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FINAL EVALUATION REPORT

X NATIONAL TRAINING INSTITUTES FOR
COMMUNITY RESIDENTIAL CENTERS

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FINAL EVALUATION REPORT

NATIONAL TRAINING INSTITUTES FOR COMMUNITY RESIDENTIAL CENTERS

INTRODUCTION

This is the final report on the evaluation of a series of four training institutes for managers of Community Residential Treatment Centers held under the auspices of the National Training Institute (under the sponsorship of the International Halfway House Association) with a grant from the Washington State Law and Justice Office and LEAA, Department of Justice, Washington, D.C. A series of four regional institutes was held with forty to seventy trainees per institute on the following schedule:

<u>Institute</u>	<u>Place</u>	<u>Attendance</u>	<u>Dates</u>
I	Burlingame, Ca.	39 (50)*	Feb. 24 - Mar. 6, 1977
II	Cranston, R.I.	37 (52)	April 14-24, 1977
III	Richmond, Va.	47 (61)	June 2-9, 1977
IV	New Orleans, La.	48 (61)	Sept. 15-22, 1977

This evaluation involved the following activities:

1. Conferring in the planning process with the International Halfway House Association, the National Institute Staff, and the faculty of the Institutes.
2. Continuation of planning of research activities with the National Advisory Council to the National Training Institute (NTI) at a meeting on January 14-15, 1977 in Atlanta, Georgia.

*The first number is the number of trainees supported by grant funds. The number in parentheses refers to supported participants plus participant observers admitted without support.

3. Preparation and pre-testing of instruments to be utilized in the evaluation. Copies of all instruments are included in the Appendix. These include:
 - A. A pre-institute information and interest questionnaire.
 - B. Community Residential Center Basic Information Quiz (BIQ)* administered on a before and after basis to all participants.
 - C. Post-institute evaluation questionnaire (administered at the end of the 7-10 day institute).
 - D. Follow-up evaluation questionnaire for participants.
 - E. Accreditation Work Sheet and Standards for Accreditation of Community Residential Centers.
 - F. Follow-up evaluation questionnaire for faculty and staff of the institutes.
4. Observation of each training program in part or in full.
5. Periodic operational feedback to Institute staff.
6. Coding and computer analysis of data received.
7. Administration of post- and follow-up instruments.
8. The analysis and evaluation of all data.
9. Final narrative report.

Evaluation observations and data from the post institute evaluation have been shared with the staff of the National Institute following each of the four Institutes.

*The Basic Information Quiz was a fifty-item true-false test administered to all participants at the beginning and at the end of each Institute.

Process observations obtained from participants during non-session hours were shared in daily staff meetings. These and interim institute reports resulted in a number of significant changes during the institutes and from one institute to the next. A primary objective for the evaluator was to provide information of both an objective and subjective nature to the staff which could improve the institutes on an on-going basis.

Some Special Issues Regarding Evaluation of Training Institutes

There is a variety of research designs that are theoretically valid for training situations. These generally involve classic research designs, random selection, control populations, guided observations, and continued observation after the end of the training program. It is only rarely that research designs can be fully carried out in an actual training setting. The application of a known research design to an action setting, particularly one where the primary focus is training, almost inevitably involves compromises with regard to rigor and scientific methodology.

While most such designs for the evaluation of training are derived from "scientific" approaches to evaluation, they are often unable to achieve the kind of base conditions and/or precision of measurement required in order to implement the theoretical design. Such precision would require that the evaluator have sufficient input into the planning and execution process so that experimental conditions could be established and maintained throughout. A small example of this type of problem is the measurement of actual learned understandings, skills, and attitudes that are germane to the purposes of the program.

In the present evaluation, the evaluator did make contributions to the planning and action process prior to the commencement of the Institute. Since the membership in the training institutes was largely unknown in its particular characteristics until the commencement of the Institute itself, it was not generally possible to impose any rigor upon the selection of the trainees.

The evaluation attempted to maintain objectivity and to use objective data whenever possible as if it were possible to

adhere to a scientific research design. In order to achieve control, assessments of the effects of the training upon individuals were checked by comparing their responses to those of the staff of the Institute.

Some special characteristics of an institute for community residential treatment centers that make it particularly difficult to carry out an objective assessment of training in this area would, first of all, have to include the impressive idealism represented by the managers, staff, and board members of community residential treatment centers. While they are, in fact, in the business of attempting to reduce crime and consequent recidivism on the part of offenders, these centers are, nevertheless, funded from a variety of sources and exist largely through the enthusiasm and idealism of those who have founded and staffed them. The kinds of attitudes toward their work characteristic of such idealistic staff make it difficult to obtain objective indices that relate to any actual reduction in crime or recidivism of offenders. In addition, the training institute is seen as good in itself because of the lack of any recognized didactic training applicable to the operation of community residential treatment centers and the paucity of specific training enterprises aimed at staff for CRTCs.

The residential treatment center may either be public or private or some combination of the two. Almost all are characterized by a high degree of reliance upon soft funds from state, private, or federal sources. This reliance creates considerable frustration within the staff of such institutes and, in addition, induces programmatic objectives which are aimed at short-term results in terms of funding rather than long-term behavioral change objectives.

The second category of problem which affects the researchability of community residential treatment personnel and programs is the wide variation in the type of clients and client problems they treat. A broad division of the centers represented by persons attending the two institutes resulted in five categories or types of community residential treatment centers. They were as follows:

1. Adult offender and pre-and post-release related,
2. Adult alcoholic and mentally or emotionally disturbed,

3. Centers for children who are mentally or emotionally disturbed.
4. Centers for juvenile offenders which provide an alternative to secure incarceration.
5. Centers dealing with persons with drug abuse problems.

In addition, the subject institutes were designed for personnel of both juvenile and adult as well as male or female residential treatment centers.

Nevertheless, it is necessary to train in order to assist persons and communities to modify their responses to criminal behavior within the parameters of community residential treatment. For most communities, the financial structure and the necessity for community treatment require that residential treatment centers continue to serve such diverse groups of clients under a single agency. It would be ideal if this disparity could be ruled out at the onset of training so that specialized training for the kinds of staff activities appropriate to a specific category of community residential treatment centers could be provided more directly.

The evaluation of training is a special case of evaluative research and suffers from the previously mentioned obstacles to rigorous research methodology; but, it is nevertheless crucial in any training enterprise involving human skill and knowledge. This evaluator believes that training becomes of particular importance in an area such as community residential treatment because it is new as a social enterprise and for which there are no established educational programs. Persons from many walks of life enter the field with varying preparation and, consequently, initially provide great variety in the program services offered. Most of the factors that contribute to continuation of crime and recidivism of prior offenders can be corrected only through human intervention. The skills, knowledge, and programmatic preparation of those people who happen to be the leaders in such a field will, hence, determine much of its success or failure on the American scene.

Community residential treatment looms ever larger as a component of the community supervision system and of the correctional system itself. According to the International

Halfway House Association, the number of beds in community residential treatment centers already approaches the number of beds in secure detention facilities. As a consequence, community treatment assumes equal importance in the correction of offenders. Then, if one takes the view that correction is increasingly only the incapacitation of offenders, community correction still is responsible for approximately one-half or more of the offenders and maintains a form of criminal neutralization through residential treatment supervision. It is also surmised that community residential treatment, because of its nearness to the community setting in which the crime was committed, is more apt to deal with early offenders and, as a consequence, will have an even greater contribution than secure detention to the correction of offenders.

Many community residential treatment centers engage in part in prevention activity. In that sense, then, they may be of primary importance in preventing further spread of crime, although most authorities agree that correction programs, of themselves, cannot cure the causes of crime. In addition, community residential treatment assumes a much larger role to the average citizen than does secure detention which is often hidden from his view. It has the effect of providing greater public awareness, knowledge, and--hopefully--appreciation of the prevention and corrective activities engaged in by all correctional programs.

THE PARTICIPANTS

The participants in the 1976-77 National Training Institutes are described in Tables 1 to 3. The institutes were designed with a middle to top management cadre in mind. However, the diversity in size of community treatment centers and the variation in titles used in relation to function made absolutely rigorous selection of the trainees impossible. Therefore, while the groups tended to be in the majority management oriented, there was some overlap into the treatment, research, and clinical job roles. Of the approximately 222 participants attending all four institutes on which data concerning their titles were available, 85 percent held the title Executive Director, Coordinator, or and equivalent. Nevertheless, the percentage that held management roles varied somewhat from institute to institute. In the second institute held at Cranston, Rhode Island, 25 percent of the participants did not hold managerial roles. At the other end of the scale, in the last institute at New Orleans only nine percent of the participants did not hold managerial roles. This data is reported on Table 1.

Throughout the evaluation of topical presentations, the interests of participants as well as the knowledge they felt they needed for career development were primarily related to management-oriented topics. However, because of the presence of some treatment-oriented people, and the primarily management orientation of the institute, a minority would have appreciated more in-depth coverage of treatment, day-to-day operation, and knowledge about the offender.

The age of the participants varied somewhat from region to region. The mean age had a range of from 31.47 at the Burlingame Institute to a high of 36.4 at Richmond with the New Orleans Institute being very similar at 36.03. Later discussion of age in relation to the evaluation of particular topics indicates some difference based on decades of age from twenty to sixty years of age in their evaluation of particular topics. This will be discussed later in the report and is not definitive in and of itself since it would appear that the younger people (21 to 30) and the older people (age 51 to 60) were more similar than either group was to the middle ages.

