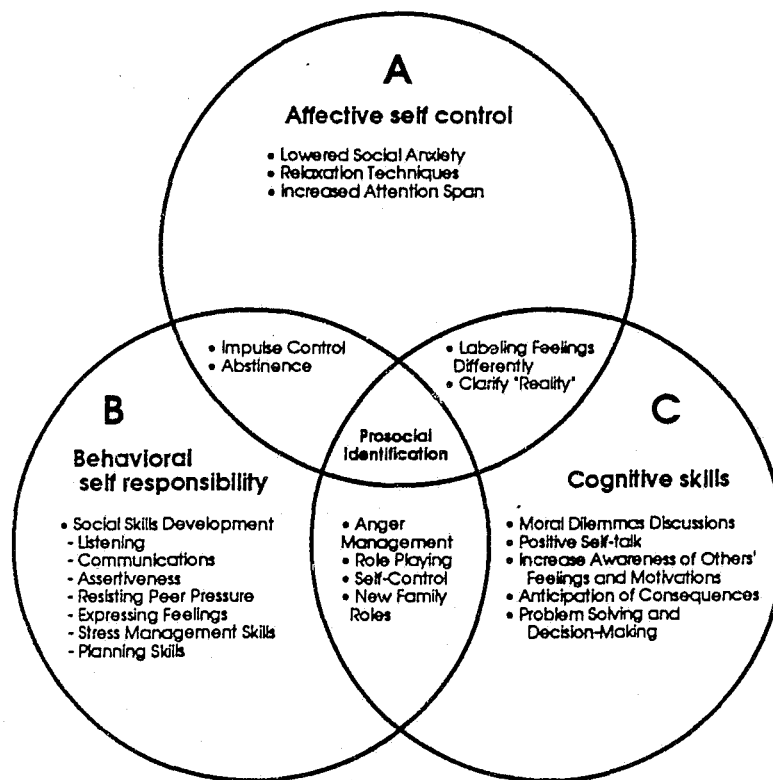
AGGRESSION REPLACEMENT TRAINING

This counseling strategy employed at four DFY facilities is representative of the integrated counseling approach. Aggression Replacement Training (ART) embodies three counseling approaches to teaching aggressive youth pro-social skills as an alternative to antisocial behaviors. The three approaches are: Anger Management Training (Affective self-control), Structured Learning Theory (Behavioral social skills and self-responsibility) and Moral Reasoning Development (Cognitive skills). Data extracted from an 18-month study, "A Community-Based Evaluation of Aggression Replacement Training" by Goldstein, Glick, et.al., showed a 15% lower recidivism rate for DFY youth who participated in an ART pilot program.

ART has been fully implemented at MacCormick Residential Center, Annsville Residential Center and the Syracuse Youth Development Center. The Lansing Residential Center has extended the ART implementation to include other Structured Learning Therapy components in its education and habilitation programs. The Office of Program Development and Evaluation is planning ART staff training at the Brookwood Secure Center, Cass Residential Center and the Poughkeepsie Urban Home, extending this curriculum further across the custody spectrum of DFY residential care.

As can be seen from the accompanying schematic drawing, Aggression Replacement Training is an example of the general Cognitive-Behavioral Contextualist Model, designed specifically to address the problematic components of the developmental interactions in the typical delinquent youth. It can be noted further that ART can be used as both a tertiary prevention strategy for treating today's delinquent and as a secondary prevention strategy for "at risk" youth and for families of DFY clients. In a pilot study of the efficacy of Aggression Replacement Training with the siblings of youth on Community Care status, family members continued to serve as a mutual support group more than 18 months after the formal sessions ended; only one youth out of the group of nine relapsed into antisocial activity. The Division for Youth is confident that this curriculum has the potential, along with focused intervention strategies for specific behavioral problems, to promote positive development in youth.

Aggression Replacement Training



TAKING CARE

"Taking Care" is a ten-week course that teaches practical parenting skills and an understanding of the premises underlying non-violent, responsible parenting. Its structure allows for implementation in a classroom setting during a youth's school day. By 1986, the Division had developed, field tested and refined this curriculum for young men. Since then, a young women's program has been developed, field-tested and refined. It appears the acquisition of parenting skills has the additional benefit of changing youths' self-perception-as responsible beings when they learn the scope of their responsibilities to their children. The curriculum thus enhances not only **Behavioral self-responsibility** but also develops positive **Cognitive** or attitudinal changes. As today's youth acquire effective parenting skills, their children in turn are at reduced risk for physical abuse, emotional neglect and antisocial role-modeling.

After examining data extracted from a field test of both curricula, the Division endorsed the implementation of these curricula Statewide. In January 1989 the Division received a Division of Criminal Justice Services grant to begin dissemination of these curricula. Currently, five facilities (Auburn, Great Valley, Mac Cormick, Tryon-Girls, Tryon-Boys) are conducting Taking Care courses, with another 14 (Adirondack, Allen, Brace, Bronx YDC, Brookwood, Cass, Goshen, Highland, Industry, Middletown, Elmira Urban home, Monticello Urban home, Poughkeepsie Urban home, Staten Island Urban home) committed to implementation. As with Aggression Replacement Training, the Taking Care curriculum has been designed to be consistent with the general model of behavior development already discussed and has the further benefit of serving as a primary delinquency prevention activity.

SUBSTANCE ABUSE SERVICES

In a recent nationwide survey, substance abuse was cited for the first time by a majority of citizens as the most serious domestic problem. This emphasized the point made by Governor Cuomo in his 1990 Message to the Legislature that substance abuse is the single most serious problem in New York State.

The correlation between heavy use of alcohol and other drugs by adolescents and delinquent behavior has been widely noted. A 1986 study (Narcotic and Drug Research Inc. and the Division of Substance Abuse Services), noted that "seriously delinquent youth are usually regular users of drugs and alcohol. The most delinquent youth typically had extensive, near daily, patterns of alcohol and marijuana use and irregular use of other such substances as speed, hallucinogens, pills and cocaine."

Data from the 926 intake needs screens indicate 58% of the youth placed with the Division for the second half of 1989 required substance abuse services. See Appendix A for a breakout by facility control level.

The Program

In late 1986 the Division established a task force to develop a substance abuse treatment program model, design screening instruments to identify substance abusers (including youth with alcohol problems), and design assessment instruments to verify the screened information and measure progress in treatment. The task force was composed of treatment specialists from the Division of Substance Abuse Services, the Division of Alcoholism and Alcohol Abuse, private substance abuse treatment programs and the SUNY-Brockport Alcoholism and Chemical Dependency Studies Department, as well as Division for Youth treatment staff, and facility and Central Office administrators.

The Division has already initiated many of the task force's recommendations included in the Anti-Drug Abuse Strategy Report. These initiatives are detailed in the following program efforts.

The treatment program model developed employs proven elements of treatment for chemical dependency: alcohol and drug education, the therapeutic community, and the use of self-help groups such as Alcoholics Anonymous and Narcotics Anonymous. The model incorporates the elements of a cognitive - behavioral approach: **Cognitive** skills - breakdown of denial, acceptance of responsibility; **Affective** self-control - ability to focus on priorities such as school studies, healthy recreation, stress management; **Behavioral** self-responsibility - does not use drugs or alcohol, chooses friends who do not use substances, avoids places where they would be drawn into drug use by peer pressure, and other "triggers" such as particular music and clothing.

Plans call for the development of specialized substance abuse treatment services at 11 residential facilities— Goshen Secure Center, Harlem Valley Secure Center, MacCormick Residential Center, Annsville Residential Center, Highland Residential Center, Tryon Girls Residential Center, Tryon Residential Center (Nueva Vista has been merged with Tryon Residential Center), Ella McQueen Residential Center, Cass Residential Center, Industry School, and Allen Residential Center. Discrete treatment units will be established for the most profoundly chemically dependent youth at Goshen Secure Center, MacCormick Residential Center, Harlem Valley Residential Center, Highland Residential Center, Tryon Dual Level, Tryon Residential Center and Ella McQueen Residential Center.

Other services of a less intensive nature will be given to youth residing among the general population of a facility. Such youth have serious problems with chemical substances (including alcohol), but have not reached a degree of impairment that requires treatment in a closed setting, and can participate in specialized groups where education and counseling related to their dependency problems can be emphasized. Once the programs have been established, outcome evaluations will be compiled based on the substance abuse assessment/reassessment instrument.

Training also has been provided to selected teaching and health care staff at 30 facilities with ongrounds school programs through the Innervisions Curriculum. This is a nationally recognized substance abuse curriculum developed for youth in the juvenile justice system. This course will be delivered to all residents at these facilities.

The plan also calls for all Community Care professionals (approximately 90 staff) to be trained in substance abuse treatment; thus enabling staff in the community to recognize the need for, and provide referrals to, appropriate services for youth returning to the community from Division facilities.

SEX OFFENDER SERVICES

Adolescent males perpetrate more than 20% of all forcible rapes nationally. The average adolescent sex offender may be expected to commit 380 sex crimes in his lifetime, with a rapid and geometric increase in the number of victims as the youth moves from adolescence to adulthood. Offenders against females have, on average, 51.8 victims. Offenders against children have on average, 150.2 victims.

The screen data received from youth intakes from July 1 to December 31, 1989 indicate that 8% of the residential population require sex offender services (See Appendix A for a breakout by facility control sublevel). Division professionals estimate that, at minimum, another 10% of DFY-placed youth have a history of sex offense behavior. More accurate numbers will be available when facility staff begin implementing the sex offender assessment and reassessment instruments currently being piloted.

The Program

The Division for Youth began work with adolescent sex offenders when a sex offender task force was convened in 1984. Programs to treat adolescent sex offenders have been piloted since 1985 at Highland Residential Center, MacCormick Residential Center and Buffalo Secure Center. In 1988, the Division hired an adolescent sex offender program specialist to provide agency-wide direction in the expansion of sex offender services. A draft treatment model has been developed, defining minimum requirements for certification as a DFY sex offender program.

Just as the interrelationship of feelings (**affect**), actions (**behavior**) and thoughts/attitudes /values (**cognition**) become the scheme for personality development within all youth, so the "positive" developmental issues for treating sex offenders must target these "ABC's" toward the goals of increasing capacity for affectional bonds, self-control, social skills development and cooperation. The treatment approach focuses on the residents' sexually offending behaviors, thoughts and fantasies and prescribes techniques to increase social skills, address cognitive distortions and "thinking errors" and develop self-control through relapse prevention.

Sex offender program capability currently is being developed or expanded at Harlem Valley Secure, Goshen Secure, Brookwood Secure, Highland Residential Center and MacCormick Residential Center. Program components will include human sexuality education, social skills development, cognitive restructuring, victim empathy and relapse prevention in addition to education and vocational training.

Program and staff development is being established using an eight-stage implementation and training model. The first two stages of training have been completed at the five facilities designated for sex offender treatment. Once the programs

have been established, outcome evaluations will be conducted based on the sex offender assessment/reassessment instrument (see Appendix B).

To support interagency coordination necessary for the effective treatment of this difficult population, and to improve the capacity to train professionals in the emerging discipline of juvenile sex offender treatment, Program Development and Evaluation staff have been instrumental in developing the New York State Alliance of Sex Offender Service Providers. The Alliance is a public/private network promoting quality services for sexual offenders. Program Development and Evaluation staff assisted the Alliance in securing a \$30,000 federal grant through the Children's Justice and Assistance Act. The grant will support training for public and private service providers Statewide. Community Care staff will be invited to access this specialized training being offered in Albany, Rochester and New York City. Through the Alliance, DFY staff also are helping to bring the National Task Force on Juvenile Sexual Offending training conference on the treatment of juvenile sex offenders to Albany October 1-2, 1990.

Staff also serve on the Governor's Task Force on Rape and Sexual Assault. The Task Force has recently released its preliminary recommendations, which include specific recommendations for strengthening training for treatment staff and for increasing specialized programs for different categories of sex offenders in DFY and other justice agencies.

MENTAL HEALTH SERVICES

In its 1986 report, the U.S. Office of Technology Assessment estimated that there are perhaps 7.5 million children, or 12% of our nation's youth, who are moderately or severely emotionally disabled. Of these, 70-80% may not be getting appropriate mental health services, it said.

In 1984, the Division convened an interagency Mental Health Advisory Task Force to review the Division's need for mental health services. The results suggested that as many as 80% of DFY youth exhibited severe psychological and cognitive dysfunction.

Data from the previously mentioned 926 intake needs screens indicate that 29% of the population entered the Division's residential care system with a documented need for mental health services.

The Program

The Division for Youth is redesigning its psychological service system to increase its capability to meet the needs of youth with multiple habilitative needs. In June 1988, the Division appointed a Director of Mental Health Services and began to explore how to best meet the needs of emotionally disabled youth in its care. Increasing the availability of psychological assessment and treatment services across the Division's non-community-based residential care system has required a two-pronged strategy of aggressive recruitment of qualified, capable and culturally-cognizant professionals and redistributing these resources equitably across the system. While the proposed distribution system has been developed, the recruitment strategy has encountered

several obstacles: a high vacancy rate for psychologists and psychiatrists in the Division; extraordinary difficulties in recruitment caused by a national shortage of these clinicians, and inadequate salary and/or incentives for recruitment compared to other State agencies and the private sector.

The Division has proposed some strategies to address these issues: creating better linkages between youth and collateral providers of mental health services; increasing the "sharing of resources" and improving access to services for DFY youth; advocating for shared recruitment of clinicians; re-examining the "incentives" available for recruitment and incorporating the Division's population into the comprehensive planning process for children by the Department of Social Services, the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities and county departments of probation and correctional alternatives. For example, the Division for Youth has established a framework for a jointly sponsored OMH/DFY mental health treatment unit at the Harlem Valley Secure Center, capable of serving both juvenile offenders and dangerous juvenile delinquents. The initial implementation involves contracting for OMH services to DFY youth and specialized training for DFY staff serving seriously emotionally disabled youth. In addition, DFY's mental health staff are to be trained in the use of the new mental health assessment/reassessment instruments ((see Appendix B). A data base for outcome evaluations thus will be established.

One example of DFY's more assertive advocacy on behalf of youth with emotional disabilities who encounter barriers to accessible mental health services has been the development of a case consultation system and procedures to:

- Have DFY personnel participate more actively in admission/discharge procedures for OMH inpatient services;
- Advocate that OMH use discharge options within its own continuum of care, rather than return youth to DFY residential care;
- Encourage Family Court judges to exercise their option for placement directly with OMH/OMRDD under Section 353.4 of the Family Court Act;
- Advocate that DFY youth with demonstrably appropriate needs have equal access to OMH residential treatment facilities and family-based treatment alternatives, and
- Advocate that DFY youth not be routinely "extended" in DFY placement solely because of unresolved emotional disabilities or because of incomplete admission procedures for OMH/OMRDD services.

Current achievements in enhancing the service capability to meet the needs of emotionally disabled youth include:

- Development of a resource distribution proposal for psychologists and psychiatrists;
- The successful recruitment and hiring of two additional half-time psychiatrists: a Spanish-speaking psychiatrist to support expanded mental health services to Juvenile Offenders at the Harlem Valley Secure Center and a juvenile forensic psychiatrist at Pyramid Residential Center in the Bronx;

- A proposal to create a therapeutic milieu at the Harlem Valley Secure Center, with contractual support services from the adjacent OMH center;
- A proposal to enhance the counseling skills of Youth Division Aides and Youth Division Counselors using an Integrated Counseling Model and
- The recognition that Juvenile Offenders in need of OMH institution services will be treated in clinical secure units throughout the State.

SUICIDE PREVENTION

A recent analysis of DFY facility Unusual Incident Reports shows the number of suicide threats and attempts has climbed steadily over the past year. From April 1 to December 31 of 1989 there were 90 reported suicide threats and 12 suicide gestures. An analysis of the suicide threats has revealed that all but a few of the threats were manipulations by the youth or impulsive reactions to programmatic stress, such as impending discipline or deteriorating peer relationships. Recognizing the complexity of this issue in terms of appropriate counseling responses, the Office of Program Development and Evaluation is developing a Division-wide suicide prevention manual, supplemented by extensive staff training for youth care workers and counselors. Suicide prevention training has been designed for incorporation into the curricula for YDA competency and for new employee orientation. It is planned that all existing staff will be trained in the causes of suicidal threats and gestures, taking special note of the youth's motivations and intentions as they interact within the context of an institution. The widespread availability of trained counseling staff for early intervention and prevention of youth self-injury will result in less disruption to a youth's progress toward habilitation.