Table 1

DESCRIPTION OF PARTICIPANTS AT THE NATIONAL
INSTITUTE FOR COMMUNITY TREATMENT CENTERS

PROFESSIONAL POSITION	BURLINGAME		CRANSTON		RICHMOND		NEW ORLEANS		TOTAL	
	N	%	N	%	N	%	N	%	N	%
Executive Director	9	17	10	20	17	28	23	39	59	26
Coordinator/Dir.	36	69	28	55	36	59	30	52	130	59
Program/Research	7	14	13	25	8	13	5	9	33	15
TOTALS	52	100	51	100	61	100	58	100	222	100
<u>AGE OF PARTICIPANTS</u>										
20-30	22	42	21	41	25	41	24	41	92	41.4
31-40	21	41	16	31	19	31	16	28	72	32.4
41-50	7	13	13	26	13	21.4	12	21	45	20.3
51-60	1	2	1	2	3	5	6	10	11	5
Over 60	1	2	0	0	1	1.6	0	0	2	.9
TOTALS	52	100	51	100	61	100	58	100	222	100.
Mean Age	31.47		34.95		36.4		36.03		34.8	
<u>EDUCATIONAL LEVEL</u>										
High School	1	2	0	0	1	2	1	2	3	1.4
College	13	25	21	42	14	23	8	14	56	25.3
Graduate School	38	73	29	58	46	75	49	84	162	73.3
TOTALS	52	100	50	100	61	100	58	100	221	100.
<u>YEARS OF EXPERIENCE</u>										
1-2	20	41	17	33	20	36	24	44	81	38.2
3-5	15	31	19	37	16	28.5	17	31	67	31.6
6-10	9	18	11	21	7	12.5	11	20	38	18
11 or more	5	10	5	9	13	23	3	5	26	12.2
TOTALS	49	100	52	100	56	100	55	100	212	100

Basically, except for the few significant Chi-square comparisons indicated with regard to a few topics in a latter section of the report, there seems to be no systematic bias in the over-all evaluation of the institute that is correlated with age, although the aforementioned comparability of the youngest and oldest age groups appears as mentioned and in the mean scores as in the behavioral information quiz.

Almost all of the participants (98.6 percent) had attended college and/or graduate school; 73.3 percent of the participants exceeded a baccalaureate degree in educational experience. These educational data indicate a highly sophisticated audience and much of the evaluation data indicate subtle differences in evaluation that might be expected from a highly educated group.

The modal years experience for all participants in the field of community corrections was three plus years. Approximately one-third of the participants had three to five years of experience, a little more than one-third had only one to two years of experience, and 18 percent had six to ten years. These figures did not vary greatly from region to region; however, the last institute held in New Orleans had a more experienced group than did any of the other three institutes. It also was the institute indicating the highest general level of satisfaction with the program.

All of the institutes were over-subscribed. During the entire year, approximately 685 people applied for the 160 stipend places in the program. In addition, there were approximately 60 participant observers who attended all institutes paying all of their own expenses. The participant-observer status allowed full trainee participation, but the individual or his organization bore all transportation and subsistence expenses.

Total attendance in the institute was approximately 222 and ranged from 52 in the first institute to a high of approximately 61 in the last institute.

Participants were asked to report other training they had received with relevance for the community treatment center, and this data is reported on Table 2. It is interesting to note that, of the total group, 28.4 percent had had no prior training in any of the topical areas covered by the

TABLE 2

OTHER TRAINING RECEIVED BY NTI
 PARTICIPANTS PRIOR TO 1976-7 NTI

TRAINING SESSIONS:	NONE %	SOME %	CONSIDERABLE %
FUNCTIONS OF CTC	25.4	55.6	19
MANAGEMENT	24.2	59.7	16.1
STAFF TRAINING	18.5	50.8	30.7
TREATMENT MODALITIES	25	64.1	10.9
PLANNING AND OPERATIONS	12.5	65.6	21.9
STANDARDS	27	46	27
BUDGET	46	41.3	12.7
RESEARCH	49.2	41.3	9.5
	(28.4)	(53.1)	(18.5)

National Training Institutes. 53.1 percent reported some training and only 18.5 percent reported that they had received considerable training.

The figures for training in management are very similar to those for the total training report and indicate that 16.1 percent of the people had had considerable training with 24.2 of them reporting no prior training whatsoever. Interviews with participants indicated that, while some of the training reported had been relevant to their job tasks, none of it was as intensive or as extended in hours as was attendance at the NTI.

In accord with the job titles of most of the trainees, 63 percent of the total number of trainees indicated their ultimate job goal was administration. Twenty percent indicated a job goal of helping offenders, 15 percent indicated job goals in the treatment area. This data is summarized on Table 3.

TABLE 3

ANALYSIS OF JOB GOAL OF PARTICIPANTS AT THE
NATIONAL TRAINING INSTITUTE FOR COMMUNITY TREATMENT CENTERS

JOB GOAL	BURLINGAME		CRANSTON		RICHMOND		NEW ORLEANS		TOTAL	
	N	%	N	%	N	%	N	%	N	%
Helping Offender	7	14	13	27	11	19	9	20	41	20
Administration	34	65	30	63	40	69	26	58	130	63
Treatment	11	21	3	6	6	10	10	22	30	15
Discipline and Order	0	0	2	4	1	2	0	0	3	2
	52	100	48	100	58	100	45	100	205	100

CONTENT LEARNED: BASIC INFORMATION QUIZ

Training is one segment of the total staff development process. Staff development is the integration of persons into an organizational setting and developing their highest potential contribution to the goals and objectives of the program. When appropriate knowledge or skills that are necessary to the accomplishment of programmatic objectives are not available to staff, training may be used to provide experiences that will remedy the deficiency. In the present case of community residential treatment, the field has grown so rapidly in recent years that training also becomes a catalyst for the synergetic sharing of experiences from diverse programmatic, geographical, and philosophical backgrounds. It is easier to evaluate the effectiveness of training when it occurs in a job setting and involves the trainee in specific acts, skills, and knowledge areas that are characteristic of the job he is expected to accomplish. Economics of training scale make such training all but impossible. Therefore, an attempt has been made to extrapolate from the training manual certain salient attitudes and content and test trainees on their ability to respond to a fifty item True-False Test before and after the training experience. Participants in these training programs vary from those with only a high school degree to several with earned doctorates in appropriate social science fields. This large disparity in the base knowledge level of participants made it impossible to measure all trainees against a single standard with regard to content learned. Hence, the Basic Information Quiz (BIQ) administered on a before and after basis elicits difference scores without the expenditure of inordinate amounts of training time in content testing. The fifty-item BIQ was prepared from the Training Manual on Community Residential Treatment Centers and was screened by the NTI staff. Rather than providing coverage of the total content presented, it samples content, concepts, language, and attitudes characteristic of the field at this time of development. It was administered (administration time = 15 minutes) before the training sessions commenced and again on the last day of instruction (7th or 10th day).

Before-after mean scores on the BIQ are presented for each of the Institute Groups on Table 4. The means for each institute group are compared using a Fisher "t" test of significance. Standard deviations, Fisher's "t" and resulting probabilities are presented in Table 4. Each group gained through the training period and the combined groups gained a statistically significant amount. The $P < .01$ for the combined groups indicate that the change observed would occur by chance less than once in one hundred times. This level of significance is considered sufficient to warrant a judgement of consequential change due to the training program.

Table 4

INSTITUTE RESULTS ON BEFORE/AFTER ADMINISTRATION OF
BASIC INFORMATION QUIZ (BIQ)

INSTITUTE GROUP		N	Mean	SD	t	Significance Level
1.	Test No. 1 (before)	40	37.0	.578	2.16	P < .05
	Test No. 2 (after)		38.25			
2.	Test No. 1 (before)	38	36.868	.58	1.13	P < .2
	Test No. 2 (after)		37.526			
3.	Test No. 1 (before)	55	37.945	.434	4.19	P < .001
	Test No. 2 (after)		37.764			
4.	Test No. 1 (before)	48	39.58	.384	1.256	P < .2
	Test No. 2 (after)		40.06			
TOTAL (all groups)	1 (before)	181	37.848	.244	2.26	P < .01
	2 (after)		38.4			

FACULTY EVALUATION OF NATIONAL TRAINING INSTITUTES

At the concluding institute in the 1976-77 series in New Orleans, all continuing faculty were interviewed concerning their evaluation of the content, process, and evaluation feedback for the series of four institutes. Eleven presenters were personally interviewed in New Orleans, and two additional faculty whose schedules did not permit a personal in-depth interview in New Orleans were asked to respond to questions by mail. Faculty were asked to respond to six questions, and close personal questioning was used to elicit additional responses. The questions asked the faculty were as follows:

1. In how many of the four scheduled institutes during 1976-77 did you participate?
2. What was your perception of the improvement in the institutes from the first one at Burlingame, California, to the final institute in New Orleans?
3. Were you given feedback from the institute staff and, through them, secondary feedback from the evaluator?
4. What is your perception of the need for continuing training through the national training institutes on behalf of community treatment centers?
5. Do you feel that the topical emphasis of the NTI is appropriate to the present development of the field?
6. What improvements or changes in process or topical presentations do you feel would be most helpful in the future of the institute?

Responses to these questions were tabulated; but because of the small number, it is felt that a general discussion of these responses may be more accurate to the assessment of opinions of the faculty. Of the 13 faculty interviewed, 10 had participated in all four of the institutes and three had participated in only three institutes. Two faculty who had participated in only one institute were not interviewed because it was felt that their span of understanding of the developments of NTI throughout the year would be different, if not less adequate, than those presenters who had participated in all four institutes.

The utilization of faculty with national expertise in a particular topical area necessitated the use of several faculty who were not present more than two or three days during the institute. Approximately three NTI staff members were available continuously throughout the institute but specialized faculty were present for only one to three days during the institute presentations. This method of utilizing faculty resulted in a very high level of expertise both in the production of the papers for the manual as well as in presentation of particular topics. It did, however, result in some lack of continuity in the perception of an individual faculty member in regard to the total series of institutes and the total format of any one institute. Sometimes this resulted in a rapid shift from one topic to another depending upon faculty style and degree of integration of topic in the institute as a whole. Therefore, most faculty felt that they were not able to judge the process of the entire institute from sessions I-IV. However, all the thirteen faculty interviewed felt that their part of the institute improved from the first institute through the fourth.

All of them felt that the changes made in their own presentations and in the format of the institute were beneficial and indicated a continuing growth process from the first to the fourth institute.

The third question asked the presenters to comment upon the feedback they received from the NTI staff and secondarily from the evaluator during the course of the four institutes. Eleven of the faculty felt that they had received positive feedback which resulted in an improvement of their presentations. All of the presenters were aware of the feedback from the group, the evaluator, and the NTI staff. One faculty in particular noted that this feedback had a major effect upon the structure of his/her presentation.

Question No. 4 deals with the appropriateness of the goals of the National Training Institute for the continuing development of community treatment centers in the United States. The faculty were unanimous in their opinion that the National Training Institutes have had unquestioned positive effects upon this development. There was some diversity in their views of the role of training. This diversity mainly centered around the need for continuing informal interaction through training along with the dissemination of important concepts in a structured fashion. Most faculty felt that certain management expertise and,

in particular, information relating to standards and goals should be presented in a highly structured fashion as early as possible to the whole field. At the same time, they shared the opinion that there was a need for continued informal interaction to establish subjective standards in areas such as treatment modalities, the general goals and philosophy of community treatment, and in the political realities of maintaining and enhancing community treatment in the various state and local jurisdictions.

Question No. 5 dealt with the continuity in the institute as a whole and the appropriateness of the selected topics for the NTI. Most of the presenters felt most biased about the topical areas with which they were most involved. At the same time, they felt that the general structure and organization of the institute gave fairly even coverage of needed topical areas. Six of the 13 felt that there did not need to be any changes in the structure of the institute and the amount of time devoted to topical sessions. Three of the presenters felt that there should be more informal interaction and improvement in the use of problem-solving group time. Two faculty members indicated that the affirmative action and the assertiveness training sessions had more time devoted to them than was necessary.

The final question asked for general comments and elicited a considerable range of suggestions for continuing improvement of NTI. Summarizing these in order of their relative number of mentions by faculty resulted in the following list:

1. More panel discussions should be used in the institutes to break up the pattern of lecture/question-and-answer period format.
2. Several comments indicated that the problem-solving groups should be made more meaningful to regional problems and issues with practical implications for the field.
3. Several felt that keynote speakers should be used for topics of practical importance to the conduct of community treatment rather than as inspirational speaker at the beginning and at the end of the institute. Luncheon sessions for keynote speakers were suggested by one faculty member.
4. Most faculty felt that there should be more contact between the faculty and the participants on an informal basis. Many felt that an informal session in which they

could interact with participants in the evening would improve their understanding of how they might improve their own presentation as well as increasing participant interaction with the presenters. While the tabulation of after-institute contacts with presenters indicated that several contacts were made after the institutes several presenters felt that additional devices should be used to insure that participants in the institute were able to use faculty as resource person after they return to the jobs.

All of the presenters were very open and receptive to evaluation process. Many asked for more structured and pointed evaluation of their own sessions and specific ideas for ways to improve their presentations. The discussion elsewhere in this report of changes in those sessions found most helpful and least helpful from institute to institute indicated a continuing growth and change process on the part of faculty. It was apparent that the NTI staff, the NTI presenters, and the process for evaluating and refining presentations were an indication not only the dedication of the NTI faculty and staff but of a lively ongoing process of improvement and a commitment to change through evaluation.

TRAINING PROGRAM MANAGEMENT

Participants were asked to respond to a seven space Likert type scale of ten questions concerning program management. Responses to these items were divided into three categories, "Not so well", "Average," and "very well" subsuming the original extremes of "Poor" to "Excellent". Each institute was analyzed separately, converted to percentages, and visually inspected for relative variation. There appeared to be no appreciable difference between the four institutes. In fact, there was a surprising degree of unanimity among all participants, regardless of region, concerning the high rating of the NTI staff and their management of the program.

Sixty five percent of all participants rated the program management "Very well" (comprising the top two categories on the seven item Likert type scale). Ninety five percent of all participants rated the program management above average. The most significant dissatisfaction was indicated with the following items in the order indicated.

1. Provision for extra-curricular activities (16%)
2. Pre-institute preparation (6%)
3. Physical facilities (8%)
4. Flexibility in programming (6%)

The ratings for the ten institute management variables are summarized on Table 5.

The program materials and manual developed in the 1975-6 training institutes and refined during 1976-77 for the National Training Institute were extensive in nature and highly refined. A major problem faced by the program staff was the necessity of providing coverage of most relevant topics in the time allowed for the institutes. Institute I in Burlingame, Ca. was held in a ten day period. During this time, approximately 7 1/2 days were devoted to topical presentations developed from the prior year's experience and the CRTIC manual, and 2 1/2 days were devoted to regional communication, and liaison matters relating to the Federal Bureau of Prisons community personnel, state officials, and IHHA organizational concerns. While this format resulted in an intensive (8 - 10 hour days) training schedule, there

TABLE 5
RATING OF NTI
PROGRAM MANAGEMENT
BY PARTICIPANTS

RATE THE CRTC INSTITUTE ON THE FOLLOWING ITEMS	NOT SO WELL		AVERAGE		VERY WELL	
	N	%	N	%	N	%
1. Pre-institute preparation	13	6	53	27	134	67
2. Institute format and organization	4	2	54	27	143	71
3. Physical facilities provided for the institute	17	8	88	44	96	48
4. Logistics; i.e., transportation, meals, lodging, reimbursement	5	3	41	21	150	76
5. Provision for extra-curricular activities; i.e., recreational, cultural and information visits	32	16	87	44	80	40
6. Flexibility in Programming	12	6	73	37	114	57
7. Use of outside consultants	2	1	54	27	145	73
8. Organized participant interaction	5	3	69	34	127	63
9. Informal participant interaction	6	3	48	24	147	73
10. Library Services	0	0	34	17	163	83
TOTAL (N = 1996) RESPONSES	96	5	601	30	1299	65

was sufficient time to allow for task oriented smallgroup sessions, night conferences on a voluntary basis with faculty, and two professionally oriented field trips. In addition, adequate provision was made for some extra-curricular activities of a non-professional nature which served to reduce the intensive work schedule. In the transition to a total of seven days in Institute III at Richmond Virginia some gains were made in the reduction of the total time trainees had to be away from their jobs and in the subsistence cost. However, the intensity of the learning experience was increased. The format in Virginia required several night sessions that resulted in 12 - 13 hour days for participants and reduced the emphasis that could be placed upon participant interaction in relatively non-didactic sessions, and the time available for professional and non-professional field trips. As a consequence, the necessary periods of non-session hours in which trainees could digest the material was reduced and the number of complaints of over-saturation increased. The forgoing comments must be viewed against an enthusiastic reception of the institutes in total, and an almost unprecedented appreciation of staff planning and organization by the participants in answer to question #26 (open-ended) on the evaluation were such comment as

"Great, great program"

"a most positive experience"

"the staff has accomplished an impossible task"

"on helluva' deal"

"terrific informational program".

The final institute in New Orleans was held in seven days, but by cutting the number of sessions and the time devoted to each topic, ample time was allowed for evening excursions, and one free afternoon. The New Orleans institute earned the highest overall rating and it is felt that the scheduling contributed significantly to that evaluation.

Comments such as the above were overwhelmingly typical of all four institutes and attest to the careful preparation

of materials and almost meticulous conduct of the institutes by the NTI staff. No less important was the careful human concern exhibited by the staff to the personal and subsistence problems of all participants at the institutes.

A manual supplement reflecting new material developed during the 1976-77 institutes is now being circulated to all participants and will form part of a revised manual for future training efforts.

The wealth of material, number of topics, and learning capacity of the training group in the time available (whether it be seven or ten days) requires that NTI staff give attention to the following organizational matters for future series of institutes.

1. The provision for specialized interests, i.e., juvenile delinquency, chemical abuse, interest in counseling techniques, and special attention to minority concerns, particularly the roles of women in community treatment as managers, within the general management oriented format.
2. Alternatively to 2 (above), some provision for shorter, more specialized training institutes to meet the interest in special topics with in-depth treatment.

The BIQ (see Table 4) did indicate significant shifts in the knowledge base of participants even in the context of such an wide content coverage. With more specialized mini-institutes, it should be possible both to make and measure additional in-depth gains in knowledge of more specialized areas.

An attempt was made to assess the number of contacts between participants and staff and between participants and other participants during a followup period. Mail questionnaires were sent to each participant three to six months after attendance of the institute. The quantity of these contacts are reported on Table 6 and 7. Extrapolating from the samples of 65 and 69 responding to three questions it would appear that over three fourths of the total participant group had one or more than one contact with NTI staff and faculty after the end of the institute. More significantly 90% of the participants report one or more than one contact with other participants with regard to training topics.

TABLE 6
 PARTICIPANT CONTACT WITH
 NTI FACULTY/STAFF - FOLLOWUP

CONTACTS	BURLINGAME		CRANSTON		RICHMOND		TOTAL
	N	%	N	%	N	%	
NONE	7	43.7	4	25	5	31.3	16
ONE	4	26.7	5	33.3	6	40	15
MORE THAN ONE	12	36.4	11	32.3	11	32.3	34
TOTAL	23	34	20	30	22	31	65

TABLE 7
 PARTICIPANT CONTACT WITH OTHER
 NTI PARTICIPANTS - FOLLOWUP

CONTACTS	BURLINGAME		CRANSTON		RICHMOND		TOTAL
	N	%	N	%	N	%	
NONE	7	100	0		0		7
ONE	4	30.7	4	30.7	5	38.5	13
MORE THAN ONE	15	30.6	16	32.6	18	36.7	49
TOTAL	26	37	20	30	23	33	69

Additional information from the NTI staff indicates that "more than one" as a category may have observed the total volume of continuing assistance rendered. Many participants had several followup contacts and in one case it was estimated that twenty five followup contacts came from one participant.