MOBILE MENTAL HEALTH TEAMS

DFY's use of OMH's Mobile Mental Health Teams also is expanding. In addition to providing interagency liaison services to DFY, the expanded teams will serve as links to county departments of social services and probation. While this represents a positive change in the coordination of social services for youth who might be diverted from DFY residential care or who might benefit from enhanced access to services upon return to their communities, the short-term effect on DFY may mean that less direct service to youth in DFY residential care may be available. This shift, however, is in keeping with the design of Mobile Mental Health Teams as "internal consultants" and staff/program development facilitators. Thus, the impetus for augmenting DFY's own mental health response capability is further underscored.

MENTAL RETARDATION

In 1986 the NYS Developmental Disabilities Planning Council funded a DFY study on the prevalence of developmental disabilities among youth in residential care. The study included screening all Division youth, and a comprehensive clinical evaluation of a subset of these youth. Developmental disabilities were found in 60% of the population based on federal definitions. However, criteria used by the Office of Mental Retardation and Developmental Disabilities, showed fewer than 5% of the population met the strict

definition of mental retardation. Despite this apparent discrepancy, the high percentage of learning disabled, impulse-control deficient and socially immature youngsters poses special challenges to DFY residential care givers. Enhanced training in the Integrated Counseling approaches will better equip both direct care and clinical staff to recognize the needs of these youth and to design appropriate social skills and self-esteem building counseling programs for them.

THE PROGRAM

Developmentally disabled youth can benefit from the Division's habilitative services. This is accomplished through special education services, through structured learning therapies such as ART and through creative programming to enhance the self-esteem of these youth while minimizing threats and intimidation from more predatory peers. The importance of staff training to allow for the programmatic enhancements is obvious. For more severely impaired youth, the Division has established links with the Office of Mental Retardation and Developmental Disabilities for enhanced access to their services by DFY youth and for case consultation from local Developmental Disabilities Services Offices. Program Development and Evaluation staff also provide technical assistance to private and voluntary agencies in their efforts to develop residential alternatives to incarceration for these youth. All facility psychologists ultimately will use the new mental retardation assessment/ reassessment instruments. A data base for outcome evaluations thus will be established.

3. Education and Employment

Education and employment program strategies initiated or sponsored by the Division are based on the belief, advocated by the NYS Task Force on the Education of Children and Youth At-Risk, that "equal education achievement must become a reality for all of New York State's children." The Division believes, as the task force members clearly articulated, that all children are capable of learning and are entitled to a quality education.

The Division's general educational programming encourages student growth in cognitive, affective and vocational skill areas. Certified academic teachers and vocational instructors provide educational experiences in English, math, science, social studies, bilingual education, physical education, health education and vocational subjects. Children receive five and a half hours of instruction per day, from September through June, with an additional seven to eight-week summer component. All DFY schools are governed by the regulations of the State Education Department (SED), which conducts site visit reviews to ensure compliance.

DFY's remedial education program component for all DFY facilities with an inhouse education program is designed to provide intensive instruction to meet the diagnosed needs of youth who have been identified as needing basic skills instruction in reading, mathematics and/or library skills. Each remedial education teacher instructs an average of six youth per class session, addressing their individual needs.

The reading program is designed around the whole language approach which uses concepts such as critical reading, vocabulary development and composition writing as the organizing element for reading instruction. This approach is in keeping with the educational methodology upheld by the National Commission on Excellence in Education. The DFY math program is an instructional system which enables the teacher to identify each student's math needs and to prescribe appropriate instructional activities to meet those needs. During the most recent school year 2,157 students received instruction in reading/language arts skills and 1,995 students received remedial instruction in math.

The DFY library program is designed to promote literacy, the enjoyment of reading and to enhance comprehension. The Central Office Library Coordinator, working with designated facilities, establishes relationships between the Chapter I reading specialist and content area teachers, including vocational instructors, to add depth and dimension to the total core education program.

To enhance the delivery of remedial and basic skills services, interactive video and computer-assisted instruction laboratories have been developed at Tryon Residential Center, Buffalo Limited, Harlem Valley Secure Center, Lansing Residential Center, MacCormick Residential Center, Highland Residential Center, Cass Residential Center and Parker Residential Center. Tryon, Highland and Buffalo Limited labs included both the Principles of the Alphabet Literacy System (PALS) and the Novell Networked program.

The Division's employment program enables youth to acquire marketable skills, attitudes and behaviors, and provides them opportunities for employment. This program, through job readiness instruction, work experiences and vocational training, prepares youth to be successful in the labor market by helping them develop competencies in pre-employment, work maturity and specific occupational skills.

The Division also offers high school equivalency diploma preparation for older youth. Several DFY facilities are certified by the State Education Department as equivalency diploma test centers. In addition, eight DFY facilities offer post-secondary courses through affiliation with both private and State-operated college programs.

The Division's Bureau of Education and Employment Services will be exploring the following new initiatives:

Integrative Learning

The Division will explore this new teaching methodology during 1990 as part of a State Education Department pilot initiative. Integrative Learning uses a unique learning-by-doing approach, comparing prior knowledge with presented instruction.

Independent Living Skills

This program enables youth to acquire the life skills they need to re-enter the community as members of the work force, consumers, parents and family members. Using an integrated instructional format, an eight-component curricula instructs youth in basic skills for self-sufficiency. The curricula covers: employment issues; relationships and decision making; transportation; money and home management; housing; community health resources; parenthood (the Taking Care program discussed on page 14) and structured use of leisure time. The program has been established at the following facilities: Bronx YDC, Brooklyn YDC, Syracuse YDC, Adirondack YDC, Buffalo YDC, Willowbrook Residential Center and Auburn Residential Center. The program is funded through a grant from the Department of Social Services. As a result of this initiative, we anticipate that approximately 250 youth will benefit from this program in 1990.

Entrepreneurship

An Entrepreneurial Education Project, to be implemented this year, will enable youth to acquire work behaviors and attitudes transferable to many job situations. The project offers opportunities for them to develop specific vocational skills inherent in operating a business. Through a combination of classroom and hands-on activities, students will learn such skills as basic reading, writing and math, work maturity skills, consumer needs, and budgeting and banking.

Student Record Exchange

The Division is exploring the possibility of networking both Central Office and facility computers with the State Education Department's TNT (Technology Network Ties) and SIMS (Student Information Management System). This initiative could assist transferring youth back to the public education system using electronic transmission

of education records. The current paper process often impedes re-enrolling youth in the public school system.

SPECIAL EDUCATION

School records received on new admissions from July 1 to December 31, 1989 document 33% of DFY-placed youth require special education services (see Appendix A for a breakout by control level sublevel). Data submitted to the State Education Department indicate that on December 1, 1989, 652 DFY-placed youth (43%) were certified as educationally handicapped and receiving services. Some youth are first identified as requiring special education while in DFY care.

THE PROGRAM

Special education teachers deliver programs designed for educationally handicapped youth. Youth are assigned to these programs on a daily basis ranging from one to several class periods, depending on the needs of the client. The youth's program is coordinated with academic, vocational and remedial teachers.

The model is prescriptive and depends on a detailed initial diagnosis of each youth's strengths and weaknesses in the basic functions underlying the learning process; this serves as a basis for prescriptive teaching. It is innovative in that it uses teaching strategies based upon the complex interaction of the youth's disabilities and strengths, psychological principles of learning, and a structured sequence of developmentally ranked skills in the content areas to be taught.

An Individualized Education Plan (IEP) is developed for each educationally handicapped youth based upon his or her unique needs. In many cases, youth with multiple and/or severe learning disabilities require related services to meet the requirements of an appropriate education program. Related services include speech pathology, audiology, physical and occupational therapy, counseling, medical, psychological and other support services. These services are often obtained from outside licensed providers.

At present, 25 DFY facilities with in-house educational programs offer special education services. Thirty-one certified special education teachers staff 26 resource rooms and five special classes. Over the past year, more than 1,300 youth were reviewed by DFY's 16 Committees on Special Education.

Special Education Research

The Office of Program Development and Evaluation has obtained funds from the State Education Department to study problems associated with accessing special education and related services for youth returning to the community from facility care. The study started in fall 1989.

Special Education Bilingual Services

To address the special needs of limited English-proficient youth who also are handicapped, the Division is exploring an innovative approach using bilingual teacher assistances in the special education classroom.

BILINGUAL EDUCATION

On any given day, the Division's resident population includes about 320 Puerto Rican and other Hispanic youth, 17% of its total. These youngsters share a language and culture quite different from that of the rest of the general population.

Background questionnaires administered to Hispanic students indicated that approximately 85% speak Spanish or a combination of Spanish and English in their homes. Approximately 70% also said they first learned to speak in Spanish or a combination of Spanish and English.

A determination of limited English proficiency is made by testing with the Woodcock Language Proficiency Battery/English (WLPB), which measures oral vocabulary, reading and writing skills. Students with limited English proficiency have been found to be severely lacking in reading and communication skills.

The data received from youth intakes from July 1 to December 31, 1989 indicate that 4% of new admissions have limited English proficiency (see Appendix A for a breakout by control sublevel).

THE PROGRAM

The Bilingual/Bicultural education program is designed to provide remedial assistance to those found to be limited English proficient (LEP). 207 youth were served in the bilingual education programs provided at Parker, Highland and Oatka Centers.

English as a second language is taught for acquiring and/or improving basic literacy skills. Spanish is taught to provide exposure to their home language and to improve student's attitudes toward this language. It helps youth communicate with their parents, their extended family, and other key people in their cultural community. Students are taught in both languages to facilitate a smooth transition from bilingual to the English language instructional program. The social studies component seeks to maintain the student's self-esteem and cultural pride by offering the opportunity to study and learn about Puerto Rico and other Latin American countries. Such studies foster an understanding of the students heritage as well as that of his peer and neighbors. Citizenship (national and international) is incorporated to provide a more global perspective. Education staff have been trained in the use of the new Bilingual Education assessment/reassessment instruments. These forms are being piloted in facilities with bilingual programs.

EVALUATION OF DFY'S EDUCATION PROGRAMS

The following report provides evidence of DFY's success in programming for the education and pre-employment needs of the youth placed in its care. The two evaluation studies completed for this report are presented here in full detail. Both show significant gains in the competencies necessary for participation in society. Earlier studies have confirmed these findings. A Bureau of Research and Program Evaluation study conducted earlier this year revealed that youth in Division education programs acquire reading and math skills more than five times faster than they did before their placement with DFY. A study, conducted by SUNY-Albany researchers on a sample of 633 youth, like the current study, found that Division youth made significant achievement growth in reading and mathematics. A 1982 study conducted by the Legislative Committee on Expenditure Review found that DFY remedial education programs help youth to improve their academic competence.

Further supporting the educational gains of DFY clients are the results of Statewide Regents Competency Tests (RCT). During the 1988-89 school year, 362 youth, or 65% of those who took the RCT in writing, passed this test; 335 youth, or 57% of those who took the RCT in reading, passed; and, 392 youth (42%) passed the RCT in math. In addition, DFY equivalency diploma preparation programs enabled 135 youth, or 49% of those that took the GED, to obtain high school diplomas.

The following two evaluation studies conducted by the Division's Bureau of Research & Program Evaluation for this report provide further evidence of educational and pre-employment competency gains made by youth while in DFY care.

Evaluation of DFY Residential Educational Program

To evaluate the educational program offered throughout sublevels 1-6 of the DFY residential system, an analysis of pre- and post-test math and reading scores was performed on a select sample of residents meeting certain criteria specified as necessary by the Woodcock-Johnson Psycho-Educational Battery to produce a meaningful comparison of educational gains. Briefly, the Woodcock-Johnson Psycho-Educational Battery requires that a minimum of six months elapse between pre- and post-test administration.

According to Division policy, each youth participating in the DFY educational program must be pretested using the Woodcock-Johnson Psycho-Educational Battery in mathematics and reading to determine the youth's level of achievement in these two areas. Additionally, the youth should be retested at regular intervals, and should be tested prior to release to Community Care. In practice, this final test is difficult to administer, as many youth are released to Community Care without sufficient notice to allow educational personnel to schedule re-administration of the tests.

An examination of the data for 1987 and 1988 releases from sublevels 1 through 6 provided Bureau of Research and Program Evaluation staff with 635 youth who met both sets of criteria; that is, these youth were pre- and post-tested at appropriate intervals in compliance with both policy and test requirements. While it is difficult to estimate the degree to which these 635 youth are representative of all of the youth released from sublevels 1 through 6 during this time, they comprise about 17 percent of all youth released from these sublevels during this two-year period, and a cursory review of salient characteristics suggests they are not significantly different from their counterparts for whom no post-test data exist.

To assess the achievement of these youths in reading and math upon admission to a DFY residential program, the pretest scores of these youth were expressed in terms of normal curve equivalents (NCEs) and averaged.

NCEs are *normalized standard scores* and were selected as the appropriate measurement to analyze the Woodcock-Johnson results because, of all available measures, they alone may be legitimately aggregated and averaged, while retaining some degree of intrinsic value to educators. Contrary to popular practice, the most popular scores, grade equivalents, may not be aggregated and averaged due to the way in which they are scaled.

NCEs have a mean of 50. A score of 50 on this scale matches the 50th percentile of the national distribution of educational achievement; it means being exactly at grade level. In other words, if a youth scores below 50, this signals below-average achievement levels or below-grade-level performance. A score of greater than 50 indicates a youth is performing above grade level compared to other youth.

Aggregating and averaging the scores of the reading and math pretests for all 635 youth for whom both pre- and post-test scores existed produced a mean NCE of 32.9 on the reading test, and 28.6 on the math test, which clearly indicates that youth upon admission to a DFY educational program are achieving considerably below grade level in both reading and mathematics. In fact, NCEs such as these indicate that the educational achievement of these youth are among the lowest in the nation, roughly equivalent to the 15th or 20th percentile of the national distribution.

Aggregating and averaging the scores of the reading and math post-tests for these same 635 youth produced a mean NCE of 37.5 on the reading test, and 35.5 on the math test, representing a statistically significant gain of 4.6 NCEs on the reading test and 6.9 NCEs on the math test. While such scores indicate achievement just slightly above the lowest quartile of the national distribution of educational performance, they do demonstrate that the DFY program is making gains above those expected had these youth been enrolled in a regular school program. An NCE gain of zero would have meant that the DFY educational program had no such significant effect. The gains these youth made were achieved, on average, during the 10.1 months they spent in the DFY's residential system.

All NCE gains greater than zero indicate positive programmatic effects. Whenever an evaluation shows an NCE gain greater than zero, it means that students profited from participating in the DFY educational program. In general, the larger the NCE gain, the more effective the program. It is not possible, however, to designate any specific NCE gain as a criterion for exemplary or outstanding programs.

Summary of findings

The evaluation performed by the Bureau of Research and Program Evaluation demonstrated that *the educational program offered in DFY residential facilities has produced changes in the educational achievement of DFY youth above those that would have been expected had these same youth been enrolled in the public school system.*

Evaluation of Pre-employment Competency Training

This study examined the pretest/post-test performance of 118 youth who participated in the Division's pre-employment competency training programs during 1987-89. These data provide anecdotal evidence of the efficacy of DFY's employment programs.

Since implementation of this "Preparation for Employment" curriculum, the Division's Bureau of Education and Employment Services has received copies of approximately 1,400 pre-employment competency tests administered to program participants. Examination of these instruments for these ad hoc analyses found 118 cases where there were at least two tests for a client available over time, allowing for a quasi-pretest/post-test analytical design. The present study is based on an analysis of these 118 cases.

It is quite clear in these data that clients enter the Division's pre-employment programs with substantial deficits in job readiness skills. For example, *at pretest nearly two-thirds (65.3%) of clients had no competency (37.3%) or competency in only one (28%) program area.* Of the five competency areas, youth tested competent at pretest on average in only 1.33 areas. This situation improved somewhat during the client's program participation, with youth testing competent at post-test on average in 2.02 areas. This is a numerically small but, nevertheless, statistically significant gain. *Over one-half (52.5%) of clients increased their overall competency between pre-test/post-test by at least one area.*

Table 4
Pre-employment Competencies of 118 DFY-placed Youth

Competency Area	Competent at Pre-test	Competent at Post-test
Job Search Skills	20.3 %	31.4 %
Job Securing Skills	30.5 %	44.1%
Self Knowledge	8.5 %	24.6 %
Occupational Knowledge	17.8 %	28.0 %
Job Selection Skills	55.9 %	74.6 %

Summary of Findings

Data presented in Table 4 show that the proportion of youth who gained competency in each area of the pre-employment curriculum is significant. Analyses on the composite of the five competency tests, a total of 68 questions, show that *clients demonstrated a statistically significant gain from an average of 40.2 correct questions at pretest to an average of 45.9 correct questions at post-test. While these gains appear to be numerically small on face, they should be considered a rewarding improvement in client competency given the substantial deficits and need for program intervention demonstrated at pretest.*

Recommendations and Commentary

These anecdotal analyses clearly indicate the need for a more systematic evaluation of the Division's pre-employment programs. First, the Division lacks baseline data against which results of the present study can be compared. The extent to which the present data reflect program performance is simply unknown. Second, the availability of client achievement data is presently inadequate to support program evaluation efforts. Data will become available as the Client-Facility Classification System becomes further implemented. These data will be supplemented, as appropriate, by the use of additional assessment tests that have demonstrated reliability in previous evaluation initiatives. The Division will place a high priority on coordinating the collection and analyses of these data to obtain more reliable and meaningful program evaluation products.

4. Health Care and Nutrition

The Division provides health services at all its facilities. In its larger facilities, physicians assistants and registered nurses provide primary health care. In its smaller programs, most of which are located in the community, primary health care is obtained through community physicians or hospital clinics. During FY88-89 the Division provided over 2,800 physical examinations, 22,000 routine treatment visits and 1,100 emergency room visits.

The Division's medical practitioners are actively engaged in providing health education. They work in concert with teachers and counselors to educate youth regarding good health habits and practices. Youth receive health education in the areas of human growth and development, alcohol, tobacco and other drug substances, sexuality and family life education, safety, first aid and survival, personal hygiene, and disease prevention and self-care. Each facility provides three nutritious meals a day. Facility staff try to meet the food preferences of the youth in program, within portion control and cost limits. Residents are educated about nutrition in part by the meals served.

An innovative approach integrating nutrition into the entire program occurs at the Lansing Residential Center. Medical, food service and child care staff have united to make nutrition education and practice an important aspect of their program. Residents learn the physical, emotional and chemical impacts of various foods on their bodies. They learn how to make intelligent food choices using reading and math (counting) skills.

SPECIAL HEALTH SERVICES

Data from the 926 intake needs screens received between July 1 and December 31, 1989 indicate that 7.5% of youth at intake demonstrate health problems serious enough to be a factor in deciding where to place them (see Appendix A for a breakout by facility control sublevel). This figure is derived from the review of intake records and from direct interviews and/or observations of the youth. Other health problems requiring special health services are found during facility medical examination.

The intake process identifies medical problems that require special health services such as 24-hour nursing coverage, wheelchair accessibility, pregnancy services or access to a specialist's care. Although the need for 24-hour nursing coverage or wheelchair accessibility is rare, the Division nevertheless must plan for such services. Thirty-five pregnant girls were placed with the Division during FY88-89.

THE PROGRAM

Specialized health services are, for the most part, obtained through providers who are in private practice or who are based in hospitals or free-standing clinics. A total of 1,587 medical specialist visits occurred in the fiscal year ending March 31, 1989. Major services included dermatology, orthopedics and ophthalmology. A total of 1,294 visits

occurred for non-physician specialty services during the last fiscal year. Chief among these were optometry, physical therapy and podiatry. Health staff are to be trained in the use of the new health assessment/reassessment instruments (see Appendix). A data base for outcome evaluations thus will be established using these instruments. As indicated earlier, these instruments are being field tested.

Mother-Baby Program

The Division operates one group home for seven girls and seven babies in Syracuse. Due to the high risk inherent in adolescent pregnancy, each youth admitted to the mother-baby program receives a wide range of medical services, requiring a staff member to accompany her to clinic and hospital appointments. Despite the routine prenatal care each youth receives, there are frequent complications, such as pre-term labor, bleeding, loss of amniotic fluid, toxemia and drug-related problems requiring staff supervision in the unit and the hospital. After delivery, staff provide one-to-one supervision and instruction in infant care. After a recuperative period of four to six weeks, the youth returns to school, and staff care for her infant for seven or eight hours a day, keeping medical appointments, caring for other pregnant youngsters and preparing meals.

AIDS Education and Prevention Services

Preventing adolescent HIV infection is a major concern of the Division for Youth. Many of the youth in DFY facilities or served by community-based organizations have histories of IV drug use, prostitution and unprotected sexual contact with multiple partners. Although the Division has not done an HIV antibody prevalence study of its residents, there are other studies which suggest that youth like those placed with DFY have a significant rate of infection. In 1988 the NYS Department of Health published a study of prison inmates showing that 8.9% of inmates age 17-19 were HIV antibody - seropositive. In 1988 a study conducted in a runaway and homeless youth program in NYC also found 6.7% of the youth served by that program to be HIV antibody -positive.

In response, the Division developed comprehensive agency policies on AIDS, communicable diseases and infection control in 1986. Statewide training of facility staff and Community Care workers was completed that year. The training was designed to enable staff to instruct youth in the basics of AIDS and communicable disease control.

In 1987, an Adolescent Health Care Concerns module was initiated as part of the Division's regular inservice training of all new direct care employees. The module covers common adolescent health problems, communicable diseases, including AIDS, and infection control procedures. As of November 1989, 586 staff have been trained in the module.

To strengthen its HIV/AIDS education and prevention activities for youth, DFY applied to the NYS Division of Criminal Justice Services in 1988 for funding to develop an AIDS Education Project. A grant of \$70,000 was awarded to DFY in March 1989 to hire a health educator who would serve as the project director. The project involves the development and delivery of a comprehensive HIV/AIDS prevention curriculum which also includes components of human sexuality, sexually transmitted and communicable diseases. The curriculum initially will be targeted to 400 New York City, DFY facility-

placed youth in the project's first year. If determined to be effective, the project then will be extended to the remainder of DFY-placed youth.

In addition to the residential aspect of the project, an HIV/AIDS prevention and education outreach/support model will be piloted and evaluated at the Bronx Community Care Team and a community-based organization (CBO) which has yet to be determined. This entails hiring an outreach/support worker who, following training in the HIV/AIDS prevention curriculum by the health educator, will conduct individual and group educational sessions on HIV prevention with youth and parents, and develop innovative methods for integrating the HIV/AIDS prevention message into existing programs at the CBO and Community Care team.

Taking steps to further augment DFY's HIV/AIDS prevention programs and assist in meeting its objectives under the Governor's NYC AIDS Five Year Interagency Plan, the Division submitted a proposal to the AIDS Institute for funding to provide HIV training to staff in programs licensed or funded by DFY serving at-risk youth. These include community-based youth development and delinquency prevention programs, runaway and homeless youth programs and detention facilities. The Division has been notified by the AIDS Institute that it will receive \$175,000 for this purpose. A memorandum of agreement is being prepared and HIV/AIDS education and prevention activities are expected to commence in April 1990.

The Division has begun to strengthen AIDS education and prevention activities in its facilities and to pilot an innovative outreach program with a Community Care team and a community-based organization. This is supported by a \$70,000 grant received from the Division of Criminal Justice Services in 1989.

As part of the Division's substance abuse staff training effort, a component is taught on HIV and its relationship to substance use. This training effort is described in Chapter 2 —Counseling.

5. Recreation and Leisure Time

Recreation in DFY facilities involves the constructive management of a youth's time apart from counseling, maintenance of living space, and the personal demands of sleep/meals, etc. In this context, recreation first provides a comprehensive series of activities that maintains an orderly, safe and secure instructional environment for staff and residents. Secondly, the recreation program addresses youths deficits and unacceptable behaviors in the use of their leisure or free time which contribute to delinquency. The Division's recreation program enables youth to acquire the necessary coping skills, interests and attitudes that will permit them to function in an age-appropriate, socially acceptable manner upon returning to the community.

Recreation Specialists organize physical activities, art and crafts, and cultural activities as an integral part of daily residential programming. These services help minimize safety and security issues by providing constructive outlets for discretionary time and by channeling excessive energy and frustration.

Leisure activities are a significant part of DFY's recreational programming. In addition to their direct benefits, they provide concrete means to develop self-esteem, reinforce achievement and target specific treatment objectives. Often, while involved in a leisure activity, a youth's underlying attitudes and behaviors are revealed in a way that may not otherwise surface. Youth who are otherwise discouraged can be motivated to read and write if such skills are connected with their leisure interests.

Preparing for and participating in facility and inter-facility special events provides additional opportunities for physical, social and cultural development. Examples include talent shows, "Olympics," team sports competitions, arts and crafts fairs, plays, Black History Month, Hispanic Heritage Month and holiday celebrations.

6. Alternatives to Residential Care

The Division for Youth is exploring several different alternatives to traditional residential care. These programs are being investigated for their potential to address two of the agency's top priorities — lowering recidivism rates and costs of care. Each is at a different stage of implementation — Home-Based Intensive Supervision has started, Specialized Foster Family Care will be starting soon, Outward Bound is in design. The Division's Office of Local Services has lead responsibility for implementing Home-Based Intensive Supervision and the Specialized Foster Family Care.

Home-Based Intensive Supervision (HBIS)

Home-Based Intensive Supervision provides a more structured community environment for youth who have made exceptional progress in a non-community based facility. These youth are returned home rather than transitioned to a DFY group home. Through close supervision and monitoring, program staff ensure the youths' successful return home. Program staff assist youth in brokering community services and conduct classes in Aggression Replacement Training (see page 12 for details). Within one week of returning home participants are required to take part in school, training or employment, counseling, recreation and ART. HBIS staff make daily contact with participants, including weekends, holidays and after curfew. They make weekly contact with school personnel, employers/supervisors and other service providers to monitor youth attendance and performance. Youth who complete three months of HBIS without violating conduct expectations, and who attain ART competence, will be transferred to Community Care.

Currently one pilot program is being operated in Rochester under contract with Hillside Children's Center. The Executive Budget recommends this demonstration project be expanded to 73 slots in FY1990-91, to include New York City and other areas where numbers of youth returning from non-community placement are sufficient to realize cost savings.

Specialized Foster Family Care

Specialized Foster Family Care resulted from a recommendation of the Task Force on Children and Youth. A special interagency subgroup was formed to identify ways to improve the foster care system. The task force defined Specialized Foster Family Care and set forth three major recommendations for the State of New York in developing this program.

The program is designed to serve youth who are more difficult than those normally placed in DFY's Foster Family Care program. Under current placement practices these youth would be placed in a more costly non-community residential program setting. By providing enriched backup support and enhanced reimbursement to selected family care parents, the program seeks to serve these youth in a family-like setting.

Specialized Family Foster Care providers will receive training to deal with substance abuse, emotional disturbances and other special problems characteristic of these difficult adolescents. The Division will provide them with crisis intervention, respite, and access to specialized consultant services. Support staff will make frequent contact with them and provide help in establishing appropriate educational and other day program activities. The needs of the youth will be carefully matched to the abilities of the family care parents. The program will be operated as a satellite program of designated residential facilities. Each of the facilities has the goal of establishing 10 Specialized Foster Family Care homes in FY90-91. Approximately \$754,000 has been included in the Executive Budget to launch this program for 70 youth.

Outward Bound

Recent studies indicate Outward Bound programs operated in other states have demonstrated lower rates of recidivism than traditional treatment programs. Outward Bound uses intense physical activity and environmental challenges to help youth develop self-esteem and learn the importance of mutual trust and teamwork. Fundamentals of the standard program include basic outdoor skill training, rock-climbing, rescue training, a community service project, a marathon and a final expedition. Skills are not taught as ends in themselves, but as a metaphor for the demands of life in general. Delinquents are challenged by the program's demands and relish the concrete nature of its activities. Because the program is based on action rather than talk, it is more difficult to manipulate or ignore than verbal therapies.

The Division established a task force to explore the potential of using this program approach with DFY-placed youth. A pilot test of this program approach for 15 youth is reflected in the FY90-91 Executive Budget. The population would be selected from youth who now are placed in community residential programs. Length of stay in the Outward Bound program would be three months instead of the 10 months of facility care currently prescribed for these youth. This could offer a substantial cost savings per youth served.

The proposed program would have four stages of operation:

Stage One- an 8-week base camp orientation program operated directly by the Division.

Stage Two- a 4-week expedition provided by a private subcontractor.

Stage Three- a week back at the facility to prepare for release to Community Care.

Stage Four- Community care that includes participation in a community services project.

7. Program Evaluation

Program evaluations can take place only when a program is designed with measurable indicators of goal attainment and program implementation. To fulfill these requirements, the Division conducts four types of program evaluation, each facilitated by the Client-Facility Classification System.

Program Specification - Evaluation of the measurability of program's ends (goals) and means (methods).

Program Monitoring - Evaluation of the degree to which the program has implemented methods consistent with program specifications.

Outcome Evaluation - Evaluation of the degree to which the program has achieved its specified goals.

Cost-Benefit Analysis - Evaluation of the relative utility of different methods for goal attainment.

Program Specification

Before a program can begin, a picture of what it eventually will look like needs to be developed. Four crucial questions need to be addressed:

1. What is the nature and extent of the specific problem (need) the program is designed to address?
2. Who is the program for (target population)?
3. How does the program address the specific problem?
4. What resources are needed and how are they organized to address the problem?

Following development of Expected Youth Outcomes (next page), the first stage of implementing the Client-Facility Classification system was defining a set of "youth needs" that must be met to achieve these outcomes. This was needed to guide program development efforts and help match youth to facilities with services likely to promote the desired outcomes. This resulted in the concept of core programming versus specialized programs, which distinguishes program goals for all placed youth from program goals for those youth with special needs.

This specification of program goals allows the agency to set priorities for service provision. Because resources are scarce and not every youth has every need, needs have been divided into **primary** (those which must be met by law or to ensure a youth's health and safety), **secondary** (an ordered list of needs which should be met as a prerequisite to habilitative programming) and **tertiary** (needs which constitute the core of programs universally offered to all youth placed with the agency). The results of these determinations form the basis of the rules governing site and service selection.

Expected Youth Outcomes

The Division's habilitation goal is to have youth return to and remain in their communities as law abiding, productive members of society. Specific behaviors demonstrated by youth who are most successful in accomplishing this goal are:

Social Integration

- a. Youth understands society's behavioral expectations.
- b. Youth is not destructive to self or others. Youth resolves conflict non-violently.
- c. Youth is able to positively interact with others, including authority figures.
- d. Youth demonstrates responsibility for his/her behavior.
- e. Youth demonstrates age-appropriate social skills including: expressing feelings, responding to failure, setting a goal, making a decision, helping others, expressing compassion.

Personal Competence

- a. Youth regularly attends school and performs up to his/her ability.
- b. Youth has the pre-employment competencies to enter the world of work.
- c. Youth has basic academic skills (reading, writing and arithmetic).
- d. Youth uses discretionary time constructively. Youth is able to participate in recreation and leisure activities.
- e. Youth has practical knowledge about: human growth and development; alcohol, tobacco, and other drugs; sexuality and family life; nutrition; safety, first aid and survival; personal hygiene, disease prevention and self-care.
- f. Youth has basic life skills in the areas of child care and parenting, personal financial management, transportation, legal services, and managing one's living environment.

Program specification activities required a consistent unit for measuring youth service needs across the range of needs identified. These efforts resulted in the creation of a four-point need level scale where, regardless of need area, a **one** denotes no service need, a **two** denotes either incipient or residual problem potential, a **three** indicates need severity warranting service, and a **four**, indicates a severity level making service imperative for habilitation.

After this came the development of measurable program outcomes that corresponded to each level of the need scale. This specification of measurable program objectives resulted in the development of standardized intake screens and in-facility assessment/reassessment instruments used to determine a youth's level of each need upon placement with the Division and during periodic reassessments (see Appendix B for details).

A prerequisite for identifying which programs should be expanded or eliminated is the careful definition of what constitutes each service offered. As part of program specification activities, service standards were designed for each program area.

Program Monitoring

Evaluation of the degree to which programs are being implemented as designed is facilitated by information about the supply and utilization of programs. The information provided through the Client-Facility Classification System, once fully implemented, will track which youth receive a particular service and provide an ongoing count of the amount of services in use. It will, therefore, also keep track of the number and type of service shortfalls encountered in matching youth needs to facility service programs.

Outcome Evaluation

Program goal attainment will be measured through use of the Client-Facility Classification System's needs history, which records the need scores of each youth throughout his/her placement. This makes measurement of goal attainment possible for programs separately and in combination.

Post-placement goal attainment data is more problematic. Recently, the Division has established efficient protocols with the adult justice system permitting the gathering of data regarding subsequent justice system contacts among cohorts of discharged youth. The Division also is exploring the feasibility of its own outcome information system aimed at providing data about the circumstances surrounding youth discharge or aftercare termination. The attached follow-up survey of youth released from 1983 to 1985 is the most recent example of this effort.