A specific issue which has elicited minor complaints at each of the institutes has been the organizational and programmatic attempts to meet minority needs. Depending upon the geographic area, from 50 th 80% of the clients in community corrections are minority group members. The faculty of the institute does not have a commensurate representation of minority groups. While programmatic provision was made for dealing with minority group differences, this part of the program was least successful in its impact. Hence, the provision for minority group concerns should be reconsidered and its prominence on the program increased.

In the experience of this evaluator, the care in preparation and execution of the NTI series is almost unprecedented. Hence, the constructive criticisms of the program are to be considered in light of the overall success of staff efforts.

DIFFERENTIAL EVALUATION OF
GENERAL AND SPECIFIC INSTITUTE TOPICS

The post-institute evaluation asked trainees to rate each general institute topic on a seven space Likert type scale. The question asked was "How well do you think the institute has done in helping you to:" followed by the nine general topic descriptions. For this analysis the seven-item scale was reduced to "No so well", "Average", and "Very well". A summary of responses to all questions is presented in Table 8. Approximately 200 persons made 1785 responses to those questions. The total of all responses indicated 55% rated all topics "Very well", 40% rated all topics "Average", and only 5% rated all topics "Not so well".

In addition to the post-institute rating of topics, participants were asked to rate the same general topics three to six months after attendance at NTI. Table 8 reports the post-institute ratings (END) and the followup ratings in detail. For purposes of clarification, the ratings are converted to rankings. These rankings are reported on Table 9.

Only Topic 9 on Table 8 (Treating chemical abuse problems) had sufficient negative ratings to dictate a careful reexamination of the approach to its presentation for future training. Topic 4 (Improving treatment modalities) had eight percent of the group indicating that some modification might be required. All other items were rated average or above by 95 percent of the participants. These topics seemed to have been presented in an unusually effective manner and merit inclusion "as is" in future training efforts.

Table 9 indicates some shift in relative topic evaluation, but the overall average or better rating holds. Topic 6 (understanding accreditation procedures) remains in first ranking in both post-institute and followup ratings. The following topics were seen as more effective on the follow-up rating than on the post-institute rating

3. Assist you to obtain the necessary knowledge and techniques to train your staff
5. Provide a manual for planning and operating a CRTC
7. To improve your ability to achieve better fiscal control of your agency.

TABLE 8

PERCENTAGE RATING OF GENERAL NTI TOPICS BY PARTICIPANTS

OF THE END OF THE INSTITUTE (N =200) AND

AFTER A FOLLOWUP INTERVAL (3-6 MOS.) ON THE JOB (N= 66)

QUESTION: HOW WELL DO YOU THINK THE INSTITUTE HAS DONE IN HELPING YOU TO:	NOT SO WELL		AVERAGE		VERY WELL	
	END	FOLLOWUP	END	FOLLOWUP	END	FOLLOWUP
1. Understand the function of CRTC's within the justice system	.5	1.5	28.6	54.5	70.8	43.9
2. Enable you to utilize rational management technique		3	38.2	37.8	61.8	59.1
3. Assist you to obtain the necessary knowledge and techniques to train your staff	2.5		46.7	57.6	50.8	42.4
4. Improve your awareness and capabilities in treatment modalities	8	6	46.7	69.7	45.2	24.2
5. Provide a manual for planning and operating a CRTC	2	3	31.5	37.9	66.5	59.1
6. To understand the proposed standards and accreditation procedures for community residential treatment centers		1.5	25	36.9	75	61.5
7. To improve your ability to achieve better fiscal control of your agency	4.6	1.5	51.5	63.6	43.9	34.9
8. To use evaluation/ research skills to review your program		1.5	31.8	59.1	67.2	37.9
9. To understand and treat the chemical abuse problems of your residents	26.1		60.5		13.3	
TOTAL (N = 1785)	4.9	2.3	40	52.3	55.1	45.4

TABLE 9

RANKING OF GENERAL NTI TOPICS BY PARTICIPANTS OF THE END OF
THE INSTITUTE AND AFTER A FOLLOWUP INTERVAL (3-6 MOS.)

QUESTION:		
HOW WELL DO YOU THINK THE INSTITUTE HAS DONE IN HELPING YOU TO:	END OF INSTITUTE RANK	FOLLOWUP RANK
1. Understand the function of CRTC's within the justice system	2	3
2. Enable you to utilize a ra- tional management techniques	3	5
3. Assist you to obtain the necessary knowledge and techniques to train your staff	6	2
4. Improve your awareness and capabilities in treatment modalities	7	8
5. Provide a manual for planning and operating a CRTC	5	4
6. To understand the proposed standards and accreditation procedures for community residential treatment centers	1	1
7. To improve your ability to achieve better fiscal control of your agency	8	6
8. To use evaluation/research skills to review your program	4	7
9. To understand and treat the chemical abuse problems of your residents	9	9
TOTAL (N = 1785)		

While the overall very positive rating at both times makes interpretation of these shifts less than crucial, one could infer that the above topics should be emphasized more in the institute.

The following topics lost ranking during the followup period.

1. Understand the function of CRTC's within the justice system.
2. Enable you to utilize a rational management technique.
8. To use evaluation/research skills to review your program.

Only the shift of three rankings for Topic 8 would seem worthy of attention. A possible inference is that the evaluation/research skills section might be reviewed with reference to its practicality for use on the job by CTC managers.

Participants were asked to respond to a more particularized list of thirty topics presented by NTI in terms of how important they judged them to be to the field of community corrections. The percentage responses of 222 participants are reported on Table 10 on a four point scale from "Not Important" to "Very Important." These ratings were designed to check the ratings of individualized topics in order of their importance to the final evaluation of the program. The ratings bear out the majority commitment of the group to management level concerns. The top seven topics receiving the highest ratings all are clearly management oriented with the exception of "Understanding Reality Therapy." The lowest rated topic was "Personnel management" which presents a paradox in that it is clearly a management related topic. However, in this and other feedback, managing personnel and other internal management issues such as "Internal House Management" seen to be of much less perceived importance by CTC managers than external management topics such as "How To Set Up a Public Relations". Participants also value fiscal management concerns such as "Budgeting Cash Flows". Thus, it would appear that the average manager-trainee see his/her task as dealing with the public, managing funds, and overall program design. They do not seem to identify as strongly with topics selected to internal house management, seeking funds, or dealing with specialized program concerns. Some obvious contradictions and variations from normal management practices are evident.

TABLE 10

SUMMARY OF PARTICIPANT'S RESPONSES TO THE NTI TOPICS ARRANGED
BY DESCENDING ORDER OF JUDGED IMPORTANCE
N=218

TOPIC	VERY IMPORTANT	IMPORTANT	SLIGHTLY IMPORTANT	NOT IMPORTANT
	%	%	%	%
1. How to set up a public relation program	63	30	7	
2. Budgeting cash flow	59	31	9	1
3. Utilization	57	31	12	
4. Fitting client needs to program	56	34	9	1
5. Goals of CTC	52	33	12	3
6. Understanding reality therapy	52	34	13	1
7. Evaluation research	50	35	14	1
8. Kinds, costs of facilities and equipment	47	37	14	2
9. Selling the community to get acceptance	48	28	18	6
10. Ways to obtain public support	45	43	11	1
11. Handling bureaucracies	43	45	10	2
12. Coping with internal, external evaluation				
13. Management by objectives	41	34	22	3
14. Setting up a management information system	40	24	19	17
15. Legal rights of client	38	41	18	3
16. Legal regulation	37	33	21	9
17. Advisory boards--setting up and choosing members	36	40	21	3
18. Choosing treatment modalities	34	42	22	2
19. Guidelines, standards and professionalization	32	40	22	6
20. Determining client needs	30	37	24	9
21. Special problems with juveniles	30	33	27	10
22. Choosing staff	29	33	30	8
23. Special problems with alcoholics	28	35	31	6
24. Special problems with addicts	28	35	27	10
25. Understanding transactional analysis	27	33	30	10
26. Internal house management	26	36	25	13
27. Grant writing	26	36	28	10
28. Choosing clients	24	39	30	7
29. Coping with special problems race or sex	17	32	37	14
30. Personnel management	9	16	36	39
TOTAL	38	35	21	6

Table 11 and 12 summarize the evaluation of topics found by participants to be "Most Helpful" and "Least Helpful". These data are presented for each institute and for the total group.

Summarizing for all four institutes, only the top five topics (N = 145) mentioned as "Most Helpful" and "Least Helpful" (N = 92) are presented. A total of 158 "Most Helpful" and 114 "Least Helpful" responses were tabulated. The order of presentation on the table indicates the priority of choice, positively or negatively.

"Management" as a topic received the highest number of positive mentions by all institutes. "Community resources" and "Evaluation" were ranked second and third, respectively, though they traded rankings for the first and fourth institutes. "Accreditation" ranked as steady fourth "Grant Writing" ranked fifth in number of "Most Helpful" mentions.

The "Least Helpful" responses varied more from institute to institute and two topics, "Affirmative Action" and "Offender As A Human Being" made significant improvement from the first through the fourth institute. Both of these topics did not rank among the five "Least Helpful" topics for the last institute. If only the last institute is examined, the five "Least Helpful" topics would have been:

1. Assertiveness training
2. Juvenile justice
3. LEAA presentations
4. Budgeting
5. Addiction and chemical dependencies

However, the figures for the last institute should be viewed in terms of the very small number of negative mentions. Overall* each institute received a total number of negative mentions as follows:

Number of "Least Helpful" mentions

Richmond	38
Burlingame	30
Cranston	24
New Orleans	22

Thus it can be inferred that the final institute was least critically received by the participants.

*These figures include some negative mentions that were not in the top five. Hence, the number of mentions slightly exceeds that shown on Table 12.

TABLE 11

THE FIVE TOPICAL SESSIONS OF THE NTI
JUDGED MOST HELPFUL BY PARTICIPANTS

SESSION	BURLINGAME		CRANSTON		RICHMOND		NEW ORLEANS		TOTAL
	N	%	N	%	N	%	N	%	
MANAGEMENT	9	17	18	35	17	33	8	15	52
COMMUNITY RESOURCES	5	17	6	20	10	33	9	30	30
EVALUATION	7	30	5	22	8	35	13	13	33
ACCREDITATION	4	24	2	12	5	29	6	35	17
GRANT WRITING	3	23	1	8	5	38	4	31	13
TOTAL	28	20	32	21	45	31	40	28	145

TABLE 12

THE FIVE TOPICAL SESSIONS OF THE NTI
JUDGED LEAST HELPFUL BY PARTICIPANTS

SESSION	BURLINGAME		CRANSTON		RICHMOND		NEW ORLEANS		TOTAL
	N	%	N	%	N	%	N	%	
1. ADDICTION AND CHEMICAL-DEPENDENCIES	5	14	6	17	23	64	2	5	36
2. AFFIRMATIVE ACTION	6	33	12	67	0	0	0	0	18
3. ASSERTIVENESS TRAINING	3	19	0		8	50	5	31	16
4. OFFENDER AS A HUMAN BEING	12	80	1	7	2	13	0	0	15
5. TREATMENT THEORY AND PRACTICE	2	29	1	13	2	29	2	29	7
TOTAL	28	30	20	22	35	38	9	10	92

Table 13 compares the attractiveness of the nine generalized institute topics as viewed by participants along two dimensions; 1) personal interest, and 2) importance for career development. The ratings for career development needs for the following topics are considerable higher than their interest ratings.

5. Developing resources for your organization
6. Administering efficient and effective programs
7. Reputation for organizational leadership

Only "Providing Services For Clients" rated higher in personal interest than in career needs. It is inferred that interests, and, by implication, some program choices by trainees, are not entirely consonant with their personal interests. This is, indeed, not surprising, and in itself probably does not point clearly to changes in these topics for future training. However, it does indicate an imbalance between perceived career needs and personal interests that might be explored in future training series under the heading of "Career Development Needs". The average age and experience (see Table 1) indicates that most managers of CTCs are in their early thirties with three to five years of experience. It is only logical to assume that these people will be making career decisions in the near future and will probably not stay in their current positions for many years even though they may remain in the community correctional field. Thus, a session, or series of group sessions at future institutes might well be devoted to the probable career needs of participants.

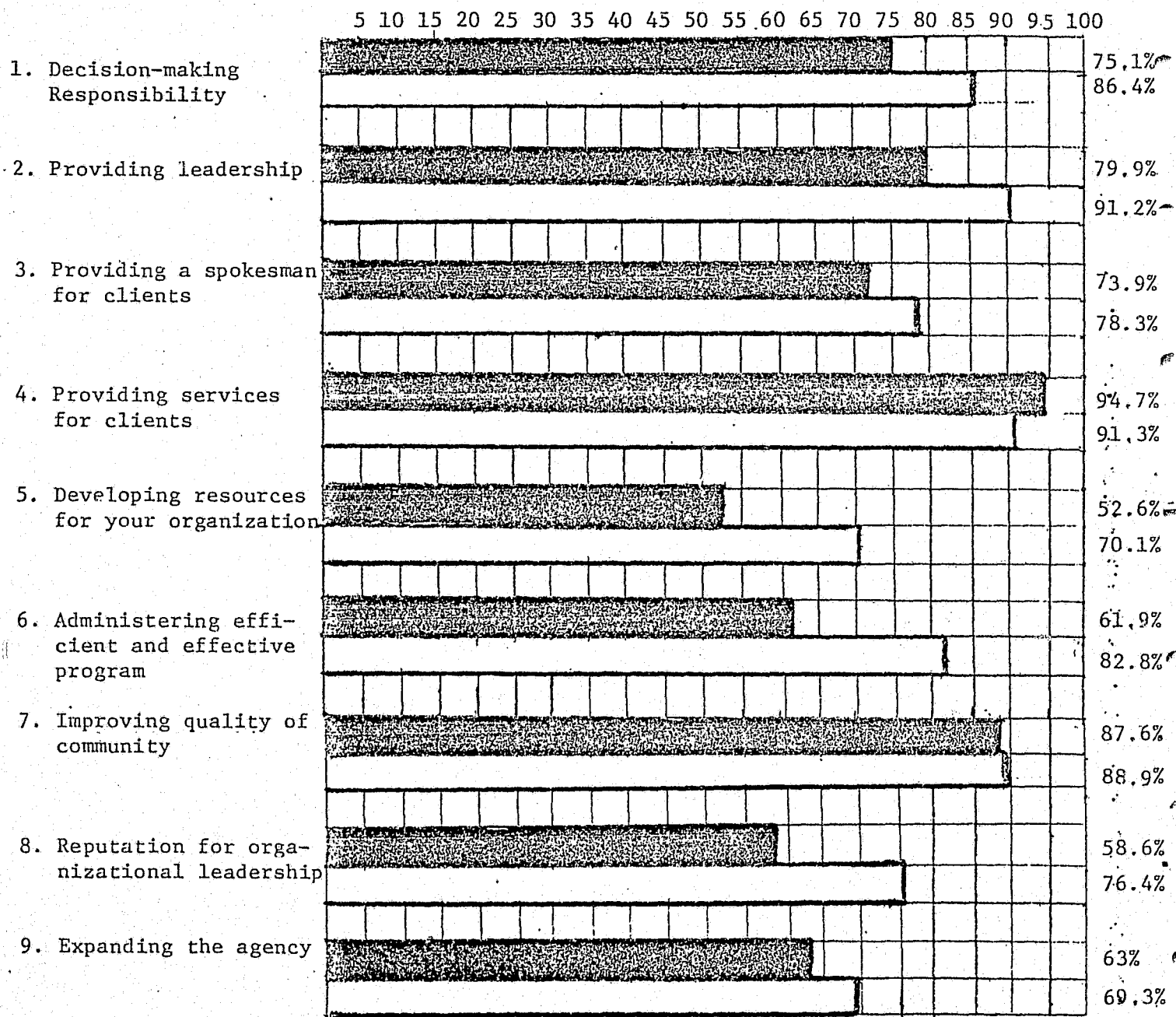
An SPSS "Crosstabs" was run on evaluation variables against known characteristics of participants (title, age, experience, etc.) and type of program administered. The contingency coefficients, gammas*, and resulting tables were all inspected. Those tables indicating relationships between known characteristics and program variables that could not have occurred by chance more than five times in one hundred ($P \leq .05$ or less) are contained in the Appendix as Tables 14-25. Because of the subtlety of possible inferences and some variation in

*Gamma is a measure of association between two ordinal variables. Gamma ranges in value from -1 to +1 and can be utilized as a predictor of the attitude or behavior a group will have based on the group's score on one variable.

TABLE 13

RATINGS OF PARTICIPANTS OF PERSONAL INTEREST
IN TOPICS AS COMPARED TO THEIR PERCEIVED IMPORTANCE
IN CAREER DEVELOPMENT FOR CTC MANAGERS

Percentage Rating Topic as Attractive or Very Attractive



Personal Interest -- Black
Career Development -- White

the quality of the inferential statistics (due to small cell sizes), these tables are not presented in the body of the report. Briefly, these comparisons seem to indicate the following tendencies:

1. There is little or no difference between the overwhelmingly positive evaluation of the "organization of the institute" and its "flexibility in programming" by job title. Most participants viewed these two program variables as "Excellent". (See Tables 14-15)
2. There is a slight tendency for the oldest (41-50 and 51-60) groups to view the topics indicated more like the youngest age group (20-30) and both view these topics somewhat differently than the middle age group (31-40). (See Tables 16-18)
3. There are some differences between those persons administering programs for females and those administering programs for males in their evaluation of several program areas. (See Tables 20-25). Persons administering programs for clients with chemical dependencies tended to be more like those administering programs for females.

RECOMMENDATIONS

An overwhelmingly apparent characteristic of the participant groups in the National Training Institutes was that they were eager for and greatly appreciative of the opportunity to receive expert training and to interact with their colleagues. In the first Institute, the great need for the participants to interact with each other was not adequately provided for and there was some consequent participant dissatisfaction with the organization of the first Institute. These problems were corrected in the following Institutes and the group made good use of, and remained appreciative during the follow-up period, of the opportunity to interact with others on both an informal and organized basis. It would seem safe to say that the enthusiasm indicated by these participants will be characteristic of CRTC personnel for future institutes since the total number of participants is but a small fraction of the potential for training of community residential treatment managerial staff, to say nothing of ancillary CRTC staff. Most estimates place the number of CRTCs in the nation at approximately two thousand separate program entities. If this is the case, the sampling in these Institutes of approximately two hundred twenty managers from the nation has provided but for a small part of the need for training, and, in fact, has uncovered what must be viewed as a gold mine of interest in receiving training.

The following seven recommendations present the salient issues remaining after the continuing improvement of the NTI during 1976-77. They should be considered in planning for the continuation of training for community corrections managers.

1. An attempt should be made to select participants that are relatively homogenous as to job role and level of management responsibility.
 - a.) A session or series of group sessions should be oriented to the future career development needs of managers.
2. The evaluation has been consistently improved through informal discussions with trainees. It is proposed that one or two, one hour, voluntary, group sessions be scheduled during a seven day institute for informal evaluation feedback. There could be scheduled after the end of the formal day, one after two or three days and a final session on the next to last day.