Cost-Benefit Analysis

The database and standardization resulting from the Client-Facility Classification System facilitates the evaluation of program components and the relative value of programs which use different methods to achieve the same goals. It also provides specific resource allocation information from the residential capacity system, thus offering more detailed information on specific program costs than has historically been available.

STATUS OF PROGRAM EVALUATION ACTIVITIES

The type of program evaluation possible is determined by a program's stage of development. This relationship between developmental stage and evaluation type is depicted in the following table.

EVALUATION TYPE

STAGE OF PROGRAM DEVELOPMENT	Program Specification	Program Monitoring	Outcome Evaluation	Cost-Benefit Analysis
DESIGN	Determining goals, expected outcomes, program methods, resources and organization for the program			
IMPLEMENTATION		Determining the degree to which program methods, resources and organization meet program specification		
INITIAL OPERATION	”		Determining the degree to which program outcomes are being achieved	
REFINEMENT	”	”		Importance of program elements to achieving objectives relative to their costs

Measurable outcomes for each program area have been developed. Data collection instruments (intake risk classification forms and needs screens, needs assessment and reassessment instruments) have been developed for each program area. The risk classification forms and needs screens are being collected during the intake process. The risk information is being used to guide facility selection. The needs assessment and reassessment forms are being piloted at facilities representing every control sublevel — Brookwood (secure); Highland (non-community-limited access); Annsville (non-community-open access, boys); Auburn (non-community-open access, girls); Buffalo YDC (community-limited access); Staten Island (community-open access). In these facilities, as of January 1, 1990, all new admissions are being assessed (where the facility has a program related to that need) using the new needs assessment and reassessment forms in accord with 30-day and 90-day timeframes.

Next steps in establishing an ongoing agency-wide program evaluation capability include:

- Completing operational guidelines for program standards, e.g., what constitutes a substance abuse program (staff ratios, training, frequency, space, curriculum, etc.), to improve program consistency and allow evaluation of comparable programs,
- Completing the establishment of the client information system's service enrollment component to document participation in program,
- Implementing the needs assessment and reassessment process in all facilities,
- Completing the establishment of the technical capability to effectively process and evaluate the information generated (computer programming, quality assurance of data, hardware installation, etc.)

Once these are in place, program evaluation results will be routinely produced regarding:

- Identification of unmet youth and system capacity needs;
- The degree to which program goals and objectives are met;
- Effectiveness of intervention methods;
- Problems of program implementation and administration, and
- Desirability of continued program funding

Followup Survey of Youth Released from DFY Residential Care— 1983-1985

Introduction

This report summarizes the findings of a mail follow-up survey of youngsters released during 1983-1985 from residential facilities operated by the New York State Division for Youth. It inquired about the present family, school and work statuses of youth.

Methods

Eligibility Criteria

This study employed the same case eligibility criteria used in the Division's recent recidivism study. In the present study, a mailed survey questionnaire (with postage-paid return envelope) was sent to each youth released during 1983-1985 who was found to have a qualifying episode of care in a DFY residential facility.

To establish eligibility for inclusion in the study cohort, this study defined a *qualifying episode of care in DFY residential facilities* as a youth's first placement with the Division having a continuous residential stay of at least six months in Sublevel 1-6 facilities (i.e., secure, NCB Limited Access, NCB Open Access, community-based Limited Access, and Open Access). Clients in foster care, independent living, and with voluntary agencies were excluded from the study. The minimum six month stay was required for inclusion in this study because this is the shortest exposure period for which one could realistically expect a placement treatment effect. (Note that the measured length of continuous residential stay is a composite of all facility stays in the qualifying placement. The minimum six month stay excluded any absences from facilities of greater than or equal to seven days. Further, where an absence of 30 days or more occurred due to AWOL status, hospitalization or other cause, an additional six months of residence was required to satisfy eligibility for the study. A total of 2,572 youth released during 1983-1985 were found to have a qualifying episode of care making them eligible for inclusion in this study.

Survey Response

The 2,572 survey instruments were mailed to former clients on August 15, 1989. By October 31, 1989, 149 youth had completed and returned the survey. These responses form the basis of the present study. An additional 994 surveys were returned as "undeliverable" by the U.S. Postal Service. These surveys were returned typically because the addressee had moved and forwarding orders either were unknown or had expired.

While the low survey completion rate was disappointing, it would be unrealistic to expect a much different result. Youth in the study cohort were released from DFY facilities four to six years ago. Normal mobility of the population over this time could be expected to account for many undeliverable surveys. Further, such a follow-up attempt is aggravated by the large degree to which DFY clients return to problematic community environments, disrupted homes, and the like. In this light, it is quite satisfying that 149 former clients took the time to tell us about their

present lives.

Given the nature of response to this survey, it is important to disclaim any notion that these data are presented as representative of the statuses of former DFY clients. On the contrary, they are considered, at best, anecdotal self-reports from a group who chose to respond. In fact, responses from this group might be expected to have a positive flavor, since these youth were self-motivated to respond to the survey.

Respondent Characteristics

Based upon their reported year of birth, it is estimated that approximately 84.0 percent of survey respondents were 20-23 years of age at the time of the survey. The vast majority (82.5%) of respondents were male. White youth represented 42.8 percent of respondents compared with black (33.1%) and Hispanic (19.3%) youth. The majority (52.4%) of youth who responded to the survey reside in the non-metropolitan counties of upstate New York as opposed to New York City (36.2%) or metropolitan counties (11.4%). In contrast, the population of youth released during 1983-85 that was sent a survey questionnaire (2,572) had proportionately more males (88.9%), more blacks (52.4%), fewer whites (31.6%) and Hispanics (15.3%), and more youth from New York City (48.2%), compared to metropolitan (19.8%) and non-metropolitan (32.0%) counties.

Summary of Findings

Family Status

The family is the basic institution in American society for developing a child's emotional, intellectual, moral, spiritual, physical and social potential. It provides the structure within which the child is trained to restrain his/her desires and to internalize rules which specify the time, place and circumstances in which personal needs may be fulfilled in socially appropriate ways. Such early training, or lack of it, has been linked to the presence or absence of delinquent behavior in later years. The role of the family is by no means limited to that of early child development. In later years, the family is an institution within which the young adult can demonstrate maturity and responsibility in caring for him/herself and others. In this light, the Division's follow-up survey asked questions about the youth's present living arrangement, marital status, parenting experience and contributions toward household expenses.

Very few survey respondents (15.4%) indicated they lived alone. To the contrary, 38.9 percent lived with parents or grandparents, 27.5 percent with other relatives, 6.7 percent with parents and other relatives, and 10.7 percent with non-relatives. Overall 47.7 percent of respondents reported they paid some of the expenses in their home, while an additional 21.5 percent of youth paid all of their home expenses. Employment was clearly related to one's contribution toward household expenses. For example, only 11.1 percent of non-contributors were presently employed compared to 69.9 percent of household contributors who were likewise employed.

Nearly three-quarters (72.6%) of youth reported they were single and never married, while 22.6 percent were presently married and 4.8 percent were formerly married. Over one-third (38.4%) of youth reported that they had children. Unfortunately, 44.6 percent of these youth also indicated they had never been married. These never-married parents were typically males (75.0%), tended to be 21 years of age or older (81.8%), and were more likely to be black (50.0%) than

white (25.0%) or Hispanic (25.0%). Only 44 percent of these never-married parents completed high school. On a positive note, the vast majority (87.5%) of respondents with children reported that they provided at least some support for their children.

Education Status

In the belief that formal education is one of the most important components of the rehabilitative process, the Division includes in its program offerings a diversity of educational experiences to meet the special needs of youth placed in its care. In designing the implementation of this specialized program, the following factors are taken into consideration:

- The vast majority of DFY youth are one or more years behind in academic grade level as evidenced by standardized test scores.
- Many DFY youths are poorly motivated towards formal education as manifested by school behavior problems and a high truancy, absentee and drop-out rate.
- There is a great diversity of academic needs to be met from non-reader to post-secondary level.
- The time available to address these needs while youth are with DFY varies from a few months to several years.

Recent research showed that the Division for Youth is able to achieve clear educational gains with youngsters while they are in DFY programs, noting, for example, that youth in these programs acquire reading and math skills over five times faster than they did prior to being placed with DFY. The Division is always hopeful that upon their return to the community youngsters will remain motivated to continue their education to the fullest extent of their capabilities.

Overall, 47.6 percent of respondents reported that they had completed high school/GED or better. In fact, 8.2 percent of youth had completed 1-3 years of trade school or college after high school, and 2.0 percent reported that they graduated from a two or four-year college. Additionally, 10.9 percent of respondents reported they had not completed high school/GED, but were presently going to school. Unfortunately, 41.5 percent indicated they had neither completed high school/GED, nor were they presently going to school. Overall, 8.9 percent of high school/GED graduates are presently going to school.

Analyses of data indicate that females were more likely than males to have completed or gone beyond high school (68.0% versus 43.2 percent respectively.) Older youth also were more likely than younger respondents to have completed or gone beyond high school. For example, 60.0 percent of 23 year-olds, compared with 29.6 percent of 20 year olds completed at least high school, nearly one-half (48.5%) of respondents from non-metropolitan upstate counties, compared with 44.5 percent of New York City youth and 41.2 percent of metropolitan county residents. Completion of high school was more likely among whites (53.2%) and blacks (52.1%) than among Hispanic youth (32.1%). Finally, these data indicate a clear economic benefit for those respondents who have completed high school or better. For example, nearly two-thirds (64.8%) of high school/GED graduates presently are employed compared to only 39.7 percent among those not completing high school. Further, 50.6 percent of high school/GED graduates reported incomes of \$10,000 or more, compared to only 27.4 percent of non-graduates earning at this level.

Employment Status

It is the philosophy of the Division for Youth that all youth in its care should be provided the vocational training and employment opportunities necessary to prepare them for gainful employment and responsible, independent functioning within the social mainstream. Research has clearly documented a strong relationship between employability and delinquency prevention. The Division recognizes that successfully acquiring and maintaining employment, is a factor that enables youngsters to successfully negotiate the transition from adolescence to adulthood. For this reason, the Division's follow-up survey asked several questions pertaining to the current employment status of former clients.

Overall, 51.7 percent of respondents reported currently having a job, 27.5 percent were unemployed but looking for work, 12.1 percent were unemployed and not looking for work, 3.4 percent were disabled and could not work, and 5.4 percent were homemakers. Youth who reported employment were working as laborers (25.4%), craftsmen (21.1%), service workers (15.5%), professionals/managers (14.1%), clerical workers (11.3%), equipment operators (7%) and members of the armed forces. Among those youth presently working, 37.8 percent reported earning over \$15,000 during the past year, 23 percent earned \$10,000-\$14,999, 18.9 percent earned \$5,000-\$9,999, and 20.3 percent earned less than \$5,000. Nearly three-quarters (73.7%) of those unemployed but looking for work, and 70.6 percent of those unemployed and not looking for work, reported earnings of less than \$5,000 during the past year.

The likelihood of employment increased with respondent age. For example, 44.4 percent of 20-year old youth reported employment compared with 65 percent of 23 year olds. Over one-half (53.4%) of male respondents reported current employment compared with 40 percent of female youth. While male respondents can be found employed across all occupation groups, employed females were found only in service worker (44.4%), clerical (33.3%), and professional (22.2%) positions. Despite these differences, there appeared to be little gender difference in the level of income reported by employed respondents.

Over half (53.3%) of working black respondents reported employment as laborers or service workers, compared to smaller proportions of Hispanics (40%) and white youth (34.2%) holding such jobs. White respondents were disproportionately employed in craftsmen jobs (31.6%) compared to smaller proportions of Hispanics (20%) and no blacks in like jobs. Some of these differences may be due to the labor market environments in which youth compete. For example, 82.4 percent of employed black youth reside in New York City while 76.2 percent of employed white youth reside in non-metropolitan upstate counties. However, further examination of these differences is not possible without more detailed data.

Respondents' Subjective Assessment

Finally, the survey asked the question, "All things considered, compared to when you left DFY, are you better off now, the same, or are you worse off now?"

Overall, 71.1 percent of respondents indicated they were "better off now," 12.1 percent felt they were "the same," and 15.4 percent assessed themselves as "worse off now."

An examination of responses to this question indicates that older respondents were more likely than younger ones to assess their current status as "better." For example, 80.7 percent of those 21 or older, compared with 65 percent of those

20 and younger, considered themselves better off now. Females were somewhat more likely than males (76.0% versus 71.6% respectively) to feel better off, with males slightly more inclined than females (16.4% versus 12% respectively) to rate themselves as "worse" than before. The "better off" assessment was reported by a greater proportion of white youth (83.9%) than black (64.6%) and Hispanic youth (55.6%). In fact, over one-fifth of black (20.8%) and Hispanic youth (22.2%) compared to only 9.7 percent of white respondents rated themselves as worse than before. Youth from non-metropolitan upstate counties were considerably more likely than New York City youth to assess themselves as better (82.8% versus 64.8%, respectively). In contrast, nearly one-quarter (24.1%) of New York City respondents felt they were worse off now than when they left DFY.

It is noteworthy that the subjective "better" assessment was made more often by respondents who were married (87.9%), formerly married (85.7%), who had children and supported them (87.5%), and who were responsible for some (90%) or all (87.5%) of their household's expenses, as opposed to less frequent "better" appraisals from respondents who were single (67%), without children (67%), and not contributing toward their household's expenses (34.1%). In fact, over one-third (36.4%) of the non-contributing respondents considered themselves worse off than when they left DFY.

It is quite evident in these data that an education and a job have a positive impact on youth self-assessments. For example, those completing high school/GED or better were much more likely than those not completing to rate themselves as better off (84.5% versus 60.5%, respectively). Actually, over one-fifth (22.4%) of those who had yet to complete high school/GED considered themselves worse off than when they left DFY. Further, 96.1 percent of those with jobs felt they were better off now, in contrast to only 47.5 percent of those looking and 38.9 percent of those not looking for employment. The amount of wages earned was positively related to a "better" assessment as well, with 100.0 percent of those in the \$15,000-\$24,999 bracket compared with 49.2 percent earning less than \$5,000 feeling better off now compared to when they left DFY.

Discussion and Recommendations

The anecdotal data presented in this report show that some youth demonstrate social gains upon their return to the community after a residential placement with the Division for Youth. In providing programmed services to youth in its care, it is the Division's philosophy that youth who acquire the skills necessary for membership in society tend to embrace the community's way of life and follow its norms, beliefs and attitudes. The development of personal capital (i.e., educational, employment and social skills) enables youth to be "valued". This puts them in a position to bargain in the social/economic marketplace. Equally, as youth accumulate successes, cherished gains and social relationships, the greater their chance that they will not jeopardize them by acting inconsistently with the norms of society. Thus, the development and enrichment of personal capital plays a fundamental role in the delivery of the Division's programmed residential services.

However, these findings must be viewed in the context of other findings from the Division's recent recidivism study, which reported that 76.4 percent of former clients were rearrested, 66.9 percent were reconvicted, and 53.8 percent reincarcerated within 30 months of release from DFY residential care. While the Division

for Youth has demonstrated success in certain types of programs, it clearly recognizes that strengthened intervention efforts are necessary to broaden this base of success.

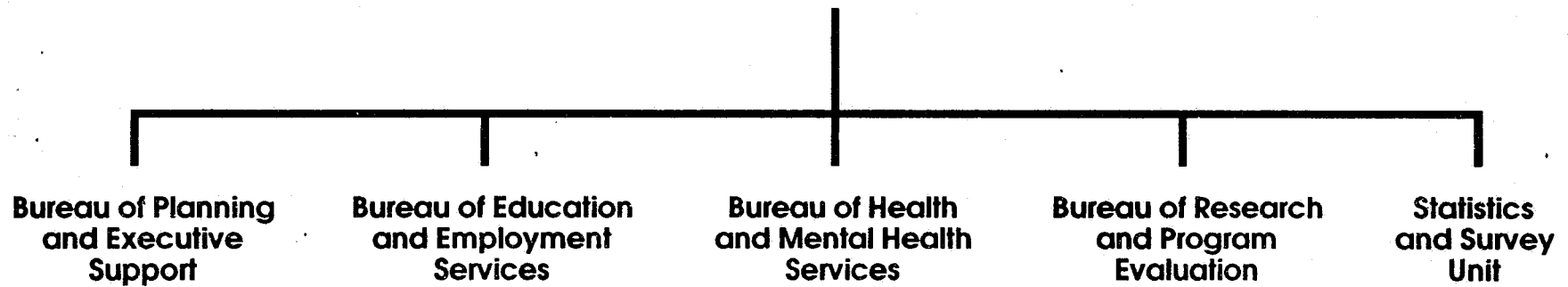
The Division is committed to designing new and innovative programmatic interventions for youth in the community or committed to its residential treatment, and also has intensified its efforts to redesign and modify many of its more traditional correctional intervention strategies. To achieve this, however, the Division recognizes the need to provide each youngster in residence with a sufficient length of stay in facility to allow any treatment intervention to be effective. Simply stated, the effectiveness of any rehabilitative program is directly related to how long a youngster is exposed to it. It is unreasonable to expect that six to nine months of treatment will reverse the 13 to 15 years of negative social experiences characteristic of most juvenile delinquents placed with the Division.

The Division believes, therefore, that the time has come to increase capacity to provide adjudicated youngsters a longer, more meaningful and effective exposure to program. As a short-term solution to this problem, the Division is seeking approval during FY1990-91 to further expand bed capacity at minimal capital construction costs. Over the long run, what is needed are more structured, formalized programs that can be implemented in a more stabilized and efficient milieu, in a larger and more modern model facility.

The Division also realizes that while it can demonstrate its delivery of educational, vocational and rehabilitative programs has achieved success within the structured setting of its residential facilities, it is quite another matter to ensure that these successes are sustained when a youth is returned to his/her home community. One reason programmatic success within the structured setting can fail to carry over into community life or prevent recidivism is that the communities to which youth are returned lack adequate resources to support the youth while he/she learns to exercise newly acquired life and behavioral/psychological skills.

Office of Program Development And Evaluation

Deputy Director's
Office



8. The Office of Program Development and Evaluation

Division for Youth leaders have long recognized the importance of program development. Historically, issues associated with safety/security and day-to-day facility management dominated the agenda of the office charged with operating residential services. As a result, program development tended to be inadequately addressed. Therefore, a separate central executive office was established to focus on this critical function.

Prior to FY1989-90, the Office of Program Services coordinated a range of services which provided youth placed in the Division's custody with basic life skills and promoted attitudinal and behavioral changes necessary for them to return to the community. The principal services used to pursue this goal were in the areas of counseling, education, employment, health and recreation.

To further improve program development, the Office has been expanded and renamed. The name has been changed to the Office of Program Development and Evaluation to describe more accurately its primary mission. The Office has been expanded, within existing operating allocations, to include the agency's strategic planning, policy development, research, evaluation and client data management functions. The addition of these functions has enabled the agency to better integrate strategic planning, program development and evaluation, at both the program-specific and the system-wide level. The addition of staff responsible for these functions has enabled the Office of Program Development and Evaluation to improve the planning of programs and activities designed to address specific needs. It has helped expedite the implementation of the Client-Facility Classification System, which will allow the Office to monitor and evaluate utilization trends, identify service needs and track clients throughout the DFY system. It will enable the Office to establish standards of operation, including program evaluation, that are to be implemented at all DFY facilities, offices, and in local youth programs supported by the agency. In addition, the Office will be maximizing external financial resources through grants development and financial reimbursement initiatives.

An executive-level office of this nature is critical for the Division to give adequate focus to the development of specialized programs for sex offenders, substance abusers, violent youth, the emotionally disabled, the mentally retarded and others with special needs. The expanded Office of Program Development and Evaluation will provide leadership and direction in strengthening basic residential programming for youth placed with the agency. The formation of this new office also gives the Division an expanded capability to engage in coordinated development and evaluation of service programs targeted to youth leaving residential care and youth at-risk of entering the juvenile justice system.

One of the primary responsibilities of the Deputy Director for Program Development and Evaluation is to mobilize the expanded Office into a cohesive working

organization. To this end, a specific organizational proposal has been developed for restructuring the Office. This proposal was developed within existing operating allocations in cooperation with the Department of Civil Service and the Division of the Budget.

BUREAU FUNCTIONS AND ACTIVITIES

Bureau of Planning and Executive Support

The major responsibilities of this bureau include coordinating the agency's action plan, developing the agency's operational policies and procedures, and planning for the capacity needs of youth placed with the agency. In addition, it is responsible for grantsmanship and maximizing external financial resources. The bureau coordinates executive projects to ensure that the activities within each of the agency's major organizational offices and bureaus align with executive direction. Current major projects include coordinating implementation of the Client-Facility Classification System, developing a case management and Medicaid reimbursement system, and producing this report.

Bureau of Research and Program Evaluation

The major responsibilities of this bureau are to provide operational and analytical support for the Division. The Bureau of Research and Program Evaluation performs social science and operations research studies in the areas of program design, program standards, management, and program evaluation. The bureau conducted the three studies described in this report and provided the analysis of the risks and needs characteristics of new admissions based on the new intake data system. The bureau's approach to evaluation is described in Chapter 7.

Statistics and Survey Unit

The Statistics and Survey Unit has the primary responsibility for collecting and ensuring the accuracy of client information for the Division for Youth.

The information maintained provides the basis for the Classification System (legal placement risk and needs scores, facility service capacity and youth enrollment, youth movement, youth conduct system event histories, case management and youth assessment and reassessment information).

The same data is used to produce county billings, and system status reports for management on both a regular basis and as needed for decision-making and research.

Bureau of Health and Mental Health Services

This newly created bureau combines the functions of the Bureau of Health and Recreation Services with those of the Bureau of Mental Health Services. As such, it is responsible for establishing program models, standards and policies related to: the development of general intervention services in the areas of medical, dental, psychiatric, psychological, nutritional and counseling services, including medical contract services; the development of focused intervention programs for

psychiatrically disabled youth, substance abusers and sex offenders; the implementation of health education curricula for substance abuse prevention, for human sexuality and AIDS prevention. Technical assistance is provided to the offices of Local Services and Residential Services, especially to the intake and Community Care functions of the Client Classification and Movement System. The bureau also serves as the agency liaison to the Office of Mental Health, Office of Mental Retardation and Development Disabilities, NYS Alliance of Sex Offender Service Providers, the Department of Health and the AIDS Institute.

This bureau's major priorities include expanding the base of available residential slots for substance abusers and sex offenders, streamlining the process for transferring mentally disabled and mentally retarded youth to the Office of Mental Health and the Office of Mental Retardation, and expanding use of integrated counseling approaches. The bureau's major projects are described in chapters 2 and 4.

Bureau of Education and Employment Services

This bureau's responsibilities include the development of overall education and employment program models and policies, including remedial education, special education for the handicapped, bilingual education, health education, youth employment, vocational education, and job preparation skills. It recently added a centralized library coordinator to assist facility programs in the development of appropriate library services for youth in their care. This bureau also provides liaison services with the State Education Department and Department of Labor, and responds to requests for technical assistance to both Residential and Local Services programs.

Most recently, the responsibility for recreational and Independent Living services has been assigned to this bureau. As a result, it is responsible for the design and implementation of recreational programs in Division facilities and consults with program operators funded by the Division in the development of local recreational programs. The Independent Living initiative helps prepare youth for their ultimate return to their home community by providing them with life skills and competencies required to enter the labor market. Other current initiatives are described in chapter 3.

SUMMARY OF MAJOR DIRECTIONS FOR 1990

During 1990 the Office of Program Development and Evaluation will be actively engaged in developing and evaluating special programs. Special needs programs are being developed or accessed in the critical areas of sex offenders, substance abuse, mental health, mental retardation, health, special education and bilingual education. A variety of special initiatives is in development, targeted to improve youth behavior and competencies, lower recidivism rates and reducing costs of care. Key initiatives include the design of an integrated counseling approach, training program staff to address growing demands for substance abuse and sex offender treatment, exploring lower-cost alternatives to residential care, such as Home-Based Intensive Supervision, Specialized Family Foster Care and Outward Bound, and expanding grantsmanship and revenue development activities such as Comprehensive Medicaid Case Management.

The Comprehensive Medicaid Case Management will be part of the Division's new case management system. It is being designed to provide a systems' approach toward addressing individual youth needs and incorporate overall assessment of a youth's progress throughout the Division's continuum of care. It will include a special component for Medicaid-eligible youth. The "Initial Youth Case Management Plan", and the "Youth Case Management Plan and Summary" will identify the integrated service plan to be followed, the nature of services, their frequency, duration and the amount of service to meet the need. This plan will specify staff assignments and projected cost of services, where necessary. Draft forms are presented in Appendix C.

Efforts will continue to address the critical areas of emotional disability, aggressive behavior, AIDS education and independent living. Broader and increased interagency cooperation has been designated as a priority to enhance linkages between DFY special populations and appropriate State, local and voluntary agencies.

The Executive Budget proposes that the number of students per teacher in the Division's residential care programs be increased from 8 to 12, resulting in the layoff of 57 teachers. This will require careful planning to implement.

The Office will continue to pursue implementation of the next phase of the Client-Facility Classification System, specifically:

- The Assessment and reassessment instruments currently being piloted for feasibility and utility at each level of residential care will be finalized and used for all youth placed in the agency's care. Appropriate staff at each facility will be trained in their use.
- Operational guidelines for programs (staff ratios, training, frequency, space, curriculum, etc.) will be established consistent with programmatic and American Correctional Association standards. This will allow the agency to describe and accurately inventory the Division's programs at each residential facility.
- The system for enrolling youth in program services will be established. This will allow clear tracking of youth, identifying who received different services while in DFY care.
- The technical capability (computer programming, quality assurance of data, hardware installation, etc.) to effectively process and evaluate client information will be established.

In conclusion, the enhanced Office of Program Development and Evaluation, will enable the agency to demonstrate that effective habilitation programs can be developed, and that programs can successfully promote law-abiding, productive behavior in delinquent youth. By matching targeted treatment interventions with structured program evaluations, the Division for Youth can more effectively shape and measure positive youth development.

APPENDIX A

SCREENED SERVICE NEEDS BY RECOMMENDED SUBLEVEL FOR 926 INTAKES BETWEEN
JULY 1 AND DECEMBER 31, 1989

SERVICE NEED	RECOMMENDED CONTROL SUBLEVEL (SL)						ALL SUB- LEVELS
	NON-COMM. BASED			COMMUNITY BASED			
	SECURE (2)	ACCESS (4)	ACCESS (5)	ACCESS (6)	ACCESS (7)		
<u>HEALTH:</u> On-site medical personnel	Number!!	0	7	13	1	0	21
	% of SL!!	0%	3%	2%	2%	0%	2%
Access to medical specialist(s)	Number!!	5	11	27	3	3	49
	% of SL!!	22%	4%	5%	5%	21%	5%
Wheelchair accessible facility	Number!!	0	0	1	0	0	1
	% of SL!!	0%	0%	0.2%	0%	0%	0.1%
Pregnancy - parenting	Number!!	1	3	4	1	1	10
	% of SL!!	4%	1%	1%	2%	7%	1%
<u>LOCATION:</u> Other than home school	Number!!	3	37	86	7	2	135
	% of SL!!	14%	14%	15%	12%	14%	15%
Other than home community	Number!!	6	58	107	7	2	180
	% of SL!!	27%	22%	19%	12%	14%	20%
LIMITED ENGLISH PROFICIENCY	Number!!	2	8	23	1	0	34
	% of SL!!	9%	3%	4%	2%	0%	4%
MENTAL HEALTH	Number!!	7	75	160	16	4	262
	% of SL!!	32%	29%	29%	28%	29%	29%
MENTAL RETARDATION	Number!!	0	6	16	0	0	22
	% of SL!!	0%	2%	3%	0%	0%	2%
<u>SEX OFFENDER:</u> Non-violent	Number!!	1	4	20	3	0	28
	% of SL!!	5%	2%	4%	5%	0%	3%
Violent	Number!!	4	23	16	2	0	45
	% of SL!!	18%	9%	3%	4%	0%	5%
<u>SPECIAL EDUCATION:</u> Resource Room	Number!!	4	39	96	12	1	152
	% of SL!!	18%	16%	18%	22%	7%	18%
Special Class	Number!!	7	33	76	8	2	126
	% of SL!!	32%	13%	14%	15%	14%	15%
SUBSTANCE ABUSE	Number!!	18	156	353	2	0	529
	% of SL!!	82%	59%	62%	4%	0%	58%
TOTALS (Maximum non-missing)		23	263	568	58	14	926
PERCENT OF ALL INTAKES		3%	28%	61%	6%	2%	100%

APPENDIX B

ASSESSMENT AND REASSESSMENT INSTRUMENTS

Instrument	Assessment Process	Reassessment Process	Who is assessed	Who is reassessed	Who does assessment
Social Maturity	Review records; consult with involved staff	same as Assessment	All youth	All youth	Youth Div Counselor
Peer and Family Support	Review records; consult with involved staff	same as Assessment	All youth	All youth	Youth Div Counselor
Education	Woodcock Johnson Assessment scale	Narrative update; retest after 10 months	All youth	All youth	Facility Ed. staff or equivalent
Employment	Pre-Employment , Work Maturity & Job Skills Assessments	same as Assessment	All youth	All youth	Facility Voc Specialist or equivalent
Health	Medical & Dental Examination	Narrative update; annual reexamine	All youth	All youth	MD , PA , Dentist
Leisure Time	Youth interview, NYS Ed Physical Fitness Test	Narrative update	All youth	All youth	Recreation leader or equivalent
Mental Health	Pyscho-social History; Status Exam; Standardized Tests	Readminister Mental Health Status Exam	Needs screen score 3 or 4	Assessment score 3 or 4	Psychologist Psychiatrist
Substance abuse	Youth interview	Narrative update	Nds screen score 3 or 4	Assessment score 3 or 4	Certified counselor
Sex Offender	Clinical Evaluation	Clinical Evaluation	Nds screen score 3 or 4	Assessment score 3 or 4	Sx offender specialist
Mental Retardation	WISC-R ; VABS if score <75	Narrative update	All youth	Assessment score 4	Psychologist
Special Education	specified by CSE	Narrative update	CSE or score 3 or 4	Assessment score 3 or 4	CSE or Spec Ed Teacher
Limited English	Woodcock Johnson Psycho-Ed Battery	Narrative update	Nds screen score 3 or 4	Assessment score 3.1	Bilingual or ESL Teacher
Out of Community Placement	None	From Records; Com Care interview	None	All youth at 7th month	Reassess by Youth Div Counselor

YOUTH CLASSIFICATION ASSESSMENT/REASSESSMENT SUMMARY

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD— From: _____ To: _____

REASON FOR THIS ASSESSMENT:

1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
2. SCHEDULED REASSESSMENT 4. UNSCHEDULED REASSESSMENT
3. SCHEDULED RECLASSIFICATION 5. UNSCHEDULED RECLASSIFICATION

<u>ASSESSED NEED</u>	<u>SCORE</u>	<u>PROGRAM ASSIGNMENTS</u>	
		<u>NONE</u>	<u>RESERVED</u>
1. EDUCATIONAL COMPETENCY	_____.	<input type="checkbox"/>	<input type="checkbox"/>
2. EMPLOYMENT COMPETENCY	_____.	<input type="checkbox"/>	<input type="checkbox"/>
3. HEALTH -- Health Score 1:	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 2 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 3 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 4 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 5 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 6 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 7 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 8 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 9 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
Health Score 10 (Enter 0.0 if not applicable):	_____.	<input type="checkbox"/>	<input type="checkbox"/>
CHECK SUM (Insert the Total of the twelve scores above):	_____.		