It is expected that this opportunity for feedback would provide some opportunity for necessary modification during the institute as well as provide enrichment of post-institute evaluation.

3. In accord with suggestions from faculty and trainees, it is suggested that more variation in the lecture-open discussion format be explored. Specifically, panels, participant involvement experiences, and better use of the problem-solving groups should be explored.
4. The problem-solving groups should be emphasized and careful planning and execution should attempt to:
 - a.) Orient problem solving groups to issues that are germane to the region and/or to specific community programs.
 - b.) Problem-solving groups should be tied to impact evaluation by identifying real problems in advance, developing specific plans for problem-solving during the institute, and evaluation personnel should obtain information on a followup basis to determine the net impact of the experience in accomplishing a trainee designed plan.
5. There has been a continuing effort to deal with minority concerns as part of the institute format. These efforts need to be supplemented and reinforced by the use of a larger proportion of minority faculty and staff.
6. The data clearly indicate the need to change the approach to chemical dependencies and drug abuse.
7. Sections dealing with evaluation and research for program managers should be reviewed with regard to their practicality for field application. A similar review should be conducted for the approach being used for treatment modalities. Both of the above topics were well received at all institutes but were viewed as less useful after a followup period.

This evaluation indicates that a very high level of training preparation and execution has been exhibited throughout the four institutes presented. It seems equally clear that the growing field of community corrections needs, and has enthusiastically embraced these training efforts. The continued growth and achievement of public accountability consonant with public expectations of criminal justice endeavors will depend upon the further promulgation of most of the training content delineated by these institutes. The acceptance and understanding by the participants of accreditation as a topic indicates their recognition of the need for standardization and accountability. The diverse nature of the sponsorship of community corrections by public and private sources, and various governmental agencies will require further national responsibility for training.

It has been a privilege to meet and work with the NTI staff, institute participants, and all others involved in these endeavors.

C. V. Matthews
Evaluator

APPENDIX

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EVALUATION INSTRUMENTS AND DATA SOURCES

C. V. MATTHEWS, Evaluator

Pre-Institute:	Standards and Accreditation Survey from community treatment centers represented by participants at the National Training Institutes.
	a. Community Residential Treatment Center identification items A through H.
	b. Response to standards by Community Resident Treatment Center.
At Registration:	Information questionnaire to participants.
First Day	(Optional as of February 9, 1977) Community Residential Treatment Center Information Questionnaire.
During Institute	Process feedback from participants and daily staff conferences.
On last day of Institute	(Optional) Community Residential Treatment Center Information Questionnaire (retest).
On last day of Institute	National Training Institute Evaluation Questionnaire.
After Institute (2-6 months)	Sample follow-up questionnaire (25% randomized sample).

NAME: _____

INFORMATIONAL QUESTIONNAIRE FOR PARTICIPANTS
IN THE NATIONAL TRAINING INSTITUTE ON COMMUNITY
RESIDENTIAL TREATMENT CENTERS

Answers to the following questions will assist the Institute Staff in assessing the effectiveness of the workshops and in planning future efforts. Certain of the questions are for purposes of evaluation, while others are intended to gain information about the participants. Most questions can be answered with a simple check mark. ALL REPLIES WILL BE HELD STRICTLY CONFIDENTIAL, AND NO INDIVIDUAL WILL EVER BE IDENTIFIED.

ABOUT YOURSELF

1. What is the official title and/or rank of your present position? _____

2. Your age _____ 3. Married? () Yes () No
4. How long have you lived in the community where you now reside? _____
5. What kinds of volunteer (non-paid) work have you done in the Community?

6. How far have you gone in school?

() Some grammar school	() Some college
() Completed grammar school	() Completed college
() Some high school	() Some graduate work
() Completed high school	() Graduate degree

ABOUT YOUR JOB

7. How long have you been employed in community treatment work? _____
8. What was your principal occupation before your present field of work?
(If you were not employed but in the military service, please indicate this.)

9. How would you characterize your present job goals? Please mark from 1 (most characteristic of your job) to 4 (least characteristic of your job).

- () Helping offender population.
- () Administration.
- () Treatment through counseling or other specialized techniques.
- () Maintenance of good order and discipline.

ABOUT YOUR GOALS AND EXPERIENCES

10. When you BEGAN working in your present community treatment program, how did you see the following aspects of the job in terms of your own career development and personal interests and commitments? (Circle the degree of attractiveness in each case. VA means Very Attractive; A means Attractive; SA means Somewhat Attractive; and NA means Not Attractive.)

- | | | | | |
|----|---|----|----|--|
| VA | A | SA | NA | Having administrative and decision-making responsibility for a small or medium size organization. |
| VA | A | SA | NA | Providing leadership to a staff. |
| VA | A | SA | NA | Serving as a public spokesman for your clients. |
| VA | A | SA | NA | Working with and counseling individual clients. |
| VA | A | SA | NA | Providing services for your agency's clients. |
| VA | A | SA | NA | Developing new financial and agency resources for your organization and its clients. |
| VA | A | SA | NA | Helping to administer an efficient and cost effective program. |
| VA | A | SA | NA | Improving the quality of your community by improving the quality of re-entry of your clients into the community. |
| VA | A | SA | NA | Gaining a reputation for organizational leadership. |
| VA | A | SA | NA | Expanding the size and scope of the agency. |

16. Now, based on your experience in your present program, how do you see those same aspects of the job in terms of attractiveness?

- | | | | | |
|----|---|----|----|--|
| VA | A | SA | NA | Having administration and decision-making responsibility for a small or medium size organization. |
| VA | A | SA | NA | Providing leadership to a staff. |
| VA | A | SA | NA | Serving as a public spokesman for your clients. |
| VA | A | SA | NA | Providing services for your agency's clients. |
| VA | A | SA | NA | Developing new financial and agency resources for your organization and its clients. |
| VA | A | SA | NA | Helping to administer an efficient and cost effective program |
| VA | A | SA | NA | Improving the quality of your community by improving the quality of re-entry of your clients into the community. |
| VA | A | SA | NA | Gaining a reputation for organizational leadership. |
| VA | A | SA | NA | Expanding the size and scope of the agency. |
| VA | A | SA | NA | Providing leadership to a staff. |

ABOUT THE REGIONAL INSTITUTE ON CRTCS

19. In order to give the faculty of the Institute some direction in gearing their activity to the needs and wishes of the participants, please indicate the degree of importance you personally would like to see given to the topics listed below. (Circle the degree of importance in each case. VI means VERY IMPORTANT; I means IMPORTANT; SI means SLIGHTLY IMPORTANT; NI means NOT IMPORTANT.)

VI	I	SI	NI	Role and place of the CRTC in the criminal justice system.
VI	I	SI	NI	Goals and philosophy of CRTC.
VI	I	SI	NI	Ways to obtain public support.
VI	I	SI	NI	How to set up a public relations program.
VI	I	SI	NI	How to handle other bureaucracies and gain support.
VI	I	SI	NI	Kinds, types, costs of facilities and equipment.
VI	I	SI	NI	Choosing and identifying clients.
VI	I	SI	NI	Determining client needs.
VI	I	SI	NI	How to fit clients into the program
VI	I	SI	NI	Legal rights of clients, legal defense, malpractice.
VI	I	SI	NI	Assessing and choosing treatment modalities.
VI	I	SI	NI	Understanding of reality therapy.
VI	I	SI	NI	Understanding transactional analysis.
VI	I	SI	NI	Coping with special problems due to race or sex.
VI	I	SI	NI	Special problems with alcoholics.
VI	I	SI	NI	Special problems with addicts.
VI	I	SI	NI	Special problems with juveniles.
VI	I	SI	NI	Setting up a management information system.
VI	I	SI	NI	Understanding what management by objectives means
VI	I	SI	NI	How to set up, choose members of, and control advisory boards and boards of trustees.
VI	I	SI	NI	Legal regulations on CRTCS (zoning, codes, federal and state agency regulations, etc.)
VI	I	SI	NI	Choosing staff, interviews, affirmative action, EEOC.
VI	I	SI	NI	Unionization
VI	I	SI	NI	Mechanics of personnel management (salaries, job descriptions, salaries, leave and vacation policy, etc.)
VI	I	SI	NI	Internal house management (food, menus, laundry, security, setting house rules, etc.
VI	I	SI	NI	Grant writing and technical writing; sources of information on funding.
VI	I	SI	NI	Selling the community on the need for CRTC, ways to get community acceptance and public support.
VI	I	SI	NI	Budgeting and auditing, internal control, cash flow.
VI	I	SI	NI	Guidelines, standards and professionalization.
VI	I	SI	NI	How to do evaluation research.
VI	I	SI	NI	Coping with internal and external evaluation.

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE. IT WILL BE HELPFUL TO US IN PROVIDING A MORE MEANINGFUL INSTITUTE.

Are there any other topics you would like to see covered which were not listed above? Do you have any special information needs? (Write on back.)

Name _____

NATIONAL TRAINING INSTITUTE

COMMUNITY RESIDENTIAL TREATMENT CENTERS BASIC INFORMATION QUIZ

PLEASE ANSWER EACH QUESTION TRUE (T) OR FALSE (F)

- T F 1. A hardheaded view of corrections which categorizes the client as a law violator is necessary for a successful treatment program.
- T F 2. Traditionally the criminal justice system has been a mechanism which responds to the offender's need and facilitates his reintegration into the community.
- T F 3. Training administrators and program staff in the art and science of management is a major identifiable goal of this institute.
- T F 4. Viability of community care is dependent on the ability to gain support from the public, the professional, and the criminal justice agencies.
- T F 5. Data and information generated by program evaluation can provide an invaluable tool in winning support for your program.
- T F 6. It is estimated that over 32,500 professional staff work at CTC's serving a daily population of 80,000 clients.
- T F 7. In 1964 the International Halfway House Association Directory listed only twenty(20) agencies; in 1973 the directory contained four hundred and fifty(450).
- T F 8. Programs directed to reintegration must take place in a supportive therapeutic environment.
- T F 9. A necessary aspect of the therapeutic process is that the client's behavior be strictly regulated.
- T F 10. One of the pressing needs of CTC's is to obtain recognition as a legitimate correctional modality.
- T F 11. The idea of Community-based Treatment Centers is new to modern penology.
- T F 12. While management of a community treatment center is an on-going responsibility that will take form in hundreds of different tasks, there are four basic strategic approaches.
- T F 13. One key concept of CTC's is that the programs avoid supportive services when possible.