YOUTH CLASSIFICATION ASSESSMENT/REASSESSMENT SUMMARY

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

ASSESSED NEED, Continued	SCORE	PROGRAM ASSIGNMENTS	
		NONE	RESERVED
4. LEISURE TIME	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. LIMITED ENGLISH PROFICIENCY. Native Language: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. MENTAL HEALTH	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. MENTAL RETARDATION	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. OUT-OF-COMMUNITY PLACEMENT	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. SEX OFFENDER	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. SOCIAL MATURITY	_____	<input type="checkbox"/>	<input type="checkbox"/>
11. SOCIAL SUPPORT	_____	<input type="checkbox"/>	<input type="checkbox"/>
12. SPECIAL EDUCATION	_____	<input type="checkbox"/>	<input type="checkbox"/>
13. SUBSTANCE ABUSE	_____	<input type="checkbox"/>	<input type="checkbox"/>

CHECK SUM (Insert the Total of the ten scores above): _____

COMPLETED BY: _____ Social Security Number: _____ Date: _____
Signature of Youth Division Counselor

DISPOSITION -- REMAIN AT: _____ Code: _____
Name of Facility/Unit
MOVE TO: _____ Code: _____
Name of Facility/Unit

SOCIAL MATURITY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: Following is a series of indicators of social maturity. Each indicator has four behavioral descriptions corresponding to four levels. Choose the level that best describes the behavior of this youth, and enter the level number in the column labeled SCORE.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
EXPLORE -- NEED FOR EXTERNAL CONTROL TO ENSURE SOCIALLY ACCEPTABLE PHYSICAL BEHAVIOR:				
Self-regulating and controlling; needs little regular supervision or direction of physical behavior.	Requires supervision or direction of physical behavior only in stressful or atypical situations.	Requires intermittent supervision or direction to ensure socially acceptable physical behavior.	Requires constant supervision or direction to ensure socially acceptable physical behavior.	
EXPLORE -- VIOLENCE PRONENESS/FIGHTING:				
Does not initiate fights and uses non-violent alternatives in situations likely to lead to fights.	Does not initiate fights, but does NOT actively avoid situations likely to lead to fights.	Allows verbal confrontations to escalate into fights and does not admit that non-violent alternatives exist.	Initiates fights and uses violence as his or her primary means of conflict resolution.	
EXPLORE -- PROBLEM-SOLVING ABILITY:				
Shows ability AND resolves problems in a socially acceptable way, without direction or supervision.	Shows ability, but does not consistently resolve problems in a socially acceptable way without guidance or supervision.	Infrequently shows ability to resolve problems in a socially acceptable way; specific instructions and supervision must be provided.	Seldom shows the ability to resolve problems in a socially acceptable way; specific instructions and close supervision must be provided.	
EXPLORE -- OBEDIENCE TO LAWS AND RULES:				
Consistently exhibits obedience to laws and rules.	Inconsistently exhibits obedience to laws and rules.	Generally does not comply with laws and rules.	Openly exhibits disobedience of laws and rules.	
EXPLORE -- CONSIDERATION OF THE NEEDS AND FEELINGS OF OTHERS:				
Behaves as if he or she unconditionally accepts the importance of the needs and feelings of others.	Behaves as if only the needs and feelings of those close to him or her are important.	Acknowledges that others have needs and feelings different from his or her own, but behaves as if his or her own needs and feelings take precedence.	Ignores the needs and feelings of others.	

SOCIAL MATURITY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
EXPLORE -- USE OF THE PROPERTY OF OTHERS:				
Does not borrow, or borrows with permission and returns article(s) undamaged and on time.	Borrows with permission and returns article(s) undamaged, but not on time.	Any 2 Of The Following: Permission to borrow is ambiguous; article is returned damaged; article is not returned on time.	Takes articles without permission.	
EXPLORE -- RESPONSIBILITY FOR VIOLATIONS WHILE IN CUSTODY:				
Accepts responsibility for violations; attempts to make restitution.	Accepts responsibility for violations, but has not attempted restitution.	Occasionally accepts responsibility for violations, but does not attempt restitution.	Neither accepts responsibility for violations nor attempts restitution.	
EXPLORE -- RESPONSIBILITY FOR DEVIANT BEHAVIOR PRIOR TO CUSTODY:				
Accepts responsibility for past deviant behavior, and has attempted to make either actual or symbolic restitution.	Accepts responsibility for past deviant behavior, but has not attempted to make either actual or symbolic restitution.	Denies responsibility for past deviant behavior, but has attempted to make either actual or symbolic restitution.	Denies responsibility for past deviant behavior, and has not attempted to make either actual or symbolic restitution.	
EXPLORE -- ATTITUDE TOWARDS PERSONAL SHORTCOMINGS:				
Freely admits shortcomings and mistakes, and seeks to correct them.	Admits shortcomings and mistakes and seeks to correct them, but downplays their importance.	Actively seeks to conceal shortcomings and mistakes, and does not seek to correct them.	Denies shortcomings and mistakes.	
EXPLORE -- SENSE OF FAIRNESS:				
Subordinates own interests to maintain the principles of fairness.	Subordinates own interests in response to appeals for fairness by others.	Redefines rules of fairness for his or her own benefit.	Denies the desirability of the fairness principle for governing interpersonal relations.	
EXPLORE -- REACTION TO ACHIEVEMENTS OF OTHERS:				
Praises or admires the socially desirable achievements of others.	Acknowledges the desirability of the achievements of others.	Indicates that the desirable achievements of others are not important.	Indicates that the desirable achievements of others are not real or deserved.	

SOCIAL MATURITY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
EXPLORE -- PROPENSITY TO LIE:				
Does not lie, OR lies to avoid unnecessarily hurting the feelings of others.	Lies when threatened or coerced by someone else.	Lies to protect own interests, e.g., to avoid punishment or blame.	Lies as a matter of course (for no apparent reason).	
EXPLORE -- SENSITIVITY TO OTHERS:				
Avoids offending others; sincerely apologizes if offenses inadvertently occur.	Offends in minor matters, but always makes a sincere apology when offense is made apparent.	Offends in major matters and makes a sincere apology, if requested.	Is generally offensive in major matters, and indicates that an apology is irrelevant or unwarranted.	
EXPLORE -- EMPATHIC BEHAVIOR:				
Correctly assesses the moods of others, and adapts behavior accordingly.	Adapts behavior to the mood of others, if given explicit or overt emotional cues.	Does not adapt behavior to the mood of others, unless directed to do so.	Does not adapt behavior to the mood of others, even when directed to do so.	

SCORING -- Add the scores given for the 14 indicators. Find the sum of scores on the following chart, and enter the corresponding score in the box labeled Total Social Maturity Score:

<u>SUM OF SCORES</u>	<u>TOTAL SOCIAL MATURITY SCORE</u>
20 and Below	1
21 to 34	2
35 to 48	3
49 and Above	4

TOTAL SOCIAL MATURITY SCORE:

COMPLETED BY: _____
Signature Title

Social Security Number Date

SOCIAL SUPPORT -- PEER ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
 2. SCHEDULED REASSESSMENT 4. UNSCHEDULED REASSESSMENT
 3. SCHEDULED RECLASSIFICATION 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: Following is a series of indicators of social support in peer relationships. Each indicator has four behavioral descriptions corresponding to four levels of need. Choose the level that best describes the peer relationships of this youth, and enter the Level number in the column labeled SCORE.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
OBSERVE AND EXPLORE -- INTERPERSONAL SKILLS -- Youth:				
Has desire and ability to use interpersonal skills to develop mutually supportive relationships with others.	Desires mutually supportive relationships with others, but needs help in execution of skills.	Little desire or ability to establish positive relationships with others.	No desire or ability to establish relationships, e.g., a loner, or actively hostile, negative, or rejecting.	
OBSERVE AND EXPLORE -- PRO-SOCIAL RELATIONSHIPS -- Youth surrounds him or herself with:				
Support that is pro-social, actively AVOIDS anti-social situations.	Peers who will occasionally support minor infractions.	Peers who will support anti-social behavior.	Peers who strongly encourage anti-social behavior.	
OBSERVE AND EXPLORE -- LEADERSHIP -- Youth:				
Encourages peers to make pro-social decisions; positive leader.	Encourages peers to make pro-social decisions in view of an authority figure; positive leadership is inconsistent.	Shows little or no desire to help peers make pro-social decisions; may encourage anti-social behavior to 'set-up' peers; generally a follower.	Supports peers in anti-social decisions; strong follower tendencies, or negative leader.	
OBSERVE AND EXPLORE -- DECISION-MAKING -- Youth:				
Considers the opinions of others, but makes an independent decision.	Sometimes influenced by peer approval during decision-making.	Often influenced by peer approval, especially if his or her decision will be visible to peers.	Heavily influenced by peer approval, whether or not the decision is visible to peers.	
OBSERVE AND EXPLORE -- CONFLICT RESOLUTION -- Youth:				
Resolves conflicts appropriately, without staff supervision or direction.	Resolves conflicts appropriately, when supported or directed by staff.	Lacks conflict resolution skills; includes aggressive verbal confrontation and passive withdrawal.	Conflicts are unresolved, or are resolved by physical means.	

SCORE -- The highest value of any marked box: _____

COMPLETED BY: _____
Signature Title

Social Security Number Date

SOCIAL SUPPORT -- FAMILY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS -- The following is a series of indicators of family support. Each indicator has 4 behavioral descriptions. Choose the level that BEST DESCRIBES the correct level of family support and enter the Level Number in the column labeled Score. (If there has been no facility/parent or youth/parent contact during this rating period, answer only the two questions in Section A.)

A. MARK ALL THAT APPLY --PROCEED TO SCORING:

- 1. No facility/parent contact occurred during this rating period 4
- 2. No youth/parent contact occurred during this rating period 4

B.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
3. EXPLORE -- ATTITUDE TOWARDS REHABILITATIVE PROCESS -- Parent or Legal Guardian:				
Consistently expresses support for DFY rehabilitative effort.	Inconsistently expresses support for DFY rehabilitative effort.	Does NOT express support for DFY rehabilitative process.		
4. EXPLORE -- ATTITUDE TOWARDS PROGRESS OF YOUTH -- Parent or Legal Guardian:				
Consistently interested in the progress of the youth.	Inconsistently interested in the progress of the youth.	Does NOT express any interest in the progress of the youth.		
5. EXPLORE -- ATTITUDE TOWARDS IMPROVING RELATIONSHIP WITH YOUTH -- Parent or Legal Guardian:				
Consistently expresses desire to improve relationship with youth.	Inconsistently expresses desire to improve relationship with youth.	Does NOT express any desire to improve relationship with youth.		

C.

6. EXPLORE -- PARENTING SKILLS -- Parent or Legal Guardian:				
Is aware of, and applies, effective parenting skills, e.g., supervision, discipline, communication and problem-solving.	Is aware of effective parenting skills, and applies them when supported or supervised.	Demonstrates limited awareness of effective parenting skills, and uses ineffective problem-solving strategies.	Lacks awareness of parenting skills, and does not demonstrate appropriate problem-solving strategies.	
7. EXPLORE -- PRO-SOCIAL SUPPORT -- Parent or Legal Guardian:				
Initiates participation in rehabilitative efforts.	Participates in rehabilitative efforts when encouraged.	Participates in rehabilitative efforts when required and assisted.	Does not participate in rehabilitative efforts.	

SOCIAL SUPPORT -- FAMILY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

C.
 (CONT.)

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
8. EXPLORE -- PRO-SOCIAL SUPPORT -- Parent or Legal Guardian:				
Acknowledges criminal act(s) of youth and his or her responsibility for them.	Acknowledges some criminal acts of youth and his or her responsibility for them.	Acknowledges criminal acts of youth, but blames others for his or her involvement.	Does NOT acknowledge criminal act(s) of youth, or his or her responsibility for them.	
9. EXPLORE -- PRO-SOCIAL SUPPORT -- Parent or Legal Guardian:				
Understands rehabilitative efforts.	Attempts to understand rehabilitative efforts.	Makes no effort to understand rehabilitative efforts.	Does NOT understand rehabilitative efforts.	
10. EXTRACT -- CONTACT FREQUENCY: VISITS -- Parent or Legal Guardian:				
Visits youth at least once a month.	Visits youth at least once a month, if means are provided.	Visits youth less than once a month, even if means are provided.	Does NOT visit youth.	
11. EXTRACT -- CONTACT FREQUENCY: MAIL OR TELEPHONE -- Parent or Legal Guardian:				
Initiates weekly mail or telephone contact.	Initiates mail or telephone contact less than once a week.	Initiates mail or telephone contact only in crisis situations.	Does NOT initiate mail or telephone contact.	
12. EXPLORE -- FAMILY PROBLEMS OR STRESSORS:				
Family problems or stressors do not interfere with ability to meet needs of the youth.	Family problems or stressors are temporarily interfering with ability to meet needs of the youth.	Family problems or stressors are significantly interfering with ability to meet needs of the youth.	Family problems or stressors interfere so drastically that none of the needs of the youth can be met.	
13. EXPLORE -- FAMILY SUPPORT:				
Family support is consistent over time.	Family support is variable, but expected to return to its customary level.	Family support is likely to remain variable.	Family support is non-existent.	

14. In your opinion, does this family represent an adequate placement for this youth?

Document: _____

Yes 1
 No 4

15. Has your opinion changed since the last rating period? Yes No.

SOCIAL SUPPORT -- FAMILY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

SCORE	SECTION A (Questions 1-2)	SECTION B (Questions 3-5)	SECTION C (Questions 8, 12, 13, and 14 only)	SUM OF SCORES (Questions 3-13)
1				0 -- 11
2				12 -- 22
3			At least one score at Levels 3 or 4 for Questions 8 OR 12 OR 13, but no more than two Level 4 scores for these three Questions	23 -- 33
4	Either Question		Question 14 alone OR Questions 8 AND 12 AND 13. (All three must be Level 4.)	34 -- 44

INSTRUCTIONS:

If scores obtained match the criteria specified above for Section A Questions OR Section C Questions 8, 12, 13, and 14, circle the matching criteria. The corresponding Score will be the SOCIAL SUPPORT -- FAMILY SCORE.

If the criteria above are not met, add the scores for Section C Questions 3-13. Circle the range in which the sum of scores is found. The corresponding Score will be the SOCIAL SUPPORT -- FAMILY SCORE.

SOCIAL SUPPORT -- FAMILY SCORE:

COMPLETED BY: _____
Signature Title

_____ Social Security Number Date

EDUCATIONAL COMPETENCY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: For initial Assessment, complete Part A only. For Reassessment or Reclassification, complete both Parts A and B.

A. Mark the category that best describes the educational competency needs of this youth in Reading and Mathematics. For initial assessment, the category selected **MUST** be based on scores from the Reading and Mathematics clusters of the Woodcock-Johnson Psychoeducational Battery. For Reassessment or Reclassification, ratings should be based on the most current scores available. (These may be from the Woodcock-Johnson or other standardized tests, or from teacher-made tests.)

- Reading and Mathematics Competency are BOTH at or above the age-appropriate grade level 1.0
- Either Reading or Mathematics Competency is less than two years below age-appropriate grade level AND neither is more than two years below 2.0
- Reading Competency is more than two years below the age-appropriate grade level and Mathematics Competency is less than two years below 3.1
- Mathematics Competency is more than two years below the age-appropriate grade level and Reading Competency is less than two years below 3.2
- Reading and Mathematics Competency are BOTH two years or more below the age-appropriate grade level 4.0

COMPLETED BY: _____

Signature _____ Title _____
Social Security Number _____ Date _____

EDUCATIONAL COMPETENCY REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

B. Complete the following Reassessment areas. Documentation **MUST** be provided for each area. If standardized tests were administered, specify name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

EMPLOYMENT COMPETENCY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.
 RATING PERIOD - From: _____ To: _____

REASON FOR THIS ASSESSMENT:

1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
 2. SCHEDULED REASSESSMENT 4. UNSCHEDULED REASSESSMENT
 3. SCHEDULED RECLASSIFICATION 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: Complete this instrument for Assessment, Reassessments, and Reclassifications. For Reassessments and Reclassifications, do not readminister the Pre-Employment Competency Battery (PEC) if this youth attained mastery during any previous rating period.

A. PRE-EMPLOYMENT COMPETENCY BATTERY (PEC) --EXTRACT: Did the youth demonstrate competency in

	<u>NO</u>	<u>YES</u>
1. Job Search	<input type="checkbox"/>	<input type="checkbox"/>
2. Job Securing	<input type="checkbox"/>	<input type="checkbox"/>
3. Self-knowledge	<input type="checkbox"/>	<input type="checkbox"/>
4. Occupational Knowledge	<input type="checkbox"/>	<input type="checkbox"/>
5. Job Selection	<input type="checkbox"/>	<input type="checkbox"/>

PRE-EMPLOYMENT COMPETENCY (PEC) SCORING: If all five competency areas are marked YES, Score = 1.
 If four competency areas are marked YES, Score + 2.
 If three competency areas are marked YES, Score + 3.
 If two or less competency areas are marked YES, Score = 4. SCORE:

B. WORK MATURITY ASSESSMENT (WMA) -- EXTRACT: Did the youth demonstrate competency in

	<u>NO</u>	<u>YES</u>
1. Dependability/Reliability	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Relations	<input type="checkbox"/>	<input type="checkbox"/>
4. Initiative/Productivity	<input type="checkbox"/>	<input type="checkbox"/>

WORK MATURITY ASSESSMENT (WMA) SCORING: If all four areas are marked YES, Score = 1.
 If three areas are marked YES, Score = 2.
 If two areas are marked YES, Score = 3.
 If one or zero areas are marked YES, Score = 4. SCORE:

C. JOB SKILLS CHECKLIST (JSC) --

	<u>NO</u>	<u>YES</u>
EXTRACT: Did youth receive job skills training during this rating period? (If NO, skip to Section D. If YES, complete the JSC Scoring.)	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH SERVICES ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD - From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: For initial Assessment, complete Part A only. For Reassessment or Reclassification, complete both Parts A and B.

A. Mark the alternative(s) that best describe the medical needs of this youth. MARK ALL THAT APPLY. Initial assessment MUST be based on a physical examination by a licensed physician, physician's assistant, or nurse practitioner.

No health problem 1.0

Health problem exists, but is under control and requires no special treatment or facilities. Specify: _____ 2.0

Youth is pregnant 3.0

Wheelchair accessible facilities required. 3.1

On-site medical personnel required. Specify: _____ 3.2

Medical specialist services required. Check all that apply:

Allergist 3.30 Dermatologist 3.31 Ear/Nose/Throat 3.32 Neurologist 3.33

Ob/Gyn 3.34 Ophthalmologist 3.35 Orthopedist 3.36 Psychiatrist 3.37

Urologist 3.38 Other -- Specify: _____ 3.39

Health problem requiring hospitalization exists. Specify: _____ 4.0

Youth has chronic illness with acute episodes. Specify: _____ 4.1

SCORING: Enter all scores of 3.0 or higher marked above. Begin with the highest score, and enter in descending order.

If there are no scores at or above 3.0, enter only the higher score (1.0 or 2.0) marked above.

1. _____	2. _____	3. _____	4. _____	5. _____
6. _____	7. _____	8. _____	9. _____	10. _____

COMPLETED BY: _____

Signature _____ Social Security Number	Title _____ Date
--	------------------------

HEALTH SERVICES REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____

Last First M.I.

RATING PERIOD -- From: _____ To: _____

B. Complete the following Reassessment areas. Documentation MUST be provided for each area. If any tests were performed, specify name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

PART A -- LEISURE INTERESTS AND ATTITUDES.

**HOURS
 PER
 WEEK**

1. EXPLORE -- On average, how many hours per week does this youth spend in the following leisure activities:

- ART, CRAFTS, AND HOBBIES, e.g., model building, drawing, sewing, painting, pottery, etc. |_|_|
- TABLE GAMES, e.g., Ping Pong, video games, checkers, pool, etc. |_|_|
- PLANNED SOCIAL ACTIVITIES, e.g., dances, restaurant outings, etc. |_|_|
- SPECTATOR EVENTS, e.g., sporting events, movies, concerts, auto shows, etc. |_|_|
- INDIVIDUAL ACTIVITIES, e.g., reading, listening to music, etc. |_|_|
- NON-SPORT COOPERATIVE ACTIVITIES, e.g., band, drama, newspaper, singing group, etc. |_|_|
- COOPERATIVE SPORTS, e.g., volleyball, basketball, soccer, relays, etc. |_|_|
- INDIVIDUAL SPORTS, e.g., running, weightlifting, aerobics, bicycling, martial arts, roller skating, etc. |_|_|
- COMMUNITY AND FAMILY ACTIVITIES, e.g., Church, YM/YWCA, Boys/Girls Club, 4-H, play with siblings, etc. |_|_|
- OUTDOOR ACTIVITIES, e.g., fishing, camping, boating, hunting, sledding, etc. |_|_|
- TELEVISION AND VIDEOTAPE WATCHING |_|_|

LIST ACTIVITIES _____

COMMENTS _____

Enter total number of hours for Part A1. If more than 28, enter 28; if less, enter actual hours: |_|_|

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

PART A, Continued -- FAMILY, SCHOOL, AND WORK ACTIVITIES.

**HOURS
PER
WEEK**

2. EXPLORE -- On average, how many hours per week does this youth spend on the following activities:

FAMILY RESPONSIBILITIES, e.g., babysitting for siblings or own child, chores, cutting wood, gardening, etc.

SCHOOL -- number of hours attended (include travel time)

JOB -- number of hours employed (include travel time)

OTHER PRO-SOCIAL ACTIVITIES -- any that are not covered elsewhere

LIST ACTIVITIES _____

COMMENTS _____

ENTER TOTAL NUMBER OF HOURS FOR PART A2.:

TOTAL PART A (Add total hours for Parts A1. and A2.):

NOTE: If the combined Total Hours for Part A is greater than 84 hours, the youth has overestimated his or her involvement in activities, and time estimates must be refigured.

PART A SCORE -- Using the Part A Total Hours above, rate this youth on the following Scale, and enter in the Part A Score Column:				PART A SCORE
1	2	3	4	
Total Hours: 77-84	Total Hours: 68-76	Total Hours: 60-67	Total Hours: less than 60	_____

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

PART B -- MENTAL APTITUDE, COGNITIVE, AND NEUROLOGICAL SKILLS.

INSTRUCTIONS: Choose the level that most accurately describes the current behaviors and attitudes of this youth, and enter the level in the Score Column.
 Please try to answer each question. However, if a particular question is not applicable, or if you can not obtain the required information, do not rate the youth on that item.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
OBSERVE AND EXPLORE -- NEED FOR EXTERNAL CONTROL TO ENSURE SOCIALLY ACCEPTABLE BEHAVIOR:				
Self-regulating and controlling; needs little regular supervision or direction of behavior.	Requires supervision or direction of behavior only in stressful or atypical situations.	Requires intermittent supervision or direction to ensure socially acceptable behavior.	Requires constant supervision or direction to ensure socially acceptable behavior.	
OBSERVE AND EXPLORE -- DISTRACTIBILITY:				
Able to maintain focus even under difficult, distracting circumstances.	Maintains focus most of the time.	Often has difficulty maintaining focus.	Usually distractible.	
OBSERVE AND EXPLORE -- COMPREHENSION AND RETENTION:				
Follows and retains COMPLEX directions.	Follows and retains SIMPLE directions.	Has some difficulty following and retaining simple directions.	Often forgets and/or confuses simple directions.	
OBSERVE AND EXPLORE -- IMPULSIVITY:				
Behavior reflects prior consideration of the appropriateness of any speech or activity.	Speaks or acts as if he or she has not fully considered the appropriateness of his or her behavior.	Begins to speak or act appropriately, but does not complete the thought or activity appropriately.	Incorrectly anticipates requests, and speaks or acts inappropriately.	

PART B SCORE -- Add the Scores for the 4 questions above, and divide by the number of questions answered, rounding to the next higher whole number if necessary:

$$\frac{\text{Sum}}{\text{Number of answers}} = \text{Part B score}$$

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

PART C -- PHYSICAL.

INSTRUCTIONS: Choose the level that best describes the physical condition of this youth and enter the number in the Score Column.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
EXTRACT: TOTAL PHYSICAL FITNESS (FROM SED PHYSICAL FITNESS TEST ACHIEVEMENT LEVELS):				
Above average (Achievement Levels 7-10)	High to middle average (Achievement Levels 5-6).	Low average (Achievement Level 4).	Below average (Achievement Levels 0-3).	
EXTRACT: MEDICAL PROBLEMS, E.G., DIABETES, HEART, VISUAL/HEARING IMPAIRMENT, OBESITY, ETC.:				
None that interfere with participation in recreation and/or leisure activities.	Problem interferes occasionally, and/or only with certain activities.	Problem interferes with participation in several activities.	Problem seriously interferes with ability to engage in most recreation and/or leisure activities.	

PART C SCORE -- Choose the HIGHER score of the 2 questions above and enter:

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

PART D -- BEHAVIOR, SOCIAL INTERACTIONS, AND ATTITUDES.

INSTRUCTIONS: For each of the following indicators, check the level that best describes this youth and enter the number in the Score Column.

Please try to answer each question. However, if a particular question is not applicable, or if you can not obtain the required information, do not rate the youth on that item.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
OBSERVE AND EXPLORE -- ATTITUDE TOWARDS RECREATION:				
Enthusiastic	Interested	Indifferent	Resistant	
OBSERVE AND EXPLORE -- PERFORMANCE IN ORGANIZED ACTIVITIES:				
Actively involved.	Needs some encouragement.	Needs frequent instructions to participate.	Refuses to participate.	
OBSERVE AND EXPLORE -- PERFORMANCE IN FREE-TIME ACTIVITIES, INCLUDING EVENINGS AND WEEKENDS:				
Acts on his or her own initiative.	Participates with some encouragement.	Requires frequent encouragement.	Has no interest, and/or refuses to participate.	
OBSERVE AND EXPLORE -- WORK HABITS, E.G., ARTS, CRAFTS, HOBBIES, ETC.:				
Neat, orderly, follows through.	Needs some instructions to follow through.	Needs frequent instructions.	Sloppy, does not finish what he or she starts.	
OBSERVE AND EXPLORE -- FRUSTRATION TOLERANCE LEVEL:				
Handles a range of activities without giving up.	Frustration occasionally interferes with involvement.	Frustration frequently interferes with involvement.	Gives up easily, and/or so frustrated he or she can not participate.	
OBSERVE AND EXPLORE -- PROBLEM-SOLVING ABILITY:				
Shows ability AND desire to resolve problems in a socially acceptable way, without direction or supervision.	Shows ability, but lacks confidence to resolve problems in a socially acceptable way without guidance or supervision.	Fails to show ability, but shows desire to resolve problems in a socially acceptable way; specific instructions and supervision must be provided.	Shows neither the ability nor desire to resolve problems in a socially acceptable way; specific instructions and close supervision must be provided.	
OBSERVE AND EXPLORE -- COMPETITION IN GROUP:				
Handles it well, participates	Occasionally overcompetitive, or gives up	Often overcompetitive, or gives up.	Usually overcompetitive, or withdraws.	
OBSERVE AND EXPLORE -- COMMUNICATION SKILLS:				
Shares thoughts and feelings clearly.	Has some difficulty communicating.	Has frequent difficulty communicating.	Unclear and confusing.	
OBSERVE AND EXPLORE -- LEADERSHIP ABILITY:				
Usually followed and respected.	Frequently demonstrates positive leadership ability.	Often has difficulty leading others.	Is ignored or rejected.	

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

PART D, Continued -- BEHAVIOR, SOCIAL INTERACTIONS, AND ATTITUDES.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
OBSERVE AND EXPLORE -- ABILITY TO RELATE TO ADULTS:				
Always open and respectful.	Frequently open and respectful.	Frequently has difficulty relating.	Rejecting or withdrawn.	
OBSERVE AND EXPLORE -- ABILITY TO ACCEPT CRITICAL FEEDBACK:				
Usually demonstrates acceptance by listening to, and acknowledging, what was said.	Demonstrates some acceptance, but has some difficulty listening to or acknowledging the feedback.	Demonstrates little acceptance; frequently refuses to acknowledge what is said.	Usually demonstrates an inability to accept the feedback, by refusing to listen and/or arguing.	

PART D SCORE -- Add the scores for the 11 questions above and divide by the number of questions answered, rounding to the next highest whole number if necessary:

$$\frac{\text{Sum}}{\text{Number of answers}} = \text{Part D score}$$

PART E -- COMMUNITY RECREATION AND LEISURE ACTIVITY ACCESSIBILITY.

INSTRUCTIONS: For each indicator, select the level that most accurately describes this youth's knowledge of recreation/leisure alternatives in the community, and enter the number in the Score Column.

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	SCORE
EXPLORE -- AWARENESS OF HOME COMMUNITY RECREATION AND/OR LEISURE RESOURCES:				
Aware of many resources.	Some awareness of available resources.	Very limited awareness of available resources.	No awareness of pro-social leisure resources in the community.	
EXPLORE -- PERCEPTION OF THE AVAILABILITY OF PRO-SOCIAL LEISURE INTERESTS IN THE HOME COMMUNITY:				
Many (more than 4) interests that are matched by community resources.	Some (3 or 4) interests that are matched by community resources.	Few (1 or 2) interests that are matched by community resources.	No interests that are matched by community resources.	
EXPLORE -- AWARENESS OF THE AVAILABILITY OF TRANSPORTATION:				
Transportation is not necessary to pursue leisure interests.	Access to transportation is available as needed.	Transportation is available, but the youth reports that he or she can not afford it.	No transportation is available for the youth to pursue leisure interests.	

PART E SCORE -- Add the scores for the 3 questions above and divide by the number of questions answered, rounding to the next highest whole number if necessary:

$$\frac{\text{Sum}}{\text{Number of answers}} = \text{Part E score}$$

LEISURE TIME UTILIZATION ASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

SCORING --

1. INSERT THE SCORES FROM THE PRECEDING SECTIONS IN THE SPACES PROVIDED:

PART A -- Leisure Interests And Attitudes/Family, School, And Work Activities. _____

PART B -- Mental Aptitude, Cognitive, And Neurological Skills. _____

PART C -- Physical. _____

PART D -- Behavior, Social Interactions, And Attitudes. _____

PART E -- Community Recreation And Leisure Activity Accessibility. _____

TOTAL SCORE:

2. COMPUTE:

$$\frac{\text{Total Score}}{\quad} \div 5 = \frac{\text{Average Score}}{\quad}$$

3. FIND THE APPROPRIATE LEISURE TIME UTILIZATION ASSESSMENT SCORE IN THE FOLLOWING TABLE:

AVERAGE SCORE	LEISURE TIME ASSESSMENT SCORE
1.0 to 1.5	1
1.6 to 2.5	2
2.6 to 3.5	3
3.6 to 4.0	4

4. ENTER THE LEISURE TIME UTILIZATION ASSESSMENT SCORE:

COMPLETED BY: _____

Signature

Social Security Number

Title

Date

LEISURE TIME UTILIZATION REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

2. SCHEDULED REASSESSMENT 4. UNSCHEDULED REASSESSMENT
 3. SCHEDULED RECLASSIFICATION 5. UNSCHEDULED RECLASSIFICATION

A. Mark the rating that best describes the use of discretionary time by this youth:

- Well-managed, not a contributing factor in delinquent behavior 1
Demonstrates some deficits that negatively affect use of discretionary time; plays a role in delinquent behavior 2
Demonstrates many deficits that negatively affect use of discretionary time; contributes to delinquent behavior 3
Demonstrates serious deficits in use of discretionary time; significant factor in delinquent behavior 4

B. Complete the following areas. Documentation **MUST** be provided to substantiate the rating. If standardized tests were administered, specify the name(s) and results in the **OBJECTIVE** section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

COMPLETED BY: _____

Signature

Social Security Number

Title

Date

MENTAL HEALTH ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD - From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: For initial Assessment, complete Parts A and B. For Reassessment or Reclassification, complete Parts A and C.

A. Based on CLINICAL JUDGMENT, mark the category that best describes the level of mental health functioning of this youth:

- No identified psychiatric problems 1
- Symptoms or history of mild psychiatric problems which do not impede program participation 2
- Unexplained psychiatric or psychologically oriented behaviors that require further assessment specialized treatment if the youth is to participate in the program 3
- Serious psychiatric problems requiring treatment in a mental health residential facility; transfer to the Office of Mental Health must be attempted 4

RECORD THE SCORE MARKED ABOVE ON THE YOUTH CLASSIFICATION ASSESSMENT SUMMARY.