- T F 14. The Master Management Model identifies ten(10) steps that are critical to an agency's operation.
- T F 15. A substantial amount of a manager's time is spent in selling the concept of community care.
- T F 16. Grant and proposal writing is vitally important in CRTC management.
- T F 17. A staff with similar ideas and approaches should be employed to run an efficient program.
- T F 18. Staff rules and regulations should be designed to adapt to any situation.
- T F 19. The basic kind of communications that are characteristic of community treatment are verbal expressions of ideas.
- T F 20. The client often becomes a "secondary figure" in the criminal justice system.
- T F 21. A therapeutic community is a total "treatment package".
- T F 22. The legal issues surrounding the civil rights of residents are best left to the courts and need not be a major concern of the CTC manager.
- T F 23. It is very easy for a CTC manager to make the transition from "selling" idea to objectively evaluating its value.
- T F 24. The basic components of human communication are:
1) Sender
2) Receiver
3) Message
- T F 25. Concise, routine record-keeping is a major factor in legal matters.
- T F 26. Win or lose, litigation may be too expensive for most halfway houses.
- T F 27. It is a rather easy task for a CTC manager to conduct evaluative research concerning your program.
- T F 28. Reality therapy and rational-emotive therapy are sharply contrasting therapies and techniques.
- T F 29. In searching for program funding, the Golden Rule is, "He who has the gold makes the rules."
- T F 30. The Master Management Model offers to the administrator a master plan in the art of administration.

- T F 31. The MBO program begins, first, with an implementation stage and ends with a modification stage.
- T F 32. An agency's image and its ultimate success are dependent upon isolation from community problems.
- T F 33. One pressing problem is to develop a better financial support base for the residential treatment concept.
- T F 34. Punishment as a deterrent permeates legal and correctional philosophy.
- T F 35. There is one commonly accepted staffing model which program directors should use.
- T F 36. Every budget has two basic parts which must balance. These are a statement of anticipated income and a statement of anticipated expense.
- T F 37. The Hawthorne Effect deals with the reaction of subjects to the fact that they are part of the experiment.
- T F 38. BARS is a term that stands for Budget, Accounting, and Reporting System.
- T F 39. The coined term "mini/max" assumes the goal is to minimize costs and maximize benefits.
- T F 40. Juveniles, under the Doctrine of Parens Patriae, were granted as many rights as an adult was granted by the Constitution.
- T F 41. Job descriptions and staff training are basic elements in a management program.
- T F 42. An Agency Mission Statement is not a basic element of an agency's management program.
- T F 43. The Correctional Service Delivery System concept is primarily concerned with facilitating the re-integration of the offender back into the community.
- T F 44. The gap between theory and practice within the elements of the system of corrections tends to be a narrow one.
- T F 45. Historically, traditional community-based corrections has been closely coordinated with other components of the criminal justice system.
- T F 46. The present trend is toward more institutionalization in corrections.

- T F 47. CTC's are in competition with probation, parole, and jail programs.
- T F 48. The currently recognized need for community-based residential care arises from the failure of conventional correctional models.
- T F 49. Internal house management should appear to be lax in order to encourage residents to assume responsibility.
- T F 50. The ultimate goal of internal house management is to involve the residents in all phases of house management.

EVALUATION QUESTIONNAIRE
NATIONAL TRAINING INSTITUTE ON
COMMUNITY RESIDENTIAL TREATMENT CENTERS

Please respond to the following questions as honestly as you can. Your name will help in insuring a complete response. All replies will be confidential and no individual will be identified in any report.

C. V. Matthews, Evaluator

1. What were your objectives in attending this institute?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Have your objectives changed during the institute?

No () () () () () () Yes

Explain - why?

3. Do you think the institute goals are in agreement with your objectives?

No () () () () () () Yes

Please explain.

PLEASE RANK THE FOLLOWING QUESTIONS IN ORDER OF IMPORTANCE: POOR - EXCELLENT

<u>How well do you think the institute has done in helping you to:</u>	<u>POOR</u>	<u>EXCELLENT</u>
4. Understand the function of CRTC's within the criminal justice system.	()	()
5. Enable you to utilize a rational management technique	()	()
6. Assist you to obtain the necessary knowledge and techniques to train your staff.	()	()
7. Improve your awareness and capabilities in treatment modalities	()	()
8. Provide a manual for planning and operating a CRTC	()	()
9. To understand the proposed standards and accreditation procedures for community residential treatment centers	()	()
10. To improve your ability to achieve better fiscal control of your agency	()	()
11. To use evaluation/research skills to review your program	()	()
12. To understand and treat the chemical abuse problems of your residents	()	()
<u>Rate the CRTC Institute on the following items.</u>		
13. Pre-institute preparation	()	()
14. Institute format and organization	()	()
15. Physical facilities provided for the institute	()	()
16. Logistics; i.e., transportation, meals, lodging, reimbursement	()	()
17. Provision for extra-curricular activities; i.e., recreational, cultural and informational visits	()	()
18. Flexibility in programming	()	()

Rate the following institute components in terms of their effectiveness in meeting your goals

Poor

Excellent

- | | |
|---------------------------------------|-----------------------------|
| 19. Use of outside consultants | () () () () () () () |
| 20. Organized participant interaction | () () () () () () () |
| 21. Informal participant interaction | () () () () () () () |
| 22. Resource material | () () () () () () () |

23. What parts of the program were most helpful to you?

1st _____

2nd _____

3rd _____

24. What parts of the program were least helpful to you?

1st _____

2nd _____

3rd _____

25. As you know, the Training Institute will be repeated during 1977. What changes would you suggest to make the institute more effective? (Please use back of paper as needed.)

26. Any other comments _____

A sampling of institute participants will be sent a follow-up questionnaire to determine the utility of your training at the Institute on your job. If you receive such a questionnaire, your cooperation in promptly returning it with your honest opinions will be appreciated. Thank you.

Your Name _____

Title _____

Address _____

National Training Institute Follow-up Questionnaire
For Participants in 1977 Regional Institutes

Dear

During 1977 you attended the National Training Institute for Community Treatment Center management personnel. We are currently evaluating these efforts to plan for continued training activities in 1978. Your responses to this and other questionnaires are important to this endeavor. All individual replies will be held confidential.

Please describe the usefulness of each of the following general topics in your work since the National Training Institute. (Check the appropriate space):

Not Useful

Very Useful

- | | |
|--|---------------------------------|
| 1. Function of CRTC's in the criminal justice system | () () () () () () () () |
| 2. Utilization of a rational management technique | () () () () () () () () |
| 3. Knowledge and techniques to train staff | () () () () () () () () |
| 4. Improve awareness of treatment modalities | () () () () () () () () |
| 5. A manual for planning and operation of CRTC | () () () () () () () () |
| 6. Comprehension of standards and accreditation procedures of CRTC | () () () () () () () () |
| 7. Improve ability in fiscal control | () () () () () () () () |
| 8. To use evaluation/research skills to review your program | () () () () () () () () |
| 9. Since the Institute, have you corresponded with or contacted for informational purposes any institute staff? (Circle your response) | |

No contact

One contact

More than one

I have done training in the following areas: (Check appropriate space)

	<u>None</u>				<u>Considerable</u>			
10. Function of CRTC	()	()	()	()	()	()	()	()
11. Management	()	()	()	()	()	()	()	()
12. Staff Training	()	()	()	()	()	()	()	()
13. Treatment Modalities	()	()	()	()	()	()	()	()
14. Planning and Operations	()	()	()	()	()	()	()	()
15. Standards and Accreditation	()	()	()	()	()	()	()	()
16. Budgeting	()	()	()	()	()	()	()	()
17. Research Methods	()	()	()	()	()	()	()	()

18. Since the institute, have you corresponded with or contacted for informational purpose any participants in the Institute?
(Circle the appropriate response)

No contact

One contact

More than one contact

19. In retrospect, please list the three (3) most useful materials (handouts, pamphlet, etc.) given to you at the Institute.

20. In retrospect, please list the three (3) most useful topical presentations at the National Training Institute.

21. What suggestions would you make concerning any future training activities for Community Treatment Centers in 1977-1978.