B. For each of the following areas specify the source of the data used in deriving the level score of this youth, including the names of any standardized tests administered--

Psychosocial History: _____

Mental Status Examination: _____

Standardized Tests: I.Q. _____

Neurological _____

Personality _____

Educational _____

Adaptive Behavior _____

COMPLETED BY: _____

Signature _____ Title _____

Social Security Number _____ Date _____

MENTAL HEALTH REASSESSMENT

NAME OF YOUTH: _____
Last First M.I. CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

B. Complete the following Reassessment areas. Documentation **MUST** be provided for each area. If any tests were performed, specify name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

SUBSTANCE ABUSE ASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

A. EXTRACT AND ASK:

- | | Denied | Stated | Docu-
mented |
|---|-----------------------------|------------------------------|--------------------------|
| 1) Do you sometimes drink or use drugs to change the way you feel? For example, to feel more confident or comfortable with the opposite sex, to feel stronger or less bored, to feel better or less guilty? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you sometimes drink or use drugs because it helps you forget your worries? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Did you EVER drink or use drugs while cutting school, or did you EVER miss school or class because of drinking or using drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you EVER gone to school 'high'? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Did you EVER drink or use drugs on school grounds? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |

B. EXTRACT AND ASK:

- | | | | |
|---|-----------------------------|------------------------------|--------------------------|
| 6) Have you EVER used drugs or alcohol to help you deal with a problem or bad feelings caused by the use of other drugs or alcohol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Do you like to be with friends who either drink or use drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Has any member of your family besides yourself EVER had problems with drugs or alcohol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Has anyone in your family or someone else who knows you well EVER said that they were worried about your drinking or drug use? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Did your friends EVER say they were worried about your using drugs or alcohol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Do you EVER notice that you feel shaky when you wake up in the morning after drinking or using drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Have you EVER taken a drink or used drugs the first thing in the day after you wake up? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Do you EVER have times when you cannot remember what happened while drinking or using drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Do you find that you have to take more and more drinks or drugs than you used to in order to feel good? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Have you EVER borrowed money or done without other things to buy alcohol or drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Did your drinking or using drugs EVER cause you to injure yourself or have an accident? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Have you EVER gotten into a fight when you were drinking or using drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Do you think alcohol or drugs interfere with your life? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |

SUBSTANCE ABUSE ASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

C. EXTRACT AND ASK:

- | | Denied | Stated | Docu-mented |
|---|-----------------------------|------------------------------|--------------------------|
| 19) Have you EVER been to a hospital or to a doctor or some other person for treatment of an alcohol or drug problem? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 20) When you use drugs or alcohol, is it hard for you to stop? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 21) Have you EVER used a needle to take drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 22) Have you EVER done something you wouldn't normally do to get drugs or alcohol, such as stealing or hooking? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 23) Have you EVER gotten into trouble at school, with the police, with the Family Court, or others outside of your home because of your drinking or drug use? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 24) Have you EVER been involved in committing a crime while you were high on drugs or alcohol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| 25) Have you EVER sold drugs or alcohol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> |

D. EXTRACT AND ASK:

26) Have you EVER used any of the following drugs or substances? (MARK ALL THAT APPLY):

	Denied	Stated	Docu-mented		Denied	Stated	Docu-mented		
Alcohol	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	11	Heroin	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	17
Marijuana	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	12	Other Opiates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	18
Cocaine	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	13	Hallucinogens	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	19
Barbiturates	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	14	Aerosols	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	20
PCP	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	15	Solvents/Inhalants	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	21
Amphetamines	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	16	Other (specify below)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	22

- 27) Which of these drugs have you used the longest? Drug Code: _____
- 28) For how many years have you used this drug? Years (ROUNDED): _____
- 29) Which of these drugs do you use most frequently? Drug Code: _____
- 30) How often during the past year have you used this drug?
- Once or less during the year 1
- More than once a year and less than twice a month 2
- More than once a month and less than twice a week 3
- More than once a week 4
- 31) Which of these drugs have you used the most of in any 24-hour period? Drug Code: _____
- 32) How many times in that 24-hour period did you use it? Number: _____

SUBSTANCE ABUSE ASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

E.

SCORE	SECTIONS A-C AND	QUESTION 30
4	Four Or More 'YES'	4
3*	Four Or More 'YES'	3
1	Zero-Three 'YES'	1
2	ALL OTHER COMBINATIONS	

*NOTE -- If the Substance Abuse Assessment Score of this youth is '3', but you believe that he or she has a serious enough problem to require referral to a Substance Abuse Separate Living Unit, document the reasons for this belief below, and assign a Substance Abuse Score of '4':

Please note that Assessment Scores of '1', '2', and '4' cannot be changed.

SUBSTANCE ABUSE ASSESSMENT SCORE:

COMPLETED BY: _____
Signature Social Security Number Title Date

SUBSTANCE ABUSE REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS REASSESSMENT:

- 2. SCHEDULED REASSESSMENT
- 4. UNSCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 5. UNSCHEDULED RECLASSIFICATION

A. Mark the rating that best describes the need of this youth for substance abuse services:

- Does not require substance abuse services 1
- Shows minimal need; substance abuse services desirable 2
- Demonstrates a significant need; substance abuse services should be provided 3
- Demonstrates extreme need; substance abuse services should be provided in a separate living unit 4

B. Complete the following areas. Documentation **MUST** be provided to substantiate the rating. If standardized tests were administered, specify the name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

COMPLETED BY: _____
Signature Title
Social Security Number Date

SEX OFFENDER ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

A. Mark the rating that best describes the need of this youth for sex offender services:

- No apparent need for sex offender services 1
- Minimum need demonstrated; youth may be served in a community-based program 2
- Demonstrates significant need; sex offender services should be provided in a separate living unit 3
- Demonstrates extreme need; sex offender services should be provided in a separate living unit 4

B. Complete the following areas. Documentation **MUST** be provided to substantiate the rating. If standardized tests were administered, specify the name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

COMPLETED BY: _____
Signature Title
Social Security Number Date

MENTAL RETARDATION ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: For initial Assessment, complete Part A only. For Reassessment or Reclassification, complete both Parts A and B.

A. 1. WISC-R SCORES:

Verbal _____

Performance _____

Full Scale _____

2. VABS SCORE: _____

3. Mark the category that describes the mental retardation service needs of this youth. If retesting is not required for this rating period, check the same level marked on the most recent rating.

- No retardation: WISC-R full scale score of 85 or greater 1
- Some intellectual deficit: WISC-R full scale score between 75 and 84 2
- Mentally retarded by SED criterion: WISC-R full scale score less than 75 AND VABS score of 84 or greater 2
- Significant intellectual and adaptive deficit: { WISC-R full scale score between 70 and 74 AND VABS less than 84 3
WISC-R full scale score less than 70 AND VABS between 70 and 84 3
- Severely impaired intellectually and adaptively: 4

COMPLETED BY:

Signature _____
Social Security Number _____

Title _____
Date _____

MENTAL RETARDATION REASSESSMENT

NAME OF YOUTH: _____
Last First M.I. CASE NUMBER: _____

RATING PERIOD - From: _____ To: _____

B. Complete the following Reassessment areas. Documentation **MUST** be provided for each area. If any tests were performed, specify name(s) and results in the **OBJECTIVE** section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

SPECIAL EDUCATION NEEDS ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: For initial Assessment, complete Parts A and B only. For Reassessment or Reclassification, complete Parts A, B, and C.

A. Mark the category that best describes the need of this youth for Special Education services. Recommendations for any type of Special Education services (Categories 3.000, 3.100, 3.200, 3.300, or 4.000) MUST be based on the assessment and recommendations of the Division for Youth Committee on Special Education (CSE).

- Not receiving Special Education at intake, and no (DFY) teacher referral to CSE 1.000
- CSE referral by the Division for Youth, but no CSE recommendation for Special Education 2.000
- Division for Youth CSE recommendation for related services only 3.000
- Division for Youth CSE recommendation for less than three hours/day, five days/week in a resource room 3.100
- Division for Youth CSE recommendation for more than 3.1 hours a day, 5 days per week in a resource room 3.200
- Division for Youth CSE recommendation for a special class for some academic subjects 3.300
- Division for Youth CSE recommendation for a special class for all academic subjects 4.000

- B.** Is there a current Division for Youth CSE recommendation for Related Services? (The recommendation may be for Related Services only, or in combination with resource room / special class / self-contained classroom recommendations.)
- No 0.000
- Yes (Mark all that apply): Hearing 0.001
- PT / OT 0.002
- Speech 0.004
- Counseling 0.008

Related Services Score -- Add the values of all Part B boxes marked: 0.

Part A Score: _____

Related Services Score (Part B): 0.

COMBINED SCORE (Add Part A and Part B): _____

COMPLETED BY: _____

Signature _____ Title _____
Social Security Number _____ Date _____

SPECIAL EDUCATION REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

C. Complete the following Reassessment areas. Documentation **MUST** be provided for each area. If any standardized or other tests were administered, specify name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

LIMITED ENGLISH PROFICIENCY ASSESSMENT/REASSESSMENT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 1. INITIAL ASSESSMENT (Rating period begins on date of admission.)
- 2. SCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 4. UNSCHEDULED REASSESSMENT
- 5. UNSCHEDULED RECLASSIFICATION

INSTRUCTIONS: For initial Assessment, complete Part A only. For Reassessment or Reclassification, complete both Parts A and B.

A. Mark the category that best describes the English proficiency needs of this youth in Reading and Oral Language. For initial assessment, the category selection **MUST** be based on scores from the Reading and Oral Language clusters of the Woodcock-Johnson Psychoeducational Battery. For Reassessment or Reclassification, ratings should be based on the most current scores available. (These may be from the Woodcock-Johnson or other standardized tests, or from teacher-made tests.)

- Reading and Oral Language Competency are BOTH at or above the age-appropriate grade level 1.0
- Reading and Oral Language Competency are BOTH less than two years below the age-appropriate grade level 2.0
- Reading Competency is more than two years below the age-appropriate grade level and Oral Language Competency is less than two years below 3.1
- Oral Language Competency is more than two years below the age-appropriate grade level and Reading Competency is less than two years below 3.2
- Reading and Oral Language Competency are BOTH two years or more below the age-appropriate grade level 3.3
- Limited English proficiency prevents completion of the assessment 4.0

COMPLETED BY: _____
Signature Title
_____-_____-_____- _____
Social Security Number Date

LIMITED ENGLISH PROFICIENCY REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

B. Complete the following Reassessment areas. Documentation **MUST** be provided for each area. If standardized tests were administered, specify name(s) and results in the OBJECTIVE section below.

SUBJECTIVE (Youth's own perception of the problem): _____

OBJECTIVE (Facts, not opinions): _____

ASSESSMENT (An interpretive statement -- opinions may be used): _____

PLAN (A statement of short and long-term goals): _____

OUT-OF-COMMUNITY PLACEMENT REASSESSMENT

NAME OF YOUTH: _____
Last First M.I.

CASE NUMBER: _____

RATING PERIOD -- From: _____ To: _____

REASON FOR THIS ASSESSMENT:

- 2. SCHEDULED REASSESSMENT
- 4. UNSCHEDULED REASSESSMENT
- 3. SCHEDULED RECLASSIFICATION
- 5. UNSCHEDULED RECLASSIFICATION

1. EXTRACT AND EXPLORE: Has there been any CURRENT indication(s) from any source that the family to which this youth is expected to return has engaged in the abuse or neglect of ANY child?

If YES, describe and document: _____

NO 1
YES 4

2. EXTRACT AND EXPLORE: Is there any CURRENT evidence that the family to which this youth is expected to return participates in anti-social behavior, e.g., is involved in criminal activity?

If YES, describe and document: _____

NO 1
YES 4

3. EXPLORE: Does this youth believe that his or her well-being is at risk if he or she remains (or is placed) near home?

NO (SKIP TO SCORING) 1
YES 2

4. EXPLORE: Is there any support for the concerns of this youth?

If YES, describe and document: _____

NO 2
YES 4

SCORE -- The highest value of any marked box: _____

COMPLETED BY: _____
Signature Title
Social Security Number Date

APPENDIX C

1. Initial Youth Case Management Plan (draft)
2. Youth Case Management Plan and Summary (draft)

INITIAL YOUTH CASE MANAGEMENT PLAN

DRAFT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

RATING PERIOD - From: _____ To: _____

DESCRIBE THE INITIAL PLAN FOR THIS YOUTH IN EACH OF THE FOLLOWING ASSESSMENT AREAS -

Educational Competency: _____

Employment Competency: _____

Health: _____

Leisure Time: _____

Limited English Proficiency: _____

Mental Health: _____

Mental Retardation: _____

Out-of-Community Placement: _____

Sex Offender: _____

Social Maturity: _____

Social Support: _____

Special Education: _____

Substance Abuse: _____

Comment: _____

LOCATION: _____
Intake/Facility/Community Care Office

COMPLETED BY: _____
Signature Social Security Number Date

YOUTH CASE MANAGEMENT PLAN AND SUMMARY

DRAFT

NAME OF YOUTH: _____ CASE NUMBER: _____
Last First M.I.

DATE OF BIRTH: _____ RATING PERIOD -- From: _____ To: _____

REASON FOR THIS CASE REVIEW:

1. Initial Assessment 3. Scheduled Reclassification 5. Unscheduled Reclassification
 2. Scheduled Reassessment 4. Unscheduled Reassessment

STATUS (Assessment/Reassessment Score):
 CODES: 1 = + 2 = 0 3 or 4 = - N = Not Applicable

RATING PERIOD			ASSESSMENT AREA:	RATING PERIOD			ASSESSMENT AREA:
Current	Prior	Initial		Current	Prior	Initial	
			1. Educational Competency				8. Out-of-Comm. Placement
			2. Employment Competency				9. Sex Offender
			3. Health				10. Social Maturity
			4. Leisure Time				11. Social Support
			5. Limited English Proficiency				12. Special Education
			6. Mental Health				13. Substance Abuse
			7. Mental Retardation				

1. Explain changes in rating from the previous rating period or screen: _____

2. Describe the integrated service plan for the next rating period: _____

NOTE: This Section is continued on Page 2.

State of New York
DIVISION FOR YOUTH
Form DFY-4499 (12/89)
DRAFT 7/HELV.-12/21/89

YOUTH CASE MANAGEMENT PLAN AND SUMMARY

DRAFT

NAME OF YOUTH: _____
Last First M.I. CASE NUMBER: _____

RATING PERIOD - From: _____ To: _____

2. Integrated service plan - Continued from Page 1: _____

3. Note any significant features or changes in the plan for this youth since the last rating period: _____

4. Comments: _____

LOCATION: _____
Intake/Facility/Community Care Office

COMPLETED BY: _____

Signature
_____-_____-_____
Social Security Number

Title

Date

New York State Division for Youth

84 Holland Avenue Albany, New York 12208 (518) 473-7793

Executive Staff

Charles B. Devane Executive Deputy Director

Sam Kawola Deputy Director, Office of Administration

G. Rosaline Preudhomme Deputy Director, Office of Local Services

Roberto Reyes Deputy Director, Office of Program Development & Evaluation

Peter Winfield Deputy Director, Office of Residential Services

Katey Assem Executive Assistant to the Director

Jim Atkins Director, Communications

Dona Bulluck Director, Ombudsman

Adele January Director, Affirmative Action

Will Pelgrin General Counsel

Office of Program Development & Evaluation

Roberto Reyes Deputy Director

Steve LaMantia Acting Associate Deputy Director

Roger Borgen Director, Planning and Executive Support

Greg Bayduss Acting Director, Education and Employment Services

Ed Shaw, Phd. Director, Health and Mental Health Services

Cliff Melick, Phd. Director, Research and Program Evaluation

Carol Cirincione Director, Statistics and Survey

Project Director

Newell Eaton Assistant Director, Planning

Coordinators of Evaluation Studies

Cliff Melick - "Evaluation of DFY's Education Program"

Thomas Harig - "Evaluation of Pre-employment Competencies"

Thomas Harig - "Followup Survey of Youth Released from DFY Residential Care"

Youth Trends in New York State

Youth growing up in New York State today face a different world from the one in which their parents were reared. When these youth become young adults, in the early part of the next century, they will be the heart of the State's work force when the massive baby-boom generation retires. They are a smaller part of the population than ever before, decreasing from 5.6 million to 5 million in the past ten years. As a result, the future economy and quality of life of the State is more dependent on this smaller group than it has been on any preceding generation. Given the current trends summarized below, the collective ability of these youth to meet this challenge is of grave concern.

- One in four New York youth under 18 lives below the poverty line.
- One in two black youth and six in ten Hispanic youth live in poverty.
- One in five New York youth lives in a single-parent household.
- One in two black youth lives with a single parent, as do four in ten Hispanic youth.
- Four in ten babies born in New York State will come from minority groups by the year 2000.
- In New York City, one in four children under ten is living in a household headed by a recent immigrant.
- Four in ten entering kindergarten in New York City public schools are language minority students.
- One in four black youth (16-19 years) is reported unemployed. The employment situation for Hispanic youth is quite similar.
- Today's youth are likely to be the first generation, since the inception of universal education, not to surpass the educational attainments of their elders.
- One in three students entering high school fails to graduate. Six in 10 Hispanic youth drop out of school; one in two black youth also drop out.
- The teenage pregnancy rate has dramatically increased over the past ten years. In 1987 over 57,000 young women (10-19) were pregnant. 25,000 gave birth.
- More than half of New York's youth (12-17 years) indicate they have experimented with drugs. 15 percent indicate they are heavy users of both alcohol and other drugs.
- Homicides are the leading cause of death among 15 to 19 year old non-white youth.
- Juvenile felony arrests in New York City have increased rapidly this year, up 40 percent from last year to a total of 1424 per month.
- 70,000 youth (10-15 years) were arrested during 1988 in the State-5,900 for serious violent crimes; 18,600 for major property crimes.
- Over 16,000 petitions were filed in the Family Court in 1987 charging youth with delinquent or status offenses. 7,000 of these cases were established.
- 3,700 youth were placed by the Family Court on probation and 2,600 were placed in residential care with either the the Division for Youth or private child care agencies.
- 2,283 youth were admitted to Division for Youth residential care in 1988.