Use additional sheets as required and please return questionnaire in the enclosed self-addressed envelope. Thank you. cvm

SCHOOL NUMBER	
A	0 1 2 3 4 5 6 7 8 9
B	0 1 2 3 4 5 6 7 8 9
C	0 1 2 3 4 5 6 7 8 9
D	0 1 2 3 4 5 6 7 8 9
E	0 1 2 3 4 5 6 7 8 9
F	0 1 2 3 4 5 6 7 8 9
G	0 1 2 3 4 5 6 7 8 9
H	0 1 2 3 4 5 6 7 8 9

DIRECTIONS: PLEASE READ CAREFULLY

1. USE ONLY A NO. 2 SOFT PENCIL.
2. ~~CAUTION. FOLLOW YOUR TEACHER'S INSTRUCTIONS~~
CAREFULLY. MARK ONLY IN ASSIGNED AREAS OR SECTIONS.
3. ERASE COMPLETELY ANY ANSWER YOU WISH TO CHANGE

Please return completed surveys to:
National Training Institute
P.O. Box 18258
Seattle, Washington 98118

THESE AREAS FOR CODE IDENTIFICATION ONLY

I. ADMINISTRATIVE STANDARDS

1	A B C D E	6	A B C D E	11	A B C D E	16	A B C D E	21	A B C D E	26	A B C D E	31	A B C D E	36	A B C D E
2	A B C D E	7	A B C D E	12	A B C D E	17	A B C D E	22	A B C D E	27	A B C D E	32	A B C D E	37	A B C D E
3	A B C D E	8	A B C D E	13	A B C D E	18	A B C D E	23	A B C D E	28	A B C D E	33	A B C D E	38	A B C D E
4	A B C D E	9	A B C D E	14	A B C D E	19	A B C D E	24	A B C D E	29	A B C D E	34	A B C D E	39	A B C D E
5	A B C D E	10	A B C D E	15	A B C D E	20	A B C D E	25	A B C D E	30	A B C D E	35	A B C D E	40	A B C D E

II. PROGRAM STANDARDS

1	A B C D E	6	A B C D E	11	A B C D E	16	A B C D E	21	A B C D E	26	A B C D E	31	A B C D E	36	A B C D E
2	A B C D E	7	A B C D E	12	A B C D E	17	A B C D E	22	A B C D E	27	A B C D E	32	A B C D E	37	A B C D E
3	A B C D E	8	A B C D E	13	A B C D E	18	A B C D E	23	A B C D E	28	A B C D E	33	A B C D E	38	A B C D E
4	A B C D E	9	A B C D E	14	A B C D E	19	A B C D E	24	A B C D E	29	A B C D E	34	A B C D E	39	A B C D E
5	A B C D E	10	A B C D E	15	A B C D E	20	A B C D E	25	A B C D E	30	A B C D E	35	A B C D E	40	A B C D E

III. OUTREACH/OUTPUT STANDARDS

1	A B C D E	6	A B C D E	11	A B C D E	16	A B C D E	21	A B C D E	26	A B C D E	31	A B C D E	36	A B C D E
2	A B C D E	7	A B C D E	12	A B C D E	17	A B C D E	22	A B C D E	27	A B C D E	32	A B C D E	37	A B C D E
3	A B C D E	8	A B C D E	13	A B C D E	18	A B C D E	23	A B C D E	28	A B C D E	33	A B C D E	38	A B C D E
4	A B C D E	9	A B C D E	14	A B C D E	19	A B C D E	24	A B C D E	29	A B C D E	34	A B C D E	39	A B C D E
5	A B C D E	10	A B C D E	15	A B C D E	20	A B C D E	25	A B C D E	30	A B C D E	35	A B C D E	40	A B C D E

CHI-SQUARE TABLES

TABLE 14

CHI-SQUARE-JOB TITLE WITH FORMAT
AND ORGANIZATION OF THE INSTITUTE

TITLE	POOR		NEUTRAL		EXCELLENT		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
EXECUTIVE DIRECTOR	4	5	15	20	57	75	76	100	38
COORDINATOR	0	0	35	30	80	70	115	100	58
PROGRAM	0	0	4	44	5	56	9	100	4
	4	5	54	94	142	201	200		100

Contingency Coefficient .218

GAMMA = -.13299

Significance $P > .0398$

TABLE 15

CHI-SQUARE-JOB TITLE WITH
FLEXIBILITY IN PROGRAM

TITLE	POOR		NETURAL		EXCELLENT		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
EXECUTIVE DIRECTOR	6	8	26	34	44	58	76	100	38
COORDINATOR	3	2	46	41	64	57	113	100	57
PROGRAM	3	33	1	11	5	56	9	100	5
	12	43	73	86	113	171	198		100

Contingency Coefficient = .272
Significance $P > .0032$

Gamma = -.02562

TABLE 16

CHI-SQUARE-AGE WITH CHOOSING
TREATMENT MODALITIES

AGE	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
20-30	21	23	44	50	24	27	89	100	42
31-40	33	48	22	32	14	20	69	100	33
41-50	17	39	19	43	8	18	44	100	21
51-60	1	11	6	67	2	22	9	100	4
	72	121	91	192	48	87	211		100

Contingency Coefficient = .24634
Significance $P > .0340$

Gamma = -.16109

TABLE 17

CHI-SQUARE-AGE WITH SPECIAL
PROBLEM WITH ADDICTS

AGE	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
20-30	18	22	35	43	28	35	81	100	42
31-40	20	32	29	46	14	22	63	100	32
41-50	21	50	9	21	12	29	42	100	22
51-60	2	22	3	33	4	45	9	100	4
	61	126	76	143	58	131	195		100

Contingency Coefficient = .260

Gamma = -.18048

Significance $P > .0281$

TABLE 18

CHI-SQUARE -AGE WITH CHEMICAL ABUSE

AGE	POOR		NEUTRAL		EXCELLENT		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
20-30	24	30	49	62	6	8	79	100	41
30-40	15	25	43	70	3	5	61	100	33
41-50	9	22	20	49	12	29	41	100	21
51-60	2	20	4	40	4	40	10	100	5
	50	97	116	221	25	82	191		100

Contingency Coefficient = .323

Gamma = .27497

Significance $P > .001$

TABLE 19

CHI-SQUARE-YEARS OF EXPERIENCE

WITH LIBRARY SERVICES

YEARS EXPERIENCE	NEUTRAL		EXCELLENT		TOTAL		
	N	%	N	%	N	%(Row)	%(Col.)
1-2	5	7	65	93	70	100	37
3-5	17	30	40	70	57	100	31
6 - 10	5	15	29	85	34	100	18
11 -	4	15	23	85	27	100	14
	31	67	157	333	188		100

Contingency Coefficient = .244

Gamma = -.19503

Significance $P > .0076$

TABLE 20

CHI-SQUARE-TYPE OF AGENCY WITH
SETTING UP MANAGEMENT INFORMATION SYSTEM

TYPE	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
JUVENILE (MALE)	39	76	10	20	2	4	51	100	29
JUVENILE (FEMALE)	6	74	1	13	1	13	8	100	5
ADULT (MALE)	24	28	32	37	30	35	86	100	49
ADULT (FEMALE)	3	33	2	22	4	45	9	100	5
CHEMICAL DEPENDENCIES	11	52	6	29	4	19	21	100	12
	83	263	51	121	41	116	175		100

Contingency Coefficient= .420
Significance $P > .0001$

Gamma = .41856

TABLE 21

CHI-SQUARE-TYPE OF AGENCY WITH
INFORMAL PARTICIPANT INTERACTION

TYPE	POOR		NETURAL		EXCELLENT		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
JUVENILE (MALE)	1	2	18	38	29	60	48	100	25
JUVENILE (FEMALE)	1	13	2	25	5	62	8	100	4
ADULT (MALE)	1	1	22	21	82	78	105	100	55
ADULT (FEMALE)	1	10	0	0	9	90	10	100	5
CHEMICAL DEPENDENCIES	2	10	3	14	16	76	21	100	11
	6	36	45	98	141	366	192		100

Contingency Coefficient= .290
Significance $P > .0241$

Gamma = .27176

TABLE 22

CHI-SQUARE-TYPE OF AGENCY WITH
SPECIAL PROBLEM WITH DRUG ADDICTS

TYPE	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
JUVENILE (MALE)	3	8	20	46	20	46	43	100	22
JUVENILE (FEMALE)	3	60	0	0	2	40	5	100	3
ADULT (MALE)	36	32	46	41	30	27	112	100	58
ADULT (FEMALE)	4	40	3	30	3	30	10	100	5
CHEMICAL DEPENDENCIES	15	65	6	26	2	9	23	100	12
	61	205	75	143	57	152	193		100

Contingency Coefficient= .366
Significance $P > .0002$

Gamma = -.4526

TABLE

CHI-SQUARE-TYPE OF AGENCY WITH
SPECIAL PROBLEMS WITH JUVENILE DELINQUENTS

TYPE	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
JUVENILE (MALE)	4	9	19	43	21	48	44	100	23
JUVENILE (FEMALE)	3	60	0	0	2	40	5	100	2
ADULT (MALE)	34	31	46	41	31	28	111	100	58
ADULT (FEMALE)	5	50	3	30	2	20	10	100	5
CHEMICAL DEPENDENCIES	17	77	2	9	3	14	22	100	11
	63	227	70	123	59	150	192		100

Contingency Coefficient= .405
Significance $P > .0001$

Gamma = -.4836

TABLE 24

CHI-SQUARE-OF TYPE OF AGENCY WITH
DETERMINING CLIENT NEEDS

TYPE OF AGENCY	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
JUVENILE (MALE)	16	33	19	39	14	28	49	100	26
JUVENILE (FEMALE)	3	42	2	29	2	29	7	100	4
ADULT (MALE)	26	24	56	52	26	24	108	100	57
ADULT (FEMALE)	6	67	1	11	2	22	9	100	5
CHEMICAL DEPENDENCIES	13	76	0	0	4	24	17	100	8
	64	242	78	131	48	127	190		100

Contingency Coefficient= .358
Significance $P > .0005$

Gamma = -.17934

TABLE 25

CHI-SQUARE-OF TYPE OF AGENCY WITH
FITTING CLIENT INTO THE PROGRAM

	VERY ATTRACTIVE		ATTRACTIVE		SOMEWHAT ATTRACTIVE		TOTAL		
	N	%	N	%	N	%	N	%(Row)	%(Col.)
JUVENILE (MALE)	32	62	16	31	4	7	52	100	25
JUVENILE (FEMALE)	5	71	2	29	0	0	7	100	3
ADULT (MALE)	56	48	48	41	13	11	117	100	56
ADULT (FEMALE)	9	90	1	10	0	0	10	100	5
DRUG ADDICTION	16	73	2	9	4	18	22	100	11
	118	344	69	120	21	36	208		100

Contingency Coefficient = .270
Significance $P > .0373$

Gamma = -.02027

END